PERFORMANCE APPRAISAL

OF

OREGON NURSE ADMINISTRATORS

by

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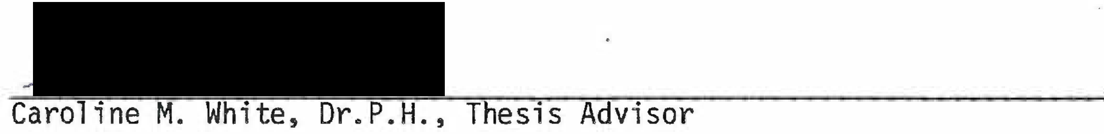

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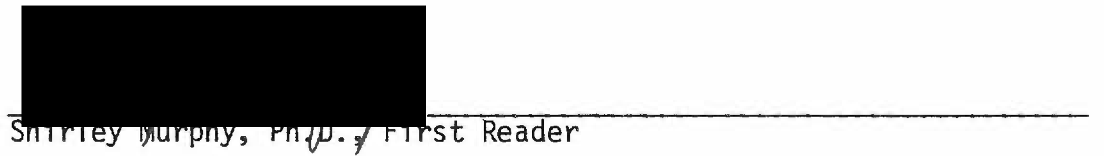

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Chapter I

Introduction

Performance appraisal is a recommendation of the Joint Commission on Accreditation of Hospitals (JCAH) which suggests that organizations conduct work performance evaluations periodically to justify continued employment of the individual (Accreditation Manual for Hospitals, 1982). The role of the executive nurse manager (nurse administrator) differs _in kind_ from that of other nursing managers in that it is a role with responsibility for the entire nursing department and for management from the perspective of the organization as a whole (A.N.A. publication NS 23 3M, 1978). Therefore, appraising the job performance of the executive nurse manager must also differ _in kind_ from that of other nursing managers.

Much work has been done by researchers concerned with what motivates individuals and groups. Investigators have also looked at ways to measure job performance against job requirements. Yet, personal conversations with local nurse administrators revealed that they are not being told how well they are doing their job even though the organizations they work for have performance appraisal programs. Among other possibilities, it may be that the appraisal system is not developed adequately to measure managerial competence on the executive level. Two factors which may have some influence in developing a managerial appraisal system are that (1) management roles differ from

one organization to another; and (2) there is a tendency to apply static appraisal methods focusing on past performance rather than on the dynamic relationships between the present and future performance (Meidan, 1981).

Nursing administration is central to the delivery of health services. As roles in nursing administration are clarified and legitimized, new demands and higher expectations regarding job performance and accountability are emphasized (Kralewski, 1978).

Purpose of the Study

This study was undertaken to identify current practices in job performance evaluation of nurse administrators in Oregon. Identification was done by determining current evaluation practices; how these practices are measured; who administers the evaluation; and, lastly, the perceptions by executive nurse managers of the performance appraisal process.

Significance of the Problem

If special significance is to be attached to the performance of any one member of the nursing management staff, perhaps the executive nurse manager is most deserving of such distinction. The executive nurse manager should be competent in the performance of nursing as well as in the management of a diverse professional group which often represents a major portion of an organizational budget. Kralewski (Slater, 1978) says that traditionally nurses have been promoted into administrative positions on the basis of clinical abilities rather than administrative skills. This has resulted in an ill-defined reference group with often ambiguous role functions.

Limitations

This study was limited to data obtained from questionnaires completed by executive nurse managers in general hospitals in Oregon. The executive nurse managers have all been employed for six months or longer in their present position. The findings of this study can only be generalized to the sample studied.

Assumptions

For the purpose of this study, it was assumed that:

1. Executive nurse managers are currently being evaluated using one or more of the following formats or techniques: essay, objective, behaviorally anchored rating scales, ranking, graphic rating, forced-choice, or critical incident.

2. There are established written criteria that measure the job-related behaviors of nurse managers which allows for interaction and understanding between the rater and ratee. Furthermore, the goals and objectives of both the rater and ratee can be discussed, clarified, and elaborated during the appraisal process.

3. There is a recognized need to link appraisal to long-range employee objectives such as performance improvement in order to meet the ratee's needs as well as those of the organization.

4. The development of an effective appraisal system can aid in measuring and improving the professional standards of the executive nurse manager.

Chapter II

Review of Related Literature

For the purposes of this study the review of the literature is presented in the following three sections: current trends in executive appraisal; the present and past functions on which performance of executive nurse managers might be based; and review of methods of performance appraisal.

The Problem of Executive Appraisal

There is no literature specifically pertaining to performance appraisal of executive nurse managers. A review of the health professional literature indicates that several authors commented on the need to appraise nurse managers' supervisory and management skills. Stevens (1977) underscored this need by pointing out the paucity of substantive research in nursing administration--especially relating to the uniqueness of measuring job performance of the executive nurse manager.

From the perspective of the organization, executive performance appraisal is one of the keys to effective management. Performance evaluation should be the appraisal of the person in the job, not an evaluation of the position (Koontz, 1971). Heyel (1958) is credited with identifying three points to consider when appraising an executive. First, the comparison of performance should be against established goals and standards. Second, the qualifications of the individual need to

be determined. Is the executive qualified for the position being evaluated? Does he/she have the required education, experience and personal characteristics? Third, strengths and weaknesses of the individual are to be identified. Despite Heyel's guidance, it has been very difficult to appraise executive performance due to the complexity of the role.

Various disciplines, including business, education, and personnel administration, are currently attempting to address the issue of executive role complexity. Prior research has dealt primarily with management persons evaluating subordinates but businesses and industries are now investigating the practice of appraisal of the top echelon of management (Hogan, 1981; Tell, 1980; and Bennett & Langford, 1979). In nursing, the evaluation process of subordinates by superiors, self, and peers has been reported extensively (Palmer, 1973; Schlossberg, 1981; Gold, Jackson, Sacks, Van Meter, 1973; Partridge, 1979; and Golightly, 1979), but the process of evaluating nurse administrators has not been studied.

Koontz (1971) indicated that traditional appraisal of executives has been both ineffective and illusory. This is primarily due to the fact that the appraisal is based on elusive standards of personal traits or work qualities (Heyel, 1958).

Performance appraisal clearly calls for performance standards. Performance standards can be defined as statements of conditions that will exist when job criteria are being satisfied (Rowland, 1970). Since a standard is a measure of performance, it may be either quantitative or qualitative. Either way, quantitative and qualitative standards

are necessary. Quantitative standards are easily measured activities by which the job function is performed. Qualitative standards are not so readily measurable since these are the desirable personal traits, abilities and/or degrees of performance. Moreover, performance should be realistic and attainable, as well as measurable.

Performance Standards of Executive Nurse Managers

Executive nurse managers are assuming increasing responsibilities in the health care system. Along with an increase in responsibilities is an increase in the scope of accountability. At the 1956 biennial convention in Chicago, Illinois, the American Nurses' Association (ANA) adopted its first policy statement on the functions, standards and qualifications for the institutional nursing service administrator. In June 1969 ANA issued a second policy statement entitled: The Position, Role, and Qualifications of the Administrator of Nursing Service. According to this policy position, the administrator of nursing services has administrative authority and ability to reconcile the needs of the nurse practitioners with organizational requirements and objectives and holds ultimate responsibility for nursing services provided. The statement also specified the minimum qualifications of the nurse administrator.

In 1978, the Committee to Review Roles, Responsibilities, and Qualifications of Nursing Administrators presented a paper that delineated the three levels of nursing administration (executive, middle, and first-line management) and identified the responsibilities characteristic of each level as well as the educational and experiential qualifications

desirable. At the executive level, the nurse manager's scope of responsibility is to the entire department of nursing and participation in administration of the entire organization. The focus is on the manager's responsibilities to plan, direct, and evaluate the activities of the entire department.

Although there are no major differences among the standards (see Appendix A for comparison of 1956 and 1978 standards), the 1978 standards seem to be qualitative in nature. They are less objective since the degree to which the executive nurse manager performs the duties of the position is left up to the individual. A rater could have great difficulty determining results within a normal appraisal period. The result is that the job performance of a nurse administrator at the executive level is difficult to appraise objectively. Some of the standards are vague in wording, necessitating further definition of criteria to be useful in assessing performance at the executive nurse level.

Performance Appraisal Methods

During the 1800s, Owen introduced the formal rating system of appraisal in industry by using colored blocks to indicate the level of performance (1920). Taylor (1911) defined the early measurement systems; these were associated with various numerical efficiency factors involving work simplification and time and motion studies. Until the 1950s, most appraisal systems focused on rating personality and behavioral traits. During the 1950s, the General Electric Company began measuring performance results against objectives, more commonly known as management by objectives.

Traditionally, the methods of performance appraisal have included the following techniques: forced-choice, essay, graphic rating scale, checklist, field review, management by objectives, and the setting of standards. Since there are many appraisal methods, the following is a discussion of seven specific methods currently applied in various institutions.

Essay

This is among the oldest and most widely used form of appraisal. The rater simply makes narrative comments about the ratee's strengths, weaknesses, and potential. Most raters do not like this method of appraisal because it tends to be time consuming, difficult to determine why the ratee is a good, bad or average performer, and the rater is rarely called upon to justify what is written. Some raters have great difficulty in doing an in-depth analysis of job performance while others are able to give very clear and succinct appraisals, a discrepancy that may in fact penalize the good or average performer (Rowland, 1970). An essay appraisal is virtually impossible to standardize.

Forced-Choice

Borrowed from the Army, the forced-choice technique requires the rater to select from a group of statements those that best describe the individual being rated and those that do not describe the performance. The statements are then weighted and scored. Workers with the higher score, by definition, are the better workers (Alexander, 1978). Meidan (1981) contends that using this qualitative method allows the individual's performance to be compared against some set of absolute standards. If this technique is used in managerial appraisal, the weighted checklist

statements must be compiled by someone with considerable expertise in that particular area of management. Because raters are unsure which item is the test maker's "best response," forced-choice or weighted checklist techniques reduce rater bias (Richardson, 1950). These techniques are difficult to justify, since raters may have been required to choose among characteristics or behaviors irrelevant to the ratee's personality or performance; trust between the rater and ratee is not enhanced; and forms are costly to develop (Schneider, 1969).

Ranking

Ranking techniques developed out of a need to overcome the problems of rating scales--halo effects, strictness, leniency, and central tendency errors--which involved the misjudgments on the rater's part. Ranking is based on traits and relative comparisons. The rater is required to rank order each ratee on each of the listed traits provided (Duffy & Webber, 1974). There are three distinct approaches to this technique: straight, alternative, and comparison ranking. In straight ranking, the executive nurse manager is appraised in comparison with other managers holding similar positions within the organization.

