Performance appraisal system for the Special Care Unit

Karen Ruth Wraith

The University of Montana

Let us know how access to this document benefits you.
Follow this and additional works at: https://scholarworks.umt.edu/etd

Recommended Citation
Wraith, Karen Ruth, "Performance appraisal system for the Special Care Unit" (1990). Graduate Student Theses, Dissertations, & Professional Papers. 3198.
https://scholarworks.umt.edu/etd/3198

This Thesis is brought to you for free and open access by the Graduate School at ScholarWorks at University of Montana. It has been accepted for inclusion in Graduate Student Theses, Dissertations, & Professional Papers by an authorized administrator of ScholarWorks at University of Montana. For more information, please contact scholarworks@mso.umt.edu.
A PERFORMANCE APPRAISAL SYSTEM
FOR THE SPECIAL CARE UNIT

by
Karen Ruth Wraith
B.S.B., University of Iowa, 1967

Presented in partial fulfillment of the requirements
for the degree of
Master of Public Administration
University of Montana
1990

Approved by:

Jonathan Hughes
Chairman, Board of Examiners

Dean, Graduate School

May 29, 1990
TABLE OF CONTENTS

Chapter

1. INTRODUCTION ....................................... 1
   Communication of Work Expectations
   Professional Development
   Effective Management of Resources
   Team-Building
   Project Goals

2. ANALYSIS OF THE SPECIAL CARE UNIT'S CURRENT
   PERFORMANCE APPRAISAL SYSTEM ........................ 12
   Description of the Present System of Performance
   Appraisal
   Identified Problems in the Present System of
   Performance Appraisal
   Existing Aids for Development of an Effective
   Performance Appraisal System
   Summary

3. THE JOB DESCRIPTION ................................. 22

4. THE PERFORMANCE APPRAISAL .......................... 27

5. IMPLEMENTATION ...................................... 38

Appendix

A. PERFORMANCE APPRAISAL REPORT ....................... 41

B. HOSPITAL POLICIES .................................... 47

BIBLIOGRAPHY ........................................... 50
CHAPTER ONE

INTRODUCTION

The goal of this professional paper is to design a new performance appraisal system for the Special Care Unit of St. Patrick Hospital of Missoula, Montana. This introduction will examine the role of the performance appraisal in a hospital setting in order to establish the importance of an effective performance appraisal system to hospital operations.

The Purposes of Performance Appraisal in a Hospital Setting

Whenever a service is performed for a patient, the keys to the quality of that service are the knowledge, skills, and abilities of the person who delivers it. Although this may seem obvious, in the current environment of fiscal constraint and governmental regulation it is easy for complex organizations such as hospitals to focus on productivity, liability, organizational structure, and finance, and thus to lose sight of the individual who performs the services for which the organization exists.

In order to produce a good and meaningful service, in this case that of patient care, analysis must focus on the delivery of that care. Patient care takes place at the bedside and is the practice of professional nurses. To assure that quality care is provided, desired nursing practices and procedures must be defined and rewarded,
and managers must be held accountable for utilizing employees effectively and in a manner consistent with their professional development and organizational goals. Performance appraisal systems play a central role in determining the success of these reward and accountability systems. Performance appraisal systems offer an opportunity to reward and improve productivity by identifying behavioral performance criteria and relating them to promotion, retention, and evaluation systems. In the hospital setting it is important to define the criteria that characterize good nursing practice because it is at the bedside where the end-product of all the hospital's systems is observed. With the nationwide shortage of nurses, it is also essential to recognize and reward the unique contribution of nurses whose creativity and skills are required to provide the cost-and outcome-effective care that is needed.

The American Hospital Association has provided health care institutions with guidelines for the establishment of a sound performance appraisal system. According to this model, an effective performance appraisal system must possess the following components:

- systematic analysis of all important aspects of an employee's performance, not just isolated incidents of behavior or outstanding examples of good and poor performance. (AHA Component #1.)

- application of uniform standards or a common measuring stick that all supervisors can apply in like manner to all employees. (AHA Component #2.)

- reduction of guesswork, favoritism, and influence in the evaluation of an employee's performance. (AHA Component #3.)
-collection of objective evidence of the relative merits of various employees to enable management to justify promotion, transfer, salary adjustment, training, and termination on an equitable basis throughout the institution. (AHA Component #4.)

-provision for a method of comparing personnel costs with actual employee performance on the job. (AHA Component #5.)

-development of an inventory of the skills and abilities of the workforce to ensure proper placement of each employee and to prevent wasted manpower. (AHA Component #6.)

-provision of a statement of the individual progress of each employee with specific indications of areas needing improvement. (AHA Component #7.)

-provision of a system for giving employees recognition and reward in proportion to their performance on the job. (AHA Component #8.)

-provision of a practical instruction for training supervisory and management personnel in the evaluation, direction, and development of personnel. (AHA Component #9.)

The use of these components as a model for the development of an effective performance appraisal system is supported by their congruence with the requirements for performance appraisal systems established by the Joint Committee for Accreditation for Hospitals. These standards state that:

Job descriptions for each position classification of registered nurses and other nursing personnel specify standards of performance and delineate the functions, responsibilities, and specific qualifications of each classification.2

---


This standard is consistent with AHA Components #1 and #6 which require the systematic analysis of all important aspects of an employee's performance and the development of an inventory of the skills and abilities of the workforce. The second standard of the Joint Commission on Accreditation for Hospitals related to performance appraisal systems requires that:

The evaluation is criteria based and relates to the standards of performance specified in the individual's job description. ³ This standard is again directly related to Components #1 and #6 of the AHA model. It is further reflected in Component #2 which requires that each employee be furnished with specific statements of his or her individual progress, and in Component #8 which requires that the system give employees recognition in proportion to their performance.

Given the consistency in the standards for an effective performance appraisal system from these two nationally recognized organizations, the AHA model will be used as the model for development and comparison of performance appraisal systems in the later chapters of this paper.

The characteristics of an effective performance appraisal system identified by the American Hospital Association, then, reflect the purposes or goals of performance appraisal in the context of hospital nursing. These purposes or goals can be summarized as follows: communication of work expectations, professional development, team-building, and effective management of resources. Each of these are examined below.

³Ibid., NR.3.8.1.
Communication of Work Expectations

Behaviors cannot be evaluated in a vacuum. Employees must understand the duties and responsibilities of their jobs, what behaviors or levels of performance are expected of them, and what indicators of job competence will be used in the performance appraisal process. Expectations must be clearly communicated to employees at the beginning of employment, and they should be reviewed at the time the performance appraisal is conducted so that employees are constantly reminded of performance-related expectations. An up-dated job description with duties and responsibilities clearly stated is an integral part of the performance appraisal system because evaluative criteria are derived from it, and because it helps to communicate expectations. Great care must be taken in the creation of the job description because it establishes the basis for performance evaluations which may have significant impact on the career of the employee within the institution.

A carefully prepared performance appraisal system will contain behavioral expectations which are under the control of the employee. It is both unfair and a waste of time to utilize an evaluation system which is based on behaviors over which the employee has no influence. The job description and performance appraisal tool, therefore, must be examined for their relevance to actual behaviors that are within the sphere of control of the employee.

