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Enhancing person-centredness in the community support of older people (EPIC)

BACKGROUND

Recruitment and retention to social care work is in crisis. Filling future vacancies will demand that the sector attracts workers who have never before considered care work. Recent programs to extend social care's workforce include attracting military veterans, people who have been long-term unemployed, ex-offenders, and others often excluded from the labour market.

As we cast the net wider afield, it is important that we ensure that new applicants have the right attitudes and values for care work. Values-based recruitment has been identified in previous research as a core tool for improving the quality of home care and to ensuring that recruitment identifies the best candidates. Situational Judgement Tests are a tool that can help employers to achieve this.

FINDINGS SUMMARY

- We have developed a new, engaging, online test to assess person-centredness in potential home care workers. The technical term is a 'Situational Judgement Test', or SJT.
- Our SJTs are unique in the public sector, since they used end-users of services as the 'experts' to determined the scoring system. All other SJTs previously have used managers or clinicians as 'experts'.
- We found that the SJTs were acceptable to test-takers, since they were neither too difficult nor too long.
- Most test-takers who were already in care work people said it was a realistic reflection of care work.
- Those without experience of care work said they had an improved impression of care work after taking the SJTs.

- The SJTs are reliable: by which we mean that taking the test a second time tends to generate similar scores to the first test.
- There is emerging evidence that SJTs are valid: by which we mean that scores on the SJTs are what we would expect given the test-taker's personality profile.
- Employers told us that SJTs had potential to be used as part of their recruitment process and that it could improve their recruitment decisions.
- Test-takers were not disadvantaged according to age, gender nor education attainment. However, we found that test-takers from Black and Asian communities achieved a lower score than White people. Although not uncommon in SJTs (and other selection techniques in general) it needs to be remedied in future research.

AIMS AND METHODS

Study objectives:

- To develop a situational judgement test to assess the person-centredness of potential and current domiciliary care workers.
- To assess the acceptability and comprehensibility of the situational judgement test
- To assess if there is interpretable variation in scores on the tool
- To ensure that the tool meets the needs of potential users (employers of domiciliary carers)

To develop the scenarios to base the situational judgement test we used qualitative interviewing methods and analysed the data using thematic analysis. In the refinement stage of development we held a number of workshops to get feedback from subject matter experts.

We piloted the tool with approximately 250 participants. We asked them about the acceptability and comprehensibility of the tool and did some descriptive statistics to explore this.

We analysed the pilot data using Rasch analysis to assess the validity and reliability of the tool. This allowed us to understand if variation on the tool was interpretable as representing variability on the underlying trait of person-centredness.

We held group interviews with potential users. This data was analysed using thematic analysis to identify key themes.

FINDINGS

Development

Interviews with care workers yielded 59 examples of person-centred principles being evidenced or challenged during real-life care work.

These were mapped to an established framework of person-centred care, with those most proximate to these themes being used as a basis for developing an SJT. Initially, 19 'critical incidents' (the basis of each scenario used in an SJT) were developed and sense-checked with practitioners, service users and managers.

By the conclusion, 11 scenarios, with 63 possible response actions for rating, were taken forward for full piloting. Table 1 summarises the 11 scenarios, with a full example scenario and response set shown in Figure 1.

Table 1 - summary of scenarios

Name	Critical incident
Lázsló	Lázsló, an outwardly friendly gentleman who has memory troubles, is in a café and starts talking to people who he thinks he knows but they do not know him.
Mrs Haddow	Mrs Haddow loves to knit but her arthritis is meaning she is struggling to finish her scarf. This is getting her down.
Lloyd	Lloyd is a 'people person' and is supported primarily due to occasional loneliness. He notices that the care worker is not their usual self, and asks if there is anything the matter.
Stephen	Stephen has already got himself dreessed, and wants to sit and have natter with the care worker. However, one of his family members objects, saying the care worker is not paid to drink tea.
Ken	Ken is a gentleman who 'lives life to the full'. He has diabetes. He wants his care worker to order an (unhealthy) meal from a takeaway.
Dr Singh	Care worker overhears Dr Singh talking with a friend and referring to the care worker as being 'like a servant'.
Derek	Derek misplaces an item and accuses the care worker of theft. The care worker feels hurt.
Miss Holtby	Miss Holtby enjoys baking but has been unable to do so after a fall. She has lost confidence. She now feels she has recovered. At the end of the care worker's visit, Miss Holtby says she intends to start baking.
Vera	Vera has quite advanced dementia. She is someone who has always taken pride in her smart appearance. She is in need of a bath and her personal hygiene is suffering. However, she refuses to have a bath because she is enjoying being with 'her baby' (a doll).
Mrs Gupta	Mrs Gupta is very angry that the care worker has brough a beef sandwich into her home for lunch, because of her religious views
Margaret	Margaret lives alone after being widowed, and has quite advanced dementia. The care worker arrives and finds Margaret searching for her dead husband.