Alternative ranking is the process by which all ratee names are rank ordered according to the rater's perception of their value. Paired comparison ranking is the process in which one ratee is compared against others, one by one (usually only used when the groups to be appraised are fairly large). The manager with the highest score is considered to be the most valuable (Meiden, 1981).

Besides the fact that it is a simple technique, the advantage of this method is its usefulness in making decisions about salary and

promotion. Some of the disadvantages of ranking procedures include problems of reliability and validity. By design, ranking is unidimensional (basically seeking to ascertain the manager's overall effectiveness in the organization) failing to reflect the complexity of most jobs (e.g., decision making, policy making). Besides being very cumbersome to use in practice, it is very time-consuming for the rater and depends entirely on the skills of the group being rated. Koontz (1958) commends its use as a means for the individual manager to see the weakness of his appraisals and learn the practical meaning of "average."

Graphic Rating

By far the most easily developed, administered, and scored format, graphic rating scales consist of a listing of desirable or undesirable personality traits in one column and beside each trait a scale which the rater marks to indicate the extent to which the ratee has demonstrated the trait (Oberg, 1974). According to Sikula (1976) results tend to be more consistent and fairly reliable when using a graphic rating scale. A major problem with this technique is that ratings tend to cluster toward the higher end. This makes it harder to differentiate performance levels of different individuals. It also does not yield any indepth information of job performance.

Objectives

Performance is measured against specific, predetermined goals which have been jointly agreed on by both the rater and the ratee. More commonly known as "Management by Objectives" (MBO) it has been the focus of several writers. Some of these were Palmer (1973), McGregor (1957) and Odiorne (1975).

According to Odiorne (1975), MBO is a logical and effective system wherein superior and subordinate managers together set up common goals, delegate major areas of responsibility to individuals, and define expected results, and use these in order to efficiently operate the particular area and assess the contributions of each of its members. With the emphasis on present performance and future goals, there is a decrease in subjective personality elements in the ratings. Odiorne (1975) points out that these objectives become a road map of future behaviors. His basic assumptions are that (1) people get so enmeshed in daily activity, they lose sight of the purpose of their work; (2) people who have no idea where they are, have difficulty in deciding on goals; and (3) reality consists of having a clear picture of where you are and where you are going. He goes on to discuss the "activity trap" which kills motivation and innovativeness. By making time for planning of the future and development of the present through MBO, one has a clear picture of where one has been, is and plans to be.

MBO may be better suited for the top level manager. Writers on the subject stress that MBO must start at the upper levels. The goals lend a picture of totality to the entire organization which is not seen with other more fragmented systems. Palmer (1973) insists that goals should be written so that the following questions may be answered: Is the task worthy? Is the task practical? Can it be accomplished, measured, and expressed in terms easily understood by all? Does it fit with the organizational goals? McGregor (1957) and Palmer (1973) admit that the major problem with MBO is that it is time consuming. Palmer addresses several problems with MBO--it

becomes an annual task instead of an intermediate process: objectives are inappropriate or impossible to achieve; creativity is hampered due to focusing in on set objectives; rigidity develops and blocks change. Odiorne (1975) insists that it is most appropriate for managers to be involved with planning for the future instead of in actual work related activities, thus the time spent is justifiable.

Critical Incident

Also known as work sampling, critical incident is a technique used by raters that records instances of performance that involves those people most familiar with a certain job, coming together to identify specific examples of work behaviors which have been shown to be of critical importance to the success or failure in defined situations (Flanagan, 1954). It is a first-hand report of markedly effective or definitely ineffective performance of an assigned activity. The major advantage of this method is its focus on performance rather than personality traits. It does not provide an overall quantitative rating, although it may serve as the basis for managerial development or training. This technique has merit, but a strong disadvantage is that it requires extensive observation and recording on the part of the rater which is frequently difficult and time-consuming.

Behaviorally Anchored Rating Scales

Behaviorally Anchored Rating Scales (BARS) is a technique which focuses on the detailed appraisal of specific acts or behaviors rather than personality. It employs objective performance criteria in a standardized appraisal format (Schwab & Heneman, 1975). BARS do not seek to impose views, opinions and structures on others but asks those

actually involved to state in their own terms the qualities, traits, or criteria which are important to carrying out the work effectively. A range of possible performance standards for each task is determined and is then translated into numerical scores. BARS are useful because they enable a manager to develop objective appraisal criteria which can be applied to a range of positions using a standardized, quantifiable appraisal format (Smith & Kendall, 1963). A genuine disadvantage to this technique is that a great amount of time and effort is required prior to implementation. This expenditure may not be justifiable in smaller organizations.

Groupings of Managerial Appraisal

Meidan (1981) groups the methods for appraising managerial performance into six major categories: (1) comparative procedures; (2) absolute standards; (3) direct index; (4) field review technique; (5) feedback of appraisal interviews; and (6) performance statistics methods. Comparative procedures are the simplest. Managers are compared with one another on any characteristic or activity that is of interest to the rater. Absolute standard techniques are the comparison of individual performance against set standards. Direct index is the appraisal of managers solely on the results they have achieved while field review is the actual gathering of information about the work done from the manager being appraised. Feedback of appraisal interviews occurs in three parts: tell-and-listen (find out how the manager feels about the appraisal); tell-and-sell (the rater tells, the individual 'buys' the appraisal); and the problem-solving technique (rater attempts to help the individual improve in job performance). Performance

statistics developed out of a desire to substitute quantitative and qualitative measures for conventional rating methods.

Criteria for Performance Appraisal

Inputs, outputs, and personal qualities are usually the criteria used to measure managerial performance (Meidan, 1981). The performance of managerial activities are considered the inputs. Personal qualities refer to the personality traits of the managers being assessed. Outputs are the results achieved. Another way to look at measuring managerial performance is to determine if a person-based or performance-based system is being employed. A person-based system is one which assesses the individual's personality traits, characteristics, and aptitudes. A performance-based system measures the individual's behaviors against previously established behaviors.

Measuring outputs in the hospital setting is not done very easily. Although it may be easy to measure the percentage of nurse turnover in a particular unit or the number of days a patient is hospitalized; it may not be easy to measure the delegation of tasks or the quality of care delivered. Personal traits are just as difficult to measure. Not usually measured in objective terms, they may be disguised as quantitative behavioral statements, assessments, or outputs. They may also be relevant assessments of "how" the manager affects others' outputs (Meiden, 1981).

Performance-based systems are harder to develop than are person-based systems (Dearden, 1968). Borman and Dunnette (1975) compared performance-oriented and person-oriented systems at the subordinate level

as to their validity and reliability. They concluded, as had Graham and Clendo (1969), person-oriented appraisal systems had low validity and low reliability because (1) personality characteristics were unrelated to job performance; (2) reliability of trait rating is frequently marginal; and (3) areas of satisfactory or unsatisfactory performance are not identified. Appraisal oriented to performance criteria is more reliable because the use of objective performance standards enables the determination of whether or not predetermined performance standards have been met. Meidan (1981) suggests using quantitative or quasi-quantitative measures such as financial status, people reached, service excellence, public satisfaction with services to appraise managers of hospitals.

Szilagyi and Wallace (1980) further elaborated on the validity and reliability of managerial appraisal, identifying three major dimensions for consideration. The authors assume that when an appraisal does not include all the relevant aspects of the job, it is considered deficient and, also that contamination (inclusion of irrelevant aspects of the job)creates a validity problem. This may be a questionable assumption on the part of the authors and may require further empirical testing. Second, it is necessary to determine the level of analysis. Is it organizational, group or individual analysis? Appropriate criteria for each level need to be established and evaluated. Third, consideration of the importance of time (measuring job behaviors over a specified time period) in choosing relevant performance review criteria is necessary.

Analysis of Performance Techniques

Experts concur that appraisal should accentuate the positive, emphasizing strengths rather than using non-constructive criticism or discussion of personality traits. When data are gathered on a continuous basis and feedback is given frequently, appraisal becomes more meaningful. The feedback process provides the individual with the knowledge of where one stands. Areas of development and achievement are recognized. Understanding of the job objectives will occur as well as the knowledge of how these objectives interact with the organization's objectives. Areas of weakness are also recognized. Cummings and Schwab (1973) warn against the dysfunctional aspects of negative feedback, suggesting that if the individual feels threatened by the process, he/she may react negatively to the process.

MBO and BARS appear to be techniques appropriate for the executive nurse manager because they identify the objectives of the organization and individual in behavioral terms which will lead to improved performance in the organization. The goal setting and determination of objective performance criteria of MBO and BARS are processes not without problems. These techniques, by themselves do not assure that professional standards of the individual or the objectives of the organization are being met but they may provide optimum solutions for the organization and the individual.

Summary of the Literature

One may conclude that methods of performance appraisal available for use with executive nurse managers are, at best, controversial and poorly defined. Improvement of performance appears to be a central

purpose of appraisals. There are few research studies on which to base the process of performance appraisal (Atkins & Conlon, 1978; Jacobs et al., 1980). Experts provide various sets of prescriptive statements drawn from their experience and theories of motivation, suggesting that designers of appraisal systems need to keep in mind the people, the tasks, and the given situations (e.g., organizational and individual goals) when designing and implementing performance appraisal tools. They suggest that since the appraisal process is multifunctional, one approach would be to develop a multifaceted program to deal with the different purposes. This would be far superior to using one form for all appraisals. Whatever program is developed, policies and procedures must be established and written. Training must occur so that the purpose, criteria and uses are clear to all.

On the basis of the literature, it can be said that no matter what form it takes, an appraisal system for executive nurse managers should assure adequate review and constructive feedback on a continuous basis. The executive nurse manager must be able to assess whether or not the programs, personnel, and his/her own performance measure up to the objectives of the organization and professional standards.

Chapter III

Conceptual Framework

Performance appraisal should be vital for all executive nurse managers, in part because the goals of an organization and the needs of an employee may not always be congruent. However, when both need dispositions have been identified and set forth in performance standards, there is a greater chance that organizational goals will be fulfilled and individual needs for feedback satisfied.