The existence of a carefully prepared job description and performance appraisal tool will provide both the manager and the employee with the ability to compare the employee's actual performance to a standard. This comparison can then provide the basis for rewards, sanctions for poor performance, and direction in how performance may be improved.

Professional Development

A major purpose served by an effective performance appraisal system in the context of hospital nursing is the encouragement and direction of professional development. Registered nurses spend two, three, or four years in their basic professional preparation. Each is given an orientation to the institution and to the specific unit where he or she will be working upon employment. However, the education and professional development of a nurse do not end there. Nurses practice their profession in an arena of constantly expanding medical knowledge and technology in which new advances seem to occur daily. The safe and effective care of patients in this environment requires that the professional nurse not only maintain basic skills but continually update his or her ability to practice effectively in this world of constant change. Hospitals and specific units within them provide opportunities for nurses to increase their knowledge, skills, and abilities by offering inservice education, new product information, and a variety of seminars and workshops on topics relevant to nursing practice. Regionally and nationally there are seminars and institutes available for the advancement of nursing knowledge and
practice. Numerous professional journals and national organizations exist for the purpose of informing the practicing nurse and enhancing his or her ability to participate in the direction of the profession of nursing. It is, however, the responsibility and privilege of the individual nurse to extract from this vast pool of resources that which is relevant to his or her practice and career.

Given this changing environment of practice, once the performance appraisal process has informed the nurse of where he or she stands in relation to expected performance, it is essential that the process also provide the nurse with specific information or instruction indicating how expectations may be met. It is a major misconception that if an employee knows where he or she stands he or she will know what to do to improve performance. In order for the evaluation process to be constructive for the employee, it must involve an exchange of useful information in which the manager directs the nurse to resources best suited to his or her needs. This constructive feedback will encourage the employee to perform closer to his or her potential and to continue to develop professional skills. This is best achieved through a process of consultation in which the employee and his or her immediate supervisor meet to discuss both performance goals and how best to achieve them.

Consultation involving constructive feedback is of further importance in the evaluation of a professional nurse's performance as the emotional stakes are so much higher than in many other fields of endeavor. Each day the nurse deals with questions of life and
death and must be able to recognize the role that fate plays in these questions. A professional nurse must accept the responsibility for his or her own actions while recognizing that even the most excellent level of performance cannot alter what fate decrees. At the time of the performance appraisal a manager may help the employee to make this differentiation.

Effective Management of Resources

In an institution such as a hospital, the budget is very labor intensive. Therefore, employees must be kept functioning at optimal levels in order to maintain or increase the cost effectiveness of operations. Performance appraisals are an important source of information to the organization about the effectiveness of management as well as the performance of employees. For example, frequently recurring deficiencies noted during employee evaluations may signal a need for inservice education or a need to reexamine the performance standard.

Getting work done through others is the ultimate responsibility of the manager. Tolerating substandard behavior is a drain on human and fiscal resources and holds the potential for reducing the quality of care provided as it sends a strong demotivating message to other employees and may contribute to lower productivity in the entire work unit. The correction of poor performance which has been allowed to continue over a period of time can be very time-consuming for a manager. An effective performance evaluation system is thus an
indispensable tool for the manager in holding the employee accountable for high levels of performance.

The time required to prepare and administer employee evaluations is a final consideration of the role played by performance appraisal systems in the management of resources. Employee performance appraisal is but one of the functions of management. The system used to evaluate employees must be efficient of both time and effort to implement. This assumes critical importance if the manager has large numbers of employees under his or her direct span of control. An evaluative process whose purpose is clearly stated, devoted to essentials, and of manageable and appropriate length will help to assure the efficient use of the important resource which is management.

Team Building

Patient care which is of high quality and cost effective is the result of team effort. The nurse in the role of primary care-giver provides the majority of "hands-on" care which the patient receives. As the health care professional most in contact with the patient, the nurse also functions in the role of manager of care in which he or she coordinates and facilitates the care provided by others and as a communicator of the needs and responses of the individual patient. Effective performance of these varied roles requires that the nurse possess skills in interpersonal communications. The nurse also needs to cooperate and collaborate with others in a manner which best serves the patient and contributes to the effective functioning of the organization.
An effective performance appraisal system will facilitate teamwork in two ways. First, the job description must identify expected behaviors, and the performance appraisal instrument must include measurable indicators of these behaviors. These will serve to clarify the expectation that the nurse will function as a contributing member of the health care team and indicate how well the nurse is meeting that expectation. Second, the consultative process in which the performance of the individual nurse is discussed is an ideal opportunity for the manager to stress the importance of the contribution of the individual nurse in achieving unit and organizational goals. Giving the employee a clear perspective of his or her potential to effect the outcome of the team effort may increase the employee's commitment to a positive outcome from that effort. This process should also set the stage for ongoing communication between the employee and manager as individualized goals are set and pursued in the time between evaluations.

Project Goals

In light of the important goals of performance appraisal described above, the purpose of this paper is to develop a useful and efficient performance appraisal system for the Special Care Unit of St. Patrick Hospital. Chapter Two analyzes the current system of performance appraisal in terms of the characteristics of an effective performance appraisal system identified by the American Hospital Association and defined above. Chapter Three describes the development of a job description for the staff nurse of the Special Care Unit from which
performance standards can be derived. Chapter Four presents a performance appraisal tool developed for the staff nurse of the Special Care Unit based upon the job description and upon the standards of care established by that unit, by various professional organizations, and by the hospital administration. The final chapter of this paper describes the method by which this new appraisal process will be implemented and its potential for adapting to changes in the future role of the nurse.
CHAPTER TWO

ANALYSIS OF THE SPECIAL CARE UNIT'S CURRENT PERFORMANCE APPRAISAL SYSTEM

The Special Care Unit of St. Patrick Hospital of Missoula, Montana, is a fourteen-bed adult intensive care unit serving western Montana and nearby regions. The patients cared for in this unit have a wide range of diagnoses and needs. Their illnesses include cardiac and neurological disease, gastrointestinal disturbances, renal and respiratory failure, and trauma. Patients are admitted to the unit for invasive monitoring, complex nursing intervention and treatment, and observation to prevent the occurrence of life-threatening conditions.

This varied and critically ill group of patients requires nursing care that is highly technical, complex, and emotionally as well as physically demanding. The unit is staffed by fifty registered nurses who undergo an extended orientation during which they must successfully complete a variety of clinical qualification programs which demonstrate possession of the basic skills required to care for critically ill patients. This basic training is augmented during the course of employment by provision of seminars, new product inservices, and staff development programs relevant to critical care. In order to provide effective care for their patients, these nurses
must have a wide range of skills, in-depth knowledge of pathophysiology and normal body processes, an awareness of the potential benefits and interactions of the drugs and treatments they administer, and the ability to assess their patients accurately, evaluate their findings, and provide appropriate interventions which often require critical and rapid decision-making.

The performance appraisal system currently used on this unit does not reflect the knowledge, skills, and abilities required of its nurses. This chapter will review the elements of the present system which do not conform to the model of an effective performance appraisal system given in Chapter One. It will also briefly describe the activities and supportive systems available in the Special Care Unit to assist in the development and implementation of an effective performance appraisal system.

