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# Patient and family partner involvement in staff interviews: Designing, implementing, and evaluating a new hiring process

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### Abstract

Healthcare organizations in Canada and the United States are seeking to enhance their ability to offer patient and family centred care (PFCC). One aspect of PFCC is the participation of Patient and Family Partners (PFPs) in a variety of roles within healthcare organizations. This article describes the creation and evaluation of a hiring process that utilized a PFCC interview tool (PFCCIT) and collaborated with PFPs in interviewing candidates for healthcare positions. An evaluation of the new hiring process was designed, including an on-line survey of candidates and semi-structured interviews with healthcare leaders and PFPs. Survey results indicated candidates felt the new process helped them understand the importance of PFCC at the organization. In interviews with leaders, comments were overwhelmingly positive, with leaders urging the spread of this hiring process throughout the organization. Similarly, the four PFPs who were interviewed felt their participation was valuable, and useful in furthering the organization's commitment to PFCC. The implementation of a staff hiring process utilizing PFPs and the PFCCIT provides a valuable tool for healthcare organizations working to enhance PFCC to better meet the needs of their patients and families. Further study is required to validate the long-term impact of this initiative and determine whether it improves recruitment and retention of staff sharing the organization's commitment to PFCC.

### Keywords

Patient experience, patient and family centred care, hiring for fit, patient and family partner, interview process, healthcare leadership, patient and family engagement

### Introduction

Many healthcare organizations in Canada and the United States are working to enhance their ability to offer patient and family centred care (PFCC), often defined by four guiding principles: respect and dignity, information sharing, participation, and collaboration.<sup>1</sup> Health care's growing movement towards PFCC emphasizes the importance of mutually beneficial partnerships between patients, families and care providers and can offer an improved experience for all involved.<sup>1-3</sup>

Hiring staff who share the organization's commitment to PFCC, or *hiring for fit*, has the benefit of potentially reducing the high cost of staff turnover. Healthcare organizations use a variety of strategies when hiring for fit to maximize their ability to employ staff whose individual values and attitudes match the organization's mission, values and philosophy.<sup>4</sup> A hiring system that not only collaborates with patients and families, but also selects

staff matching the values of PFCC, is one way in which PFCC can be provided broadly across the system.<sup>2(427),5</sup>

The literature contains many examples of PFCC initiatives, from simple programs to larger scale system change.<sup>2(426),6</sup> Through the creation of *family presence policies*, for instance, several organizations have shifted their view of families as visitors to a role in which broader involvement in a patient's care is supported.<sup>7</sup> Other examples include patient and family participation in medical rounds and nursing shift report,<sup>8-9</sup> co-design with patients and families of new healthcare environments, quality improvement, and research.<sup>10</sup>

While inclusion of patients and families in the hiring process is not new, it is not yet common practice, as evidenced by the dearth of literature surrounding this topic. At the National Health Service in Britain, mental health Patient and Family Partners (PFPs) have been engaged in staff hiring. One of the PFPs involved in the process commented favourably: "*The idea of helping to*

*appoint people who were the sort of people I wanted to be looked after by was really appealing.”<sup>11</sup> A medical director hired following an interview including a PFP said, “It definitely opened my eyes to things,” and, “It made me think about how much of a profile my work would have from a service user perspective. I thought it was a very good experience.”<sup>11(13)</sup>*

Parents of patients are regularly involved in candidate interviews at a pediatric hospital in Florida, and the hospital’s chief administrative officer noted:

*“This interview helped me to realize the critical leadership role our patients’ families can play at the hospital ... They provide tremendous insight into what we can do each day to make health care better for our patients.”<sup>12</sup> In Britain, a program that serves people with learning disabilities oriented PFPs to engage in staff interviews and found “the process was not only really valuable for users and staff alike but also, in our view, efficient in choosing a robust applicant.”<sup>13</sup>*

Finally, Leslee Thompson, CEO of Kingston Hospital in Ontario and a leader in PFCC, was quoted on the use of PFPs in staff interviews, emphasizing that the first person to speak on a hiring committee is the PFP: “We intend to convey upfront to a prospective employee who they will be working for if they get the job: the patients.”<sup>14</sup>

While the above examples of PFP involvement in staff interviewing were retrieved from a literature search, no examples were found of programs formally evaluating the use of PFPs in healthcare staff hiring. This article will describe the development and evaluation of a staff hiring process involving PFPs and the Patient and Family Centred Care Interview Tool (PFCCIT) at a healthcare organization in Canada.

