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Research Article

The relevance of staff performance evaluation in a pre-existing nursing environment: Everything is new to everyone

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Abstract

Background: Performance evaluation is a continuous process. In nursing, clinical performance encompasses more than just cognitive skills; it also requires skills from affective and psychomotor domains. The aim of this study was to evaluate the staff performance that had been trained within an environment of "everything is new to everyone."

Methods: A comparative descriptive study was conducted on 113 nurse graduates with 33 head nurses as first evaluator, and seven nurse managers as second evaluator. The instrument used is consisted of 33 items with six domains of performance: punctuality, physical appearance, attitude and commitment to work, service excellence, positive relationship & communication skills, and leadership skills; together with three sets of open-ended structured questions.

Results: Eighty six (76.10%) graduates were rated as "excellent" and 20 (17.69%) were rated as "very good". Thus, 106 (93.8%) of the nurse graduates had performed well if the two groups "excellent" and "very good" were to be put together as one.

Conclusion: The performance evaluations by both evaluators were found to be consistent meanwhile personal qualities such as wisdom and reflection were found to be important in determining an erratic staff performance evaluation

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INTRODUCTION

The evidences in the literature mentioning about the positive relationship of healthy work environments in improving staff work satisfaction, job retention, patient and organizational performance outcomes are increasing. Literatures had mentioned that staff retention is better in the environment which were rated as healthy and when the staff feel supported by the nurse managers [1].

A well-designed departmental performance evaluation system will allow a department to justify its functions and demonstrate quality of care by providing concrete measures of performance, positive feedback on a job well done, subsequently creating a desire to excel, and motivate personnel growth [2]. Performance evaluation is a process that identifies areas where an employee needs to improve and provides direction for training and professional development activities. This process

provides opportunities for recognition, positive reinforcement, and improvement in the work environment [3].

In Nursing, clinical performance encompasses more than just cognitive skills; it also describes levels of cumulative and increasing complexity for both affective and psychomotor domains, such as interests, attitudes, opinions, appreciations, values, and emotional sets; and also reflects a change in attitude or behavior. Evans (2008) furthermore suggested that, a well-rounded and fully functioning person needs development in all three domains: cognitive, affective and psychomotor. A performance evaluation process that is clearly connected to standards and competencies can be a valuable aid in employee retention by fostering a work environment that recognizes achievement and celebrates milestones in an employee's professional growth [4]. Sherman and Pross (2010) suggested that more than one indicator

should be used for performance assessment, regardless of the tool or indicator. They also mentioned that it is essential for all for the individual to be assessed, assessors and mentor to make adequate preparation for the assessment as it is a collaborative, on-going process between a supervisor and an employee to plan for, develop, and evaluate an employee's work. However, some managers do not like to do performance appraisal or evaluation because it makes them feel guilty of being injustice in assessing the staff [5].

This study is on the first diploma-nursing graduates of the Department of Nursing Faculty of Medicine Universiti Kebangsaan Malaysia. The main focus of this study was to look at the performance of these graduates as staff nurses or charge nurses in various areas of nursing activities in Hospital Universiti Kebangsaan Malaysia (HUKM). Hundred and thirteen nurse graduates had been evaluated by 30 head nurses and seven nurse managers who were working with them following 2 years after their graduation.

While these graduates were still in their training, the new hospital employed 850 Registered Nurse from at least twelve institutions within the country and some other institutions from the neighboring countries such as Philippines, India, Myanmar, and Sri Lanka. They were employed to assist in the management of patient care and the management of the Nursing Service Department. Seven nurse managers with 33 head nurses were employed to manage the nursing administration which only 10% of them were tied with the current institution.

A lot of efforts were put in maintaining optimum nursing input in order to face the acute shortage of staff in this hospital. The nursing staff would leave the hospital after two years to be replaced by new ones (fresh graduates) who were from the various sources mentioned previously. A workable solution for effective supervision of students which is known as preceptorship was still being negotiated, due to insufficient staff nurses who had enough experience to supervise the new graduates. These new staff nurses themselves needed supervision.

