CHAPTER 3

Executing Effective Performance Appraisals: Energizing Employees and Improving Practice

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Nurses are frequently and regularly involved in performance evaluation processes, including self-appraisals, colleague assessments, postmortem team process reviews, and, at times, formal reviews of subordinates, supervisors, and new employees. While managers and administrators typically provide feedback that follows established reporting mechanisms based on a bureaucratic chain of command, many nurses in advanced roles participate in performance appraisals without having line authority; in other words, many do not have organizationally subordinate employees reporting directly to them. Advanced nurses practicing in various direct and indirect care roles are often asked to contribute to formal employee evaluations and may also be responsible for participating in action plans designed to improve individual employee job performance or to substantiate the need for employee dismissal or continued hire. These are important and potentially high-stakes activities for the organization and for the appraised employee.

Learning to execute effective performance appraisals is an important indirect care skill that influences direct care processes and outcomes. Effectively evaluating job execution relies on honest and authentic communication and a genuine interest in leading the collective team and its individual members to an improved level of performance. Effective appraisers want to see employees grow and succeed. Personal development is also important and advanced nurses need to practice self-reflection and self-critique so that they, too, can grow and improve in their contributions to care processes and outcomes.

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Advanced nurses of all types participate in informally evaluating performance on a day-to-day basis. They provide feedback, recommend colleagues for additional responsibilities, address patient care problems related to nursing performance, and frequently give nurses a "thumbs up" or "thumbs down" related to the quality of their care practices. These informal performance appraisal encounters often contribute to formal performance reviews.

Many people are intimidated by evaluation processes and would prefer to avoid appraisal activities. Performance appraisal discomfort is a problematic concern in human resource management (Gbadamosi & Ross, 2012). Advanced nurses may feel uneasy with perceived conflict between their roles of coach/mentor and judge when appraising staff. Gbadamosi and Ross (2012) observe that performance appraisal discomfort effects may include more lenient appraisal ratings than warranted and less variability than is correct among subordinates' formal evaluations. Evaluators may give higher ratings in an effort to avoid difficult face-to-face conversations with employees whose performance warrants lower scores. Poorly performing employees do not always readily concur with critical feedback, and this situation may be very uncomfortable to the appraiser thereby contributing to evaluator avoidance tactics.

There are important dos and don'ts associated with formal evaluation processes. Advanced role nurses need to confront the challenges associated with performance appraisal and learn to view evaluation processes as opportunities to establish relationships, support motivated colleagues, or redirect disengaged or frustrated nurses. Skilled evaluators have the potential to significantly contribute to the employment environment and affect positive change at individual and team performance levels.

From a practical perspective, performance appraisals are here to stay, regardless of the organizational model within which advanced nurses practice, so it is important to learn how to make them work for the benefit of all concerned. This chapter addresses performance appraisals, including self-evaluation, employee evaluations whether satisfactory or unsatisfactory, and peer review. Succession planning is also discussed given its close relationship to evaluation and goal setting. Strategies, techniques, and human resource guidelines are offered; and exemplars provide coaching opportunities for self-instruction and group discussion.

▶ Employee Evaluation

There is little evidence to support the premise that performance appraisals actually improve performance (Zemke, 1991). Hewko and Cummings (2016) suggesting that when performance management and evaluation (PME) is examined through the lens of critical theory, findings reveal that health care system PME activities potentially encourage a compliant, dependent, and passively oriented workforce that focuses on technology. It may be that typical PME systems support a perpetually reinforced system of inequitable power structures. Usual PME activities include established definitions of performance expectations, measurements, and application partnered with feedback (Hewko & Cummings, 2016).

Of note is the question of whether nurses require their performance to *be* managed. There is little proof that this is a true proposition. It is also interesting to consider that management tends to incorporate two approaches, hard and soft (Hewko & Cummings, 2016). Hard tactics refer to those that direct, control, and rule; soft methods represent those that guide and lead. The hard versus soft approach varies depending on the context of the interaction and, perhaps, the goal of the discourse.

Hewko and Cummings (2016) suggest that encouraging a passive, compliant, and dependent workforce is counterintuitive given health care system challenges and the need for independent thinkers with initiative and autonomy. This critical analysis of performance appraisal is worthy of consideration. Advanced nurses should, perhaps, think about the attributes and behaviors that they are attempting to nurture and encourage via performance appraisals and keep their focus on encouraging nurse traits that support assertive, independent, and autonomous professionalism.

The Effectiveness of Performance Appraisal

Performance appraisal may be less effective than hoped because it focuses on a uniform set of behavioral expectations that fail to consider unique and desired individual strengths and characteristics (Van Woerkom & de Bruijn, 2016). There is concern that employee performance evaluation may focus on highly variable behavioral criterion and disregard areas in which the employee performs in excellent fashion. As a result, employees often devalue appraisals and feel frustrated with these annual processes.

Van Woerkom and de Bruijn (2016) assert that employees should be cheered to maximize their strengths and, in this way, perhaps achieve superb job performance. It may be that a strengths-based performance appraisal that focuses on strategies an employee might use to maximize contributions to health care system goals would be a more uplifting, empowering, and successful approach than traditional strategies to capitalize on valuable attributes and talents in the health care system workplace. Van Woerkom and de Brujin (2016) make the additional point that a workplace that encourages inclusivity and full participation is more likely supported by a strengths-based performance appraisal system than a linear, nonindividualized criterion-based system.

Recognizing the limitations of the traditional annual performance review, goal setting may be one of the most useful aspects of performance improvement processes providing that the conditions are right. Goal-setting theory (Locke & Latham, 2002) was formulated on the idea that conscious goals affect action. Front-line managers and nurses in advanced roles may not have access to the learning and development needed to become skilled goal-setting advisors to employees. The heavy workloads associated with advanced practice roles are also barriers to developing the managerial skill set needed for effective performance appraisal (Kellner, Townsend, Wilkinson, & Lawrence, 2016).

Many advanced nurses likely prefer their practice-focused work, and because this is the work that is usually rewarded and supported in care-centered settings, performance appraisal techniques and front-line managing skills are often deficiently addressed. Balanced and accurate evaluative input from advanced practice registered nurses (APRNs), educators, staff development specialists, managers, and clinical nurse leaders (CNLs) is critically important to the relevance and accuracy of staff evaluations, including associated goal setting; and this input may affect whether individual nurse performance flourishes.

What Do Performance Appraisals Actually Accomplish?

The performance appraisal process has multiple purposes, including rewarding and recognizing good employees, coaching nurses and ancillary staff who are having difficulties, staying in touch with staff, and avoiding legal trouble in the event of employee disciplinary actions, up to and including termination. Work performance appraisals have utility when making personnel decisions related to promotions or

transfers (Chandra, 2006) and also to support succession planning, an activity that is often deficiently addressed in hospital settings (Kellner et al., 2016). Keep in mind that performance appraisals are formative, intended to support ongoing performance growth. Assessment is summative. This distinction is important. When nurses in advanced roles work with staff and colleagues to appraise performance, the goal is to encourage growth from the vantage point of the employment role and mutual perceptions and goals. The partnership is similar to that of a learner and a mentor. When advanced nurses participate in summative assessment, the goal is to judge. Oftentimes, nurses in advanced roles are more comfortable mentoring than judging but both activities are necessary and important.

Performance evaluations are useful when evaluating new hires for purposes of making judgments as to whether the employee meets required standards set for the end of the probationary period. This particular evaluation is critically important to the new hire and to the organization as it is best to make decisions about continued employment early in the employment relationship rather than after an employee has been officially endorsed as acceptably performing at end orientation. Advanced nurses of many types may have opportunities to participate in orientation activities and are wise to keep evaluative responsibilities in mind when interacting with the new employee during this probationary period. Educators, staff development specialists, and clinical nurse specialists (CNSs), in particular, often have good rapport and close working relationships with front-line staff, providing these advanced nurses with opportunities to contribute personalized and accurate assessment data to performance evaluations.

Performance Appraisal as a Factor in Performance Management

Performance appraisal may be viewed as one component of comprehensive performance management. Shaneberger (2008) suggests that performance management consists of eight elements:

1. An accurate, well-written job description
2. Initial competencies that describe the knowledge and skills required of the nurse
3. Appropriate orientation to the role and its expectations
4. Goal setting and performance planning
5. Annual competency assessment
6. Coaching, mentoring, and recognition
7. Performance evaluation conducted by the employee and by a peer
8. A performance enhancement plan

Managing performance as a strategy for elevating its quality is certainly a noteworthy goal. Siriwardena and Gillam (2014) assert that quality improvement science approaches may be applied to individual practice performance to improve it. They offer recommendations for incorporating quality improvement science techniques into the appraisal process based on Norfolk's RDM-p model, integrating relationships, diagnostics, management, and professionalism (RDM-p) (Siriwardena & Gillam, 2014).

Relationships are viewed as central to clinical work. Effective practice relies on skilled communication techniques and processes. Diagnostics refers to gathering, interpreting, and appropriately prioritizing information necessary for solid decision making. Management pertains to effectively monitoring the self in terms of performance

and personal health. Professionalism is considered the glue of individual practice as it is evidence of a commitment to best practice (Siriwardena & Gillam, 2014). Showing respect, acting responsibly, and demonstrating ethical and moral behavior are cornerstones to performance excellence.