Performance appraisal should not be an instrument of control nor a means of manipulation. It should be a way of creating a climate in which the organization and the individual can satisfy their respective needs. The appraisal should serve the individual and the organization through rewards (salary increases, promotions), development (training, counseling), and validation of skills. The organization should provide opportunities for responsible behavior, positive rewards. Appraisals provide the opportunity for the organization and the individual to take measure of each other. If both are aware, know themselves as separate entities, understand their roles in furthering personal and organizational objectives, and are committed to them, then the ultimate output may benefit all. As shown in Figure 1, the individual is able to ascertain for himself/herself whether or not he/she is meeting the objectives of the organization through the functions of the job; the same holds true for the organization. Performance appraisal may be linked to the

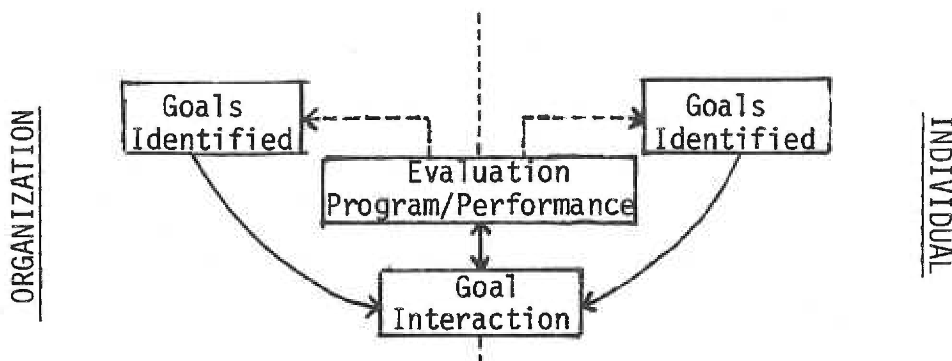


Figure 1 Model indicating relationship of performance evaluation to individual and organizational goals and interaction.

organization's long-range planning efforts. The organization uses the employee performance appraisal to determine the clarity of its objectives. Feedback should inform the individual manager just how well he/she has done in meeting the organization's objectives. This feedback is beneficial since more and more nurse managers are making decisions about operational and program planning, budgeting, and staff utilization which contribute to the overall organizational effectiveness. Performance appraisal should provide the opportunity to identify one's strengths and weaknesses and to determine corrective or reward measures.

At the individual level, Festinger (1950) theorized that every human has the need to be appraised. He believed that each person has certain abilities and periodically needs to know how good these abilities are. The need for appraisal often leads to comparing abilities and qualities with those of other people with similar abilities and qualities. The appraisal can either be administered by the individual or by others. Through the appraisal process, the nurse administrator and the organization are able to identify, build, and remedy strengths and weaknesses. Performance appraisal ends the uncertainty that comes from not knowing

what the "boss" thinks. It also provides the nurse manager with the opportunity to systematically express his/her thoughts to the organization.

If nursing services are to be effectively managed and nurse managers are to have information regarding their accomplishments, the executive nurse manager must be able to appraise his/her performance based on established, measureable criteria. Performance appraisals must satisfy the guidelines as laid out in Federal case law requirements and meet the Equal Employment Opportunity Commission's (EEOC) interpretation of the Civil Rights Act of 1964, as amended. This prevents the employer from using the measurement data to make personnel decisions in such a manner that job-relatedness cannot be demonstrated. If there is documented evidence of ability and competence, arbitrary and capricious termination, as well as other unfair labor practices, should be prevented. Performance appraisal should be a major component of individual and organizational accountability.

Research Questions

Specifically, this study addresses the following questions:

1. Is the job performance of nurse administrators in Oregon currently being appraised? What is the frequency of the appraisal? By whom are nurse administrators appraised?

2. What appraisal systems are being used? Are these systems based on written, measureable, job-related criteria?

3. Are personal and professional needs met using the appraisal process?

Operational Definitions

For the purpose of this study, the following definitions have been utilized:

(1) Executive nurse manager - one holding the position ultimately responsible for the nursing service department and managing from the perspective of the organization as a whole. (Also may be designated within an organization as Director of Nursing, Associate Hospital Administrator, Vice-President of Nursing, Chief Executive Nurse.)

(2) Performance appraisal - process or method used to measure the effectiveness of the individual in a specific job description.

(3) Appraisal criteria - characteristics of the position that may be measured to provide scores by which the individual's performance may be rated.

Chapter IV

Methods

This study examines current practices in the evaluation of job performance of nurse administrators in Oregon. Specific focus is directed at the following three questions: (1) How is executive nurse (nurse administrator) performance currently being appraised; if at all; and by whom? (2) Are written measurable appraisal criteria being used? (3) What perceptions of the performance appraisal process are held by nurse administrators?

Variables

The variables selected to answer questions 1 and 2 include: method of appraisal; person conducting the appraisal; frequency of appraisal; and criteria of appraisal. For question 3, some of the variables consisted of opinions held by nurse administrators concerning appropriateness and effectiveness of the appraisal system, satisfaction with feedback and relevance of factors on which evaluated, and whether or not the evaluation motivates one to perform better.

Data on sociodemographic variables were also collected to determine the effect of evaluations on nurse administrators' perceptions.

Sample and Setting

The state of Oregon was chosen as the field for the study because it contains many hospitals of varying bed capacities and well-populated

communities. With the exception of a few larger cities, such as Portland, Eugene, and Salem, many other communities may be more limited in their abilities to provide health care and sufficient numbers of qualified health care personnel. It is in these types of settings that responsibilities may be given to nurses without adequate training or knowledge of abilities the role requires.

In order to maintain a certain amount of homogeneity of characteristics among the hospitals whose executive nurse appraisal process was being studied, the following criteria were used in the selection of hospitals for this study:

1. The hospital is listed by the American Hospital Association or the hospital is accredited by the Joint Commission on Accreditation of Hospitals.

2. The hospital is classified as a general hospital.

The population for this study includes nurse administrators of general hospitals in Oregon (n = 80). From a listing of nurse administrators (obtained from the Oregon Hospital Association), the names and mailing addresses of the nurse administrators were obtained. This author's opinion that executive nurse managers might have information regarding the performance appraisal process and an interest in it is the rationale for this sample.

Data Collection Instrument

The decision to utilize a written questionnaire enabled the researcher to cover the widest area in the shortest amount of time. The questionnaire was designed to gather several areas of information.

Sociodemographic data included the number of years of nursing experience, years in present position, and educational status. These sociodemographic data assisted in interpreting the results from other parts of the questionnaire.

Subsequent questions were asked to obtain information concerning current practices for appraising the nurse manager. Specific questions were asked pertaining to the type and purpose of the appraisal; the degree of involvement in goal setting; how thoroughly the appraisal is reviewed with the individual; whether personality traits are a factor; the frequency of the reviews; and whether reviews are directly tied to rewards. Several more questions were asked to elicit opinions and perceptions using a Likert scale from the participant regarding the importance placed on the appraisal and the preference of format.

Pretest

A sample questionnaire was presented to several persons. They were asked to comment on the clarity and sequencing of questions. It was not necessary to revise the questionnaire after the pretest.

Data Collection Procedure

The questionnaire, accompanied by an introductory cover letter presenting information necessary for informed consent, was mailed to each subject's business address. (Refer to Appendix B for copy of letter and questionnaire.) A stamped, addressed envelope was included in the mailings to facilitate an adequate return rate. A follow-up letter was mailed to each subject one week following the initial mailing. This letter urged those subjects who have not yet responded to do so, and thanked those subjects who had returned the completed

questionnaire. (See Appendix B for a copy of the follow-up letter.)

Protection of Human Subjects

Information from each respondent in this study was confidential and all data reported for aggregates. Each participant was assured anonymity because the questionnaire did not have a place for individual or institutional identity, even by code number. Completing and returning the questionnaire was taken as evidence of the participant's willingness and consent to have the information used for the stated purpose of this study.

Data Analysis

Upon receipt of the questionnaires, the data were tabulated to describe:

1. Characteristics of the sample - distribution of age, years of nursing experience, years in present position, education, and return rate of the questionnaire.

2. Appraisal process in effect - type, purpose of the process, organizational role of the appraiser, strengths and weaknesses of the process.

3. Opinions regarding appraisals - personal perceptions.

Since this is a descriptive, one-group study, the data were reduced, summarized, and described using descriptive statistics. In order to discern general trends in this study, frequency distributions and measures of central tendency were shown when appropriate. Cross-tabulation of major variables allowed for the determination of patterns. The product moment correlation coefficient (Pearson's r) was used to analyze research question 3.

Chapter V

Results

This study was designed to examine current practices in job performance evaluation of Oregon nurse administrators. The data analysis includes the following: description of the sample; descriptive findings related to research questions concerning appraisal methods and processes; and statistical findings related to the perceptions held by nurse administrators about the current appraisal of their performance.

Eighty Oregon nurse administrators of JCAH accredited or AHA membership hospitals were contacted by the investigator who requested their participation in a mail survey. Sixty-five completed questionnaires which resulted in a return rate of 81.2%. Data were collected on sociodemographic variables, the method used in appraising the nurse administrator's performance, who does the appraisal, what the frequency is of the appraisal process, and what beliefs are held by nurse administrators concerning appraisal of their performance.

