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### Using Group Interviews to Innovate the Selection Process for New Graduate Nurses

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## **Using Group Interviews to Innovate the Selection Process for New Graduate Nurses**

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## **Using Group Interviews to Innovate the Selection Process for New Graduate Nurses**

**Abstract:** A pilot program in two hospitals using a group interview approach for new graduate nurse selection enabled multidisciplinary leadership participation. The interview process incorporated structured behavioral and scenario-based questions. The pilot shortened the traditional one-to-one interview process by 70% and improved retention one year from hire by 17.5%.

**Keywords:** behavioral, group interviews, new graduate nurses, patient scenarios, recruitment and retention

## **Using Group Interviews to Innovate the Selection Process for New Graduate Nurses**

Healthcare organizations struggle to fill registered nurse (RN) vacancies with experienced candidates. Projections from the Bureau of Labor Statistics<sup>1</sup> estimate U.S. healthcare organizations will have to fill nearly 200,000 open nursing positions every year until 2030. Faced with RN workforce shortages, many organizations are implementing RN training programs for newly graduated nurses to create a pipeline to fill the need. Additionally, with the high volume of hiring for open RN positions and placing new nurses in training programs, nurse leaders can no longer manage the time-consuming, traditional hiring process of interviewing candidates one by one. A group interview approach offers a practical alternative, saving time, enabling a group of multidisciplinary leaders to participate in candidate selection, deepening and broadening the interview, and improving the outcome. Although the group interview process is widely used in other industry sectors, it is not often used in nursing. This article describes the group interview process implemented in two hospitals, first developed in 2018 as a pilot program and subsequently adopted as the standard hiring process. By conducting group interviews, the hospitals were able to shorten the interview process by 70% to three hours for ten candidates from one hour per candidate. As a result, more key leaders were able to participate in the interview process. In addition, through the group interview process, leaders were better able to determine a good organizational fit, thereby improving retention rates.

### **Developing the Pilot Process**

Interviews are central to the selection process and thus play an important role in whether organizations select suitable candidates to realize optimum performance and productivity.<sup>2</sup> As pressure mounted to fill positions, too few nurse leaders were available to participate in 1:1 interviews; thus, we chose a group approach with structured interviews. Many studies have

investigated the efficacy of structured versus unstructured interviews to determine the best interview outcomes.<sup>3,4</sup> Structured interviews allow all candidates to respond to the same questions, whereas unstructured interviews do not follow a fixed format and rely more on spontaneity. Levashina et al.<sup>5</sup> found that job-specific, structured interviews were more valid forecasters of future performance than unstructured interviews.

We considered whether to ask situational or behavioral interview questions in the group setting. Situational questions present a hypothetical situation and ask the candidate how they would handle it. In contrast, behavioral questions ask the candidate to recall an experience and describe how they handled it. The premise of behavioral questions is that past actions indicate future behaviors, a presumption well supported by evidence.<sup>6,7,8</sup> By contrast, situational questions allow the candidate to provide the answer they think the interviewer wants to hear and are less reliable indicators of future performance. We chose five behavioral questions: two on compassionate service, two on respect, and one on inventiveness. Responses were scored on a five-point Likert scale, from 1 for poor to 5 for excellent.

Scenario-based questions were added to the interviews to allow candidates to interact to evaluate and analyze scenarios as a team. Scenario-based questions are intended to elicit critical thinking and reasoning and demonstrate how candidates prioritize care and collaborate with peers or on teams for the best patient outcomes. Scenario-based questions require information to be reviewed and synthesized and a plan communicated.<sup>9</sup> Having the interviewees participate in scenario-based questions as a group enabled the interview panel to analyze their interaction with each other, and evaluate who displayed leadership characteristics, who collaborated well, and who was silent in the background. This information was helpful in assessing organizational fit, a quality that could not be readily determined by interviewing one candidate at a time. The

behavioral and scenario questions were scored on a 5-point Likert scale and tallied at the end of each interview to provide quantifiable results for each candidate. Each interviewer completed their scoring before any group discussion to preclude confirmation bias. Qualitative observations were documented during the interviews and were shared during the post-interview discussion process. At the end of the interviews, the interview panel discussed the top scorers for any marked variance in the scores or red flags.