The performance management elements (Shaneberger, 2008) and the RDM-p model (Siriwardena & Gillam, 2014) offer guidance for managing, critiquing, and improving performance. Performance appraisal should ideally occur within the context of a management system that provides necessary structural, procedural, and functional elements while also nurturing, nudging, and sustaining individual performance improvements. Nurses in advanced roles need to partner with new and established colleagues to work toward continuous improvements in individual and team performances.

Preparing for the Appraisal

Advanced nurses need to think about staff performance appraisals before they happen. A proactive stance will provide the data necessary for a fair and well-informed evaluation. In some ways, employee performance appraisal is similar to the nursing process. Both processes involve assessment, diagnosis, goal setting and intervention planning, evaluation, and a feedback loop to continue surveillance and persist in adjusting or continuing planned interventions to achieve desired goals (**FIGURE 3-1**).

Collecting Data to Inform the Appraisal

Collecting appraisal data is critical to a fair evaluation. Employees have both strengths and weaknesses. Recognizing both types of performance goes a long way toward demonstrating to the employee and the collective employee group that the advanced nurse acted fairly and with professional intentions. In the rare event of employee-initiated grievances or lawsuits related to the outcomes of an evaluation, fairness, balance, and due process are essential. Of course, ensuring just and evenhanded critique is also the right thing to do. An employee evaluation is a test in the eyes of the law as it reflects a decision that affects an individual's status in the organization (Zemke, 1991). The organization must be able to confidently assert that this test was nondiscriminatory and unbiased.

Various strategies may be used for collecting and organizing evaluation data. Keep an electronic or hard copy log (DelPo, 2005) that details memorable incidents, patient care exemplars, projects, leadership activities, or other job-related occasions that showcase behaviors relating to performance. Consider constructing a spreadsheet
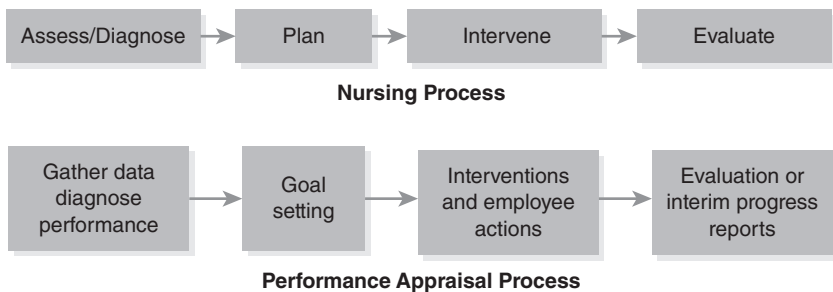

| Assess/Diagnose | → | Plan | → | Intervene | → | Evaluate |

Nursing Process

| Gather data diagnose performance | → | Goal setting | → | Interventions and employee actions | → | Evaluation or interim progress reports |

Performance Appraisal Process

FIGURE 3-1 Similarities Between the Nursing Process and Performance Appraisal Processes.

that enables the user to quickly add and retrieve information. Make certain to ask staff to share information on an ongoing basis about their involvement in professional organizations, continuing education, and community-based activities. Take advantage of email and request that staff periodically share information and updates. Electronic communication is easily filed away in individual computer-based folders or printed in hard copy form for traditional files. Staff should be encouraged to take the initiative and proactively share appraisal data.

Electronic record keeping is often a popular mode of appraisal data collection; however, paper-based files do have advantages. Hanging files labeled with each employee's name are useful in preparation for the written evaluation. Take the time to file or scan letters from families, patients, colleagues, and administrators. Save flyers from in-service programs that the employee has presented or attended. Keep copies of documentation that demonstrate the employee's charting habits. Photocopies, scanned documents, snips, or computer printouts are easy to save but make certain to remove any patient identifiable data. Maintain retrieval data in case chart retrieval is necessary, again, attending to patient privacy.

Smartphones can be valuable tools for data collection. Audio recording and quick reminder notes to avoid forgetting critical incidents or particularly stellar occasions of work efforts are two examples of how smartphones demonstrate utility. Using the camera feature to record flyers or Health Insurance Portability and Accountability Act (HIPAA)–compliant documentation can save time and prevent missed documentation opportunities.

There are times when nurses practicing in advanced roles notice either an exceptional effort or a troubled behavior exhibited by colleagues or subordinate staff. At these times, it is important to give immediate evaluative feedback. Do not wait for the annual review period. If oral feedback is offered, make certain to document the conversation in writing and place it in the employee's file. Facts of events, positive or negative, are important to the written annual evaluation or to support possible disciplinary action at some future point (DelPo, 2005). Keep in mind that formal performance assessments should never come as a surprise to the employee. Rather, data informing the assessment should be familiar to the employee as should the associated critique.

Make certain to document anecdotal information as close to the event's occurrence as possible. Do not procrastinate on describing events. Certainly do not delay documentation and then attempt to pass off these notations as having been made at the time of the incidents. Not only is this a dishonest tactic, but it also jeopardizes the integrity of performance appraisal. Credibility and veracity are important, particularly if the end result of the appraisal is disputed by the employee.

Performance appraisals must be consistent with written job descriptions. Make certain to have copies of job descriptions and nursing department standards, guidelines, and protocols available for review, if needed, during the appraisal encounter. Reviewing materials together is a good opportunity for both staff and advanced nurses to become reacquainted with job expectations and professional development opportunities.

Documenting Appraisal Findings

Describing observed behaviors or expectations in written form can be challenging. Employees expect unique evaluations that are pertinent to their individual contributions or practice patterns. Comments should relate to observable, measurable activities and outcomes. Developing a repertoire of varied comments and observations using a

variety of wording and phrases emphasizes the individuality of the written evaluation and promotes an understanding that appraisals have been uniquely tailored to each nursing employee (**TABLE 3-1**).

In other words, try to avoid a "cookie cutter" approach to written evaluations. Each written evaluation should be reasonably unique and personalized. It is deflating for an employee to share with a colleague a particularly positive comment or enthusiastic phrase of endorsement that was offered by the evaluator only to hear, "The same thing was on my evaluation!" Various published resources provide helpful suggestions and templates for documenting and describing behaviors. These resources may be helpful to nurses in advanced roles who are contributing to a performance appraisal.

Keep in mind that most employees, including nurses, perform in an *average* fashion. The notion of *average* has important implications for performance review. In general, average performance is an expected or typical level of job execution. Average or standard performance satisfies job expectations, meets practice standards, and is a reasonable and usual level of employee functioning. The expected level of performance should be detailed in the job descriptions of the employing institution.

TABLE 3-1 Examples of Individualized Evaluative Feedback

Positive Evaluative Comments	Evaluative Comments That Document Need for Improvement
- Attends to important patient care details - Dresses and grooms neatly and consistently with dress code requirements - Effectively organizes staff assignments during periods of increased acuity - Offers assistance to colleagues on consistent and regular basis - Shows friendly demeanor that encourages collegiality - Contributes to positive group dynamics by demonstrating consistently professional communication style - Accommodates unit-based care needs by adjusting schedule whenever possible - Frequently shares evidence-based practice information with colleagues - Contributes to positive team-building efforts by remembering staff birthdays and celebrating important occasions	**NOTEWORTHY INCIDENTS:** - Required several reminders to remove acrylic nails and gel polish. - Called in sick the day before two major paid holidays. **NOTEWORTHY PATTERNS:** - Returns late from agreed-upon break times. - Displays inconsistent handwashing practices - Wears inappropriate footwear that is inconsistent with dress code requirements - Gossips during shift report about nursing and team colleagues - Uses profanity or vulgarity during interactions with team members and within hearing range of patients and families

Describing job performance as *ordinary* or *standard* or suggesting that an employee's quality of work is *consistent with the mean* is not often perceived as a particularly flattering description; however, it is likely the most accurate depiction for most staff members. Typical performance is more difficult to evaluate than atypical or extreme performance. As a result, evaluative ratings tend to be less accurate when they pertain to average work performance (Chandra, 2006).

In comparison, exceptional performance is an exception from the norm. Consider that if each employee performs at a level deemed as exceptional, this superior level of functioning then becomes the mean or average. Exceptional performance is atypical and unique. Behaviors evaluated as such may be positive or negative. Assisting nurses to identify areas in which they excel versus those that satisfy required standards is an important responsibility of advanced nurses. This sort of coaching contributes to staff developing realistic self-appraisals and contributing to productive evaluation encounters. Shepard (2005) noted, "There are superstars in the workforce, and there are derelicts. The vast majority of the workforce falls between these two extremes" (p. 4). This observation is true for the nursing workforce just as it is for the workforce at large.

Many health care systems tie financial remuneration and incentives to job performance. If the advanced nurse regards *every* employee as exceptional rather than most as average and some as underperforming, resource allocation can become unfair. Likewise, if nurses are evaluated poorly to ensure that available dollars are not exceeded due to rightfully high performance assessment scores, the performance appraisal system becomes falsified. In fact, associating financial incentives with performance evaluations is one area in which evaluators routinely cheat to make the system work to satisfy their own purposes (Zemke, 1991). These manipulations contribute to the skepticism that many employees have about performance appraisal systems. Of course, institutional manipulations also may occur when dollars are capped and nurses are scored to satisfy the capped limits rather than to reflect true performance ratings. Staff members often identify these maneuverings as dishonest and their perceptions can contribute to negative feelings about evaluation systems.