The above situation resulted in some of the following problems related to the delivery of patient care such as lack of focus on the preparation for client's admission and discharge, and poor adaptability to ward environment. Lack of understanding of diseases and discharge plans, poor emphasis on individualized care, and almost all care plans were based on medical care plans, not on nursing needs. Almost always the doctors were the ones who gave all the orders, including the nursing regimes. Duties carried out as a matter of routine, patient's length of stay, compliance to treatment, early rehabilitation for instance, were hardly

ever on nursing concerns. However, those were the environments within which the graduates were being prepared meanwhile their performance as staff or charge nurses will be evaluated in this study after two years of their graduation. There were some complaints among the feedback received on the graduates' performance in clinical experiences and their capabilities in delivering patient care. Individual performance appraisals are common across all professional settings; however, the staff performance evaluations have not been described extensively in this new hospital especially at the departmental level.

The challenges confronting nurses in today's rapidly changing health care environments have highlighted the necessity for the graduating students to feel both competent and prepared for practice. This necessity has in turn highlighted the increasing significance of the nature and quality of student clinical learning experiences [6]. The evaluation of staff performance is a difficult process because of its lack of uniformity, control, and procedure for adequate assessment technique in assessing the staff's performance. The main technique used is either by direct observation or through verbal communication. Hence, the validity and reliability of methods used is always questionable [7]. Measuring performance is also a complex process which requires an interrelated set of process measurement, outcome measurement, or both that facilitate internal comparisons over time and external comparisons of an organization's performance [8].

Roberts & Keith (2003) and Evans *et al.* (2005) had agreed that performance appraisal should consist of personal attributes such as job, knowledge, quality and quantity of work, teamwork, attendance, safety, problem solving, cost control, communications, and other specific aspects which may be more important in certain organizations such as negotiation and persuasive skills, creative ability, delegation, customer satisfaction, organization and human-resource skills. However, the evaluation on clinical performance is more difficult due to subjectivity and lack of clinical objectives to guide the evaluation process.

The aim of this study was to evaluate the staff performance in one of the new pre-existing environments in a newly built hospital with staff who were practically new to the hospital environment.

MATERIALS AND METHODS

Study design

This study was a comparative descriptive study, which compared the performance evaluation of the head nurses as first evaluators and the nurse managers as second evaluators on the nurse graduate's performance

after two years of experience in the clinical areas.

Sample and data collection

The respondents of the study were 113 staff nurses or charge nurses who were the first batch of nurses who graduated in Diploma of Nursing program from one of the latest tertiary hospitals. In addition to that, 33 head nurses were involved as the first evaluators and seven nurse managers were involved as second evaluators. They were all working in the same hospital. Thirty-three wards from various disciplines where those graduates were posted to had been selected as the samples of the study. They were from the following disciplines: Emergency Medicine Department, Critical Care Unit, Coronary Intensive Care Unit, Coronary Rehabilitation Ward, Neonatal Intensive Care Unit, Pediatric Intensive Care Unit, Burns Unit, High Dependency Unit, Hemodialysis Unit, Bone Marrow Transplant Unit, and Operation Theatre. Others discipline: Obstetrics & Gynecology Unit, Day-Care Center, Pediatrics Units, Private Wings (special wards) and from Psychiatric unit and the rest were general wards, mainly Medical and Surgical wards.

Measurement

The instrument used was consisted of two parts: Part one: a set of 34-item-questionnaire which was adapted and modified from the Performance Measurement & Evaluating Academic Performance of Undergraduates [9]. It was categorized into six dimensions: i) punctuality, ii) physical appearance, iii) attitude and commitment toward work, iv) service excellence, v) positive relationship and communication skills, and vi) leadership skills. Data was collected based on five-point Likert Scale (0 = I don't know, 1 = never, 2 = seldom, 3 = sometimes, 4 = always). The interpretation for each dimension shows that if the score > 20 it means that the level of the nurse's clinical performance is excellent, if the score is between 17-19 it means that the level of the nurse's clinical performance is very good, if the score is between 15-16 it means that the level of the nurse's clinical performance is satisfactory, if the score is between 12-14 it means that the level of the nurse's clinical performance is pass, and if the score is < 11 it means that the level of the nurse's clinical performance is fail. The instrument was translated into two languages: Malay and English languages using back translation technique [10]. Bilingual experts (two Malaysian nursing experts who could read and write in Malay and English) assisted the translation of the instrument from Malay Language into English, then retranslated it into Malay Language and they validated the translated version to be as similar with the original questionnaire. Validity and reliability of instrument were tested. The Cronbach's Coefficient alpha of the instrument was 0.81. Data were entered and analyzed

by using descriptive statistics and Spearman's rank-order Correlation through the Statistical Package for Social Science (SPSS) software version 12.

