

How do Registered Nurses utilise self assessment and performance appraisal to inform their professional practice?

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ABSTRACT

The regulatory requirements to practise as a registered nurse in New Zealand incorporate feedback and self assessment structured to provide safe nursing practice. The Nursing Council of New Zealand regulates the practice of nurses under the Health Practitioners Competence Assurance Act (2003), a legislative change introducing a significant shift for New Zealand nurses, in relation to nursing practice. This introduced a signed self-declaration of competence completed by each registered nurse, when applying for their annual practising certificate, along with the expectation for nurses to participate in self, peer and other performance assessment.

This thesis describes an exploratory study of registered nurses within a local District Health Board which pursued 'if' and 'how' professional practice frameworks assisted nurses in their individual professional practice. Self assessment and performance appraisal became the focus of my research. A qualitative descriptive framework was utilised to explore the research question, where experiences of registered nurses employed within inpatient adult medical and surgical settings were collected through questionnaire. Analysis of the data was informed by general inductive thematic approach.

Eight themes evolved, of which, two have sub-themes. The first four themes relate to self assessment and performance appraisal and the second four themes relate to professional practice. The findings from the participant's perspective provide an understanding of how participants' utilised self assessment and performance appraisal to inform their professional practice. There are significant implications for professional practice within the findings of this study, which are presented along with recommendations for future practice, and future avenues for research.

The evidence suggests that nurses are not using forms of assessment to inform their practice consciously and with multiple tensions in existence, effectiveness is influenced. There is also evidence in this research that nurses have begun to distrust the process and those involved in it. Recommendations focus on providing opportunities for nurses to access multiple sources and processes of feedback to incorporate into their professional practice.

Key Words: Self assessment, performance appraisal, professional practice, professional portfolios.

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Finally the quote below articulates so much of what I believe in:

“Believe nothing just because a so-called wise person said it. Believe nothing just because a belief is generally held. Believe nothing just because it is said in ancient books. Believe nothing just because it is said to be of divine origin. Believe nothing just because someone else believes it. Believe only what you yourself test and judge to be true”.

Budda (3rd Century BC).

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Chapter One

INTRODUCTION

This thesis is the result of a research study into self assessment and performance appraisal as it relates to the professional practice of registered nurses in one District Health Board in New Zealand. It aimed to explore the experiences of nurses working in surgical and medical inpatient settings, identifying if and how these forms of assessment inform their practice.

Introduction

This chapter provides a background to the research, and positions my experience and interest in self assessment and performance appraisal as an area for research, situated within the current New Zealand context of professional nursing practice. The regulatory requirements to practise as a nurse in New Zealand incorporate feedback and self assessment structured to provide safe nursing practice. I discuss how these elements are expected to shape professional practice for the individual nurse, and the chapter concludes with an overview of the study intentions.

Background

Professional practice and accountability share a close relationship, with issues such as patient care and clinical competence prime concerns and increasingly complex and dynamic (Andre & Heartfield, 2007; Bryant, 2005). Professionalism for registered nurses relates to assuming responsibility and accountability for practice while maintaining competence (NCNZ, 2007). Registered nurses in New Zealand have a duty of care to be effective, to work within defined scopes of practice and to provide professional care, with demands on competence and skills. Promoting professional practice is the joint responsibility of professional bodies, employing organisations and the professionals themselves.

Professional nursing practice has many facets undertaken by nurses prepared to meet contemporary professional standards and has been characterised by many. Mark, Salyer and Wan (2003) describe it as decentralised decision making, enhanced autonomy and collaborative relationships. Beeston and Higgs (2001), assert professional practice is not clearly defined and can be utilised in two ways, referring either to an activity associated with an individual nurse or alternately a tradition in which particular activities relate. Professional nursing practice is defined by the Nurse Executives of New Zealand (NENZ, 2007), as utilising nursing knowledge, skills,

attitudes and judgements and guided by clear evidence-based guidelines supported by codes of conduct and ethics along with competencies aligned to the nurse's appropriate scope of practice. This is the definition of professional practice that has been utilised for the purpose of this thesis.

Regulatory Framework of Professional Practice

Nursing regulation is recommended as an international practice (International Council of Nurses/ World Health Organisation [ICN/WHO], 2005), however processes vary between countries. A key role in establishing universal guidelines is undertaken by the International Council of Nurses who are affiliated with professional nursing organisations throughout the world (ICN, 2008). The primary principle of nursing regulation can be classified as protecting the public from harm (ICN/WHO, 2005).

Nurses have been regulated in New Zealand since the Nurses Registration Act was enacted in 1901 and subsequently the Nurses and Midwives Registration Board was established to implement the Nurses Registration Act (1925). The purpose of this regulation was designed to govern nursing training programmes and their associated examinations and entry to the register (Papps, 1997). In 1972, with the introduction of the Nurses Act (1971) the Nursing Council of New Zealand replaced this Board. All nurses seeking registration within New Zealand had to comply with the requirements of the Nursing Council of New Zealand along with those legislated in the Nurses Act (1971, 1977). With this legislation a practising nurse was required to hold a current practising certificate under Section 51, however this was evidence of the nurse's name being on the register rather than that they could demonstrate competence to practice (Papps, 1997; Wood & Papps, 2001). The application for a practising certificate was made along with the payment of a set fee, and there was no requirement to be currently or recently engaged in nursing practice, which meant the responsibility and accountability for practice rested solely with the nurse making the application.

The Health Practitioners Competence Assurance Act (2003) became the New Zealand legislation that governed nurses' practice on 18 September 2004. The Health Practitioners Competence Assurance Act has a principal purpose of ensuring health practitioners provide public safety through fitness to practise in their professions. The Nursing Council of New Zealand oversees the practice of nurses under this Act and plays a crucial role as the regulatory body mandated to regulate the practice of nurses within New Zealand in the interest of the public (NCNZ, 2008a).

The Nursing Council of New Zealand is primarily concerned with national standards and processes for the regulation of nursing practice within New Zealand, and is responsible for national competencies, code of ethics and professional conduct in nursing. The focus of the Nursing Council of New Zealand is to ensure that nurses are regulated and accountable to the public and the profession for the provision of high quality care through safe and effective practice (NCNZ, 2007).

Self-regulation

There are differing types of nursing regulation outlined in the International Council of Nurses document developed by Bryant (2005), with the most common being regulation by statute, which is provided by a governing council outlining provision for registration and the discipline itself. Another form of regulation referred to is voluntary regulation, through professional nursing organisations developing various credentialing processes for specialty practice settings. Regulation through umbrella legislation is another form, which applies to all regulated health professions, such as New Zealand's Health Practitioners Competence Assurance Act (2003). Whatever regulation model is being utilised, "[t]he most significant aspect of umbrella legislation is the need to ensure that individual professional self-regulation is maintained" (Bryant, 2005, p. 11), where provision for ongoing competence to practice is profession based.

Andre and Heartfield (2007) believe that self-regulation is supported through the use of professional portfolios, asserting they demonstrate continuing reflective thinking and competency. These authors also believe that the ability to assess and articulate our own competence is central to not only self-regulation, but also to professionalism, seeing self-regulation and the use of self reflection skills as a tandem process.

Although operating within a statutory framework, the type of regulation the Nursing Council of New Zealand utilises is classified as self-regulation, defined as having a mandatory and voluntary component (Bryant, 2005). Mark Jones (2008), as Chief Nurse for New Zealand, states that having the ability to self-regulate our profession is a "prize to be valued" (2008, p. 1). The mandatory component refers to the legislative framework and the voluntary component is where the individual nurse will self assess their competence to practise in the areas in which they work, that is, 'self-regulation' (Andre & Heartfield, 2007; Bryant, 2005; Fereday, 2004). The Nursing Council of New Zealand expects the continuing competence and professional practice of nurses through various methods, including the development of professional standards, credentialing processes, and monitoring the provision of comprehensive professional

development programmes and materials. Processes of self-regulation are utilised in New Zealand and similar processes have been implemented in many other countries (Bryant, 2005; Fereday, 2004).

