

JOB SATISFACTION AMONG INTENSIVE CARE NURSES
AS RELATED TO PROFESSIONAL GROWTH NEEDS
AND PERFORMANCE APPRAISAL SYSTEMS

by

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ABSTRACT

Nursing service administrators strive to provide quality patient care through retention of competent, motivated nurses. Nurse job satisfaction is essential to retention and critical in Intensive Care Units (ICUs).

Although there are many variables contributing to nurse job satisfaction, this study examined ICU staff nurse job satisfaction in relationship to performance appraisal systems, frequency of feedback and certain demographic characteristics. ICU staff nurses from three private hospitals responded to the study by completing a Personal Satisfaction Inventory instrument, a question on frequency of feedback and a demographic questionnaire. An expert panel, instructed in motivational theory, examined the three hospitals' job descriptions/performance evaluation instruments for congruence and motivational design. Consensus of the panel was numerically translated on a Likert scale to allow statistical analysis with job satisfaction scores.

Frequency of feedback and marital status achieved significant correlations with job satisfaction. No significant relationship was found with congruence/design of performance appraisal systems.

I dedicate this thesis to:

Kathy and Kim, my wonderful daughters, who, out of love, shared in the joy and pride of this accomplishment, and likewise, shared in the pain.

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CHAPTER I

PROBLEM STATEMENT

Nurse satisfaction with resultant retention of competent and qualified nurses is a goal of nursing service administrators throughout the country, inasmuch as nurse retention is cost effective and qualified nurses positively impact the quality of care given in the nursing organization.

Conversely, nurse dissatisfaction, resulting in high turnover rates, is a source of frustration to nursing administrators, because of the recruitment and orientation costs, and because of the negative impact on quality care due to the influx of inexperienced personnel. Albeit that some degree of turnover is healthy in any organization, nursing turnover rates of up to 70% (Gauerke, 1977) are neither healthy nor cost effective in nursing service organizations.

A second source of frustration to nursing service administrators is absenteeism. Seybolt and Walker (1980) reported it has been well documented that dissatisfied employees require more time off, are less committed to their work organization, and are often more prone to

illness, both physical and mental. Unplanned absences impinge on the workload of other nursing staff, impact on the quality of care the remaining staff can provide, and may give rise to "pulling" of staff from other areas. A lack of adequate nursing staff to meet patient care needs on one unit, due to unplanned absences of personnel, frequently results in "pulling" of staff from other units. This management practice of "pulling" is disruptive to the autonomy and integrity of nursing units and interferes with the ability of head nurses to plan educational offerings for their staff or additional patient related duties that have been neglected during staffing shortages. These factors, namely "pulling" practices and lack of administrative support for unit autonomy, have been identified by nurses as reinforcing their belief that nursing administration does not value direct patient care responsibilities, and as contributing to their dissatisfaction (Wandelt, Pierce & Widdowson, 1980). A number of studies have shown correlations between psychological states and bodily functioning (Burke, 1969, 1970; Chadwick-Jones, 1969; Herzberg, Mausner & Snyderman, 1959; Locke, 1976; Sales & House, 1971; Whyte, 1955). Thus, initial absenteeism of nursing personnel may be related to job dissatisfaction, and the impact of absences on remaining staff may produce physical symptoms and additional absenteeism. Job dissatisfaction promotes ab-

senteeism which leads to turnover (Gauerke, 1977).

A third frustration confronting nursing service administrators is a lack of employee motivation. Although two content theorists have provided the framework for employee motivation -- Maslow (1954) in his Need Hierarchy Theory and Herzberg (1968) in his Dual-Factor, Motivator-Hygiene Theory -- there has been a lack of evidence in the past that these or any other theories have been the basis for job descriptions or performance evaluations for nurses. Traditionally, managers, supervisors and employees have looked forward to performance appraisals with trepidation and fear. Although feedback is an essential component in motivating employees to improve their performance, evaluations have been used as controls rather than motivational tools, and thus have been a losing experience, not only for employees but for organizations, as indicated by a higher turnover, lower job satisfaction and lower productivity (Kaye & Krantz, 1983).

In order for nurse performance appraisal systems to become motivational forces rather than controlling devices, it is essential to employ a systems approach to appraisal systems. Rather than looking at job descriptions and performance evaluations as separate, unrelated entities and a source of confusion and irritation to nurses, a cybernetic framework of input, throughput, and output can be used effectively as the appraisal systems'

model. The input represents the nurse's orientation to a clear job description, which is based on opportunities for professional growth; the throughput represents the frequent feedback provided the nurse by the supervisor. The feedback is designed to modify and/or direct the nurse's behavior towards attaining the functions contained in the job description. The output represents an appraisal of the nurse's performance, evaluating how well the nurse is meeting the functions described in the job description (Stevens, 1980). In order for the appraisal system to be effective, the job description and performance evaluation must be congruent, and the feedback consistent. In order for the process to be a motivational influence, the congruent appraisal system must also be based on growth needs (Seybolt, Pavett & Walker, 1978).

According to Herzberg (1968), motivators are driving forces that increase knowledge, individuality, understanding and creativity; allow for ambiguity in decision making and promote growth. From 12 investigations, Herzberg (1968) reported that motivators were the primary cause of satisfaction among the variety of employees studied. He listed these motivators as achievement, recognition, the work itself, responsibility, advancement and growth.

Purpose of the Research

Based on the literature review, the purpose of this study was to compare, for congruence, the job descriptions/performance evaluation instruments of ICU staff nurses at three hospitals located in northern Utah. In addition, these job descriptions were examined to determine if they had been developed so as to motivate the nurses to increase their clinical skills and proficiency and thus enhance their professional growth. This study investigated the relationship between the ICU staff nurses' job satisfaction and their respective performance appraisal systems (i.e., congruent job descriptions/performance evaluation instruments, job descriptions based on motivators and frequency of feedback). This study also investigated the relationship between the ICU staff nurses' job satisfaction and certain demographic variables.

The findings from this study will add the dimension of performance appraisal systems and ICU staff nurse job satisfaction to the existing repertoire of nurse job satisfaction studies contained in the literature. By incorporating this systematized approach in administering performance appraisal programs, nursing administrators will increase the motivation and job satisfaction of their nurses, thus decrease costly turnover rates and absenteeism which leads to "pulling" practices, a lack of

unit autonomy and nurse job dissatisfaction.

Review of the Literature and
Conceptual Framework

Job Satisfaction Studies
Outside of Nursing

Research efforts concerning fatigue reduction and environmental factors affecting fatigue were conducted during World War I and into the 1930s in Great Britain, Germany, and the United States. The Hawthorne studies (Roethlisberger & Dickson, 1939) in 1939, however, were the first to stress the role of the informal work group and supervisory practices on employee attitudes and performance. The first intensive study of job satisfaction was published by Hoppock in 1935, but it was the Hawthorne studies that established the trend in psychological research over the next two decades. An outgrowth of the Hawthorne studies along with studies concerning leadership, which were stimulated by the United States' armed forces during World War II, resulted in the "Human Relations" movement. In postwar years, industrial sociologists such as Homans in 1950 and Whyte in 1955, and psychologists such as Halpin and Winer in 1957, Likert in 1961, Marrow, Bowers and Seashore in 1967 and Fleishman in 1972, became the leaders of this movement focusing on the impact of leadership and supervisory practice on employee attitudes and performance.

A change in focus had occurred, however, in 1959 as

a result of the publication by Herzberg, Mausner and Snyderman, The Motivation to Work. The publication redirected attention to the work itself, and emphasized vertical rather than horizontal job enlargement, claiming that satisfaction can be attained through growth in skill, efficiency and responsibility, which is possible through mentally challenging work. Herzberg's theory regarding the work itself as a motivational influence gained popularity during the next decade, and a major report was published in 1969 by Ford and another in 1971 by Maher.

An outgrowth of the Human Relations movement included a variety of investigations related to the work-environment. Some studies included the events or conditions affecting the work environment such as the variety of the work assignment, opportunities for learning, chances for success, managerial controls over time, pace, and methods; pay, including fairness and method of payment; promotions; recognition; benefits; and working conditions, such as hours of work, rest breaks, equipment, ventilation, humidity, and other environmental factors. Other studies focused on the agents affecting the work environment, such as supervision, including one's supervisory style, interpersonal relationships' skill, administrative and technical skill; company and management policies and procedures including a demonstration of concern for the employee; and social relationships among

peers and subordinates as a result of the work environment.

Two causal models of job satisfaction evolved from these studies. The first model identified by Campbell, Dunnette, Lawler and Weich (1970) is the process theory. In this model, an attempt is made to specify the causal relationship between classes of variables necessary for job satisfaction, as well as a combination of these variables. The variables include physical and psychological needs, perceptions based on previous experience, values, beliefs, personal goals, competencies, and expectations. The second model is a content theory. This model attempts to identify and describe the actual factors or the specific values or needs most conducive to job satisfaction and motivation. The two most distinguished content theorists are Herzberg and Maslow (Locke, 1976).

Maslow (1954) identified and described five needs which he arranged hierarchically and which he proposed are satisfied in sequence. In ascending order these needs are: a) physiological needs such as food and water; b) safety needs; c) belongingness and love; d) esteem, and e) self-actualization. Maslow proposed that each sequential need must be satisfied before the next ascending need becomes a motivational force. In other words, the basic needs related to survival must be met before an individual can be motivated to attain ^(e) higher level

needs.

Herzberg (1969) identified and described a Dual-Factor Theory in which he argued that job satisfaction and dissatisfaction are the result of two separate and different causes; satisfaction is dependent on motivators while dissatisfaction is the result of hygiene factors. Motivators include work itself, achievement, recognition, responsibility and the opportunity for growth and advancement. Hygiene factors, although they do not motivate, can prevent the development of negative feelings and dissatisfaction. These hygiene factors he identified as supervision, company policies and administration, working conditions, interpersonal relationships, job security and pay.

Other important studies related to job satisfaction include Vroom's (1964) expectancy/valence theory of motivation. Vroom proposes that workers who are highly attracted to their jobs are subject to motivational forces to remain in them, with these forces manifesting themselves in increased tenure and higher rates of attendance. An individual will be motivated to produce at a high level if efforts result in successful performance and if this successful performance results in desired rewards.

Based on the concept that autonomy is an important motivational force in the job setting, Turner and

Lawrence (1965) studied the degree to which workers feel personal responsibility for their work outcomes. They found that in jobs which measured high on autonomy, workers tended to feel that they owned the outcomes of their work; in jobs low on autonomy, workers tended to feel that successes were due to the good work of co-workers and supervisors and failures were likewise the result of incompetence among co-workers and supervisors.

Schneider and Locke's (1971) theory utilizes an event/agent classification system to measure job satisfaction. Factors influencing job satisfaction are placed in one of two categories: the events or happenings and the agents, those who made it happen. Events include the work itself, rewards and working conditions. Working conditions include the interpersonal atmosphere, physical working conditions and a miscellaneous category which includes such things as accidents.

The agent category includes all individuals with whom the employee interfaces and interacts during the course of the job; both self and others. With respect to agents, Schneider and Locke's data demonstrate that self is credited more often for satisfying events than for dissatisfying events as compared to nonself agents.

Hackman and Lawler (1971) obtained positive relationships between four core dimensions, namely variety, autonomy, task identity, and feedback, and the dependent

measures indicative of motivation, satisfaction, performance, and attendance. They found that the four most important satisfaction items that relate to the core dimensions are, in descending order: a) the opportunity for independent thought and action in the job; b) the feeling of worthwhile accomplishment in the job; c) the opportunity for personal growth and development in the job; and d) the self-esteem and self-respect a person gets from being on the job. Likewise, they found that the four items that related least strongly to the core dimensions are, in ascending order: a) pay for the job; b) the opportunity to develop close friendships on the job; c) the opportunity for promotion; and d) the amount of respect and fair treatment received from the supervisor (Porter & Steers, 1973).

There are four notable studies cited in the literature that pertain to job dissatisfaction related to role ambiguity. An early study by Weitz (1952) demonstrated that prior knowledge and understanding of the role requirements on a job were significant factors in job satisfaction and retention. Using variations of Weitz' design, Macedonia (1959) and Youngberg (1963) arrived at similar conclusions. Youngberg also found that if the job expectations became a reality, job satisfaction on that job was significantly higher.

Kahn, Wolfe, Quinn, Snoek, and Rosenthal also demon-

strated that role ambiguity is related to psychological and physical withdrawal. These authors suggested that there are three conditions that may lead to role ambiguity: a) rapid organizational change; b) increased complexity of the organization; and c) managerial philosophies concerning communication.

Lyons (1970) in a questionnaire survey of staff nurses, found a positive relationship between role clarity and nurses choosing to remain on their jobs, a decrease in job tension, and work satisfaction. Based on these studies, job clarity seems to be a significant consideration for job satisfaction (Porter & Steers, 1973).

Job Satisfaction Studies in Nursing

Nurses have been a target population for job satisfaction studies within the health field. Job satisfaction has been studied in relation to turnover rate and to unionization; Herzberg's, Hoppock's and Maslow's theories have been applied to nurse populations to determine the extent to which nurse responses are similar to the responses found in other working groups; and personality studies have been conducted on nurses to determine what type of person is attracted to the nursing profession (Slavitt, Stamps, Piedmont & Haase, 1978).

In a review of the literature concerning job satisfaction among nurses, Slavitt et al. (1978) identified

six components reported frequently in a variety of studies that were found to be the most significant for professional nurses in health care settings. They identified the components as: a) pay -- the dollar figure received as well as the fringe benefits provided for work completed; b) autonomy -- the amount of independence, freedom and initiative either permitted or required in the daily activities of the job; c) task requirements -- the tasks required by a particular job; d) organizational requirements -- limits and/or constraints imposed on nurses by administration in relationship to their functions and job activities; e) interaction -- the opportunity and requirements for both formal and informal social contacts during working hours; and f) job prestige/status -- nurses' perception of the importance of their role, both personally and as it relates to the organization.

Using the six components found to be the most significant for professional nurses as described above, Stamps, Piedmont, Slavitt and Haase (1978) tested an instrument on: a) a group of nurses in a hospital setting in the summer of 1972 using a sample population of 246 nurses; b) 42 hospital staff members (physicians, nurses and support staff) of a private, fee-for-service ambulatory group practice in the Spring of 1974; and c) another 450 nurses in a different hospital setting in the summer

of 1974. This instrument was designed to measure the level of job satisfaction among these hospital staff members as related to pay, autonomy, task requirements, organizational requirements, interaction, and job prestige/status. Although there were significant differences in the importance of the six components among the physicians, support staff and nurses, the three different nurse populations consistently rated job status as being most important, interaction as the second most important, and autonomy as the third. There were variations among the components of organizational requirements, task requirements, and pay among the three groups of nurses.

Godfrey, Adams, Addison, Bagley, Copley, Frantz, Galdys, Geels, McConnel, Spitz, Sweetwood and Vader (1978) reported the responses obtained from 17,000 nurses to the Probe Questionnaire on Job Satisfaction published in the September issue of Nursing 77. The following were the major dissatisfactions identified by the nurse respondents:

Unsafe practices:

- Dangerous understaffing
- Toleration and retention of incompetent nurses
- Alcoholic doctors "practicing" medicine
- Patients stacked in hospital halls like so many sausages (p. 90).

Poor leadership:

- Head nurses who use scheduling as a weapon
- Inflexible supervisors determined to preserve the status quo

- Nursing directors who have not laid a hand on a patient in 20 years
- Authoritarian administrators concerned only with cutting costs -- at any price (p. 90.)

Communication breakdown:

- Learning about vital changes in the hospital -- from the newspaper
- Being transferred to a different unit without being forewarned
- Going through channels to relay important messages and getting no response whatsoever
- Having supervisors verbally promise something (more help, a raise), then having them "forget" the conversation entirely (p. 90).

In addition to the major dissatisfactions listed above, the respondents identified several factors leading to job satisfaction. These factors are: prestige and recognition; work itself; well-defined job descriptions; immediate supervisors' feedback; patients' feedback; nursing administration's and hospital management's feedback; and involvement in the planning and decision making of the institution.

In response to the 17,000 nurses who identified dissatisfiers and satisfiers in their work settings, Baldonado (1980) stated that nursing administrators must develop coping strategies that will significantly increase job satisfaction among nurses. She incorporated a number of changes in her administrative practice aimed at providing supervisory support to promote staff nurse autonomy in decision making, in extending care, and in utilizing knowledge as power in an effort to increase job satisfaction among her nursing staff at a Catholic

Hospital in Chicago.

Araujo (1980), in her role as a nursing administrator at Mercy Hospital and Medical Center in Chicago, has likewise made some innovative changes in her administrative practice to impact nurse retention. She contends that nursing service administrators can positively influence nurse retention by creating a work experience in which professional growth is enhanced and problem-solving by staff nurses encouraged.

A newly appointed director of nursing services at Stanford University Medical Center utilized an attitude survey to determine the nursing staff's attitudes and opinions concerning their work and feelings about the hospital. Of the survey respondents, 56% indicated dissatisfaction with the lack of career and promotional opportunities; 26% were dissatisfied with opportunities to develop skills and abilities; and 17% were dissatisfied with opportunities to learn new things. The data collected in the survey were fed back to the nursing staff and the nursing director began to involve the staff in making plans to deal with the issues found to be problematic by the survey. Several programs were planned and implemented but the staff involvement was the critical link in the project (Seybolt & Walker, 1980).

Wandelt, Pierce and Widdowson (1980) studied "Conditions Associated with Registered Nurse Employment in

Texas," and reported their findings to the Texas Senate Special Committee on Delivery of Human Services. The concern at the time of the study was that some hospital beds in Texas could not be used because there were not enough nurses to care for the additional patients, even though there were about 18,000 registered nurses licensed to practice who were not working in the nursing profession. These researchers sought opinions, feelings, and ideas about nursing from nurses themselves. Through a questionnaire and small-group interviews, 3500 nurses responded in the study. The questionnaire elicited opinions from both employed and unemployed licensed registered nurses about a variety of factors associated with nursing as a job. The ten job conditions, ranked in order of importance by employed nurses in the study and which were considered to be dissatisfiers, were:

1. Availability [sic]* of adequate salaries
2. The amount of paperwork
3. Lack of hospital administration support
4. Lack of opportunity for continuing education
5. Inadequacy of laws regulating the practice of nursing in Texas
6. Lack of nursing administration support
7. Unavailability of acceptable child-care facilities
8. Unavailability of inservice education
9. Unavailability of fringe benefits
10. Incompetent, nonregistered nursing staff (p. 73).

*Should read unavailability.

A high percentage of nonemployed nurses listed many of the same items as their reasons for leaving nursing.

Additional highly ranked items included:

1. Family responsibilities
2. Unavailability of desired work schedules
3. Environment that does not provide a sense of worth as a member of the health care team
4. Lack of positive professional interactions with physicians
5. No emphasis placed on individualized patient care (p. 74).

A California study reported by Cunningham (1981) suggested that nursing education programs may be way off the mark in preparing nurses for the realities of hospital service. The study was conducted by MacDonald, who reported that clearly there is an existing education-service gap. Conclusions from this study for change in administrative practice included the need to improve recognition and appreciation for nurses; opportunities for education and advancement; and work schedule options. Lesser priorities should address the needs of nurses for independent action, intellectual stimulation, work satisfaction and income.

Kleinknecht and Hefferin (1982) identified a model that provides a framework for career development programs within the nursing structure. This model can assist nurse administrators in identifying opportunities for restructuring nurses' work experiences to make the work environment more interesting and challenging.