## Background

Providence Health Care (PHC) is an academic healthcare organization in western Canada. In 2012, with support from senior leadership, PHC made PFCC a key component of its organizational strategic direction. A number of changes occurred within the organization as a result: a patient and family activated safety system was launched, job descriptions were re-written to include PFCC language, visiting hours for families were eliminated, and PFPs were invited to participate on various committees. In 2014, these changes were augmented by a decision to incorporate PFCC in the staff hiring process through PFP involvement on interview panels and the development of the PFCCIT. PFPs are volunteers with experience of the healthcare system as a patient, or as a family member of a patient. The PFPs referred to in this article had experience with the hospital system and

received orientation to the PFP role through an external provincial organization.<sup>15</sup>

The PFCCIT was developed with leadership from the organization’s Professional Practice office and involvement from Human Resources personnel and PFPs. The interview tool included questions intended to capture a candidate’s views about, and commitment to, PFCC. The draft of the PFCCIT was vetted by leadership within the organization, adapted based on their feedback, and then offered to all leaders anticipating upcoming interviews (See Appendix A). Leaders were also encouraged to involve PFPs in interview panels; professional practice staff served as a liaison to connect leaders with PFPs. While the PFPs did not receive specific training regarding interview practices, all were oriented to the PFCCIT and the role of the interview panel. No compensation was provided to PFPs except reimbursement for mileage, parking or transit.

## Methods

An evaluation study was conducted in 2014 over a period of six months to assess the impact of the PFCCIT and PFP participation in staff hiring. The study included development and use of an on-line survey for candidates interviewed using the PFCCIT and/or a PFP. Semi-structured interviews were conducted with organizational leaders and PFPs involved in the hiring process.

### Survey of Candidates

Thirty candidates interviewed for positions at the organization were invited via email to complete an online survey developed by two of the study authors (SP, AB) consisting of seven Likert-scale questions and one open-ended question. The survey included questions specific to the involvement of PFPs during the interview and PFCC policies. Names and email addresses were obtained from leaders at the organization who stated the candidates had been interviewed using PFPs and/or the PFCCIT. Data was collected for five weeks, and all responses were anonymous. A random draw for one \$25 gift card was offered as incentive.

### Interviews of Leaders and PFPs

Semi-structured interviews were conducted by two of the study authors (SP, AB) with five multidisciplinary healthcare leaders who participated in candidate interviews using the PFCCIT and/or PFPs. Leaders were asked if the PFCCIT and involvement of PFPs added value to the interview and hiring process (See Appendix B). Four PFPs involved in candidate interviews using the PFCCIT were asked questions similar to the leaders, but were also asked if they felt their feedback, either during or after the interview, was valued by the leader (See Appendix C). The interviews were tape recorded, transcribed verbatim and reviewed by each member of the team.

## Results

### Survey

The response rate to the candidates' survey was 63% (n=19). Twelve of the respondents indicated a PFP had been involved during their interview. These 12 respondents included individuals who were hired (n=7, 58%) and those who had not been hired (n=5, 42%). Of the 12 respondents interviewed with a PFP, seventy-five percent (n=9) agreed or strongly agreed PFP involvement helped them understand the importance of PFCC at the organization. Two respondents were neutral, and one disagreed. When asked whether the PFP was respectful during the interview, 92% (n=11) agreed or strongly agreed, with one neutral response. Eighty-three percent of respondents (n=10) agreed or strongly agreed that including PFPs was an important part of the interview process; two respondents disagreed. Three of the seven hired respondents noted their decision to accept the job offer was influenced by PFP involvement. The open-ended question for the survey received one response; this participant commented, "I really appreciated the presence of a Patient/Family partner during the interview. I was reminded of who my 'employer' really is ultimately – that is, if I'm not meeting the expectations of patients and families during an interview, then I'm unlikely to do so in my practice."

### Interviews with Leaders

Five organizational leaders who participated in candidate interviews using the PFCCIT and/or involvement of PFPs were invited to take part in evaluative interviews about the hiring process; all agreed to participate. Themes from the interviews included additional time required for use of the PFCCIT, helpfulness of the PFCCIT, input from the PFP, overall feeling about the process, candidates' reactions to the process, and suggestions for improvement.

*Additional time:* Most leaders stated the PFCCIT added less than ten minutes to a candidate interview. Two leaders said it added no extra time.