Part two: a set of three open-ended structured questions for the nurse managers to evaluate the overall performance of the nurse graduates. The followings were the three open-ended structured questions used by the researcher to interview the seven nurse managers: Question 1: "How do you find their performance in the ward as staff nurse or charge nurse?" Question 2: "Would you identify 3 three good things about these graduates and three areas where improvement could be seen?" Question 3: "How would you believe that the situation could be adjusted?" The validity of the open-ended questions was checked by two Malaysian nursing experts by using inter-rater reliability. The reliability of the items was 0.78. Content analysis was examined from the respondents' answers and then the themes were identified within a wide range of text. Data were entered and analyzed by using descriptive statistics through Nvivo Version 9.0.

Ethical Consideration

Approval to conduct the study was obtained from Monash University Standing Committee and the Medical Research and Ethics Committee of UKMMC.

RESULTS

Table 1 represented the overall achievement of the performance score and the percentage of the score of the nurse graduates after two years of graduation. A total of 86 (76.10%) graduates achieved excellent clinical score, and 20 (17.69%) graduates achieved "very good." A total of 3 (2.64%) graduates achieved "satisfactory," and 4 (3.52%) graduates scored "pass".

Table 1. The overall performance of the nurse graduates rated by head nurses (as 1st evaluator) against Cumulative Grade Point Average (CGPA) (n = 113)

Level of nurse graduates' clinical performance	Frequency n	CGPA > 3.00		CGPA < 3.00	
		n	%	n	%
Excellence	86	69	61.06	17	15.04
Very good	20	13	11.50	7	6.19
Satisfactory	3	2	1.76	1	0.88
Pass	4	2	1.76	2	1.76
Total	113	86	76.02	27	23.87

Table 2 showed the average score, and the standard

deviation of each domain scored by the head nurses. The highest average score was 3.6 on service excellence, followed by physical appearance (mean = 3.36), punctuality (mean = 3.30), attitude towards work (mean = 3.23), and the lowest average scores were relationship and communication, and leadership which both score mean = 3.09.

Table 3 showed the detail scores of the service excellence, as one of the best performance evaluations evaluated by the head nurses on 113 nurse graduates. The highest average score of service excellence was on physician's orders (mean = 3.57), followed by nurses touch patients during care given (mean = 3.51), maintain clean, organized safe patient care (mean = 3.47), respond promptly when called by patients (mean = 3.43), practice safe patient care (mean = 3.42), smile at patient (mean = 3.40), communicate appropriately every-time when sees patients (mean = 3.39), act promptly according to patient's condition and needs (mean = 3.33), recognized patients' physiological and psychological needs (mean = 3.09) and lastly, pretend to be busy (mean = 3.02).

Table 4 showed statements made by nurse managers based on the interviews regarding the nurse graduates' performance. The statements by the nurse managers were summarized and categorized. In most areas, performance evaluation for the nurse graduates, made by the nurse managers were consistent with the evaluation made by the head nurses. However, in some

wards, for example in surgical units, performance evaluations made by the nurse manager were not congruent with evaluation made by the head nurses on the nurse graduates who were working in the surgical units.

Tables 5 showed the performance of nurse graduates working in the surgical units whereby the nurse managers had stated only one graduate was 'good'. Meanwhile the rests were poor in knowledge, skills, attitudes, and communication. However, when the performance evaluation made by the respective head nurses, the result showed as 20 (83.3 %) out of 23 graduates who worked in Surgery Units had performed well. Only 4 out of 23 graduates were rated pass.