Based on a number of job satisfaction studies related to nurses, the authors developed a model aimed at developing programs that will specifically address the

issue of professional growth opportunities for nurses. The career planning program model developed considers the needs and goals of both the institution and the individual professional nurse and identifies their respective responsibilities related to the program. Subsequent to implementation at the Veteran's Administration Medical Center in Wadsworth, California, job attitude studies among staff nurses, head nurses, and supervisors have shown an increased awareness of the nursing service administrator's concern for the nurses' professional growth and well-being. Surveys have also shown a marked increase in the proportion of nurses who feel that their present work assignments are closely related to their career goals and those who report being satisfied and happy in their jobs.

Although retention of nurses in the work force continues to be a significant problem in the health care system, the severity of the problem is compounded when highly skilled intensive care nurses (ICU) leave their positions. When turnover among ICU nurses is high, hospitals are faced with replacement costs involving the teaching of specialized techniques, as well as the cost of closely monitoring the clinical practice of inexperienced ICU nurses.

A recent study conducted by Dear, Weisman, Alexander and Chase (1982) compared job satisfaction and turnover

between ICU nurses and non-ICU nurses over a period of 1 year. The purpose was to investigate the relative importance of ICU/non-ICU status in predicting job satisfaction and turnover. The previous literature suggested that problems that are presumed to contribute to the potential for high turnover among ICU nurses are related to fast-changing patient situations, the presence of death, worried and anxious families, and demanding physicians and nurse peers. Rigorous patient care requirements, communication difficulties, and the need for expanded knowledge were identified as significant problems in retention of ICU nurses.

Analysis of the data from the study by Dear et al. revealed that ICU nurses expressed job satisfaction generally equal to that of their non-ICU counterparts, suggesting that despite the stress in critical care nursing, the ICU nurses felt a similar sense of job satisfaction. The turnover rates for both ICU and non-ICU nurses were comparable. The implication of this study for nursing service administrators is to consider changes within hospital nursing that will build on the present job satisfaction of all nurses while retaining them within the work setting.

A more recent study on nurses' job satisfaction focused on the reasons nurses remain in their jobs and the specific factors that contribute to the retention of

registered nurses in hospital settings. In this study, Magnet Hospitals (1983) task force members on nursing practice in hospitals interviewed directors of nursing and staff nurses. The investigators believed that these individuals are in the best position to identify factors that contribute to nurse job satisfaction and retention in their hospitals. Although there were some differences in perspective among the two groups, there were similarities in values. The staff nurses tended to identify certain behaviors and attitudes of physicians and support personnel that were important in contributing to their job satisfaction. The identified behaviors and attitudes tended to parallel some of the programs and practices identified by the directors. Some similar values included adequate and competent colleagues, flexibility in scheduling and educational programs that allow for professional growth and recognition as individuals. Other similarities between both groups of respondents included the need for nursing service administrators to respect the staff, to be open and honest in relationships, to keep the channels of communication open, and to strive for integration of individual and organizational goals.

The staff nurses identified autonomy as an important ingredient in retention. The nurses have an image of themselves as influencing decisions and being in relative control of their own practice. They see themselves as

having rights as well as responsibilities, possessing a body of knowledge and expertise of significance to the organization, and expecting support in carrying out their legitimate role. The staff nurses identify this support as being twofold: a) a philosophical support by the chief executive officer and the director of nursing that the purpose for nurses should be patient care delivery, which supports the hiring of sufficient ancillary services in order to operationalize the nurses' purpose; b) support of nurses' quality care delivery through consistent feedback aimed at recognizing achievements, increasing staff nurse responsibility and opportunity for growth and advancement. Directors perceived that they have a power base that develops because of their leadership approach. Both groups identified the need for a complementary "fit" between the chief executive officer and the director of nursing, based on the fact that unless there is a meeting of the minds with the executive officer, the director of nursing will lack the influence and ability to effect change. In the magnet hospitals, the hospitals that attract and retain nurses, it is a combination of elements that makes for a positive practice environment.

Performance Appraisal System Studies

Throughout the literature review on job satisfaction among nurses, one common theme prevails. The theme,

although stated in many ways, is that nurses want to be competent in their practice so that they can earn the respect, autonomy, recognition and pay they deserve for delivering quality care to patients. The method employed by institutions to develop and evaluate the competency of nurses is a performance appraisal system.

Gauerke (1977) referred to Herzberg's work in demonstrating that motivators are the primary factors in job satisfaction and in motivating employees towards job enrichment. Since job enrichment is a continuous process, performance appraisal should also be a continuous process. There are essentially two types of evaluations: the formal evaluation consisting of completion of the evaluation form and an interview with the individual being appraised; and the informal evaluation, which should be a continuous, day-to-day process whereby the supervisor informs employees about their work performance. This process, Gauerke claims, will not only lead to retention of employees but also to motivation for improved performance.

South (1978) states that professional development and growth do not always result from the postappraisal review commonly used when evaluating nurses' performance. He has, therefore, created a performance profile technique as a method to measure effective nurse performance

appraisals. This method shifts the emphasis from evaluation per se to development, assists the supervisor in coaching each staff nurse, assists in the analysis of a nurse's performance, and can be an administrative aid in planning and upgrading personnel.

Council and Plachy (1980) suggest that performance planning and appraisal should be a cooperative venture between supervisor and employee, based on a genuine concern for one another's success. The authors advise supervisors to design a performance appraisal system that will encourage employee participation and goal achievement.

Lovrich, Hopkins, Shaffer and Yale (1981) reported a study conducted in which three control agencies were selected for the assessment of a new participative performance appraisal system. The authors developed the participative performance appraisal system as a motivating device for their employees as well as for the traditional use of evaluating employee performance. Not only was the system used in the three control agencies to compare achievements of employees with performance standards and goals, but it was also used as a tool for individual goal setting and growth in career development. Comparisons of pre- and posttest data for both the pilot study and the statewide implementation of the participative appraisal process demonstrated improvements with respect to job satisfaction, agency climate, and work values

among those employees who experienced the new evaluation process.

Lerch (1982) stated that the objectives of a performance appraisal system are to serve as a clear and effective tool in measuring current performance and in developing future performance. She described a change in the performance appraisal format at St. Luke's Hospital in Richmond, Virginia as a challenge to comply with the 1980 Joint Commission on Accreditation of Hospitals' standard for criteria based performance appraisal systems. The first step, according to Lerch, in the revision was to redesign the job descriptions for all classifications in the nursing service. The nursing service administrative staff decided on a process-oriented format, which served to clarify the role and function of nursing. The administrative staff established standards of performance specific to each classification and cited criteria relative to, and supportive of, each standard. The criteria for measurement of performance were defined in terms of the goals of the job itself. Standards of performance were clearly stated, measurable and within the control of the employee. Progression to the performance appraisal format followed in which each classification exactly copied the job description. To remove some subjectivity, a simplified three-point format was designed for measuring performance against a given cri-

terion. The number three rating provided for recognition of exceptional performance in a given area.

The new objectives developed as a result of revision in the performance appraisal system at St. Luke's Hospital are: to measure employee contribution against clearly specified and job-related standards of performance; to provide a method for employee input and feedback; to provide direction for improvement of future performance; and to provide supportive documentation for any recommended salary increase based strictly on merit.

An article by Clark (1982) offers principles for effectively linking salary increases to performance. Unlike the traditional automatic step increase program, Clark recommends an alternative approach, a true pay-for-performance system. He recommends use of an effective measuring device, in that the more precisely the system allows employees to be rated on criteria directly related to their duties and responsibilities, the greater the system's defensibility, validity, and acceptability will be to the employees. Each position should have measures and standards unique to the duties performed. The most effective performance appraisal systems have individually-tailored objectives within a standard format. Clark concludes that the effort required to overcome initial problems and implement a pay-for-performance salary administration system will be rewarded by improved communi-

cation, productivity, and recognition of individual performance.

In a study described by Frost (1983), it was hypothesized that behaviors associated with subordinates' role perceptions affect the relationship between subordinates' ability and their performance. The relationship between role ambiguity and behavior of the immediate supervisor was investigated. A review of the literature indicated that role ambiguity should increase the probability of employee role dissatisfaction and anxiety and decrease employee efficiency. It was also hypothesized that role conflict (situations in which a person is asked to comply with inconsistent or impossible demands) would have negative relationships with job satisfaction and performance. Results support the conclusion that role conflict, and to a lesser degree, managerial behavior leading to role conflict, affects the relationship between ability and performance for first-level supervisors. Frost concluded that lower level supervisors are more greatly affected by role conflict than by role ambiguity. This investigation further demonstrated that role stress is a moderating variable that links formal organizational practices and behavior of the supervisor to such outcomes as subordinate job satisfaction, the propensity to leave the organization, and organizational effectiveness. Thus, clarification of role and job-related re-

sponsibilities are important considerations in affecting turnover rates and improving employee performance.

Feeney (1982-83) offers a systemized performance improvement approach that uses principles of behavior modification to provide a system of feedback and reward to effect positive changes in human behavior. He states that if we want good performance from employees the following conditions must exist:

1. Employees must know specifically what is expected of them, which is accomplished by establishing measurable job standards and communicating the standards to employees;

2. Employees must be given feedback on performance; and

3. Good performance must have rewarding consequences, either intrinsic or extrinsic.

Consequently, a management plan must contain the following criteria:

1. Rewards must be linked to the desired behavior. Likewise, to be effective, rewards should be removed if performance is out of line with desired behavior.

2. The desired behavior must be reinforced frequently. Therefore, every small improvement toward the desired behavior should be rewarded.

3. All rewards must be given in a timely fashion. The more timely the reward, the smaller that reward need

be. Delayed rewards must be larger to have the same impact.

An article by Riley (1983) outlined three steps that make an employee performance review system more effective. She stated that a performance review should be designed to improve employee performance, improve the working relationship between employee and supervisor, and increase employee satisfaction with the job and the institution. The three steps essential to effective employee performance reviews are clearly written and communicated job descriptions; employee recognition for skills performed well; and realistic, attainable, measurable goals.

Ginsburg (1983), in an article concerning management in the 1980s, concluded that effective managers of the 1980s will be those who recognize the need for change and are committed to its implementation. He stated that American values are changing and management must be aware and supportive of them. Recent research documents these values to be:

1. Individuals value a clear understanding of their roles, and the degree of authority they are given to perform their duties.

2. Individuals value the opportunity to participate in the negotiation of the performance expectations of their roles.

3. Individuals value the encouragement to utilize their skills and creative potentials.

4. Individuals value the respect, trust, and confidence of their managers.

5. Individuals value a regular and constant flow of information; to be informed in advance of changes which impact their relationship with the organization and the performance of their duties.

6. Individuals value timely and honest feedback; to be appraised of their performance and to share in the successes and failures of their units. Individuals value a reward system which recognizes accomplishment in an objective and understood manner.

7. Individuals value a development program which prepares them adequately to perform their responsibilities.

A number of additional articles reflect the ability of performance appraisal systems to act as motivators towards improving performance (Bernardin & Cardy, 1983; Cascio, 1983; Edwards, Wolfe & Sproull, 1983; Hyde & Smith, 1983; Miller, Campbell & Sherman, 1983; Schoenhard, 1978; Walther & Taylor, 1983; Weihrich, 1982).

Conceptual Framework

There has been a great deal of research and scholarly activity in the area of job satisfaction over the years, as reflected in the review of the literature.

Each scholar has made a significant contribution to the understanding of the many aspects particularly peculiar to job satisfaction. From the literature review, the work of Herzberg has been identified as the most beneficial in conceptualizing the research outlined herein.

The impact of Herzberg et al. on psychological research has been significant since their publication, The Motivation to Work (1959). Their theoretical framework was instrumental in redirecting research attention from environmental factors and supervisory practices on employee attitudes and performance to the work itself. In his motivational theory, Herzberg (1969) emphasized vertical rather than horizontal job enlargement and argued that satisfaction can be attained through growth in skill, efficiency and responsibility, and is attainable through mentally challenging work. In his Dual-Factor Theory, Herzberg argues that job satisfaction and dissatisfaction are the result of two separate and different causes; satisfaction is dependent on motivators while dissatisfaction is the result of hygiene factors. Motivators include work itself, achievement, recognition, responsibility and the opportunity for growth and advancement. Hygiene factors, although they do not motivate, can prevent the development of negative feelings and dissatisfaction. He identifies the hygiene factors as supervision, company policies and administration, working

conditions, interpersonal relationships, job security and pay.

As a potential nursing service administrator, the author of this thesis is interested in retaining competent and qualified nurses who are satisfied and motivated and who will positively impact the quality of patient care delivered. Nurse retention is cost effective. Inherent in the administrative role is the responsibility administrators have for identifying those hygiene factors perceived by the nursing staff as being dissatisfiers and affecting whatever changes are necessary to eliminate the dissatisfaction component, while creating a climate that capitalizes on the motivators as defined by Herzberg.

In reviewing the literature on nurse job satisfaction studies, it is apparent that nurses have left the profession primarily because administrative action was not taken to change or alter factors leading to nurse dissatisfaction, the factors Herzberg terms hygiene factors. However, in the Magnet Study (McClure, Poulin, Sovie & Wandelt, 1983), not only were the hygiene factors being met satisfactorily, but nursing administrators met the motivational needs of nurses through creative, innovative models and support from the hospital's chief executive officer.

Since job descriptions provide the framework for nurses' roles and functions, job descriptions are an ap-

appropriate mechanism for providing fulfillment of growth needs essential for nurse motivation. Role clarity also has a positive relationship on nurse retention and work satisfaction, while role ambiguity is related to psychological and physical withdrawal. It is essential, therefore, to design job descriptions for nurses so as to meet their motivational (growth) needs. Likewise, frequent feedback on performance is an essential component for either rewarding desired or altering undesirable behavior.

The missing link to an effective performance appraisal system is the performance evaluation tool. The evaluation instrument must be congruent with the job description and must be the basis on which feedback is given consistently. As the literature suggests, not only should the appraisal system provide role clarity but it should be a cooperative venture between supervisor and employee based on a genuine concern for one another's success. Likewise, good performance must have rewarding consequences, either intrinsic or extrinsic.

Based on the review of the literature and theoretical framework, Figure 1 illustrates the conceptual model used in this study. In this systems model, the input is a clearly defined job description based on motivators, which are opportunities for nurses to attain professional growth and advancement through mentally challenging work, opportunities for increased responsibility, recognition

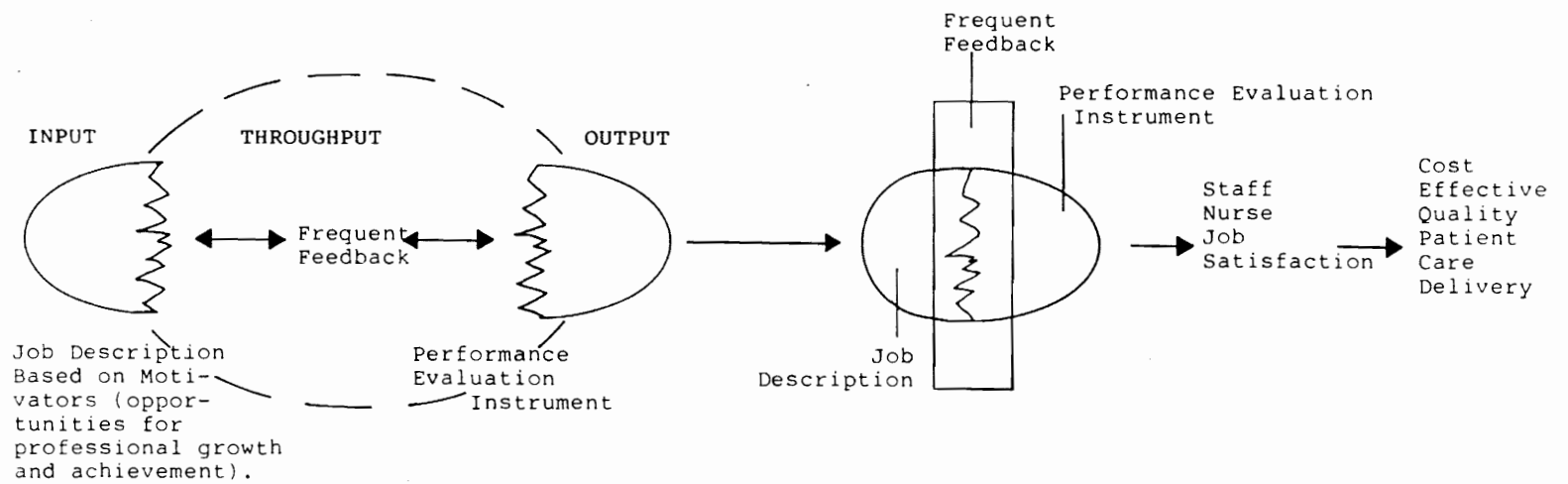


Figure 1. A systems model for an effective performance appraisal system for nurses leading to quality patient care delivery.

and achievement. The throughput represents the frequent feedback provided the nurses by their respective supervisors, concerning their performance in meeting the standards outlined in the job description. The two-way arrow in the throughput illustrates that the feedback provided the nurses is on-going and ties the nurses' performance to the job description standards. The output represents the performance evaluation instrument used to measure the nurses' performance. The "fit" between the job description and performance evaluation instrument represents a congruent performance system (i.e., the performance evaluation instrument is designed to specifically measure the standards outlined in the job description). This effective performance appraisal system leads to staff nurse job satisfaction that leads to cost-effective, quality patient care delivery, which is the goal of nursing administration.

Research Questions

Based on the literature review and conceptual framework, this study addressed the following questions:

1. Are the job descriptions for Intensive Care Unit staff nurses congruent with the performance evaluation instruments used in the hospitals studied?
2. Do the job descriptions in the hospitals allow opportunities for the nurses to meet their professional growth needs (i.e., do the job descriptions contain

motivators)?

3. What is the relationship between ICU staff nurses' job satisfaction as measured by the Personal Satisfaction Inventory instrument and the performance appraisal system used in the institution?

4. What is the relationship between ICU staff nurses' job satisfaction and the demographic variables?

Definition of Terms

Congruence

Congruence is the extent to which the ICU staff nurses' evaluation instruments, at the three hospitals, correspond to the functions and activities or standards of the job, as stated clearly in the respective job descriptions.

Frequency of Feedback

The frequency of feedback is the amount of information given the staff nurses either formally or informally by their supervisors, concerning the staff nurses' performance, in relationship to standards of practice defined in respective job descriptions.

ICU Staff Nurses

ICU staff nurses are nurses working in an Intensive Care Unit who deliver direct patient care around the clock. ICU staff nurses are specially trained in criti-

cal care management of patients, with emphasis on judgment, assessment skills and technological competence in a highly stressful environment.

Job Description

A job description is a clearly written document describing the functions and activities inherent in the job, based on standards of performance that are measurable and within the control of the employee.

Job Satisfaction

Job satisfaction is the individual nurse's contentment with present employment and assignment as measured by the Personal Satisfaction Inventory instrument.

Motivators

Based on Herzberg's theoretical framework, motivators are achievement, recognition, work itself, responsibility, advancement and professional growth.

Achievement is accomplishing a desired result in the work setting through challenging opportunities.

Recognition is acknowledgment of a nurse's contributions to providing quality patient care, and/or demonstrating leadership in the profession.

Work itself is a meaningful, mentally challenging assignment whereby the nurse can increase knowledge, exercise creativity and individuality and attain

professional growth.

Responsibility is allowing nurses freedom and initiative in their nursing practice and holding them accountable and answerable for results of their nursing care delivery.

Advancement is being upgraded based on demonstrated competency in patient care delivery or promoted to a higher position within the framework of the nurse's career goals.