*Helpfulness of PFCCIT:* All leaders agreed the PFCCIT was helpful in their interviews; one leader noted she/he didn't always ask all the questions listed in the PFCCIT, but adapted the tool to individual interviews. Another leader said, "What it's done ... is we start listening for [PFCC] in all the questions. So it's brought it to the forefront in a different way. ..."

*Input from PFP:* Overall, leaders found PFP input helpful and sometimes influential in their decision to hire a candidate. One leader highlighted the value of having the perspective of the PFP during the interview: "*it was definitely helpful. ... just having a different perspective from us clinicians that were on the panel.*" Another leader stated, "*I was weighting the [PFP's] input similarly to what other panel members*

*were providing. ... it does have influence. ... I don't set it apart ... but see it as integral to the overall evaluation.*"

*Overall feeling about process:* All five leaders expressed appreciation and support for the overall interview process utilizing a PFP and the PFCCIT: "...*I'm glad this is happening. It should have happened sooner,*" noted one leader, while another stated, "...*I feel as if it's really in its infancy. ... we're not there at doing it as well as we need to. ... But it's a process that I think is valuable.*"

*Candidates' reactions:* Candidates' perceptions of the PFP on the interview panel, as related by leaders, were positive: "I was a little bit worried that the candidates would be somewhat leery about it. But it seemed that everybody was really open to it," said one leader, while another leader commented, "*Many of the candidates simply have responded to the presence of having a patient family advisor on the panel... in a very positive way. [They] have talked about how they actually appreciated that individual was part of the panel. ... it reinforces our organizational commitment to patient and family centred care.*"

*Suggestions for improvement:* When asked what changes they would make to the PFCCIT or PFP involvement on interview panels, leaders offered these suggestions: provide PFPs with additional orientation to make the process more welcoming, emphasize the use of the tool for hiring staff new to the organization (and not simply for those moving to new jobs within the organization), and study the long-term effects of the new hiring process on staff retention.

### Interviews with Patient and Family Partners

Four PFPs who participated in candidate interviews using the PFCCIT were invited to take part in the study about the new hiring process; all agreed to participate. Themes from the interviews included additional time required for use of the PFCCIT, helpfulness of the PFCCIT, suggested additions to the PFCCIT, the value leaders placed on PFP input, and suggestions for improvement.

*Additional time:* Three of the PFPs indicated the interview questions in the PFCCIT required little additional time, but one interviewee noted it took about 50 minutes to complete an interview using the entire tool.

*Helpfulness of the PFCCIT:* The PFCCIT, as indicated by all four PFPs, helped encourage candidates to discuss their personal knowledge of PFCC. One interviewee said, "*The questions were very useful. ... it made the candidate think on their feet and really bring their knowledge forward.*"

*Suggested additions to the PFCCIT:* One PFP suggested incorporating a scenario into the interview process to give the candidate an opportunity to illustrate their approach to PFCC. The importance of including in the PFCCIT a question regarding doing things *with* patients rather than *to* patients was described by one PFP "...*add a couple questions*

*that make it more apparent that this is what we are looking for – the family perspective [and] what do you know about it.”*

*The value of PFPs’ input:* All PFPs commented that their input seemed to be valued by leaders, and participation in staff interviews was a good use of their time. The PFPs felt their participation brought awareness of candidates’ strengths and weaknesses during the interview. One PFP noted that ultimately the leader makes the hiring decision that may or may not be agreeable to the PFP: “*I don’t like the end result of that [the candidate hired] but it’s not up to me. It was a group decision...It was a group input but a final decision by somebody else. That’s all.*”

*Suggestions for improvement:* Overall, PFPs found the process of involvement in interviews worked well and felt it should be continued: “*I think the process is good where candidates have to answer questions and really, really have their experience come up.*” One interviewee expressed a desire to better understand how hiring decisions are made.

## Discussion

This study contributes to the limited literature on PFP inclusion in staff interviews, and represents the first evaluation of this process. The results suggest interview panels utilizing the PFCCIT and PFPs are of value to the leaders, the PFPs and the candidates. Leaders found input provided by PFPs useful in making decisions regarding which candidates to hire. PFPs indicated their involvement and use of the PFCCIT was beneficial in drawing out the candidates’ values about PFCC. Candidates indicated that the inclusion of PFPs was valuable and emphasized the importance of PFCC at the organization. Through the use of the PFCCIT and PFPs in the hiring process, it is hoped the organization will achieve improvements in recruitment, retention and hiring for fit. The process of using the PFCCIT and PFPs on hiring panels has only been in place for one year; therefore it is too early to determine whether these goals have been met. Future metrics on employee recruitment and retention will be monitored.