### **The Interview Panel**

With the ability to interview multiple candidates in one interview session, it became feasible to incorporate interviewers from different disciplines. Leaders from Human Resources (HR), Clinical Education, and nurse leaders at levels from assistant nurse managers to the Chief Nursing Officer brought different perspectives on candidates' strengths, weaknesses, organizational fit, and other characteristics. A multidisciplinary interview team lessened the potential for inherent personal biases to influence candidate evaluation. Implicit bias in the interview process has been shown to result in choices to hire candidates who subsequently perform poorly and bypass those who may have been a good organizational fit.<sup>10</sup>

### **The Process**

This pilot was initiated at two hospitals in Southern California, a level II trauma center in South Los Angeles and a small, independent community hospital in Riverside. Both organizations were struggling to find qualified candidates to fill open RN positions. Based on the inadequate experience of the RN applicant pool, the leadership teams determined the need to implement a training program for new graduate nurses. Upon posting, 1000 applicants applied for 30 positions. Human Resources conducted the initial candidate screening for the level of education, RN license, and letters of recommendation. Based on applicant availability,

candidates were then scheduled in groups of five into 90-minute time slots. The interview panels were able to interview 40 candidates in 12 hours instead of the 40 hours needed for one-to-one interviews.

When the candidates arrived and were seated in the room, the Chief Nursing Officer made introductions and explained the group interview process. The organization's vision for nursing was presented to the candidates. A series of behavioral questions in a round-robin format followed. Candidates responded to questions such as, "Tell me about a time when you were faced with a situation where there was no clear policy or procedure to follow. What did you do? What were the results?" and "Can you give an example of a time when you received negative feedback about your job performance? What was your reaction? What did you do?"

After the behavioral questions, the interviewees were given a scenario with five patients to work on as a team. The five patients in the scenario varied according to the service area the candidates were interviewing for, such as labor or antepartum for Labor & Delivery; epigastric pain; pediatric fracture, burns for Emergency Department; and a variety of medical or surgical conditions for Medical/Surgical. The interviewees were then asked five questions, one at a time, with two minutes to work together on a response. The group was instructed to choose a different spokesperson for their answer to each question. While the candidates were working together, the interviewers observed the quality and levels of interaction and collaboration and evaluated their critical thinking and clinical reasoning skills. Evidence of patient-centeredness, compassion for peers, leadership, and leveraging of individual strengths were qualitatively evaluated to determine organizational fit and resilience.

A process schematic is shown in Figure 1.

## **Outcomes**

Researchers surveying new graduate nurse job turnover and intent to leave found that 55% had plans to leave, were thinking about leaving, or had already left their first job within their first year of hire.<sup>11</sup> Both hospitals in our study were struggling with the turnover of experienced nurses and could not afford the turnover rates evident in the literature. Beyond making the interview process more efficient and effective, the aim of implementing the multidisciplinary interview panel and behavioral interviewing process was to improve retention. At one year from hire, the retention rate for the new graduates was 86% at the Los Angeles facility and 93% at the Riverside facility, a 16% increase from the previous for the Los Angeles hospital and a 19% increase for the Riverside hospital. Subsequent cohorts of new graduates have consistently maintained a retention rate of over 90% one year from hire. In addition, the multidisciplinary team improved their interviewing techniques by learning from each other. Overall, teamwork improved by working together on the pilot project.

### **Lessons Learned**

Initiating a change to a long-standing process comes with challenges—and, in our case, some valuable lessons learned. Looking at nursing school GPA in the initial screening was of marginal value, as GPA did not reflect clinical reasoning skills or organizational fit demonstrated in the group interviews. As many candidates were interviewed quickly and in groups, taking candidate photos (with their permission) before the interview sessions helped the panel members recall the candidates when making hiring decisions. The multidisciplinary interview team improved their interviewing techniques by leveraging each other's strengths, and their teamwork skills improved by working together on the pilot project. Incorporating interview techniques and practices from other industries demonstrated the transferability of best practices. The



transferability and scalability of group interviews demonstrated in other disciplines suggest its applicability in other areas of the healthcare industry beyond nursing.

### **Conclusion**

Juggling time is always a challenge for nurse leaders. Many organizations are implementing new graduate RN training programs with the current nurse workforce shortage. When hiring newly graduated RNs, finding a good organizational fit is important for retention. In our study, implementing a group interview process with behavioral and scenario-based questions coupled with a multidisciplinary interview panel produced consistent retention rates of over 90% after the first year of hire. Future studies investigating longer-term retention would add to the body of knowledge on the efficacy of group hiring interviews.

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Supplemental Digital Artwork

**Figure 1**

*Selection and Hiring Process for New Graduate Nurses*