One interesting caveat is that performance evaluation determinations should take into account nurse disposition and structural and situational factors. Swift, Moore, Sharek, and Gino (2013) point out that it is common practice to attribute too much of an employee's success to ability and personal attributes and too little to structural and situational circumstances that placed the individual in the position to be successful. The concern with this inflated appraisal is that employees who benefit from practicing in favorable situations may be more likely to be highly appraised and rewarded, including promotion, than equally skilled but less advantaged peers. Advanced nurses need to consider the ease with which success was achieved (**TABLE 3-2**). One interesting strategy for dissecting attributes from context is to reflect on a modification of Lewin's attributional equality statement (Behavior equals a function of [Disposition and Situation] to Disposition equals [Behavior minus Situation]) (Swift et al., 2013).

Make certain that there is documentation readily available to support evaluative comments. When the advanced nurse is contributing to or taking the lead on constructing a negative performance appraisal that may lead to employee suspension or termination, the evaluator should seek the advice of institutional human resource personnel before the actual appraisal session to verify that necessary documentation is in order and to ensure that the written evaluation is consistent with personnel

TABLE 3-2 Discerning Between Ease of Circumstances Versus Influence of Talent		
Situation	**Facilitating queries: Ease of circumstance?**	**Facilitating queries: Influence of talent?**
The nurse reports that there has been a decrease in medication administration errors of 75% since implementing walking rounds as a reporting strategy between shifts. The nurse designed and led the walking rounds initiative.	■ Is the reduced number of errors the result of under-reporting? ■ Is a reduction of 75% a positive finding or does this reduction reflect a concerning trend? ■ Were other units also implementing walking rounds and did this trend influence the receptivity of staff to the unit-based project? ■ Were other nurse colleagues involved in the walking rounds initiative? ■ How did staff enthusiasm and talents influence this outcome? Who was the *driver* of the practice change? ■ Was nursing administration actively supporting walking rounds as a required change in reporting practices?	■ Did the nurse directly affect unit staff resistance to this project? ■ Was there resistance or was the staff eager to participate in walking rounds? ■ Did the nurse positively engage colleagues and facilitate this change in practice? ■ How much of the walking rounds initiative was accomplished because of the talents and efforts of this nurse versus because the "time was ripe" on the unit?
A nurse practicing as a staff development specialist is responsible for new hire orientation. Three of five new nurses have resigned from the institution before successfully completing orientation activities.	■ What are the local hiring conditions? ■ How are new hires treated by those staff assigned to preceptorship roles? ■ Is there collaboration between staff development and unit-based management?	■ Have there been similar occasions of attrition during previous orientations under this particular specialist's leadership? ■ What other performance indicators are available for consideration specific to this specialist?

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TABLE 3-2 Discerning Between Ease of Circumstances Versus Influence of Talent *(continued)*		
Situation	**Facilitating queries: Ease of circumstance?**	**Facilitating queries: Influence of talent?**
The specialist is applying for a promotion to a new role.	■ What are the institutional attrition trends for this same period of time? ■ To where did these new hires transfer/seek new employment? ■ Were the resigning nurses hired to their first choice of unit/ department and was this a concern for these hires? ■ What was the performance level of these new nurses at the point of resignation? ■ Is exit interview data available for review?	■ Was the specialist aware of any concerns with this particular orientee group and, if so, how were these issues addressed prior to the resignation? ■ Was feedback from the staff partnered with the orientees and the specialist? ■ Has the specialist identified possible areas for future improvements and developed a possible action plan? ■ How has the specialist attributed responsibility for the attrition?

policies, procedures, and practices. Seeing preliminary guidance may prevent litigation or grievances. Even if such a response is not prevented, it is certainly best if the appraisal has been vetted by an objective human resource expert.

Ensure Consistency Between Job Descriptions and Performance Appraisals

Job descriptions and institutional goals and objectives should drive performance appraisals. Nurses' practice should be compared to these established standards and not necessarily to the level of peer group performance. There are times when advanced nurses need to consider the day-to-day execution of job responsibilities of nurses who are performing better than, consistent with, or below the norm of staff practicing on the particular work unit. If an average functioning nurse works within a group of high performers, the written appraisal should reflect this average, but satisfactory, level of activity. Of course, it is reasonable and desirable to encourage this nurse to capitalize on the availability of above-average and excellent colleagues so as to enhance professional development. If pay increases are influenced by documented appraisal outcomes, the financial rewards should be less for the average performing nurse than the monies awarded to the more productive peers.

Job Descriptions or Job Standards

Job descriptions typically have results standards and behavior standards. A results standard is a description of a result that is expected from any employee who holds a particular job (DelPo & Guerin, 2003). For example, an RN might be required to present two unit-based educational programs each year using a variety of presentation strategies and supported by a minimum of two evidence-based practice resources. Alternatively, the nurse is likely expected to maintain current cardiopulmonary resuscitation certification or other types of credentials.

A behavior standard is a description of how nurses should behave while getting work done. For example, the health care agency administration may have prioritized patient and family satisfaction. A behavior standard related to this focus might be that nurses will respond to all patient and family requests with courtesy and professionalism and in a timely manner. Job description standards, results, and behaviors should be periodically reviewed with staff, particularly if there are new initiatives and revisions. Job standards are the foundation of the performance appraisal, in partnership with job goals (DelPo & Guerin, 2003).

Types of Appraisal Forms and Processes

Performance appraisal systems vary by institution, and these systems may have idiosyncratic processes and functionalities. Most systems are paper based in some aspects but Web-based and software systems are available and increasingly common given potential cost savings and efficiencies. A quick Web-based search reveals hundreds of software appraisal systems promising increased productivity, reduced costs, simplified scoring, and enhanced tracking. These systems provide opportunities to mine performance appraisal data to inform robust human resource tracking enterprises. High frequency appraisal methods incorporate a variety of components and approaches, including self-evaluation, peer review, portfolio compilation, multisource feedback (including 360-degree feedback), and employer–employee encounters that may be paper based and institutionally home *grown*.

Administering the Effective Evaluation

Once the performance appraisal has been documented based on careful consideration of performance within the context of expectations, the evaluation needs to be shared with the employee or, in the event of peer review, the colleague.

Arranging the Evaluation Interview

Employees should receive advance notice of the evaluation time, date, and setting to allow ample time for planning and data gathering. Providing the opportunity for a period of self-reflection prior to the evaluative event is important and courteous. Conducting an appraisal session on the run is not conducive to product goal setting or relationship building. Employees need to feel valued, and good planning facilitates this sentiment. The meeting should be held in a private, comfortable setting without distractions.

Depending on their roles, advanced nurses may be directly involved in these sessions as either the sole evaluator or as a partner to the nurse manager or administrator.

Each party should be comfortably positioned; and if there are two evaluators, then efforts should be made to eliminate a possible impression of "two against one" during the appraisal gathering. It is usually more appropriate for the nurse with line authority to control the meeting with input offered by the other advanced role nurse when requested.

Delivering the Appraisal

The expression "Keep it real" refers to the importance of authentic and honest relationships and communications. Authentic relationships are built on candor and mutual respect. If the advanced nurse avoids sharing performance problems with a nurse or colleague, this individual will be unaware of what is needed to improve performance. Ignoring deficiencies or sharing the circumstances of problems with uninvolved colleagues without directly informing the person who is involved eliminates opportunities to share perceptions and work through incorrect assumptions or judgment errors. The fundamental rule of performance appraisals is that they must be honest, even if this honesty contributes to discomfort.

Avoid Biases

A biased performance appraisal refers to an inaccurate distortion of performance measurement (MSG Experts, 2017). Advanced nurses should be aware of these biases so as to safeguard against incorporating these inaccuracies into the appraisal process or individual performance evaluations. Primacy effect, halo effect, horn effect, excessive leniency or stiffness error, central tendency or middle-path error, personal biases, spillover effect, and recency effect collectively encompass the wide range of potential performance appraisal biases (**TABLE 3-3**). Some of these particular biases may be unfamiliar to advanced nurses, but lack of awareness does not protect the evaluated nurse from the adverse effects of appraisal misrepresentation or misjudgment.

Stick with the Facts, Not the Persona

Nursing is a people profession. Personality *does* count as it affects key relationships, including those with patients, families, coworkers, and administrators. There are many different communication styles and highly variable work patterns that contribute to high-quality outcomes. In other words, there is not one path to excellence. When the advanced role nurse is compelled to engage in work with people who have markedly different personalities and preferences, it may be necessary to reflect on whether the coworker's style is personally unappealing or if the team member's style is genuinely inappropriate or ineffective within the context of professionalism. If a performance problem is directly related to a nurse's conduct, focus on the behavior and offer specific details. As an example, consider, "You have offered negative comments during taped shift reports specific to patients' weight, alcohol addiction, or family circumstances on at least five occasions in the past 6 months. This behavior is unacceptable and must immediately stop." Focus on the behaviors and the results of these behaviors. There is nothing to be gained by negative comments about the nurse's personality or disposition; rather, focus on the behaviors that require correction or improvement.

