

Performance Evaluation: Implementation Issues

By

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## Abstract

TITLE: Performance Appraisal, Implementation Issues

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This project was conducted to evaluate the implementation of the performance appraisal process currently in use for staff nurses at a major university hospital setting. A sample of 102 personnel records from registered nurses was examined for correspondence between current implementation and a proposed standard for six steps of a performance appraisal. The subjects were predominately white females with an average length of service in the institution of 90.2 months (SD = 71.33 and range = 21 to 371). Thirty-three had performance appraisals evaluating their performance using an old Performance Appraisal Tool which does not contain comparable data. Therefore, it was necessary to use  $n = 69$  to calculate the institutional compliance score as well as for five of the six implementation steps. Implementation for the institution was found to be 4.83 (81%) out of a possible 6 for the 69 with complete data. Thus, implementation was good once the appraisal process was initiated.

Implementation by step was above 70% for all steps with

the exception of Step 5, which evaluated timeliness. The percent compliance for timeliness was 56%, with six subjects having no performance appraisal at all, despite a mean length of service in the institution of 57.8 months (SD = 28.15 and range = 23 to 96).

Timeliness was related to clinical ladder level. Thirty percent of Level A appraisals were timely, while 77% of Level B and 100% of Level C appraisals were timely.

Compliance differed by clinical ladder level, but the differences were not statistically significantly different by ANOVA comparison of mean compliance for the 3 levels with  $F(2, 68) = 2.23, p < .12$ ). There was a trend toward higher compliance for Level C. The Level C nurse compliance was higher (87%) than for Level A (79%) and Level B (78%) nurses.

While performance evaluation of staff is important, so also is an audit of the evaluation process itself. The process used in this study is generalizable to other institutions as a basis for auditing implementation of the performance appraisal process being used. Recommendations to institutions that would make the audit process more doable, and therefor increase compliance include: use only one personnel file per person, identify a person with legitimate access to personnel records without requiring consent, and assign the responsibility to audit the process to that person.

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In an organization, it is the composite performance of individuals that brings about effective utilization of both capital and human resources. Within a nursing department, it is the role of the nurse manager to obtain the level of performance that will yield the optimal results of superior patient care.

Performance appraisal is one management technique utilized by the nurse manager to achieve the required results. Noble (1989) describes performance appraisal as the "reaffirmation of standards and expectations for clinical practice, the ongoing recognition of accomplishments and achievements, and the development and the ongoing establishment of direction for future growth and development." In order for the performance appraisal to meet these high expectations, it is crucial that implementation be complete. The purpose of this study is to examine the implementation of a performance appraisal system currently in use for staff nurses in a major university hospital nursing division.

#### REVIEW OF LITERATURE AND THEORETICAL FRAMEWORK

Performance appraisal is a process that takes place in every organization and takes many forms. It may be very formal, where the supervisor is required to follow a specific procedure. Or, it may be so informal that the staff members are barely aware. Regardless of whether the

performance appraisal is formal or informal, the purposes are three-fold (Lawler, 1988): (a) to monitor work-related behavior, (b) to encourage and motivate individual professional growth and development, and (c) to strengthen the efforts of the unit to meet organizational goals.

#### Monitor Work-Related Behavior

Boris (1989) argues that a well-implemented performance appraisal will both identify deficiencies in work performance and will distinguish superior behavior. In both cases, the employee and the employer benefit. Both benefit by the addition of training situations devised to improve deficient performance (Bernardin & Beatty, 1984), by the modification of behavior toward more effective work habits (Glover, 1989), and by mutual goal-setting between employer and employee to improve performance (Noble, 1989). Latham and Locke found that goal setting between the employer and employee, using specific goals, dramatically improves performance (cited in Mohrman, Resnick-West & Lawler, 1989).

#### Motivate Professional Growth

Performance appraisals also motivate professional growth. Expectancy theory contends that individuals make conscious decisions about their own welfare, and about how hard they will work. If they believe they can maximize rewards by improving performance, they will do so. If employees believe that rewards are tied to performance,

behavior should improve (Champagne & McAfee, 1989; Wexley & Klimoski, 1990). Logically, evaluation of performance that leads to compensation and promotion will motivate the employee to effectively perform. It should be noted that not all individuals are equally motivated.

#### Meet Organizational Goals

Performance management, when well planned and implemented, benefits the organization by improving performance and by achievement of organizational goals through increased awareness of organizational goals and mutual goal-setting (Noble, 1989). Wiatrowski and Palkon (1987) state that the development of a "valid, pragmatic and reliable performance appraisal system ties individual achievement to organizational goals" (p. 71).

The performance appraisal process must be efficient and well-implemented if administrators want performance appraisals to improve output or patient care. Rausch (1985) describes a five step performance management process that incorporates these three purposes of performance appraisals. For the purposes of this study, this investigator has modified Rausch's process to make it a ten step process by dividing combined steps. A description of each step follows.

## Ten Step Performance Appraisal Process

### Step 1: Performance Standards are Set

The literature supports the belief that performance should be measured against pre-determined standards (Beck, 1990; Lawler, 1988; Noble, 1989). Wiatrowski and Palkon (1987) state that because the staff nurse will be judged against set standards to determine level of performance, it is important that the staff nurse be involved in setting those standards. They also state that employee input is actually a factor in legitimizing the standards. Lawler (1988) argues that by encouraging staff to collaborate in setting departmental goals and job practice standards, morale can be improved.

Rausch (1985) describes a standard as a report of performance that makes it possible to determine how well a task or group of tasks was or were performed. The standard specifies the desired outcome and ways for measuring whether or not the standard was met. The key foundation for standards is the job description that lists all duties and responsibilities of the position.

### Step 2: Performance is Observed and Feedback

#### Is Provided Instantly and Informally, and at

#### Regular Progress Interviews

Once standards have been set, day-to-day performance management begins. Bernardin and Beatty (1984) believe that

improvement happens more readily when specific feedback is close to the time the behavior occurs, rather than waiting for a yearly performance appraisal. Lawler (1988) also states that good behavior needs to be reinforced at the time it occurs. Mohrman et al. (1989) describe a feedback process done well as "both immediate and continuous" (p. 118). If feedback is provided in a timely manner, the yearly appraisal will communicate to the employee what the supervisor and the employee already know.

#### Step 3: Data is Collected for Employee Evaluation

Data is collected for the performance evaluation. If standards have been written well, with measurable outcomes, data may take the form of written support of outcomes met. Data may also take the form of peer reviews, self evaluation, and any written or mental notes the supervisor has concerning the performance of the individual on specific tasks or projects.

To increase the data credibility with the one being evaluated, the literature suggests two data collection possibilities. Maroney and Buckley (1992) suggest supervisors keep a diary of employee performance, both positive and negative, to increase credibility when providing feedback at the time of performance appraisal. Stone and Stone (cited in Maroney and Buckley, 1992) suggest using multiple feedback sources because they found that the

greater the number of sources, the more likely the employee was to accept the feedback as representative.

Step 4: Data is Collected for  
Future Standards or Revisions

Rausch (1985) suggests that standards must be evaluated for appropriateness, in light of changes in situation. Sometimes standards must be added. For example, if a change in practice makes it necessary for a staff nurse to learn a new skill, a standard that requires the nurse be proficient in that skill may need to be added. A standard may need to be deleted or revised because it has become outdated. A good performance appraisal system has in place a process for evaluating the appropriateness of the currently used standards.

Step 5: Performance is Evaluated

The literature suggests that at least one formal performance appraisal be conducted for each employee per year (Rausch, 1985; Lawler, 1988). Even with regular feedback, an annual formal evaluation has value for several reasons: (a) to ensure that the performance management system in place is accurate and factual, (b) to satisfy requirements that personnel decisions are made based on performance evaluations, (c) to ensure standards are communicated to employees in advance, and (d) to set an improvement plan at the conclusion of the appraisal.

Step 6: The Performance Evaluation is Communicated  
and Discussed in an Appraisal Interview

Rausch (1985) states that an interview between supervisor and employee is necessary so that employee may be informed of the ratings and so that information the supervisor may have overlooked can be included. The employee needs the opportunity to thoroughly explain his or her viewpoint. Future performance can be discussed. The employee should be asked to sign the form to signify that the evaluation has been discussed. The employee should have the opportunity to enter notes of dissatisfaction with the evaluation.

Maroney and Buckley (1992) agree that an effective appraisal interview is one that stresses active participation by the employee being evaluated. They suggest that when interaction between a supervisor and employee takes place, a common understanding of important work patterns is achieved.

Step 7: The Results of the Performance Appraisal are  
Used for Compensation Decisions and Personnel Actions

The literature supports the idea that rewards motivate workers toward improved behavior (Champagne & McAfee, 1989; Lawler, 1988; Waitrowski & Palkon, 1987). Lawler (1988) describes positive incentives as merit pay increases, praise, recognition, employee awards and increased job



responsibility; negative reinforcers range from supervisor displeasure to docking of pay and may also provide incentive for improved behavior. Employees must understand the relationship between their performance and rewards (Champagne & McAfee, 1989).

