

Hiring for “Organizational Fit”

A St. Louis System Has Developed Tools for Assessing Candidates' Compatibility with the Organization



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Among health care leaders who interview and hire, far too many have had to learn, at first hand and painfully, the truth of the old saying: “Hire for skills and fire for behaviors.”

In a tight labor market, the tendency is to interview and assess candidates primarily in terms of skills and to hire them principally on their ability to do the job. However, most performance issues—which can consume too much of a leader's time and energy in counseling, performance improvement efforts, and sometimes even job termination—arise from inappropriate behaviors rather than from lack of job skills. Because this is true, in an interview process many leaders will attempt to assess the candidate's personality, interpersonal skills, and character, hoping thereby to judge how well he or she will fit in the department or organization. Such leaders are usually forced to rely on their feelings or intuition—“gut instinct”—in making hiring decisions.

The implications of this problem are compounded when it comes to hiring leaders. A leader's management style can have a profound impact on the culture of a department or organization. Relevant here is another common saying: “Most people don't leave an organization—they leave their boss.” Because of this, many Catholic health care organizations are working hard to offer leadership development and leadership formation programs. To a great extent, these programs are designed to improve the skills, attitudes, and behaviors of leaders in the management of people.

However, the challenge that remains can be expressed in yet another old maxim: “Most zebras don't change their stripes.”

While leadership development programs can teach new skills, leadership *formation* programs try to a great extent to build on the values, personal character, and integrity of the leader. Many of our values are formed early in life; formation programs—absent a life-changing Damascus experience, as when Paul was knocked off his horse and became a different person—rarely change values, alter a person's character, or instill a personal integrity that was not there before. If you have hired Attila the Hun because he was a turnaround specialist or had special skills, chances are that all the formation in the world is not going to have much impact on his management style.

In light of the growing complexity of health care in general and the declining involvement of religious women and men in Catholic health care, sustaining the culture of Catholic organizations is becoming an ever-increasing challenge. To a great extent, success will depend on the selection of co-workers and leaders who understand and are committed to acting and making decisions in much the same way as the religious sisters and brothers did.

It is absolutely imperative, therefore, that new hires in Catholic health care—and especially those in leadership roles—are assessed not only for their skills and “job fit” but also for their personal values and integrity, their ways of making decisions, and their personal character (as revealed by their general behavior), all of which must be taken into consideration in assessments of “organizational fit.”

As noted, most leaders try to assess candidates for organizational fit. Unfortunately, however, there are available few tools that formalize this process and allow such assessment to be done in a consistent and competent manner. The few “off-the-shelf” interview tools designed to assess organizational fit are generic—they do not assess how well candidates will fit the organizational culture found in Catholic health care. Different leaders, necessarily relying on their own subjective judgments, may view that cul-

ture differently, and, as a result, may interpret and judge a candidate's responses differently as well. Then, too, because a candidate is likely to be on his or her best behavior during an interview, the leaders' judgment may even be incorrect. Subjective judgment is inescapably problematic.

THREE METHODOLOGIES

The Sisters of Mercy Health System, St. Louis, has, over the past few years, developed three tools that offer leaders a more consistent and objective means of assessing candidates for organizational fit. These tools complement other, more traditional interview processes that assess candidates for "job fit," that is, for their skills and ability to handle the job's technical component. Hiring for organizational fit assesses the candidate in light of his or her fit with the Mercy culture—assesses, that is, the fit of his or her aptitude for, interest in, and alignment of personal behaviors with the Mercy charisma, religious heritage, and values.

The development and implementation of these interview and assessment tools involved three important steps:

- First, we had to clearly name—and reach consensus on—what we were specifically looking for in candidates as we assessed them for organizational fit. Focus groups from across the health system identified common categories of behaviors and attitudes. We used these categories not only to shape our interview questions but also, more importantly, to develop the assessment screens with which interviewers could evaluate candidates' responses to those questions.

- Second, we had to carefully draft pilot versions of the interview process to make sure that we had appropriate questions that invited responses; and that, again most importantly, the assessment screens were correct, clearly understandable, and easy to use.

- Third, we had to offer thorough education

in the use of these tools and mandate their usage in all interview processes.

TOOL 1: BEHAVIORAL-BASED INTERVIEWING

We began by creating a behavioral interviewing tool to be used for all employee hires. As most leaders know, future behaviors often can be predicted on the basis of past behaviors. Behavioral-based interviewing does not involve conceptual questions such as, "What are your greatest strengths?" but, instead, asks candidates to share examples of their behaviors in previous specific situations. An example is: "Tell me about a time when you had to work closely with people with whom you didn't get along?"