Table 2. Mean score with standard deviation of each domain on performance measurement rated by the head nurses (as 1st evaluator) (n = 113)

Nurse graduates' performance	Mean	Standard deviation
Punctuality	3.30	0.49
Physical appearance	3.36	0.54
Attitude towards work	3.23	0.51
Service excellence	3.60	0.46
Relationship and communication	3.09	0.55
Leadership	3.09	0.55

Table 3. Mean score with standard deviation on service excellence rated by the head nurses (as 1st evaluator) (n = 113)

Service excellence	Mean	Standard deviation
maintain clean, organized safe patient care	3.47	0.58
communicate appropriately every-time when sees patients	3.39	0.71
touch her patients when nursing them	3.51	0.66
smile at patients	3.40	0.75
respond promptly when called by patients	3.43	0.75
practice safe patient care	3.42	0.85
recognized patients' physiological and Psychological needs.	3.09	0.75
act promptly according to patient's condition and needs.	3.33	0.73
follow physician's orders correctly	3.57	0.68

Table 4. Overall evaluations by Nurse Managers in-charge on 113 nurse graduates.

Manager in - charge	Number graduate nurses	Statement made by the nurse manager (as the 2 nd Evaluator)
General OT, CSSD, Infection Control Unit	8	Overall performance, good attitude, good knowledge and good in skills
Ambulatory Services	1	Poor knowledge, poor attitude, poor in skills and poor communication
Medical Units	24	More than 75% of the graduates had good attitude, good knowledge good in skills
Pediatrics, Oncology, Psychiatry, and Special Wards	12	More than 75% of the graduates had good attitude, good knowledge good in skills
Surgery units	23	Only one graduate was 'good.'The rest were poor knowledge, poor in skills, poor attitude and poor in communication
Obstetric & Gynecology unit	10	Good attitude, poor in skills and poor knowledge
Emergency Medicine	10	Good knowledge, good skills and good attitude
NICU	13	More than 75% of the graduates had good attitude, good knowledge and good skills.
ICU , CCU, CRW	13	Answers given were not relevant to questions.

Question Issued: "How do you find their performance in the ward as a staff nurse or charge nurse?"

Table 5. Overall evaluation on nurse graduates' performance score rated by the head nurses (as 1st evaluator) in Surgery Wards (n = 23)

Nurse graduates' performance score	Level of grading
22.87	excellent
22.73	Excellent
22.53	excellent
22.37	excellent
22.2	excellent
21.96	excellent
21.93	excellent
21.6	excellent
21.6	excellent
21.1	excellent
20.9	Very good
20.47	Very good
20.3	Very good
20.3	Very good
20.13	Very good
19.63	Very good
19.5	Very good
17.84	Very good
17.36	Very good
14.34	Pass
13.97	Pass
13.9	Pass
12.1	Pass

DISCUSSION

Staff performance evaluation was measured mainly based on daily observation in which the following six aspects of competencies were included as the main

guideline appraisal: punctuality, physical appearance, attitude and commitment to work, service excellence, positive relationship, communication skills and leadership skills. The Northern Ireland Practice and Education Council for Nursing and Midwifery [11], described the four main area of competencies to be considered for staff performance evaluation as safe and effective practice, enhancing clients' / patients' experience, leadership and management, and delivery of organizational objectives and Smith *et al.* (2009) suggested that performance should be rated based on six areas: quantity, quality, work habits, personal relations, adaptability, and others.

During their training, those graduate nurses received closed supervision by 15 new nurse educators throughout the years, with teacher student's ratio of 1:9. The training institution believed that the first two years of training were the most critical time to develop the student's competencies to be a nurse. In the final year, those graduates were placed in the special care areas such General Operating Theatre, Emergency Medicine, Neonatal Intensive Care Unit, Labor Wards, and Psychiatric Units. That was the year when those graduates would decide for their area of interest in to be a staff nurse or charge nurse. Upon graduation, the nurse managers from the teaching hospital would considered all requests made by those graduates in which area they would prefer as a placement of work for at least the first 2 years of their services.

The graduates were monitored against the checklist by the head nurses, and they had to complete those checklists within the given duration during the transition period. For those graduates who worked in the Operation Theatre, the head nurses also gave them

close supervision for six weeks using the Checklist system. This system kept the graduates well informed regarding the procedures and protocols of that area.