Description of the Present System of Performance Appraisal

Performance appraisal in the Special Care Unit utilizes a form provided by the Catholic Hospital Association. (See Appendix A.) It contains three sections. The first section, "Position Summary," requires the evaluator to rate each nurse on a five-point scale for each major task of the position. Space is provided for the evaluator to justify the rating given. The second section, "Worker Characteristics," requires the evaluator to write descriptive statements about the individual being evaluated on a list of given personality traits. The third section, "Work Improvement Plan,"
is a blank page on which the manager writes what he or she feels the nurse must do to improve performance. Specific observations of the nurse's behavior and documentation of patient care are written periodically throughout the year by the unit's charge nurses. This documentation and the observations of the manager provide the basis for the evaluation. One month before the evaluation is due, the manager provides each nurse with a "Self-Evaluation Form" on which the nurse lists his or her strengths, weaknesses, and accomplishments of the past year and identifies areas in which he or she sees need for improvement. This self-evaluation, along with the observations of the charge nurses and manager, provide the basis for the Work Improvement Plan.

The performance appraisal session is conducted in a private meeting arranged by appointment at a time acceptable to both the manager and the nurse. This interview may last from one-half to one hour. The employee reads the evaluation as well as all supportive documentation, discusses the contents of the evaluation with the manager, and comes to agreement regarding the Work Improvement Plan. The employee may add items to this plan at this time, but the occurrence of this is rare. The employee is also given an opportunity to discuss any concerns she or he may have relative to his or her performance, professional development, or activities of the unit. The appraisal session is generally a positive and constructive experience as no negative observations are present in the performance appraisal which have not been discussed verbally and documented in writing on
several occasions prior to the evaluation. Negative comments which appear are those which document behaviors which have not been corrected or improved upon.

Identified Problems in the Present System of Performance Appraisal

A complete and accurate job description provides the foundation for an effective performance appraisal system. Systematic analysis of all important aspects of an employee's job performance, as required in AHA Component #1, is only possible when an inventory of the skills and abilities needed to perform a job competently has been made (AHA Component #6.) The present job description for the registered nurse in the Special Care Unit meets neither of these criteria. All important aspects of the position are not included in the current job description, and an inventory of the skills and abilities needed for this position has not been made. Further, most items present on the current job description are specific statements of expected behaviors which more properly belong in an actual appraisal tool. Finally, the job description is redundant in many of its statements and does not give a clear picture of the overall duties and responsibilities of this position.

The job description is inadequate also because it does not conform to the St. Patrick Hospital Human Resource Department's requirement for content and format of job descriptions. (See Appendix B.) These requirements specify that job descriptions must contain a job summary, description of tasks to be performed, educational
requirements and other qualifications, and a statement of working conditions. The current job description contains almost none of these elements.

The essay format used to complete the current performance appraisal does not assure that all relevant behaviors are observed and assessed (AHA Component #1.) Space constraints do not permit reference to all elements in the job description, and it is at the manager's discretion which elements are addressed. This arbitrary inclusion or exclusion of evaluated behaviors stemming from the limitations of the essay format lead to three further deficiencies in this performance appraisal. First, all nurses evaluated under this system are not subject to the same uniform standards or common measuring stick as required by AHA Component #2. Each evaluation may address an entirely different set of standards. Second, because each evaluation addresses different items in the job description, it is impossible to obtain objective and comparable data upon which to base personnel decisions (AHA Component #4) and to identify consistent training and educational needs.

The final difficulty caused by the essay format, inherent in the two deficiencies mentioned above, is that evaluator bias is not controlled. AHA Component #3 states that an effective performance appraisal system should reduce guesswork and favoritism. This can only occur if all employees in the same position are evaluated according to the same standards. Again, the arbitrary inclusion or exclusion of evaluative criteria necessitated by the essay format of
the current appraisal system leaves the system vulnerable to biases resulting from favoritism, selective memory, and the "halo effect" of past performance.

The current system of employee performance appraisal focuses upon personality traits rather than the knowledge, skills, and abilities required to perform job duties competently. This failing may create difficulties in three areas. First, personality traits are words surrounded with ambiguity. Terms such as "dependability" and "aggressiveness" may mean very different things to different people in different contexts. The AHA model for an effective performance appraisal system requires that the system must analyze all important aspects of employee performance, that it must apply uniform standards, and that it be objective. The current focus on personality traits meets none of these criteria. Second, the Equal Employment Opportunity Commission which enforces the Civil Rights Act, and many supportive court rulings, hold that performance ratings may be found discriminatory if they are subjective in nature, based on ill-defined criteria, or not shown to be job related. The current performance appraisal system, by relying heavily on personality trait descriptions as a method of evaluation, does not meet federal requirements.

The final consideration is using personality trait measurement in performance appraisals is more complex. In a setting such as nursing, how a job is performed often heavily influences the effectiveness of that task. A patient's perception of the concern and involvement of those providing his care is often instrumental in enlisting the compliance and determination of that patient in the optimization of his recovery. This is why nursing is called both an art and a science. Also, the close teamwork and collaboration required among members of the health care professions demand certain attitudes that promote and encourage this effort. It is, therefore, important that if the performance appraisal is to address attitudes in a useful and job related manner, it must provide measurement of these attitudes in behavioral terms that can be explicitly documented and demonstrated. It has been the experience of the manager of this unit that most unsatisfactory performance of nurses fall into this category, yet the current system provides no method of addressing this problem.

The current method of performance appraisal does not supply the employee with a statement of his or her progress since the last evaluation, as recommended in AHA Component #7. This deficiency exists because, just as the current system is unable to provide valid comparisons among employees, it is also unable to provide the individual employee with comparison of his or her past year's performance to that of previous years. As the items to be evaluated may vary from employee to employee, it is also likely that the individual nurse may be evaluated according to different standards.
from one year to the next. It is, therefore, difficult to provide the nurse with valid indications of progress or lack thereof.

The second component of the AHA model states that uniform standards should be applied in like manner to all employees. Compliance with this requirement assumes the existence of a performance appraisal tool in which clear work expectations in all important areas of knowledge, skills, and abilities needed to perform competently in the position have been identified. Compliance also requires that these expectations are stated in behavioral terms. At present, there is no performance appraisal tool; absence of this crucial element of a performance appraisal system makes compliance with this standard impossible.

In addition, the process of completing a three page performance appraisal in essay form is not time efficient for the manager. The time required to complete each evaluation is approximately one hour, and an additional one-half to one hour is needed for the consultation session with each employee to discuss the evaluation. A performance appraisal tool that would make this process easier and more efficient to complete is definitely needed. An added consideration at this time is that the manager of the Special Care Unit supervises two other units as well. The workforce of the three units together number eighty-five employees. As a consequence, the manager devotes four to six weeks of each year to the performance appraisal process. It is obvious that this span of control is much too large to be effective. Although restructuring of the management of the nursing
unit is needed, any process which makes the evaluation process more efficient is also to be desired.