TABLE 3-3 Performance Appraisal Biases and Exemplars

Type of Bias (MCG Experts, 2017)	Exemplar
Primacy effect: First impressions are excessively influential on subsequent performance appraisal decisions.	The clinical nurse leader (CNL) is interacting with a small group of senior nursing students. One student arrives late and appears disheveled and angry. He does not apologize for the disruption and interrupts the group to share complaints about the hospital parking situation. The CNL perceives that this student is rude and unprofessional. Three months later he is hired to the unit and the CNL is assigned responsibility for guiding his orientation experience. Although his preceptor reports that his performance is on par with that of the other newly hired graduate nurses and his communication skills are above average, the CNL documents his interpersonal skills and professional demeanor as requiring improvement. The CNL's initial encounter with this nurse continues to dominate her appraisal of his professionalism.
Halo effect: One particularly valued positive attribute triggers a high evaluation overall on performance parameters that are actually unrelated to the single positive quality.	A registered nurse is very attentive to the nurse practitioner (NP) during walking rounds. The nurse is enthusiastic and the NP enjoys the opportunity to interact with this inquisitive colleague. When asked to provide evaluative feedback about this particular nurse and her direct care skills, the NP appraises the nurse as "exceeds expectations" in all performance areas, even those that are unrelated to the NP's interactions during walking rounds.
Horn effect: A quality that is perceived as negative by the evaluator is used to inform the performance evaluation across a number of criteria, some unrelated to the particularly concerning attribute.	The nurse manager is asked to participate in the evaluation of an interprofessional colleague that the manager views as having a dismissive and abrasive communication style. The nurse manager subsequently appraises this colleague as below average or needing improvement in performance areas that include clinical decision making, organizational skills, and technical skills because the manager dislikes the colleague's communication style.

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TABLE 3-3 Performance Appraisal Biases and Exemplars

(continued)

Type of Bias (MCG Experts, 2017)	Exemplar
Central tendency: All nurses perform at average levels and individual differences are not considered.	The staff development specialist is charged with evaluating the performance of experienced nurses who have completed a critical care mentoring program. The specialist evaluates each of the nurses as "meeting requirements" and documents verbatim commentary on each of the appraisal forms.
Personal biases: Allowing partialities and prejudices to play a role in rating performance behaviors.	A nurse administrator is uncomfortable with people who are not heterosexual. Lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI) nurses typically receive harsh evaluative feedback as compared to that shared with heterosexual staff. This same scenario is applicable to biases related to race, faith, socioeconomic status and circumstances, and other demographic characteristics. Alternatively, biases may also advantage particular employees over others if the evaluator has strong preferences that subsequently have a positive influence on appraisal outcomes.
Spillover effect: Present performance is evaluated as consistent with past performance without consideration of actual behaviors.	A nurse informatics specialist is evaluating members of a technical work group that provides help desk assistance. One employee has been earning low evaluation scores from users as a result of documented occasions of delayed response time and antagonistic responses to requests for help. The specialist has worked with this employee for 8 years and provided excellent evaluations for the first 5 years. The specialist continues to highly appraise this employee because the work quality was good the first 5 years and there is no reason to assume that the work is not good now in spite of user feedback
Recency effect: The most recent behavior drives the appraisal and earlier performance is neglected or dismissed.	A clinical nurse specialist (CNS) is chairing an interprofessional work group that includes a physical therapist (PT) that has been a poor contributor to the group work effort for most of the year. During the final 2 months of the project, the PT develops an educational program for the work group that represented the group nicely to hospital administration. The CNS evaluated the PT's annual contribution to the group as exceeding expectations and all other behavioral criterion were assessed as above average despite the many issues related to nonparticipation throughout most of the appraisal period.

Positive behaviors should be considered when appraising performance. Aslan and Yildirim (2017) observe that employees who master difficult challenges and successfully manage demanding tasks are more valuable than those who are impatient or demonstrate behaviors that negatively affect the team. Positive attributes enhance institutional energy and increase its effectiveness. Aslan and Yildirim (2017) explored contextual performance and nurses' behaviors and feelings of job satisfaction on this particular performance domain. Behaviors that support a contextual performance are those that enable teams to effectively function. Those who proficiently perform within the context of the work environment are those who share information, help others, demonstrate organizational loyalty and commitment, volunteer, and support organizational priorities. These are important attributes and behaviors as they contribute to a positive and appealing work environment.

Aslan and Yildirim (2017) examined the relationship between contextual performances, personal characteristics, and job satisfaction of hospital nurses (N = 500). The sample was drawn from two hospitals in Turkey. Instruments, including a contextual performance scale developed by the researchers, demonstrated validity and reliability. Findings support that when nurses like their jobs, they tend to be more agreeable than those who are dissatisfied with their employment circumstances. The ways that nurses contribute to contextual performance are important and are worthy of discussion during performance evaluations. Although influenced by personality, contextual performance is also driven by job satisfaction. Nurse leaders may not be able to impact personality but certainly can exert influence on satisfaction.

Goal Setting

Job goals vary among employees. They are developed mutually by the employee and the appraiser and should be considered in relation to an employee's gifts, challenges, and aspirations. Aspirational goals contribute to meaningful performance evaluation.

Goals must be specific, realistic, challenging, and measurable. When people are asked to do the best job possible, they rarely do so. The request is too arbitrary and intangible and could be satisfied by a wide range of acceptable performance levels (Locke & Latham, 2002). Goals should not be ambiguous; rather, they must be specific and clearly understood. During any type of performance appraisal that involves goal setting, advanced nurses should focus on exactly what is required of the nurse. For example, "Start change of shift report at the correct time and finish it no later than the scheduled stop time" is much clearer than "Give a better shift report."

When goals are individually determined, nurses who believe that they are able to accomplish the agreed-upon tasks set higher goals than those with less confidence in the ability to successfully meet the goals (**BOX 3-1**). These same highly confident people are more committed to the agreed upon goals, use better strategies for reaching the goals, and are more receptive to critique along the way (Locke & Latham, 2002). So, include nurses in goal setting and create specific goals that are attainable with effort and persistence. Research findings suggest that the most important agents of high and low productivity include employees themselves, immediate supervisors, and the organization's resources. If performance appraisal is going to influence changes in practice patterns, it will do so via these agents. Nurses practicing in advanced roles without direct-line authority are important resources and certainly have the potential to contribute to employees' individual and collective goals.

> **BOX 3-1** Goal-Setting Tips
>
> 1. Include the employee in goal development. The nurse who participates in the goal-setting process will probably have more success in goal attainment.
> 2. Goals provide focus. Without established goals, nurses are distracted by less important activities.
> 3. Goals are energizing. High goals lead to greater effort.
> 4. Nurses need the tools, support, and strategic planning necessary for successful goal attainment.

Goals should include deadlines. If there is a date by which a behavior, project, or assignment must be completed, be explicit. Goals must be realistic. Impossible goals discourage employees. Goals should not be so easy that they require little effort, but established goals should take into account the limitations and realities of the practice environment (DelPo, 2005).

Once mutually agreeable goals have been established, make certain to ask the nurse what he or she needs to be successful. Perhaps the nurse will set a goal of "certification in specialty area within 9 months" or "participate as a preceptor to a new nurse" or "develop expertise in evidence-based practice (EBP) demonstrated by development of a unit-based interprofessional project." Each of these exemplars demonstrates a need for input from nurses with advanced expertise. There are many opportunities for advanced nurses to contribute to goal development and attainment, and these opportunities will be highly valued by those nurses in need of expert coaching and mentoring.

▶ Postperformance Appraisal Communication and Reflection

At the conclusion of each performance evaluation session, ask the appraised person to provide feedback about the quality of the experience, including the presession preparation and anticipated postsession guidance opportunities (**BOX 3-2**). Consider that there are frequently shared common appraisal mistakes posted on social media and easily retrieved that should be avoided at all costs (**BOX 3-3**). Acknowledge the effort that each nurse or team member has contributed to the organization. Ask for suggestions from subordinates and colleagues related to the supports that they need to successfully meet goals. Be clear to acknowledge personal responsibility in this process and encourage employees to provide updates on a regular basis, perhaps quarterly, as to how they are progressing toward the mutually agreed upon outcomes. Emphasize opportunities for guidance and partnership.

Avoiding a Successful Wrongful Discharge Suit

Wrongful discharge is a common basis for litigation. Although employers have the right to fire employees, it is illegal to fire when the job termination is based on discrimination of protected classes—specifically race, religion, sex, or age. In some localities and states, it may be illegal to terminate employment based on gender or sexual orientation.

BOX 3-2 Postperformance Appraisal Queries

1. Were you provided with sufficient guidance and support throughout this appraisal process?
2. Was there ample time for preparation?
3. Did you have the records that you needed for a sufficient self-evaluation process?
4. Was the appraisal session physically comfortable?
5. What, if any, feedback was surprising to you? Had you discussed the scenarios or behaviors previously with the manager or other evaluator?
6. What suggestions do you have regarding the appraisal process?
7. What are your expectations following the performance evaluation? How, specifically, might the evaluator and other advanced nurses and colleagues support you in goal attainment?
8. As a result of the appraisal experience, what recommendations do you have for annual record keeping, monitoring, and feedback?

BOX 3-3 Frequently Described in Social Media as Performance Review Errors

1. Brief and unplanned discussion that avoids specific details about previous performance and does not offer opportunities for meaningful goal setting.
2. Glowing annual reviews followed by unexpected layoff or termination with the suggestion that performance required some improvement.
3. Recency effect: A recent event dominates the appraisal review and the remainder of the performance year is ignored (Jackson, 2012).
4. No preparation on the part of the evaluator. Some cut and paste from one performance review year to another.
5. No scheduled appraisal because "my door is always open."
6. No recognition for a job well done.
7. No acknowledgement of the extra responsibilities and load that have been assumed due to vacancies and "right-sizing."
8. Fake evaluative feedback. Either being told that the performance has been "great" or "terrible" without truthfulness.
9. No periodic follow-up or loop closure. Goals should be periodically checked and progress or lack thereof should be analyzed.
10. Little to no attention paid to future plans, including career goals.

