

Disrupting the field: A Bourdieusian conceptualisation of a guaranteed job interviews for Health Care Support Workers (HCSWs) in an NHS Organisation.

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Healthcare is a labour-intensive activity challenged by workforce shortages. The available literature suggests recruitment interviews perpetuate historical injustices by ascribing greater value or authority to the perspectives of certain groups despite evidence that diverse inclusive teams provide better health outcomes (West, 2012; Kline, 2013; 2014). This paper conceptualises the recruitment process and an attempt to extend supply via guaranteed HCSW job interviews for local candidates, with self-declared barrier(s) to employment.

The recruitment interview is therefore reconceptualised using Bourdieu's Theory of Practice and theoretical findings are explored to consider if this initiative is acting as a disrupter to the established entry into the employment field of healthcare (Bourdieu, 1977). From this theoretical framework the following research questions are proposed to support future empirical research. These are

- What forms of capital possessed by potential new entrants into the field are valued (or not) by the members of the field?
- Is there a links between these valorisation decisions, on the one hand, and the individual dispositions of the actors involved and their positions in relation to the field, on the other?
- How does the dynamics of capital valorisation is affected by deliberate attempts to make the boundaries of the field more permeable?

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Introduction

In this paper I aim to respond to a practical real-world challenge of addressing workforce shortages within a competitive and shrinking labour market, using the case study of a Health Care Support Worker (HCSW) within the British National Health Service (NHS). In order to enter the workforce potential new recruits usually undertake a recruitment interview. The available literature suggests recruitment interviews perpetuate historical injustices by ascribing greater value or authority to the perspectives of certain groups. (e.g., Macan, 2011; Kline, 2013; 2014) The benefits of an inclusive workforce have been debated within the HRM literature (e.g. Robinson and Dechant, 1997; Herring, 2009; Deloitte, 2010; Van Dijk, Van Engen and Paauwe, 2012) and in healthcare are also associated with better health outcomes (West, 2012). Yet, achieving an inclusive workforce in practice can be difficult, which presents the second challenge I am attempting to address within this paper.

I will explore an attempt to extend workforce supply via guaranteed job interviews for local candidates, with self-declared barrier(s) to employment by re conceptualising the recruitment interview using Bourdieu's "Theory of Practice", which can be summarised into the equation; (Habitus x Capitals) + Field = Practice (Bourdieu, 1977). I will use "habitus" to describe individual behaviour, motivation and

work preferences. The notion of “capital” is used to examine resources which may or may not be possessed by these potential new recruits and the valorisation decision of the recruiting manager. These aspects are considered within the confines of the social structure and context of the “field” of the NHS. I also consider how the dynamics of this decision is affected by the deliberate attempt of making these job roles more permeable through the guarantee of a job interview.

This article is organised as follows. I begin by outlining existing knowledge regarding recruitment interviews in general and the NHS specifically and define an inclusive workplace. I go on to describe the setting of my study which includes a description of the NHS workforce, HCSW worker and pre-employment programme. The next section describes in greater detail Bourdieu’s theoretical notions of habitus, capital and field. This creates a conceptual framework to explore the dual challenge of addressing workforce shortages in a labour critical service and an attempt to make these roles more permeable and inclusive. These notions are reconceptualised into four layers and applied first to recruitment, then recruitment within the NHS and specifically the HCSW role and finally to the pre-employment programme. I conclude by proposing a set of research questions to inform empirical data collection and end with the potential intended contribution to knowledge and practice.

Recruitment Interviews

In this section, I discuss existing knowledge regarding recruitment interviews in general terms and specifically relating to the NHS. An employment interview has been described as

“a personally interactive process of one or more people asking questions orally to another person and evaluating the answers for the purpose of determining the qualifications of that person in order to make employment decisions” (Levashina, 2014:243).