Existing Aids for Development of an Effective Performance Appraisal System

While it is obvious that many deficiencies exist in the system used for performance appraisal in the Special Care Unit, it is of great benefit that performance standards have been identified. Two and one-half years ago, the Special Care Unit embarked upon the creation of a quality assurance program which would delineate specific behaviors required in the performance of most nursing interventions in the unit. This work was done by a volunteer group of sixteen experienced Special Care Unit nurses, and the resulting standards of care and protocols were achieved by consensus of this group. The standards and protocols were then submitted to the entire staff of the unit for review and approval. All nurses in the unit were provided inservice instruction on each standard and protocol. These standards and protocols are reviewed and updated yearly. The protocols and standards are the major resource utilized in the orientation of new employees and have been put into large notebooks at the bedside of each patient to be available for easy reference. These standards have been submitted to the hospital's Special Care Unit Physician Committee and to the Joint Committee on Accreditation for Hospitals for review and have found strong approval. Other standards available for use in addition to these unit specific standards include the Standards for Nursing Care of the Critically Ill, published by the American Association of Critical Care Nurses.
and available for reference in the unit library, The Nurses' Code of Ethics, published by the American Nurses' Association, and the "St. Pat's Way," a set of behaviors appropriate to the mission of the hospital developed by the entire staff of the hospital under the direction of its Mission Effectiveness Committee.

Summary

The discussion of the current system of performance appraisal for the Special Care Unit in this chapter shows that this system lacks many of the components required for an effective performance appraisal system identified by the American Hospital Association. The next step is the development of a complete, valid, and updated job description as a prerequisite to creation of a new performance appraisal tool. The next chapter presents this newly completed job description.
CHAPTER THREE

THE JOB DESCRIPTION

The first step in the development of an effective performance appraisal system for the Special Care Unit is the creation of a new job description. The form currently in use was developed following the "Position Charter" format suggested by the Allen Management System. This format was intended for description of managerial positions and thus was inappropriate for description of staff positions. The new job description is designed to meet the requirements of St. Patrick Hospital's Department of Human Resources format of a criteria-based job description as well as to meet the standards found in the Accreditation Manual for Hospitals, published by the Joint Committee for Accreditation of Hospitals Organization.

The new job description is also designed to meet the objective of being part of a comprehensive performance appraisal system; that is, the broad outline of duties stated in the job description had to be in a format which could be related to and described by specific behaviors in the performance appraisal tool. The job description presented in the following pages is based upon the roles a critical care nurse must fulfill for the competent performance of job duties and responsibilities.
Choice of this format for the job description was based upon three sources of information. First, a literature search was made in personnel, nursing management, and critical care journals and books. This search yielded a large amount of information describing the purposes, rationale, and structure of performance appraisal instruments. This search also provided many examples of actual performance appraisal tools, some of which were specifically designed for critical care nurses. Second, performance appraisal tools from other health care institutions were obtained which provided further examples of ways in which a performance appraisal tool for critical care nurses might be structured. Finally, many hours were spent in consultation with the staff nurses and charge nurses of the Special Care Unit obtaining a description of the duties and responsibilities of their position and ideas of how they might best be evaluated.

The job description which is presented here meets the requirements of an adequate job description. First, it clearly identifies the roles and broad areas of responsibility of the critical care nurse. It thereby satisfies AHA Components #1 and 6 which require systematic analysis of all important aspects of an employee's performance and inventory of skills and abilities needed in the position. Second, the job description is behaviorally based, rather than being based upon attitudes or personality traits. It follows AHA Components #2 and 3 in that it presents uniform standards of behavior which help to reduce guesswork and favoritism. Third, the format and content
of this job description meet the requirements of the institution's Human Resource Department policy for job descriptions and those of the Joint Committee for Accreditation of Hospitals.

This job description has two further advantages. First, it fits well with the objectives of this project as its structure easily provides for the development of a performance appraisal tool which relates directly to the roles and activities identified in the job description. This format also makes it possible to focus the attention of the Special Care Unit nurses on the different roles they must fill. Conscious awareness of the elements of these roles will not only enable the nurses of the Special Care Unit to more fully understand the duties and responsibilities of their position, but also help to decrease frustrations present when ill-defined roles are in conflict.
The Special Care Unit registered nurse is responsible for ensuring the delivery of quality nursing care for assigned patients in accordance with individual needs of the patient, physician's orders, hospital policy, and standards of nursing practice. The nurse provides leadership in maintaining standards of care and direction of health care personnel.

Duties shall be performed in a manner consistent with St. Patrick Hospital's philosophy. Performance of duties must sincerely and positively reflect consideration and concern, and inspire confidence whenever interacting with another person such as a patient, visitor, member of medical staff or another employee.

1. Functions as a provider of care by developing, interpreting, implementing, evaluating, and documenting a plan of care for each patient through the nursing process. In this role, the nurse appropriately prioritizes needs for assigned patients, performs or delegates all nursing functions according to established standards of care, correctly performs technical tasks and procedures, operates critical care equipment correctly, and intervenes effectively in crisis situations.

2. Functions as a manager of care by assuming responsibility for comprehensive patient care, coordinating and directing patient activities, monitoring and evaluating effectiveness of care, providing a safe and therapeutic environment, facilitating participation of patients, families, and other disciplines in health care planning and conferences, and integrating nursing and medical plans of care.

3. Functions as a communicator by participating in peer review and quality assurance to maintain standards of care, communicating patient needs and changes to appropriate persons, maintaining accurate documentation in all legal records, acting as patient and family advocate, and displaying professionalism and concern for confidentiality.
4. Functions as an educator in providing instruction for patients and families and assisting in the teaching of other staff.

5. Functions as a professional in demonstrating responsibility for own professional growth, utilizing resources for maintaining competency in nursing, maintaining accountability for nursing judgement and action, demonstrating professional conduct, preserving patient rights, promoting mutual respect among colleagues, and upholding the nursing code of ethics.

JOB SPECIFICATIONS:

1. Education, Training and Experience:

   Must be a graduate of an approved professional nursing education program with a current Montana Registered Nurse License.

   Equivalent of one year medical-nursing experience required. Previous critical care experience preferred.

   Must successfully complete three-month probationary period, pass all SCU clinical qualifications programs, and obtain ACLS certification within one year of hire.

2. Interrelationships:

   Supervises and coordinates work of ancillary staff; is supervised by an SCU charge nurse.

3. Working Conditions:

   Works in a clean, well-lighted area in which equipment and supplies appropriate to critical care are readily accessible.

4. Physical and Psychological Demands:

   Must be able to participate in all unit clinical activities, including turning and lifting of patients, using safe body mechanics. Must be able to adapt to change and exercise independent judgement. Must be able to continue workflow, allowing for interruptions and requests, and we willing to make adjustments in assignments and schedule to meet patient and unit needs.