The change of legislation in 2003 saw a significant shift introduced for New Zealand nurses in September 2004, in relation to nursing practice. This was the introduction of a signed self-declaration of competence to be completed by each registered nurse, when applying for their annual practising certificate. Nurses registered with the Nursing Council of New Zealand were advised to keep records of evidence to verify their continuing competence to practise (NCNZ, 2004). The scope of practice for a registered nurse is defined by the Nursing Council of New Zealand (2007, p. 4) as:

Registered nurses utilise nursing knowledge and complex nursing judgement to assess health needs and provide care, and to advise and support people to manage their health. They practise independently and in collaboration with other health professionals, perform general nursing functions and delegate to and direct enrolled nurses and nurse assistants. They provide comprehensive nursing assessments to develop, implement, and evaluate an integrated plan of health care, and provide nursing interventions that require substantial scientific and professional knowledge and skills. This occurs in a range of settings in partnership with individuals, families, whanau and communities. Registered nurses may practise in a variety of clinical contexts depending on their education preparation and practice experience. Registered nurses may also use their expertise to manage, teach, evaluate and research nursing practice.

The Competencies for the registered nurse are attached as Appendix 1.

The Nursing Council of New Zealand established competence audits in 2005 requiring evidence of professional practice. Annually 5% of nurses are randomly selected from the register by the Nursing Council of New Zealand to send evidence that supports their declaration of continuing competence. To satisfy audit requirements nurses must supply multiple pieces of evidence.

- Evidence of a minimum of 450 practice hours within the previous three years. These practice hours must demonstrate actual hours worked and be verified by a representative of the employer, for example, Nurse Manager.

- Evidence of a minimum of 60 professional development hours within the previous three years. These professional development hours must include an explanation of what was learnt from each of these activities and participation must be verified by a representative of the employer or an educator.
- Two methods of competence assessment evidence, through self-assessment, peer assessment, or assessment by a senior nurse, for example, performance appraisal. All forms of assessment are to be completed by a nurse not another health professional. Self assessment must also be signed by another nurse. All forms of assessment are to be completed against all the Nursing Council of New Zealand's competencies, with a comment for every competency. All forms of assessment are to be no more than three years old (NCNZ, 2008b).

Self assessment and Performance Appraisal

Self assessment is a process where nurses are accountable to their patients, employers, professional body and to the public at large. The employing organisation has a vested interest in the self assessment of a nurse's competence and generally incorporates this into the performance appraisal process (Andre & Heartfield, 2007; Fereday, 2004; Hamilton, Coates, Kelly, Boore, Cundell, et al. 2007; Redfern, Norman, Calman, Watson & Murrells, 2002). The nurses of the local District Health Board would be required to follow their employing organisations performance appraisal processes as a condition of their employment. Many things, however have led me to question the effectiveness of self assessment as a tool for registered nurses to evaluate and further develop their professional nursing practice.

Performance appraisal for nurses in District Health Boards is commonly in the form of an annual review, providing documented evidence of the evaluation of a nurse's competence to practice. Performance appraisal is a mechanism that is recognised as assisting in the assessment of professional practice (Johnson, Scholes & Whittington, 2005; NCNZ, 2008b). The literature identifies that appraisals serve two major purposes: to evaluate an individual's professional practice, and to motivate the development of an individual's performance (Inkson & Kolb, 2002; Johnson, Scholes & Whittington, 2005).

Professional Portfolios

Professional portfolios are a way of providing continuing competence evidence to communicate professional practice (ANF, 2007; Andre & Heartfield, 2007; Kear & Bear,

2007). Professional portfolios demonstrate work proficiencies and competency skills, also playing a role in encouraging self reflection and reflective practice assisting career development (Meister, Heath, Andrews, & Tingen, 2002).

Professional Development and Recognition Programmes have been introduced into District Health Boards, including the one in which this research was undertaken. These programmes respond to Section 41 of the Health Practitioners Competence Assurance Act (2003) for the purpose of ensuring nurses are competent to practice. The Nursing Council of New Zealand approves Professional Development and Recognition Programmes according to its document framework and standards for approval of professional recognition programmes (NCNZ, 2003).

The Professional Development and Recognition Programme available for nurses employed at the local District Health Board, has been influenced by Patricia Benner's (1984) theory of skill acquisition and associated descriptions of levels of practice. The programme has been accredited by the Nursing Council of New Zealand and has four levels identified, that is, Novice, Competent, Proficient and Expert. As part of this programme registered nurses are required to present self assessment and performance appraisal, against the domains of competence for their scope of practice (Appendix 1), with assessment at three yearly intervals as a minimum (NCNZ, 2005). Registered nurses are invited to participate in a Professional Development and Recognition Programme as one way of demonstrating these competencies by way of submitting their professional portfolios. These are assessed against the competencies for the registered nurse scope of practice. Advancement through the levels depends not only on the clinical care provided but on a nurse's participation in professional activities, such as preceptoring and teaching.

The Multi-Employer collective agreement between the District Health Boards of New Zealand and the New Zealand Nurses Organisation in 2005 outlined allowance entitlements for specific levels of practice based on Professional Development and Recognition Programme assessment (DHB/NZNO, 2005). The level of practice allowances were introduced nationally along with additional professional development leave to recognise the importance of the increasing number of nurses practising at proficient and expert levels. The rates agreed became effective from 1 January 2005 and have remained in place with the current collective agreement (DHB/NZNO, 2007).

Relevance for the researcher

My professional practice interest has extended from an individual responsibility as a registered nurse to an advocate for nurses and nursing. I have been the programme coordinator of the District Health Board's Professional Development and Recognition Programme since its inception in 2004. I see the evidence presented by individuals as primary evidence to support their competence and professional practice claims. As programme coordinator I provide advice to registered nurses including designated senior nurses applying to the programme and nurse assessors for the programme. I have also been invited to participate in external moderation for other District Health Board Programmes within New Zealand.

Part of my role is to review self assessments and performance appraisals and I have questioned the effectiveness of this process, especially when it is not well understood by nurse managers carrying out the assessment and providing feedback. I regularly receive queries regarding professional issues from registered nurses, and their nurse managers; often they are asking for advice on ways to approach different issues. These personal experiences provide the background interest and lead me to question how professional practice frameworks assist individuals in their decision making, with a focus on how self assessment, and performance appraisals are utilised as tools to inform registered nurses' professional development and therefore their professional practice.

As a source of performance feedback within previous managerial roles I found some nurses approached the process with some anxiety. Completing a written 'formal' appraisal was time consuming; however the appraisal/review meeting seemed far more productive. Providing 'informal' feedback through individual and group discussion seemed to be received more willingly. Anecdotal evidence from nursing colleagues supported this concept, often voicing comments regarding the arduous task of self assessment and performance appraisal, seen as a requirement rather than a beneficial process for professional practice improvement.

Professional practice and accountability share a close relationship, with professional development and reflective practice as individual nursing responsibilities (NCNZ, 2007). As at January 2008 there were approximately 30% of registered nurses on the local District Health Boards Programme. Not all Professional Development and Recognition Programmes report nationally; of those that do, within New Zealand approximately 46% of registered nurses were on programmes (National Nursing

Professional Development Recognition Programme Coordinators [NNPC], 2008). All these registered nurses therefore have evidence that they can demonstrate professional practice and self assessment to some extent within their professional portfolio.

Some nurses have embraced the programme with others finding it difficult to apply or recertify every three years stating they have not received an annual performance appraisal. From my experience as the programme coordinator the reasons often cited for infrequent performance appraisal are lack of time or heavy workloads. This suggests that the performance appraisal process is not valued by the nurses themselves or the nurse managers to whom they report. It appears to be seen as optional, not valuable, and something that can be postponed, often indefinitely.

A conscious decision was made not to review the path of 'if' and 'how' clinical supervision was utilised as a process to inform professional practice. The rationale for this was twofold. Firstly, clinical supervision is a well understood concept in some nursing contexts such as mental health. However for many medical and surgical nurses the level of understanding is not the same and therefore may not have added benefit to the research findings, this is based on the information and evidence presented in professional portfolios. Secondly, the intent was to contain the inquiry for a 60 credit thesis and this was discussed and revisited with my supervisors.