It is a conversation between the person seeking employment, the candidate, and the employer who is usually represented by the recruiting manager and at least one other colleague and a judgement is made as to their suitability for a job. Recruitment interviews have been extensively researched, in order to improve their validity and efficacy. This research recommends highly structured interviews consisting of at least fifteen different components including demographic similarities between candidates and recruiters, the type and construct of questions, and training for recruiting managers. (E.g., Wiesner and Cronshaw, 1988; McDaniel et al., 1994, Huffcutt et al., 1996; Huffcutt and Woehr, 1999; Latham and Sue-Chan, 1999). Many of these empirical studies are quasi-experimental, focusing on specific components e.g., gendered similarities between candidates and recruiters (Bragger, 2002), effects of structured interviews on reducing biases against pregnant job applicants (Cohen, Broschak and Heather, 1998). This creates a fragmented understanding and I would suggest a relative evaluation of the value or importance of specific components on the recruitment decision taking into account all actors (recruiting managers and candidates) with their specific context could be helpful and contribute to this existing knowledge.

The NHS conducts interviews largely in line with the research recommendations. Yet, again, certain groups appear to receive a more favourable outcome. For example, you are 1.4 times more likely to be appointed into the NHS following an interview if you are a white candidate if compared to a member of the Black, Asian and Minority Ethnic (BAME) community (WRES, 2024). NHS workforce literature regarding the experiences of under-represented groups seeking employment or their perception of career opportunities is predominantly, although not exclusively focused on degree-level positions or registrant roles (i.e., Doctors e.g., Esmail, Abel and Everington, 2003; Lambert, Surman and Goldacre, 2014; Svirko, Lambert and Goldacre, 2014), Nurses (e.g., Culley 2001; Mayor, 2002; Daly, Swindlehurst and Johal, 2003; Durkan et al., 2012), Pharmacists (e.g., Howells, Bower and Hassell, 2018), Physiotherapists (e.g., Greenwood and Bithell, 2005; Bogg, et al., 2007; Hammond et al 2017; Hammond et al., 2019),

Healthcare Scientists (Claridge, Stone and Ussher, 2018) and Psychologists (Moulton-Perkins, 2019). A focus on HCSW could enhance existing understanding.

An inclusive workplace is an work environment where employees from different backgrounds and perspectives are treated equitable and respectful and have access to company resources and opportunities whilst recognising that people have different starting points and made need to access these resources differently. An inclusive workplace is not just diverse but also values and celebrates differences that contribute to the team and the business. An inclusive workplace is one where everyone feels welcome and included (Macan and Merrit, 2011 Maras et al, 2021; Østerud and Vedeler, 2022). How candidates are selected through recruitment interviews described within this section signals an organisations intention to be inclusive.

NHS Workforce

Healthcare is labour intensive with workforce supply being critical to service delivery. The vast majority of the 1.3 million people employed in the NHS work in hospitals and community services and are direct employees of individual Trusts. 77% of NHS workforce are women compared to 47% of England's working population (NHS Employer, 2021). Yet, men continue to dominate senior medical consultant and very senior managers (NHS Employer, 2021) and as a result the NHS could be described as gendered (E.g., Acker, 1989; Acker, 1990; Acker, 1992a; Acker, 1992b; Bates, 1993; Adkins, 1995; Acker, 2006a; Acker, 2006b; Healy et al., 2011; Arifeen, 2020). Published data suggests the total vacancy rate in the NHS is 9%, although this can vary considerably by organisation. The NHS turnover rates, 11.2% to June 2023 (Rolewicz, 2024) which is lower than the UK average of 36% (CIPD, 2024). Sickness rate for NHS workers in England in December 2023 was 5.5%, with HCSW experiencing higher rates at 7.5% (NHS Digital, 2024). Comparison to other industries is difficult due to lag in reporting with the latest available data for 2022 showing NHS absence levels almost three time higher at 7.6% compared to 2.6% all industries (ONS 2024). However, comparison during this period are difficult given the unusual impact of the pandemic. Nevertheless workforce availability for a labour intense activity such as healthcare is exasperated by vacancies and absences.

The NHS People Plan (2020) describes the NHS workforce as diverse with approximately a quarter of colleagues belonging to the BAME community (WRES, 2024). This is higher than the 2021 England and Wales Census which suggests people from Asian ethnic groups (9.3%), Black (4%), mixed (2.9%) and other ethnic groups (2.1%) (ONS, 2024a). Obgbana (2019) argues that the presentation of the demographic components of the NHS workforce does not take into account the impact of international recruitment. A 2023 House of Commons report (Baker, 2023) estimated nearly one in five NHS staff in England report a nationality other than English with 8.6% identifying as Asian. However, umbrella categorisation such as Asian used to describe workforce characteristics may not reflect the complexity of local communities. Asia is the large continent and there is considerable differences between and within the communities falling under this categorisation. That is the workforce of a specific organisation may be described as diverse and yet, not mirror the communities it serves. It may be diverse, but it is it accessible by the local community? Is it permeable? Or are some groups considered more favourable than others?