Paper trails and real-time documentation are absolutely essential to demonstrate that an employee has been afforded progressive discipline and fair consideration.

Documentation should accurately reflect the reality of the evaluation process. In other words, advanced nurses, including nurse managers and administrators, must be careful to offer evaluative input that is honest, reasonable, and free of bias. Make certain to avoid treating an appraisal session as a disciplinary session. Performance evaluations should be kept private and each person should be afforded the opportunity to appeal evaluative feedback and measurement. Since corrective action is presumably addressed immediately following the concerning behavior, there should be no surprises during a scheduled evaluation session. Nurses should know where they stand before they walk into the meeting room.

Seek Out Information and Develop Appraisal Expertise

Advanced nurses with an interest in improving their evaluation skills should seek direction and suggestions from the many printed resources on this subject. There are often education and training programs at work sites specific to performance evaluations. Nurse leaders, including those who mentor and support nurses across a variety of roles, should take advantage of these opportunities if they will be regularly contributing to formal appraisal processes.

▶ Appraising Deficient Performance with Success as the Goal

There are many types of employee problems, including low productivity, performance deficiencies including incompetence, insubordination, interpersonal problems that affect the work environment, excessive absenteeism, drugs and alcohol, theft and dishonesty, violence, disrespectfulness, and immorality. Many advanced nurses in practice, education, or administrative roles are directly involved in addressing staff productivity and performance issues. They may be peripherally involved in report-ing other employee problems as either a direct observer or a confidant of staff. As a result, advanced nurses need to have an understanding of and appreciation for the complexities of assisting nurses who demonstrate performance proficiency deficits.

Evaluating the Unsatisfactory Performer

Advanced nurses are often involved with appraising the performance of a nurse or staff member who is practicing below expectations. CNSs, CNLs, managers, educa-tors, staff development experts, and nurses engaged in mentoring and supervising are often viewed as coaches and clinical experts. As a result, they may need to work with struggling nurses to develop performance-based remediation plans. Struggling nurses may be established practitioners who have transferred to a different practice area requiring new skills, nurses demonstrating performance deficiencies caused by difficult life circumstances, or new nurses having difficulty meeting the challenges of orientation programs. The nurse who is new to the clinical setting or new to practice is significantly different than the nurse who has experience but begins to demonstrate low performance in key areas.

The Struggling New Employee

Before beginning the written performance appraisal, advanced nurse evaluators should begin by meeting with the employee and discussing the nurse's perspective, including concerns, worries, and suggestions. Do not assume that the nurse has *chosen* to perform poorly. Care must be taken to avoid arguing or eliciting defen-sive posturing. In general, although the evaluator and employee may have differing opinions on the quality of performance, examples of behaviors should be discussed in matter-of-fact language that includes the outcomes of these behaviors. Quotations, charting, medication administration records, and patient/family complaints and compliments should be reviewed.

This reflective process should include discussion specific to the orientation structures and processes (**FIGURE 3-2**). Many institutions arrange supervised experiences with a preceptor to guide new employees. These arrangements may be referred to as orientations or mentorships and may be arranged as unit-based, dedicated education unit, department, or academy-type activities. The basic structure and processes tend to be fairly similar across nursing care settings: (1) Develop a structured orientation
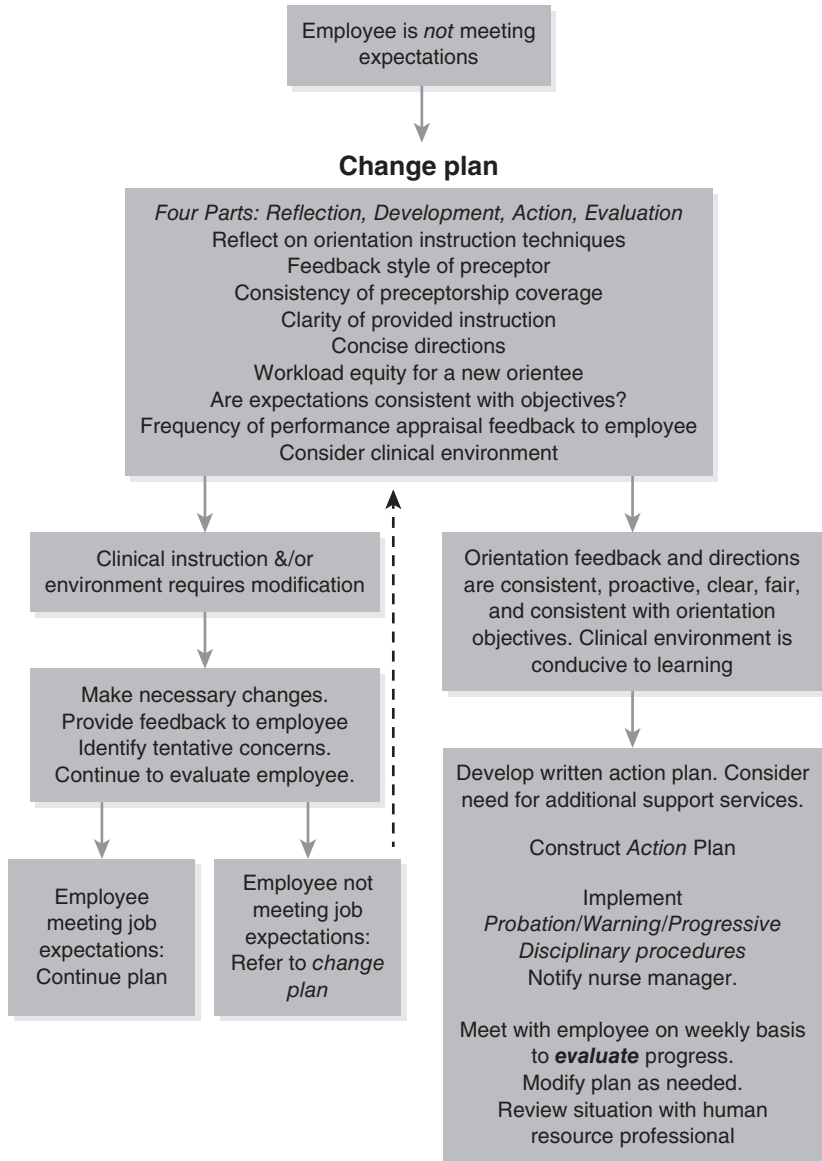
```
Employee is not meeting
expectations
```

Change plan

```
Four Parts: Reflection, Development, Action, Evaluation
Reflect on orientation instruction techniques
Feedback style of preceptor
Consistency of preceptorship coverage
Clarity of provided instruction
Concise directions
Workload equity for a new orientee
Are expectations consistent with objectives?
Frequency of performance appraisal feedback to employee
Consider clinical environment
```

```
Clinical instruction &/or
environment requires modification
```

```
Orientation feedback and directions
are consistent, proactive, clear, fair,
and consistent with orientation
objectives. Clinical environment is
conducive to learning
```

```
Make necessary changes.
Provide feedback to employee
Identify tentative concerns.
Continue to evaluate employee.
```

```
Employee
meeting job
expectations:
Continue plan
```

```
Employee not
meeting job
expectations:
Refer to change
plan
```

```
Develop written action plan. Consider
need for additional support services.

Construct Action Plan

Implement
Probation/Warning/Progressive
Disciplinary procedures
Notify nurse manager.

Meet with employee on weekly basis
to evaluate progress.
Modify plan as needed.
Review situation with human
resource professional
```

FIGURE 3-2 Struggling Employee Evaluation Algorithm.

program that includes behavioral objectives and opportunities to evaluate feedback; (2) assign one or more individuals to work with the new nurse; (3) gradually increase employee independence; and (4) evaluate at probationary period end and make a decision on whether to continue the employment.

In this type of arrangement, the preceptor wields significant influence on the quality of the orientation and the outcomes of the experience. It is important to consider the skill of the preceptor and the relationship between the new employee and the preceptor. In some cases, this relationship does not click, and, as a direct result, the new employee is unsuccessful.

Conflict may exist in nursing student–preceptor relationships (Mamchur & Myrick, 2003), and it makes sense that this same conflict may manifest itself in new employee–preceptor relationships. The advanced nurse must keep an open mind when considering this possibility and recognize that it is also possible that the preceptor is being wrongfully blamed for the lackluster performance of the new hire.

Workload equity may also be a concern. New hires should be able to anticipate a reasonable workload that provides for learning opportunities and guidance throughout the day. Perhaps a heavy workload, increased patient census, or high acuity has prevented the new employee from doing a good job. It is not uncommon for preceptors to juggle orientation responsibilities while also managing a full patient assignment. This divided attention may adversely affect the new employee's access to guidance through the system.

New employees deserve regular, objective feedback that is offered to them privately and that includes both positive and negative behavior exemplars. Preceptors should treat evaluative data as confidential, shared only on a need-to-know basis. If orientees are not receiving objective feedback, they have no legitimate opportunity to improve or succeed. If performance is discussed outside the preceptor–orientee relationship with employees who have no right or need to know, then the orientee is being sabotaged with legitimate grounds for formal complaint. The preceptorship relationship should be based on trust and good intentions to encourage the new employee to share questions and concerns. New hires cannot identify clinical skill deficiencies or learning needs if they do not feel safe.