Professional growth is the opportunity for nurses to increase their clinical knowledge, technical competence and proficiency in caring for patients through mentally challenging work assignments in which the nurses exercise independence, initiative and accountability for their practice; and the opportunity for the nurses to increase status in the profession of nursing through education, achievement, advancement or responsibility.

Performance Appraisal System

A performance appraisal system is the operational method used by an institution to evaluate the performance of nurses employed vis-à-vis a measurable job description. In order for the system to be effective, the job description and performance evaluation instrument must be congruent. In order for the system to be a motivational device, the job description must be designed to meet the

nurse's professional growth needs, and the nurse must be provided frequent and consistent feedback concerning accomplishments towards meeting the job description standards.

Performance Evaluation Instrument

The instrument used by each of the three hospitals to document measured performance of their ICU staff nurses against given standards, at a designated period of time, is the Performance Evaluation Instrument.

Personal Satisfaction Inventory Instrument

The questionnaire used to determine the degree to which the sample of ICU staff nurses are satisfied with the patient care they provide and progress towards attaining individual career goals is the Personal Satisfaction Inventory.

Assumptions

Certain assumptions were made prior to initiation of the study. It was assumed that the Personal Satisfaction Inventory instrument would measure the ICU staff nurses' job satisfaction with the patient care they deliver and with their progress toward individual career goals. It was further assumed that an effective performance appraisal system includes the following components: a) there is a clear, behaviorally measurable job description for the ICU staff nurses based on motivators that are

aimed at increasing the nurses' professional growth; b) nurses are provided frequent and consistent feedback relative to their performance in meeting the job description standards; and c) nurses are given at least an annual written performance evaluation that is congruent with the functions contained in the job description. Based on this assumption, it was concluded that nurses employed in a hospital that has an effective performance appraisal system operationalized would demonstrate a higher level of job satisfaction than in a hospital that employs a less effective or ineffective system. It was also assumed that differences in the performance appraisal systems would be found among the three hospitals, as well as differences in nurse job satisfaction.

Six expert nurses were contracted with to examine the job descriptions of ICU staff nurses at the three hospitals and to determine the degree to which the job descriptions act as motivators for the ICU staff nurses to meet their professional growth needs. The experts were chosen based on their recent involvement in nursing administration. It was assumed that the six nursing experts would be able to compare the job descriptions for ICU staff nurses in each hospital with their respective performance evaluation instruments and determine if the two instruments were congruent; and then rank the three hospitals' job descriptions in order of the job descrip-

tions' motivational design. Finally, it was assumed that the respondents would answer the questionnaires honestly because of the confidentiality assured by the investigator.

CHAPTER II

METHODOLOGY

A qualitative, descriptive design was utilized to answer Research Questions 1 and 2 while a quantitative, correlational design was employed to address Research Questions 3 and 4. The investigator, through the use of a panel of six experts, compared the job descriptions of ICU staff nurses at each of the hospitals studied with their respective performance evaluation instruments and evaluated the level of congruence between the two. Likewise, the investigator, through utilizing the same expert panel, analyzed the job descriptions of ICU staff nurses at the three hospitals and evaluated the extent to which the job descriptions may act as motivators for the ICU staff nurses to increase their clinical skills and enhance their professional growth.

The panel consisted of six nurses considered to be experts due to their recent exposure to administrative and management principles through academic studies, or because of their past and present experiences as nursing managers. The panel was comprised of the following: a) four graduates from the University of Utah College of

Nursing master's degree program, three of whom graduated during the past year with two of the three specializing in Nursing Administration, one in Gerontological Nursing and the fourth a 1980 graduate in the Physiological Nursing pathway but whose experience has been in administrative assignments; b) one Physiological Nursing Specialist who graduated from the University of Buffalo, New York, who has had several administrative assignments; and c) one master's level graduate student enrolled in Brigham Young University's Community Nursing Program, but who previously completed the coursework for the Nursing Administration Program, and who has had recent management experience. The method utilized to educate the expert panel concerning how to compare the job descriptions/performance evaluation instruments for congruence and how to determine if the job descriptions contained motivators is described in the Data Collection Procedures section later in the chapter.

To obtain the job satisfaction scores, ICU staff nurses at the three hospitals were asked to complete a Personal Satisfaction Inventory instrument. An "Informed Consent" accompanied the instrument explaining the purpose of the study and assuring the ICU staff nurses confidentiality in their responses (see Appendix A).

To consider factors that may be related to the ICU staff nurses' job satisfaction, a correlational analysis

investigated the relationship between job satisfaction and the following variables: congruence of job description/performance evaluation instrument; design of job description (i.e., is the job description designed as a motivational instrument?); and the frequency of feedback on performance provided the ICU staff nurses by their respective supervisors. Correlational analysis was similarly used to determine the relationship between ICU staff nurse job satisfaction and the nurses' demographic characteristics.

The study was approved by the University of Utah Review Committee for Research with Human Subjects after the investigator received written permission from the Directors of Nursing at the three hospitals to conduct the study with their nursing staffs.

Setting and Population

Three private hospitals in the northern part of the state of Utah were the clinical settings for the study. Hospitals A and C were located in Salt Lake City, while hospital B was located in Ogden. Hospital A is a 300 bed tertiary facility with a full complement of medical and surgical services. A 25-bed intensive care wing is divided into medical and surgical intensive care units. The unit has full ECG monitoring capabilities and cardiac resuscitation equipment with relay screens and printoff

equipment in the nurses' station. It is spacious and has aesthetic modern decor. The unit is staffed with 60 full and part-time RNs and a number of LPNs to facilitate the delivery of intensive nursing care. All nurses periodically rotate through both units. During the critical phase of a patient's illness, the nurse/patient ratio is 1:1; however, as the patient's condition stabilizes, the nurse/patient ratio becomes 1:2.

Hospital C is a 306 bed tertiary facility which offers medical and surgical services comparable with hospital A. The intensive care wing has 17 beds and is divided into medical and surgical units. Hospital C contains the same modern technological equipment and the patient ratio is comparable to hospital A. The unit is staffed with 40 full and part-time RNs as well as a number of LPNs.

Both hospitals A and C draw on patients from the Salt Lake City area of about 750,000 population and from surrounding small towns and rural areas. Both facilities have a religious affiliation; hospital A is Catholic and Hospital C is Episcopalian.

Hospital B is a 230 bed tertiary facility located in Ogden, Utah. It offers a full complement of medical and surgical services, comparable to hospitals A and C. It has two 6-bed intensive care units; one is the coronary care unit and the other is the medical/surgical intensive

care unit. Nurse/patient ratios are similar to the other two facilities; the CCU having 18 full and part-time RNs plus a number of LPNs, and the ICU having 13 full and part-time RNs and several LPNs to complement the staffing.

Hospital B is a Catholic hospital and draws patients from the Ogden area of about 500,000 people and from the surrounding small towns and rural areas. The units contain comparable modern technological and resuscitation equipment as found in hospitals A and C.

The majority of patients from all three hospitals are from the middle and upper-middle class of society.

Sample

The sample consisted of 85 respondents: 34 (40%) from hospital A; 22 (26%) from hospital B; and 29 (34%) from hospital C. To obtain a homogeneous sample, the study was limited to full and part-time ICU staff nurses. Intensive care staff nurses are specially trained in critical care management of patients, with emphasis on judgment, assessment skills and technological competence, in a highly stressful environment. ICU staff nurses include all of the nurses on the day, evening and night shifts who provide direct patient care in this setting. Head nurses, nurses practicing in expanded roles and LPNs were excluded from the study. It was the investigator's belief that the skill levels of the ICU staff nurses

studied were comparable, recognizing that all ICU nurses are expected to possess a certain level of knowledge and technical expertise in order to function safely in an intensive care setting. The supervisory controls for the subjects were similar in that the nurses were accountable for a designated level of performance to their immediate supervisor, the Head Nurse.

Table 1 lists the demographic characteristics of the sample. The subjects ranged in age from 23 to 59 years; however, 51% were age 30 or younger. Of the sample, 93% were female, 64% were married, 51% had a BSN degree, 79% had been an RN for 1 to 10 years, 48% had been employed as an RN for 4 months to 3 years, 45% had been in their current assignment for 28-72 months and 64% were employed full-time.

According to Table 2, although the nurses studied ranged in age from 23 to 59 years, the mean age of the nurses was 32 while the median was 30 years, the mean number of years as an RN was 8, while the median was 6 years; the mean years of employment as an RN was 5 and the median 4 years and the mean number of months in current assignment was 38 while the median was 30 months.

Operational Definitions of Variables

The study variables were classified into four groups: demographic, job satisfaction, congruence and

Table 1

Distribution by Number and Percent for Selected
Demographic Characteristics of Sample

Variables	Sample (N=85)	
	<u>N</u>	<u>%</u>
Age		
23-24	5	6
25-30	38	45
31-35	25	29
36-40	10	12
41-50	5	6
51-59	2	2
Sex		
Female	79	93
Male	6	7
Marital Status		
Married	54	64
Divorced	11	13
Never Married	20	23
Education		
Associate Degree	18	21
Diploma	19	22
B.S.N.	43	51
Master's Nursing	5	6
Years as RN		
1-5	32	38
6-10	35	41
11-17	12	14
18-30	6	7
Years Employed as RN		
4 months - 1 year	17	20
1.5 years - 3 years	24	28
4 years - 8 years	32	38
9 years - 30 years	12	14
Months in Current Assignment		
2 - 12 months	20	23
14 - 24 months	20	23
28 - 72 months	37	45
78 - 186 months	8	9

Table 1 (Continued)

Variables	<u>N</u>	Sample (<u>N</u> =85) %
Present Employment Status		
Full-time	54	64
Part-time	31	36

Table 2
Means, Medians, Standard Deviations and Ranges
for Select Characteristics of Sample

Variable	\bar{X}	Median	Sample (N=85) S.D.	Range
Age	32	30	6.58	23 - 59
Years as RN	8	6	5.69	1 - 30
Years employed as RN	5	4	4.68	.33 - 30
Months in current assignment	38	30	33.34	2 - 186

design of performance appraisal system and frequency of feedback.

Demographic Data

Information regarding the subjects' age, sex, marital status, RN education, number of years employed as an RN, current assignment in months and employment status either full or part-time was requested by the investigator from each of the subjects in the study. This request for demographic information was titled "Section I" and was affixed to a Personal Satisfaction Inventory for each subject (see Appendix B).

Job Satisfaction

Data about job satisfaction were obtained by requesting completion of the Personal Satisfaction Inventory by each of the subjects (see Appendix C). It was designated as "Section II" and was affixed to "Section I," the Demographic Data section. The purpose of the Personal Satisfaction Inventory was to determine the degree to which the nurses in the study were satisfied with the job itself (i.e., satisfaction with their abilities to be recognized and assume responsibility for the patient care they give and their satisfaction toward meeting their individual career goals. The Job Satisfaction score for each subject was obtained by adding the scores given each response (question 1 through

41, omitting questions 12 and 13 because the significance of the response to these questions goes in the opposite direction from the responses of the other questions; then adding the responses to questions 12 and 13 and subtracting that sum from the sum of the total of the other responses). The highest score possible, indicating the highest level of job satisfaction, was 191.

Congruence and Design of Performance Appraisal System

A panel of six expert nurses was contracted with to compare the job descriptions of ICU staff nurses at the three hospitals with their respective performance evaluation instruments and determine the level of congruence between the two. Likewise, this panel analyzed the three job descriptions and evaluated the extent to which the job descriptions might act as motivators for the ICU staff nurses to increase their clinical skills and enhance their professional growth. The panel of expert nurses was selected because it was the investigator's belief that nurses could best assess motivational forces for nurses. (See Data Collection Procedures Section for a description about how the panel was prepared to accomplish this task).

Frequency of Feedback

Data about Frequency of Feedback were obtained by including a question on "Frequency of Feedback on Performance" with the demographic information, section I that was affixed to a personal Satisfaction Inventory for each subject (see Appendix B). The subjects were asked to choose the appropriate response from the following choices: a) yearly, during my performance evaluation, b) two or three times a year; c) at least monthly; d) at least weekly; or e) at least daily.

Job Satisfaction Instrument

The Personal Satisfaction Inventory Instrument utilized and adapted for this study to measure the job satisfaction of ICU staff nurse subjects, was designed by Dyer, Monson and Cope for use in a study published in Nursing Research (1975). The authors of the Personal Satisfaction Inventory (PSI) developed the tool for use with four other instruments in their study entitled, "Increasing the Quality of Patient Care through Performance Counseling and Written Goal Setting." Their study was completed in seven Veterans Administration hospitals throughout the country. The Personal Satisfaction Inventory aims at determining satisfaction with: a) choice of nursing as a career; b) professional role and use of professional abilities; c) progress toward career goals, and d) quality of patient care given in the hospital (Dyer et

al., 1975).

The original instrument allowed a choice of five responses for each question: 1 representing "To a great extent" and 5 representing "Little if at all." In an interview with Dr. Dyer, Dean BYU College of Nursing, the investigator obtained Dr. Dyer's permission to transpose the responses from their original sequence to an ascending order (i.e., with 1 representing "Little if at all" and 5 representing "To a great extent"). Permission was also obtained to add question #41 to the original instrument to determine the relationship between the total PSI score and the nurse's overall job satisfaction. However, since a statistical correlation was not found, it was the recommendation of the investigator's statistician that the response to question #41 by subjects be added to their total PSI score to obtain the total job satisfaction score for each respondent.

Validity of the Instrument

Content validity of the original Personal Satisfaction Inventory (PSI) instrument was obtained by having the questions reviewed by 301 nurses and three measurement psychologists for clarity, specificity, completeness and indicators of job satisfaction (Refer to Dyer et al., 1975 for a complete description of how validity of the PSI was established).

Reliability of the Instrument

"Retest reliability after 4 to 6 weeks in seven hospitals ranged from .68 to .94. Subjects ranged from 6 to 35 nurses" (Dyer et al., 1975). In a personal interview, Dr. Dyer informed the investigator that although the range was from .68 to .94, most of the retest reliabilities were in the high .80s.

Using the Cronbach coefficient alpha, reliability of the revised questionnaire utilized in this study was computed. The internal consistency reliability coefficient for the items contained in the Personal Satisfaction Inventory instrument was .91 (see Appendix D).

Data Collection Procedures

Following written confirmation from the three Directors of Nursing to the Chairman of the Review Committee for Research with Human Subjects, the investigator was given approval to conduct the study at the three hospitals. The investigator was requested to work through a liaison at each hospital, who, in each case, was the Head Nurse of the respective Intensive Care Unit.

The investigator requested an invitation from each Head Nurse to attend a Staff Nurses' meeting to discuss the study, request participation from staff nurses and to disseminate individual packets containing the Informed Consent (Appendix A), the Demographic Questionnaire (Ap-

pendix B), the Personal Satisfaction Inventory instrument (Appendix C), and a self-addressed, stamped envelope for return of the completed questionnaire to the investigator. The investigator was invited to attend staff nurses' meetings and disseminate the packets during the months of April and May, 1984.

In the "Informed Consent," it was stated that participation was voluntary and responses would be kept confidential. Nurses were requested not to place their names on the Personal Satisfaction Inventory or Demographic Questionnaires and were advised that the numbers on the Demographic Questionnaire and Personal Satisfaction Inventory were merely the numbers identifying a particular hospital as one of the three in the study.

The investigator was advised of the number of full- and part-time staff nurses on the ICU units, by the respective Head Nurses. Because of the numbers of staff nurses assigned, the investigator was advised to take 60 packets to hospital A, 31 to hospital B and 40 to hospital C.

Copies of a reminder letter dated May 28, 1984, 2 weeks after the last questionnaires were distributed in the final staff nurses' meeting, were taken by the investigator to the respective ICU units. Head Nurses were requested by the investigator to make these reminder letters available to their staffs. In this letter, ICU

nurses who had not previously participated were again invited to participate and a cut-off date for return of questionnaires was listed as June 8, 1984 (see Appendix E). Of the 131 possible respondents, 85 questionnaires were returned, which is a 65% response rate.

In July 1984, the expert panel convened at the request of the investigator. Instruction was given the six panel members by the investigator to prepare them for the task of evaluating the job description/performance evaluation instrument at each hospital for congruence; and for evaluating each job description for its ability to act as a motivator for nurses to increase their clinical skills and enhance their professional growth.

The instruction given the expert panel was on "Motivation and Management," from Motivational Dynamics, Part I, block 3 (see Appendix F for instructional outline). The objective of the instruction was to have the six expert nurses develop a common theoretical framework concerning Herzberg's "Two Factor Theory" and its relationship to Maslow's "Hierarchy of Human Needs" theory. Following the motivational Dynamics format, exercises were given in which the six nurses participated. Increased understanding of the principles was evidenced by the panel members with each continued exercise.

At the conclusion of the instruction, each member of the panel members were given a copy of the three hospi-

tals' job descriptions and respective performance evaluation instruments. The names identifying the respective hospitals were omitted to prevent the possibility of bias by the panel members. The panel was given instruction for completing their task that will be described in Chapter III.

CHAPTER III

ANALYSIS OF DATA AND DISCUSSION OF FINDINGS

This thesis addressed specific research questions about job satisfaction so as to broaden the knowledge base in the area of nursing administration. The specific purpose of the study was to explore and describe the relationship between ICU staff nurses' job satisfaction and the variables: a) congruence and design of performance appraisal systems; b) frequency of feedback; and c) selected demographic data.

The first research question asked was:

Are the job descriptions for ICU staff nurses congruent with the performance evaluation instruments used in the hospitals studied?

To address this question, a panel of expert nurses, described in Chapter II, was employed. These six nurses were considered to be expert because of their recent exposure to administrative and management principles through academia and/or experience. Job descriptions and performance evaluation instruments for the ICU staff nurses at the three hospitals in the study had been obtained from the Directors of Nursing by the investigator. Following

instruction of the panel members, as described in Chapter II, they were asked to rate the job descriptions/performance evaluation instruments as most congruent, moderately congruent and least congruent. On the first evaluation, the panel members independently reached 100% consensus that Hospital B's appraisal system was the most congruent, Hospital C's moderately congruent and Hospital A's least congruent.

The design of Hospital B's job description/performance evaluation instrument was the major factor that was found by the expert panel to influence the level of congruence between the two. The job description and performance evaluation instrument was one document (see Appendix G). The behaviors or expected standards were described on the left side of every page and the evaluation of each performance standard was on the right. For Hospital B's performance appraisal system, there were no hidden agendas. The system was straightforward and found to be totally congruent.

Hospital C's job description/performance evaluation instrument was found to be congruent in most areas assessed because the personal and performance factors were defined and became the basis on which performance evaluations were completed for the nurses. Additional requirements/expectations of an ICU nurse were also defined and became the basis for evaluating the nurse's

performance in meeting expected standards in the ICU setting. Hospital C's evaluation instrument, however, contained an element defined as "Specific Job Factors." Although it was assumed by the expert panel that this element referred to the clinical, educational, administrative and research expectations, this element was unclear and affected the congruence of the job description/performance evaluation instrument (see Appendix H).

Hospital A's job description/performance evaluation instrument was found to be the least congruent because although the expectations/standards of the job were clearly defined in the job description, the evaluation tool was not designed to specifically measure those defined standards. Hospital A's evaluation instrument was found by the expert panel to be a generic design measuring such elements as clinical performance, judgment, adaptability, leadership, organizational skill, etc., instead of measuring standards defined in the job description such as assessment skill, planning, implementation, teaching, etc. (see Appendix I).

The second research question asked was:

Do the job descriptions in the hospitals allow opportunities for the nurses to meet their professional growth needs (i.e., do the job descriptions contain motivators)?