Health Care Support Worker (HCSW)

In this section, I will consider the main tasks required of a HCSW, the growth in numbers over the last decade, pay and where this role fits within the current UK labour market.

A HCSW is a frontline colleague working under the direction of registered nurse. It is demanding physically and work is organised into shifts over the 24/7 including night rotation which can be worked as

3 long days per week, or 5 short shifts. It involves manual handling and the undertaking of intimate care tasks which is referenced in the literature as “body work” or “dirty work” (Twigg, 2002) It involves dealing with people who maybe frightened and vulnerable which requires the use of “emotional labour” (Hochschild, 1983) to care, which I unpick in more detail later.

In recent decades there has been a growth in these non-registered clinical support roles, the largest of whom is the HCSW. According to the Nuffield Trust the clinical support workforce has risen from 288,000 in 2010 to over 401,000 in 2023 (Rolewick, 2024). Whilst the NHS is heavily reliant on professionally qualified registered clinical staff who account for around half of employees. The NHS Long Term Workforce Plan (NHS, 2023) identifies clinical support roles as being critical to support registered professional shortages and as a potential route into registered training.

HCSW are on the lowest band of the NHS workforce which in 2023/24 was £21,283 rising to £22,838 after 5 years of service, with a take home pay (inclusive of pension) of about £1,400 per month or hourly rate of £10.91 or £9.01 net. i.e., 1p above the 2023/4 Real Living Wage (RWL)¹ at £10.90. The NHS competes through a “war for talent” (Bailey et al, 2019), in pay terms with other level entry jobs (also known as key workers) including retail, hospitality and teaching assistants, as they attracting similar pay levels, although often do not necessarily require 24/7 shift working. There is also some competition with the domiciliary care market, (Atkinson and Crozier, 2020) although pay and conditions are not as favourable as the NHS. The UK is currently experiencing a tight labour market conditions e.g., in October to December 2023 the number of unemployed people per vacancy was 1.4, slightly higher than previous quarters but remaining low by historic standards (ONS, 2024b).

In summary, the HCSW role is a physical, hands on clinical role involved in dirty, body work requiring emotional labour. It is low in status within the NHS compared to the dominant registered professional roles. Yet, it is strategically important given its growth within the last decade. There is a need to consider ways of mitigating both the labour market conditions and competition from other sectors in order to meet these workforce requirements.

Pre-employment programme

Pre-employment programmes aim to increase access to employment to those historically excluded (E.g., Ingold and Valizade, 2017, Howard, 2024) or to make more permeable elite professions such as accountancy, law and medicine (Gregory-Smith, 2018, Ashley, 2021, Berge, 2022). The intention is to reduce the homogeneous nature of the existing and historic workforce by introducing new entrants by developing their employability. Employability being the skills, attributes, knowledge and experiences which are deemed to be necessary in order to match the organisation / recruitment managers’ expectations. This is explored in the literature using terms such as “P-O fit” which at an individual level is “the compatibility between individuals and their work group” (Kristof-Brown, 1996; 2014) which is driven by two opposing paradigms. The similarity-attraction paradigm, in that people are attracted to those like themselves (Byrne, 1971). Or complementary fit, that is, the individual and group compete based on a “needs-supply fit” driven by fulfilment paradigm (Porter, 1961). Debates within the HRM discourse have expanded these notions for example to include “P-G fit” or person -group fit, which explores similarities at a team level (Seong et al, 2015) or “P-E fit”, which considers how the individual can fit within the working environment (Kristof-Brown, 2014).

¹ The Real Living Wage (<https://www.livingwage.org.uk/>) is a voluntary payment reflecting an independent assessment of what a worker requires to meet every day needs like the weekly shop, or a surprise visit to the dentist. This is higher than the national living wage and the legal minimum wage.