5. Aptitudes:

   Must possess effective written and oral communication skills and display professional demeanor and courtesy in interpersonal relations.
CHAPTER FOUR
THE PERFORMANCE APPRAISAL

The next step in the development of a performance appraisal system for the Special Care Unit is the creation of the performance appraisal tool itself. Once the specific roles of the Special Care Unit nurses were identified in the job description, it was a relatively simple task to identify behaviors which indicated how well each role was performed. These behaviors were culled from samples of tools obtained from available literature and other institutions as well as from those identified by the nurses in the Special Care Unit. Additional behaviors were included which had been identified as important by the unit manager as a result of nine years experience in writing and giving performance appraisals. Behaviors deemed especially important included those which demonstrated attitudes towards patients, families, and other staff. It had been the experience of the manager that the appraisal system currently in use offered no objective way of identifying problems in the attitudes or interpersonal relationships of nurses who were otherwise technically competent. The new appraisal tool includes several statements under "Professional Role" which clearly identify such behavioral expectations. In this way technical competencies are related to internalized values and can then be discussed in the performance appraisal consultative session. Through the use of this process, the new
performance appraisal tool accomplishes the objective of clearly stating performance expectations in all important aspects of the nurse's position as defined by Component #1 of the AHA model.

The new performance appraisal tool also meets the objective of team-building by allowing evaluation of behaviors that demonstrate this objective. The congruence between the job description and the appraisal tool also further the goal of team-building by promoting trust between the nurse being evaluated and the manager as behavioral expectations are clearly stated and all nurses are evaluated according to the same standards. By so doing, this tool conforms with Components #2, 3, and 8 of the AHA model of an effective performance appraisal system.

The objective of providing efficient use of resources is met in two ways. First, the process by which the appraisal tool will be used (see chapter on implementation) helps assure that the manager's time will be used more effectively. This objective is also served because employees who do not meet stated expectations can be more quickly identified and corrective action taken sooner than under the current system. The ability of the performance appraisal tool to meet this objective also aids in satisfying Components #2, 3, and 4 of the AHA model.

The objective of providing professional development through the appraisal process is met in several ways. First, standards for professional development and conduct are clearly stated in the tool. Second, the nurse is an active participant in rating his/her own
progress towards this goal. Third, the nurse is also an active participant in setting the goals that will be accomplished in the next year and in identifying areas in need of improvement. These characteristics of the new performance appraisal tool fit Components #3, 6, and 7 of the AHA model.

Many rating scales were reviewed to find one most applicable to the objectives of the new appraisal tool. The behavioral approach was found to be the most suitable for use. Although behaviorally anchored rating scales (BARS) are frequently used in performance appraisal tools, they were not used in this tool for two reasons. First, because the BARS approach requires that a separate rating system be developed for each item in the appraisal tool, a large amount of time and expense must be spent in development. Second, because each descriptive rating is usually a full paragraph in length, the number of items which can be reasonably included by use of the BARS method is too limited for the purposes of this tool.

The second behavioral approach to rating scales considered was the task-oriented performance evaluation system (TOPES.) This system has many of the advantages of the BARS system while requiring less work and less space. This scale is based on job-related behaviors and provides a description of how (quantitatively or qualitatively) the task was performed. This scale can be used in a developmental manner, allowing the nurse to compare his/her performance from one year to the next and to evaluate the extent or lack of progress. It does not use terms such as "good" or "superior" as value statements without
reference. It is behaviorally based since it measures the way in which tasks are accomplished. Because each job behavior need not be described separately, the instrument is much simpler and less complex to develop.¹ A single basic evaluation scale can be used for each item in the appraisal tool. A further advantage of this type of scale is that it is able to promote the application of uniform standards and reduce incorporation of such biases as the halo effect and the recency effect.² This also enables the tool to conform to Components #2 and 3 of the AHA model.

The scale used in this tool is an adaptation of one proposed by Pelle.³ It was chosen because the rating statements were not ambiguous and could be implemented consistently over time. The numbering of the scale also eliminated the "0" rating for adequate performance used in the current tool which was frequently interpreted in a negative fashion. The manager revised this scale to include a category to describe the common occurrence in which a nurse usually, but not consistently, performed a task in an acceptable manner.


²Milene Megel, "Establishing a Criterion-Based Performance Appraisal System for a Department of Nursing," Nursing Clinics of North America 18, no.3 (September 1983): 454.

The resulting performance appraisal tool provides for a greater measure of fairness and consistency in evaluation as each nurse is evaluated on the same criteria. Its specificity allows standards to be set which can be measured in terms of observable behaviors. One added result is that the format allows for the compilation of data which might be a reliable indicator of current nursing practice in the Unit. Recurring deficiencies can be identified and addressed by Unit inservices and educational programs in addition to individual appraisal sessions. Consistently appearing differences in perception of performance by manager and nurse may necessitate revision of the tool or indicate the need for more dialogue to resolve these differences. Use of this tool should make the performance appraisal session between manager and nurse more interactive as goals and expectations are more easily communicated. Finally, this appraisal tool facilitates the integration of organizational goals, as described in "The St. Pat's Way," with nursing practice. These characteristics of the new performance appraisal tool indicate conformity with Components #2, 4, and 6 of the AHA model.

The following pages present the new appraisal tool, including instructions for use, the rating scale, and the goal-setting form. The final chapter will describe how the performance appraisal system is to be implemented and its potential for future applications and development.
INSTRUCTIONS:

1. The attached performance appraisal tool is based on the job description and expected behaviors of the Special Care Unit nurse.
2. Please be sure you have scored every item.
3. Comments may be written directly on the appraisal tool.
4. Possible scores on individual items range as follows:
   1 — Consistently fails to meet expectations and demonstrates little or no effort to improve.
   2 — Often fails to meet expectations but demonstrates an effort to improve.
   3 — Usually meets expectations but needs greater effort to meet expectations consistently.
   4 — Consistently meets expectations. Demonstrates safe practice for experience level.
   5 — Often exceeds expectations. Demonstrates initiative and beginning expertise.
   6 — Consistently exceeds expectations. Demonstrates a high level of motivation and expertise.

   5. If the behavior is not applicable to this employee's performance, mark NA.
   6. If you have no knowledge of this aspect of the employee's performance, mark NK.
   7. This form is to be used in conjunction with the Goal-Setting Form.

PROCEDURE:

1. The Manager will complete a copy of the Performance Appraisal Tool for each nurse at the completion of the three month probationary period and yearly thereafter.
2. The employee will complete a self-evaluation.
3. The Manager and employee will meet together, agree on a score for each applicable item and complete the Goal-Setting Form. All items scored 1 or 2 must have goals for improvement.
4. The Manager and employee will sign and date the completed Performance Appraisal Tool.
A. Behavioral Outcome: The Special Care Unit Nurse functions as a PROVIDER OF CARE.