Focus groups composed by Mercy co-workers identified desired behaviors that we would look for in candidates. We categorized these behaviors as "relational," "compassionate," "service-oriented," and "respectful or appreciative of Mercy's religious heritage and traditions." For each category, we then developed behavioral-based questions, along with assessment screens to enable the interviewer to evaluate the candidate's responses. The assessment was scored on a 2-1-0 scale. A score of 2 means that the candidate (as we so often say) already "gets it." He or she already displays the behaviors and seems to have the beliefs, values, and commitment necessary to be a wonderful fit for Mercy. A score of 1 means that the candidate has given acceptable answers and has shown the potential to grow—either formally (in information programs) or informally (through interacting with Mercy co-workers)—into a good fit for Mercy. A score of 0 means that, although the candidate's answers may be acceptable in other organizations, they are not acceptable for Mercy; he or she would not be a good organizational fit.

For example, one question in the service category states: "People can be very demanding. We may have a lot to do, but some people think that they have the most important needs in the world.

SUMMARY

To a great extent, the continued success of Catholic health care organizations is dependent on the selection of co-workers and leaders who are committed to carrying on the organization's mission. The Sisters of Mercy Health System, St. Louis, uses three tools to help leaders be more consistent and objective in assessing employment candidates for organizational fit.

The first tool involves behavioral-based interviewing,

which looks at a candidate's potential for future behaviors based on his or her past behaviors. The second tool assesses a candidate's values in such a way that accounts for and reduces the interviewer's own subjectivity. And the third tool—values-based interviewing—helps reveal a candidate's natural aptitude for, interest in, and personal agreement with the organization's charisma, religious heritage, and values.

Tell me about a time when you dealt with a person who felt and acted this way?" In listening to the candidate's specific example, the interviewer assesses it in light of the following criteria:

■ Did the candidate do what could be done for the needy person, but either complained about or was critical of the person? (This would be an unacceptable response, scored with a 0.)

■ Did the candidate try to be fair, providing the needy person with the same treatment as would be given to anyone else, despite feeling some irritation with the person? (This would be an acceptable response, scored with a 1.)

■ Did the candidate empathize with the needy person, trying to put his or her own feelings aside and making a special effort to help the person feel special and cared for? (This would be the desirable response, scored with a 2.)

When the interview is finished, scores from each question are added up. The total offers a good indication of the kind of fit the candidate would be for the organization. Mercy's use of the same questions and assessment screens with all candidates ensures that they are treated and evaluated in an equal and fair manner.

TOOL 2: ASSESSMENT FOR VALUES AND CHARISM

Although behavioral-based interviewing is very important, we know that leaders also rely on their feelings and intuition when assessing candidates for organizational fit. Nonverbal cues—*how* a candidate talks about him- or herself and others, for example; and evidence of either passion or disengagement—can also give good indications concerning his or her organizational fit. However, such cues are inevitably filtered through the interviewer's subjectivity. It was to reduce this subjectivity that we created the second tool.

To do so, we solicited and summarized the most common intuitive judgments of individual Mercy leaders in trying to assess candidates for organizational fit. We asked longtime Mercy leaders who had conducted numerous interviews to articulate what it was that made them feel *positive* about the fit of candidates with the Mercy culture. We also asked what it was that made them feel *uneasy* about candidates with regard to

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organizational fit.

We collected the most commonly expressed characteristics, listing them on an evaluation sheet designed to be filled out by the interviewer after the interview. One column identifies the characteristics which are more aligned with the Mercy culture, whereas the other column identifies those that are less well aligned. Again, the scoring is done on a 2-1-0 basis.

Here are some questions based on such characteristics:

■ Did the candidate, in the course of the interview, express appreciation for the gifts and contributions of others? Or did the candidate speak favorably of him- or herself in comparison with others?

■ Did the candidate display a blend of compassionate care for others along with a concern for stewardship of time and resources (i.e., a good business sense)? Or did the candidate overemphasize one to the detriment of the other?

■ Did the candidate show a willingness to hold him- or herself accountable and to be held accountable by others? Or did the candidate share fault and blame with others?

As before, the scores for each of the characteristics are added up to offer a numerical assessment of each candidate's fit with Mercy. When this is done consistently with each candidate, the most commonly intuited judgments of leaders offer a more objective assessment than one an individual leader could render alone.

TOOL 3: VALUES-BASED INTERVIEWING

Our third tool arose out of two important beliefs. As noted earlier, we at Mercy believe that leaders have a profound influence on the culture of a department or organization. In addition, we believe that, with the declining presence of religious women and men in Catholic health care services, leadership selection is critical to sustaining the charism, religious heritage, and values of a Catholic faith-based ministry.

Consequently, although Mercy assesses candidates for all positions on the basis of whether they are thought likely to behave in a manner consistent with Mercy practice, when it comes to leadership positions, it also assesses candidates' values, commitments, and personal character. In other words, it is not enough merely for a Mercy leader to behave appropriately; he or she must also have a natural aptitude for, interest in, and personal agreement with the Mercy charism, religious heritage, and values.