Figure 1 - example scenario and response

Scoring

In traditional SJT methods, the scoring system is devised by academic and/or practice experts (such as senior clinicians). However, in person-centred values, it is those who draw on social care that are considered expert. Therefore, the scoring system was devised by a panel of older people and family carers drawn from the community. Fifteen older people and carers took part in the process, and reached a decision on the appropriate scoring system for all except two of the response items (which were removed from the test).

Piloting

We sought a sample representing two groups of potential test-takers: (1) a care worker sample, who were currently employed in social care; and (2) a care naïve sample, who represented a general population (matched to the characteristics of new entrants to care work sector, but who had never actually worked in social care). This reflected two potential uses of SJTs: as a 'formative' tool for teaching values-based approaches; and/or as a 'summative' assessment of the values fit of those who may apply for care work vacancies.

Part way through the fieldwork, we applied for an ethical amendment to develop a social media 'booster' recruitment campaign targeting BAME communities, since these appeared under-represented at first glance.

Our final sample comprised 251 participants: 160 care workers and 91 non-care workers. 81% of participants were female, 18% male, and 1% were non-binary. Just under half the sample were aged 35 or under. An ethnically diverse sample was achieved: 61% described themselves as White British; 15% as Black, African, Caribbean or Black British; and 10% as Asian or Asian British. Over half of the care worker subsample (n=160) had worked in the sector for 3 years or more, and three quarters had completed the care certificate.

Acceptability

All participants were asked how easy or difficult they found the SJT to complete. Most participants (53%) found the questionnaire easy or very easy to complete, a further 30% (n=77) found it neither easy nor difficult to complete. Just 15% found the SJT somewhat difficult to complete. No respondent found it very difficult to complete. Care workers found the SJTs easier to complete than non-care workers (Table 2, page 5).

Fidelity

Care workers were asked if the SJT reflected their own experience of care work. 55% (n=78) felt it "very much" reflected care work and 44% (n=62) felt it "somewhat" reflected care work. Just one person felt it did not reflect care work.

Perceptions of care work

Non-care workers were asked bespoke questions about their perceptions of care work before and after taking the SJTs. A key question related to agreement/disagreement with the statement: "Care work is a low skill job". Of those responding at both time points, Table 3 indicates some improvement in perceptions after completing the SJTs (Fisher's Exact Test: p=0.025)

Dimensionality

An important feature of an SJT is that the scenarios and response options together measure a single construct (rather than multiple, distinct phenomena). This is inspected using Confirmatory Factor Analysis. The results concluded that

	Care worker sample	Non-care worker sample
Very easy	24 (15%)	12 (13%)
Easy	66 (41%)	32 (36%)
Neither easy or difficult	57 (36%)	20 (22%)
Difficult	13 (8%)	26 (29%)
Very difficult	0	0
n	160	90

Table 2: Self-reported difficulty of the Situational Judgement Tests

an approximately unidimensional scale could be formed (CFI/TLI of a one factor model=0.91).

Fit to Rasch assumptions

A further feature of a successful SJT set of scenarios and response options is that scores are measured at a continuous (or 'interval') level. This can be tested using Rasch Analysis. Three items had to be excluded because over 99% of respondents had answered these items correctly so there was no scope for these items to distinguish between respondents. Of 59 remaining response items, 46 showed strong fit to Rasch assumptions, with just 13 showing evidence of misfit with further refinements perhaps needed.

Some poor performing items illustrating problems with wording. For example, in response to Scenario 1 [Laszlo – see above] one option invited test-takers to "leave Laszlo alone to finish his conversation". This was seen as a very positive response, according to our expert-by-experience panel, since the non-interventionist approach allowed Laszlo to retain his dignity and remain in control of the conversation he was enjoying. However, on reflection, the words "leave Laszlo alone" may have unwittingly rung alarm bells for some test-takers, as though this meant to walk off. This item will therefore be reworded to: "allow Laszlo to finish his conversation without interruption".