Research Question and Aims

These experiences, along with the Nursing Council of New Zealand expectation for nurses to participate in self, peer and other performance assessment led me to question how professional practice frameworks assist nurses in their individual professional practice. However as a research question this was too broad and, with self assessment and performance appraisal identified as critical elements of professional development in New Zealand by the Nursing Council of New Zealand, this became the focus of my research. My question became:

“How do registered nurses utilise self assessment and performance appraisal to inform their professional practice?”

Research significance

A literature review was undertaken and is reported in chapter two to position the topic and substantiate the need for this research. There is a lack of research within New

Zealand and internationally relating to how self assessment and performance appraisal are utilised by nurses to develop their professional practice.

The significance of this research is the potential it has to influence nursing and organisational practices, policies and position statements. There is also potential for individual nurses to benefit through an extended knowledge base. With such constant change and complexity within health care this provides an opportunity for evidence based advice in promoting the use of reflective practice and self assessment for professional development and professional practice.

Thesis Outline

This thesis describes an exploratory study of registered nurses within a local District Health Board. The research pursued professional practice frameworks and the links with professional development factors that informed registered nurses' professional practice. A professional practice framework is described by Hoffart and Woods (1996), as a system to support nurses managing their clinical environment and nursing care delivery, which consists of structure, processes and values.

Chapter One: Introduction

This introductory chapter provides an outline of the overall thesis, along with subject relevance for the researcher, research aims and research significance. It also includes an outline of the following chapters, the literature review, methodology, findings, discussion, and conclusion and recommendations.

Chapter Two: Literature Review

A broad review of the national and international literature regarding professional practice frameworks was completed and is described in this chapter, with previous research and literature in the area of self assessment and performance appraisal included from texts and journal articles. Deficits in the previous research are identified supporting the need for further research in this area. This research aims to add to the knowledge around how nurses utilise these forms of assessment to inform their professional practice.

Chapter Three: Methodology

The rationale for selecting the design is described in this chapter along with the sampling method, ethical and cultural considerations, data collection and measurement methods. A qualitative descriptive framework was chosen to explore the research

question. The method of data analysis is thematic and informed by David Thomas (2003), which is profiled with a description and presented using a step-by-step process.

Chapter Four: Findings

This chapter presents the findings by outlining themes arising from the data analysis, with direct quotes included to situate my interpretation and analysis. This chapter explores the perceptions of the participants in relation to utilising self assessment and performance appraisal to inform their professional practice. In particular, looking at the experiences expressed along with their concerns, with pertinent information leading to a number of emerging themes. Eight themes emerged in total, with two having associated sub-themes.

Chapter Five: Discussion

The discussion of overall findings in relation to the research question and aims are provided in this chapter. It compares and contrasts the findings in relation to the literature along with the concept of where this research sits in conjunction with the literature and what new nursing knowledge it provides.

Chapter Six: Conclusions and Recommendations

Recommendations from this research have been expressed in this final chapter in relation to self assessment and performance appraisal opportunities for nurses. The focus of this chapter is on overall results with a summary provided in relation to the research aims and questions. Study strengths and limitations are discussed along with implications of this study for nursing with recommendations and opportunities for further research identified. The recommendations are established on the basis that all assessment is useful, as the process requires the nurse to reflect on their professional practice. The recommendations may assist to provide nurses with access to information, which is credible and useful for incorporating into professional practice. The chapter ends with concluding statements.

Chapter Two

LITERATURE REVIEW

Introduction

This research aimed to explore if and how registered nurses utilised self assessment and performance appraisal to inform their practice. To investigate this phenomenon further a literature search was undertaken to explore previous research and publications within this area, with an emphasis on research-based findings within the discipline of nursing. While it is important to identify the insights of others, these insights are not necessarily accepted unconditionally. A review of literature provides a foundation of existing practice and knowledge on which to base new evidence (Polit & Beck, 2008; Schneider, Whitehead & Elliott, 2007).

Search Strategy

My initial enquiry was to search CINAHL and ProQuest databases for English written literature in relation to professional practice frameworks and models. No date range was set, in order to identify as much literature as possible. Published texts provided additional literature along with articles selected from reference lists. As a result of these searches it was apparent the literature was limited. The literature focussed on studies relating to patient outcomes or organisational outcomes, for example, nurse satisfaction with the job (Girard, Linton, & Besner, 2005; Harwood, Ridley, Lawrence-Murphy, & Spence-Laschinger, 2007; Mark, Salyer, & Wan, 2003).

Some literature described projects or studies in relation to the development and implementation of professional practice frameworks for specific practice settings, (Harwood et al. 2003; Mullen & Asher, 2007), however there was limited literature regarding how the frameworks were used by individual nurses to evaluate or inform their practice.

A further search was conducted using key words and themes identified to ensure no significant literature or research were excluded. A variety of terms such as 'professional practice', 'self assessment' 'performance appraisal' and 'performance feedback' were included in searches. These were all elements, with identified links to professional practice frameworks and will be referred to in this chapter. Internet searches using 'Google Scholar' were also carried out, along with hand searches of journals.

Published literature on professional practice with regard to self assessment and performance feedback as a basis for practice improvement is limited, providing reason for this study to proceed from a New Zealand perspective.

Professional Practice Frameworks

A professional practice framework is described by Hoffart and Woods (1996), as a system to support nurses managing their clinical environment and nursing care delivery, which consists of structure, processes and values. Hoffart and Woods (1996) reviewed models from American and Canada, which were developed between 1967 and the early 1990s. These models showed consistent subsystems, with analysis indicating the most often addressed values, that is, collective belief systems, were nurse autonomy, nurse accountability, professional development and high quality care. The Nursing Council of New Zealand's Code of Conduct (NCNZ, 2008c) and New Zealand Nurses Organisations' standards for practice (NZNO, 2004) emphasise these factors .

Some literature describes the introduction and implementation of professional practice frameworks, which on evaluation suggest improved patient outcomes, nurse satisfaction, decreased nursing turnover and improved costs. (Hoffart & Woods, 1996; Wolf, Boland, & Aukerman, 1994; Wolf, Haden, & Bradle, 2004). Literature could not be found however, to support the suggestion that professional practice frameworks supported nurses' professional growth and development. This may have been useful in providing a background for informed professional practice through the use of professional development plans.

The *Transformational Model* for professional nursing practice was developed by Wolf et al. (1994), with a view to improving organisational and patient outcomes. There was agreement that the framework should support professional nursing practice and through changes in thinking, lead to advancing nursing practice. This appears to be almost a secondary 'added' benefit to the implementation of this model. Ritter-Teitel (2002) agrees that professional practice frameworks support professional development of nurses and help sustain professional practice. For changes in thinking there have been four components identified by Wolf et al. (1994), with one being the professional practice component. This component recognised the relationships and assistance required for support of professional practice, however, how these factors were utilised by nurses to improve their professional practice was not addressed.

Ten years later, Wolf et al. (2004) describe how they utilised the *Transformational Model* across a number of merged health care settings in America. They used the model as a tool for combining organisational systems and 'customised' the model. Improvements after three years of implementation were evident in relation to cost savings and patient satisfaction. However again the secondary 'added' benefits alluded to with regard to professional nursing practice were unmeasured or unreported. The authors concluded stating that the model was not a "magic bullet" and although the implementation had been successful, they noted that the organisations are still in initial stages.

A model of evolving professional development through skill acquisition and experiential learning, is described by Benner (1984), as assisting with professional development by upholding professional practice and acknowledging practice as more than "a collection of techniques" (p. viii). Benner became interested in the levels of judgement utilised by nurses, where other aspects of nursing were described by nurses based on previous experience. Benner alluded to experiential learning being enhanced by collaborative supportive environments for learning, with supportive colleagues and encouraged nurses to write and self reflect on their practice as a way of connecting the personal and professional learning.

Creating a culture of excellence is what drove Girard et al. (2005) to develop a professional practice framework for the region of Western Canada. It was decided that nurses required a framework to utilise on a daily basis, which actually defined what professional practice was and facilitated the individual nurse's professional pride. The framework has been articulated and implemented, however there is no mention of the effectiveness although the literature states there will be targeted evaluation and research. Three years on it was noted that there was uncertainty 'if' and 'what' facilitated 'internalisation' of the framework, along with any positive effects for professional practice.