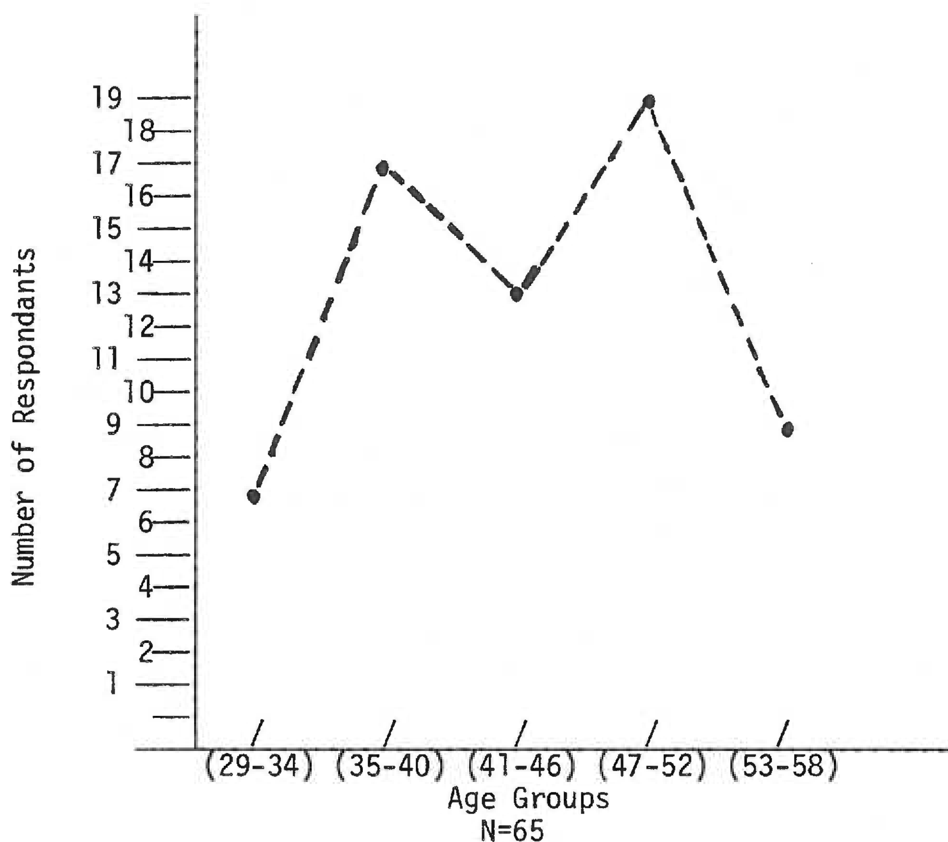
Analysis of Data

Description of the Sample

The sample consisted of 65 nurse administrators currently working in general hospitals located in Oregon. Sixty-four (98.5%) were female and one (1.5%) was male. The participants ranged in age from a minimum of 29 years to a maximum of 58 years. The mean age was 44.1 years.

Table 1

Distribution of Age of Nurse Administrators, Oregon, 1983



Range = 29-58

Mode = 36

Mean = 44.1

(See Table 1). Sixty-four percent of the administrators held entry-level degrees, defined as diploma, associate degree, and bachelor of science in nursing or other discipline. Thirty-six percent held high level degrees, that is, master of science in nursing or another discipline, or a doctorate (see Table 2).

Seventy-five percent of the nurse administrators work in JCAH accredited hospitals; 25 percent in non-accredited hospitals. Of

Table 2

Education Preparation of Nurse Administrators, Oregon, 1983

N = 65

Degree	Total Number	Total Nursing	Not In Nursing	Percent	Cumulative Percent
Associate	5	5	-	7.7	7.7
Diploma	11	11	-	16.9	24.6
Bachelor	26	19	7	40.0	64.6
Master	22	15	7	33.9	98.5
Doctorate	1	1	-	1.5	100.0

those in JCAH accredited hospitals, 57% (n = 28) hold entry level degrees and 43% (n = 21) hold higher level degrees. (See Table 3). Thirty-nine (60%) of the nurse administrators work in hospitals with

Table 3

Distribution of Educational Preparation by Hospital Accreditation, Nurse Administrators, Oregon, 1983

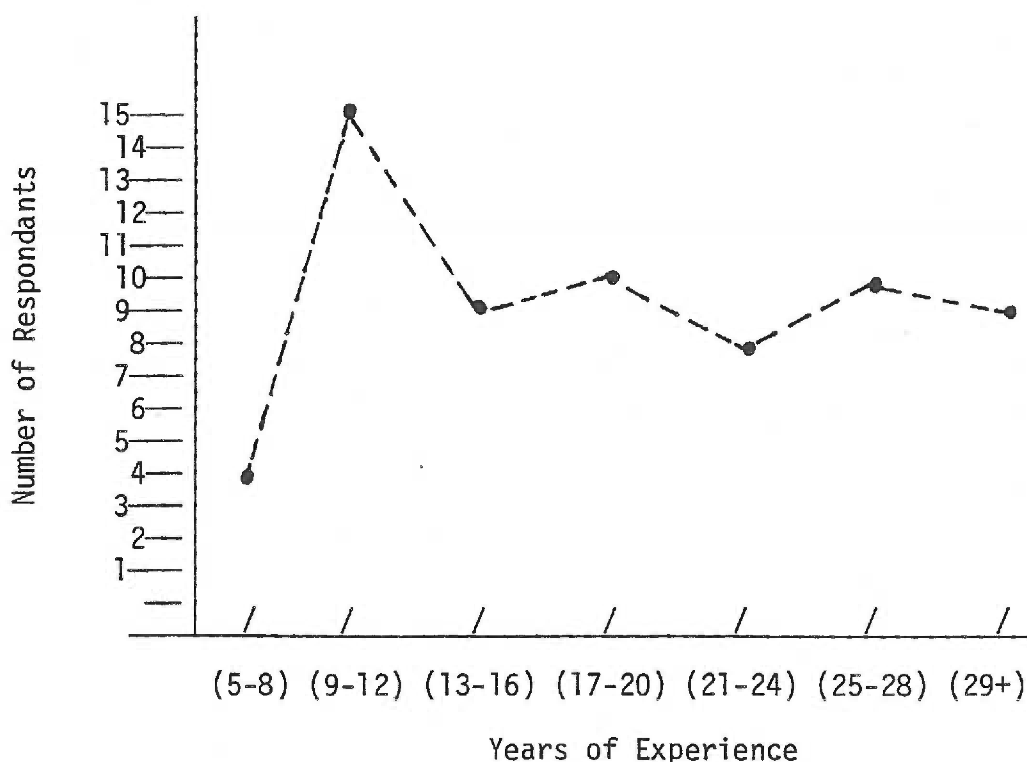
Degree	JCAH Accredited (N=49)		Not JCAH Accredited (N=16)	
	Number	Percent	Number	Percent
Associate	3	6.1	2	12.5
Diploma	8	16.3	3	18.8
Bachelor of Science	13	26.5	6	37.5
Master of Science	14	28.5	1	6.3
Doctorate	1	12.2	-	-
Master (not nursing)	6	2.0	1	6.3
Bachelor (not nursing)	1	8.2	3	18.8

less than 100 beds. Of this number, 30 (77%) hold entry level degrees and 9 (23%) hold high level degrees. Of the 26 (40%) administrators working in hospitals with more than 100 but less than 850 beds 12 (46%) reported holding entry level degrees while 14 (54%) held high level degrees.

The mean length of time since graduation was 21.1 years. The mean number of years employed as a nurse administrator with the organization was 5.0 years. Employment data revealed that the mean length of time in nursing was 18.5 years. (See Table 4). Additional personal, educational, and employment demographic data are in Table 5.

Table 4

Years of Nursing Experience of Nurse Administrators, Oregon, 1983



N=65

Table 5

Personal, Educational and Employment Data of Nurse Administrators in Oregon, 1983 (N = 65)

	Number	Percent
PERSONAL		
Age Groups		
29-34 years	7	10.8
35-40	17	26.1
41-46	13	20.0
47-52	19	29.3
53-58	9	13.8
Gender		
Male	1	1.5
Female	64	98.5
EDUCATIONAL		
Highest Degree		
Diploma	5	7.7
Associate Degree	11	16.9
Bachelor of Science in Nursing	19	29.2
Master of Science in Nursing	15	23.1
Doctorate	1	1.5
Other (Degree outside of Nursing)	14	21.6
Completion of Basic Nursing Education		
1947-1955	18	27.7
1956-1961	14	21.5
1962-1969	21	32.3
1970-1977	12	18.5

	Number	Percent
EMPLOYMENT		
Years Nursing Experience		
5-8	4	6.2
9-12	15	23.1
13-16	9	13.8
17-20	10	15.4
21-24	8	12.3
25-28	10	15.4
29+	9	13.8
Nursing Administrator Experience		
1966-1970	5	7.7
1971-1975	10	15.4
1976-1980	27	41.5
1981-1983	23	35.4
EMPLOYMENT SETTING		
Size of Hospital		
-100 beds	38	58
100-199	14	22
200-299	4	6
300-399	2	3
400-499	6	9
500+ beds	1	2
JCAH Accredited		
Yes	49	75.4
No	16	24.6

Descriptive Findings Related to Research Questions

Research Question One

How is executive nurse (nurse administrator) performance currently being appraised, if at all; and by whom? What are the purposes for the appraisal?

Forty-nine (75.4%) of the nurse administrators reported being evaluated by the hospital administrator and 19 (24.6%) reported being evaluated by associate administrators, subordinates, peers, medical directors, self, and any combination of the same.

Fourteen (23%) of the hospitals utilize a checklist method of appraisal; 14 (23%) use the essay or narrative method; 11 (18%) reported using management by objectives; and 8 (13.1%) utilize a combination of essay and checklist methods. The rest (23%) reported using other combined methods. Four (6.2%) of the subjects did not respond.

Thirty-nine (66.1%) of the subjects indicated they saw and discussed all aspects of their last performance appraisal. Ten (16.9%) reported seeing and discussing only major aspects while 5 (8.5%) did not see or discuss any of the major aspects. Six subjects (9.2%) did not respond.

Fifty-six (86.2%) of the administrators reported all levels of employees in the organization were evaluated; nine (13.8%) responded otherwise. Forty-eight (76.2%) of the organizations used a combination verbal and written evaluation; 14 (22.2%) used only written appraisals. There was no information from two of the organizations regarding appraisal processes. Most of the nurse administrators, 56 (86.2%), were evaluated at least once a year. Seven (10.9%) indicated they had never

been evaluated as a nurse administrator and one (1.6%) was evaluated semi-annually. In response to a question asking the date of their last evaluation, reports were that thirty-four (63%) were evaluated in 1982; 12 (22.2%) evaluated prior to 1982; and 8 (14.8%) in 1983. Eleven (16.9%) respondents did not indicate the last time they were appraised. Of the 65 respondents, 34 (55.7%) are scheduled to be evaluated in 1983; 8 (13.1%) will be evaluated in 1984; and 19 (31.1%) indicated they did not know when the next performance evaluation was to be. Four (6.2%) did not indicate any forecast.

Thirty-two subjects (50%) indicated that a written evaluation was an influence for salary increase. An equal number (n=32) indicated that the written evaluation had no bearing on a salary increase. Respondents were also queried about the effect of verbal evaluations on salary increases. Twenty-two (34.9%) reported that the verbal evaluation had an effect on salary increases while 41 (65.1%) reported that the verbal evaluation had no effect.

Performance appraisals are multipurpose as demonstrated in this study. A total of 25 (38.5%) of the nurse administrators indicated one or more of the reasons listed in the questionnaire (question #2) as the hospital's stated purpose for performance appraisal. Seventeen (26.2%) gave other reasons--determination of productivity, evaluate last year's performance, identification of strengths and weaknesses, to meet JCAH requirements, or that there was not a stated purpose for the evaluation of performance. Twenty-three (40%) indicated a variety of combinations of the choices.