Step 8: A Performance Improvement Plan is  
Developed for Substandard Performance

Rausch (1985) states that the emphasis on a performance appraisal should be on the improvement plan, its development and its progress. He contends that an emphasis in this area will move supervisors toward the role of coach and counselor, rather than judge. The focus is on what will be done in the future. The improvement plan spells out personal development activities that will enhance the employee's competence. Motivation to improve performance is strongest, according to Rausch, at salary decision time. Latham and Locke found that goal setting between the supervisor and the employee, using specific goals, dramatically improves performance (cited in Mohrman et al. 1989). Maroney and Buckley (1992) describe a performance appraisal as a time to discuss work behaviors, with the focus on goals for development and improvement.

Lawler (1988) also recommends establishing a system of "due process" that can be used to correct substandard performance, with the aim of salvaging the employee and

directing him/her toward acceptable behavior. Again, the role of coach and counselor is emphasized.

Step 9: Follow-up Identifies Need for Revisions  
in the Improvement Plan

Rausch (1985) states that an improvement plan is more likely to be achieved if there is follow-up. Any revisions that seem necessary for improving performance can be reviewed at regular intervals, as the staff nurse and the Department Director review progress in the achievement of the plan of action. This is a natural progression if the improvement plan is goal-oriented with specific time frames for completion of the goals.

Step 10: Follow-up Uncovers Areas Where  
Standards Should be Revised or New Ones be Set

Review of progress in achievement of goals may reveal that the goal or objective was not met. If this occurs, Rausch (1985) states that the supervisor must then check to see that the goal or objective was realistic. He suggests that there are some instances when the standards may need revision.

A well-implemented performance appraisal system utilizes all ten steps. Seven of those steps, Step 2, 3, 5, 6, 7, 8, and 9 pertain to implementation of the appraisal system at the level of the individual staff member. The remaining three steps pertain to setting and revising

standards. The purpose of this study is to examine the implementation of a performance appraisal system currently in use for staff nurses at a university hospital, focusing on six of the seven steps that relate to individual performance. Step 9, while pertaining to implementation at the individual staff member level, was not evaluated because implementation of this step is dependent on the implementation of Step 8, which was the presence of a plan of action. Based on the investigator's experience in the institution, implementation of this step was not expected to be high so this step was not included in the investigation.

#### Current Performance Appraisal

##### Process To be Evaluated

The nurses at the university hospital are required to have a yearly written performance evaluation, as stated in their contract (ONA, 1991). A new procedure for completing the performance appraisal was implemented in September of 1992. A new Performance Appraisal Tool and peer review were introduced. Since that time, the performance appraisal is comprised of a Performance Appraisal Tool which is individually completed by the staff nurse, by the Department Director and by at least two peers. The staff nurse initiates the evaluation process by: (a) completing a Professional Development Log, (b) completing a self evaluation using the Performance Appraisal Tool, (c)

completing a Level Designation Request Form requesting a clinical ladder level and (d) submitting all forms to the Department Director 30 days prior to the annual performance appraisal date. The Department Director solicits the peer evaluators who complete the Performance Appraisal Tool using the self-evaluation, the Professional Development Log and their own personal knowledge from experience working with the staff nurse, as data. The Department Director uses all completed evaluations, the Professional Development Log and his/her own information to complete the Department Director evaluation using the Performance Appraisal Tool. If the staff nurse has applied for an advanced level of the clinical ladder program, the evaluation must be completed and a conference held with the applicant within 14 days. At the conclusion of the conference, the staff nurse and the Department Director sign the Performance Appraisal Tool and the Personnel Action Request Form which is sent to the Nursing Division Personnel Office. The clinical ladder level designation is recorded on this form as an advancement, a reduction or a retention of the current level. It is the Department Director evaluation that is used to determine which level of the clinical ladder program the staff nurse is assigned.

## METHODS

## Design

The research design for this study was a formative evaluation of the staff nurse performance appraisal system. To describe the strongest aspects of the performance appraisal system and to suggest areas for improvement, a sample of personnel records from registered nurses was reviewed. The intent was to investigate the correspondence between implementation of the performance appraisal system currently in use and the standard proposed from Rausch (1985).

The study attempted to answer two broad questions: (I) how well-implemented is the performance appraisal system, and, (II) where there are deficiencies in implementation, what are the patterns of the deficiencies?

To answer Question I concerning implementation of the performance appraisal system, answers to the following specific questions were aggregated across each staff nurse personnel record:

I (a). Is employee performance measured informally and regularly? (Step 2)

I (b). Is data collected for evaluation of the individual's performance? (Step 3)

I (c). Is performance evaluated and is this done in a timely manner? (Step 5)

I (d). Are the performance appraisal results communicated in an appraisal interview? (Step 6)

I (e). Are the appraisal results used for compensation? (Step 7)

I (f). Is an improvement plan for substandard performance developed? (Step 8)

Where there are deficiencies, Question II looked at the patterns of the deficiencies by speaking to the following specific questions:

II (a). Are there implementation steps with consistently low compliance?

II (b). Are there differences in compliance scores by clinical ladder level?

#### Setting

The setting for the study is a 360-bed university and referral hospital in an urban area in the Northwest. It is a teaching facility with schools of nursing, medicine and dentistry and is staffed by approximately 1000 registered nurses in the in-patient and out-patient facilities. The time frame for this study was March to April, 1994.

#### Sample

Using a stratified random sample method, ten registered nurses from each of twenty-eight inpatient and specialty units were selected for inclusion in the study. The twenty-eight units range in size from nine to 68 registered nurse

staff members, with Department Directors having responsibility to perform performance evaluations for one or two units. The criteria for inclusion in this study were as follows:

1. Position of staff registered nurse
2. Full-time equivalent of at least .50
3. Employment by the institution for at least thirteen months prior to initiation of data collection

One-hundred and two subjects who met the criteria for inclusion consented to participate. The sample was predominately white (83%) and female (89%) with an average institution length of service of 90.2 months (See table 1).

The personnel records of the 102 subjects were examined and secondary data was recorded on the two summary forms devised by the investigator (see Appendix A): the Summary Data Sheet and the Performance Appraisal Abstract. No subjects were interviewed.

Table 1

Demographics of Sample (n = 102)

Ethnic Origin		
White	85	(83%)
Asian	5	(5%)
Black	1	(1%)
N. American	1	(1%)
Not recorded	10	(10%)
Sex		
Female	91	(89%)
Male	7	(7%)
Not recorded	4	(4%)
Length of Institution Service in Months <sup>1</sup>		
13 - 100	73	(72%)
101 - 200	17	(17%)
201 - 300	9	(9%)
301 - 400	3	(3%)

Note. <sup>1</sup> Mean = 90.2, SD = 71.23 (range 21 - 371)



### Instruments

Data came from five sources, four of which are self-contained personnel instruments: the Performance Appraisal Tool, the Professional Development Log, the Level Designation Request Form, and the Personnel Action Form. The fifth source was any letter or memo that described a plan of action for improving substandard performance. The following is a description these instruments, the letter or memo, and an outline of the data that was obtained from each. The source documents are confidential personnel files stored in a locked cupboard and office. They were evaluated to determine that they were in the original form, unaltered by white-out to ensure accuracy. Also described are the two summary instruments designed by the investigator.

#### Performance Appraisal Tool

The Performance Appraisal Tool, (see Appendix B) is used by the institution for annual performance appraisal and for promotion of the staff nurse in the clinical ladder program. Regardless of whether the staff nurse seeks promotion, a separate Performance Appraisal Tool is completed by the Department Director, by at least two peers of the staff nurse and by the staff nurse him or herself.

The Performance Appraisal Tool is divided into two broad categories: evaluation specific to each of three performance domains and a performance summary.

The three performance domains of the Performance Appraisal Tool are divided into three sections: Professional Nursing Practice, Professional Development and Organizational Participation. Each of these sections is further divided into four subsections, labeled A through D, where the focus varies in each subsection. Each of the subsections contains between 3 and 22 specific performance items measured on a six point scale: "Exceeds expectations," (EM); "Consistently meets expectations," (CM); "Needs improvement to meet expectations consistently," (NI); "Does not meet expectations," (DNM); "Not applicable," (NA); and "Peer input not applicable," (\*). To facilitate the link between performance and the clinical ladder level designation for which the staff is being evaluated, the method of recording staff nurse performance for each item is specific to the three levels. That is, a specific area is provided for each of the levels, with the "not applicable" items shaded out. Each of the three sections has a "comments" section to allow the evaluator to expand narratively on an item, or to allow a plan of future action to be recorded.

The performance summary portion of the measure contains the level designation assigned, the signature of the evaluator and a date.

The content validity and the interrater reliability of

the Performance Appraisal Tool is assumed. The Performance Appraisal Tool was written in July, 1992 by the steering committee of the Nursing Division's clinical ladder program in collaboration with the staff nurses. The items were developed from the newly rewritten job description for the staff nurse, written by the same group of experts. Individual nursing units were given the task of writing unit-specific supporting statements that explained each item for their own unit. Interrater reliability of the scale with the current group was established by Becket and Shepherd (1993) (see Appendix C). They looked at agreement between the rating of Department Directors and the clinical ladder steering committee on 65 completed appraisals. They reported the interrater reliability between these two expert groups as 98.6% agreement in item rating and 93.8% agreement in clinical ladder level designations assigned to staff nurses.