To address this question, the same expert panel was

utilized. The panel members were requested to examine each of the three hospitals' job descriptions and list the motivators and hygiene factors inherent in each. The instruction previously provided the panel members by the investigator became the reference for clarifying issues and questions posed in accomplishing this assigned task. However, since the panel found that each of the three job descriptions was based on the nursing process, which was believed to be a motivational influence, the answer to this question was considerably more difficult to derive than Research Question one.

When the investigator determined that the instructions were clear, further discussion was deferred to allow panel members independence in rating the job descriptions based on the number of motivators and hygiene factors found in each hospital's job description. At the conclusion of the first independent evaluation, there was 66% agreement that Hospital B's job description contained more motivators; while 34% found more motivators in the job description of Hospital C. All members found Hospital A's job description to have the least amount of motivators because it lacked standards involving research.

Following this first evaluation, discussion was encouraged by the investigator to allow panel members to defend their independent decisions, thus provide clarity and increased understanding to other panel members. Fol-

Following a lengthy discussion, the investigator requested a second independent evaluation, asking panel members to rank the three job descriptions in order of their motivational influence. At the conclusion of this effort, the investigator tallied the results. There was 83% agreement by the panel that Hospital B's job description contained the most motivators while 17% identified more motivators in the job description of Hospital C. The 83% who found more motivators in Hospital B's job description argued that the personal factors contained in Hospital C's job description (e.g., attendance, punctuality, appearance, dependability, etc.), diluted its motivational influence even though more motivators were found in the areas of clinical, education, administrative and research than in Hospital B's job description. The panel members comprising the 83% further stated that personality characteristics should be excluded from performance appraisal systems and dealt with through the mechanism of counseling so that these characteristics do not ultimately influence the supervisor's perception of performance, and the 17% agreed. Therefore, on the third and final vote, 100% consensus was reached that Hospital B's job description was based primarily on motivators, Hospital C's was second, and Hospital A's was designed with the least number of motivators.

At the conclusion of the expert panel's assignment,

Research Questions 1 and 2 had been addressed. The panel had reached consensus that Hospital B's job description/performance evaluation instrument was the most congruent and Hospital B's job description contained the most motivators; Hospital C's performance appraisal system was mostly congruent and the job description was judged to be second in its ability to act as a motivational influence; and Hospital A's performance appraisal system was rated the least congruent and its job description was found to contain the least number of motivators. The need to provide a numerical value to the above findings, in order to statistically compare the variable congruence and design of performance appraisal systems with ICU staff nurse job satisfaction scores, was apparent. Therefore, the investigator consulted a statistician. Upon the recommendation of the statistician, Hospital B was arbitrarily assigned a "5" on a Likert scale for the variable congruence and design of performance appraisal systems, Hospital C was assigned a "3" and Hospital A was assigned a "1".

The third research question asked was:

What is the relationship between ICU staff nurses' job satisfaction as measured by the Personal Satisfaction Inventory instrument and the performance appraisal system used in the institution?

To answer this question a correlational analysis was used. The research question was nondirectional and

therefore a $p < .05$ was required using a two-tailed test of significance. To determine if there was a relationship between staff nurse job satisfaction scores from the Personal Satisfaction Inventory instruments and performance appraisal systems, Pearson product moment correlation coefficients (Pearson r) were obtained for nurse satisfaction scores and the variables congruence/design of performance appraisal systems and frequency of feedback. The Pearson r statistic was used because as a descriptive statistic, it summarizes the magnitude and direction of a relationship between two variables (Polit & Hungler, 1983). According to Table 3, no significant relationship was found between job satisfaction and congruence/design of performance appraisal systems ($r = -.02$). As Table 4 illustrates, there was little variance in the mean job satisfaction scores of the three hospitals: Hospital B, judged to have the most congruent performance appraisal system, had a mean job satisfaction score of 125 as did Hospital A, which was judged to be the least congruent; while Hospital C, which was judged to be mostly congruent, had the highest mean job satisfaction score of 128. This small degree of variance between the job satisfaction scores of the three hospitals is one explanation for why a significant relationship was not found between the variables job satisfaction and congruence and design of

Table 3
Correlation Coefficients Between Job Satisfaction
Scores and Selected Study Variables

Variable	Job Satisfaction	Correlation
Congruence/Design		-.02
Frequency of Feedback		.65***

Note. *** $p < .001$.

Table 4
A Comparison of the Three Hospitals' Mean Job
Satisfaction Score with Congruence/Design

Congruence/Design	Mean Job Satisfaction Score
Most congruent (Hospital B)	125
Moderately (Hospital C)	128
Least (Hospital A)	125

performance appraisal systems.

At the onset of this study, it was assumed that the Personal Satisfaction Inventory instrument would be an effective tool for measuring the ICU staff nurses' job satisfaction. It was further assumed that differences in nurse job satisfaction would be found among the three hospitals. With the small amount of variance actually found in the mean job satisfaction scores of the three hospitals, it is possible that the Personal Satisfaction Inventory instrument was not as discriminate as the author of this thesis had hoped it would be. It is likewise possible that in an effort to select a homogeneous sample, that the hospitals were similar even to the level of job satisfaction identified by the ICU staff nurses in the three hospitals.

An additional explanation for this finding is inherent in the process used by the investigator to obtain the variable congruence/design of performance appraisal systems. Without a valid and reliable instrument for use by the panel members to identify both congruence of job descriptions/performance evaluation instruments and to identify specific motivators in the individual hospitals' job descriptions, the subjective evaluation by the panel members was arbitrarily discriminate and may have affected the study results.

The mean job satisfaction scores of the three hospi-

tals, however, indicate that the respondents were more satisfied than less satisfied. The highest score possible was 191; therefore any score above 95.5 indicates job satisfaction in a positive direction. Likewise, the mean job satisfaction scores indicate that the respondents from Hospital C were 67% satisfied with the patient care they deliver and with their progress toward attaining individual career goals, while Hospitals A and B were 65% satisfied.

Because only a small degree of variance was found between the mean job satisfaction scores of the three hospitals, additional statistical analysis was employed to determine if significant differences existed in the way respondents from each hospital answered individual questions on the Personal Satisfaction Inventory instrument. To obtain this information, a Kruskal-Wallis one-way analysis of variance was utilized. This is a nonparametric test that examines medians rather than means and reports the sum of the rank scores of the ordinal data examined. The analysis of variance obtained is similar to a chi-square (Hull & Nie, 1981).

In utilizing the Kruskal-Wallis test, the various hospitals' responses to six questions on the Personal Satisfaction Inventory were found to be significant at the .01 - .05 level. These questions were 12, 16, 21, 29, 35 and 37.

Question #12 on the Personal Satisfaction Inventory was one of the two questions in which the direction indicating a higher level of job satisfaction was reversed from the other questions. Question #12 asks:

Do you perform many tasks on your job which you consider relatively unimportant or unnecessary?

Hospital C, which had the highest mean job satisfaction score, received a sum rank score of 34.33, while Hospital B's sum rank score was 43.70, and Hospital A's was 49.94. Sixty-six percent of Hospital C's respondents answered to a limited extent they performed many tasks which they considered relatively unimportant or unnecessary; while 50% of Hospital B's respondents answered either to a moderate or considerable extent; and 56% of Hospital A's respondents likewise answered to a moderate or considerable extent.

Question #16 on the Personal Satisfaction Inventory instrument asks:

Are you free to adapt your working hours to meet patient care needs?

Forty-eight percent of Hospital C's respondents replied that to a considerable extent they were free to adapt working hours to meet patient care needs; while 59% of Hospital B's respondents answered little if at all or to a limited extent; and 65% of Hospital A's respondents similarly responded little if at all or to a limited extent. The sum rank scores for this question were:

Hospital C = 52.29; Hospital B = 37.57; and Hospital A = 38.59.

Question #21 asks:

Does your supervisor expect you to make a significant contribution in the nursing profession?

The sum rank scores for this question were: Hospital C = 40.71; Hospital B = 49.26; and Hospital A = 33.34. In answering this question, 50% of the respondents from Hospital B answered to a considerable extent and 35% from Hospital C answered the same way. Only 24% of Hospital A's respondents answered to a considerable extent; while 57% from Hospital A responded to a limited or moderate extent.

Question #29 asks:

Are you well-prepared for nursing in comparison with nurses having similar educational preparation?

The reported sum rank scores for this question were: Hospital C = 40.31; Hospital B = 33.32; and Hospital A = 51.56. In examining the responses from each hospital, 91% of the respondents from Hospital A answered to a considerable or great extent; 76% from Hospital C and 64% from Hospital B.

Question #35 asks:

How satisfied are you with your career choice to be a nurse?

The sum rank scores for this question were: Hospital C = 48.50; Hospital B = 48.41; and Hospital A = 33.29. The

respondents from both Hospitals B and C were more satisfied with their career choice than the respondents from Hospital A. Seventy-nine percent of the respondents from Hospital C answered either satisfied, but would also be happy working in another career, or completely satisfied, would make the same choice again, and 77% of the respondents from Hospital B responded similarly; while only 56% from Hospital A responded in this way.

Question #37 asks:

Because of the manner in which your supervisor discusses your work performance with you, which of the following most nearly describes your reaction to the discussions?

The sum rank scores for this question were: Hospital C = 48.94; Hospital B = 43.02; and Hospital A = 34.39. In answering this question, 52% of the respondents from Hospital C answered "Encouraged," and 17% answered "Stimulated and eager to improve;" while 41% from Hospital B responded "Encouraged," and 18% "Stimulated and eager to improve." Only 35% of the respondents from Hospital A answered "Encouraged," and 6% answered "Stimulated and eager to improve." Table 5 more clearly depicts the chi-square statistic, significance, sum rank scores and percentage of numerical responses to these significant six questions.

It is interesting to note that Hospital C, which had the highest mean job satisfaction score, had a signifi-

Table 5

Significant Data from Kruskal-Wallis One-Way Analysis of Variance

Question No.	Question	Significance	Chi-square	Sum of the Rank Scores by Hospital	% by Hospital Numerical Response
12	You perform many tasks on your job which you consider relatively unimportant or unnecessary.	.03*	6.91	A = 49.94 B = 43.70 C = 34.33	27% responded 2 27% responded 2 66% responded 2
16	Are you free to adapt your working hours to meet patient care needs?	.04*	6.68	A = 38.59 B = 37.57 C = 52.29	12% responded 4 14% responded 4 48% responded 4
21	Does your supervisor expect you to make a significant contribution in the nursing profession?	.04*	6.62	A = 33.34 B = 49.26 C = 40.71	24% responded 4 50% responded 4 35% responded 4
29	You are well-prepared for nursing in comparison with nurses having similar educational preparation.	.01**	8.98	A = 51.56 B = 33.32 C = 40.31	91% responded 4/5 64% responded 4/5 76% responded 4/5
35	How satisfied are you with your career choice to be a nurse?	.01**	8.57	A = 33.29 B = 48.41 C = 48.50	56% responded 4/5 77% responded 4/5 79% responded 4/5

Table 5 (Continued)

Question No.	Question	Significance	Chi-square	Sum of the Rank Scores by Hospital	% by Hospital Numerical Response
37	Because of the manner in which your supervisor discusses your work performance with you, which of the following most nearly describes your reaction to the discussions?	.04*	6.49	A = 34.39 B = 43.02 C = 48.94	35% responded 4 6% responded 5 41% responded 4 18% responded 5 52% responded 4 17% responded 5

Note. *Significant .05 level; **Significant .01 level.

cantly lower sum rank score on question 12 than the other two hospitals; had a significantly higher score on question 16; had a slightly higher score than Hospital B and a significantly higher score than Hospital A on question 35; and had a significantly higher sum rank score on question 37, with 69% of the respondents being either encouraged or stimulated and eager to improve their performance because of the manner in which their supervisor discussed their work performance with them.

It is also interesting to note that the ICU staff nurses from Hospital A, with a mean job satisfaction score of 125 equal to that of Hospital B, perceived themselves as being well-prepared for nursing in comparison with nurses having similar educational preparation. This factor is evidenced by the responses to question 29 in which 91% of the nurses from Hospital A responded either "to a considerable extent" or "to a great extent" as compared to Hospital B with 64% and Hospital C with 76%.

According to Table 3, a significant relationship was found between job satisfaction scores and frequency of feedback. Nurses who received frequent feedback on performance and/or professional growth by their supervisors had significantly higher job satisfaction scores ($r=.47$), than those who did not. The results of this study support the conclusions of Walther and Taylor (1983) who found that "feedback on performance is essen-

tial in maintaining the job satisfaction of women in technical occupations." The supervisor can create a working environment conducive to improved job performance through the use of effective feedback. The payoff for the supervisor is predictable in that the time invested in feedback will have a positive effect on the employee's job satisfaction, performance and organizational commitment. Effective feedback serves three important functions: a) it relieves productive employees from worrying needlessly about their job performance and the security associated with satisfactory performance; b) it helps marginal employees to improve their performance to specified standards; and c) it provides systematic documentation in case of dismissal (Walther & Taylor, 1983).

Thus, it is not surprising that in this study, frequency of feedback was the major variable in predicting ICU staff nurse job satisfaction. Many organizations have experienced significant increases in employee productivity and job satisfaction through utilization of a performance improvement system that keeps employees informed of their performance in relationship to specified job standards, and rewards them for excellence in performance (Feeney, 1982-1983).

As Godfrey et al. (1978) discovered from the responses obtained from 17,000 nurses, feedback leads to job satisfaction. The nuress identified several

factors leading to job satisfaction among them being immediate supervisors' feedback, patients' feedback and nursing administration's and hospital management's feedback. The fact that feedback is an important factor in nurse job satisfaction is typified in the study, Magnet Hospitals (McClure et al., 1983). Nurses remained in those hospitals that emphasized open communication and frequent feedback. The nurses likewise demonstrated a high level of commitment and loyalty to the institutions resulting in quality patient care delivery.

The importance of feedback cannot be overestimated. The feedback process in which information is given on the consequences of certain actions is central to any human relationship in which learning is desired or necessary. Likewise, in order for anyone to improve performance, please another, or change self-defeating behavior, it is necessary to be aware of the impact one may be having on another (Cohen, Fink, Gadon & Willits, 1980).

Feedback, both formal and informal, can be the motivational influence leading to nurse job satisfaction. Feedback can be the driving force for nurses to increase knowledge, to develop individuality, understanding and creativity, and to attain professional growth. Feedback can also take the form of the recognition given nurses leading them to professional achievement, increased

responsibility and ultimate professional advancement.

Results from this study also suggest that frequent feedback can serve as a buffer between incongruent job descriptions/performance evaluation instruments and job satisfaction. Because this study only looked at frequency of feedback, further research is needed, however, to investigate feedback in terms of content, its actual motivating influence, timing and the supervisory skills essential to providing quality feedback.

The fourth research question asked was:

What is the relationship between ICU staff nurses' job satisfaction and the demographic variables?

To answer this question, a correlational analysis was used. The research question was nondirectional and therefore a $p \leq .05$ was required using a two-tailed test of significance. Pearson product moment correlation coefficients were obtained for nurse satisfaction scores and the demographic variables identified. According to Table 6, marital status was the only demographic variable that correlated significantly with job satisfaction. However, as Table 6 further illustrates, several study variables were intercorrelated and therefore, a regression analysis using step-wise procedures was used to determine the contribution of each study variable to the variance of nurse job satisfaction. The step-wise procedure selected the set of variables which best predicted

Table 6
Correlation Matrix for Study Variables

	Study Variables						
	Sex	M.S.	Ed.	Yrs. RN	Yrs. Emp.	F.F.	Job Sat.
Age	-.05	-.15	.15	.64***	.45***	-.15	-.14
Sex		-.14	.06	-.17	-.19*	.46***	.13
Marital Status			-.06	-.10	.05	.15	.19*
Education				.06	.04	.02	-.05
Years as RN					.70	-.29***	-.01
Years Employed						-.35***	-.08
Feedback Frequency							.47***

Note. M.S. = Marital Status; Ed. = Education; Yrs. R.N. = Years since graduation as an RN; Yrs. Emp. = Years employed as an RN; F.F. = Frequency of Feedback; Job Sat. = Job Satisfaction.

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

nurse job satisfaction while eliminating those that were superfluous. It is important to note, however, that the purpose of the study was not to be able to predict job satisfaction, but rather to examine relationships between job satisfaction, congruence/design of performance appraisal systems, feedback and selected demographic variables, in an effort to formulate hypotheses to guide future research, once a significant relationship had been found and reliable and valid tools for measuring variables had been developed.

In the regression equation, the optimal predictor set was defined as the combination of variables that predicted nurse job satisfaction with the minimum standard error of the estimate. Categorical variables were entered in the regression equation as dichotomous dummy variables. By arbitrarily assigning metric values to each category of a given variable, dummy variables allow data to be treated as interval data and entered into the regression equation. According to Nie, Hull, Jenkins, Steinbrenner and Bent (1975), multiple correlation from dummy regression is equivalent to conventional eta (correlation ratio) and can be interpreted as a measure of strength of association between Y and the categorical variable. Recordings of the categorical variables used in the regression analysis are listed in Table 7.

According to Table 8, using the regression analysis

Table 7
 Recordings for Categorical Variables Used in Correlation
 and Regression Analysis Procedures

Category	Original Variable	Recorded Variable for Analysis
Demographic	V5 = Sex	Sex = (1 = Female 2 = Male)
	V6 = Marital Status	M S = (1 = Married 2 = Divorced 3 = Separated 4 = Widowed 5 = Never Married)
	V7 = RN Education	ED = (1 = Associate Degree 2 = Diploma 3 = B.S.N. 4 = Master's not in Nursing 5 = Master's in Nursing 6 = Ph.D.)
	V11 = Employment Status	(1 = Part-time 2 = Full-time)
	V12 = Feedback Frequency	(1 = Yearly 2 = 2-3/ Year 3 = Monthly 4 = Weekly 5 = Daily)

Table 8
 Step-wise Multiple Regression Analyses for Dependent Variable Nurse Job
 Satisfaction Score with Independent Study Variables

Step Number	Independent Variable Entered	R	R2 Adjusted	Increase R2 Adjusted	SE Estimate	Beta	F
1	Feedback Frequency	.47	.22	.22	16.60	.65	26.17***
2	Marital Status	.54	.29	.07	16.01	-.33	9.05*
3	Sex	.56	.31	.03	15.83	-.19	2.45*
4	Years Employment Since Graduation as RN	.57	.33	.01	15.78	.09	.28
5	Age	.60	.36	.03	15.53	-.29	3.98*
6	Years Employed as RN	.61	.38	.02	15.42	.22	1.76
7	Employment Status	.63	.39	.01	15.38	.12	1.22
8	Education	.63	.39	.00	15.47	-.06	.33

Note. The dashed line appearing after step 7 indicates an increase in the standard error of the estimate negating any explained variance. * $p \leq .05$; ** $p \leq .001$.

procedure, feedback frequency and marital status significantly predicted nurse job satisfaction, accounting for 29% of the explained variance. The amount of increase in R^2 after marital status was entered in the equation was small (.03); even though the "F" ratios of the beta weights for the demographic variables sex and age achieved significance ($p \leq .05$). (Beta weights are the standardized regression weights for the independent variables [Polit & Hungler, 1983]). While the variables sex and age were found to be significant predictors of job satisfaction, their amount of explained variance was miniscule, accounting for only 6%. Also, since a random sampling technique was not employed, the sample was skewed in both the variables sex and age; 93% of the sample being female and 51% being age 30 or younger. This skewed, nonrandom sample is a likely explanation for why the variables sex and age achieved beta weight significance, but will not be addressed because a significant correlation was not found between these variables and job satisfaction (See Table 6). The two variables therefore found to be significant predictors of job satisfaction and that correlated significantly with job satisfaction were frequency of feedback and marital status.