The pre-employment programme which I am considering are structured around teaching sessions to increase new entrants knowledge about the role of HCSWs, provide basic skills and improve interviews techniques and personal confidence. The programme also includes work experience and concludes with a guaranteed job interview. Ashley (2021), argues previous studies into pre-employment programmes have assumed the deficit is within the candidate with limited critique of the required organisational change (Ashley 2021:441). As has been outlined in the introduction, recruitment decisions appear to be leaning towards the similarity-attraction paradigm, as certain groups appear to be treated more favourably than others. This has led to my curiosity to see if a guaranteed job interview can influence the valorised decision of the recruitment panel? This could move decisions towards the needs-supply paradigm, linking back to the impact of an inclusive team within organisations in general and healthcare particularly laid out in the introduction.

In summary, the validity and efficacy of a recruitment interview has been extensively researched. Although studies concerning the NHS has largely focused on degree- entry roles. The NHS workforce is a large predominantly female with shortages at many levels including HCSW due to expansion, vacancy and absence levels. HSCW are of low status and low paid, undertaking dirty, body work which requires the use of emotional labour. Attempts to open up opportunities to widen participation can be found in other sectors (e.g. elite professionals) but have been criticised for seeing the deficit to be on the individual rather than the changes necessary at an organisational level. That is to shift the recruitment decision from a similar-attraction to needs-supply paradigm previously discussed. Whereby moving from a homogeneous workforce to roles which are permeable and inclusive to the local communities. In order to explore this in greater detail, the next section considers Bourdieu's theoretical notions of habitus, capital and field in order to reconceptualise the recruitment interview and further knowledge and practice.

Theoretical Framework: (Habitus x Capital) + Field = Practice

For Bourdieu, the social world consists of interactive, multi-dimensional, semi-autonomous social spaces which he calls fields. A field is a setting in which agency (a person's capacity) and their relative social positions are located. A person or actors' relative position within the field are determined by their interaction, their own dispositions (which he calls habitus) and the resources at their disposal (which he labels capital). Whilst capital, is unpicked in a later section it is suffice for now to acknowledge that it exists in different forms and quantities. Bourdieusian concepts of field, capital and habitus have been used by other academics considering employment (E.g., James, 2009; Xu, Mehta and Wan, 2023). It has also been used theoretically to explore the experiences of immigrant communities across various countries and job sectors (E.g., Suto, 2009; Basit, 2012; Yufra, 2016; Akkaymak, 2017; Hsieh, 2021; Carlbaum, 2022). This is because his work bridges theory and empirical practice through emphasising the relational nature of social life by revealing hidden power dynamics which perpetuate and preserve privilege. HRM scholarship has derived theoretical insights from the sociology of Bourdieu (e.g., Al Ariss et al 2013; Joy et al., 2020; Ozbilgin and Tatli, 2005; Tatli, 2011, Ozturk, Rumens and Tatli, 2024) In this section, I will outline in more detail each of these notions and introduce associated ideas of doxa, cleft habitus, price of entry and illusio. I will then create four distinct layers to conceptualise these notions firstly to recruitment, then recruitment within the NHS and more specially to the role of the HCSW and finally to the pre-employment programme during which participants receive a guaranteed job interview. I conclude my articulating the challenges outlined in the introduction with a set of research questions, framed using Bourdieu's theory of practice.

Habitus

The first notion in the equation is habitus, this is consider alongside two other associated ideas from Bourdieu's work "doxa" and "cleft habitus". Habitus is a system of embodied and unconscious dispositions that are "durable, transposable" (Bourdieu, 1977:15) and influence, but do not necessarily

determine, how people act, feel and interpret within a particular social circumstance or field. Habitus is the historic production of practice in the past, but also in the present, as it informs and underpins future practice. Bourdieu gives prominence to the development of habitus through family, early childhood and education. It is your sense of being in the world and your place in it, rather than a conscious set of strategies and preferences (Sallaz and Zavisca, 2007). Repeated exposure and experiences of a familiar world can create norms and beliefs, or the unstated, taken-for-granted assumptions or common sense which he calls doxa. This creates for example a normalised unequal divisions in society as self evident (Bourdieu, 2000a:471), or, an attitude of “not for the likes of us”. That is, habitus can restrict agency. However, as a person journey’s through their life this complexity can change and fracture. Cleft habitus (Bourdieu, 2000b:55) refers to an experience of a person whose conditions of existence change dramatically over their life course which can lead to a sense of dislocation and internal division. This concept of cleft habitus has been used by scholars exploring social mobility (Friedman, 2016) as it allows the conceptualisation of how a person’s past can shape their horizon and expectations in the present. How could habitus help reconceptualise the recruitment interview?