The performance domain of the Performance Appraisal Tool was the source of evidence for follow-up needed by staff nurses that have substandard performance. The performance summary of the Performance Appraisal Tool, completed by the Department Director was used to indicate the presence and the date of a completed evaluation, the clinical ladder designation assigned the staff nurse and the evidence of communication of the evaluative information to

the staff nurse. The presence of a signature by the evaluated staff nurse denoted the presence of a performance appraisal interview. The presence of the Performance Appraisal Tool completed by a peer was used to indicate the presence of "collected data" that the Department Director utilizes for evaluation of performance. The section marked "comments" was examined for evidence of a plan of action to correct substandard performance corresponding to a "NI" or "DNM" on one or more items in the performance domain. The date from the performance summary of the Performance Appraisal Tool completed by the Department Director was used to evaluate timeliness of the evaluation process.

#### Professional Development Log

The Professional Development Log (see Appendix D) is presented by the staff nurse to the Department Director at the time of the annual performance appraisal. It is utilized by the Department Director and the peers as evidence of fulfillment of some of the items in the Performance Appraisal Tool as they evaluate the performance of the staff nurse during the previous year. On the Log, the staff nurse records dates of attendance and duration of workshops and inservices, committee assignments, professional organization memberships and attendance in college-level courses during the preceding year. One other section of the form provides space for the staff member to

list professional goals for the coming year.

The Professional Development Log was developed by the clinical ladder steering committee in conjunction with the staff nurses. Because it was designed by experts content validity is assumed. Interrater reliability is not an issue with this instrument as it is completed by one person only and no judgement is required. A measure of the internal consistency of this instrument is not needed as it is not intended to be a full measure of a concept.

The presence of the Professional Development Log was used to indicate the presence of data for the Department Director and peers in the evaluation of individual staff nurse performance. The section marked "Professional Goals" was evaluated for the presence of a plan of action to improve performance corresponding to a substandard mark on one or more of the items in the Performance Appraisal Tool.

#### Level Designation Request Form

The Level Designation Form (see Appendix E) is completed by the staff nurse and is given to the Department Director at the time of the annual performance appraisal. Information found on the form includes name, unit, social security number, employment and review dates, classification and job title, current and requested clinical ladder level designation, signature of the applicant, and signature of and date received by the Department Director.

This form was designed by the clinical ladder steering committee, a group of experts, which suggests content validity. It is unlikely that the information to be used for this study, which includes signatures and dates, is recorded in error.

For this study, the Level Designation Request Form (LDRF) provided demographic information: the subject's unit and the date of employment, thereby providing length of service in the institution. It also provided the clinical ladder level requested by the nurse.

#### Personnel Action Form

The Personnel Action Form (see Appendix F) is utilized by the institution as a paper trail of the staff nurse's employment history at the institution. It includes demographic information, employment classification information, funding accounts for payroll purposes, and dates of hire, promotion and leaves of absence. It is completed by the Administrative Assistants in the Nursing Personnel Office.

The reliability and validity of this form has not been formally tested but for the purposes of this study was assumed to be adequate. No judgements must be made when completing this form. It is unlikely that the dates have been recorded in error. The Department Director has the opportunity to check these dates once the form has been

completed. This helps support reliability.

For this study, the Personnel Action Form was used to determine the effective date listed for a promotion in the clinical ladder program. This date indicated the resultant change in pay that is associated with an increase or decrease in level designation. Demographic information of sex and ethnic origin was also obtained from the Personnel Action Form.

#### Letter or Memo in Personnel File

The presence of a letter or memo in the personnel file with a plan of action for improving substandard performance was noted. Some letters were completed by the staff nurse and others by the Department Director. No formal reliability or validity testing has been done. Only the presence or absence of this information was noted.

#### Summary Data Sheet

The Summary Data Sheet (see Appendix A) was designed by the investigator for ease of data collection. It contains 16 items, three of which require "yes-no" answers indicating the presence or absence of the items of interest. One item is a subject identification number that was used solely by the investigator. It is not traceable to the subject. Five items, unit, sex, ethnic group, level designation granted, and date employed, were used to transfer demographic information. One item, level designation requested, was

used with level designation granted, to determine the discrepancy between the staff nurse expectation of performance and the perceived performance by the Department Director. The remaining items are various dates of interest that allowed the investigator to examine the timeliness of the performance appraisal.

Content validity can be assumed. The first draft of the Summary Data Sheet was pilot tested using three subjects to test ease of use and to see if the items it was designed to record were available. Modifications were made based on this trial. Thus, content validity can be assumed. Only the investigator used the instrument and no judgements were made, so interrater reliability testing is unnecessary.

The Summary Data Sheet was used only as a summary of data obtained from the previously described instruments. It was used to transfer the pieces of data needed for the study from the previous instruments.

#### Performance Appraisal Abstract

The Performance Appraisal Abstract (see Appendix A) was designed by the investigator to compile needed data from the Performance Appraisal Tool completed by the Department Director, about the specific areas marked as "Needs improvement to meet expectations consistently" (NI) and "Does not meet expectations" (DNM). It is divided into the three sections of the performance domain of the Performance



Appraisal Tool: Professional Nursing Practice, Professional Development and Organizational Participation. Along the top, there are four sections marked "A" through "D" corresponding to each of the subsections of the three domains with a fifth column labeled "location". The subject identification number was also recorded.

For the purposes of this study, content validity is assumed. The measure of interrater reliability is unnecessary because the instrument was completed only by the investigator. It is unlikely that errors were made when transferring information from the evaluation to the Summary Data Sheet.

To use this instrument, the investigator examined each performance domain of a completed Performance Appraisal Tool. In each section, and each subsection, A through D, the investigator recorded each item that is marked "NI" or "DNM". The correspondence of a plan of action to improve each of these areas of substandard performance was evaluated. The investigator looked in three places for the presence of this plan of action: the "Professional Goals" section of the Professional Development Log, the "comments" section of the Performance Appraisal Tool completed by the Department Director and a separate memo or letter included in the file that speaks to a plan of action. The location of this corresponding plan of action was recorded on the

Performance Appraisal Abstract under the section labeled "Location".

#### Procedure

Initial consent to proceed with the study was granted by the acting Director of Nursing. Permission to access the individual personnel records of the staff nurses was sought from the Director of Labor Relations of the Personnel Department of the institution. Individual permission from each staff nurse meeting the inclusion criteria was required.

Two-hundred and eighty subjects were randomly selected, ten from each of the 28 units in the institution. A consent form (see Appendix G) explaining the purpose of the study and their selection was distributed through the campus mail to their unit for distribution in their unit mailbox. They were asked to return the consent form through the campus mail, whether or not they agreed to participate in the study. Anonymity and confidentiality were assured. Initial response rate was 41% (115 of 280), with 67 granting consent, 44 disapproving consent, and 4 returned because they were no longer employed by the institution. Anyone not returning the consent form by the established deadline of twelve days received a second consent form in the campus mail with a follow-up cover letter (see Appendix H). This letter thanked each that had already returned his or her

response and requested a response from those that had not returned their consent form. The second mailing generated an additional 24% response rate (68 of 280): 35 responses granting consent, 27 disapproving consent and 6 that were no longer employed by the institution. The final response rate was 65% (183 of 280). Those granting permission and thus, were useable in the study generated a response rate of 36% (102 of 280). The final date for inclusion in the study was 20 days from the initial mailing. Once permission was received, the investigator accessed the personnel file of the consenting staff nurse in the Nursing Division Personnel Office, and recorded the information on the previously described instruments. Each participant was assigned a letter corresponding to the home unit and a number corresponding to the order for each unit, in which the consent form was returned. This identification number was solely for use by the investigator, in the event that the investigator had to reaccess the file for missing information. After initial data collection began, it became obvious that the performance appraisals for subjects that had applied for an advanced level of the clinical ladder program, were not in the personnel files. Upon inquiry of the secretarial staff, it was discovered that these performance appraisal were kept in a separate clinical ladder file in the Nursing Personnel Office. These records

were filed by individual staff nurse, in the same way as the personnel files. It was necessary to check for the presence or absence of this file for each of the subjects included in the study.

Scoring the Data to Answer

Question I: How Well Implemented is the  
Performance Appraisal System?

The score for implementation of the performance appraisal for each subject was calculated across steps. The dichotomous score of yes (1) or no (0) for each staff person was obtained for each of the six steps evaluated. Thus each staff nurse had a possible score range between 0 and 6. The scores for each subject were added together and divided by 102 to give an institutional score with a range from 0 to 6. The closer the score is to 6, the better implemented the system. A description of how each dichotomous score was obtained is discussed below in relation to each step.

A new Performance Appraisal Tool was implemented in September 1992. Theoretically, all of the subjects should have had a performance appraisal using the new Performance Appraisal Tool but 33 of the subjects did not. Subjects for whom a new Performance Appraisal Tool was not available were dropped from all analysis requiring data from that form. Therefore, it was necessary to use  $n = 69$  to calculate the institutional compliance score as well as five of the six

implementation step scores.