Nursing studies described earlier (Godfrey et al., 1978; McClure et al., 1983) support the conclusion that frequency of feedback is a strong predictor of nurse job

satisfaction. However, no studies were found in the literature to support the finding that married nurses are more satisfied with their jobs than are single nurses. The literature is also inconclusive in supporting the hypothesis that married women in the work force are more satisfied than single women. A number of studies, however, have demonstrated a significant relationship between job satisfaction and life satisfaction (Haavio-Mannila, 1971; Gannon & Hendrickson, 1973; Sell, Brief & Aldag, 1979; Wright, 1978). Other studies aimed at examining the psychological well-being of married women in the job force versus married women unemployed, have found that work can reduce the effect of some marital stressors and reduce the symptoms of depression that are heightened among housewives (Brown & Harris, 1978; Gove & Tudor, 1973; Kessler & McRae, 1982; Krause, 1984).

Another possible explanation for this finding is that married nurses may not have an economic basis for their employment. They may be working because of a professional desire, while among single nurses, economics would be a primary reason for employment. Still another explanation for this finding is that a central and prevailing theme among the population in Utah is "the importance of the family." It is possible that this theme affects life satisfaction that has been demonstrated to be significantly related to job satisfaction. In any event,

further research is needed exploring married versus non-married nurses' job satisfaction in different settings within this geographic location, before any definitive conclusions can be drawn.

In discussing the findings, it is important to note that this study was not without its limitations. Some of these limitations may have affected the study results, so will be addressed.

In examining the job descriptions of the three hospitals in the study for their motivational influence, the expert panel determined that each was based on the nursing process, which had become a standard of the Joint Commission on Accreditation for Hospitals in 1980. Implementation of the nursing process was considered to be a motivational force by the expert panel, because the steps in the nursing process are based on nurses' continuing growth needs. The significant differences in job descriptions, therefore, as identified by the panel, were the additional behaviors or personal factors contained in the job descriptions. Since an objective measurement instrument had not been developed for use by the panel, the subjective evaluation for determining the variable, congruence and design of performance appraisal systems, was arbitrarily discriminate and may have affected the study results. An instrument that could have objectively measured the three hospitals' job description/performance

evaluation instrument for congruence and motivational design, would have been a more reliable and valid assessment.

Another limitation involved the fact that the variable frequency of feedback was the respondent's subjective appraisal but not a direct measurement of the quality, motivational influence, or amount of feedback actually received from the respondent's supervisor. Likewise, the question asked on the questionnaire to obtain this variable did not take into account the supervisor's interpersonal skill in providing feedback to the respondent; therefore these variances were uncontrolled. Specific questions involving the supervisor's interpersonal skill and the motivational influence of the feedback received may have enhanced the study.

To be assured of an adequate sample size, all respondent questionnaires were utilized in the study, rather than employing a random sampling technique. Also, having to leave questionnaires for those staff nurses unable to attend staff nurses' meetings was considered to be a limitation of the study.

Because income was not a study variable, it is impossible to know whether the married nurses were employed due to economics or as a career choice; therefore a question related to income may have been valuable in discussing the study results.

Finally, the study was initiated and completed during a time of economic strain for private hospitals within the northern part of the State of Utah. It is impossible to predict how unidentified extraneous variables surrounding job security may have impacted the study results.

CHAPTER IV

SUMMARY AND IMPLICATIONS

This study explored Intensive Care staff nurses' job satisfaction in relationship to congruence and design of performance appraisal systems, feedback, and selected demographic variables. Although nurses have been a target population for job satisfaction studies within the health field, this study aimed specifically at determining the degree to which the nurses studied were satisfied with the job itself (i.e., satisfaction with their abilities to be recognized and assume responsibility for the patient care they provide and their satisfaction with progress toward meeting their individual career goals).

In reviewing the literature it became apparent that the work itself is a vital component in affecting nurses' job satisfaction. Herzberg et al. redirected the focus of job satisfaction studies in 1959 as a result of their publication The Motivation to Work. They emphasized vertical rather than horizontal job enlargement, claiming that satisfaction can be attained through growth in skill, efficiency and responsibility, which is possible through mentally challenging work. Herzberg (1968) iden-

tified and described a Dual-Factor Theory in which he argued that job satisfaction and dissatisfaction are the result of two separate and different causes; satisfaction is dependent on motivators while dissatisfaction is the result of hygiene factors. Motivators include work itself, achievement, recognition, responsibility and the opportunity for growth and advancement. Hygiene factors, although they do not motivate, can prevent the development of negative feelings and dissatisfaction. These hygiene factors he identified as supervision, company policies and administration, working conditions, interpersonal relationships, job security and pay.

Other studies supported various aspects of Herzberg's findings. Turner and Lawrence (1965) found that responsibility for work outcomes is an important motivational influence; Hackman and Lawler (1971) found that a positive relationship exists between: a) the opportunity for independent thought and action in the job; b) the feeling of worthwhile accomplishment in the job; c) the opportunity for personal growth and development in the job; and d) the self-esteem and self-respect a person gets from being on the job, and the variables motivation, satisfaction, performance and attendance.

Weitz (1952) demonstrated that prior knowledge and understanding of the role requirements on a job were significant factors in job satisfaction and retention.

Other studies obtained similar conclusions: Macedonia (1959), Youngberg (1963), and Lyons (1971).

Godfrey et al. (1978) reported the responses obtained from 17,000 nurses to the Probe Questionnaire on Job Satisfaction published in the September issue of Nursing 77. In addition to major dissatisfactions, the nurse respondents identified several factors leading to job satisfaction. These factors are: prestige and recognition; work itself; well-defined job descriptions; feedback from immediate supervisors, patients, nursing administration and hospital management and involvement in the planning and decision making of the institution.

In a recent nursing study on job satisfaction, Magnet Hospitals (1983), specific factors contributing to nurse retention was the focus. Among the factors identified by staff nurses as contributing to their job satisfaction and retention were educational programs that allow for professional growth and recognition as individuals; open communication and the opportunity for involvement in decision making; and support in patient care delivery as well as support through feedback aimed at recognizing achievements, and increasing staff nurse responsibility (McClure et al., 1983).

Since job enrichment, as defined by Herzberg (1969), is a continuous process, performance appraisal of the

individual nurse's performance should also be a continuous process. South (1978) suggests that the emphasis in nurse performance appraisals should be from evaluation to development. Council and Plachy (1980) suggest that performance planning and appraisal should be a cooperative venture between supervisor and employee, based on a genuine concern for one another's success. Lovrich et al. (1981) developed a participative performance appraisal system for use not only for the traditional mechanism of evaluation of employee performance but also as a tool for individual goal setting and growth in career development. Lerch (1982) states that the objectives of a performance appraisal system are to serve as a clear and effective tool in measuring current performance and in developing future performance. Feeney (1982-83) offers a systemized performance improvement approach that uses principles of behavior modification to provide a system of feedback and reward to effect positive changes in human behavior.

Ginsburg (1983) states that American values are changing and management must be aware and supportive of them. He identified these values as: a) individuals value a clear understanding of their roles and the degree of authority they are given to perform their duties; b) individuals value the opportunity to participate in the negotiation of the performance expectations of their

roles; c) individuals value the encouragement to utilize their skills and creative potentials; d) individuals value the respect, trust and confidence of their managers; e) individuals value a regular and constant flow of information; f) individuals value timely and honest feedback and a reward system that recognizes accomplishment in an objective and understood manner; and g) individuals value a development program that prepares them adequately to perform their responsibilities.

Based on the research and scholarly activity in the area of job satisfaction over the years, as reflected in the review of the literature and especially based on the contributions of Herzberg, the focus of this study was on ICU staff nurse job satisfaction in relationship to performance appraisal systems. The conceptual model used in this study is a systems model (see Figure 1). The input represents a clearly defined job description based on motivators, which are opportunities for nurses to attain professional growth and advancement. The throughput represents the frequent feedback provided the nurses by their respective supervisors to improve their performance and enhance their professional growth. The output represents the performance evaluation instrument used to measure the nurses' performance. The "fit" between the job description and performance evaluation instrument represents a congruent performance appraisal system.

This system leads to staff nurse job satisfaction that leads to retention of qualified nurses to insure quality patient care delivery, which is the goal of nursing administration.

Three private hospitals in the northern part of the state of Utah were the clinical settings for the study. Hospitals A and C were located in Salt Lake City, while Hospital B was located in Ogden. To obtain a homogeneous group, Intensive Care Nurses at the three hospitals were studied. The sample consisted of 85 respondents: 34 (40% from Hospital A; 22 (26%) from Hospital B; and 29 (34%) from Hospital C. The sample subjects ranged in age from 23 to 59 years of age; however, 51% were age 30 or younger. Of the sample, 93% were female, 64% were married, 51% had a BSN degree, 79% had been graduated as an RN for 1 - 10 years, 48% had been employed as an RN for 4 months to 3 years, 45% had been in their current assignment for 28 - 72 months and 64% were employed full-time.

Data about job satisfaction were obtained by requesting completion of a Personal Satisfaction Inventory by each of the subjects. This instrument was designed by Dyer et al. for use in a study published in Nursing Research (1975). The Personal Satisfaction Inventory aims at determining satisfaction with: a) choice of nursing as a career; b) professional role and use of professional

abilities; c) progress toward career goals; and d) quality of patient care given in the hospital. Content validity of the Personal Satisfaction Inventory instrument was obtained by having the questions reviewed by 301 nurses and three measurement psychologists for clarity, specificity, completeness and indicators of job satisfaction (Dyer et al., 1975).

Retest reliabilities of the instrument ranged from .68 to .94 after 4 to 6 weeks in seven hospitals (Dyer et al., 1975).

Demographic data were requested by each of the respondents as well as the response to a question concerning frequency of feedback.

The research questions addressed in this study were:

1. Are the job descriptions for Intensive Care Unit staff nurses congruent with the performance evaluation instruments used in the hospitals studied?
2. Do the job descriptions in the hospitals allow opportunities for the nurses to meet their professional growth needs (i.e., do the job descriptions contain motivators)?
3. What is the relationship between ICU staff nurses' job satisfaction as measured by the Personal Satisfaction Inventory instrument and the performance appraisal system used in the institution?
4. What is the relationship between ICU staff

nurses' job satisfaction and the demographic variables?

To address research questions 1 and 2, a panel of expert nurses was employed. These six nurses were considered to be expert because of their recent exposure to administrative and management principles through academia and/or experience. Job descriptions and performance evaluation instruments for the ICU staff nurses at the three hospitals in the study had been obtained from the Directors of Nursing by the investigator. Instruction was given the panel members by the investigator to prepare the six nurses, comprising the expert panel, for the task of evaluating the job description/performance evaluation instrument at each hospital for congruence and for evaluating each job description for its ability to act as a motivator for nurses to increase their clinical skills and enhance their professional growth.

The instruction given the expert panel was on "Motivation and Management," from Motivational Dynamics, Part I, block 3 (see Appendix F). The objective of the instruction was to have the six expert nurses develop a common theoretical framework concerning Herzberg's "Two Factor Theory" and its relationship to Maslow's "Hierarchy of Human Needs" theory. Following the Motivational Dynamics format, exercises were given in which the six nurses participated. Increased understanding of the principles were evidenced by the panel members with each

continued exercise.

At the conclusion of the instruction, each member of the panel was given a copy of the three hospitals' job descriptions and respective performance evaluation instruments. The names identifying the respective hospitals had been omitted during the copying to prevent the possibility of bias by the panel members.

The six panel members were asked to rate the job descriptions/performance evaluation instruments as most congruent, moderately congruent and least congruent. On the first evaluation, the panel members independently reached 100% consensus that Hospital B's appraisal system was the most congruent, Hospital C's was moderately congruent and Hospital A's was the least congruent.

To obtain the variable "Design of Job Description," the panel members were assigned the task of examining each of the three job descriptions and listing the motivators and hygiene factors inherent in each. At the conclusion of the first independent evaluation, there was 66% agreement that Hospital B's job description was based primarily on motivators; while 34% felt that Hospital C's was a more motivating tool. A lengthy discussion ensued whereby the panel members verbalized defense of their independent decisions. The investigator requested a second independent evaluation and on this count 83% agreed that Hospital B's job description contained more

motivators while 17% identified more motivators in the job description of Hospital C. There was additional discussion followed by a final evaluation. On the third vote, there was 100% consensus that Hospital B's job description was based primarily on motivators, Hospital C's was a close second and Hospital A's was the least designed as a motivational influence.

Since consensus had been reached by the panel that Hospital B's job description/performance evaluation instrument was the most congruent and Hospital B's job description was the most motivational in its design, Hospital B was arbitrarily assigned a "5" on a Likert scale for the variable, Congruence and Design of Performance Appraisal Systems. Hospital C had been found to be moderately congruent and second in motivational design, so was assigned a "3" on the scale; and Hospital A, which had been found to be the least congruent and least based on motivational design, was arbitrarily assigned a "1" for this variable, for the purpose of statistical analysis.

Correlation and regression analyses were used to answer research questions three and four. The research questions were nondirectional and therefore a $p < .05$ was required using a two-tailed test of significance. To determine if there was a relationship between nurse job satisfaction scores and performance appraisal systems,

Pearson Product-moment coefficients were obtained for nurse satisfaction scores and the variables feedback frequency and congruence/design of performance appraisal systems. Nurses who received more frequent feedback had significantly higher job satisfaction scores ($r=.47$). No significant relationship was found between job satisfaction scores and congruence/design of performance appraisal systems ($r=-.02$). There was very little range in mean job satisfaction scores for the three hospitals. Hospital B, judged to have the most congruent performance appraisal system, had a mean job satisfaction score of 125, as did Hospital A, while Hospital C had a mean job satisfaction score of 128.

Because of the small degree of variance found between the mean job satisfaction scores of the three hospitals--Hospital A and B = 125, Hospital C = 128--additional statistical analysis was employed to determine if significant differences existed in the way respondents from each of the hospitals answered individual questions on the Personal Satisfaction Inventory instrument. To obtain this information, a Kruskal-Wallis one-way analysis of variance was utilized. Results indicated that responses to six questions on the Personal Satisfaction Inventory were significant at the .01 - .05 level. These questions were 12, 16, 21, 29, 35, and 37.

In answering research question 4, correlation coef-

ficients were obtained for nurse satisfaction scores and the demographic variables identified. Marital status was the only demographic variable that correlated significantly with job satisfaction ($p \leq .19$); however, several study variables were intercorrelated.

Because of the intercorrelation found between study variables, a regression analysis using step-wise procedures was used to determine the contribution of each study variable to the variance of nurse job satisfaction. Using the regression analysis procedure, feedback frequency and marital status significantly predicted nurse job satisfaction, accounting for 29% of the variance. Although the "F" ratios of beta weights for sex and age achieved significance ($p \leq .05$), their amount of explained variance was small, accounting for only 6%. Also, since a random sampling procedure was not employed, the sample was skewed for both the variables of sex and age.

Implications for Research

Since the population studied were Intensive Care Unit staff nurses, replicating the study among non-ICU staff nurses to determine if there are significant differences between these populations could be a useful contribution to the nursing literature.

Since marital status was a significant predictor of

job satisfaction among the population studied, it would be useful to replicate the study among other ICU staff nurses within this geographic location to determine whether this finding would be consistent.

If an objective measurement instrument could be developed for determining the variable, congruence and design of performance appraisal systems, repeating the study among ICU staff nurses would provide more reliable and valid results.

Because the variable frequency of feedback correlated significantly with job satisfaction, the development and use of an instrument that could measure quality, motivational influence and amount of feedback actually received would enhance the replication of this study.

If an adequate sample size could be assured in repeating the study with a different population, a random sampling technique would provide more valid and reliable results.

There are several implications that this study has for nursing administrators in practice. First, it is vitally important that nursing administrators recognize the impact of job satisfaction on quality patient care delivery and cost containment. Job satisfaction will reduce costly turnover rates and absenteeism and provide the mechanism for qualified, motivated nurses to practice, increasing their skill and knowledge base so as to ensure

quality patient care. Maintaining job satisfaction is also a humane effort on the part of nursing administrators. Although there are a variety of factors that impact on nurse job satisfaction, nursing administrators are cautioned that improving the environment wherein staff nurses practice, providing monetary rewards and developing creative time schedules will not have the same affect on job satisfaction as frequency of feedback aimed at recognizing nurses' accomplishments in increasing their knowledge; developing individuality, understanding and creativity; and enhancing their professional growth.

Some incentives employed by nursing administrators to impact job satisfaction are merely hygiene factors as described by Herzberg. They may prevent dissatisfaction, but they will not provide the motivational force that leads to job satisfaction. Therefore, selecting supervisors with good communication skills, emphasizing the need for supervisors to provide frequent feedback to their staffs, and providing the leadership and training necessary for supervisors to gain comfort in this aspect of their performance is the theme this study imparts to practicing nursing administrators. There is not a substitute for the time supervisors spend with their staff. The recent nursing study, Magnet Hospitals (McClure et al., 1983), demonstrates the fact that job satisfaction, resulting in retention of qualified, competent and moti-

vated nurses, is the cost-effective mechanism through which nursing service administrators attain their goal of quality patient care delivery.

APPENDIX A

INFORMED CONSENT FORM

I am a graduate student at the University of Utah, College of Nursing. I am conducting this study to fulfill the requirements for a master's degree. The purpose of the study is to determine the relationship between Intensive Care Staff Nurses' job satisfaction and the performance appraisal systems used at their hospital.

Job satisfaction will be determined by your completion of the Personal Satisfaction Inventory. The Inventory contains two sections. Section I requests personal information and Section II is the Personal Satisfaction Inventory. The Inventory will take approximately 20 minutes to complete. Your participation is voluntary and your responses will be kept confidential. Do not place your name on the Inventory. You will notice the Inventory has a code number used to identify your hospital as one of the three in the study. Upon completion of the study the key to the code will be destroyed. Completion of the Inventory will indicate your agreement to participate in the study. You may withdraw your participation at any time without prejudice by not completing and returning the Inventory to me.

Any questions which may arise may be directed to me at the telephone number listed below. For your participation in this phase of the study, the results of the completed study will be provided to your Director of Nursing Services to share with you. Thank you.

Sincerely,

Anna S. Kontas, R.N.

Phone: 969-7760

APPENDIX B

QUESTIONNAIRE: SECTION I

Demographic Information

1. Year of Birth: 19 ____
2. Sex: MALE ____ FEMALE ____
3. Marital status: (check one)
- | | |
|------------------|-------|
| 1. Married | _____ |
| 2. Divorced | _____ |
| 3. Separated | _____ |
| 4. Widowed | _____ |
| 5. Never Married | _____ |

Educational Information

4. What was the type of basic RN education you completed? (Check one)
- | | |
|------------|-------|
| 1. A.D. | _____ |
| 2. Diploma | _____ |
| 3. B.S.N. | _____ |
5. In what year was your basic RN education completed?
- 19 ____
6. What is your highest degree (check one)
- | | |
|------------------------------|------------------------|
| 1. Assoc. degree | _____ |
| 2. B.S.N. | _____ |
| 3. Diploma | _____ |
| 4. Master's (nursing) | _____ |
| 5. Master's (not in nursing) | _____ |
| 6. Doctorate | _____ |
| 7. Other | _____ (please specify) |

Employment Information

7. Number of years at present hospital _____.
8. Number of months or years in present assignment
_____ (please specify months or years).
9. Full-time _____ Part-time _____

Frequency of Feedback
on Performance

10. I am given feedback on my performance by my Supervisor:

1. Yearly, during my performance evaluation _____
2. Two or three times a year _____
3. At least monthly _____
4. At least weekly _____
5. At least daily _____

APPENDIX C

QUESTIONNAIRE: SECTION II

Section IIPersonal Satisfaction
Inventory

The purpose of this inventory is to determine the degree to which nurses are satisfied with the patient care they give and their satisfaction with progress toward their individual career goals.