Research Question Two

Are written, measurable appraisal criteria being used?

Job related goals might be considered one set of written criteria in doing a performance appraisal. Forty-three (67.2%) reported they did set goals as part of the performance appraisal; 21 (32.8%) did not.

Another set of written criteria which might be used are the position description and standards of performance. Those actively or moderately involved in updating their position description and standards of performance numbered 54 (87.1%), while 8 (12.9%) reported they were barely or not at all involved. Three (4.6%) subjects did not respond. Most position descriptions (n=30, 51.7%) had been updated in 1982. Twelve (20.7%) position descriptions had been updated in 1983 but 16 (27.6%) had not been updated since 1981 or prior. Seven (10.8%) subjects did not indicate whether or not position descriptions are updated. The literature suggests that it is difficult to objectively measure personal traits in performance appraisal. Although five (7.7%) of the subjects did not respond, 39 (65%) reported that personal traits (friendly, quiet, thougtful) were included in their performance appraisal, while 21 (35%) reported trait exclusion.

Research Question Three

What perceptions of the performance appraisal process are held by nurse administrators?

This question was addressed twice in the questionnaire. First, the nurse administrators identified some of the positive and negative aspects of their most recent performance appraisal. Then they were asked to respond to 11 perception statements using a Likert scale.

(Figure 2 indicates the mean ($\overline{X}$) trend of the perceptions of nurse administrators.)

Comments on the unstructured questions asking for brief descriptions of the positive and negative aspects of the nurse administrator's most recent evaluation are condensed below. Some of the positive comments could be grouped under three general headings: (1) strengths and weaknesses; (2) interaction; and (3) the process itself. Those relating to strengths and weaknesses included:

1. Motivated to improve weak areas.
2. Assets and deficits were identified.
3. Accomplishments were recognized.

Comments dealing with interaction were:

1. Evaluation was a time set aside to talk with the boss.
2. Evaluation afforded clear understanding of mutual expectations, specific goals.
3. Future goals were discussed, set, negotiated, opportunity to share goals, and obtain feedback.
4. The evaluation process gives positive feedback.
5. Good interaction; could go back for indepth verbal review; open, honest, realistic, and objective situation.

Other positive remarks concerned the evaluation process:

1. The evaluation is based on areas of management skills; self-evaluation is based on criteria of job description.
2. Subordinates provide input to the evaluation.
3. Hospital administrator and nursing administrator were able to evaluate each other.

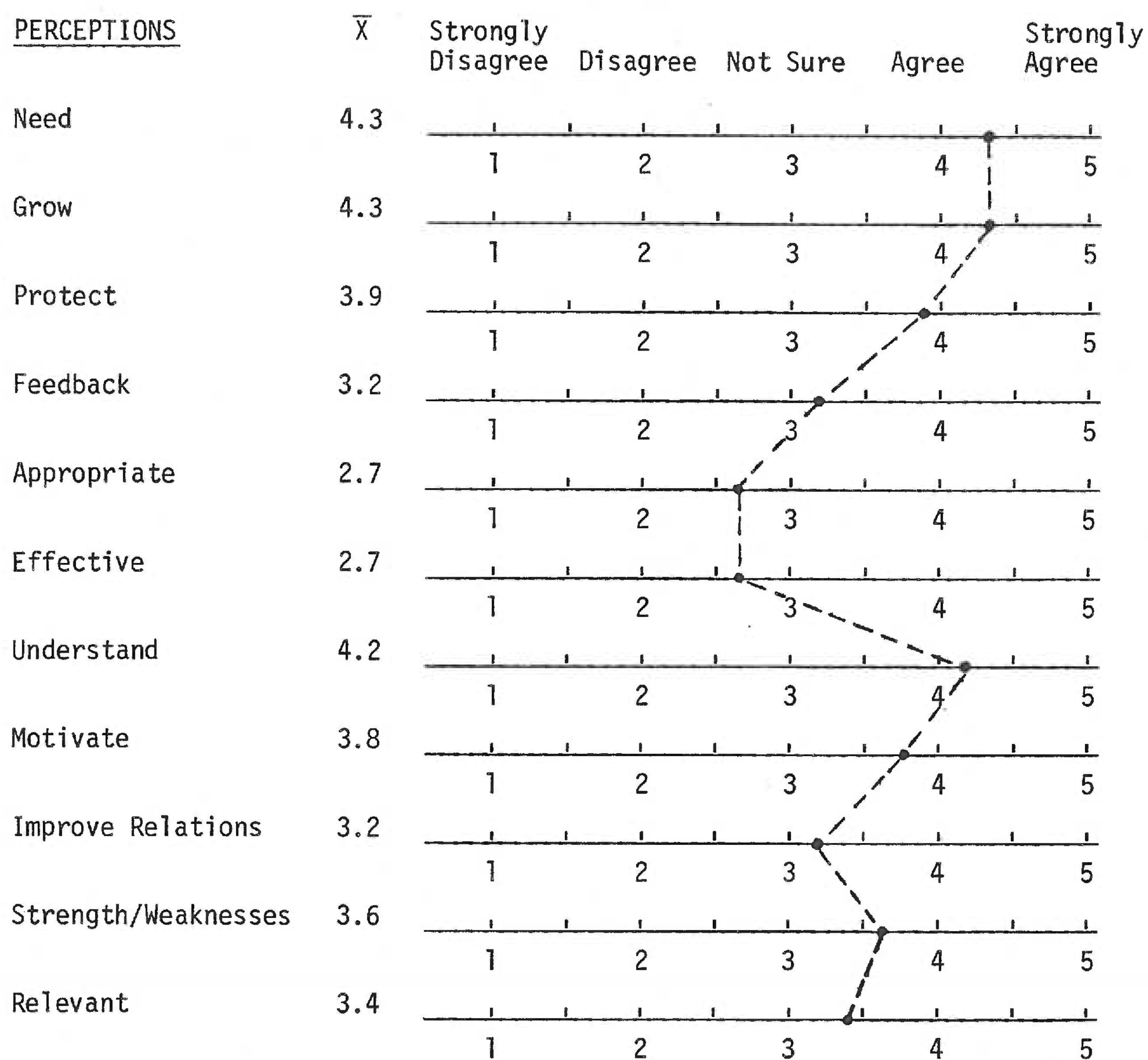


Figure 2 Mean ($\overline{X}$) Trends of Perceptions of Nurse Administrators, Oregon, 1983

Negative aspects reported were:

1. There was too much information (goals/operations) to be discussed in one session.

2. No solicitation of input from self evaluation.

3. Little or no emphasis on goals and objectives.

4. Not enough time for the evaluation; held impromptu and when participants were tired.

5. Did not follow the position description.

6. Done in relation to the way in which the Hospital Administrator's position would be affected.

7. Continued focus on past problems; skews evaluation.

8. Lack of recognition of specific accomplishments.

9. There was no documentation of reasons for ratings; ratings are general, not explanatory (ratings used are universal, can be applied to other employees in the organization).

10. Administrator did not have enough knowledge about the position.

11. Standards were not specifically identified prior to the evaluation.

12. Problems were emphasized more than strengths; no constructive plans of "how to" improve.

Fifty-nine (91%) of the sample answered all 11 statements dealing with perceptions about their performance appraisal.

Percentages reported are based upon the number of total responses to <u>each</u> statement. The "not sure" responses were kept as such; thus, the percentage agreeing or disagreeing refers to those who indicated agree/strongly agree or disagree/strongly disagree, respectively, among all who responded to the statement.

Eighty-eight percent (n = 57) were in agreement that there needed to be a well-defined appraisal program for nurse administrators and 89% (n = 58) felt that through the appraisal process, they grew professionally and personally. Eighty-nine percent (n = 58) stated they were cognizant of the reasons for the evaluation of their performance while 82% (n = 53) stated that evaluation of their performance motivated them to perform better. Over half (n = 47; 72%) felt that documentation of their competence and ability gave them a feeling of security or job protection. Along this line, 68% (n = 43) stated the evaluation process helped them recognize their strengths and weaknesses as related to the job. Over 50% stated that they were evaluated on factors relevant to the position held. Forty-eight percent (n = 31) agreed that their performance feedback was being satisfied by the immediate superior but 35% (n = 23) disagreed and 17% (n = 11) were not sure. Twenty-six (41%) of the nursing administrators were in disagreement that current appraisal systems are appropriate and over half (n = 35, 54%) expressed dissatisfaction as to the effectiveness of the appraisal systems. Forty percent (n = 23) expressed agreement that the evaluation improved the day-to-day relations with their superior but 42% (n = 27) stated they weren't sure that this was occurring.

Additional Findings

A) Reliability of the Measure of Attitude and Beliefs

Subjects were asked to respond to 11 statements concerning their perceptions or attitudes and beliefs of their performance appraisal. Since the statements were selected positive consequences of performance

appraisal (unidimensional) occurred, Cronbach's alpha was computed to estimate the internal consistency (homogeneity of responses to the statements) in order to measure statistically the degree of agreement between the items. Alpha was determined to be .84 which would indicate a strong reliability in the dimension of how nurse administrators perceive the performance evaluation process. Bohrnstedt (1970) postulated that as the correlation values approach 1.0 more reliability is shown. Nunnally (1978) also contended that the reliability coefficient is just one index of instrument effectiveness. Reliability is a necessary but not a sufficient condition for any type of validity. There may be systematic error in this instrument manifested as response set which may cause an inflated alpha coefficient or the alpha (.84) may truly reflect the commonality of the items in the instrument.