Scoring the Data to Answer Question I (a): Is Employee Performance Measured Informally and Regularly? (Step 2)

There was no way to directly measure whether the employee received informal and regular feedback about performance. Therefore, informal feedback and observation were indirectly measured by examining whether the requested level designation by the staff nurse matched the level designation granted by the Department Director. If there was regular feedback about performance, there should be no "surprises" at the annual performance appraisal time. The yearly appraisal should communicate to the staff member what the Department Director and the employee already know. The level requested by the staff nurse should be the same as the level granted by the Department Director. If the level requested and the level granted were the same, the score for step 2 was 1 for that subject. If the level requested and the level granted were not the same, a score of 0 was given for Step 2.

Scoring the Data to Answer Question I (b): Is Data Collected for Evaluation of the Individual's Performance? (Step 3)

The presence of a minimum of two Performance Appraisal Tools completed by staff nurses' peers and the completed Professional Development Log was used to signify the

presence of data for the purposes of employee evaluation. To be compliant with Step 3, the subject was required to have all three included in the personnel and/or clinical ladder record. Presence of all three was scored as 1. Because the requirement to include these three items in the personnel record after January 1994 was eliminated, any subject that was evaluated after the procedural change received a score of 1. Prior to this date, the lack of any one of these three items resulted in a score of 0.

Scoring the Data to Answer Question I (c): Is Performance Evaluated and is This Done in a Timely Manner? (Step 5)

The presence of a Performance Appraisal Tool completed by the Department Director within thirteen months prior to initiation of data collection was used to denote completion of a timely performance appraisal and was scored as 1. The date used was the date recorded on the Performance Appraisal Tool that was completed by the Department Director. A Performance Appraisal Tool that was of the old type automatically received a score of 0 because it was out of date. A Performance Appraisal Tool of the new style that was more than 13 months old also received a score of 0.

Scoring the Data to Answer Question I (d): Are the Performance Appraisal Results Communicated in an Appraisal Interview? (Step 6)

The presence of the signature of the staff nurse on the

Performance Appraisal Tool completed by the Department Director was used to signify that the performance appraisal was communicated to the staff nurse in an appraisal interview. Although the interview could have been done without a signature, for the purpose of this study, if there was no signature, the investigator assumed the interview was not done. The presence of the signature of the staff nurse was recorded as a score of 1. The lack of this signature resulted in a score of 0.

Scoring the Data to Answer Question I (e): Are the Appraisal Results Used for Compensation? (Step 7)

The presence of an effective date on the Personnel Action Form (PA) was used to represent compensation. Compensation is the advancement of or reduction in level of the clinical ladder program or maintenance of the current level, whether A, B, or C. The effective date on the PA was the trigger for the payroll department for changes in a current level of pay. A PA is not generated for those that maintain the current level of the clinical ladder program. For those advancing or reducing levels in the clinical ladder, the presence of an effective date on the PA was recorded as a score of 1. For those that maintained a current level, a score of 1 was assigned. For those that advanced or were reduced in level that did not have an effective date on a PA, a score of 0 was recorded.

Scoring the Data to Answer Question I (f): Is an  
Improvement Plan for Substandard Performance Developed?  
(Step 8)

The presence of a plan of action to correct an area of substandard performance was evaluated. The investigator used the Performance Appraisal Abstract to record the areas marked "Needs improvement" or "Does not meet expectations." These areas of performance deficiencies were recorded under each of the three performance domains: Professional Nursing Practice, Professional Development and Organizational Participation. The correspondence between these deficiencies and a plan of action to improve them was recorded, regardless of the number of deficiencies or the sophistication of the plan of action. The presence of any plan of action to improve even one performance deficiency was recorded as a score of 1. Lack of a plan of action was reported as a score of 0. The location of the plan of action was recorded in the location column.

Scoring the Data to Answer Question II:

Where There are Deficiencies in Implementation,

What Are the Patterns of the Deficiencies?

Using the dichotomous scores obtained above for each subject for each step, the scores were calculated for each of the six steps evaluated (2, 3, 5, 6, 7, and 8). For each step, with the exception of Step 5, the compliance scores of



individual subjects were added to give a total score per step, with a range of 0 to 69. A total percent compliance by step was computed by dividing the total compliance score by the maximum possible score (69) and multiplying by 100. For Step 5, individual compliance scores were added to give a total score with a range of 0 to 102. The percent compliance was calculated by dividing the total compliance score for Step 5 by 102 and multiplying by 100.

Scoring the Data to Answer Question II (a): Are There Implementation Steps with Consistently Low Compliance?

Percent compliance by step was calculated. A percent compliance of less than 75% was considered low. Analysis was done on the percent compliance by individual step.

Individual scores for Step 5, which evaluated timeliness, were grouped by clinical ladder level for analysis.

Scoring the Data to Answer Question II (b): Are There Differences In the Compliance Score by Clinical Ladder Level?

Overall compliance scores were also calculated for the three clinical ladder levels. This was done by grouping the subjects by clinical ladder level designation and computing a mean compliance score and compliance percentage for each clinical ladder level. An ANOVA test was done to determine if there was a statistically significant difference in the

compliance means by clinical ladder level.

#### Protection of Human Subjects

Following approval by the research committee of the investigator, the proposal was presented to the Committee on Human Research for consideration. This study fell under the category of exempted review, category number four: research involving existing records if the information is recorded in such a manner that the subject cannot be identified, directly or through identifiers linked to the subjects.

Participation in the study was voluntary and the subjects had the right to refuse to participate or to withdraw at any time. Confidentiality and anonymity were assured. No names were used at any time on the data collection instruments. There were no risks to the subjects.

#### FINDINGS

The findings of this study were two-fold. First, the findings of the overall compliance of implementation of the performance appraisal system by the institution will be presented. Second, the findings of the compliance within individual steps and by clinical ladder level will be reported.

Question I: How Well-Implemented is the  
Performance Appraisal System?

For those subjects with a performance appraisal using

the new Performance Appraisal Tool (n = 69), compliance was good, with a mean = 4.83, SD = 0.94 (see Table 2). As previously noted, the data from the old Performance Appraisal Tool was not comparable to that from the new. Thus the 33 subjects with performance appraisals using the old form were used only in the analysis of Step 5.

Table 2

Distribution of Individual Implementation Scores by Performance Appraisal Tool

Score	New Form	Old Form
6	15	-
5	33	-
4	18	-
3	1	-
2	1	-
1	1	-
0	-	33
	n = 69	n = 33

Question II: Where There are Deficiencies  
In Implementation, What are the Patterns  
Of Those Deficiencies?

There were patterns of deficiencies both by step and by clinical ladder.

By Step

The percent compliance by step is listed in Table 3. Four of the six steps were below 75%, the criteria set for high implementation. Steps 3, 6 and 8, while not meeting the threshold of 75%, approached it, with the lowest percent compliance being 71%. Step 3 (71%) involved collecting the data for evaluation. Step 6 (74%) related to evidence that the results of the evaluation were communicated in an appraisal interview and Step 8 (72%) involved an improvement plan for substandard performance. Steps 2 and 7 met the criteria for high implementation. That is, performance was measured informally and regularly (Step 2) for a majority of the subjects (83%) and results were used for compensation (Step 7) for 99% of the subjects.

Table 3

Scores by Step and Percent Compliance

	Score	n	%
Step 2	57	69	83%
Step 3	49	69	71%
Step 5	57	102	56%
Step 6	51	69	74%
Step 7	68	69	99%
Step 8	50	69	73%

The final step evaluated was Step 5 which examined the timeliness of the performance evaluations. Timeliness was measured on all 102 subjects and the compliance percentage was 56%. There were 45 subjects without a timely performance appraisal. For this group with untimely appraisals, the mean length of time without a performance appraisal was 34.82 months, SD = 21.66 and a range of 14 to 96 months. Six subjects did not have a performance appraisal at all despite the fact that their mean length of service in the institution was 57.8 months, with a SD of 28.15 months and a range of 23 - 96 months.

By Clinical Ladder Level

As illustrated in Table 4, timeliness varied by

clinical ladder level. Thirty percent of the Level A performance appraisals were timely, while 77 percent of the Level B appraisals and 100 percent of the Level C appraisals were timely. Thirty-five percent of Level A performance appraisals were greater than 36 months old.

Table 4

Timeliness by Clinical Ladder Levels in Months (n = 102)

		Timeliness					
		0-13	14-24	25-36	37-48	49-96	Total
A	16 (30%)	3 (24%)	6 (11%)	12 (22%)	7 (13%)	54 (100%)	
B	24 (77%)	7 (23%)	-	-	-	31 (100%)	
C	17 (100%)	-	-	-	-	17 (100%)	
	57	20	6	12	7	102	

Overall compliance scores differed although not significantly, by clinical ladder level (see Table 5). The compliance percentage for Level C nurses was 87% while level A had 79% compliance and level B, 78% compliance. An ANOVA of the mean compliance scores for the 3 levels showed that level has no effect upon overall compliance,  $F(2, 68) = 2.23, p < .12$ . Although not statistically significant, there

was a trend toward higher compliance in the Level C group.