Habitus is your sense of being in the world and it shapes and informs employment choices and recruitment decisions. It could explain norms and beliefs regarding certain jobs choices being “not for the likes of us”. Employment interviews are the most common form of candidate selection. They are naturalised and normative and could be labelled doxa. But habitus is also reproductive. Some inequality regimes can remain legitimate and even invisible in the eyes of the individual with certain phenomenon being seen to be natural and normal and not socially contested. As described earlier, studies have shown that normative behaviour influences recruitment decisions. E.g., gendered stereotypes of roles. As a result exploring individual and organisational doxic stance can illuminate recruiting managers disposition towards recruiting differently and challenge new entrance assumptions of normative beliefs of what kind of roles are available to them.

Recruiting managers also have their own embedded and embodied habitus and through their personal, professional, and organisational lens may favour certain attributes and experiences (capital) in their potential recruits which along the similar-attract paradigm continues the dominance of certain privilege within the workforce. As discussed in the earlier section the NHS workforce is 77% female and the ability to care, infers gendered notions of feminine work thus creating an interesting dichotomy to the constraints or openness of HCSW as an employment choice. Yet, there are male HCSW, particularly from newly settled communities who can demonstrate the ability to care, despite the gendered connotations and may experience a cleft habitus as they hold power within a household or community but have gained employment in low pay, “feminine” role. (Malik et al., 2019; Qureshi et al., 2020). The pre-employment programme focuses on those who identify as experiencing barriers to employment who may historically have believed they are unable to work. As a result, at a simplistic level the pre employment program may increase a new entrants intrinsic understanding of the world of work but also widen their personal belief and normative assumptions that employment is available to them. However, in order to be successful at interview candidates need to be in possession of certain resources which Bourdieu labels capital.

Capital

Capital,

“ can present itself in three fundamental guises; as *economic capital*, which is immediately and directly convertible into money, as *cultural capital*, which is convertible into economic capital and maybe institutionalised in the form of educational qualifications; and *social capital*, made up of social obligations and connections which again is convertible, in certain conditions into economic capital.” Bourdieu (1985:47) emphasises as per the original text. The type, form, quantity, distribution and use of

capital shapes lived experiences which I will go on to later to explain how. The three main expressions of capital may be converted between each other under certain circumstances and within a recruitment interview could show up in different ways. The pre-employment programme provides participants with the potential opportunity to either access additional capital(s) or convert capital they possess into a more valuable type. At the same time a guaranteed job interview challenges the doxa of recruitment interviews and could make roles more permeable.

The first capital is economic, which refers to the value of resources, such as money and other material goods. Being successful at interview and gaining a job can be immediately converted into money through wages. In the NHS, there are a number of administrative checks which need to be undertaken after a job offered which can delay starting a job and receiving a wage. These include reference and criminal records checks. These take time and this delay may be prohibitive to some new entrants who may continue to look for work and find a job quicker within another sector e.g., retail particularly given the labour conditions as described earlier.

Some social scientists place prominence on the class as the stratification of society based on access to economic capital. However, class remains a contested topic within the literature particularly concerning the understanding of society and social mobility (e.g., Goldthorpe and Mills, 2008; Savage, et al., 2013; Gallie et al., 2017). Bourdieu does not ignore class but places his understanding of economic capital beyond the narrow confines of economic positioning to practices and choices (Wilkes, 1990). That is; HCSW could be considered a working class occupations because as I discussed in the earlier section regarding pay levels. It is also physically demanding shift work, low status and low waged. It is usually ward managers, who are degree educated nurses (and with income levels attributed to the middle class) who act as the recruiting manager. These recruiting managers may see HCSW candidates as having lower status both in economic terms and in the availability of their job choices (Bates, 1993). Yet, as I discussed in an earlier section the UK is currently experiencing a tight labour market with the NHS is competing in the “war for talent” (Balley et al, 2019) with other employment sectors. This could mean, currently, the choice is greater for those seeking work.