Edward *et al.* (2004) mentioned that the clinical education setting is the most influential in the development of nursing skills, knowledge and professional socialisation; stressing the importance of the learning climate within the clinical education environment, he added that a nurturing and supportive environment can be created when the divergent but compatible organisational aims of the service and educational sectors are merged in a climate that encourages collaborative learning, trust and mutual respect.

In the clinical areas, the head nurses were the front line managers who were all the time in contact with the staff nurses or the charge nurses, and the nurse managers as the second evaluators however, were seldom in contact with these nurse graduates due to their tasks in covering more areas in their own disciplines. Hence, the head nurses as the first evaluator and nurse managers as the second evaluator would therefore determine the competencies of those 113 new nurse graduate's performance as staff nurse or charge nurse two years after their graduation.

From the total of 113 nurse graduates who functioned in the wards as staff nurses or charge nurses, 86 (76.1%) had achieved excellent performance rated by the respective head nurses and 20 (17.69%) of them obtained 'very good' performance. If these two groups were to be put together i.e. the 'excellent' and the 'very good' group, the result would show us that 106 (93.8%) of staff nurses from the total of 113 had performed very well as staff nurses or charge nurses after two years of graduation.

Being the product of first batch of the Diploma of Nursing program in this new teaching hospital, they received training within the new environment of "everything is new to everyone" and yet, the result was amazing, as they performed very well after two years of clinical exposure as staff nurses or charge nurses. However, correlation analysis was done based on their previous academic performance and the current performance as staff nurses or the charge nurse thus confirmed that 82 (72.56%) of 113 graduates who obtained CGPA of 3 and above, performed very well as staff nurse and those graduates who received CGPA less than 3 during their training 24 (21.23%) also performed well after two years of graduation especially those who were working in special areas. Majorities of these nurse graduates were found to function well in areas such as General Operating Theatre, Emergency Medicine, and Neonatal Intensive Care Unit as described by the nurse managers.

In other words, in whatever circumstances they faced during their training, they still function safely as a nurse, as they received good supervision from the beginning of their training, supportive head nurses as the first evaluator and their request for placement of work as a staff nurse charge nurse were fully considered by the nurse managers. Halter *et al.* (2011), monitoring the newly graduated nurses (NGRNs') progress took many forms, for example, the clinical scholars assessed the new nurses every week regarding confidence in performing clinical skills, decision-making ability, ability to manage workload, and comfort in receiving feedback and communicating with physicians with specific areas for growth identified every week.

As shown in one part of the study, one out of 23 graduates who worked in the surgical units was evaluated as the only one who could function well meanwhile the rest were rated poor in knowledge, skills, attitudes, and communication. However, when the performance evaluation of the same graduates were made by the respective head nurses, the result shown as, 20 (86.95 %) out of 23 graduates had performed well. This is a single result which showed an inconsistency in staff evaluation performance made by a single nurse manager. One out of 23 staffs had performed well was an erratic situation, thus, it is a necessity to look at the system applied for the evaluation process. According to Hill (2010), one important factor that contributes to nursing quality is the nurse's years of experience in nursing. An expertise in nursing is influenced by relevant experience as well as associated factors, such as learning styles and educational opportunities all over a period of time.

The distinguishing points for the expert nurses are the ability to ask more questions and clarify more concerns to less-experienced nurses. Hence, 'cue recognition,' is fostered by additional learning and experience, the descriptor used to reflect the desired linking of information demonstrated between by expert nurses and less-experienced nurses.

CONCLUSION

The evaluation of the graduates' performance was found to be consistent between the first evaluators and the second evaluators. Although they were the outcomes of the environment of "everything is new to everyone," provision of good supervision from beginning with supportive environment and considering the request of placement of work were perceived to be the key outcomes of staff performance in the study. However, evaluation of staff performance can be erratic to some when there is poor relationship in cue recognition between the expert nurse and the

less-experienced nurses. Further research needs to be conducted for the subsequent group of nurse graduates who were trained in the same institution within the current environment of “everything is a familiar situation to everyone.”

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