Table 5

Average Compliance Score of Institution by Clinical Ladder Level (n = 69)

Level	Mean Score (% compliance)	SD	Range	n
A	4.71 (79%)	.90	2 - 6	21
B	4.68 (78%)	1.05	1 - 6	31
C	5.24 (87%)	.66	4 - 6	17
Total	4.83 (81%)	.94	1 - 6	69

## DISCUSSION

### Overall Implementation

With respect to the first question, "how well implemented is the performance appraisal system," the study found that compliance for implementation of the performance appraisal system with the use of the new Performance Appraisal Tool at the institution was good, with a mean compliance score of 4.83 and a SD of 0.94 (see Table 5). This is an overall compliance percentage of 81% and represents the overall compliance for all of the subjects with complete data (n = 69). Seventy-five percent was

arbitrarily selected as the mark for good performance during the proposal stage of the investigation. Thus, once a performance appraisal was initiated using the new system, compliance was good. It must be stressed that this is only for initiated appraisals. Compliance may not be as good for the institution as a whole but it was not possible to determine implementation of steps other than timeliness for a third of the original sample (n = 33). If the step relating to timeliness did not meet expected criteria, it may be reasonable to assume that for this group some of the other steps were poorly implemented as well. Thus the actual compliance percentage for the institution as a whole may be somewhat lower than the 81% found for the sample with complete data.

#### Patterns of Discrepancies

With respect to the second question regarding patterns of discrepancies, there were two findings, one dealing with the individual steps and one dealing with the clinical ladder program.

#### Implementation by Step

Step 5 that measured timeliness, had the lowest compliance at 56% (see Table 3). This step required that the performance appraisal be in the personnel file or clinical ladder file and that it be completed within the 13 months prior to initiation of data collection. The



literature suggests at least one performance appraisal a year (Rausch, 1985; Lawler, 1988). The contract for the staff nurses requires a yearly performance appraisal (ONA, 1991). All 102 files were evaluated for the presence of a timely performance appraisal. Forty-five of the subjects did not have a timely appraisal. The average length of time since the last appraisal of was nearly 3 years. Six of the 45 did not have an appraisal at all, with their average length of service nearly 5 years.

There may be several explanations for the poor compliance with timeliness. Some of the responsibility for performance appraisals rests with the individual staff nurse who initiates the process by completing a self-evaluation at the time of the annual review and turns it in to the Department Director. He or she may have many reasons for not initiating the process, none of which were explored in this study. He or she may be unaware of when the annual review date is, may be unsure about the content of the performance appraisal, may be unhappy about the performance appraisal process itself, or may even be waiting for the Department Director to initiate the process. The reasons behind this would be interesting to explore.

Responsibility for timely performance appraisals lies with the Department Director, as well, because it is a requirement that a yearly performance appraisal be completed

on each staff nurse (ONA, 1991). The job description of the Department Director also requires a yearly performance appraisal be completed on each staff member. The most likely reason for the Department Director to not be compliant with timeliness is related to workload. The Department Directors are responsible for completing performance evaluations on a varying number of registered nurses. Some Department Directors are responsible for two departments with a combined staff size of nearly one hundred nurses. Performance appraisals are also required yearly for ancillary staff members. Workload is the likely reason for lack of timeliness for the Department Directors although this has not been tested.

Step 3, a measure of the presence of data in the personnel file that was used for the performance evaluation, showed a compliance percentage of 71%. There were missing peer reviews and/or missing Professional Development Logs in the personnel files. The missing data reflects, not necessarily that the data was not used to evaluate performance, but rather that the data was not included in the file as required until January of 1994. Using the existing personnel records, this was the only way to measure this step. But an interview or survey of the Department Directors and/or staff nurse might also elicit whether or not this step was implemented. The compliance of Step 3 may

be overestimated because all subjects with performance appraisals after January 1994 were given a score of 1. This is the date which the requirement was dropped to include these items in the personnel file.

Step 8 evaluated the presence of a plan of action to improve substandard behavior. Maroney and Buckley (1992) state that the performance appraisal is the time to set goals for development and improvement. Compliance for Step 8 was 73%, and fell just below the threshold for high implementation. Nineteen of the 69 did not have any evidence of a plan to improve substandard behavior. Twenty-three subjects had plans for improvement located in one or more of the areas evaluated. Twenty-seven of the subjects did not have any areas listed that required improvement, so they automatically received a score of 1.

Step 6 evaluated whether or not the results of the performance appraisal were communicated in an appraisal interview. An "interactive discourse" is recommended by Maroney and Buckley (1992) to fully discuss the perceptions of each party (p. 188). The implementation of this step fell below the established standard of 75% by just one percentage point. It was noted during data collection that there were three different versions of the Performance Appraisal Tool, dated "6/92", "7/92" and "10/92". The only difference between the three that pertains to this study is

that the earliest two versions did not have a signature line on them for the employee. All three versions were found to be in use, and several of the older forms had a signature line written in. But all of those that did not have the signature of the staff nurse on the performance appraisal were recorded on the older drafts of the Performance Appraisal Form without a pre-printed space for the signature. It may be that the appraisal interview was done, but there was no record of it. Better communication from the steering committee to the departments when revisions are made might alleviate problems such as this. When the newer draft was used, the signature was recorded 100% of the time.

The results of the analysis of Step 2 showed a high compliance percentage (83%). This step measured whether feedback was provided informally and instantly. Lawler (1988) states that behavior needs to be reinforced at the time it occurs. The indirect measure of this step involved a comparison of the level designation of the clinical ladder requested by the individual, whether A, B or C, and the level designation granted by the Department Director. A high compliance score indicates that the majority of the staff nurses received the level designation that they requested. Of the 69 performance appraisals evaluated for this step, only 12 had disparities between the two. This indicates that the staff nurse received feedback during the

year that would lead him or her to believe they were practicing at a given level of performance. Thus, for all but 12, no major surprises occurred at the performance appraisal time. A more direct measure of whether or not feedback was given informally and directly would have involved surveying the Department Directors and staff members to determine if feedback was provided regularly and informally.

Step 7 showed the highest compliance percentage of the 6 steps evaluated. Implementation of Step 7 required that the personnel file contain a Personnel Action Form advancing the staff nurse's pay for advancement in clinical ladder level. This was found for 99% of the subjects. Only 1 of the 69 subjects did not have a Personnel Action Form. The high compliance may be due to the very expert help in the Nursing Personnel Division, but it may also be a result of the fact there is a good check and balance to make certain it has been completed. The staff nurse who does not receive proper compensation is well-motivated to follow up on any missing information.

#### Implementation by Clinical Ladder Level

Timeliness (Step 5) differed by clinical ladder level. All of the Level C appraisals were timely, while 77% of Level B were timely and only 30% of Level A. These differences were not tested for significance, although they

are likely to be statistically significant. Of concern is that a large percentage of the sample (53%) is Level A. The majority of nurses in the institution are Level A nurses and this is the group with the poorest score for timeliness.

It is not unexpected that the nurses in the advanced clinical ladder levels would score more highly in timeliness of performance evaluations. This would reflect the increased motivation to initiate the performance appraisal process by those that expect compensation for advanced clinical ladder levels. Because the result of advancement in the clinical ladder program is an increase in pay, the staff nurse should be motivated to start the process by turning in the level designation request form with the accompanying data. The Department Director should also be motivated to complete the appraisal in a timely manner because failing to meet the appropriate deadlines would result in a loss of pay for the staff nurse involved and a resulting unhappy employee. Those that do not seek to advance in the clinical ladder program may be less motivated to initiate the process on their own. And the Department Director does not have the same result if the deadline is not met.

Timeliness was the only step evaluated individually by clinical ladder level. This was done because compliance with Step 5 was so poor and the investigator looked for

patterns to this low compliance. Further study might include a look at compliance for each step by clinical ladder level to see if there were other differences.

The overall compliance means by clinical ladder level did not differ significantly by the ANOVA comparison of means, although there is a trend toward a higher implementation score for the Level C nurse. This may be attributed in part to the 100% score for timeliness for Level C nurses.

#### Attitudes of Nurses About Performance Appraisals

The investigator underestimated how threatened many people feel when permission is sought to access their personnel files. There were several negative comments on the consent forms from those refusing permission to access their files. Interestingly enough, a few consent forms that expressed negative comments did give permission.

When the institution changed the format of the performance appraisal system in September 1992, staff members were invited to participate. And while one would hope that an invitation for involvement in the process would lead to buy-in by the staff, the anecdotal comments on the consent forms lead the investigator to believe that there is a population of staff nurses that are unhappy. The extent of this unhappiness and the issues behind it are something that need to be investigated. The opportunity to use the

consent forms to vent may well have been all that was needed by several of the staff members. To provide an outlet for these emotions by continuing to involve staff in the continual refining process of the current system may also be of help.

#### LIMITATIONS TO GENERALIZABILITY

The sample was limited by the requirement to get consent to access the personnel files. The only way to use the personnel files as data, and to increase both representation would be to obtain a sample without asking consent. But this was impossible for this investigator.

There may be some response rate bias for those that chose to participate in the investigation. It is possible that the sample that chose to participate may have done so because of dissatisfaction with the timeliness of their performance appraisal. They may have been unhappy because, either they did not have a recent performance appraisal, or they did not have an appraisal at all. This may have resulted in an overrepresentative number of untimely performance appraisals in the group that was studied.