Based on the findings from this evaluation, leadership in the organization found the process positive and will encourage managers to continue and expand the use of the PFCCIT and PFPs in the hiring process. Leaders are also collaborating with PFPs to develop training for PFPs and managers, including content specific to the PFP role on interview panels.

### Lessons Learned

Several lessons emerged from this study. First, PFPs indicated additional training regarding their involvement would be valuable and enable them to participate more fully. Organizational leaders may also benefit from training related to working with PFPs. Second, to ensure PFPs are

aware of hiring decisions, leaders are encouraged to share the outcome of the process with members of the hiring panel, including PFPs. Finally, the process can build momentum; an available group of trained PFPs who could be quickly engaged in hiring opportunities and thus reduce wait times for leaders requesting PFP assistance, would be beneficial.

### Suggestions for Future Research

Future research is needed to increase the body of knowledge relating to the use of PFPs in the healthcare hiring process. Specifically, the impact of the PFCCIT and PFPs should be evaluated separately to explore the individual impact of each intervention. Replicating and increasing the scale of the study would allow improved generalizability. Finally, future research should assess the impact of the process on the recruitment and retention of staff, or improvements in hiring for fit.

## Conclusion/Summary

The four core principles of PFCC—respect & dignity, participation, collaboration, and information sharing—provide the framework for our organization’s PFCC strategic direction. Incorporating PFPs and the PFCCIT into the hiring process, among other initiatives, helped support these principles and move PFCC forward within the organization. As Eaton<sup>11(13)</sup> and Foster et al.<sup>16</sup> found, there is positive benefit to including PFPs in the hiring process. While research surrounding the inclusion of PFPs on interview panels is in its infancy, results from this evaluation show a positive impact of the PFCCIT and PFPs. Replication on a larger scale is recommended to provide further support for the value of PFPs, the effect of hiring for fit and staff retention.

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**Appendix A**

**INTERVIEW QUESTIONS  
ALL PHC EMPLOYEES  
PATIENT AND FAMILY CENTRED CARE**

**CANDIDATE:** \_\_\_\_\_  
**POSITION:** \_\_\_\_\_  
**INTERVIEWER:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

**Scoring System**

- 1      **Unsatisfactory – minimal or no relevant information provided**
- 2      **Somewhat unsatisfactory – minimal key information provided**
- 3      **Satisfactory – some key information provided**
- 4      **Good – most key information provided**
- 5      **Excellent – all relevant key information provided**

**TOTAL SCORE:**

**ADDITIONAL COMMENTS:**

**RECOMMENDATION / DECISION:** HIRE     HOLD ON FILE     NOT SUCCESSFUL

\*Tool adapted from PennState Hershey Children’s Hospital

<b>1. What does patient and family centred care mean to you?</b>
<p><b>Notes:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Respects patients’ preferences about decision making</li> <li><input type="checkbox"/> Emphasis is on patient and/or family needs (versus physician or system-centred convenience)</li> <li><input type="checkbox"/> Inclusive of family member and patient as member of the team</li> <li><input type="checkbox"/> Describes actions or behaviours that demonstrate patient and family centred care practices (such as collaboration in developing a plan of care, and creating an environment that is welcoming to patients and families)</li> <li><input type="checkbox"/> Where appropriate, shares full information with patient and family – ensure to check for understanding</li> </ul>
<b>SCORE    1    2    3    4    5</b>
<b>2. How does hospitalization or illness impact a patient/family beyond the clinical aspects of care?</b> (Does the candidate understand that the patient experience goes beyond the physical hospitalization experience and also includes emotional and spiritual effects?)
<p><b>Notes:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Awareness of patient/family experience</li> <li><input type="checkbox"/> Elicits information about the care experience from patients and families</li> <li><input type="checkbox"/> Empathetic response to the multiple ways hospitalization affects patients and families</li> <li><input type="checkbox"/> Understands that the patient experience goes beyond the physical hospitalization experience and also includes emotional and spiritual effects</li> </ul>
<b>SCORE    1    2    3    4    5</b>
<b>3. How do you engage the patient in his or her care?</b>
<p><b>Notes:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Emphasis is on patient and/or family needs (versus provider or system-centred convenience)</li> <li><input type="checkbox"/> Inclusive of family member and patient as member of the team</li> <li><input type="checkbox"/> Collaboration in developing the plan of care</li> <li><input type="checkbox"/> Where appropriate, shares full information with patient and family – ensure to check for understanding</li> </ul>
<b>SCORE    1    2    3    4    5</b>
<b>4. Tell us about a time when you had a conflict with a patient or family member over the plan of care. How did you resolve the conflict?</b>
<p><b>Notes:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Managing conflict –using conflict resolution</li> <li><input type="checkbox"/> Asks patient’s and /or families point of view</li> <li><input type="checkbox"/> Respects patient’s preferences</li> </ul>
<b>SCORE    1    2    3    4    5</b>