B) Attitudes and Beliefs Regarding the Performance Appraisal Process

In order to identify the direction and magnitude of the relationship between attitudes and beliefs and the performance appraisal process, the Pearson Product Moment Correlation was computed. The bivariate correlations are shown in Table 6. Also shown in Table 6 are those variables with high shared variances. Some of the variables with statistically significant correlations and high shared variances are: all factors on which evaluated are relevant to position and understanding the reasons for the evaluation (37.2%); all factors on which evaluated are relevant to position and satisfaction with the effectiveness of current systems (31.4%); satisfaction with the effectiveness of current systems and evaluations improving day-to-day relations with the superior (28.1%);

Table 6

Pearson r Correlation Coefficients and Percentage of Shared Variances of Perception Variables of Oregon Nurse Administrators, Oregon 1983

	Need	Grow	Protects	Feed-back	Appro-priate	Effec-tive	Under-stand	Moti-vates	Improve Relations	Strengths Weaknesses
1. See Need for Appraisal	---									
2. Grow Professionally and Personally	.37*** 13.7%									
3. Documentation Protects/Security	.22* 5%	.46*** 21.2%								
4. Feedback Needs are Satisfied	-.03	.26* 6.8%	.26* 6.8%							
5. Current Systems are Appropriate	-.00	.28* 7.8%	.23* 5.3%	.37*** 13.7%						
6. Current Systems are Effective	-.08	.16	.04	.45*** 20.3%	.43*** 18.5%					
7. Understand Reasons for Evaluation	.21* 4.4%	.53*** 28.1%	.09	.30** 9%	.19	.28* 7.8%				
8. Evaluation Motivates	.33** 10.9%	.49*** 24%	.43*** 18.5%	.35** 12.3%	.20	.14	.56*** 31.4%			
9. Relations with Superior are Improved	.01	.18	.28* 7.8%	.55*** 30.3%	.23* 5.3%	.53*** 28.1%	.32** 10.2%	.43*** 18.5%		
10. Identify Job Strengths/Weaknesses	.20	.42*** 17.6%	.39*** 15.2%	.37** 13.7%	.26* 6.8%	.37*** 13.7%	.31** 9.6%	.50*** 25.0%	.52*** 27.0%	
11. Factors of Evaluation Relevant	.13	.34** 11.6%	.14	.39*** 15.2%	.39*** 15.2%	.56*** 31.4%	.61*** 37.2%	.54*** 29.2%	.54*** 29.2%	.48*** 24.0

* = $p \leq .05$; ** = $p \leq .01$; *** = $p \leq .001$; Note, n of cases varies 62-65.

and understanding the reasons for appraisals and evaluations motivate one to do better (31.4%).

C) Correlation of Sociodemographic Variables

Pearson's r was computed to elaborate on the relationship between sociodemographic variables and perceptions variables. Table 7 identifies the bivariate correlations and shared variances of these variables. Some variables with statistically significant correlation and high shared variances are: age and understanding the reasons for the evaluation; length of time in nursing (practice) and understanding the reasons for evaluation; and educational preparation and viewing the evaluations process as a motivator to do better (inversely).

D) Effect of Educational Preparation on Perceptions

A one tailed t-test for an independent measure was calculated to determine if there was a significant difference between (a) the level of educational preparation and (b) perceptions held by the nurse administrator of the appraisal process. The prediction was that the more educated an individual was, the more favorable the performance appraisal would be perceived. An alpha level of .05 was used. Table 8 indicates the significant differences between the means. Such differences were inversely correlated and referred to appraisal as a motivator, as providing protective documentation and identifying strengths and weaknesses.

E) Effect of Appraisal Method on Perceptions

A one-way analysis of variance (ANOVA) was used to assess the variability within and between the groups (methods of appraisals) and

Table 7 Pearson r Correlation Coefficients and Percentage Shared Variances of Perception and Sociodemographic Variables

	Age	Gender	JCAH	Practice	Tenure	Education
1. See Need for Appraisal	.12	-.10	.02	-.03	.02	-.11
2. Able to Personally and Professionally Grow	.16	-.11	.04	.11	.00	-.06
3. Documentation Projects	-.07	-.13	.14	-.09	.04	-.24* 5.8%
4. Feedback Need Satisfied	.08	-.17	-.08	.02	.08	-.12
5. Current Systems are Appropriate	-.06	-.03	.03	-.11	.04	-.02
6. Curren Systems are Effective	.14	-.13	-.23* 5.3%	-.04	.07	-.00
7. Understand Reasons for Evaluation	.22* 5%	-.12	-.03	.21* 4.4%	.07	-.10
8. Evaluation Motivation	.09	-.14	.10	.07	-.05	-.35** 12.3%
9. Relations with Superior Improved	.05	-.23 5.2%	-.18	.13	-.20	-.09
10. Identify Job Strengths/Weaknesses	.05	-.18	-.14	-.07	.05	-.30** 9%
11. Factors of Evaluation Relevant	.28*	-.17	-.19	.19	-.01	-.18

$* = p \leq .05$; $** = p \leq .01$; $*** = p \leq .001$

Table 8

Means, Standard Deviations and t Values of

Perceptions by Level of Education of Oregon Nurse

Administrators, 1983

Variables	Entry Level Degree (E) (N=41) X	SD	High Level (H) (N=22) X	SD	df	t value	Pairwise Comparisons
See Need for Appraisal	4.40	0.70	4.22	1.08	32	0.75	n.s.
Grows Professionally and Personally	4.36	0.70	4.26	0.96	35	0.42	n.s.
Documentation Protects	4.12	0.89	3.61	1.23	35	1.75*	E>H[a]
Feedback Need Satisfied	3.36	1.34	3.04	1.14	51	0.99	n.s.
Current Systems are Appropriate	2.78	0.99	2.74	1.01	45	0.16	n.s.
Current Systems are Effective	2.78	1.22	2.78	1.20	46	0.83	n.s.
Understand Reasons for Evaluation	4.29	0.86	4.13	0.62	58	0.83	n.s.
Evaluation Motivates	4.14	0.65	3.43	1.27	28	2.50*	E>H[a]
Relations with Superior Improve	3.32	0.96	3.13	1.01	43	.72	n.s.
Strengths and Weaknesses Identified	3.90	0.83	3.32	1.04	35	2.27*	E>H[a]
Factors of Evaluation are Relevant	3.59	1.14	3.14	1.28	37	1.34	n.s.

a = the results of this t-test are opposite the predicted direction.

*$p = \leq .05$

the perception statements. Table 9 indicates the mean, standard deviation, F values and *a posteriori* comparison of the group. Essay (E), checklist (C), and MBO (M) were chosen as the groups for comparison in the ANOVA since they represented over 50% of the reported methods used. The only significant difference between groups was the perception that evaluations motivate the nurse administrator ($F = 3.85$, df 41,22, $p < .05$). Results indicated essay as the preferred method, differing significantly from either MBO or checklist methodology.

Conclusions Related to Conceptual Framework

Findings of this study are congruent with the conceptual framework in that 88 percent of the respondents identified a need for feedback through a well-defined appraisal process and 68 percent of the respondents reported they were able to identify job related strengths and weaknesses. It was also found that 67.2 percent identified goal setting as part of the evaluation process and 87.1 percent were either actively or moderately involved in the maintenance of position descriptions and performance standards.

Incongruency with the study's conceptual framework was demonstrated by the fact that 35 percent were not satisfied with the feedback process and 17 percent were not sure. Although 41 percent of the respondents agreed that they were satisfied with the feedback given by their superiors (hospital administrators), the dissatisfaction and uncertainty could have an influence on organizational effectiveness.

The concept of social comparison proposed by Festinger (1950) suggests that each person has certain abilities and periodically needs to

Table 9

Means, Standard Deviations and F Values of Perceptions Held By Nurse Administrators by Methods of Appraisal (Essay, Checklist, MBO), Oregon, 1983

Variables	Essay(E) X	Essay(E) SD	Checklist (C) X	Checklist (C) SD	MBO(M) X	MBO(M) SD	f Value	A posteriori[a] Comparisons
See Need for Appraisal	4.50	0.65	4.21	0.89	4.27	1.01	.43	n.s.
Grows Professionally and Personally	4.28	0.61	4.28	0.91	4.09	0.94	0.22	n.s.
Documentation Protects	3.85	0.86	3.92	0.82	3.45	1.44	0.71	n.s.
Feedback Need Satisfied	3.71	1.14	3.14	1.09	3.72	1.27	1.104	n.s.
Current Systems are Appropriate	2.92	0.99	2.85	0.86	2.40	1.07	0.97	n.s.
Current Systems are Effective	3.07	1.26	2.57	1.02	3.36	1.03	1.632	n.s.
Understand Reasons for Evaluation	4.29	0.72	4.29	0.61	4.00	0.45	0.85	n.s.
Evaluation Motivates	4.36	0.50	3.50	1.09	3.54	1.03	3.853*	E>C E>M
Relations with Superior Improve	3.43	0.85	3.14	0.95	3.36	0.67	0.43	n.s.
Strengths and Weaknesses Identified	4.07	0.73	3.71	0.91	3.54	0.93	1.25	n.s.
Factors of Evaluation are Relevant	3.50	1.22	3.28	1.26	3.70	0.82	0.38	n.s.

a The Student Newman-Keuls was computed for the a posteriori comparisons

* $p = \leq .05$

know how good these abilities are. The concept of comparability was found to be an appropriate framework for the measurement of evaluation processes for the present study. Social comparison suggests that the individual (in conjunction with the organization) needs and wants evaluation data. The evaluation process may provide the nurse manager and the organization with the opportunity to discuss and understand expectations and specify goals. The inherent need for evaluation is being met in the majority of cases (89% are being evaluated).

Summary

The results of the study are summarized as follows:

1. Eighty-six percent of responding nurse administrators in Oregon are currently being evaluated at least once a year. The most predominant method of appraisal (59%) being used are the essay and the checklist, either alone or in combination with each other.

2. Sixty-six percent are actively involved in the performance review and 67% do set goals as part of their appraisal process.

3. Fifty percent reported that their pay increase are dependent on the written evaluation and 98% receive written appraisals.

4. Seventy percent of the respondents gave improvement of performance, development of career goals, motivation to do better, and salary determination as the organization's stated purpose for performance appraisals.

5. Sixty-five percent of the respondents reported personal traits as being part of the performance appraisal.

6. Attitudes and beliefs regarding appraisals indicated that: 88% saw the need for a well-defined appraisal program; 89% felt they were

able to grow professionally and personally; 72% believe that documentation of competence and ability protects them in their jobs; need for performance feedback (48%) was being satisfied, 41% did not think the current appraisal systems were appropriate; and 51% were dissatisfied with the effectiveness of the process. Eighty-nine percent understood the reasons for evaluating performance; 82% stated evaluation of performance motivated them to do better; 40% said the evaluation system improved their day-to-day relations with the superior; 68% were helped by the appraisal system to recognize job related strengths and weaknesses; and over 50% agreed that factors evaluated are relevant to the position.

Chapter VI

Discussion, Recommendations and Conclusion

For each of the three research questions, a discussion of the findings is presented. The response rate for this survey was 82.1%.