How could the pre-employment programme change the valorisation of economic capital within the guaranteed recruitment interview? Firstly, the pre employment learners are not paid. At a basic level the participants need to have the economic capital (personal income or benefit entitlement) to be able to engage in the programme (or remain on benefits). Secondly, the pre employment programme pre loads employment checks, reducing the time to hire from job interview. This has the advantage for the line manager of a new recruit starting quickly and for the new recruit to be in greater possession and control of assets which can be immediately converted into money as the time from decision to hire is shorter.

The second form of capital is cultural, which includes education, knowledge, skills, taste, and style, which can give advantages (or disadvantages) within society (Bourdieu, 1977). Cultural capital is knowledge which, “can be acquired, to a varying extent, depending on the period, the society, and the social class, in the absence of any deliberate inculcation, and therefore quite unconsciously” (Bourdieu, 1997:48-9). Cultural capital perpetuates social norms and can reinforce organisational and institutional power bases. Bourdieu describes cultural capital as existing in three forms: the embodied, objectified and institutionalised state. These will be considered in more detail below and again used to reconceptualised recruitment interviews in general, the NHS specifically, with respect of the HCSW role and the pre-employment programme.

Embodied cultural capital includes, education, knowledge, skills, taste and style. Bourdieu argues that “the accumulation of cultural capital in the embodied state, i.e., in the form of what is called culture, cultivation, *Bildung*¹, presupposes a process of embodiment that implies a labour of inculcation and

assimilation.” Bourdieu (2000a:244). Embodied cultural capital is personified and includes personal behaviours such as body language, dress and accent. As has been discussed the similarity-attraction paradigm means people are attracted to those like themselves (Byrne, 1971) and therefore embodied cultural capital influences recruitment decisions (Warhurst et al., 2000; Witz, Warhurst and Nickson, 2003; Timming, 2016). This suggests a preference for a certain type of worker, more able to demonstrate that particular attributes through their body image, dress or style, are becoming a valued commodity for employers, particularly within retail and the service industry (Van Maanen, 1990; Williams and Connell, 2010). This can also lead to definitions of acceptable and professional standards within the workplace. This is inferred within healthcare literature, for example many nursing schools and healthcare facilities often prohibit visible tattoos or body piercings. A literature review by Pittman et al., (2022) reveals that this related as much to the preference of those with power within the professional hierarchy, rather than associated with health and safety or infection control. That is; do recruiting managers favour candidates who demonstrate similar embodied cultural capital?

The new entrants may hold different embodied capital which is useful to the NHS in achieving a more inclusive workforce. For example, the ability to converse in additional community language may be extremely helpful in caring for a diverse community. I described the tasks undertaken by a HCSW in an early section and made reference to Hochschild’s emotional labour. For me, the emotional labour required of a HCSW is the ability to regulate your own emotion whilst engaging empathetically with another person in a stressful environment and yet not to be burdened by this labour. That is; undertaking intimate care is more than a task. It requires high emotional labour and the ability to care. Yet, to care receives limited recognition when it is converted into economic capital, from its embodied cultural form, as it is deemed an intrinsic attribute of the lived experience of being a woman and within a capitalist patriarchal society attracts low pay (Hsieh, 2021). Compared to men, who can “trade masculinity more readily and for greater reward in the labour market” (Skeggs, 1997:8-9). This emphasises the historic gendered construct of women as homemakers and men as economic actors (Hochschild, 1983; Twigg, 2002) and why feminine job roles such as within care are low paid.

The third type of cultural capital is objectified which comprises physical objects that signify cultural value. These objects include books, artwork, instruments and other artifacts that one can possess and utilize. Ownership of such items not only provides cultural enrichment but also signals social status and distinction. Thinking about recruitment this could include access to means of transport to the interview. Within the NHS, for example this could include possession of clothing to give a professional image during the interview linked to previous discussion in the nursing literature (Pittman et al., 2022.). The pre-employment programme is often located within the community therefore a means of transport is less important and candidates are issued with a uniform during their placement, which if worn at their interview could signal engagement and commitment to the organisation.