**EVALUATION CRITERIA:**

1. Completes Admission Patient Profile, Assessment interview and Risk Assessment on each patient admitted and initiates Nursing Care Plan within eight hours of admission.
2. Identifies and develops long and short term goals under the plan of care for each patient and identifies appropriate nursing interventions.
3. Modifies nursing care plan as required by ongoing assessment of changing patient needs.
4. Performs a complete and accurate assessment of each patient at admission, beginning of each shift, and reasseses as condition merits.
5. Documents assessments and interventions in a complete, clear, and concise manner.
6. Recognizes and responds to priorities in patient care responsibilities promptly.
7. Demonstrates flexibility as patient care needs change.
8. Utilizes a majority of work time maintaining direct contact with assigned patients.
9. Assumes responsibility for the completion of all assigned duties and patient care responsibilities during the assigned shift.
10. Completes documentation and paperwork in a timely manner.
11. Implements physician orders after consulting appropriate sources regarding unfamiliar or questionable orders.
12. Performs technical aspects of patient care according to Unit standards and uses proper techniques, individualized to the needs of each patient.
13. Administers medications with knowledge of action, mode of administration, side effects and contraindications.
14. Carefully prepares, administers, and evaluates medication and intravenous therapy.
15. Competently assists with procedures within and outside of the unit, carefully monitoring the patient.
16. Demonstrates ability to draw arterial blood gases according to Unit standards.
17. Demonstrates ability to perform cardioversion and defibrillation safely.
18. Demonstrates ability to adjust and maintain temporary pacemaker function in a safe manner.
19. Demonstrates ability to monitor vital signs via central, arterial, and Swan Ganz pressure lines, evaluate findings, and troubleshoot.
20. Identifies advanced dysrhythmias and provides intervention according to Unit standards.
21. Anticipates dysrhythmias and complications based on knowledge of pathophysiology and takes appropriate action.
22. Demonstrates ability to assess and interpret laboratory, radiology, and respiratory reports.
23. Demonstrates complete knowledge of location, care, and operation of all SCU equipment.
24. Maintains CPR and ACLS certification; demonstrates ability to initiate and direct life support measures and perform effectively in Code Blue situations.
25. Demonstrates familiarity with crash cart functions, medications, and supplies.
26. Demonstrates ability to respond to changing work load, and during crisis and emergency situations.
27. Ensures patient safety by maintaining beds in low position, siderails up and locked, and securing patient safely for transport.
28. Provides for patient safety through preventative measures when indicated (Ex: restraints and patient/family education).
29. Demonstrates knowledge of Infection Control and Universal Precautions and adheres to policies.
30. Washes hands before and after each patient contact; uses aseptic technique during procedures and treatments.

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>NA NK</td>
</tr>
</tbody>
</table>

**COMMENTS:**
B. Behavioral Outcome: The Special Care Unit Nurse functions as a MANAGER OF CARE.

EVALUATION CRITERIA:
1. Consults and works collaboratively with supervisors, physicians, peers and other members of the patient care team in planning patient care and developing an individualized care plan.
2. Demonstrates effectiveness in coordinating aspects of patient care with other departments to eliminate rescheduling and unnecessary delays.
3. Plans and coordinates patient treatments and activities to allow optimal patient rest.
4. Demonstrates ability to effectively serve as relief charge nurse if assigned.
5. Demonstrates ability to utilize resources effectively to manage complex assignments.
6. Coordinates nursing care with the medical regimen and collaborates with the physician.
7. Organizes and participates in patient care conferences involving nursing staff and other health team members.
8. Continually evaluates the quality of care given to patients on the unit; recommends modifications and improvements when appropriate.
10. Maintains a clean, attractive, and safe environment in all areas of the Unit.
11. Demonstrates knowledge of safety policies and procedures; utilizes proper body mechanics; observes, evaluates, and instructs other staff in following safety practices.
12. Provides for patient privacy at all times.

COMMENTS:

C. Behavioral Outcome: The Special Care Unit Nurse functions as a COMMUNICATOR.

EVALUATION CRITERIA:
1. Assists with quality assurance monitoring involving own performance.
2. Assists with peer review by completion of Nurse Observation Tools and Anecdotal Notes.
3. Encourages feedback from patients, families and nursing staff regarding perception of care provided; uses feedback to improve patient care practices.
4. Investigates and resolves complaints of patient, families and physicians through personal action and referral to higher authority.
5. Reports patient care or management problems to charge nurse or manager and documents all pertinent information.
6. Communicates assessment data with other members of the health care team.
7. Communicates patient responses and the effectiveness of interventions with appropriate health care teams members; documents these according to hospital and Unit policy on the patient's record.
8. Maintains the dignity and confidentiality of the patient and serves as a patient advocate.
9. Communicates pertinent information regarding patients at shift report in a concise and complete manner.
10. Respects at all times the confidentiality of patient records and uses discretion when discussing patient information.
11. Addresses patients, visitors, physicians, and co-workers in a pleasant and respectful manner; responds to patients with empathy and positive interpersonal skills.
12. Displays courtesy, accuracy and respect for confidentiality in all telephone conversations.
13. Demonstrates an alert, sensitive, and supportive attitude with patients, families, and all co-workers.

COMMENTS:
C. Behavioral Outcome: The Special Care Unit Nurse functions as an EDUCATOR.

EVALUATION CRITERIA:
1. Assesses patient/family level of knowledge, understanding, and readiness to learn about the disease process, its implications and the care required.
2. Utilizes the Patient Education Record to plan for and provide education to patient and family; individualizes techniques appropriate for each patient.
3. Seeks feedback and monitors the patient/family learning process; modifies teaching plan based upon this evaluation.
4. Explains procedures and treatments ordered to gain patient cooperation, allay apprehension, and promote compliance.
5. Provides orientation to patient and family in regard to storage of belongings and valuables, nurse/patient communication systems, unit policies and visiting hours.
6. Assists with orientation of staff members and nursing students as requested.
7. Shares clinical expertise with nursing staff and other health care team members in both formal and informal teaching situations.
8. Identifies staff development needs and provides input into planning for educational programs.
9. Assists staff members that exhibit insufficient knowledge or ability to complete assigned duties.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>NA</th>
<th>NK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

COMMENTS:
C. Behavioral Outcome: The Special Care Unit Nurse functions as a PROFESSIONAL.

**EVALUATION CRITERIA.**

<p>| | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Evaluates personal nursing practice in relation to standards of care and implements changes as necessary.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Demonstrates knowledge of when to seek help or guidance from immediate supervisor or appropriate resource person.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Demonstrates responsibility and accountability for personal conduct while on duty: strives for excellence in patient care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Seeks constructive feedback from peers and co-workers regarding performance, interpersonal relations, and clinical skills.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Demonstrates ability to independently solve problems in a creative manner.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Seeks involvement with study committees, research assignments, and professional organizations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Assists with the Quality Assurance Program.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Participates in implementing planned changes and activities to improve nursing care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Identifies and participates in solving nursing care problems in a positive manner.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Attends majority of inservices offered.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Completes required inservices prior to annual evaluation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Attends Unit meetings on a regular basis; is responsible for information presented at meetings by reviewing minutes if unable to attend.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Assumes personal responsibility for professional development and continuing education.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Participates in evaluation of new products, procedures, and equipment.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Reviews at least one professional journal monthly.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Assists in updating and revising policies and standards as needed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Regularly reviews bulletin board and communication book to keep self updated regarding Unit and departmental changes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Takes immediate action in serious practice or disciplinary situations; documents action taken.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Takes steps to correct errors in own or co-worker delivery of patient care to ensure patient safety and well being.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Supports and encourages a harmonious working relationship within the Unit and with other disciplines and departments: promotes an environment in which the patient care team can work cooperatively toward objectives.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Demonstrates a high level of mental and emotional tolerance and even temperament when dealing with ill people; uses tact, sensitivity, sound judgement and a professional attitude when relating with patients, families, and co-workers.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Responds to others in a helpful manner, especially at times of increased patient activities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Promotes good public relations for the Unit, nursing department, and the hospital.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Maintains a proper perspective between personal and professional affairs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Is on time and ready to work at start of shift.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Appears clean and well-groomed and observes hospital dress code.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Demonstrates knowledge of legal aspects and liabilities of nursing practice and functions within legal boundaries.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Demonstrates responsibility for the containment of hospital costs, conserving and charging for supplies and equipment.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. Demonstrates and promotes an awareness of patients’ rights.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. Demonstrates ability to assess a situation from a variety of perspectives, consider alternatives, and choose the most appropriate action.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. Recognizes and responds intelligently to the fact that ethical dilemmas exist in nursing practice and conforms with appropriate resource persons when confronted with ethical issues.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. Is aware of and acts in accordance with the Code of Ethics for Nurses.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMMENTS.**
GOAL-SETTING FORM