There may also be a group that was underrepresented in the study. A group may have chosen not to participate because of unhappiness with the content of their performance appraisal. Because implementation of the system, rather than content of the performance appraisals was the focus of



this study, this would not have effected the results in any significant way.

The investigator wanted to look at the implementation of the new performance appraisal system in place at the institution. But the fact that the Performance Appraisal Tool was so recently changed was one reason for missing data. Thirty-three of the subjects were unusable for much of the data analysis because they did not use this new form. Sample size, and therefore, generalizability, might be increased if the data were collected at a later date, when presumably, more subjects would be evaluated using the current new system.

The system of evaluating steps of the performance appraisal system used in the study is generalizable to other institutions. While it would be necessary to individualize the way in which each step is scored for each institution, the process of auditing the performance appraisal system could be repeated.

#### SUMMARY AND IMPLICATIONS

This paper describes the evaluation of the implementation of a performance appraisal system currently in use at a major university institution. The evaluation was undertaken to determine how well the institution was implementing a relatively new performance appraisal system and to determine if there were operational difficulties that

could be identified as areas for suggested improvement. The study revealed that the institution as a whole, implements yearly performance appraisals for the staff nurse relatively well, once the appraisal is initiated (81%). But, timeliness is the area of greatest concern, despite the fact that a yearly performance appraisal is required by the staff nurse contract (ONA, 1991). A suggestion to the institution would be to provide the data to the Department Directors concerning the deficiency in timeliness of the performance appraisals. A recommendation to the clinical ladder steering committee is to reevaluate the requirement that the staff nurse initiate the performance appraisal process, particularly in light of the fact that the majority of the staff nurses are Level A and they have little or no incentive to start the process. Therefore, it may be prudent to have the Department Director initiate the process. If the decision is made to continue to require the staff nurse to initiate the process, staff members should be educated about the procedure and the requirement of them to initiate the process. Because the study results showed that once initiated, compliance was good, a push to initiate the performance appraisal process should result in better institutional compliance.

A change in the Performance Appraisal Tool would make compliance with Step 8 of the performance appraisal process

more explicit. If the form contained a section marked "plan of action for improving substandard behavior" this would likely make compliance for Step 8 higher. This could be written under "comments" at the conclusion of each section of the Performance Appraisal Tool (see Appendix B) as "Plan of Action/Comments". If an area was provided for this information, this step would more likely be implemented.

Evaluation of individual performance is important. But to maintain an efficient performance appraisal process, regular audits are necessary. The process this study used to investigate the implementation of a performance appraisal system is generalizable to other institutions. The exact measure for compliance with individual steps would require individualization to the performance appraisal system at the institution. From the results of this study, this investigator advocates to this institution and to other institutions, several recommendations that would make the audit process more doable, and therefore, increase compliance.

To make data more accessible, they should be kept in one personnel file where possible. The institution should identify someone with legitimate access to the personnel records without requiring consent for the process of audit. The responsibility to audit the performance appraisal system should be given to this person. Not having to obtain

consent would help ensure a more representative sample. The need to ask for consent causes hard feelings on the part of some of those being asked. Maroney and Buckley (1992) state that employees "distrust many, if not all, aspects, aspirations and purposes of performance appraisal" (p. 185). As one nurse put it, "I feel like you are asking me to leave my front door wide open." Not having to ask for consent would help eliminate some of these feelings.

If the road is paved to make the audit process run smoothly by following these suggestions, it is reasonable to suggest that institutions carry out a similar audit of the implementation of their performance appraisal system yearly. This will identify problems in implementation.

Further recommendations include clear communication of forms and procedural upgrades to those that use the system. Poor communication of revisions make it difficult for the staff and the Department Directors to keep current on the process.

This study uncovered other areas regarding performance appraisal that would benefit from further study. Questions to explore include issues relating to timeliness:

1. What factors relating to staff nurses effect the timeliness of the performance appraisal? Examples include attitudes of the nurse about performance appraisals, knowledge deficits about the procedure itself and resistance

factors.

2. What factors relating to Department Directors effect the timeliness of the performance appraisal? Examples include workload of the Department Director and knowledge about conducting good performance appraisals.

The need for study of the performance appraisal process is great. Benefits of an effective performance appraisal include identifying and remediating problem behaviors, motivation of individual professional growth and development and a strengthened effort to meet organizational goals (Lawler, 1988). Poor implementation of a performance appraisal system will make it difficult to effectively identify deficiencies in work performance and to distinguish superior behavior (Boris, 1989). Noble (1989) stresses the need for a well-implemented performance appraisal system to recognize individual accomplishments and achievements. Noble states that this will allow the institution to establish a direction for future growth. To ensure an effective performance appraisal regular audits of the process should be implemented and this paper provides one possible audit process.

## References

- Beck, S. (1990). Developing a primary performance appraisal tool. Nursing Management, 21(1), 36-42.
- Becket, N. & Shepherd, P. (1993). [Nurse Career Advancement Program evaluation report]. Unpublished report.
- Bernardin, H. J. & Beatty, R. W. (1984). Performance appraisal: assessing behavior at work. Boston, MA: Kent Publishing Company.
- Boris, L. L. (1989). Staying clear of the law. In S. E. Glover (Ed.), Performance evaluations (pp. 29-37). Baltimore: Williams and Wilkins.
- Champagne, P. J. & McAfee, R. B. (1989). Motivating strategies for performance and productivity. New York: Quorum Books.
- Glover, S. M. (1989). Performance evaluations. Baltimore, MD: Williams and Wilkins.
- Lawler, T. (1988). The objectives of performance appraisal- or "where do we go from here." Nursing Management, 19(3), 82-87.
- Maroney, B. P. & Buckley, M. R. (1992). Does research in performance appraisal influence the practice of performance appraisal? regretfully not! Public Personnel Management, 21(21), 185-196.
- Mohrman, A. M. Jr., Resnick-West, S. M. & Lawler, E. E.

- III. (1989). Designing performance appraisal systems. San Francisco, CA: Jossey-Bass Publishers.
- Noble, J. E. (1989). Making performance appraisal work. In S. E. Glover (Ed.), Performance evaluations (pp. 21-28). Baltimore, MD: Williams and Wilkins.
- Oregon Nurses Association (1991). Agreement between Oregon Nurses Association and the state of Oregon Health Sciences University. (article 29, pp. 13).
- Rausch, E. (1985). Win-win performance management/ appraisal: assessing behavior at work. Boston, MD: Williams and Wilkins.
- Wexley, K. N. & Klimoski, R. (1990). Performance appraisal: an update. In G. R. Ferris & K. M. Rowland (Ed.), Performance evaluation, goal setting feedback (pp. 1-46). Greenwich, CT.: Jai Press Incorporated.
- Wiatrowski, M. D. & Palkon, D. S. (1987). Performance appraisal systems in health care administration. Health care management review, 12(1), 71-80.

Appendix A

Summary Data Sheet

Performance Appraisal Abstract



SUMMARY DATA SHEET

Subject ID \_\_\_\_\_

Professional Development Log

Yes \_\_\_\_\_ No \_\_\_\_\_

LDRF

Unit: \_\_\_\_\_

Date Employed: \_\_\_\_\_

Annual Review Date: \_\_\_\_\_

Current Level Designation: \_\_\_\_\_

Requested Level Designation: \_\_\_\_\_

Date Level Designation Request Received by DD: \_\_\_\_\_

Peer-completed Performance Appraisal Tool

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Personnel Action Form

Effective Date: \_\_\_\_\_

Ethnic Group: \_\_\_\_\_

Sex: Male: \_\_\_\_\_ Female: \_\_\_\_\_

Compensation Change, If Needed: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Department Director-completed Performance Appraisal Tool

Evaluation Date: \_\_\_\_\_

Level Designation Granted: \_\_\_\_\_

Signature of Employee \_\_\_\_\_

Performance Appraisal Abstract

Subject ID \_\_\_\_\_

A	B	C	D	Location
Professional Nsg Practice				
Professional Development				
Organization Particip.				

Appendix B

Performance Appraisal Tool

OREGON HEALTH SCIENCES UNIVERSITY  
University Hospital / Nursing Division

**PERFORMANCE APPRAISAL TOOL**

NAME: \_\_\_\_\_ REPORT PERIOD: \_\_\_\_\_ UNIT: \_\_\_\_\_

Rating Key:            E        =        Exceeds expectations  
                              CM        =        Consistently meets expectations  
                              NI        =        Needs improvement to meet expectations consistently  
                              DNM     =        Does not meet expectations  
                              NA<sup>1</sup>    =        Not applicable  
                              ★        =        Peer input not applicable

I. PROFESSIONAL NURSING PRACTICE	A	B	C
<b>A. APPLICATION OF AREA SPECIFIC PRACTICE MODEL*</b>			
1. Functions in area specific practice model			
2. Performs as role model for area specific practice model.			
3. Continually seeks to improve the area specific practice model.			
<b>B. NURSING PROCESS</b>			
1. Clinical Skills/Knowledge <sup>2</sup> : Competency			
a. Performs basic area skills.			
b. Performs fundamentals of patient comfort.			
c. Demonstrates basic judgment/knowledge base.			
d. Demonstrates proficiency in skills.			
e. Begins to identify and develop areas of expertise.			
f. Displays wide knowledge base.			
g. Evaluates/synthesizes information as basis of clinical judgement.			
h. Consistently demonstrates expert performance in care of clients.			
2. Emergent Situations			
a. Recognizes emergent situations and seeks assistance.			
b. Effectively manages emergent situations.			
c. Prevents/minimizes emergent situations through foresight and planning.			