<b>5. Tell us how you show patients and their families that you respect them and care about their well being.</b>					
<b>Notes:</b>					
<input type="checkbox"/> Awareness of patient/family experience <input type="checkbox"/> Elicits information about the care experience from patients and families <input type="checkbox"/> Empathetic response to the multiple ways hospitalization affects patient and families <input type="checkbox"/> Understands that the patient experience goes beyond the physical hospitalization experience and also includes emotional and spiritual effects					
<b>SCORE</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>6. How do you ensure the patient's preferences, values, or goals are included in decision-making?</b>					
<b>Notes:</b>					
<input type="checkbox"/> Awareness of patient/family experience <input type="checkbox"/> Elicits information about the care experience from patients and families <input type="checkbox"/> Inquires and documents <input type="checkbox"/> Collaboration in developing a plan of care <input type="checkbox"/> Where appropriate, shares full information with patient and family – ensure to check for understanding					
<b>SCORE</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

## Appendix B

### Interview Guide - with Leaders

We are conducting an evaluation of the involvement of the Patient/Family Partners and the “All PHC Employee Patient and Family Centred Care Interview Tool” in the hiring process for PHC staff. The goal of this project is to improve patient care through enhancing the staff hiring process, to attract and retain staff that supports the PHC aim of Patient and Family Centred care.

Participation in this interview is voluntary and your responses will be kept confidential. You can end the interview at any time or decline to answer any of the questions. We are recording the interview for accuracy. We plan to share results of the evaluation with leaders at Providence Health Care and at academic conferences and possibly through publication. You will be provided with a copy of the final evaluation report.

We thank you for your participation in advance.

1. In the past year how many staff interviews have you been involved in that utilized a Patient/Family Partner and/or the “All PHC Employee Patient and Family Centred Care Interview Tool”?
2. Did you use the “All PHC Employee Patient and Family Centred Care Interview Tool” yourself or did the Patient/Family Partner use the tool in the staff interview?
3. If you used the tool yourself, approximately how much time did it add to the interview?
4.
  - a. **Part A:** If the Patient/Family Partner used the tool, was the input you received from the Partner helpful? (Prompt – can you provide specific examples of helpful input from the Partner?)
  - b. **Part B:** Did the feedback you received from the Patient/Family partner influence your decision to hire? (Prompt - approximately how many cases did the feedback influence?)
5.
  - a. **Part A:** If you used the tool yourself, did you find it helpful in the interview process? (Prompt – can you provide specific examples?)
  - b. **Part B:** Did the answers from candidates when you used the tool influence your decision to hire? (Prompt - approximately how many cases did the feedback influence?)
6. Have you observed a difference in staff performance between staff that was hired using the Patient/Family Partner and/or the tool and those staff who were hired without this process?
7. Is there any other input you would like to provide about the process?

## Appendix C

### Interview with Patient/Family Partners

We are conducting an evaluation of the involvement of the Patient/Family Partners and the “All PHC Employee Patient and Family Centred Care Interview Tool” in the hiring process for PHC staff. The goal of this project is to improve patient care through enhancing the staff hiring process, to attract and retain staff that supports the PHC aim of Patient and Family Centred Care.

Participation in this interview is voluntary and your responses will be kept confidential. You can end the interview at any time or decline to answer any of the questions. We are recording the interview for accuracy. We plan to share results of the evaluation with leaders at Providence Health Care and at academic conferences and possibly through publication. You will be provided with a copy of the final evaluation report.

We thank you for your participation in advance.

1. In the past year how many staff interviews have you been involved in that utilized the “All PHC Employee Patient and Family Centred Care Interview Tool”?
2. Approximately how much time did it take to use the tool, per candidate?
3. Did you feel the leaders to whom you provided it valued your feedback?
4. Is interviewing staff for potential hire a good use of your time?
5. Are the questions provided in the tool useful – if not, what would you like to add?
6. Is there any other input you would like to provide about the process?