The frameworks outlined in Hoffart and Woods (1996), showed consistent subsystems, with analysis indicating the most often addressed values, that is, collective belief systems, were nurse autonomy, nurse accountability, professional development and high quality care. The authors view these values and the corresponding attitudes and characteristics they engender as the core of professional practice.

Professional Practice

Professional practice appears to incorporate both performance and clinical competence. In the literature there is considerable overlap in terminology between the two, that is, 'competence' and 'performance'. As Hamilton et al. (2007) describe standards are a useful conceptual framework for performance evaluation in that many assessments compare the extent of clinical competence against predetermined standards of practice. Therefore the use of standards is vital in the identification of poor performance and therefore performance management. Redfern et al. (2002) agrees that the definition of competence in nursing has long been debated, stating the two paradigms are an objective concept that can be measured, standardised and validated versus the performance of skills. While (1994) regards performance on its own as a more practical outcome measure. Redfern et al. (2002) believe a multi method approach is necessary.

Professional practice encompasses a range of characteristics and each registered nurse is accountable for their own practice regardless of what level or clinical setting they are working in (Fullbrook, 2008; Higgs & Titchen, 2001). With increased public scrutiny ensuring professional competence of nurses is vital (Cirocco, 2007; Higgs & Titchen, 2001). The Nursing Council of New Zealand works to ensure that nurses are regulated and accountable to the public for the provision of high quality care through safe and effective practice (NCNZ, 2004, 2005, 2007, 2008b). Professional practice incorporates characteristics which are understood, such as competence, however practice changes with developed knowledge. Professional practice therefore includes a range of attributes and requires ongoing development and growth.

Ritter-Teitel (2002) states that to ensure professional practice, the practice environment needs to empower nurses to think and act through autonomous nursing practice, therefore she believes that professional practice has the ability to differentiate one healthcare organisation from another. O'Brien, Gaskin and Hardy (2006) agree that the 'personality' of the organisation affects professional practice. Mark, Salyer and Wan (2003) define professional practice as "a system that supports registered nurse control over the delivery of nursing care and the environment in which care is delivered". This implies improved organisational and patient outcomes are reliant on professional practice.

Promoting professional practice in nursing is the joint responsibility of professional bodies, employing organisations and the nurses themselves. Regulation of nursing is

recommended as an international practice, although processes may vary between countries. The International Council of Nurses performs a key role in establishing universal guidelines and is affiliated with professional nursing organisations throughout the world (ICN 2004).

Within New Zealand, nurses are admitted to the register by the Nursing Council of New Zealand when set requirements are met. To renew their practising certificate, nurses must self-declare, annually, attesting by signature, their competence. This process was introduced in 2006 when nurses were advised to keep records of evidence to verify their continuing competence to practise. This process arguably goes to the centre of accountability, professionalism and professional practice.

This process is supported by the Nurse Executives of New Zealand (2007), who state professional practice is guided by clear guidelines that are evidence-based, supported by professional Codes of Conduct, Code of Ethics and competencies appropriate to the scope of practice. A study by Mark, Salyer and Wan (2003) defends this by implying professional practice is characterised by a system that supports registered nurses control over nursing care delivery and the environment in which care is delivered.

O'Brien, Gaskin and Hardy (2006) conducted a study in Australia with the one aim of determining nurses' perceptions of what was considered important to their professional practice and development. It was identified that organisational climate can affect the perceptions of professional practice. It was also acknowledged that nurses agreed they reflected on their practice, yet were unsure of how reflection could subsequently improve their practice.

The Nurse Executives definition of professional practice supports the notion of nurses being accountable for their practice. This is an expectation of each registered nurse, with competence defined by the Nursing Council of New Zealand as "[t]he combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse" (NCNZ, 2007. p.20). Nurses are also expected to be involved in performance evaluation, which leads to improvements in both patient care and professional practice. Performance assessment is guided by self assessment and performance feedback (NCNZ, 2004).

Self assessment

With registered nurses expected to act as autonomous, reflective practitioners able to self-monitor performance and development needs (NCNZ, 2008a); self assessment becomes important as part of professional practice. Professional practice is responsive to events and experiences through self-knowledge (Cody, 2000), and that knowledge guides deliberate professional action and interaction. Self assessment is included in many performance assessment processes (Fereday & Muir-Cochrane, 2006a; Hamilton, et al. 2007; Redfern, et al. 2002). However, Fereday (2004) and Wood (2002) found that self assessment and performance feedback were not always positive or beneficial to nurses, often relating to different expectations, credibility and usefulness.

For some nurses, the ability to self assess is seen as an important facet of nursing but also a skill which requires teaching (Hamilton et al. 2007; Musolino, 2006; Redfern et al. 2002). Musolino, (2006) states that health professionals' competence in self assessment is an essential skill, and goes on to suggest it is a lifelong professional responsibility. Reflection is closely related to self assessment (Musolino, 2006) and there is an assumption that reflective practice will contribute to improvements in professional practice. Mamede and Schmidt, (2004) studied the reflective practice structure of doctors and concede it remains to be seen what improvements reflection leads to, and for how long improvements last, as further research is required.

A quantitative study examining self assessment accuracy of third year medical students was conducted by Langendyk (2006). This study indicated more rigorous research is required in relation to self assessment and external performance measures. Her study was performed in the education sector through correlation analysis of student and teacher. It showed high achievers had a tendency to underrate and underachievers had a tendency to overrate their performance. Therefore the question remains "who can utilise self assessment effectively"?

Duffy (2007) suggests self assessment through the use of reflective practice is typically an examination of practice; therefore, it is a constructive tool to guide nursing practice. It allows the nurse to evaluate issues with a view to solving them. Redfern et al. (2002) agree stating self assessment is valid if based on rigorous analysis of specific events. What seems unclear is whether professional practice is responsive to events and experiences through self knowledge. Karl Jaspers' orientation of self-reflection works on the premise that there are different degrees of consciousness in self-reflection. This

is described by Yip (2007), as a process to improve self-awareness and facilitate self-understanding by way of clarifying the unconsciousness.

Reflection is closely related to self assessment (Hamilton et al. 2007; Musolino, 2006) and there is an assumption that reflective practice will contribute to improvements in professional practice (Duffy, 2007; Mamede & Schmidt, 2004; Redfern et al. 2002). In the literature, self assessment has been associated with the terms 'reflective practice' and 'reflection' (Emden, Hutt, & Bruce, 2003; Kear & Bear, 2007; Musolino, 2006). An extensive body of knowledge exists in relation to reflection and reflective practice; however the development of nursing practice has not been confirmed through its use (Duffy, 2007, 2008; Schutz, 2007). This is also true for other health professionals, such as physiotherapists and doctors (Langendyk, 2006; Mamede & Schmidt, 2004).

The process of reflective practice as a method to bring about change in professional practice has been accepted in the literature (Fereday, 2004; Redfern et al. 2002). Reflection upon past experiences, and feedback from others, provides a process of learning from experience to encourage the nurse to see experiences differently. Based on these new insights, and described by Redfern et al. (2002) as knowledgeable doers, they can develop their professional practice. The popularity of reflective practice within nursing has led to a range of models and processes for reflection to assist nurses with identifying areas of personal and professional development (Redfern et al. 2002; Nelson & Purkis, 2004; While, 1994).

Reflective practice is subjective, and essentially involves a focus on 'self'. Markus and Kitayama (1991), argue that individuals understand themselves and others differently due to the influence of their individual cultures. Our culture defines who we are, and is therefore significant in representing us as individuals. Cody (2000, p. 190) states "To be engaged in professional healthcare is often to be challenged to serve people effectively, respectfully, and meaningfully". To provide the professional healthcare as described by Cody (2000), nurses can use reflection and self assessment to acknowledge their culture. Knowing yourself is also central to reflective practice, although without supporting evidence, self assessment is likely to become a gauge of potential performance only, therefore, self assessments are recommended for use in combination with other assessment methods (While, 1994).