<sup>1</sup> If a criterion is NA, it must be identified as such in the unit specific supporting statements

<sup>2</sup> See glossary

I. PROFESSIONAL NURSING PRACTICE (continued)	A	B	C
2. Communication/Collaboration (continued)			
c. Communicates effectively.			
d. Collaborates on specific issues/problems.			
e. Effectively links other disciplines.			
f. Coordinates/collaborates with a system-wide view.			
g. Recognizes and uses expertise of others when appropriate.			
<b>D. CONTINUOUS QUALITY IMPROVEMENT</b>			
1. Risk Management*			
a. Clarifies orders and directions.			
b. Recognizes and responds to multidisciplinary/interdepartmental issues.			
c. Assists in the development of a plan to reduce/eliminate risks based on trends.			
2. Area-specific Quality Improvement Activities			
a. Participates in established area specific QI program.	★	★	★
b. Identifies areas for quality improvement and refers them appropriately.		★	★
c. Facilitates the QI process.			★
d. Assists in design and development of QI activities.			★
<b>SECTION I LEVEL DESIGNATION</b>			

<b>I. COMMENTS:</b>

\* See Glossary



## NCAP GLOSSARY

1. AREA SPECIFIC PRACTICE MODEL:

Service model within practice area (i.e., primary nursing/managed care).

2. CLINICAL SKILLS/KNOWLEDGE:

Knowledge/skills relevant to a practice area (i.e., oncology or Utilization Review).

3. EDUCATIONAL PROGRAM:

Development of a comprehensive approach to client education, i.e., total development of a patient handout from beginning to end, or similar development of a complete program to meet a specific educational need of a target population.

4. CLIENT RIGHTS:

See "Patient Bill of Rights."

5. RISK MANAGEMENT:

Legal liability issues, patient and employee safety, economic.

6. PERSONAL EFFECTIVENESS:

Proactive, assertive, self-esteem, interpersonal relations, and positive problem solving.

Mutual support and trust

Non-judgmental view

Effective communicator

Respect for persons

Listening/communicating

Builds others' self-esteem

Facilitates conflict resolution

Recognizes the needs of a novice

III. ORGANIZATIONAL PARTICIPATION (continued)	A	B	C
<b>D. SUPPORTS ORGANIZATIONAL POLICIES</b>			
1. Functions within policies.			
2. Acts to support policies and recommends changes.			
3. Assists in planning, implementing and evaluating policies.			
<b>SECTION III LEVEL DESIGNATION</b>			

<b>III. COMMENTS</b>

\* See Glossary

**PERFORMANCE SUMMARY**

NCAP LEVEL DESIGNATION: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_



Appendix C

Nurse Career Advancement Program Evaluation Report

NCAP EVALUATION REPORT  
JUNE 1993

- Agreement between Department Directors and NCAP Committee (N=65):
  - 98.6% agreement in rating items
  - 93.8% agreement in level designations
- Unsuccessful Applications- 36.1% (84/233): Item Difficulty
  - Unsuccessful B level applications (N=39) had 20 items with >15% receiving NI or DNM ratings. See Table I.
  - Unsuccessful C level applications (N=45) had 19 items with >15% receiving NI or DNM ratings. See Table II.
  - Three criteria (IIB1d, IID1d & IIIB3) were rated NI or DNM in >15% of unsuccessful B and C applications.

Table 1. Unsuccessful Level B Applications (N=39): Criteria With >15% Rated Needs Improvement (NI) or Does Not Meet Expectations (DNM).

SECTION CRITERIA	# NI+DNM	% NI+DNM
<b>I. Prof Nursing Practice</b>		
B. Nursing Process:		
1e. Begins to identify & develop areas of expertise	9	23.1%
5b. Demonstrates comprehensive documentation of nursing process.	12	30.8%
C. Coordination of Activities		
1c. Initiates utilization of unassigned time.	7	17.9%
1d. Effectively uses unassigned time.	12	30.8%
2a. Demonstrates appropriate/basic communication skills.	7	17.9%
2c. Communicates effectively.	8	20.5%
D. Continuous Quality Improvement		
1b. Recognizes & responds to multidisciplinary/interdepart. issues.	9	23.1%
2a. Participates in established are specific QI program.	8	20.5%
2b. Identifies areas for quality improvement and refers them appropriately.	20	51.3%
<b>II. Professional Development</b>		
A. Development of Professional Knowledge		
1d. Identifies own needs & expresses plan for meeting these.	11	28.2%
1e. Pursues educational offerings for prof development.	12	30.8%
1f. Demonstrates ability to access research findings on a specific practice.	15	38.5%
B. Education of Others		
1c. Participates in orientation.	8	20.5%
1d. Suggests topics for area specific education & assists in their presentation.	28	71.8%
C. Personal Effectiveness		
1e. Demonstrates continued development of conflict management skills.	6	15.4%
D. Leadership		
1c. Seeks opportunities to learn leadership skills.	15	38.5%
1d. Seeks assistance in & evaluation of leadership development.	15	38.5%
<b>III. Organizational Participation</b>		
B. Group Participation		
2. Demonstrates awareness of organizational committees & understands how to access.	7	17.9%
3. Participates actively in area specific committees/task forces.	21	53.8%
D. Supports Organizational Policies		
2. Acts to support policies & recommends changes.	8	20.5%

Table 2. Unsuccessful Level C Applications (N=45): Criteria With >15% Rated Needs Improvement (NI) or Does Not Meet Expectations (DNM).

SECTION CRITERIA	# NI +DNM	% NI +DNM
<b>I. Professional Nursing Practice</b>		
A. Application of Area Specific Practice Model 3. Continually seeks to improve the area specific practice model.	12	26.7%
B. Nursing Process 1h. Consistently demonstrates expert performance in care of clients. 3c. Carries out educational plan based on individual client assessment. 5c. Assists in development of documentation practices.	7 23 19	15.6% 51.1% 42.2%
C. Coordination of Activities 1g. Anticipates & develops solutions for area workload needs.	7	15.6%
D. Continuous Quality Improvement 1c. Assists in development of plan to reduce/eliminate risks based on trends. 2c. Facilitates the QI process. 2d. Assists in design & development of QI activities.	17 13 28	37.8% 28.9% 62.2%
<b>II. Professional Development</b>		
A. Development of Professional Knowledge 1g. Participates in developing education presentations that meet own &/or unit needs. 1h. Identifies need for practice change based on current research.	21 12	46.7% 26.7%
B. Education of Others 1d. Suggests topics for area specific education & assists in presentation. 1g. Develops & presents area specific education program.	15 19	33.3% 42.2%
C. Personal Effectiveness 1g. Acts as a facilitator for conflict management.	14	31.1%
D. Leadership 1d. Seeks assistance in & evaluation of leadership development. 1e. Assumes responsibility & accountability for leadership.	12 10	26.7% 22.2%
<b>III. Organizational Participation</b>		
A. Resource Utilization 5. Evaluates support systems & recommends alternatives/changes as appropriate.	7	15.6%
B. Group Participation 3. Participates actively in area specific committees/task forces. 5. Demonstrates group leader skills.	9	20%
D. Supports Organizational Policies 3. Assists in planning, implementing & evaluating policies.	10 13	22.2% 28.9%

Appendix D

Professional Development Log

OREGON HEALTH SCIENCES UNIVERSITY  
University Hospitals & Clinics  
**PROFESSIONAL DEVELOPMENT LOG**

NAME \_\_\_\_\_  
CLASS \_\_\_\_\_ UPOS# \_\_\_\_\_

DEPT./UNIT \_\_\_\_\_  
EVALUATION PERIOD \_\_\_\_\_

I. MANDATORY SESSIONS (MUST ATTEND ANNUALLY)			
A. HOSPITAL BASED:		DATE	
1. INFECTION CONTROL (OCCUP. EXP./BODY SUB)			
2. CPR			
3. ELECTRICAL SAFETY			
4. FIRE SAFETY			
5. HAZARDOUS MATERIALS			
6. CODE 99 REVIEW			
B. UNIT BASED EDUCATION/COMPETENCIES:		DATE	
1.			
2.			
3.			
4.			
5.			
6.			
II. EVIDENCE OF PROFESSIONAL DEVELOPMENT		DATE	PRESENTED
A. TITLE: WORKSHOP/CONFERENCE/PRESENTATION			
B. NAME: PRODUCT/EQUIPMENT INSERVICE			
C. TOPICS: GENERAL UNIT/INSERVICE			
D. TOPICS: GENERAL HOSPITAL/INSERVICE			

OREGON HEALTH SCIENCES UNIVERSITY  
 University Hospitals & Clinics  
**PROFESSIONAL DEVELOPMENT LOG**  
 ADDITIONAL ACTIVITIES  
 Page 2