What you say and how you feel are very important. You, as a practitioner, are in the best possible position to supply very valuable information about satisfaction with nursing. Please be honest in your answers. They will be absolutely confidential and used strictly for research purposes. The data will be reported only on a group basis.

Read each question carefully and select the most appropriate answer. If a question does not completely apply to you, select the closest or most plausible answer. If you find a question or two which you prefer not to answer, they may be left blank.

Your cooperation is greatly appreciated.

Adapted from Dyer et al., 1975.

Personal Satisfaction Inventory

Select the most appropriate alternative for each question or statement and record the number in the box at the left.

1. Little if at all
2. To a limited extent
3. To a moderate extent
4. To a considerable extent
5. To a great extent

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1. Performance reviews in this hospital are directed toward improving the quality of patient care. |
| <input type="checkbox"/> | 2. Your immediate supervisor understands and assists you with your plan for continued professional growth. |
| <input type="checkbox"/> | 3. Performance reviews in this hospital are directed toward helping you attain your professional goals. |
| <input type="checkbox"/> | 4. Are you satisfied with your progress in attaining your professional career goals? |
| <input type="checkbox"/> | 5. Are you personally exerting maximum effort to accomplish your work objectives? |
| <input type="checkbox"/> | 6. Are you personally exerting maximum effort toward accomplishing your professional goals? |
| <input type="checkbox"/> | 7. <u>Written</u> goal-setting would help nurses achieve their professional goals. |
| <input type="checkbox"/> | 8. <u>Written</u> goals are set during your counseling sessions. |
| <input type="checkbox"/> | 9. <u>Verbal</u> goals are set during your counseling sessions. |
| <input type="checkbox"/> | 10. Are you satisfied with your role in achieving nursing service goals? |
| <input type="checkbox"/> | 11. The way things are, do you give or expect to give ideal quality care to your patients? |
| <input type="checkbox"/> | 12. You perform many tasks on your job which you consider relatively unimportant or unnecessary. |

Alternatives are:

1. Little if at all
2. To a limited extent
3. To a moderate extent
4. To a considerable extent
5. To a great extent

13. Do you feel your workload is too heavy?
14. All things considered, are you satisfied with the amount of authority you can exercise in your job?
15. Do you have the chance to solve work problems on your own?
16. Are you free to adapt your working hours to meet patient care needs?
17. Are you satisfied with the cooperation of your fellow workers?
18. Nurses in this hospital define objectives which guide the care given in their area of assignment.
19. Does your working group meet its objectives?
20. Has your supervisor expressed that you have greater-than-average potential for advancement in your hospital?
21. Does your supervisor expect you to make a significant contribution in the nursing profession?
22. In your work, you feel a strong sense of accomplishment because of something you have done.
23. Do most people in the hospital feel your job is very important?
24. Do you feel your job is very important?
25. Your associates expect a great deal of you professionally.

Alternatives are:

1. Little if at all
 2. To a limited extent
 3. To a moderate extent
 4. To a considerable extent
 5. To a great extent
-
26. Do you meet your family's expectations for your professional accomplishment?
 27. Does your supervisor expect a great deal of you in your work?
 28. Registered nurse associates believe they have a bright future in nursing.
 29. You are well-prepared for nursing in comparison with nurses having similar educational preparation.
 30. Your clinical capabilities in your job are being utilized.
 31. Your research capabilities in your job are being utilized.
 32. Your teaching capabilities in your job are being utilized.
 33. Your administrative capabilities in your job are being utilized.
 34. You want to produce a high level of original work (new ways to do things, etc.) in order to satisfy your professional goals.

Select the most appropriate alternative for each question or statement and record the number in the box at the left.

35. How satisfied are you with your career choice to be a nurse?

1. Completely dissatisfied and plan to leave nursing at the first opportunity.
2. Sometimes dissatisfied and would try another career if the opportunity arose.
3. Satisfied, but would not make the same choice again.
4. Satisfied, but would also be happy working in another career.
5. Completely satisfied, would make the same choice again.

36. If asked to reorganize the approach and administration of your present work unit to increase the quality of patient care, you would:

1. Completely reorganize the approach.
2. Make several minor changes.
3. Make some minor and a few major changes.
4. Make some minor changes.
5. Make no significant changes.

37. Because of the manner in which your supervisor discusses your work performance with you, which of the following most nearly describe your reaction to the discussions?

1. Discouraged.
2. Disappointed in my performance.
3. Indifferent.
4. Encouraged.
5. Stimulated and eager to improve.

38. To assist staff to achieve goals, your supervisor:

1. Would assist only if convenient.
2. Is willing to assist if asked.
3. Is genuinely interested in assisting.
4. Assists and encourages achievement.
5. Goes out of her way to assist.

39. During your performance evaluation, you and your supervisor have:

1. One-way communication, but no real discussion.
2. A brief, two-way discussion.
3. A good, two-way discussion.
4. Good two-way discussion and verbal setting of goals.
5. Good two-way discussion and written setting of goals.

40. How long does your regular performance review usually last?

1. Five minutes or less.
2. About 15 minutes.
3. About half an hour.
4. About 45 minutes.
5. About an hour or more.

41. How satisfied are you with your present job?

1. Dissatisfied and plan to leave at the first opportunity.
2. Satisfied, but would like to see some changes.
3. Completely satisfied.

APPENDIX D

ANALYSIS OF INTERNAL CONSISTENCY

Table 9

Analysis of Internal Consistency Of Job Satisfaction Items
Using Cronbach's Alpha

Items	Alpha Coefficient
V13	.91
V14	.90
V15	.90
V16	.90
V17	.90
V18	.90
V19	.91
V20	.91
V21	.90
V22	.90
V23*	.91*
V24*	.91*
V25*	.91
V26	.90
V27	.90
V28*	.91*
V29	.91

Table 9 (Continued)

Items	Alpha Coefficient
V30	.90
V31	.90
V32	.90
V33	.90
V34	.90
V35	.91
V36	.90
V37	.90
V38	.90
V39	.91
V40	.90
V41	.91
V42	.90
V43	.90
V44	.90
V45	.90
V46*	.91*
V47	.90
V48	.90
V49	.90
V50	.90
V51	.90

Table 9 continued

Items	Alpha Coefficient
V52	.90
V53	.90

APPENDIX E

ICU NURSE FOLLOW-UP LETTER

May 28, 1984

Dear ICU Staff Nurse,

Recently I attended one of your staff meetings to explain the purpose of my graduate thesis and requested your cooperation in completing a questionnaire. I explained that the purpose of the study is to determine the relationship between Intensive Care Staff Nurses' job satisfaction in three hospitals and the performance appraisal system used in each hospital. If you have already completed a questionnaire and returned it to me, I thank you very much. If you have not, I would very much appreciate your taking 20 minutes to complete the questionnaire.

I will be sharing the results of my study with your Director of Nurses and, depending on the results, some changes in your performance appraisal system may be made. It is therefore important for the results to be reflective of the majority of ICU staff nurses at your hospital.

Your participation is entirely voluntary and confidentiality is assured because the questionnaires are anonymous. The only code used is one to identify your hospital.

If you wish to participate, please complete and return the questionnaire by June 8, 1984 in the self-

addressed envelope provided. I appreciate the responses already received and hope that if you have not already participated, that you will be interested enough to participate by June 8, 1984.

Sincerely yours,

Anna S. Kontas
969-7760

APPENDIX F

INSTRUCTIONAL OUTLINE FOR

PANEL MEMBERS

- I. Learning Exercise to identify with Herzberg's theories.
- II. READING Exercise, "Herzberg's theory of Job Satisfaction" by George H. Labovitz, Ph.D.
 - A. Herzberg's Two-Factor Theory.
- III. Learning Activity to reinforce Herzberg's Two-Factor Theory.
- IV. Learning Activity involving a group discussion concerning motivators and hygiene factors in your organization.
- V. Exercise to identify management techniques consistent with Maslow's and Herzberg's motivational theories.
- VI. Group discussion concerning the management techniques identified above.
- VII. READING Exercise, "One More Time: How Do You Motivate Employees?" by Herzberg.
- VIII. Group discussion concerning Enlargement versus Enrichment as identified by Herzberg.
- IX. Exercise to determine progress of panel in conceptualizing Herzberg's theory.

Adapted from Motivational dynamics, Unit I, Mainsprings
of Motivation, Control Data Corp. 1980, pp.
3-5, 3-64.

APPENDIX G

PERFORMANCE EVALUATION: HOSPITAL B

Staff Evaluation

KEY POINTS:

1. Provide an accurate, objective reflection of the employee's job performance.
2. Recognize outstanding performance, identify less than satisfactory performance and plan for improved performance through a mutual objective-setting process.
3. Provide an effective and efficient tool for the evaluator.
4. Provide necessary information about job performance, eligibility for salary increase, and reference inquiries.

R.N. JOB DESCRIPTION

PERFORMANCE EVALUATION

I. IDENTIFICATION:

Supervisor: Unit Manager
 Department: Nursing
 Worker analyzed: R.N.
 Shift: Variable
 Hours: Variable

Circle appropriate number next to each behavior which indicates the individual's performance of that behavior. If behavior not observed or not relevant circle NO or NR. Use the justification or supporting comments section to validate the rating. At end of each section, add the points to arrive at the subtotal for that section. After the last section add the subtotals to determine the Grand Total. Compare the Grand Total with the rating scale to determine the Overall Performance Rating.

II. GENERAL DESCRIPTION:

A registered professional nurse responsible for the delivery of comprehensive patient care through use of the nursing process (assessment, planning, implementation and evaluation). Provides patient and family education. May direct activities of ancillary personnel while ensuring standards of professional nursing.

III. QUALIFICATIONS

Graduate from an accredited school of nursing and currently licensed as a Registered Nurse in the state of Utah. Demonstrates evidence of interest in professional growth and support of professional organizations.

IV. BEHAVIORS.

A. Supports Philosophy, Objectives and Goals of Department of Nursing.

Does Not Meet Standard	Meets Standard	Meets and Exceeds Standard	Significantly Exceeds Standard	Not Observed	Not Relevant	Justification or Supporting Comments
0	1	2	3	NO	NR	

R.N. JOB DESCRIPTION	PERFORMANCE EVALUATION						
	Does Not Meet Standard	Meets Standard	Meets and Exceeds Standard	Significantly Exceeds Standard	Not Observed	Not Relevant	Justification or Supporting Comments
NURSING PROCESS: Assessment Cont.							
B. NURSING PROCESS:							
<u>Assessment:</u>							
1. Take nursing histories from patients and/or others that identify variables affecting care and serves as guide for the development of individual patient care plans that:							
1.1 Provide baseline data pertaining to activities of daily living.	0	1	2	3	NO	NR	
1.2 Reflect the physiological condition of the patient.	0	1	2	3	NO	NR	
1.3 Reflect the psychosocial needs of the patient.	0	1	2	3	NO	NR	
1.4 Reflect the perceptions of the patient and/or family of health problems and expectations of the hospitalization.	0	1	2	3	NO	NR	
1.5 Provide information needed to begin discharge planning.	0	1	2	3	NO	NR	
2. Identifies patient problems, symptoms, and behavioral changes in relation to:							
2.1 Standards of care.	0	1	2	3	NO	NR	
2.2 Individual patient needs.	0	1	2	3	NO	NR	
*3. Obtains and reviews available data obtained by other members of the health team (medical history, physical exam, medical care plan, social worker's reports, community referral, etc.).	0	1	2	3	NO	NR	
4. Establishes nursing intervention priorities based on problem identification.	0	1	2	3	NO	NR	

1. Adapted from University of California, San Francisco, Nursing Service, Job Descriptions, Clinical Nurse I & II as seen in "Definition of a Standard for Clinical Nursing Practice" by Tescher, B., & Colavecchio, R., *Journal of Nursing Administration*, March 1977.

*Denotes a behavior which is expected of the RN in any Nursing Delivery Service System but can occur more consistently in Total Patient Care and Primary Nursing.

R.N. JOB DESCRIPTION	PERFORMANCE EVALUATION						Justification or Supporting Comments
	Does Not Meet Standard	Meets Standard	Meets and Exceeds Standard	Significantly Exceeds Standard	Not Observed	Not Relevant	
NURSING PROCESS: Assessment Cont.							
5. Interprets diagnostic data and incorporates it in the written assessment.	0	1	2	3	NO	NR	
6. Analyzes initial assessments and revises assessments based on patients' behaviors.	0	1	2	3	NO	NR	
7. Uses previous clinical experience and knowledge to anticipate potential patient care problems.	0	1	2	3	NO	NR	
*8. Assesses the ongoing needs of a specific patient population by:							
8.1 Making purposeful nursing rounds.	0	1	2	3	NO	NR	
8.2 Conducting clinical conferences.	0	1	2	3	NO	NR	
8.3 Collaborating with physicians and other health care workers.	0	1	2	3	NO	NR	
Assessment Subtotal							
Planning:							
1. Writes a patient care plan, using the assessment data, that:							
1.1 Implements the medical care plan.	0	1	2	3	NO	NR	
1.2 Establishes realistic immediate and long-term goals with a time frame.	0	1	2	3	NO	NR	
1.3 Shows evidence of understanding principles underlying nursing intervention.	0	1	2	3	NO	NR	
*2. Involves the patient and/or family in developing the patient care plan.	0	1	2	3	NO	NR	

*Denotes a behavior which is expected of the RN in any Nursing Delivery Service System but can occur more consistently in Total Patient Care and Primary Nursing.

R.N. JOB DESCRIPTION	PERFORMANCE EVALUATION						Justification or Supporting Comments
	Does Not Meet Standard	Meets Standard	Meets and Exceeds Standard	Significantly Exceeds Standard	Not Observed	Not Relevant	
NURSING PROCESS: Planning Cont.							
*3. Plans patient care intervention with other members of the health team.	0	1	2	3	NO	NR	
4. Identifies immediate and long term consequences of nursing activity.	0	1	2	3	NO	NR	
5. Understands the legal consequences of nursing actions.	0	1	2	3	NO	NR	
*6. Revises the initial patient care plan to the changing needs of the patient.	0	1	2	3	NO	NR	
7. Determines patient/family discharge needs and incorporates into plan.	0	1	2	3	NO	NR	
Planning Subtotal							
Implementation:							
1. Sets priorities and gives comprehensive nursing care based on the patient care plan.	0	1	2	3	NO	NR	
2. Implements the medical care plan as delegated.	0	1	2	3	NO	NR	
3. Assigns aspects of care as needed to selected members of the nursing team.	0	1	2	3	NO	NR	
4. Guides care given by selected members of the nursing team.	0	1	2	3	NO	NR	
*5. Coordinates the activities of other disciplines to implement the individual patient care plan.	0	1	2	3	NO	NR	
6. Maintains accurate documentation reflective of patient care plan and current patient condition.	0	1	2	3	NO	NR	

*Denotes a behavior which is expected of the RN in any Nursing Delivery Service System but can occur more consistently in Total Patient Care and Primary Nursing.

R.N. JOB DESCRIPTION	PERFORMANCE EVALUATION						
	Does Not Meet Standard	Meets Standard	Meets and Exceeds Standard	Significantly Exceeds Standard	Not Observed	Not Relevant	Justification or Supporting Comments
NURSING PROCESS: Implementation Cont.							
*7. Initiates referrals to appropriate individuals and/or agencies capable of providing continuity of care to patients.	0	1	2	3	NO	NR	
8. Acts as patient/family advocate.	0	1	2	3	NO	NR	
9. Demonstrates flexibility with rules and regulations indicated by patient/family needs.	0	1	2	3	NO	NR	
10. Recognizes patient safety hazards and takes appropriate action to maintain a safe environment.	0	1	2	3	NO	NR	
11. Responds effectively in emergency situations.	0	1	2	3	NO	NR	
12. Makes recommendations for unit level staffing pattern and may assign personnel to provide for patient care during the shift.	0	1	2	3	NO	NR	
Implementation Subtotal							
Evaluation:							
1. Evaluates the response of the patient to his care plan.	0	1	2	3	NO	NR	
2. Evaluates the response of the patient to nursing intervention.	0	1	2	3	NO	NR	
3. Evaluates the goals of the patient care plan.	0	1	2	3	NO	NR	
*4. Evaluates the patient care plan on a continuous basis to meet changing needs of the patient.	0	1	2	3	NO	NR	

*Denotes a behavior which is expected of the RN in any Nursing Delivery Service System but can occur more consistently in Total Patient Care and Primary Nursing.

R-N. JOB DESCRIPTION	PERFORMANCE EVALUATION						
	Does Not Meet Standard	Meets Standard	Meets and Exceeds Standard	Significantly Exceeds Standard	Not Observed	Not Relevant	Justification or Supporting Comments
NURSING PROCESS: Evaluation Cont.							
*5. Collaborates with other disciplines in revision of the patient care plan according to changing needs of the patient.	0	1	2	3	NO	NR	
Evaluation Subtotal							
C. TEACHING:							
<u>Patient/Family:</u>							
*1. Collaborates with patient/family to identify individual informational needs and to assess learning readiness.	0	1	2	3	NO	NR	
*2. Plans teaching strategies to meet individual informational needs that involve the patient/family or significant others.	0	1	2	3	NO	NR	
3. Incorporates the teaching plan as part of the patient care plan.	0	1	2	3	NO	NR	
*4. Implements and documents teaching strategies to meet individual informational needs that involve the patient/family or significant others.	0	1	2	3	NO	NR	
5. Communicates rationale for nursing intervention to patient/family.	0	1	2	3	NO	NR	
*6. Evaluates and documents learning of patient/family and validates effectiveness of teaching.	0	1	2	3	NO	NR	
7. Revises teaching plan as needed.	0	1	2	3	NO	NR	

*Denotes a behavior which is expected of the RN in any Nursing Delivery Service System but can occur more consistently in Total Patient Care and Primary Nursing.

R.N. JOB DESCRIPTION	PERFORMANCE EVALUATION						
	Does Not Meet Standard	Meets Standard	Meets and Exceeds Standard	Significantly Exceeds Standard	Not Observed	Not Relevant	Justification or Supporting Comments
TEACHING: Cont.							
<u>Staff and Students:</u>							
1. Serves as positive role model.	0	1	2	3	NO	NR	
2. Contributes to the learning experiences of professional nursing students in cooperation with other registered nurse members of the team and the clinical instructor.	0	1	2	3	NO	NR	
3. Assists personnel on the nursing team to identify their needs for learning basic nursing tasks.	0	1	2	3	NO	NR	
*4. Participates in teaching, guiding, and evaluating the performance of ancillary auxiliary personnel.	0	1	2	3	NO	NR	
5. Communicates the rationale for nursing intervention to staff and students.	0	1	2	3	NO	NR	
<u>Self</u>							
*1. Assesses professional learning needs.	0	1	2	3	NO	NR	
*2. Plans strategy to meet identified needs through formal and informal means.	0	1	2	3	NO	NR	
3. Attends educational programs to increase professional competence.	0	1	2	3	NO	NR	
4. Evaluates effectiveness of learning.	0	1	2	3	NO	NR	
*5. Participates effectively in nursing committees, professional organizations, etc., which promote professional growth and development.	0	1	2	3	NO	NR	
Teaching Subtotal							

*Denotes a behavior which is expected of the RN in any Nursing Delivery Service System but can occur more consistently in Total Patient Care and Primary Nursing.