Discussion of Findings for Research Question One

Research question one was concerned with the current practices of performance appraisal of executive nurses (nurse administrators) and who did the appraisal. Eighty-six percent of the responding nurse administrators in general hospitals with JCAH accreditation or AHA membership in Oregon were evaluated at least once a year and 66% are actively involved in the performance review. These findings do not support the information received in personal communication with local administrators that they had never received an evaluation. The most prominent methods of appraisal (59%) being utilized are the essay (or narrative) and the checklist either alone or in combination with each other.

Although the question was not raised as to whether or not there is a written procedure for evaluations, 86% of the nurse administrators reported all levels of employees in the organization are evaluated. Since 98% receive written appraisals it would indicate some relationship with a written procedure or meeting a licensing requirement such as the JCAH standards (since 75% work in JCAH accredited hospitals). Knowledge of the next appraisal period date may also provide a form of

job security and motivate the individual to meet established goals. Not knowing when the next evaluation is to take place may indicate that the process is haphazardly implemented and administration is not using it to contribute to meeting organizational goals.

The specific issue of merit increases, whether and how to incorporate them into the performance evaluation process was not addressed in this study. However, in response to a question about merit increases being dependent on the written evaluation, 50% reported their pay increases were dependent on the written evaluation while others indicated that a combination of the verbal and written evaluations determined their salary increases.

Performance appraisal at the managerial level should have as its purpose the appraisal of the person in the job (Koontz, 1971). Over 70% of the respondents gave improvement of performance, development of career goals, motivation to do better, and salary determination as the organization's stated purpose of performance evaluation. Of the responses, identification of strengths and weaknesses was mentioned as a stated purpose and is supported by Heyel (1958) as a point to consider when appraising a manager. As indicated in findings, there were 68% positive responses towards the performance appraisal process in the area of identifying strengths and weaknesses. This identification of strengths and weaknesses could lead to a mutual setting and agreement of organizational and personal goals.

Discussion of Findings for Research Question Two

Use of written, measurable appraisal criteria was the concern of research question two. Performance appraisal should be compared

against established goals and procedures (Heyel, 1958) and this was reflected in the study since 67% do set goals as part of their performance appraisal. While 32% indicated that goal setting was not a part of the performance review, no data were collected to support or refute the nurse administrator's participation in goal setting. Although MBO is the primary method utilizing goal setting (Odiorne, 1975), the study did not reflect a strong leaning towards MBO as the single most used appraisal method. Only 18% of the respondents use MBO. However, the research indicated that a large proportion of the respondents do use goal setting as part of the performance appraisal process. This would indicate that other methods utilize goal setting or individuals value goal setting as a part of the performance appraisal process. The evaluation process may not be able to rely on only one method of appraisal given the complexities of the administrative position.

Koontz (1971) reported executive appraisal as being ineffective and illusory due to the appraisal being based on standards of personal traits. Personal traits tend to be subjective in nature and do not relate to how well the job is being done. This study showed that 65% of the subjects reported personal traits (friendly, quiet, thoughtful) as being part of the performance appraisal. This may be related to the method of appraisal since over 50% use the essay and checklist format which may afford the use of subjective terminology. This raises the question of to what extent are these performance appraisals meaningful to the nurse administrator?

Some of the positive views held by nurse administrators concerning

their performance appraisal are (1) a relationship with management is established--this may strengthen the lines of authority; (2) goals are mutually established--expectations are understood, there is good interaction; and (3) managerial functions are evaluated--based on management and not personal skills.

The negative aspects of the performance appraisal viewed by nurse administrators dealt with (1) the lack of nursing input; (2) lack of appropriate evaluation system; (3) lack of training or expertise of the evaluator; and (4) personal traits/problems tend to distort judgment.

Discussion of Findings for Research Question Three

What perceptions of the performance appraisal process were held by nurse administrators was addressed in research question three.

Respondents generally felt a need for a well-defined appraisal program for nurse administrators. Evaluation was perceived as a growth process and a protection. Other positive perceptions were (1) feedback from the immediate superior was satisfactory; (2) the nurse administrators understood the reasons for evaluation of their performance; (3) evaluation of performance was a motivating factor to do better; (4) documentation of competence and ability protected; (5) job-related strengths and weaknesses were recognized; and (6) all factors on which they were evaluated were relevant. Negative perceptions dealt with (1) the appropriateness of current appraisal systems and (2) the effectiveness of current systems. Most were not sure if day-to-day relations with the superior were improved.

Looking at each of the variables, one could surmise that the nurse

administrators view the appraisal process as an opportunity to grow professionally and personally. They are able to improve on managerial skills because they are able to identify strengths and weaknesses; they are motivated to improve, and although they understand the reasons for the evaluation they view it as documentation of their competence and abilities.

As respondents' competence and abilities are documented, they report they are motivated to perform better. There was expressed concern about the lack of an appropriate evaluation system, but their needs for performance feedback were being met with current systems. But there was only limited satisfaction with appropriateness (19%) and effectiveness (39%) of the current appraisal system. This low level of satisfaction may be due to the fact that nurse administrators did not strongly support the idea that the factors on which they are evaluated are relevant to the position. This may be an indicator that the criteria are at fault rather than the method of appraisal.

Evaluation of performance on factors perceived as relevant appear to motivate the administrators to perform better. Identification of strengths and weaknesses offers the organization and the individual the opportunity to capitalize on strengths and improve in areas of weaknesses. Understanding the reasons for the evaluation process may be a motivator to perform better. Forty-eight percent of the respondents believe that performance feedback needs were met and relations with the superior appear to improve slightly with the appraisal process although 42% were not sure that performance appraisal influences a relationship.

The current appraisal systems were not viewed as effective and

appropriate. The effectiveness and appropriateness of the appraisal system had no motivating potential for the subjects.

The JCAH accreditation variable also inversely correlated ($r = -.23$) with the effectiveness of the system. Either this may be due to the imposition of JCAH standards, or this may mean that the nurse administrator as well as the organization is more open to the appraisal system in general and that the current system is perceived as not meeting his/her needs for feedback. A consistent complaint by nursing staff in general was that there is currently too much paperwork and that an evaluation is yet another form to complete. It was apparent that the longer the administrator was in nursing, the more she/he understood the reasons for the evaluation. This may relate more to their understanding the evaluation process for subordinates than to their position. It seems that the educational level influences the importance placed on written documentation of competencies and abilities. Individuals with higher educational levels placed less faith in the performance appraisal ($r = -.24$, $p \leq .05$) as a protective function. Individuals with higher educational levels may recognize that managerial appraisal is not yet at the sophisticated level required due to a lack of measurable criteria, and factors other than the evaluation motivate individuals to perform better.

Limitations

Due to the design, several weaknesses are inherent in this study. First, it was not feasible to manipulate the independent variable. The lack of manipulative control of the independent variable prevents one from drawing strong causal interpretation between the attitudes and

beliefs of nurse administrators and the performance appraisal process.

Second, the following factors related to the adequacy of the sample. It may be difficult to generalize the findings to an executive nurse administration population outside Oregon. Although the sample surveyed (n = 65) represented 81% of the nursing administrators, the remaining 19% of the selected population not responding to the study may or may not be significantly different than those who responded.

Third, the adequacy of the survey instrument may limit the ability to generalize this study's results. The instrument used for data collection consisted of 11 perception/attitude questions with one question relating to the need for a well-defined appraisal program at the nurse administration level. The scope and sensitivity of this instrument may be questionable in light of the limited number of questionnaire items.

Conclusions

This study investigated the status of evaluation among executive nurse managers. Specifically, focus was directed at how the nurse administrator is evaluated and by whom; the purpose and frequency of the appraisals; whether or not written measurable criteria are being used; and the perceptions of nurse administrators and the evaluation process.

It was found that although the literature suggests that management by objectives would be a more appropriate form of evaluation to be used at this level, only 18% of appraisals are based on it. It was found that the performance reviews are usually on an annual basis; evaluations tend to include personality traits; and confusion arises regarding

the purpose and specifics of the evaluation.

There appears to be definite acceptance of the concept of performance appraisal and understanding that the evaluation facilitates professional and personal growth. Although the reasons for the evaluation process are understood, it was felt that current appraisal systems are not as appropriate or effective as they might be.

Implications for Practice

1. Before taking an executive nurse position, it would be desirable for one to ascertain how job performance would be measured within the organization. The findings of the study show that the essay and checklist methods are used in 59 percent of the institutions and the literature supports MBO as the one method more appropriate for appraisal at the managerial level.

2. Position descriptions and performance standards require constant input and updating since the role of the nurse administrator is a dynamic one. Data in the study indicate that more consideration should be given to the maintenance of the position description (27.6% indicated that the position description had not been updated since 1981). This consideration is necessary since the position description should be viewed as the base from which a set of written criteria are to be drawn on which to appraise the nurse administrator's performance. The same would hold true for performance standards.

3. Since the findings of the study show that a large percentage of the respondents expressed concern about the appropriateness (41%) and the effectiveness (54%) of current appraisal systems, it may be advantageous for nurse administrators within designated localities

to form their own reference (support) group in order to develop and institute appropriate criteria for performance evaluation.

4. Specific to this study, feedback needs for the individual would be more satisfied or fulfilled if the performance review data were seen and discussed. Twenty-five percent of the respondents were not totally involved in a mutual communication of the aspects of the performance review. Mutual sharing of feedback at this point (the performance review) could augment relations between the hospital administrator and the nurse administrator.

Recommendations for Research

Based on the findings of this study, further research is suggested in the following areas:

1. Replication of this study in other types of institutions (hospitals, nursing homes, visiting nurse associations, clinics) which would produce a larger population of nurse administrators.

2. Determine the validity of the present questionnaire.

3. Investigate the relationship between meeting organizational needs and the appraisal process.

4. Investigate the influence of organizational commitment on appraisal perceptions and the appraisal process.

5. Study the relationship between nurse administrators' reactions to performance appraisal and the method of appraisal.

6. Investigate the relationship between merit increases and performance evaluation.

7. Investigate the relationship between the criteria evaluated on and the effectiveness of the organization.

8. Investigate who has input (formal or informal) into the nurse administrator's performance appraisal.

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APPENDIX A

COMPARISON OF 1956 AND 1978

NURSE ADMINISTRATOR'S STANDARDS

Appendix A. Roles, Responsibilities, and Qualifications for Nurse Administrators (A.J.N., 1956, 1165-1166 and A.N.A. 1978)

1956	1978
A. To provide for nursing care of patients.	A. Conceptualizes nursing and nursing service.
Determines the kind and amount of nursing care needed to achieve the objectives of the institution.	Defines/conceptualizes nursing
Develops a nursing organization structure.	Identifies philosophy of nursing department.
Assigns responsibility and delegates authority.	Identifies philosophy of administration.
Analyzes and evaluates nursing care.	Determines department purpose and objectives.
Relates the responsibilities and authority within the nursing service and other hospital departments.	Determines nursing care standards.
B. To provide Personnel for nursing care of patients.	B. Organizes nursing services department.
Defines qualifications for personnel.	Develops departmental structures, including committees.
Appoints personnel and maintains staffing.	Describes lines of authority and accountability.
Provides opportunities for growth and development of personnel.	Determines functions of the nursing department.
Analyzes and evaluates performance of personnel.	Determines positions and job specifications.
Coordinates activities of personnel within the nursing service and other departments.	