With critical reflection, the responsibility is on the individual to be open to feedback from others (Duffy, 2008; Redfern et al. 2002). This means scrutinising assumed

practices, exposing strengths and weaknesses in an effort to change or improve professional practice, requiring the nurse to be critical of themselves and their practice, not merely descriptive (Redfern et al. 2002). Duffy (2008) describes reflection as one way of addressing challenging issues and resolving complex practice problems, although also acknowledges that it is no easy task. She also advocates guided reflection, which is, having a sounding board to assist with the learning, and considers that real learning will not take place if reflection is completed as a lone activity. Guided reflection again has insufficient empirical research to categorically claim it improves and guides professional practice however, Duffy (2008), believes it to be superior to unaided reflection.

Gina Musolino (2006) points out that although the participants in her study were motivated to self assess through a desire to improve or develop, they also identified some barriers. These perceived barriers included a lack of time and feedback or mentoring. It was identified that strengths and weaknesses were not always differentiated due to attitudes of individuals and peers, when making comparisons to others.

Performance Appraisal

Performance appraisal in nursing remains topical, with a continued interest shown by organisations and regulatory bodies in the assessment of performance to ensure the accepted standard of competence is maintained (ANMC, 2007; Bryant, 2005; Hutchins, 2007). There is a wide range of literature on performance feedback, with theories and concepts as a component of learning and advice for managers providing feedback (Inkson & Kolb, 2002; Johnson, Scholes, & Whittington, 2005). However, the current nursing literature lacks research-based papers about how nurses utilise the feedback they receive in their appraisals to inform their professional practice.

Conlon (2003) disagrees and notes that as a structured process, performance appraisals allow individuals to develop by reviewing their professional activities. Feedback through appraisal can be valuable when associated with self assessment. Ingersoll, Witzel and Smith (2005) and Moore (2006) state that to be ideal, these assessment structures and processes need to include performance evaluation processes that reinforce high standards of care and confirm expectations of nursing practice and performance.

A systematic literature review completed by Hamilton et al. (2007) identified that performance appraisals were the most frequently reported method of performance assessment, although they varied considerably and they were mostly used to measure current performance. They also suggest the primary aims of performance assessment are to provide a fair measurement of a nurse's involvement with the organisation, to patient care and to identify professional development needs. This aligns with the local District Health Board policy document on performance development reviews, with one of the stated principles being to manage performance proactively. There are a number of responsibilities outlined for the individuals themselves with the process overview advocating the use of self assessment in conjunction with the reviewer assessment. This is supported by the study of Hamilton et al. (2007), which showed that self assessment was included as part of several performance review processes. They identified a number of performance assessments available. However there were identified problems with some methods of assessment, relating to reliability and validity tests.

Some articles and studies reviewed identified reasons for ineffective appraisal systems, and potential solutions or suggested improvements for how to provide feedback to staff (Fereday, 2004; Hamilton et al. 2007; Wood, 2002). There was little research focussing on the use of the feedback for individuals or the experience itself. Fereday (2004) and Wood (2002) have identified effective feedback as an essential component for influencing a sense of job satisfaction and therefore improving staff morale.

An important finding of Fereday's (2004) research is in the area of preferred sources and processes of appraisal, such as, the perceived utility and credibility of feedback for informing professional practice. She states these topics had seldom been researched within nursing. Wood (2002) explored the experience of performance appraisal interviews with nurses, with findings that revealed an overall feeling of dissatisfaction with the process, which left nurses feeling 'let down'. This was primarily due to their expectations not being met. There were suggestions regarding the improvement of the process, which included the need for both nurses and managers to receive education on how to prepare for performance appraisals.

Typically, the interview of the performance appraisal process is seen as formal, which ends in the discussion being documented in writing. Fereday (2004) identifies the informal discussion and sharing of experiences as part of the feedback process in her study. The common element whether informal or formal processes, is the measure

against a standard or expectations. It involves information gathering and making a judgement about the ability to perform, along with sharing and discussing that judgement.

Nationally recognised standards of practice, such as the Nursing Council of New Zealand's competencies for registered nurses (NCNZ, 2007) are often utilised as the criteria for nurses' performance appraisals. Nursing regulatory authorities recognise that assessment as a method for monitoring standards of nursing practice provides an element of protection for the public (Bryant, 2005). Established standards are recognised as an important basis for appraisal, as they provide expectations. Therefore the appraisal is an important consideration for the nurse and the employing organisation. Fereday (2004) asserts performance appraisals are often used as a staff development mechanism, providing a path for career development, to motivate behaviour, to contribute to self awareness and to enhance work relationships and organisational commitment.

Performance appraisals systems have been extended to involve such activities as portfolio and career development programmes. These are expected to assist the examination, development and evaluation of practice in New Zealand and internationally. While they may differ in title and reason for being developed, there is the belief that they will be successful in improving professional practice (Andre & Heartfield, 2007; Kear & Bear, 2007).

Professional Portfolios

Using portfolios to provide authentic evidence of professional accomplishments is not a new idea (Andre & Heartfield, 2007; Kear & Bear 2007). The professional portfolio demonstrates accomplishments through comprehensive documented evidence. There is a growing trend within nursing to utilise the portfolio process for demonstrating the development of knowledge and skills. Nurses also use this process as a tool for reflective learning (Hamilton et al. 2007). Additionally nurses utilise portfolios to demonstrate that they actively engage in self assessment, reflecting on their profession and their practice (Erickson & Daniels, 2008; Jackson, 2004; Meister, Heath, Andrews & Tingen, 2002). Jackson (2004), notes that there are some nurses who believe the portfolio to be a paper exercise and not truly reflective of one's ability to practice competently. Hamilton et al. (2007) disagree with this, stating the literature highlights many positive aspects in relation to their educational impact such as enhancement of critical thought, evidence-based practice, and personal and professional development.

The professional portfolio enables nurses to assess themselves against predetermined criteria, demonstrating met goals and contributions from an individualised perspective. Hamilton et al. (2007) agree that the use of professional portfolios is an alternative assessment process and refer to some of the drawbacks, such as, the amount of time taken to produce and maintain them, cost effectiveness, validity and reliability. Redfern et al. (2002) also make reference to validity with regard to writing skills and honesty, as samples of work often include reflective writings and self assessment along with self directed learning.

As part of a professional portfolio, samples of work are gathered, which reflect personal and professional accomplishments. Nationally and internationally, nurses are using their professional portfolios to document professional competence (Andre & Heartfield, 2007; Kear & Bear, 2007). The use of reflective writing is a tool for fostering critical thinking skills, which assists the transfer of knowledge into professional practice. A review of three approaches to portfolios was undertaken by Emden et al. (2003), who suggested that professional portfolios were a facilitative way of providing organised and useful evidence to demonstrate competence in relation to professional standards. They do, however, acknowledge that there is some reported confusion regarding the definition of competence and competence based assessment as an assessment approach. Hamilton et al. (2007) agree that clinical competence has a part to play in the assessment process, and also suggests any method of assessment can be useful, depending on how they are used. With no assessment method 'good' or bad', rather it is about how relative they are. This can come down to reliability of assessment methods or judgement of assessors.

Chapter Summary

The literature reviewed has identified that, although there is literature regarding self assessment and performance appraisal for nurses, there is little research or knowledge of information about 'how' these assessment methods are utilised in informing professional practice, or internalised by registered nurses, especially within the New Zealand context. The literature supported the ideal that Professional Practice Frameworks generally addressed nursing accountability and empowerment by the organisation. The literature also suggested both quantitative and qualitative components are useful in developing Professional Practice Frameworks. There is limited literature on the utilisation of these frameworks from an individual perspective, even though there is an expectation for individuals to participate in self assessment and other performance assessment.

Nurses as professionals are expected to act autonomously and be reflective in their practice to monitor their performance and competence, with a view to improving and identifying areas for growth and development. This is a regulatory requirement in New Zealand, which supports the assessment processes discussed in this chapter; however there is a paucity of research-based literature exploring the links between the processes themselves and the use of the processes to the individual nurse. This has implications for the nursing profession with the increasing trend towards the use of these assessment methods to strengthen accountability and prove competence. In an increasingly complex health care environment, nurses must be able to critically evaluate situations and learn from their experiences.