The appraiser should also critique the clinical environment with the employee. Make certain that the new hire feels comfortable and supported. If not, specific areas must be identified and behaviors must be addressed. If there are challenges or intimidating exchanges with other professionals, including the medical staff, these issues must also be remedied.

Another possible explanation for poor performance may be substance abuse. Employees who abuse drugs and alcohol may demonstrate diminished job performance, reduced productivity, lateness, or absenteeism. If the new employee demonstrates these behaviors, make certain that they are accurately documented and inform the employee that these behaviors will be brought to the attention of the appropriate administrator. Established employees may have in-house support options for addictions that are unavailable to newly hired nurses during the probationary period. Exploring program options in this case should be the responsibility of the new employee in consultation with human resources.

If an advanced nurse notes slurred speech, alcohol on breath, changes in pupil size, or uncoordinated motor movements, document the findings and speak with the employee. The situation should be immediately addressed. Patient safety is the imperative obligation. There are times when behaviors are the result of prescribed

medications. Notify the administrator and follow through with institutional policy. Remember to address the results or potential outcomes of alcohol and drug-related behaviors, particularly if these behaviors are occurring after work but are affecting the quality of the employee's work performance.

Responding to the Issues. After reflecting on the circumstances of the new employee's unsatisfactory performance and speaking with both the orientee and the preceptor, the advanced nurse must decide how to proceed. These assessments and discussions should be documented. Share the data and conclusions with the appropriate administrator.

If the problem lies with the work environment or the preceptorship arrangement, correct these problems and establish a date for performance reevaluation. A change in preceptor assignment or targeted education may move the orientee back on track. If these changes correct the performance deficiencies, the orientation plan should continue with the revisions in place.

On the other hand, perhaps careful scrutinizing of the preceptorship relationship, work environment, and workload reveal that the system does not sufficiently reveal the root of the problem. Rather, evaluation reveals that the performance deficiencies directly relate to the skill set, disposition, or motivation of the orientee. In this case, the advanced nurse needs to participate in developing a remediation plan to address these issues or needs to support both the employee and the manager during the termination process.

Developing the Action Plan. Evidence suggests that the most effective remedy for poor performance is to focus on the future rather than the past. Focusing on the past is unproductive because performance cannot be undone and because such a discussion is likely to encourage arguments due to differing perceptions of past events (Zemke, 1991). Once it is clearly established that the new employee is performing at an unsatisfactory level, it is common for the appraiser and, perhaps, an advanced nurse colleague to participate in developing an action plan.

The action plan's intent is to specify behaviors, target dates, and steps that the employee is required to fulfill to achieve required outcomes. The plan's focus is to provide opportunities for the employee to master requisite job expectations. The appraiser must remember that this is a private event for the new employee. A remediation plan must be handled sensitively and in such a way that the employee receives needed support and learning experience opportunities without bearing the brunt of the curiosity and gossip of coworkers and members of the health care team.

The employee should clearly understand that if established goals of the remediation plan are not met, the employee will be discharged. Remember to make certain to evaluate, remediate, and reevaluate within the time limits of the probationary period. If this is not enough time to give the employee a reasonable time for improvement, consider extending the probationary period in consultation with human resources.

After the Action Plan. Remediating the struggling employee can be a time-consuming activity. The advanced nurse will probably work with an administrator, perhaps a nurse manager, when completing the initial written appraisal. Once this evaluation has been shared with the employee and an action plan has been developed, the evaluator or other involved advanced nurse may be responsible for coordinating

and monitoring the employee's progress. Good organizational skills and effective communication strategies are essential during this period.

The primary advanced nurse preceptor should schedule interim meetings, preferably with the nurse manager or evaluator in attendance. These interim meetings are intended to measure the progress the employee has made toward the action plan goals and to solicit input and feedback. Generally, probationary periods are short. Schedule interim evaluations frequently enough that the employee receives feedback and suggestions in a timely fashion relative to the amount of time remaining in the probation. Meetings may be scheduled weekly or biweekly, depending on employee shift patterns.

Interim appraisal sessions are also good opportunities to "check in" and really listen to this new employee. Keep in mind that this process is anxiety producing for any employee and particularly for a new employee. Be ready to give specific feedback and practical suggestions. Have genuine dialogue about the expectations. If they require plan revisions, do so within reason. Make certain that the employee has early notification of the scheduled interim review sessions. Encourage the nurse to prepare for the review and to consider suggestions for strategies, supports, and resources that might be helpful to the employee as he or she continues to develop skills.

Some institutions have formal mechanisms for documenting interim reviews, whereas others leave the format to the discretion of the evaluator. In general, it is wise to come to the interim review with written documentation. Share feedback from coworkers, patients, and families. If the employee has demonstrated improvement and goals appear attainable, make certain to share this positive feedback but do not offer guarantees of continued employment. Remember that the employee needs to demonstrate continual and consistent growth as measured against the agreed-upon goals.

If the employee continues to demonstrate an unsatisfactory level of performance, continue to provide objective examples of concerning behaviors and skill deficiencies. Offer assistance where appropriate while making certain that final responsibility for job performance lies with the employee. Remember that there are times when probationary periods should not be extended. There may be other viable alternatives for this struggling employee. As an example, perhaps the new employee is struggling in a high-acuity intensive care unit but may perform satisfactorily in an inpatient or outpatient area. This may be a reasonable suggestion if the employee's performance deficiencies relate to technical skills or an identified realization that the demands of the high-acuity practice area are inconsistent with the new employee's interests.

During the interim evaluation session, keep in mind that demeanor is important. It is not uncommon for the struggling employee to view these sessions as threatening. This is not an unreasonable perspective, given that continued employment requires a satisfactory level of performance. The advanced nurse is obliged to treat the employee with respect. Hostility or frustration is inappropriate, and expressions of such may escalate into personal attacks.

When meeting with the employee, keep the office or conference room door open but schedule the evaluative discussion in a reasonably private area. Ultimately, the decision to terminate a new employee is an administrative decision. Input from the advanced nurse or nurses who have closely engaged with the struggling employee is likely critical to the process and is usually an important consideration when making the determination of whether to continue the employment relationship (**EXEMPLAR 3-1**).

EXEMPLAR 3-1 The Partying Orientee

Josie is a newly hired RN on a medical-surgical nursing unit. The advanced nurse educator, in this case, an experienced RN with a graduate degree in nursing education, is responsible for developing an orientation program and tracking employees' progress through this program. The nurse educator arranges for a consistent preceptor to work with Josie. The preceptor is an experienced mentor. The preceptor informs the nurse educator that Josie frequently goes out following the 3–11 shift and claims to "party late." The preceptor is concerned that this lifestyle is destructive and that Josie appears fatigued and distracted during patient care experiences.

The nurse educator shares these same concerns but recognizes that Josie's lifestyle choice is outside the purview of the employee–employer relationship and to address this concern with Josie would be an intrusion into her personal life. However, the educator is concerned about patient safety and job performance and recognizes that these concerns are work related and necessary to raise with Josie if patient safety may be compromised. If Josie demonstrates a pattern of lateness, poor performance, clinical errors, or absenteeism, the educator and preceptor will note the specifics, document details, and share with the responsible administrator. Given Josie's self-reported alcohol intake and late nights, there may be an opportunity to discuss potentially needed employee assistance programs. Mutual goal setting may assist Josie with improving her performance, redirecting her focus, and, if needed, seeking professional supports or guidance.

The Struggling Established Employee

When a nurse has been practicing satisfactorily and then begins to demonstrate problems with productivity or practice quality, the advanced nurse is often the first person to whom staff turns for advice. This advanced nurse may be a CNS, CNL, NP, staff educator, nurse manager, charge nurse, or even a nurse faculty member or researcher. Losing a nurse is expensive in terms of both dollars and human cost, particularly a nurse who has previously practiced as an effective member of the health care team. The advanced nurse should consider a variety of possible explanations for the performance deficiencies, including possible changes in the nurse's personal life or work environment (**TABLE 3-4**). As mentioned, substance abuse is always a concern and should be considered and ruled in or out early in the process.

The best initial strategy is to collect preliminary information before approaching the nurse. There is a possibility that the advanced nurse has been misinformed about the employee's performance. Observe the nurse during clinical practice. Review charts and documentation and develop a clear sense of whether there is an actual performance issue.

After preliminary data review, approach the employee in a thoughtful and considerate fashion. If the appraiser has an established relationship with the employee, having a private discussion in a relaxed environment over lunch or coffee may be an effective approach to this difficult conversation. Remember that patient safety is paramount. If the employee is providing safe care but care that is less organized or productive than usual, the performance problem may be easier to address than if patient safety is at risk because potentially compromised safety requires swift response that errs on the side of eliminating avoidable risk.

TABLE 3-4 Possible Explanations for Compromised or Inadequate Performance		
Work Challenges	**Intrapersonal Problems**	**Relationship Difficulties**
■ Discrimination or harassment ■ Overwhelming physical demands ■ Fast-paced workload demands ■ Changing technologies	■ Substance abuse ■ Changes in vision or hearing ■ Alterations in physical health or stamina ■ Mental health concerns ■ Worries ■ Crisis in faith ■ Economic stressors	■ Divorce ■ Death ■ Conflicts with family, friends, coworkers, supervisors ■ Fear of violence

Consider the institutional resources that may be available to the nurse. Many health care systems have employee counseling programs and employee assistance opportunities that can help staff with problem solving for a wide range of issues. Encourage the nurse to take advantage of available services. Consider including the nurse manager in a conversation to share possible changes in scheduling or shift rotations to accommodate the employee's issues. For example, there are times when nurses who are struggling with difficult family circumstances find that weekend 12-hour shifts or a permanent evening or night shift can help with financial worries or remedy a need for predictability. Again, keep only appropriate personnel informed and involved in the process as designated by policy.