Areas of strength and outstanding performance:

<table>
<thead>
<tr>
<th>Identified Problem or Interest Area</th>
<th>Plan to Improve</th>
<th>Target Date</th>
<th>Evidence of Accomplishment</th>
</tr>
</thead>
</table>


____________________________
Employee Signature and Date

____________________________
Manager Signature and Date
CHAPTER FIVE
IMPLEMENTATION

Implementation of the performance appraisal system presented in this paper will proceed in a systematic manner. It will first be submitted to the Department of Nursing for approval. After approval is obtained, the system will be presented to the nursing staff of the Special Care Unit in a series of inservice meetings devoted to that purpose. The job description, performance appraisal tool, and a copy of the Code of Ethics for Nurses will be given to each nurse for review and study. In this way, all expectations will be made available to each member of the staff. In addition, these documents will be presented to each new employee upon hire into the department.

In the first year of its use, the appraisal tool will be filled out by each nurse prior to the appraisal session as a means of self-evaluation and to promote familiarity with the tool. Another copy of the tool will be completed jointly by the unit manager and the charge nurse to whom the nurse being evaluated is responsible. The evaluation session will become a time of comparing results and coming to agreement on ratings given. The Goal-Setting Form will also be completed as a joint effort between the manager and the employee at that time and a copy given to the employee for reference during the next year. This form will also be used at the time of the next
yearly evaluation or sooner if deemed necessary, to evaluate progress in the completion of goals. This process will ensure that Components #3, 6, and 7 of the AHA model are met in the implementation of the new performance appraisal system.

The appraisal system will be reviewed by all staff and the manager at the end of one year when all employees have had experience in the use of the system. Its components will be evaluated at that time, and items frequently marked "Not Applicable" or "No Knowledge" will be revised or deleted.

The new appraisal system is a significant departure from the way in which performance appraisal was done in the past. Not much resistance is expected from the staff related to the individual items in the appraisal as they are generally derived from the Unit standards which were developed by the nurses themselves and from standards of practice promulgated by the American Association of Critical Care Nurses and the National League for Nursing. However, some resistance may be anticipated as the new system requires that the nurses be more actively involved in the appraisal process than they have been in the past. Should this resistance arise, it will be discussed at the group meetings to be held in one year to evaluate the system. Reasons for the concerns or resistance will be discussed and evaluated, and changes made if group consensus deems they are appropriate.

Once the new system is felt to be satisfactory, a similar system will be developed for the Special Care Unit Charge Nurses and other nursing units for which the manager is responsible. The manager desires to meet the objectives presented in this paper in all performance appraisals for these units.
An exciting potential application for this system exists. St. Patrick Hospital Nursing Department is currently engaged in developing an alternative delivery of care system facilitated by a national grant. As this new system is developed and implemented, it will be possible to provide a clinical ladder program for professional nurses which recognizes both professionally and monetarily the practice of nurses according to varying levels of competence and difference in skills. At that time, it will not be difficult to adapt this performance appraisal system to reflect the different levels of nurse competency. Further, a review of scores on the appraisal tool will permit the manager to develop a mean score for the group of nurses currently employed. Variations from this mean might then be used as part of a system which would place nurses in the different levels of the clinical ladder program.

Finally, the process of developing this new performance appraisal system has made the manager acutely aware that the major fault with the current system is that her span of control is too wide. No matter how carefully a new performance appraisal system is developed and implemented, the system still will not enable the manager to accurately and completely assess the performance of eighty-five employees. Achievement of the goals of an effective performance appraisal system for the Special Care Unit will not occur until the Unit is restructured to provide a more appropriate span of control. This is the next task.
# PERFORMANCE APPRAISAL REPORT

Worker ________________________________  Position ________________________________

Immediate Supervisor ________________________________  Department ________________________________

Rated for Period from ________________________________ to ________________________________

**Instructions for Proper Performance Appraisal and Use of This Report.**

Performance Appraisal is a supervisory tool designed to aid the supervisor in determining where the worker needs help, training, added supervision, and direction in order to improve his performance and gain a more effective worker or to recognize the actual level of performance the worker has achieved. The appraisal or evaluation of the worker's performance should be made by the person immediately responsible for the worker's performance, and should observe the following steps.

1. Be fully familiar with the work activity assigned to the worker—what he is to do, how, why, how often, and the performance standard.

2. Review carefully the actual performance of the worker for each work activity or task for the period to be appraised—referring to records, reports, schedule, etc., as aids.

3. Evaluate the worker first in terms of his tasks, one at a time. If he has done what he was hired to do, give him a zero (0) or an adequate rating. If his performance has been above what is required, grant a rating of plus one (+1) or good; or plus two (+2) or superior—or if performance was less than required, rate a minus one (−1) or poor, or minus two (−2) or unsatisfactory.

4. For each rating under comments, indicate specific points to indicate where improvement is necessary or specific points to substantiate—justify the rating given.

5. After each major task has been so rated—refer to the Worker Characteristics section.

6. When the appraisal is complete, review once more for completeness and accuracy.

7. Plan a counseling session with the worker—private, without interruption, if possible:
   a. Review job—position or tasks with worker to assure their accuracy.
   b. If corrections are made in tasks, make necessary adjustments in the rating.
   c. Review, task by task, the rating given, the comment, and seek to outline a work improvement plan in cooperation with the worker—who will do what—when—how—to help improve performance.
   d. Have worker sign the report, and indicate whether he agrees or disagrees with the evaluation.

8. Complete the section—Recommendations and summation to be filled in by supervisor.

9. Sign and submit the report to the department head for review.

10. Department head will review the report—making whatever follow up is desired—and turn the report over to the Personnel Office for further action and the employees' file.

11. The personnel director will pursue difference of opinion on the rating to make necessary follow up to be assured work improvement plan is carried out to take corrective action and to observe recommendations of rater and the department head.

12. After tearing this form into three parts, the personnel director will destroy the face sheet and position summary panel. He will then file the recommendations and summation panel with the employee's record and send the "Work Improvement Plan" and "Worker Characteristics" panel to the worker's immediate supervisor.
POSITIVE SUMMARY:

INSTRUCTIONS
On this page, either attach your Position Summary and list of Major Tasks, or refer to your Position Analysis using the proper Major Task number for correct identification.