We have therefore developed a different set of interview questions and assessment screens for interviewing candidates for leadership positions,

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particularly for leaders at the director and executive levels. We began by agreeing on the critical elements for assessing leaders. These consisted largely of our health system's values; the normative principles identified in Part One of the *Ethical and Religious Directives for Catholic Health Care Services*; and aspects of the charism of the Sisters of Mercy, such as hospitality, compassion, right relationships, and ministry, among others. We then created interview questions for each element, questions that focused on behaviors and decisions but also always asked candidates to explain why they behaved in that manner. The questions were intended to reveal not only how the candidate would act or decide in particular circumstances but also his or her personal values, commitment, and character.

These questions were tested and refined in leadership interviews over a period of three years. Appraised for how well they indicated an organizational fit with Mercy, the responses were turned into screens that enable interviewers to assess the responses of particular candidates. The scoring was again 2-1-0.

For example, one question states: "Service is one of our Mercy values. If you consider yourself to be a service-oriented leader, then what does that look like? And why are you a service-oriented leader?" Some candidates responded that they served others because they knew this was expected of them; and that they expected, by giving service, to be rewarded by becoming successful as leaders. Although this might be an acceptable answer for some organizations (because it could produce desirable results), we judged it to be an unacceptable response for a Mercy leader and therefore scored it as a 0.

Some candidates said they served others so that their staffs (or the organization as a whole) could be successful, and that they found personal satisfaction in doing so. This is an acceptable answer, so we scored it as a 1.

Other candidates spoke of how being service-oriented at work was consistent with their personal values, saying that they tried to consistently model service even when there was no personal gain for them. A good leader, they said, should

not be ego-driven but, rather, should strive to always put the needs of others first. Some even believed they served God when they served others. Because these were highly desirable answers, these candidates received a 2.

As with the other interviews, we add up the scores in each category to get a numerical assessment of each candidate's fit for a leadership role in Mercy. From this tool we have gained, along with a more consistent and objective way of measuring organizational fit, some interesting lessons concerning interview methodology.

■ First, we derived great value from debating which screen constituted the 2, 1, and 0 scores. We found, for example, that although everyone believes in "justice," leaders who ask justice-related questions in an interview (and later apply justice-related screens to the responses) often have different views concerning justice in health care leadership.

■ Second, we found that candidates for executive leadership positions sometimes come to us seemingly well-coached by recruitment firms on how to answer our value-based questions. We discovered, however, that although such candidates may be quite articulate in answering the first one or two questions, those who are not a good fit for us seem to quickly exhaust their memorized repertoire, awkwardly repeating themselves on subsequent questions and eventually seeming insincere and disingenuous.

■ Third, we have found at times that body language can be an amazing indicator of organizational fit. When a candidate's own values, personal character, and habitual behaviors are closely aligned with Mercy's, they become engaged and alive in responding to these questions. When, on the other hand, a candidate is not a good fit for us, the questions often make them seem uncomfortable, puzzled, or disengaged. We believe that trying to pick up such clues is a good thing. It is far better for both them and Mercy to learn, if such is indeed the case, that we are *not* suited for one another. This allows the candidate to seek an organization whose values are more in line with his or her own.

VALUE CHOICES

In the spirit of "we're almost there, but never quite," we have begun working on yet a fourth tool to help us assess candidates for leadership positions. This tool asks candidates for leadership positions to choose between a set of two statements, both of which are considered viable and true. One statement, however, is more strongly compatible than the other with our Mercy charism, religious heritage, and values. Candi-

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dates are invited to work quietly on their own and to choose one or the other statement as representative of their own values and ways of acting. These questions can then be scored later, with the preferred responses added up to offer yet another perspective on each candidate's organizational fit for Mercy.

For example, one statement, dealing with the importance of community and the value of the common good, begins: "I want my health care organization to stress the importance of . . ." and then offers two possible concluding phrases: "a) doing whatever we can to help our community" or "b) being the employer of choice and the recognized health care leader in our area." Both answers are good and worthwhile, but a) is preferable because it is more in keeping with our value of the common good. Another statement begins: "I will feel I have had a successful health care career if . . . a) I have left the organizations I worked for better off for my having been there; or b) I am able to achieve most of the things I set out to accomplish." Again, both answers are acceptable, but a) is preferable because its focus is on the organization whereas b) emphasizes the self.

THE REFINING CONTINUES

Hiring for organizational fit is critical for sustaining the Catholic health care ministry. At Mercy, we readily admit that none of our interview and assessment tools is perfect. We will continue to refine and further develop each of them. And Mercy is very open to collaborating with other Catholic health care organizations working to develop better assessment methodologies for candidates' fit with important elements of their own culture.

We are very pleased that these interview and assessment methodologies have moved our leaders beyond the realm of mere subjective judgments regarding the organizational fit of candidates. Our tools offer a common framework for understanding Mercy culture and provide a consistent and relatively objective means of assessing a candidate's aptitude for, interest in, and alignment of personal behaviors with Mercy's charism, religious heritage, and values. ■

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