▶ Self-Regulation and Peer Review

Peer evaluation or peer review is associated with activities that require self-regulation within the context of professional practice. Self-regulation strengthens the nursing profession's credibility in society and builds a sense of personal and professional responsibility (McAllister & Osborne, 1997) within the nursing rank and file. Scholarly journals use blind peer-review processes to review manuscripts submitted for publication consideration. Peer review is also used for grant reviews, tenure and promotion decisions, conference abstract submissions (Dougherty, 2006), accreditation processes, and to supplement performance evaluations. Peer-review processes are used to facilitate student learning (McAllister & Osborne, 1997). There is also opportunity to use a nursing peer-review committee structure and process to conduct root cause analyses in a nonpunitive manner (Spiva, Jarrell, & Baio, 2014).

Peer-review processes place practice evaluation squarely in the hands of the professional. Professionals should be evaluated by their peers, specifically colleagues with similar competence and possessing clear understanding of practice demands and standards. Briggs, Heath, and Kelley (2005) reported that certain states expect some form of peer review. Also, when peer-review processes are required for advanced practice nurses (APNs), some state boards of nursing stipulate that the review must

be conducted by a similarly licensed APN practicing in the same clinical area. The peer-review process may also be statutorily required as part of fact-finding activities related to a nurse's conduct (Walters, 2000).

Peers should be evaluated against established, written standards (Briggs et al., 2005; McAllister & Osborne, 1997), regardless of the motivation for the peer review. Journals, foundations, organizations, accrediting agencies, universities, and employment settings have performance standards. Peer-review conflicts often relate to the interpretation and application of standards as well as conflicts that arise from contentious communications and perceived unfairness.

Connecting Evaluation Processes to Role-Specific Job Descriptions

It is challenging to participate in valid performance appraisal processes if there is an absent or tenuous relationship between the performance evaluation system and the job description. Many nurses in advanced roles experience role challenges as a result of amorphous scopes of practice within the institution and lack of clarity about role differentiation. CNSs and CNLs, as well as other sometimes more fluid advanced roles, may experience both role ambiguity and role confusion. There are often occasions when differences between CNS and CNL expertise, role responsibilities, and competencies are not clearly understood by nurse colleagues or administrative personnel. Staff development, staff educators, and quality improvement professionals may experience similar challenges. Job descriptions may be inappropriate and may loosely categorize CNSs, in particular, as APRNs, staff development or clinical educators, or administrators. CNLs may be confused with CNSs or mistakenly labeled as advanced practice nurses. Staff educators often have varied educational and experiential backgrounds that can contribute to job description challenges; some have graduate degrees in nursing while others lack nursing-specific advanced degrees. Such ambiguity presents challenges beyond the performance appraisal concern and may contribute to role strain and job dissatisfaction. The performance appraisal process should directly relate to the job description that is informed by the needs of the organization as influenced by the larger health care environment and as determined by state practice regulations.

Advanced nurses should scrutinize their job descriptions and ensure that the descriptions accurately describe the role and its responsibilities. If the job description requires modification or needs to be crafted from scratch, advanced nurses should use any and all available resources that specifically relate to their role and work to create a relevant description of employment requirements, job responsibilities, and outcomes (**BOX 3-4**).

Peer-Review Performance Evaluations

Peer-review processes are useful to include in the performance appraisal of all categories of nursing staff members. Data sources that inform these processes should be selected based on the role and responsibilities of the nurse. Traditional methods of performance evaluation can be problematic for nurses in advanced roles, particularly when supervisors/directors do not regularly observe advanced nurses' work. Staff nurses have these same concerns regarding the legitimacy of appraisals. Devising a peer-review system may help alleviate some of these issues, although the very nature

BOX 3-4 Suggested Strategies for Job Description Development

1. Request copies of relevant job descriptions from networking colleagues accessible through listservs or discussion boards. Many professional nursing organizations have associated listservs.
2. Connect with advanced nurses through relevant specialty organizations and request copies of job descriptions relevant to the practice area and type of work setting.
3. Explore the literature for materials that differentiate types of advanced practice roles and use this evidence to inform and support the proposed job description.
4. Include coworkers in the process. Consider that advanced nurse roles may have differing priorities and job expectations depending upon the department and specialty. Make certain to provide opportunities to validate and modify drafted job descriptions using the input of those nurses practicing in the roles, internal stakeholders, and, perhaps, outside experts.

of peer review can stimulate nurses' anxieties as they worry about confidentiality protections and the potential for disparaging comments.

Canadian nurses are required to participate in continuing competence programs (CCPs) to ensure that nurses are current and competent in professional practice (Mantesso, Petrucka, & Bassendowski, 2008). CCPs often integrate reflective practice as a vehicle for self-assessment (Association of Registered Nurses of Newfoundland and Labrador [ARNNL], 2015). One aspect of reflective practice is peer feedback.

Nurses are varyingly receptive to peer feedback depending upon locus of control, a personality variable (Mantesso et al., 2008). Giving and receiving peer feedback requires a conversation between colleagues that emphasizes dialogue and development. Advanced nurses should consider working with staff to develop peer feedback opportunities that may enhance nursing practice. Locus of control may be an important variable to consider when planning continuing development programs for staff with both internal and external control foci since nurses with external locus of control may be more anxious during feedback processes when compared with the more assertive and confident internally controlled nurse (Mantesso et al., 2008).

Establishing peer-review processes takes planning. Review tools need to reflect job expectations, values, and required competencies. When developing a peer-review process, advanced nurses should solicit stakeholder input, establish the criteria against which the nurse will be evaluated, and create the process for reviewer selection (Briggs et al., 2005). Staff should participate in selecting appraisal items and developing guidelines, including the number of peer appraisals per staff member, role of self-evaluation, reviewer selection criteria, and confidentiality protections (Mathews, 2000).

There are numerous ways to structure peer-review processes and format evaluation tools. Some review systems are fairly unstructured, whereas others use guiding questions or very specific review criteria (Briggs et al., 2005). Advanced nurses should examine a variety of structures and processes and choose a format that is best suited to nurses' needs within the particular organization. Briggs and colleagues (2005) cautioned that peer review differs from traditional, annual performance evaluations. Often, peer review supplements the standard review process.

Identifying colleagues to serve as reviewers is an important activity. There are pros and cons to physician inclusion. Certainly, if physicians or other interprofessional

colleagues are included, they need to have an accurate understanding of different nursing roles and how these roles vary in responsibility and scope of practice. Reviewers need to be informed of the process and boundaries of the evaluation program and will require education and training.

When designing a peer-review process, advanced nurses need to have frank discussions about whether reviewers should be anonymous or known. Anonymity may facilitate honest and candid feedback. At times anonymity can also allow for aggressive, mean-spirited reviews. Briggs and colleagues (2005) commented that individuals often express the belief that they have the right to know who is reviewing their work. There are times when a reviewer or the reviewed nurse might want additional information or clarification; however, in an anonymous process, this option is not possible.

Peer review implemented as an open process with identified, known reviewers has different associated concerns. Reviewers may feel pressure to provide positive feedback. Some reviewers may worry about retribution when an honest review reveals performance deficiencies that are shared with the reviewed peer. These types of concerns should be openly discussed, guidelines should be established, and education should be provided.

Peer review is a legitimate source of data that facilitates self-development. Vuorinen, Tarkka, and Meretoja (2000) examined nurses' experiences with peer evaluation and its potential impact on professional development. RNs (N = 24) employed on an intensive care unit in Finland completed questionnaires with five open-ended questions pertaining to peer review. Content analysis revealed that peer review assisted nurses in better understanding their actions. Peer feedback offered the reviewed nurses alternative ways of looking at and conducting their work. The respondents evaluated peer evaluation as positive and collaborative.

While peer review certainly offers positive opportunities for personal and professional growth for individuals and for teams, it is not a risk-free endeavor. Siedlecki (2016) describes the ethics of peer review and identifies avoidable ethical pitfalls, including confidentiality violations, developing biased peer critiques, or even plagiarizing reviewed materials and using ideas that have been shared during peer-review processes. Peer reviewers must understand the tremendous professional responsibilities associated with having access to others' intellectual efforts or performance appraisal data. Siedlecki emphasizes the importance of just and fair treatment of the reviewed peer by the evaluator. There are often times when reviewers should recuse themselves from review activities if the peer is personally known or a competitor of some sort (e.g., for funding resources) (Siedlecki, 2016).

Peer Review: Abstracts and Manuscripts

Peer review is essential for high-quality scholarly work. It is usually conducted as a double-blind process. The reviewer is unfamiliar with the author of the submission, and the author receives feedback that is anonymous. Similar to the notion of double-blind research studies, the system protects the integrity of the decision making by divorcing the person from the quality of the work.