The final form of cultural capital is institutionalised which includes formal education and qualifications. Qualifications is the external validation of an assessed competency and is used within recruitment (Judge, 2000; Dipboye, 2004; Foschi, 2012; Bolander, 2013; Bohnet, 2016). However, where the qualification was obtained, i.e., outside the country in which you are being employed, can reduce its value (E.g., Yufra, 2016; Akkaymak, 2017; Buttigieg et al., 2018; Ahmad, 2020; Harrison, Collins and Bahor, 2020; Carlbam, 2022). Given the dominance within the NHS of degree educated colleagues, formal qualification are likely to feature highly. For the HCSW, there is the requirement for basic educational attainment as 5 GCSEs. Adult education levels for those with barriers to employment may fall below this standard (OER, 2022). However, for new entrants without these qualifications, participation in the pre-

employment programme provides equivalence and may change the relative valorisation of institutional capital.

The third and final type capital is social capital or the mobilisation of personal connections to advance their goal (Bourdieu, 1997:51), which the literature suggests is critical to securing a job, with up to 50% of jobs secured through friends and family (Granovetter, 1974). Bourdieu's concept of social capital has been used by other scholars to explore barriers to employment (e.g., Lin, Ensel and Vaughan, 1981; Fernandez, Castilla and Moore, 2000; Mouw, 2003; Leschke and Weiss, 2020; Groves O'Shea and Delahunty, 2022). As a participant in one of these studies exploring experiences of first in family graduates gaining employment, emphasised that "hard work and good marks alone will not get you in front of the people you need to meet to succeed" (Groves et al, 2022:300). NHS recruitment processes require candidates to disclose their relationship with existing colleagues, in an attempt to reduce nepotism (Committee on Standards in Public Life, 1995). However, anecdotally, HCSW candidates often have an existing connection to the hospital through a family member suggesting the NHS and HCSW experience is consistent with the general literature. The pre-employment programme as outlined in the previous section aims could increase their social networks to include existing employees through tutors and potentially recruiting managers through the work placements. Alternatively, the social capital of the new entrants could become of more valuable to the field if the perceived benefits of a more inclusive workforce explored in the introductions are operationalised through the pre-employment programme and guaranteed interview scheme.

Fields

The final notion within Bourdieu's theory of practice equation is field. In this section I will explore what this means and introduce two further associated Bourdiesian ideas of "the price of entry" and "illusio". As I have done in previous sections I will relate these to the four layers of recruitment in general, recruitment within the NHS, HCSW and the pre-employment programme.

For Bourdieu the social world consists of interactive, multi-dimensional, semi-autonomous, relational social spaces. Fields are organised by "logic of practice" or the "rules of the game" which govern expected behaviour unique to each social setting (Bourdieu, 1990). Bourdieu is not explicit about how many fields exist, suggesting that there is one field for every part of our social and economic life and we inhabit these simultaneously. A person's relative position with the field are determined by the type and volume of available capital they possess and on the way they see the world (habitus) which as previously discussed could constrain or enable these interactions. Capital only exists within the field and are only of relative value in a specific field (Özbilgin and Tatli, 2011). On entering a field there is an imposition of these relations and existing hierarchy of what is already important to the actors in this space (Dobbin, 2000). As a result, it is not just the characteristic and volume of capital, which is important, but the relative position of these capital(s) as recognised and imposed by those in power within the field and as such there is a "price of entry" (Bourdieu 1977). Furthermore, actors assess if the game is worth playing which leads to an associated idea of "illusio" or the level of commitment an individual actor may invest within the field. Illusio is influenced not only by capital, an actor may not want to expend valued resources and risk their own distinction or power, status and position (Bourdieu and Wacziarg, 1992) but also by their understanding of the logic of the practice in a particular field.

Starting with the first layer of recruitment in general. Those seeking work exist in multiple fields, with different and competing rules that may influence simultaneously their job choices and recruitment decisions. For the candidate this could include the family unit with societal expectations surrounding roles, which may conflict with employment choices. For recruiting managers, there may be a conflict

between their professional identity which may differ from organisational expectations which I discussed earlier in relation to P-O fit (Kristoff-Brown, 1996). A recruitment interview could be conceptualised as a gateway into the field or the price of entry described above.