R.N. JOB DESCRIPTION	PERFORMANCE EVALUATION						
	Does Not Meet Standard	Meets Standard	Meets and Exceeds Standard	Significantly Exceeds Standard	Not Observed	Not Relevant	Justification or Supporting Comments
<p>COMMUNICATION: Patient/Family Cont.</p> <p>D. COMMUNICATION:</p> <p> <u>Patient/Family:</u></p> <p>*1. Applies effective interviewing skills to elicit information from patient/family that is necessary to plan, implement, and evaluate nursing care.</p> <p> 2. Communicates accurate information about the patient care plan to the patient/family.</p> <p>*3. Applies verbal and nonverbal communication skills to identify psychological needs and support to the patient/family.</p> <p> 4. Observes changes in patient/staff behaviors and makes self available for problem solving.</p> <p>*5. Helps patient/staff identify problems and explores with them the consequences of alternative choices.</p> <p> 6. Recognizes own limitations and utilizes appropriate resources (public health, Hospice, social service, etc.) for patient referral.</p> <p> 7. Acts as a liason between patient and health care team.</p> <p> 8. Coordinates patient schedules with other departments based on the needs of the individual patient.</p> <p> 9. Respects the right of confidentiality of patient/family.</p>	0	1	2	3	NO	NR	
	0	1	2	3	NO	NR	
	0	1	2	3	NO	NR	
	0	1	2	3	NO	NR	
	0	1	2	3	NO	NR	
	0	1	2	3	NO	NR	
	0	1	2	3	NO	NR	
	0	1	2	3	NO	NR	
	0	1	2	3	NO	NR	
	0	1	2	3	NO	NR	
	0	1	2	3	NO	NR	
	0	1	2	3	NO	NR	
	0	1	2	3	NO	NR	
	0	1	2	3	NO	NR	
	0	1	2	3	NO	NR	
	0	1	2	3	NO	NR	
	0	1	2	3	NO	NR	
	0	1	2	3	NO	NR	

*Denotes a behavior which is expected of the RN in any Nursing Delivery Service System but can occur more consistently in Total Patient Care and Primary Nursing.

R.N. JOB DESCRIPTION		PERFORMANCE EVALUATION						
		Does Not Meet Standard	Meets Standard	Meets and Exceeds Standard	Significantly Exceeds Standard	Not Observed	Not Relevant	Justification or Supporting Comments
COMMUNICATION: Cont.								
<u>Staff:</u>								
1.	Interacts effectively with other team members to keep them informed of changes in patient condition.	0	1	2	3	NO	NR	
2.	Interacts effectively with other team members to keep them informed of changes in patient care plan.	0	1	2	3	NO	NR	
3.	Records pertinent information clearly and accurately.	0	1	2	3	NO	NR	
4.	Reports pertinent information to appropriate person.	0	1	2	3	NO	NR	
5.	Conducts or participates in formal or informal patient care conferences.	0	1	2	3	NO	NR	
*6.	Contributes to an atmosphere of mutual trust where nursing staff can work cooperatively towards objectives.	0	1	2	3	NO	NR	
7.	Identifies staff/unit level problems and makes self available for problem solving.	0	1	2	3	NO	NR	
*8.	Demonstrates ability to confront conflict directly and facilitate resolution.	0	1	2	3	NO	NR	
9.	Demonstrates a responsive listening ability.	0	1	2	3	NO	NR	
10.	Gives and accepts constructive criticism which promotes professional growth of self and others.	0	1	2	3	NO	NR	
11.	Utilizes proper and effective channels of communication.	0	1	2	3	NO	NR	

*Denotes a behavior which is expected of the RN in any Nursing Delivery Service System but can occur more consistently in Total Patient Care and Primary Nursing.

R.N. JOB DESCRIPTION	PERFORMANCE EVALUATION						Justification or Supporting Comments
	Does Not Meet Standard	Meets Standard	Meets and Exceeds Standard	Significantly Exceeds Standard	Not Observed	Not Relevant	
COMMUNICATION: Staff Cont.							
12. Participates in unit level meetings on regular basis.	0	1	2	3	NO	NR	
13. Assumes coordination for assignments and staffing as delegated.	0	1	2	3	NO	NR	
Communication Subtotal							
E. EVALUATION:							
<u>Staff:</u>							
1. Participates effectively in:							
1.1. Personnel evaluation procedures by providing data for assessment of clinical performance.	0	1	2	3	NO	NR	
1.2. Evaluation of standards of care and clinical practice on unit.	0	1	2	3	NO	NR	
1.3. Identification of unsafe patient care practices and assumes responsibility for intervention.	0	1	2	3	NO	NR	
1.4. Evaluation and revision of nursing policies, procedures, etc.	0	1	2	3	NO	NR	
<u>Self:</u>							
1. Participates in self-evaluation by identifying areas of strength and limitation.	0	1	2	3	NO	NR	
2. Seeks supervision of own actions when need indicated.	0	1	2	3	NO	NR	
*3. Plans or participates in educational programs and workshops to improve professional practice.	0	1	2	3	NO	NR	

*Denotes a behavior which is expected of the RN in any Nursing Delivery Service System but can occur more consistently in Total Patient Care and Primary Nursing.

R.N. JOB DESCRIPTION	PERFORMANCE EVALUATION						
	Does Not Meet Standard	Meets Standard	Meets and Exceeds Standard	Significantly Exceeds Standard	Not Observed	Not Relevant	Justification or Supporting Comments
EVALUATION: Self Cont.							
4. Understands legal consequences of nursing actions and performs within limits of hospital policies and procedures, Nurse practice Act and Code of Ethics for Nurses.	0	1	2	3	NO	NR	
Evaluation Subtotal							
F. RESEARCH:							
*1. Cooperates in the data collection of nursing and other discipline's research.	0	1	2	3	NO	NR	
*2. Incorporates valid research results into clinical practice.	0	1	2	3	NO	NR	
Research Subtotal							
GRAND TOTAL:							

R.N. JOB DESCRIPTION PERFORMANCE EVALUATION

Rating Scale

Does Not Meet Standard

Meets Standard

Meets and Exceeds Standard

Significantly Exceeds Standard

OVERALL PERFORMANCE RATING:

Employee _____ Date _____

Supervisor _____ Date _____

Dept. Head _____ Date _____

R.N. Performance Objectives

To be completed during evaluation session by individual being evaluated.

1. List the objectives which you established last year to enhance your job performance:

2. Which of these objectives were achieved and how?

3. List your main strengths in relation to your job performance:

4. List your major areas of weakness in relation to your job performance:

5. List the objectives which you plan to achieve in the next year to enhance your job performance.

6. Comments: _____

Employee _____ Date _____

Supervisor _____ Date _____

R.N. Nursing Service Evaluation

Yrs. Svc.	Status	Pay No.	Employee Name			Current Employee Rate			
						Rate	Date	Type	
Pos Cont. No.			Job Title			First Previous Increase			
						Rate	Date	Type	
Return to Pers. Dept. Before				Rated		Dept.	Second Previous Increase		
				From	To		Rate	Date	Type
Type of Action Contemplated:									

Indicate your decision when Probation Merit Raise or Promotion blanks are checked

- | | |
|---|---|
| <input type="checkbox"/> Probation

<input type="checkbox"/> Merit Increase

<input type="checkbox"/> Promotion

<input type="checkbox"/> Evaluation
<input type="checkbox"/> Transfer
<input type="checkbox"/> Termination | <input type="checkbox"/> Reclassify
<input type="checkbox"/> Extend for _____ months
<input type="checkbox"/> Discharge
<input type="checkbox"/> Approve
<input type="checkbox"/> Disapprove
<input type="checkbox"/> Approve
<input type="checkbox"/> Disapprove |
|---|---|

Remarks: _____

Employee _____ Date _____	For Personnel Use Only
Supervisor _____ Date _____	
Dept. Head _____ Date _____	

APPENDIX H

PERFORMANCE EVALUATION: HOSPITAL C

Performance Planning

Goals for year July _____ to June _____.

Goals should be, whenever possible, specific, attainable, job-related and measurable. They should be accompanied by a plan of action and/or Standards of Measurement which clearly define the state and or conditions which, when reached, signify the attainment of the goal. A projected date for accomplishment should also be included (i.e., Quarterly, Semi-annually, Annually, etc.).

Goals	Action	Standards of Measurement
-------	--------	-----------------------------

Progress Toward Attainment of
Previously Set Goals

Continuing Education and Training

As they relate to goals, list Continuing Education activities since last review (Seminars, Workshops, Inservice, etc.)

Employee Comments:

Employee's Signature _____ Date _____

Supervisor Signature _____ Date _____

Department Head Signature _____ Date _____

Performance Planning and Review

The following has been developed to assist you in identifying an appropriate number to rate your employees on the 1-5 scale in the areas of Personal Factors, Performance Factors and Additional Factors.

Personal Factors

A. Attendance

1. Excessive absences and use of PPT/DRT.
2. Heavy use of PPT/DRT.
3. Occasionally absent; 5 PPT days for illness/year.
4. Utilizes PPT/DRT appropriately. Works some additional hours.
5. Extremely conscientious about attendance. Frequently works additional hours when asked.

B. Punctuality

1. Frequently late, demonstrates abuse of breaks and lunch time.
2. Demonstrates a punctuality problem, too early or late. Occasionally prolongs breaks and lunches.
3. Occasional problem with punctuality.
4. Consistently punctual. Utilizes breaks and lunches appropriately.
5. Extremely punctual. Always on time and ready for work.

C. Appearance

1. Careless in personal hygiene and appearance. Does not follow dress code.
2. Occasionally untidy. Does not consistently conform to dress code.
3. Usually well-groomed. Conforms to dress code.
4. Appearance is commendable. Sets a good example.
5. Outstanding appearance. An exceptional example.

D. Dependability

1. Has considerable difficulty in following through on assigned responsibilities, not trustworthy.
2. Demonstrates difficulty in maintaining confidence, trustworthiness and following through on assignments.
3. Usually reliable and trustworthy - fair follow through.
4. Consistently stable, trustworthy and reliable - good follow through.
5. Exceptionally trustworthy and reliable. Maintains high degree of confidentiality.

E. Interpersonal Relationships

1. Unresponsive and unwilling to develop rapport with patients, staff and families.
2. Has difficulty in maintaining and developing rapport with patients, staff and families.
3. Generally maintains and adequately develops rapport with patients, staff and families.
4. Consistently has good rapport and offers support to patients, staff and families.
5. Exceptional rapport with patients, staff and families. Always willing to offer support.

F. Cooperation

1. Low job interest, demonstrates resistance to authority and has difficulty receiving criticism.
2. Demonstrates little interest in job. Resists instruction and has difficulty functioning as a team member.
3. Cooperative, occasionally becomes indifferent or careless.
4. Very cooperative, accepts constructive criticism. Consistently positive attitude.
5. Leadership skills apparent. Demonstrates interest and accepts constructive criticism well. Very positive attitude.

G. Integrity

1. Not honest or truthful. Frequently blames others for problems.
2. Demonstrates difficulty in acknowledging self-imposed problems.
3. Generally accountable for all care given and work performed.
4. Consistently honest and accountable.
5. Sincere, candid and accountable in all situations.

H. Adaptability

1. Rigid and opinionated, resists change.
2. Demonstrates difficulty seeing points of view different from own.
3. Adjusts to new situations and ideas without difficulty.
4. Adapts easily to changing situations.
5. Demonstrates on unusual ability to accept new ideas and/or to recognize when a change in viewpoint is needed. Innovative.

Performance Factors

- A. Knowledge of Position Requirements
 - 1. Lacks adequate knowledge, does not understand information, unable to apply nursing practice principles.
 - 2. Appears to have a limited knowledge base.
 - 3. Has basic knowledge and can apply principles of the nursing process.
 - 4. Above average knowledge, consistently applies principles of the nursing process.
 - 5. Exceptional knowledge of clinical nursing demonstrated in nursing practice.
- B. Application of Knowledge
 - 1. Appears bored with work.
 - 2. Sometimes gives the impression of lack of enthusiasm.
 - 3. Seems interested in present job.
 - 4. Consistently involved and interested in work.
 - 5. Finds work stimulating and challenging.
- C. Quality of Work
 - 1. Work frequently contains an unacceptable percentage of error.
 - 2. Inconsistent quality of work, numerous errors.
 - 3. Quality consistent with level of knowledge.
 - 4. Rarely makes mistakes. Consistent high quality of work.
 - 5. Very high quality, almost to perfection. Complete follow through.
- D. Quantity of Work
 - 1. Excessively slow, output consistently below standards. Others must assist to complete work.
 - 2. Works slowly, low production. Others frequently assist to complete work.
 - 3. Works at a steady pace, completes an average amount of work.
 - 4. Better than average producer, volume more than satisfactory, available to help others.
 - 5. Works rapidly with thoroughness, consistently completes an exceptional amount of work.
- E. Judgment
 - 1. Inconsistent in ability to reach logical conclusions.
 - 2. Has difficulty in analyzing a variety of facts to arrive at sound conclusions. Decisions may not be appropriate.
 - 3. Logical in approach to problems.
 - 4. Discriminates between relevant and irrelevant details. Able to arrive at consistently sound conclusions.
 - 5. Arrives at correct conclusions even with the most difficult problems.

F. Completion of Assigned Tasks

1. Limited aspirations - neglects responsibility.
2. Limited motivation and reluctant to accept delegated or expected responsibility.
3. Accepts and executes delegated duties willingly.
4. Willing and able to assume additional duties beyond job assignment.
5. Accomplishes assigned work and voluntarily assumes additional responsibilities.

G. Effectiveness Under Stress

1. Unable to function under stress, makes inappropriate judgments, and unable to complete work.
2. Frequently requires complete support from others when under stress. May make inappropriate decisions.
3. Functions adequately when dealing with stressful situations.
4. Able to consistently complete work when under stress. Asks for support when appropriate.
5. Functions very well under stress; is calm, supportive and makes appropriate decisions.

H. Effective Use of Time

1. Frequently fails to complete work started.
2. Demonstrates lack of perseverance.
3. Completes assigned duties and responsibilities in a timely manner.
4. Persistent in completing work in a timely manner.
5. Completes work under all circumstances.

I. Following Instructions

1. Requires constant supervision or direction.
2. Requires assistance for direction more often than seems necessary.
3. Requires occasional direction and assistance from supervisor or team leader.
4. Requires little direction or supervision, consistently self-directed.
5. Self-directed, able to proceed independently requiring almost no supervision.

J. Support of Policies

1. Consistently unaware of and does not support policies.
2. Generally has to be reminded of policies.
3. Supports policies, occasionally has to be reminded.
4. Aware of policies, supports changes.
5. Supports all policies, aware of appropriate references and resources, accepting of policy changes.

Additional Factors

A. Relationship with Peers/Supervisors

1. Frequently rude, challenges all forms of authority, does not function as team member.
2. Occasionally negative, may not accept constructive criticism, may not function consistently as team member, does not keep others informed of problems or concerns.
3. Pleasant, willing to help others when asked.
4. Consistently helpful, functions well as team member keeps others informed. Works well with new orientees.
5. Always available to assist others when necessary. Utilized by others as resource. Works exceptionally well with new employees.

B. Delegation

1. Makes inappropriate patient assignments. Does not take employee status and patient acuity into consideration. Expects others to do work not within their job description.
2. Frequently makes inappropriate patient assignments. Has unclear expectations of others.
3. Delegates appropriately, may need help in changing assignments when necessary.
4. Delegates well, is willing to make assignment changes when necessary.
5. Very good delegation skills - appropriate patient/nurse assignment. Always able to anticipate necessary assignment changes.

C. Communications Oral/Written

1. Demonstrates vague and ambiguous expressions of ideas both oral and written.
2. Demonstrates difficulty in expressing self orally and in writing.
3. Able to express self without difficulty.
4. Demonstrates organization and consistency in expression of ideas.
5. Demonstrates skill in interaction with others. Is specific, concise and listens well.

D. Development of Staff

1. Generally unresponsive to requests from others or when asked to assist others.
2. Assists in the development of others only when directed.
3. Demonstrates an interest in helping others develop. Occasionally needs to be asked.
4. Assists others in readily willing to share expertise.
5. Consistently available to help others develop, share resources and expertise.

E. Decision Making

1. Has considerable difficulty in dealing with anything out of the ordinary.
2. Relies on someone else when problems arise.
3. Deals with usual problems that arise in course of work.
4. Able to deal with all but the most difficult problems when confronted.
5. Deals with all work related problems in a positive, constructive and mature manner.

F. Ability to Plan Effectively

1. Waits for others to furnish daily work plan.
2. Frequently waits to be informed of work plan.
3. Able to complete work within time allotted.
4. Able to integrate patient needs in an efficient manner.
5. Consistently able to complete all work in a timely, thorough and efficient manner with the patients as a first priority.

April 1982

Performance Planning and
Review

EMPLOYEE _____
 POSITION _____
 DEPARTMENT _____
 REVIEW PERIOD _____ TO _____
 TYPE OF REVIEW:
 END OF PROBATIONARY PERIOD _____
 ANNUAL _____
 OTHER _____

Performance Planning

The purpose of this section is to facilitate a review of specific personal and performance factors and to provide a basis for discussion of performance planning.

Instructions

- A. Consider each factor separately.
- B. Base review on total performance since last review.
- C. Factors not applicable to employee being reviewed need not be used.
- D. Evaluate employee on a scale of 1 to 5 as indicated below:
 - 1. Unacceptable -- Consistently fails to meet position requirements.
 - 2. Marginal -- Not consistent in meeting position requirements.
 - 3. Satisfactory -- Meets acceptable position requirements.
 - 4. Good -- Generally exceeds acceptable requirements.
 - 5. Outstanding -- Consistently exceptional.

Personal Factors

A. Attendance _____	E. Interpersonal Relationships _____
B. Punctuality _____	F. Cooperation _____
C. Appearance _____	G. Integrity _____
D. Dependability _____	H. Adaptability _____

COMMENTS:

Performance Factors

- | | | | |
|---------------------------------------|-------|---------------------------------|-------|
| A. Knowledge of Position Requirements | _____ | F. Completion of Assigned Tasks | _____ |
| B. Application of Knowledge | _____ | G. Effectiveness Under Stress | _____ |
| C. Quality of Work | _____ | H. Effective Use of Time | _____ |
| D. Quantity of Work | _____ | I. Following Instructions | _____ |
| E. Judgment | _____ | J. Support of Policies | _____ |

COMMENTS:

Specific Job Factors

- | | |
|----|-------|
| A. | _____ |
| B. | _____ |
| C. | _____ |
| D. | _____ |
| E. | _____ |

COMMENTS:

Additional Factors

- | | | | |
|---------------------------------------|-------|--------------------------------|-------|
| A. Relationship with Peers/Supervisor | _____ | D. Development of Staff | _____ |
| B. Delegation | _____ | E. Decision Making | _____ |
| C. Communications Oral/Written | _____ | F. Ability to Plan Effectively | _____ |

COMMENTS:

Summary

- | | |
|------------------------|-------|
| A. Overall Performance | _____ |
|------------------------|-------|

COMMENTS:

Position DescriptionPOSITION: Intensive-Coronary Care NurseDEPARTMENT: NursingJob Summary

Responsible to the ICU/CCU Nurse Coordinator. Under the direction of the ICU/CCU Nurse Coordinator and/or Assistant Nurse Coordinator. Delivers responsible, accountable, professional level patient care which requires attendant psychomotor skills common to and requisite for the care of the critically ill. Able to assist others in giving comprehensive nursing care to critically ill patients. Involves teaching and management functions. Works closely with patients, families, team members and allied disciplines.