EVIDENCE OF PROFESSIONAL DEVELOPMENT	DATE	PRESENTED	DURATION
<b>A. TITLE: WORKSHOP/CONFERENCE/PRESENTATION</b>			
<b>B. NAME: PRODUCT/EQUIPMENT INSERVICE</b>			
<b>C. TOPICS: GENERAL UNIT/INSERVICE</b>			
<b>D. TOPICS: GENERAL HOSPITAL/INSERVICE</b>			
<b>E. ARTICLES WRITTEN/POSTERS PRESENTED</b>	DATE	JOURNAL/CONFERENCE	
<b>F. COLLEGE COURSES</b>	DATE	CREDITS	INSTITUTION

Appendix E

Level Designation Request Form



OREGON HEALTH SCIENCES UNIVERSITY  
University Hospital / Nursing Division

Nurse Career Advancement Program

LEVEL DESIGNATION REQUEST

1. Applicant Name \_\_\_\_\_ Area/Unit \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date Employed \_\_\_\_\_  
Classification \_\_\_\_\_ Annual Review Date \_\_\_\_\_  
Job Title \_\_\_\_\_
2. Current Level Designation \_\_\_\_\_  
Requested Level Designation \_\_\_\_\_
3. Level Designation Review For:  
\_\_\_\_ Annual Performance  
\_\_\_\_ 180 Day Post Transfer  
\_\_\_\_ Evaluator Request
4. When the Department Director is a non-nurse, applicant's Nurse  
Evaluator is: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Department Director/Evaluator \_\_\_\_\_ Date Received \_\_\_\_\_

Final Decision Due By: \_\_\_\_\_

Send to Nursing Support Office, UHS-8

Appendix F

Personnel Action Form

## Oregon Health Sciences University University Hospital Personnel Action

**CIRCLE ALL CHANGES BELOW**

PA Number

PREPARER:

MAIL CODE:

EXT.:

**ACTION:**  NEW HIRE  REHIRE  TRANSFER  TERMINATION  OTHER  RETIREMENT

**EFFECTIVE DATE:**

SOCIAL SECURITY NO.		LAST NAME			FIRST		M.I.	PREVIOUS NAME	
DATE OF BIRTH		ETHNIC GROUP <input type="checkbox"/> 1-WHITE <input type="checkbox"/> 2-BLACK <input type="checkbox"/> 3-HISPANIC <input type="checkbox"/> 4-ASIAN/PACIFIC ISLAND <input type="checkbox"/> 5-AMERICAN INDIAN <input type="checkbox"/> 6-OTHER							
SEX <input type="checkbox"/> M <input type="checkbox"/> F	CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	DIRECTORY PRINT <input type="checkbox"/> YES <input type="checkbox"/> NO	VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO	DISABLED VET. <input type="checkbox"/> YES <input type="checkbox"/> NO	HANDICAPPED <input type="checkbox"/> YES <input type="checkbox"/> NO				
STREET ADDRESS			CITY		STATE	ZIP + 4		HOME TELEPHONE NUMBER ( )	
CAMPUS ADDRESS (BUILDING)				ROOM NUMBER		MAIL CODE		WORK EXTENSION 4 -	
EMPLOYEE STATUS <input type="checkbox"/> A-ACTIVE <input type="checkbox"/> B-LEAVE W/PAY <input type="checkbox"/> F-SABBATICAL <input type="checkbox"/> L-LEAVE W/O PAY <input type="checkbox"/> T-TERMINATED			EMPLOYEE CLASS CODE: <input type="checkbox"/> AF- AFSCME FULL TIME <input type="checkbox"/> AP- AFSCME PART-TIME <input type="checkbox"/> FX- FLEX STAFFER <input type="checkbox"/> TA- AFSCME TEMPORARY <input type="checkbox"/> OF- ONA FULL TIME <input type="checkbox"/> OP- ONA PART-TIME <input type="checkbox"/> RS- RESOURCE NURSE <input type="checkbox"/> TO- ONA TEMPORARY						
TKU NO.		MAJOR ACCT. NO.		MAJOR DEPARTMENT			NEW HIRE DATE		
LEAVE OF ABSENCE REASON:				CODE	TERMINATION REASON (Voluntary actions must be signed by employee)				CODE
LEAVE BEGIN DATE		LEAVE END DATE		TERMINATION DATE			LAST WORK DATE		
POSITION NUMBER		JOB TITLE (TL1)			EMPLOYEE SIGNATURE			DATE	
CLASS / RANK		PAY QUALIFIER <input checked="" type="checkbox"/> HOURLY		PAY STEP	PAY RATE	FTE	PRIOR STATE SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO		CERTIFICATE NUMBER

**FUNDING**

**CURRENT** (Estimated Monthly Expenditure for Irregular Employee)

**PROPOSED**

ACCOUNT NUMBER	MO FTE	MO PAYOUT	ANN FTE	ANN BUDGET	B/EDT	MO FTE	MO PAYOUT	ANN FTE	ANN BUDGET	B/EDT
TOTAL										

**REMARKS:** (Explain any unusual or unclear sections or answers and indicate any data elements which are changing.)

\_\_\_\_\_  
PRINCIPAL INVESTIGATOR      PHONE EXT.      DATE

\_\_\_\_\_  
DELEGATED FISCAL AUTHORITY      PHONE EXT.      DATE

\_\_\_\_\_  
EXECUTIVE STAFF      PHONE EXT.      DATE

**PERSONNEL** (Office Use Only)

CLASS/RANK CD	DATE CLASS/RANK	EMPLOYMENT DATE	ANNIV DATE	MER EV DT	APPT. DT.	VAC.	SI INC DT	LVAC	TRANS REASON CD		
INST GRANT DEGR	DATE GRANTED	APP TY CD	RECRUIT	P MOD.	TITL CD	HCAP CD	VET	FD YR	DUPL	OT	PERS INTL & DATE

**PAYROLL** (Office Use Only)

BANK ABA #	BANK ACCT #	CHK DEL		TX STATUS	NO EXEMP	TX EXEMP	I USE	PER DATE	CD	STATUS
RET NO.	C CTY CD	TRST CD	CITZ CD	CREF/TIAA NUMBER	SOC DATE/CD	DUES	A-21	PR INTL/DT	DP INTL/DT	

Appendix G

Consent Form

OREGON HEALTH SCIENCES UNIVERSITY  
Consent Form

**TITLE:** Performance Evaluation: Implementation Issues

**PRINCIPAL INVESTIGATOR:** Pamela Nielson, R.N.C., B.S.N. (494-7261)

**ADVISOR:** Darlene McKenzie, R.N., Ph.D, Associate Professor, School of Nursing (494-8301)

**PURPOSE:** As a graduate nursing student at OHSU, and to fulfill my requirements for a Master's Research Project, I am evaluating the performance appraisal system currently being used for R.N.s. Your name has been randomly selected from a list of staff nurses from your department. My intent is to suggest areas for improvement in the process of the staff nurse performance evaluation at OHSU.

**PROCEDURE:** Regardless of when your performance was last evaluated, I request access to your personnel file to seek the following information: When was your last performance appraisal? Is all the data necessary to complete the evaluation available? Is there an improvement plan form areas of suggested improvement? I will record the following information: date of last evaluation, presence of peer review with dates and Professional Development Log, level designation requested and assigned and annual review date. I will also record which areas are marked "needs improvement" and "does not meet expectation" and look for a plan of action to make improvements in these areas. **At no time will your name or any other identifying data be used.**

**RISKS/BENEFITS:** There will be no risk to your participation. You have the right to refuse to participate in the study or to withdraw at any time without any effect on your performance appraisal. You may not personally benefit from participating in this study, but by serving as a subject, you may benefit others in the future by the improvement of the current performance appraisal system.

**CONFIDENTIALITY:** At no time will your name or any other identifying data be used for any purpose.

Please sign below and refold, with my mailcode visible. Return by campus mail as soon as possible. The person signing this form will receive a copy of it. Your signature below indicates that you have read the foregoing. Darlene McKenzie, my advisor, at 494-3803, has offered to answer any questions you might have about this research study. If you have questions about your rights as a research subject, you may contact the OHSU Institutional Review Board at 494-7887.

I DO give my permission \_\_\_\_\_  
(Printed name) (Signature)

I DO NOT give my permission \_\_\_\_\_  
(Printed name) (Signature)

Appendix H

Cover Letter

April 11, 1994

Twelve days ago, I sent you a consent form seeking your permission for access to your personnel records to complete my research project to study how well-implemented is the performance appraisal for nurses at OHSU. Your name was drawn from a random sample from your unit, unless your unit was a very small. In the case of a very small unit, everyone was sent the consent form.

If you have already responded, please accept my sincere thanks. If not, please do so today. Because the consent has been sent to a small representative sample of nurses at OHSU, it is extremely important that your response be received if the results are to be an accurate representation of the current implementation of the performance appraisal system at OHSU.

I have enclosed a second copy of the consent form in the event that you did not receive the original copy, or that your copy was misplaced. Please return the consent form with your answer today. Again, I thank you for your response and invite you to call me at 494-7261 if you have any questions. You may also call my advisor, Darlene McKenzie, at 494-3803.

Sincerely,

Pamela Nielson, R.N.C., B.S.N.