Healthcare is a recognised field with the existing research with subfields such as hospitals as oppose to primary care. Employment is also a recognised field with sub fields such as self-employment. The fields in question within this study are the overlapping field of healthcare and employment. In healthcare there is a subfield of hospitals and a further subfield of a particular ward. In employment, there is the subfield of level entry employment, or key worker an further subfield of HCSW which overlaps completely with the healthcare field. In each of these fields and subfields there is an imposition of existing capital, social relations and hierarchy which dictates what is already deemed to be important by the actors in this space.

Are guaranteed interviews just an illusion? That is, the recruitment manager could play the game but not be committed to a change in practice. Ahmed (2007) argues that documentation as evidence of anti-discriminatory practice within recruitment interviews does not advance inclusive practice as the focus becomes the form not the decision. This concept of *illusio* could be used to examine the extent to which there is commitment toward advancing workforce inclusion and the consequential benefits to patient outcomes as exposed by West, 2012. Or if the doxic normative assumptions and beliefs regarding the ideal candidates is still present perpetuates existing inequalities because of the reproductive nature of the field. (Ahmed, 2012)

Research Questions

I have considered the dual challenge of workforce shortages in a labour critical service and in making these roles more permeable and inclusive. I have outlined a theoretical framework to support the exploration of the following research questions

- What forms of capital possessed by potential new entrants into the field are valued (or not) by the members of the field?
- Is there a links between these valorisation decisions, on the one hand, and the individual dispositions of the actors involved and their positions in relation to the field, on the other?
- How does the dynamics of capital valorisation is affected by deliberate attempts to make the boundaries of the field more permeable?

Intended Contribution to Knowledge

I anticipate that these research questions could contribute to knowledge in three ways, by engaging in the academic debate regarding inclusive organisations, extending Bourdieusian theory and improving recruitment practices. The potential to contribute to the wider debate regarding inclusive organisations will be by providing a theoretically informed empirical example of a pre-employment programme aiming to improve inclusivity of recruitment.

Secondly, there is the potential to contribute to knowledge by extending Bourdieusian theory by theorising how changing the entry into the field from within affects, and is affected, by the dynamics of capital distribution and valuation, which is in turn shaped by actors' individual and collective dispositions. The theory of practice provides a multifaceted architecture to emphasise the societal, organisation and personal dimensions of this phenomenon.

Healthcare is a labour-intensive activity challenged by workforce shortages. Therefore, this study could improve recruitment practices and reduce workforce shortages in the organisation by feeding back the results of this study. The organisation employs over 20,000 people with the NHS in its entirety

employing 1.3 million people so improvement in practice could have a real impact on both individuals looking for work but also on patient outcomes and care. Furthermore, given its focus is on an under researched job role it possibly could increase knowledge regarding HCSW who have been identified as strategically important in the NHS Long Term Workforce Plan. There also may be knowledge transfer opportunities to disrupt their entry into other employment sector with similar typology.

Conclusion

This paper is a response to the dual challenge of addressing workforce shortages and workplace inclusion by extending supply by disrupting the historical recruitment practices. Guaranteed access to interviews, or the price of entry into the field, is being facilitated for certain new entrants through a pre-employment programme, which is acting as a disrupter to the usual order of things (doxa). In order to gain entry into the field new entrants need to demonstrate not only the personal tendency, but also the skills, knowledge, and attitudes necessary to function effectively in a workplace or the candidates employability. Individual dispositions (capital) of the actors involved are evaluated and their position in relation to the field can be observed through analysing the recruitment interview. The main proposition presented is that new entrants bring their life experiences both embedded and embodied within their habitus and not all capital they possess will be valued by the field they are attempting to enter. However, the introduction of a guaranteed job interview scheme may disrupt the dynamics of this field and ultimately the recruitment decision. This could make the job role more permeable and in doing so widen the labour market supply to those historically excluded and in doing so create a more inclusive workforce with the potential associated business benefits.

Word count: 6327

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ⁱ Bildung – referring to the German word which does not translate well into English although it's common meaning is "education", but this is meant more than what happens within schools or the education system. It refers to the German tradition of self-cultivation in that education and philosophy are linked so that there is a maturing of knowledge and cultural awareness.