This thesis utilises existing literature, particularly focussing on how self assessment and performance appraisals are utilised by registered nurses to inform their professional practice. In order to examine this further, a qualitative descriptive study was conducted. The next chapter provides a detailed description of the research methodology used in this thesis.

Chapter Three

METHODOLOGY

Introduction

The literature review has identified that although there is literature regarding self assessment and performance appraisal for nurses, there is little research or knowledge of information on 'if' and 'how' these assessment methods are adequately utilised in informing professional practice, or internalised by registered nurses, especially within a New Zealand context. Therefore, in the literature the quantitative and qualitative studies mentioned have not addressed the research question.

In this chapter a description of the research design along with the selected methodology is outlined. The chapter begins by justifying the need for a qualitative approach, as well as addressing the setting, sample criteria and selection, ethical and cultural considerations, data collection and analysis.

As part of professionalism nurses need to ensure that professional practice and associated knowledge is based on evidence and research, providing quality care and improving patient outcomes (NCNZ, 2005). Nursing research is needed not only to investigate the response of patients to care, but to explore tacit knowledge, professional experience and conceptual/theoretical knowledge (Schneider, Whitehead & Elliot, 2007). It is described as a "systematic inquiry designed to develop knowledge about issues of importance to the nursing profession" (Polit & Beck, 2008, p.760).

Research Design

To address a research question, multiple research designs could be utilised. However, each design has distinctive advantages and disadvantages (Thompson & Panacek, 2006; 2007). Polit and Beck (2008) note, non-experimental research is required to document the scope of the problem, and they add that many human characteristics are not able to be manipulated and therefore can not be studied in an experimental manner.

A non-experimental design is predominantly retrospective in nature and at times referred to as "ex post facto" (after the fact) research. As this type of design is exploring activities that have already occurred, manipulation of variables and randomisation is not possible (Thompson & Panacek, 2007). Another broad category of non-

experimental design is descriptive research, with the intent of the study to observe, describe and document aspects of a situation (Polit & Beck, 2008). A questionnaire or survey is commonly utilised for non-experimental research and generally used when asking participants about their experiences, interpretations, or concepts.

Qualitative research is an iterative and responsive process (Zielband & McPherson, 2006). Qualitative research usually explores the phenomenon of relationships and experiences, enabling researchers to seek an understanding of an individuals' experience in ways that quantitative research has not been able to achieve (DiCenso, Guyatt, & Ciliska, 2005; Schneider, Whitehead & Elliott, 2007).

Individuals are complex, and attribute personal meaning and expression to situations, however qualitative designs do not aim to 'control' extraneous variables, or guide the responses (Schneider, Whitehead, Elliot, 2007). In this research there was no interest in a pre-identified classification system to categorise responses, as this would not have allowed for the candid responses or the differences and relationships individuals assigned to their experience. There was also little information or research about the phenomenon of this research, therefore the quantitative approach was not appropriate for the aims of this research.

Research Question

Registered nurses present evidence in their professional portfolios to support claims of competence and professional practice. Due to the types of evidence and forms of assessment presented as part of that evidence this led me to question how professional practice frameworks assist individuals in their professional practice. As a research question this was too broad and required a more focussed question. In the first instance the aim was to determine if registered nurses utilised either self assessment or performance appraisals to inform their professional practice and secondly, if so to identify how. Therefore, the research question became, *"How do registered nurses utilise self assessment and performance appraisal to inform their professional practice?"*

Setting

As this was a two paper thesis, consideration was given to the limitations regarding timelines to achieve access to the required sample for this research. Other District Health Boards were considered, but the costs of travel and associated time off work was not seen as a viable option. The alternative was a cost to others in terms of time in

distributing the questionnaires; however along with another factor, that is, being an external moderator for four other District Health Boards Professional Development and Recognition Programmes, there was the potential for the findings of this research, and therefore recommendations to adversely influence those relationships. This was a risk I believed was worth avoiding.

The local District Health Board was chosen as the appropriate setting from which to recruit registered nurses. As previously mentioned I am programme coordinator for a Professional Development and Recognition Programme within a District Health Board, and therefore exposed to evidence provided in professional portfolios. This led to my initial enquiry regarding factors that informed professional practice. The adult medical and surgical inpatient settings were selected, as including other settings could have led to an unmanageable number of responses in the timeframe given, so a sub group within the entire population was decided on. Approximately 50% of nurses with a professional portfolio on the Professional Development and Recognition Programme were represented by the adult medical and surgical inpatient settings.

Sample

Sample size & criteria

The sample is a convenience sample, which is described by Polit and Beck (2008) as a sample of the most conveniently available people as study participants, who are not necessarily individuals known to the researcher. It is also noted that a possible drawback is that this type of sampling is not always typical of the entire population, as they are volunteers. The typical response from those who participate may be different to the typical response from those who do not. The sample for this research is representative of registered nurses working in the medical and surgical setting within the provider arm of the local District Health Board. Eighty questionnaires were distributed to the inpatient adult medical and surgical settings.

The purpose of eligibility criteria is to define who is and who is not included in the research from the population, and specifies population characteristics (Polit & Beck, 2008). Some of the considerations for this research related to constraints on cost, practicality, such as access for participants and design considerations. Two selection criteria were required for participants to be eligible to participate in this research. Firstly they needed to be registered nurses employed within the inpatient medical and surgical setting of the local District Health Board, and secondly they needed to hold a current New Zealand Annual Practising Certificate for the registered nurse scope of practice.

Exclusion criteria are as important as inclusion criteria for eliminating potential study problems (Panacek & Thompson, 2007). Registered nurses with annual practising certificates for the Nurse Practitioner scope of practice could be identifiable due to the limited number employed, therefore they were excluded. Nurses employed in other clinical settings were excluded due to the variability across this District Health Board and to ensure the data return rate was manageable for the purpose of this research. As qualitative research looks for information-rich data, it is possible for one participant to contribute multiple incidents or generate a large body of data and this can create a significant sample for analysis.

The distribution of questionnaires through forms other than in-person is an approach which generally yields low response rates, and lower response rates for questionnaires are reported as the norm (Polit & Beck, 2008). For this research I anticipated a low response rate due to a number of factors. These included; the time taken to complete the questionnaire. It was estimated as 20 minutes from the pilot group and could impact on nursing duties, and the busy workload during the winter period. Longer surveys are reported as obtaining a lower response rate (Thompson & Panacek, 2007). The influence of winter illness on staffing numbers and skill mix of those remaining on shift is known to increase workloads along with the upsurge in winter admissions (Schofield, 2008). This has also historically affected the morale of nurses. Thompson and Panacek (2007) also acknowledge that distributing a questionnaire at a time anticipated to be inconvenient will reduce the response rate.

Sample recruitment

Questionnaires were distributed to inpatient medical and surgical settings for potential participants, along with self addressed envelopes to be returned to the researcher and a return mailing box for ease of return. The questionnaire is attached as Appendix 2. Each questionnaire had a separate information sheet about the research, emphasising the voluntary nature of participation. The information sheet is attached as Appendix 3.

Return of the completed anonymous questionnaire was requested within three weeks of distribution. Consent was implied, as completion and return of the questionnaire was on a voluntary and anonymous basis. The following statement was included on the participant information sheet "Return of the questionnaire is seen as consent to participant, therefore it is your choice to participate up until the questionnaire is returned."

Ethical Considerations

Confidentiality

A key issue for this research was participant confidentiality, and the associated information to ensure their consent to participate. Anonymity was guaranteed with an assurance that privacy and confidentiality would be maintained throughout the study. This was maintained through the questionnaires being anonymous with no participant required to identify themselves or their clinical setting. The process of returned questionnaires being placed in a return box situated in each clinical setting and being collected by an intermediary further enhanced confidentiality.

The questionnaires were kept in a locked environment with access only gained through the researcher. Participants were assured that no identifying information relating to any individual or clinical setting would be utilised in this thesis, or in any subsequent publications or presentations, as all data would be collated and reported in aggregate form. This information was included in the information sheet (Appendix 3) distributed to potential participants.