Double-blind peer review is incorporated into selection processes for most types of professional activities and venues (**BOX 3-5**). Many new advanced nurses find review procedures intimidating or confusing. Some would like to contribute as reviewers but do not know how to initiate this activity. Understanding the basic process is necessary

BOX 3-5 Select Peer-Review Activities

Manuscript review processes for journals
Podium abstracts for conference presentations
Poster abstracts
Dossier review by outside experts for tenure and promotion in university settings
Grant applications
Fellowship applications
Awards
Institutional Review Board research project submissions
Clinical ladder promotion processes
Root cause analyses

to actively contribute to nursing scholarship and to disseminate information that may be useful to the profession and to practice.

There is a need for expert nurses to serve as reviewers for nursing journals. Advanced nurses' expertise may be in education, research, administration, informatics, or clinical practice. Many journals have requests for reviewers posted on their home page. Some journals prefer publishing experience. Reviewers volunteer their services. Most are acknowledged through some type of simple gesture, such as an annual published list of reviewers in the journal, a certificate of acknowledgment, or a thank-you letter on journal stationery. Nurses should make certain to include reviewer activities on their curriculum vitae or résumé as a professional activity or professional service. Usually, reviewers serve a predesignated time commitment. Manuscripts are delivered to reviewers in an unscheduled, sometimes unpredictable, fashion, but there is usually a reasonable time period between manuscript review requests.

Manuscript reviews vary in format and process. Some reviews are submitted electronically, whereas other journals use hard-copy manuscripts with various options for review return. Reviewers are selected based on the manuscript topic and the reviewer's area of expertise. More than one reviewer is assigned to each manuscript.

Most journals provide verbatim feedback from reviewers to authors. Part of the peer-review process should be to provide constructive feedback in such a way that even when a manuscript is rejected, the author does not feel personally rejected or insulted. Most authors work very hard on manuscripts. This does not mean that all submissions are well written or even logical. Nonetheless, remember that the comments and criticisms written on the review page are going to be read by the author. If the review is too harsh or unkind, the writer may never submit another manuscript. Reviewers should be candid but should also be professional. Consider the review process as an opportunity to mentor and develop a colleague.

Advanced nurses may also elect to participate in peer-review processes for conferences. Most popular or highly regarded conferences are competitive. A call for abstracts is issued for both paper and poster submissions. Reviewers are needed to select those abstracts that are suitable for podium presentations versus those that are more appropriately shared in poster form. A percentage of abstract submissions will be rejected based on reviewers' critiques. The number of rejections will depend on the number of submissions. Reviewers play a key role in this process. Many

organizations solicit abstract reviewers during conferences. This is a good way to serve an organization and get involved at an entry level in regional, national, or international conference planning.

▶ Succession Planning

Performance appraisals provide a unique opportunity to chat with staff about their talents, aspirations, and professional goals. These conversations create opportunities for succession planning, a critical workforce priority given the potential future nursing shortage resulting from nurse retirements over the next 5 years (Acree-Hamann, 2016). Talent recognition and management are vital obligations of advanced nurses. Recognizing aptitude for management, practice, teaching, or systems-thinking is one aspect of succession planning while nurturing these talents and encouraging nurses to continue to build these capacities requires a different set of activities. Advanced nurses need to consider how they can contribute to supporting leadership transitions across the many types of essential professional nursing services.

Succession planning is not unique to nursing and is often a priority within organizations as they consider how to recognize, recruit, retain, and develop talented employees. Nursing's aging workforce contributes to a particular sense of urgency regarding succession planning (Acree-Hamann, 2016; Griffith, 2012; Manning, Jones, Jones, & Fernandez, 2015). Health care peculiarities that complicate the challenges of building leadership capacity across educational and practice environments include system complexities, financial uncertainties, and rapidly evolving technologies and informatics requirements. Efforts have been undertaken to understand the unique needs of succession planning within the nursing profession (Fray & Sherman, 2017) and to implement interventions in response to institutional demands.

Published literature offers an array of succession planning programs that advanced nurses may want to consider. A Future Nursing Unit Managers program was designed to enhance the managerial and leadership talents of potential nursing unit managers (NUMs) (Manning et al., 2016) by incorporating succession planning principles identified in the published literature but often not linked to specific implementation strategies. This particular program was modeled around identified core principles, including organizational support, identification of skills and competencies necessary for the position and based on a map derived from the job description, talent detection, gap analysis of skills and competencies of program participants, and development opportunities (Manning et al., 2016). Program evaluation findings supported the value of the program. There were eight participants at the time of publication and half had moved into some type of NUM position following the program.

The University of North Carolina Medical Center, a Magnet™ designated academic medical center, addressed its goal of developing internal nurse leaders by establishing a Nursing Leadership Academy (Strickler, Bohling, Kneis, O'Connor, & Yee, 2016). Similar in some respects to the NUM program, the academy was designed to support succession efforts as nurse leaders were promoted. The goal was to establish a bench of potential leaders available for new opportunities as formal leaders. Academy efforts have resulted in numerous internal promotions while also reducing external recruitment expenses (Strickler et al., 2016).

The Veterans Health Administration (VHA) has also addressed the need for succession planning by using a different strategy, creation of a useful database to

identify candidates for nursing leadership positions based on interest, willingness, and ability to accept such a position (Weiss & Drake, 2007). The database has access that is restricted to the nurse executive group and to those in the office of nursing services. A variety of position options are included in the database and career data are obtained from interested staff and approved by the appropriate nurse executive based on verification of leadership potential. The database is robust and data may be modified as needed (Weiss & Drake, 2007). Opening the database to the entire VHA system allows access to agencies outside of candidates' local areas and doing so ensures that each individual VHA health care enterprise has access to the talent within the larger organization.

Successful succession planning must take into account the varied needs, perspectives, and experiences of nursing professionals as influenced by age, culture, sex, gender, and other demographic characteristics. Generation Y nurses were born between 1980 and 2000 and are often labeled "millennials." Literature describes them as comfortable with diversity of all sorts, capable of working in teams, interested in work–life balance, and proficient with technologies.

Sherman (2015) points out that this generational cohort values flexible leaders that offer meaningful and frequent feedback. Performance feedback is very important to this generation and Generation Y nurses are often in paths for advancement early in their career trajectories (Sherman, 2015). Advanced nurses should consider how to guide and nurture this group of relatively new nurses, not only because of the flexibility, optimism, and confidence often characteristic of millennials, but also because of their potentially powerful and important contributions to the health care workforce. Their passion for environmental causes, technologies, equity, and diversity offer much-needed perspectives and attitudes to the nursing profession.

Seasoned nurses also have unique needs that should inform performance appraisal and succession planning. The aging nursing workforce is a real concern, and a global issue. The median age of RNs in the United States was 48 years in 2008 and 45.4 years in Canada creating a worrisome scenario of inadequate workforce numbers to provide care for aging populations (Armstrong-Stassen, Cameron, Rajacich, & Freeman, 2014). Published research findings support that nurse managers are unaware of the unique needs of seasoned nurses. Literature also reveals that experienced nurses fail to receive useful and supportive evaluative feedback (Armstrong-Stassen et al., 2014). This may be a challenge that advanced role nurses, as well as nursing teams, need to explore and address so as to assist in retaining the expertise of this valuable cohort.

Partnering performance appraisal and succession planning in a deliberate fashion offers opportunities for retaining and advancing nurses. Advanced nurses have an important role to play in both endeavors. There may be a need for advanced nurses to work with their particular professional organizations to increase conscious consideration of succession planning. Cursory reviews of CNL competencies (American Association of Colleges of Nursing [AACN], 2013), Adult-Gerontology CNS competencies (AACN, 2010a), Nurse Practitioner core competences (National Organization of Nurse Practitioner Faculties [NONPF], 2017), and Adult-Gerontology Primary Care NP competencies (AACN, 2010b) reveal that these competencies do not address succession planning. Most do not address performance appraisal processes although there is mention of coaching and/or mentoring. Nurse Manager competencies (American Organization of Nurse Executives [AONE], 2015) explicitly address succession planning as a component of human resource leadership skills (p. 6). Staff

evaluation and retention are also included (AONE, 2015). Because succession planning and performance appraisal are important to the entire nursing team, including the many diverse types of advanced nurses, it seems reasonable to advocate for greater collective attentiveness to both activities.

▶ Conclusion

Participating in performance appraisal processes and working with nurses to address deficiencies or build on strengths are challenging aspects of advanced nurses' responsibilities. Many supervisors cringe at the thought of giving honest feedback to employees, particularly if this feedback relates to performance deficiencies, disciplinary concerns, or the possibility of employment termination at the conclusion of a probationary period.

These are certainly stressful events; however, advanced nurses are wise to consider the benefits of the performance appraisal process. They may be able to offer the struggling employee a very real opportunity to improve performance. Advanced nurses, particularly those in roles that are not administrative line positions, are typically regarded by staff as nurse advocates, rather than perceived as potentially threatening. This rapport provides them with the means to make a difference in the professional life of a nurse and the work life of a nursing team.

Performance evaluation may also be best viewed as a continuous quality improvement activity that has the potential to truly change practice. Verbal coaching, written kudos, reminders of practice expectations, and gentle nudging are interventions that can foster strong relationships between nursing staff and advanced nurses. Continuous evaluative feedback may elicit higher levels of professional practice and improved patient care outcomes. From this perspective, the advanced nurse's role in performance appraisal has the potential to be empowering and uplifting. Concrete skills, logistical and legal responsibilities, and documentation habits need to be developed, but resources are available and should be used as the advanced nurse learns to contribute to an expert and fair appraisal process.

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