Appendix A. cont'd:

C. To provide for personnel policies which will allow for job satisfaction and growth of personnel. Participates in the planning of personnel policies for employees. Develops programs for implementation of personnel policies. Implements the established policies. Analyzes and evaluates the effectiveness of personnel policies.	C. Formulates and implements nursing policies and procedures. Utilizes nursing policies and procedures which facilitate achievement of departmental purpose. Coordinates nursing policies with organization policies. Monitors and determines nursing practices.
D. To provide adequate physical environment for patients and personnel in the nursing service. Plans for allocation and utilization of space and equipment. Initiates the means by which planning for optimum physical environment can be obtained. Analyzes and evaluates the effectiveness of existing physical environment. Plans with other departments which contribute to the physical environment for the coordination of activities and services.	D. Manages information systems. Designs, implements, and retains essential records and reports. Devises formal communication systems.
E. To provide a budget which will allow for adequate personnel, supplies, equipment, and physical facilities.	E. Plans for delivery of nursing care. Designs nursing care delivery system. Plans for staffing and scheduling of

Appendix A. cont'd:

Plans the nursing service budget in cooperation with hospital administration.

Compiles and prepares a statement of budget.

Applies approved budget to the nursing service.

Reviews expenditures and needs and makes appropriate recommendations for changes.

Establishes priorities within the nursing service.

F. To provide means and methods by which the nursing personnel can work with other groups in interpreting the goals of the hospital and nursing service to the patient and the community.

Plans with hospital administration in determining the need for interpreting nursing service.

Plans content and methods of interpreting the nursing service.

Assigns responsibilities to personnel for participation in public relations programs.

Analyzes and evaluates the effectiveness of interpretation of nursing service.

personnel.

Coordinates and controls environmental factors.

Plans for evaluation of patient care.

Plans for improvement of care delivery systems.

F. Proivdes requisite resources for nusring care and determines budget for:

Personnel.

Equipment and supplies.

Space/architectural design.

G. Plans for educational needs of staff.

Institutes orientation systems.

Provides inservice programming.

Devises continuing education systems.

Provides for extra-agency educational programs.

Provides for clinical experiences for students in nursing field.

Appendix A. cont'd:

H. Facilitates research in the areas of nursing care and management systems.
Relates with appropriate boards and community and governmental agencies.
Develops relations with professional organizations and groups.
Provides leadership in professional groups.

APPENDIX B

COVER LETTER, QUESTIONNAIRE, AND FOLLOW-UP LETTER

THE OREGON HEALTH SCIENCES UNIVERSITY

School of Nursing
Community Health Care Systems

3181 S.W. Sam Jackson Park Road Portland, Oregon 97201 (503) 225-7709

This letter introduces a study that will determine what the current practice of performance appraisal is at the executive nurse manager level. This study, "Performance Appraisal of Oregon Nurse Administrators," is to constitute my thesis in partial fulfillment of the requirements for a master's degree at Oregon Health Sciences University, under the direction of Caroline M. White, R.N., Dr. P. H., Professor, Chairperson, Community Health Care Systems.

The method chosen for this study consists of a questionnaire on current evaluation practices of nurse administrators. You are being asked to respond to the attached questionnaire about your appraisal process. In addition, you will be asked to provide some basic background information about the hospital and yourself. Completion of the questionnaire and background information will take approximately 20 minutes.

Your completing and returning the questionnaire will be taken as evidence of your willingness to participate and your consent to have the information used for the stated purpose of this study. The thesis will be placed on file in the Oregon Health Sciences University library where it may be obtained through inter-library loan.

A stamped, addressed envelope has been included to facilitate the return of your completed questionnaire. Please complete the questionnaire and return it within two (2) weeks.

Please accept in advance my appreciation for your cooperation. Although you may not personally benefit from this study, the information gained may prove useful to organizations concerned with current executive level appraisals.

If you should have any questions, please feel free to contact me (503-635-2378).

Thank you,

Sheila K. Brody, R.N., B.S.N.
Investigator
Oregon Health Sciences University
Portland, Oregon

NURSE EXECUTIVE PERFORMANCE EVALUATION QUESTIONNAIRE

Part I

The purpose of this questionnaire is to determine how your performance as a nurse administrator is being evaluated. The first set of questions is designed to determine the method used in evaluating your performance, by whom you are evaluated and the frequency by which your performance is evaluated. Please check all responses where applicable and, if necessary, explain your answer.

Q-1 Who appraises your job performance?

_____HOSPITAL ADMINISTRATOR
_____MEDICAL DIRECTOR
_____SELF
_____OTHER (specify) ______________________________

Q-2 What is the hospital's stated purpose of your appraisal?

_____IMPROVE PERFORMANCE
_____DEVELOP CAREER GOALS
_____MOTIVATE TO DO BETTER JOB
_____DETERMINE SALARY
_____OTHER (specify) ______________________________

Q-3 By what method are you currently being appraised?

_____ESSAY
_____CHECKLIST
_____MANAGEMENT BY OBJECTIVES (MBO)
_____BEHAVIORAL ANCHORED RATING SCALE (BARS)
_____OTHER (specify) ______________________________

Q-4 Do you set job-related goals on a periodic basis as a part of your performance appraisal?

_____YES _____NO

Q-5a How involved are you in updating your position description?

_____ACTIVELY INVOLVED
_____MODERATELY INVOLVED
_____BARELY INVOLVED
_____NOT INVOLVED

Q-5b On what date was your position description updated? ______________________
month year

Q-6 What extent of involvement do you have in updating your standards of performance?

_____ACTIVELY INVOLVED
_____MODERATELY INVOLVED
_____BARELY INVOLVED
_____NOT INVOLVED

Q-7 How thoroughly was your last performance appraisal reviewed with you by your immediate superior?

_____ I SEE AND DISCUSS ALL ASPECTS
_____ I SEE AND DISCUSS ONLY MAJOR ASPECTS
_____ I SEE AND DISCUSS VERY LITTLE
_____ I SEE AND DISCUSS NONE

Q-8a Are personality traits included as a part of your performance appraisal?

_____ YES _____ NO

Q-8b If yes, please give an example:

____

____

Q-9a In your organization are all levels of employees evaluated?

_____ YES _____ NO

Q-9b If no, please explain:

____

____

Q-10 Are the performance appraisal reviews:

_____ WRITTEN
_____ VERBAL
_____ COMBINATION OF WRITTEN AND VERBAL

Q-11a How often are you evaluated?

_____ ONCE A YEAR
_____ TWICE A YEAR
_____ THREE OR MORE TIMES A YEAR
_____ NEVER

Q-11b If you have had a performance appraisal, when was the last one?

_____ MONTH _____ YEAR

Q-11c When is the next performance evaluation scheduled?

_____ MONTH _____ YEAR _____ DON'T KNOW

Q-12 Are pay increases dependent upon your written review?

_____ NO _____ YES

Q-13 Are pay increases dependent upon your verbal review?

_____ NO _____ YES

Q-14 Briefly describe some of the positive aspects of your most recent evaluation.

____

____

____

____

____

____

____

Q-15 Briefly describe some of the negative aspects of your most recent evaluation.

____

____

____

____

____

____

____

Part II

Another important purpose of this study is to learn more about how you feel about performance appraisal at the administrator level. A five (5) point scale will be used to let you express "mild" differences in your feelings about the statements. Circle the number on the scales that most nearly represents how you feel about the statement. The evaluation system referred to in each of the questions is that used for your evaluation.

Q-16 I see a need for a well-defined appraisal program for nurse administrators.

1	2	3	4	5
STRONGLY AGREE	AGREE	NOT SURE	DISAGREE	STRONGLY DISAGREE

Q-17 Through the evaluation process, I am able to grow professionally and personally.

1	2	3	4	5
STRONGLY AGREE	AGREE	NOT SURE	DISAGREE	STRONGLY DISAGREE

Q-18 I believe documentation of my competence and ability through the performance evaluation protects me.

1	2	3	4	5
STRONGLY AGREE	AGREE	NOT SURE	DISAGREE	STRONGLY DISAGREE

AN ABSTRACT OF THE THESIS OF

SHEILA K. BRODY

For the Master of Nursing

Date of Receiving Degree: June, 1983

Title: Performance Evaluation of Oregon Nurse Administrators

Approved: ______________________________
Caroline M. White, Dr.P.H., Thesis Advisor

This study examined current practices in the evaluation of job performance of nurse administrators in Oregon. Specifically, focus was directed at how the nurse administrator is evaluated and by whom; the purpose and frequency of the appraisals; whether or not written measurable criteria are being used; and the attitudes and beliefs (perceptions) held by nurse administrators concerning the evaluation process.

Eighty executive nurse administrators in Oregon hospitals with JCAH accreditation or AHA membership were contacted by mail requesting participation in the study. Sixty-five completed and returned the questionnaires.

The data indicated that 86% of the responding nurse administrators are annually evaluated with 66% actively involved in the performance review. As part of the review process, 67% reported they set goals. Written appraisals were received by 98% of the respondents and pay increases for 50% of the nurse administrators were dependent on the written evaluation. Personal traits, as a part of the performance

appraisal process, were reported by 65% of the sample.

Attitudes and beliefs (perceptions) concerning current performance appraisal were measured by an 11-statement Likert scale. These statements were correlated to each other using Pearson's r. While most of the attitudes and beliefs reported were favorable, only 48% of the administrators perceived their need for feedback being satisfied; 41% did not perceive the current appraisal system was appropriate for their position; 51% expressed dissatisfaction with the effectiveness of the appraisal process; and 40% believe the evaluation system aids in improving day-to-day relations with the superior.

Further studies are need to generalize these results to a larger nurse administrator population and further describe the processes and consequences of performance appraisal.