Major Task No. 1
Major Task No. 2
Major Task No. 3
Major Task No. 4
Major Task No. 5
Major Task No. 6
Major Task No. 7
Major Task No. 8
Major Task No. 9
Major Task No. 10
Major Task No. 11
Major Task No. 12
Major Task No. 13
Major Task No. 14
Major Task No. 15
Major Task No. 16
Major Task No. 17
Major Task No. 18
Major Task No. 19
Major Task No. 20
<table>
<thead>
<tr>
<th>RATING</th>
<th>+2</th>
<th>+1</th>
<th>0</th>
<th>-1</th>
<th>-2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comment or Justification of Rating

Worker's Name _____________________________ Rating Period _____________________________
WORK IMPROVEMENT PLAN

NOTE: Refer to the rating of each Major Task and determine a plan to achieve work improvement. Write below who will do what, when, how, etc.

(use additional pages if required)

Worker's Name ______________________ Rating Period ______________________
WORKER CHARACTERISTICS

NOTE: Examine each characteristic listed below and the significant considerations referred to it. Write a descriptive statement about the worker after each characteristic—giving an example to illustrate the statement where possible.

1. ATTITUDE: Consider cooperativeness, willingness to participate, sincerity, exchange ideas, sense of motivation, dedication to duty, etc.

2. DEPENDABILITY: Consider how worker does his work, gets it done, can be relied upon to complete assignments, applies himself to work performance, etc.

3. INITIATIVE: Consider willingness and ability to plan own work, keep occupied, make work improvements, offer constructive suggestions, lend assistance to supervisor, other workers, etc.

4. RESPONSE TO SUPERVISION: Consider willingness to take instruction, discipline, correction, guidance and direction, etc.

5. POTENTIALITIES: Consider latent talent, possible advancement, growth, ability to respond to training or opportunity, ambition and ability, etc.

6. PERSONAL LIMITATIONS: Consider traits, habits, attitudes, health, personality, character, social relationships, emotional stability, etc., as they may exist and tend to be a handicap or a self-limiting characteristic.

7. GENERAL EFFECTIVENESS: Consider the sum total of all social and personal factors and their effect on his work, fellow workers, supervisor and others—his judgment—adaptability—loyalty—and interest in achievement, etc.

8. HOSPITALITY: Consider thoughtfulness, concern, friendliness, tact, and confidence whenever interacting either verbally or nonverbally with another person, such as a patient, visitor, or employee.

9. ATTENDANCE: Consider the work attendance records regarding whether or not there is a record of excessive, unscheduled absences or tardiness.
RECOMMENDATIONS AND SUMMATION

To be filled in by worker:

I have reviewed the foregoing evaluation and have discussed this with my supervisor.

I agree disagree with the Task Evaluation.
I agree disagree with the Comments.
I agree disagree with the Work Improvement Plan.

Dated Signed

To be filled in by immediate supervisor:

The foregoing performance appraisal was completed by me, reviewed in consultation with the worker and is submitted now to my supervisor. I recommend the following be approved:

The worker should be:

_____ retained on probationary status.
_____ advanced to permanent status.
_____ discharged.
_____ considered for transfer to another position.
_____ considered for transfer to another department.
_____ considered for promotion.
_____ reclassified.
_____ granted wage increase when due.
_____ denied wage increase.

In contrast to previous performance appraisals the worker seems to be:

_____ Showing considerable improvement.
_____ Showing some improvement.
_____ Remaining static—no response.
_____ Getting worse.

General comment:

Dated Signed

To be filled in by department head or general supervisor:

The foregoing has been reviewed and I offer the following comment on the evaluation, work improvement plan, and recommendations.

Comment:

Dated Signed

Progress Reports:

Copies of this form are available from:
The Catholic Health Association of the United States.
4455 Woodson Road, St. Louis, Missouri 63134
Appendix B

ST. PATRICK HOSPITAL
MISSOULA, MONTANA

CRITERIA-BASED JOB DESCRIPTION

PURPOSE:

1. Provide desired and current information about the qualities, requirements and criteria-based performance expectations of a specific job. Job may have one or more positions.

2. Provide a written tool for screening and hiring job applicants.

3. Serve as a basis of common understanding about the job’s expected behaviors between the employee and their supervisor.

4. Provide a means of evaluating an employee’s performance on the job.

5. Provide a means of facilitating criteria-based job appraisal to ensure a justifiable and equitable placement of the job in the wage and salary plan.

6. Integrate the philosophy, values, St. Pat’s Way commitment necessary and expected of a St. Patrick Hospital employee.

PREPARATION:

1. Prepare or revise the job description in a manner that ensures the following:

   A. The job description meets the minimum standardized requirements (see attachment).

   B. The job description is up-to-date.

   C. The job description describes the job and not the individual filling the job.

2. Discuss the job description with the person, or a reasonable number of the persons filling the job, in order to solicit their suggestions.

3. Complete the job description with attention to making it comprehensive, but not too rigid and/or detailed. A job description should not exceed two pages in length.

4. Review the job description with your supervisor and/or administrative council member for the purpose of gaining their input and approval.

5. Retain the original and distribute a copy of the job description to the Personnel Department.

6. Share or make available the job description with the person/s performing the job so they will be aware of the expectation of their job.
CRITERIA-BASED JOB DESCRIPTION FORMAT

A job description should address the following standard information requirements, at a minimum.

1. Department name.

2. Job Title—Job may include one or more positions, i.e., staff nurse. The job title should be briefly stated.

3. Job Summary—A brief narrative about the job's duties. The job summary must include the following or similar language:

   "Duties shall be performed in a manner consistent with St. Patrick Hospital philosophy and St. Pat's Way. Performance of duties must sincerely and positively reflect consideration, concern and inspire confidence whenever interacting with another person, such as a patient, visitor, member of medical staff or another employee."

4. Job Duties or Activities—A sequential list of activity oriented job functions which reflect the behavioral expectations of a job, emphasizing the what and why of the activity.

NOTE: Council of Manager members may refer to their position charter in lieu of listing their job duties or activities.

5. Job Specifications:

   A. Education, Training and Experience:

      (1) Education: A brief description of the minimum formal education requirement. Note: Take care not to overstate.

      (2) Training and Experience: State requirements, including licensure, registration, and certification necessary.

   B. Interrelationships: Include jobs supervised, by whom supervised, and those other relationships in and out of St. Patrick Hospital.

   C. Working Conditions: Brief statement concerning immediate working environment.

   D. Physical and Psychological Demands: Include a brief statement concerning physical and psychological activity demands.
E. Aptitudes: Briefly describe desired qualities including verbal and non-verbal ability, skills, equipment operated. Emphasize position aptitudes such as caring, service and courtesy.

F. Interests: Describe those interests that would emphasize a positive interaction with others, such as a preference for contacts with people.

6. Name of job description preparer.

7. Date job description was prepared or revised.

8. Signature of the supervisor approving the job description.

Revised 10/31/98
BIBLIOGRAPHY


Smith, Mary and Michael Altieri. "Competence-Based Assessment of Critical Care Nurses." *Focus on Critical Care* 15, no.6 (December 1988): 11-22.