Cultural Considerations

There are registered nurses who identify as Maori and other ethnicities within the local District Health Board nursing population. Although it could not be determined if the study would include registered nurses who identified themselves as Maori, the Service Manager of the Maori Health Unit at the local District Health Board was consulted. This was done prior to Central Region Ethics Committee approval, to ensure that the research proposal honoured and respected the principles of the Treaty of Waitangi as New Zealand's founding document (Health Research Council of New Zealand [HRCNZ], 2008). A letter of support for this research is attached as Appendix 4.

No potential harm to participants was anticipated with this research. However as there were questions regarding self assessment and asking for consideration of how it has changed professional practice, there was a possibility that emotive content was expressed and revisited, which may have required further counsel from professionals. The existing Employee Assistance Programme (EAP) services available to potential participants was advocated and advertised by way of information at the collection boxes.

Conflict of interest

I am currently employed as the programme coordinator for the nursing Professional Development and Recognition Programme. I have been in this role for four years and a function of my current position is to consult and advise registered nurses regarding many professional practice issues. This includes issues surrounding performance appraisal and self-assessment. As a designated senior nurse within the local District Health Board, part of my role is to review current policy in relation to nursing activity and participate as an active member of many professional committees. The potential for perceptions of local changes, being influenced by me utilising this research, was noted in my journal and discussed with my supervisors.

Prior to my employment in the programme coordinator role for the Professional Development and Recognition Programme, I have held positions of Human Resource Advisor, Quality and Risk Advisor along with nursing leadership and management positions. As a result I have had many discussions with individuals and groups of nursing staff relating to different aspects of assessment and feedback. In an effort to minimise any potential conflict of interest, participant responses were sought with the use of a voluntary anonymous questionnaire and the collection of completed questionnaires into collection boxes, which were cleared intermittently via an intermediary.

Ethical approval for this research was obtained following application to the Central Region Ethics Committee, the local District Health Board Research Committee and the Eastern Institute of Technology Research Approval Committee. Approval letters from these committees are attached as Appendix 5, 6 & 7 respectively.

Data Collection Method

A qualitative method was utilised in the study to generate data for analysis. The data collection and analysis stages were undertaken concurrently. The primary objective for data collection was to represent the subjective view-point of the participants regarding self-assessment and performance feedback. The overall aim was to provide an understanding of if and how nurses utilised these forms of assessment to inform their professional practice.

Initially focus groups were considered, however there were possible ethical issues to consider. Nurses potentially have an unequal power relationship with my position as Professional Development and Recognition Programme coordinator, as this role is

pivotal in self-assessment and performance feedback review. For this reason, it was felt that nurses could be reluctant to express an opinion contrary to the current processes utilised at the District Health Board.

On reflection, and following discussion with my supervisors, I decided on a paper-and-pencil instrument, that is, a questionnaire with open ended questions to allow for descriptive information. As a data gathering tool I was aware of limitations, particularly the low response rate (Thompson & Panacek, 2007). There is also the potential for participants to leave questions unanswered as a questionnaire does not allow for clarification to be sought by participants, this was discussed with my supervisor. If the response rate is low; this does not detract from or invalidate the findings of the existing participants (Ziebland & McPherson, 2006), as qualitative research is not about numerical representation.

As a chosen method the written questionnaires provided the following advantages for this research:

- Cost effectiveness
- Manageable within timeframe of research paper (Polit & Beck, 2008, p.423)
- A non threatening environment to allow nurses the protection of bias and anonymity
- Opportunity for more candid responses.

I was unable to locate a validated data collection tool relevant to my research in the literature; therefore I developed a specific questionnaire attached as Appendix 2. I acknowledge my own experience and understanding of self assessment and performance appraisal, which bears relevance to the questions, asked in the questionnaire, being both dichotomous and open ended. This was due to the research aims of first finding out 'if' assessment methods were used to inform professional practice and then 'how' they were used. The dichotomous questions required the participants to make a choice between two alternative responses, that is, yes or no. These questions are said to be most appropriate for gathering factual information (Polit & Beck, 2008). The open ended questions led on from the responses to the dichotomous questions to assist with gathering further information. This process is referred to as filter questioning (Polit & Beck, 2008). Open ended questions were based on the interests of the researcher and associated literature reviewed. The intent was to enable information to emerge from the individual study participants, allowing the main study aims identified earlier to be addressed. There was a consistent amount of

space for written responses, with further space provided at the end for participants to expand on any previous response given.

The rationale for choosing open ended questions was so I did not omit any possible alternatives for the participants. As this area of research was relatively new, I wanted to avoid any possible bias; I also wanted to encourage elaboration of responses, which Polit and Beck (2008) states offers freedom to participants. The risk was the time taken to complete the questionnaires could reduce the number of participants.

Initially the questionnaires were distributed to six of my peers for feedback on question structure and content. The feedback received and further discussion with my supervisors lead to amendments in how the questions were worded. One question was completely omitted as there was uncertainty regarding what the question was trying to ascertain. The questionnaire was again tested with nurses who would not be included in the sample group, as a way of determining the reliability, validity and time taken to complete. The comments indicated it took approximately 20 minutes to complete and supported the distribution of the tool.

The background information provides a snapshot of the surveyed population, looking at educational background and portfolio development. The self assessment questions were intended to elicit information about the extent to which participants engage in self assessment. Questions regarding performance appraisal were intended to ascertain the perception of influence individuals believe this has on their professional practice.

On receipt of the questionnaires, which were collected intermittently by an intermediary, they were each assigned a number for the purpose of data analysis. During this process I was aware that while this research is primarily being undertaken for the purpose of study and a personal qualification, it was not just about methods and strategies. I had an obligation to the participants to fully investigate the outlined phenomenon, use diligent data analysis and present the findings honouring the participants' responses.

Data Management and Analysis

Questionnaires were returned within one month and assigned a number to assist with coding and analysis. The number assisted with tracking the content of the individual responses. I chose to transcribe the open ended responses into electronic format, this enabled me to familiarise myself with the data, which is described as an important

process (Ziebland & McPherson, 2006). It also assisted with storage and retrieval of information.

I did not want to limit the analysis to just the issues that initially looked important or interesting; therefore the emergent themes were to be just as important as the anticipated ones. Analysis reflects the diversity of experiences, not just those that are most frequent (Ziebland & McPherson, 2006). After transcription, each questionnaire was read and re-read in order to gain understanding of the information and result in clarity of emerging themes and patterns. I have questioned if what I thought was emerging was actual and not potential. As I did not utilise a checking back or verification process the information received was interpreted by me as the researcher.

The descriptive data from open ended questions were reviewed through the use of general inductive thematic analysis. The purpose of developing a general inductive approach was to condense the raw text into a brief summary format, establishing clear links between the research aims and the findings. This process is intended to aid an understanding of the meaning through theme development (Thomas, 2003). Thematic analysis is described by Boyatzis (1998) as the identification of main themes and sub-themes. Transcribing the responses to questionnaires into sections of text under different headings assists with this process (Ziebland & McPherson, 2006). As a novice researcher, this process was reviewed by my supervisor to ensure headings were manageable and meaningful.

Each stage of coding was reviewed before continuing to the next stage. Once the themes were decided, all text relating to each theme was gathered together and clustered. Through a process of extracting and noting, (Ziebland & McPherson, 2006) each issue raised was documented along with the relevant participant's identification number. It is important to note that in conducting data analysis, a single comment was considered with equal value to those repeated or elaborated on (Boyatzis, 1998).

Reviewing the summary sheet and considering all the issues, even those not common, enabled potential themes to emerge and be grouped. Clusters of data under themes were related directly to research aims as Boyatzis (1998) suggests. Other commonalities in individual responses were grouped together, for example, educational background, and commented on along with differences that emerged identifying areas of potential conflict. Revisiting the literature occurred at this point, to consider the findings and how they aligned with literature already reviewed.