Test-retest reliability

For 72 paired scores at two administrations of the SJTs, a strong correlation was found (rho=0.77). This degree of correlation is regarded acceptable for measurement of performance using SJTs.

Construct validity

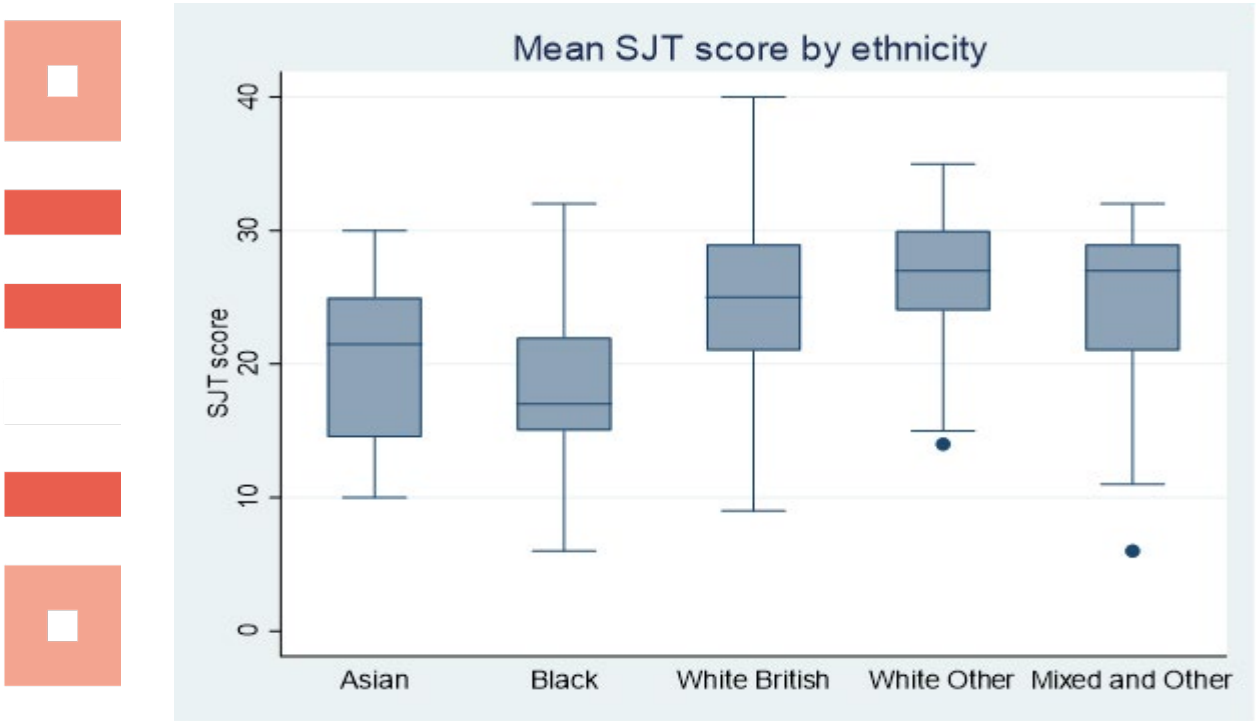
We anticipated that the interpersonal nature of person-centred approaches would demand that higher SJT scores would be correlated with 'agreeableness'. This hypothesis was confirmed within the data ($r = 0.239$, $p<0.01$). There was a correlation between 'openness' and scores on the SJT ($r=0.173$, $p<0.01$). The other three 'Big 5' personality traits (extraversion, conscientiousness, neuroticism) were not correlated, as expected.

Equalities, Diversity and Inclusion

We examined SJT scores on a number of socio-demographic variables. We found no differences in SJT scores according to the age, gender or education/qualifications held by test-takers. It is particularly encouraging that education plays no role in SJT scores, since it is feasible that those with lower education may struggle with a structured testing environment. However, there is some evidence that individuals from Black and Asian communities perform more poorly on SJTs than White participants (see Chart overleaf).

	Before SJT	After SJT
Strongly agree	0	0
Somewhat agree	3 (4%)	1 (1%)
Neither agree or disagree	4 (5%)	2 (3%)
Somewhat disagree	31 (43%)	22 (21%)
Strongly disagree	34 (47%)	47 (65%)
n	72	72

Table 3: Agreement/disagreement with statement: "Care work is a low skill job" (non-care worker sample only)



However, when we undertook further analysis we found that the poorer scores in minoritised communities appeared uniquely concentrated in our 'booster' sample participants. Furthermore, when examining the source data collected by the Qualtrics platform, it appears that the 'booster' sample may have comprised participants from overseas and who took very little time to complete the survey, hinting that they did not take the SJTs seriously.