Clinical

1. Assumes responsibility for giving and/or directing others in giving direct patient care to the critically ill.
 - a. Obtains a pertinent nursing history prioritizing patients' problems/needs, develops a comprehensive nursing care plan and implements the nursing and medical care plan, evaluates care delivered.
 - b. Assesses, plans, implements, evaluates and revises plans related to patient care needs, including but not limited to the following psychomotor skills and judgments:
 - Nutritional Status - Fluid and electrolyte balance,
 - Parenteral-enteral nutrition administration.
 - Respiratory Status - Maintains patent airway.
 - Assesses oxygen needs.
 - Recognizes hypoxic conditions and responds appropriately.
 - Interprets monitoring data including blood gas values.
 - Circulatory Status - Monitors cardiac electrical activity.
 - Evaluates physiological signs and symptoms.
 - Recognizes arrhythmias and administers prescribed therapy as indicated per protocol.

- Neurologic Status - Evaluation of neurologic status.
 - Recognizes changes in level of consciousness
 - Interprets monitoring data including intracranial pressure.
- Elimination
 - Critical monitoring of intake and output.
 - Evaluation of bowel sounds.
 - Definitive use of diuretic therapy.
- c. Has developed necessary skills to effectively setup, use, maintain, discontinue use of and collect data from critical care equipment and instruments to include but not limited to:
 - Central venous pressure monitoring device.
 - Left atrial pressure monitoring device.
 - Flow directed pulmonary artery balloon catheters.
 - Arterial pressure monitoring device.
 - Cardiac monitors.
 - Respirators.
 - Intracranial pressure monitoring device.
 - Thermodilution cardiac output.
 - Defibrillation/Cardioversion.
- d. Assesses, plans, implements, evaluates and revises plans for patient's physical and emotional comfort and safety including but not limited to:
 - Hygiene and safety needs.
 - Establishes therapeutic relationships with patients and families.
 - Safety needs in the environment, to include electrical safety.
 - Teaching needs for patients and families during acute and progressive phases of care.

Education

- 2. Assumes responsibility for seeking educational resources and creating learning experiences to achieve and maintain currency in critical care nursing.
 - a. Agrees to satisfactorily complete Critical Care Courses I and II, present certification of courses comparable to Courses I and II, or be Board Certified in Critical Care Nursing by the American Association of Critical Care Nurses.
 - b. Completes Critical Care Courses III and/or IV within 2 years of employment.
 - c. Participates in inservices, ward conferences, patient care conferences, workshops and other educational opportunities.

- d. Assists with orientation of new staff members.
- e. Serves as a clinical role model for students.
- f. Maintains a professional atmosphere to foster open and positive communication on the unit and with other hospital departments.
- g. Completes Intraaortic Balloon Pump Seminar and Practicum at first opportunity after first 6 months of employment.

Administrative

- 3. Makes patient assignments when asked to be Team Leader by Charge Nurse.
 - a. Keeps Charge Nurse informed of patient or family problems, admissions, transfers or equipment failures.
 - b. Assists in completion of Patient Classification information.
- 4. Provides scheduling information to Nurse Coordinator and/or Assistant Nurse Coordinator within unit guidelines.
- 5. Serves on Nursing Department committees as needed.

Research

- 5. Supports and/or participates in hospital research activities.
- 6. Applies research findings in own practice and teaching.

Minimum Qualifications

Current licensure as a Registered Nurse in the State of Utah.

At least six months experience as a staff nurse in Medical-Surgical Nursing or experience as a Nurse Technician in an ICU/CCU.

Completion of approved Critical Care Courses with documentation or Board Certification in Critical Care Nursing by the American Association of Critical Care Nurses.

May work rotating shifts including some weekends and holidays.

Education and experience in critical care areas will be evaluated prior to employment.

Performance Evaluation
Specific Job Factors

Intensive-Coronary Care Nurse

CLINICAL:

1. Assumes responsibility for giving and/or directing others in giving direct patient care to the critically ill. _____
- a. Obtains a pertinent nursing history prioritizing patients' problems/needs, develops a comprehensive nursing care plan and implements the nursing and medical care plan, evaluates care delivered. _____
 - b. Assesses, plans, implements, evaluates and revises plans related to patient care needs, including but not limited to the following psychomotor skills and judgments: _____
 - Nutritional Status - Fluid and electrolyte balance. _____
 - Parenteral-enteral nutrition administration. _____
 - Respiratory Status - Maintains patent airway. _____
 - Assesses oxygen needs. _____
 - Recognizes hypoxic conditions and responds appropriately. _____
 - Interprets monitoring data including blood gas values. _____
 - Circulatory Status - Monitors cardiac electrical activity. _____
 - Evaluates physiological signs and symptoms. _____
 - Recognizes arrhythmias and administers prescribed therapy as indicated per protocol. _____
 - Neurologic Status - Evaluation of neurologic status. _____
 - Recognizes changes in level of consciousness. _____
 - Interprets monitoring data including intracranial pressure. _____
 - Elimination - Critical monitoring of intake and output. _____
 - Evaluation of bowel sounds. _____
 - Definitive use of diuretic therapy. _____

- c. Has developed necessary skills to effectively setup, use, maintain, discontinue use of and collect data from critical care equipment and instruments to include but not limited to:

- Central venous pressure monitoring device.
- Left atrial pressure monitoring device.
- Flow directed pulmonary artery balloon catheters.
- Arterial pressure monitoring device.
- Cardiac monitors.
- Respirators.
- Intracranial pressure monitoring device.
- Thermodilution cardiac output.
- Defibrillation/Cardioversion.

- d. Assesses, plans, implements, evaluates and revises plans for patient's physical and emotional comfort and safety including but not limited to:

- Hygiene and safety needs.
- Therapeutic relationships with patients and families.
- Safety needs in the environment, to include electrical safety.
- Teaching needs for patients and families during acute and progressive phases of care.

EDUCATION:

- 2. Assumes responsibility for seeking educational resources and creating learning experiences to achieve and maintain currency in critical care nursing.

- a. Agrees to satisfactorily complete Critical Care Courses I and II, present certification of courses comparable to Courses I and II, or be Board Certified in Critical Care Nursing by the American Association of Critical Care Nurses.
- b. Completes Critical Care Courses III and/or IV within 2 years of employment.
- c. Participates in inservices, ward conferences, patient care conferences, workshops and other educational opportunities.
- d. Assists with orientation of new staff members.
- e. Serves as a clinical role model for students.
- f. Maintains a professional atmosphere to foster open and positive communication on the unit and with other hospital departments.
- g. Completes Intraaortic Balloon Pump Seminar and Practicum at first opportunity after first 6 months of employment.

ADMINISTRATION:

3. Makes patient assignments when asked to be Team Leader by Charge Nurse. _____
 - a. Keeps Charge Nurse informed of patient or family problems, admissions, transfers or equipment failures. _____
 - b. Assists in completion of Patient Classification information. _____
4. Provides scheduling information to Nurse Coordinator and/or Assistant Nurse Coordinator within unit guidelines. _____
5. Serves on Nursing Department committees as needed. _____

RESEARCH:

5. Supports and/or participates in hospital research activities. _____
6. Applies research findings in own practice and teaching. _____

APPENDIX I

PERFORMANCE EVALUATION: HOSPITAL A

POSITION: Registered Nurse

DATE: October, 1983

REPORTS TO: Unit Supervisor

ANALYST: R.M.

DEPARTMENT: Nursing

APPROVALS:

Incumbent	Date
Supervisor	Date

Basic Function

Registered Nurses (RN) perform as primary or associate nurses. The primary RN assumes full responsibility for the assessment, planning, implementation and evaluation of a nursing plan of care in response to the needs of primary patients. An associate RN cares for patients, as specified in the care plan, in the absence of the primary RN. In both capacities, it is recognized that RN's practice at various levels based upon their expertise, experience, skills and knowledge base.

Nature and Scope

There are four levels of increasingly complex nursing practice. The level 1 RN is able to perform basic assessment, planning, implementation and evaluation activities. He/she participates in teaching activities with patients, families and staff. The RN must possess good communication skills and be involved in both staff and personal growth and evaluation activities. A complete description of each level is attached.

Job Knowledge

Basic nursing education is available through a variety of educational programs beyond the scope of the hospital. Formal education is required with state licensure a prerequisite for employment. Prior experience beyond the educational program is not mandatory for employment. However, specialty areas may require prior experience in another area of the hospital or controlled educational experiences within the hospital.

Interpersonal Skills

The five primary activity groups of this job, assessment, planning, implementation, evaluation, and teaching, require a high degree of interpersonal skills. The RN functions in a matrix of health care providers and supporting personnel. He/she must be able to facilitate the interactions of the health care team to maximize meeting the patient's health care needs. The RN has direct contact through a variety of means with the following: other RN's, physicians, patients, families, visitors, other health care team members, licensed practical nurses, unit clerks, nurses assistants, and outside agencies and vendor personnel. There is exposure to outside educational programs, specifically medical students and student nurses.

Equipment Operated

The equipment operated by the RN will vary greatly depending on the degree of specialty of the nursing unit. The equipment will range from relatively simple pumps to complicated computer controlled monitors. The proficiency standards for specialty equipment are set and enforced on the specialty units. Proficiency standards for general equipment are set and maintained by each supervisor. Where special education is required it is generally available within the hospital.

Thinking Requirements

Nurses have the responsibility to exercise judgment commensurate with their level of education in the execution of the medical and nursing plans of care. As primary nurses, RNs work with the medical orders and develop and direct the implementation of a nursing plan of care to effect those orders. Simultaneously, RNs develop and direct the nursing care plans, operating independently, and giving directions to others. Associate nurses work within the established nursing care plan for patients for whom they are not the primary nurses. RNs have available their peers, supervisors and other members of the health care team as resources. Written resource materials include policies, procedures, reference books and journals. Being directly involved with the patient's treatment plan, the RN has the responsibility to make decisions regarding all nursing aspects of the treatment and to direct nurses' assistants and LPNs in the performance of this care when appropriate.

Results of Work

The RNs activities should result in positive patient outcomes, that is, improved health, comfort and satisfaction. The incumbent in coordination with other care providers sets the priorities and plans for patient treatment. Performance is evaluated by peer review, formal and supervisory review and evaluation and input from other team members. Unsatisfactory performance could result in patient, family and physician concerns and more importantly, less than optimal patient outcomes. Errors by RNs may have significant adverse effects on patient outcomes. Error identification and corrective action is the responsibility of the individual, the peers and supervisor.

Principal Activities

See attachment

Working Conditions

Working conditions include strenuous physical activity and may include the possibility of physical, chemical, psychological and biological hazards. Safety standards are established and monitored.

Level

I. Nursing Process

A. Assessment

1. Obtains nursing histories from patient and families and performs physical assessments on patients that identify common variables affecting care which:
 - a) reflect the physiological condition.
 - b) reflect the psychosocial needs.
 - c) reflect the perceptions of the patient and/or family of the health problem and the expectations of the present condition.
2. Identifies and understands common patient problems and behavioral changes in relation to:
 - a) individual patient needs.
 - b) departmental procedures.
3. Anticipates frequently encountered complications.
4. Identifies current coping mechanisms and support systems and their effectiveness.
5. Observes, reviews, and interprets diagnostic data in the assessment and:
 - a) utilizes that data in caring for the patient.
 - b) becomes an active member of the team in collecting that data.
6. Assesses the daily needs for the numbers and preparation of personnel required to provide quality nursing care.

B. Planning

1. Plans patient care with the patient and family and with other members of the health team and support services for the best possible patient outcome:
 - a) actively seeks the opportunity to involve the family in the patient care.
 - b) initiates patient-family interactions.
 - c) identifies expected outcomes of the patient care.
2. Anticipates the legal consequences of health team practice.
3. Adapts nursing care plan to the changing needs of the patient.
4. Anticipates and plans for potential problems relating to one or more patients.
5. Identifies need for discharge planning and begins to utilize appropriate referral sources.

6. Utilizes standardized care plans to aid the development of care plans individualized to the patient.

C. Implementation

1. Initiates treatment, using the assessment data, that reflects:
 - a) understanding and integration of the medical and nursing plans;
 - b) evidence of understanding principles and contraindications of underlying nursing interventions.
2. Involves the patient and/or family in the nursing care.
3. Sets priorities and carries out appropriate procedures to meet the needs of specific patient problems.
4. Works with and/or refers to members of the health team to implement patient care.
5. Reinforces the discharge/transfer instructions given to the patient, family or nurse.
6. Adjusts priorities to meet the changing needs of an individual patient or group of patients.
7. Assigns aspects of care to appropriate members of the nursing staff, considering patient needs, priorities, and staff development needs.
8. Formally monitors the care given by members of the nursing staff and facilitates the flow of nursing knowledge among the members.
9. Appropriately classifies patients according to anticipated nursing care.

D. Patient Care Evaluation

1. Evaluates the response of the patient to treatment and the effectiveness of that treatment.
2. Modifies the treatment of the patient in light of that evaluation.
3. Utilizes pertinent available data to evaluate the total response of the patient to care.
4. Determines whether, and to what extent, nursing goals have been met considering changing priorities in a group of patients.

II. Teaching

A. Patient/Family

1. Recognizes personal limitations of teaching abilities and consults other staff members as needed.
2. Involves the patient and/or family to identify individual needs and assess learning abilities.

3. Meets the individual learning needs, involving the patient and/or family or other supporting persons, by teaching personally or by making referrals.
4. Explains nursing actions to the patient and/or family.
5. Utilizes available discharge instructions and teaching aides.
6. Establishes teaching plans designed to help the patient toward health sustaining behavior.
7. Initiates the referral process using hospital or outside agencies.
8. Participates in formal teaching programs of patients and/or families.

B. Staff

1. Assists in identifying learning needs and contributes to learning experiences for themselves and others, through integration of theory and skills.
2. Provides feedback regarding preference.
3. Serves as a positive role model.
4. Presents basic unit inservices.
5. Assist with the unit orientation program; participates in the evaluation of the program and makes recommendations for change.
6. Participates in informal unit educational programs.

C. Other (Paramedical, students)

1. Participates in directing students to individual patients by informing them of learning opportunities.
2. Participates in orientation to the unit.
3. Assists in learning patient care skills.
4. Contributes to the evaluation of their clinical experience.

III. Communication

A. Patient/Family

1. Uses interviewing skills to elicit basic information from the patient and/or family that is necessary to plan, implement and evaluate nursing care.
2. Shares accurate information about the nursing care to the patient and/or family.

3. Perceives verbal and nonverbal communication problems of the patient and/or family.
4. Uses verbal and nonverbal communication skills to identify and reduce stress in the patient and/or family.

B. Staff

1. Communicates with care team information about the condition of the patient.
2. Records pertinent information clearly and accurately.
3. Uses verbal and nonverbal communication skills to identify and reduce anxiety in the staff.

C. Represents and conveys the caring philosophy of hospital.

D. Defuses explosive situations.

E. Shares information gained through educational programs.

IV. Evaluation

A. Staff

1. Participates in evaluation procedures for assessment of clinical performance of self and peers.
2. Participates in evaluation and modification of unit procedures and policies.
3. Participates in identification of unsafe patient care practices and assumes responsibility for intervention and prevention.
4. Involves staff members in prevention of unsafe patient care practices by assuming responsibility for and explaining rationale for changes made for safety.

B. Other

1. Participates in evaluation of environmental safety.
2. Seeks feedback of own nursing practice.
3. Seek educational opportunities to increase clinical competence and attends educational programs.
4. Evaluates own and departmental practices in light of current and evolving legal implications.

Name _____

Date _____

Unit _____

	5-4-3		2-1
CLINICAL PERFORMANCE			
<u>Quality</u> Consistently identifies and takes appropriate nursing measures to meet the physical and emotional needs of patients.		Identifies and meets more than stated needs of patients.	Frequently fails to meet even stated needs of patients.
<u>Quantity</u> Unusually fast and efficient performance.		Consistent performance.	Very slow performance.
<u>Judgment</u> Consistently makes sound decisions on all problems and emergency situations.		Capable of coping with routine problems and emergency situations.	Rarely solves routine problems and cannot handle emergency situations.
<u>Adaptability</u> Consistently meets unit and hospital needs. Initiates and responds effectively to emergency situations.		Occasionally meets unit and hospital needs. Adapts to formal change but does not initiate new ideas or methods.	Rarely meets unit or hospital needs. Responds negatively to any changing situations.
<u>Leadership</u> Directs, guides and coordinates a work group to maximize group activity.		Moderate amount of guidance and direction with some effectiveness of group activity.	Limited effectiveness with guiding and directing activities.
<u>Accepts responsibility and accountability for all unit activities within job sphere.</u>		Assumes responsibility and accountability for some unit activities.	Rarely assumes responsibility or accountability for unit activities
Practices and enforces established policies and procedures.		Practices established policies and practices.	Rarely adheres to established hospital policies and procedures.
Demonstrates initiative in all areas.		Demonstrates initiative in some areas.	No initiative demonstrated.

5-4-3		2-1	
<u>Organizational Skills</u> Excellent priority evaluation. Delegates appropriately, effectively supervises ancillary personnel.		Moderate effectiveness in both setting priorities and assignment and management of people.	Poor job of setting priorities, unable to manage others.
<u>Time Usage</u> Self-starter. Excellent use of time. Accomplishes more than assignment.		Manages time effectively and accomplishes tasks assigned.	Needs motivation. Cannot finish tasks assigned.
<u>Communication Skills</u> Extremely effective in communication of ideas. Logical and easily understood.		Effectively transmits most information.	Has difficulty in transmitting information.
STAFF AND PATIENT DEVELOPMENT			
<u>Personal Growth</u> Attends continuing education programs (18 or more hours/year) and reads educational nursing material. Participates in all staff meetings.		Attends one inservice program per month and usually reads educational material monthly (8-12 hrs/yr). Participates in 50% of staff meetings.	Not interested in continuing education (0-3 hrs/yr). No participation in staff meetings.
<u>Patient and Family Teaching</u> Consistently plans care for all patient needs and documents follow-through.		Sometimes plans care for all patient needs and documents follow-through.	Rarely plans care for all patient needs. Rarely documents follow-through.
<u>Staff Development</u> Extremely helpful in providing pertinent knowledge for associates.		Moderately helpful in providing pertinent knowledge for associates.	Rarely provides helpful knowledge for associates.
INTERPERSONAL RELATIONSHIPS			
<u>Confidentiality</u> Rarely discusses patient information in improper places and reminds others not to do so.		Occasionally discusses patient information in improper places.	Discusses patients freely in improper places.
<u>Cooperation</u> Seeks ways to be helpful. Tactful and kind to fellow employees and/or public.		Usually friendly and helpful when asked.	Impatient. Occasionally rude. Critical of fellow employees and/or public.

5-4-3		2-1	
<u>Appearance</u> Always dresses appropriately and maintains cleanliness.		Dressed in proper uniform but does not always follow dress code.	Appearance does not meet standards.

<u>Dependability</u> Consistently on time for assigned shift.		Usually on time for assigned shift.	Often late for assigned shift.
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<u>Attendance</u> Circle Number of Absences Full Time 1 2 Part-time 1 (less than 32 hrs/ week) Exceptional absences due to hospitalization or extended illness.	3 4 2	5 6 3	7 8 4	9 10 5 Unsatisfactory attendance will result in automatic 3 months probation regardless of total number of points.
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