Reflections from local stakeholders

Employers were positive about the potential for SJTs. At the time of the interviews, no-one had used SJTs as part of their recruitment, although one organisation did use psychometric profiling as part of a for Care 'Values-Based Recruitment' pilot initiative. The interviewee reported that these were not something that was ever used to select candidates, but would give them an insight into whether certain aspects of care-giving would come naturally or not.

A council officer felt that the resources would be beneficial for the sector, since smaller agencies did not have expertise in human resource management, and would not adopt very sophisticated approaches to recruitment.

Some potential barriers to implementation were highlighted, indirectly, through conversation about other HR processes used locally. Several interviewees noted the importance of testing multiple values (rather than just those that are person-centred), and would want a comprehensive suite of SJTs to select from. However, the desire for an all-encompassing tool might conflict with a need for the recruitment process to remain efficient, and not be off-putting for potential candidates. For example, one used a Skills for Care tool that they then needed to adapt to reflect multiple values, but which led to something unwieldy:

"We did add on a bit ... about individuality, rights, choice, privacy, independence, dignity, respect, ... We put it together thinking it was a good idea and I just think when we've gone through all that, those questions at the start, it ends up very long winded and I just think it [is] too much for people".

The SJTs prompted employers to query whether the tests portrayed care workers has holding too much autonomy. In response to some scenarios, employers would expect care workers to 'contact the office' rather than deal with the incident themselves. This was not an option we provided in any SJTs; in part because this would not allow judgement of values; and second because not every care worker would be able to draw on supervisor support in real time, including Personal Assistants.

Equality, Diversity and Inclusion - Further Reflections

It is possibly that our booster sample was tainted by 'imposter participants' who were only interested in our voucher payment. This makes it quite difficult to draw firm conclusions about whether the SJT scores appeared to be lower for minoritised populations, or whether this is an artifact of sampling problems. The notion that Black and Asian test-takers may get lower SJT scores is not without precedent. Other evidence in medical education finds similar trends in SJT scores, and may relate to how people from Black and Asian backgrounds engage with test processes. The wider literature reminds us that SJTs reduce the inequalities in selection processes compared to other approaches, but do not eradicate them. The research team was careful to audit its methods to ensure that it represented BAME issues in care, and the co-applicant team included LMCP Care Link (an organisation dedicated to addressing inequalities in deprived communities) to prevent stereotyped portrayals.

Yet there may be some facets of person-centredness that the SJTs did not portray in a way that would equitably treat people from Black and Asian heritage. For example, the close, interpersonal nature of person-centred care, with some features akin to that of 'friendship', sometimes jars with the expectations of care in south Asian communities, for example. Or did our scoring system introduce bias, since our expert-by-experience panel lacked sufficient diversity? Further research is needed, to include further analysis of our SJT dataset to examine differences at an item-by-item level.

CONCLUSIONS AND IMPLICATIONS

Social care is facing a recruitment and retention crisis. To meet future workforce needs, new workers are needed from outside the sector. Since social care is heavily values-based, new strategies must

accommodate the need for selecting workers with the right instincts for care. Traditional interviews rely heavily on subjective judgements and 'impressions', which are helpful but also susceptible to bias.

Our research shows that Situational Judgement Tests are a promising tool to use alongside interviewing and other recruitment tools. They are acceptable to potential test-takers, and care workers say they offer a credible representation of care work. Those who take the tests report an improved impression of the skills needed for care work. Importantly, the SJTs have encouraging evidence of reliability and validity.

These SJTs perform well against psychometric benchmarks, including test-retest reliability, and are correlated with personality traits in accordance with expectations. The SJT uses a scoring system devised by experts by experience (older people and people living with dementia), giving confidence that user priorities can be brought to bear on recruitment and retention.

These SJTs can now be used within the sector, and a web-based platform has been prepared in partnership with Skills for Care. However, there is ongoing research needed to examine implementation issues; the performance of SJTs amongst Black and Asian test-takers; and to examine whether other values can be accommodated within future SJTs.

Find the SJTs at:

curiousaboutcare.org.uk

STUDY INFORMATION

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