I was interested in the year of registration as the self-assessment and performance appraisal processes have not always been such a pertinent part of nursing. I have no recollection of an appraisal of my performance before 1996. The awareness of these forms of feedback has increased with the introduction of competence based practising certificates to some degree and further with the introduction of the Health Practitioners Competence Assurance Act (2003) and associated Nursing Council of New Zealand audit process. Associated with these introduced changes I was interested if participants whose initial registration was outside of New Zealand had any different experiences or references to those whose initial registration was New Zealand based.

As previously mentioned, those with a professional portfolio participating in the Professional Development and Recognition Programme are required to present self assessment and performance appraisal (NCNZ, 2005). Therefore I was also interested in the difference for participants not participating in the programme. As there were approximately 50% of nurses participating on the programme from the sample group, I expected to see these assessment methods influencing professional practice for individuals. This was the rationale for asking participants the highest qualification they had attained, as I wanted to explore the difference in how assessment methods may inform professional practice.

Research Rigour

Qualitative research can add to nursing knowledge, it is recognised and valued as genuine, although there is debate regarding how qualitative research should be evaluated (DiCenso, Guyatt, & Ciliska, 2005; Koch, 1994; Polit & Beck, 2008). It requires a trail of evidence throughout the process to demonstrate credibility or trustworthiness. Rigour is described as demonstrating integrity and competence to ensure successive steps are taken with attention to detail ensuring the findings can be relied upon (Fereday & Muir-Cochrane, 2006b; Koch, 1994). The logical steps in the analysis are demonstrated to identify key themes and then compared with other results to identify patterns, establishing a trail of evidence for verification. This demonstrates the transparency of how the themes were formulated. Evaluation of integrity is required for any research; however it is accepted that demonstrating this varies, based on research conducted within different qualitative traditions (Polit & Beck, 2008).

Credibility can be achieved through the researcher describing their experience in relation to the research, where self awareness is essential (Koch, 1994). I have outlined my position and my reasons for undertaking this research, along with my close

involvement with the phenomenon being researched. Measures have been taken to address these to support my credibility as an independent researcher and these are identified throughout the thesis. These include my journal entries to assist my reflective processes, supervisor assistance and debriefing with research colleagues to maintain my focus in relation to the research question. To assist with credibility, I have attempted to reflect participants' experiences in a believable manner, through utilising their text directly.

Producing generalisations is not the aim of qualitative research, although it does seek to provide new knowledge for others. I acknowledge that each experience is individual and therefore not exactly like any other therefore each experience is time specific. Koch (1994) states that to establish trustworthiness in research the readers need to be able to recognise the experience when they are confronted with the encounters described by others, therefore this qualitative research is about adding to nursing knowledge and the readers will ultimately decide. I have incorporated multiple descriptions provided by participants to assist with this. With regard to dependability, as previously mentioned I believe experiences are specific to the time of the event and may not be replicated exactly the same, therefore I have attempted to be authentic in representing the participants through utilising text provided. The decision trail of theme development is outlined carefully and reflection with supervisor assistance aided this process.

Chapter Summary

This chapter has described the method and design used for this research. The rationale has been included and processes explained regarding aspects of sampling, data collection, and ethical considerations. The data analysis process has also been outlined, with the next chapter focussing on the themes described, results of the research and the main discussion points. Thompson and Panacek (2007, p.22) remind us that "research is done in incremental steps, and it is unusual to be able to answer an entire important research question in a single study".

Chapter Four

FINDINGS

Introduction

This chapter will outline the data derived from the questionnaires and summarise this data into themes and sub-themes. Core themes will be profiled, with key findings reported. An overarching aim for this study was related to how professional practice is informed from self-assessment and performance feedback. The way the questions were structured, even though they were specific, ensured participants expanded on previous responses, therefore several of the responses had an intertwined connection. This resulted in some of the responses being clustered as a result. In this chapter the data is presented by way of the emergent theme title, followed with a brief description of what the theme comprises. Key points and segments of text made by the participants are then included by list format to provide context to the theme title and description.

Eight themes evolved from the questionnaires, of which, two have sub-themes identified. The first four themes relate to self assessment and performance appraisal. These themes are: making a judgement, regard for a point of reference, identified direction for improvement/development and focus on results. Regard for a point of reference recognised two sub-themes of: regard for culture and regard for colleagues/relationships. The focus on results also identified two sub-themes of: positive inference of support and negative inference of support. There were also four themes relating to professional practice identified and these were divided into realms: realm of nursing responsibility, realm of patient care management, realm of interpersonal relationships and realm of healthcare and quality improvement.

Data Analysis and Theme Development Process

Thematic analysis is the process of organising and synthesizing data, where themes are developed through recurring regularity (Polit & Beck, 2008). The process of analysis is reported as very time consuming (Ziebland & McPherson, 2006). Researchers continually look for patterns to emerge from the data and when reporting qualitative findings it is acceptable for findings and discussion to be integrated (Schneider, Whitehead & Elliot, 2007). Most inductive thematic studies convey between three and eight main themes (Thomas, 2003).

The questionnaire returns produced a number of themes, which responded to the overall aims of the research; that is 'if' and 'how' nurses utilise self-assessment and performance feedback to inform professional practice. The data was evaluated through the use of general inductive thematic analysis, informed by David Thomas (2003), identifying main themes and sub-themes.

Analysis reflects the diversity of experiences, not just those that are most frequent, transcribing the questionnaire responses into sections of text under different headings assists with the process of identifying main themes and sub-themes (Ziebland & McPherson, 2006). The purpose of using the general inductive approach is to condense raw data into a summary format. This establishes clear links between research aims and findings, and aids an understanding of the meaning through theme development (Thomas, 2003).

The process along with examples is outlined in Table 1. This table was adapted from levels of analysis (Walker, Cooke & McAllister, 2008).

Table 1: Levels of Analysis and Theme Development

Read and re-read text data to produce core information	Summarise data and identify initial themes by colouring segments of text from each participant	Cluster text under key points by summarising identified relevant text to identify common themes and sub-themes.	Review clusters – identifying similarities and differences emerging along with areas of potential tension	Confirmed themes & sub-themes.
<p>Measuring yourself and practice against standards set, i.e. internal – hospital based, external – Nursing Council.</p> <p>A process about making judgements about my work and forming opinions about my strengths and weakness so I can set goals to meet shortfalls.</p>	<p>Measuring yourself and practice against standards set, i.e. internal – hospital based, external – Nursing Council.</p> <p>A process about making judgements about my work and forming opinions about my strengths and weakness so I can set goals to meet shortfalls.</p>	<p>Measuring against standards</p> <p>Making judgements about my work, strengths and weaknesses</p>	<p>Similarities = Measurement of self</p>	<p>MAKING A JUDGEMENT</p>

Read and re-read text data to produce core information	Summarise data and identify initial themes by colouring segments of text from each participant	Cluster text under key points by summarising identified relevant text to identify common themes and sub-themes.	Review clusters – identifying similarities and differences emerging along with areas of potential tension	Confirmed themes & sub-themes.
<p>The assessment is undertaken by the nurse without reference to his/her peer group, ...</p> <p>but he/she may use the peer group standard to benchmark their level of practice while undertaking the self assessment.</p>	<p>The assessment is undertaken by the nurse without reference to his/her peer group, ...</p> <p>but he/she may use the peer group standard to benchmark their level of practice while undertaking the self assessment.</p>	<p>Assessment without reference to peer group</p> <p>Assessment with reference to peer group</p>	<p>Similarities = reference for measurement</p> <p>Differences = forms of reference for measurement</p>	<p>REGARD FOR A POINT OF REFERENCE</p> <p>~ Regard for culture</p> <p>~ Regard for colleagues</p>

Read and re-read text data to produce core information	Summarise data and identify initial themes by colouring segments of text from each participant	Cluster text under key points by summarising identified relevant text to identify common themes and sub-themes.	Review clusters – identifying similarities and differences emerging along with areas of potential tension	Confirmed themes & sub-themes.
<p>I can't think of any particular event but I am sure that after self-assessment on some occasions have thought I would do something differently the next time.</p>	<p>I can't think of any particular event but I am sure that after self-assessment on some occasions have thought I would do something differently the next time.</p>	<p>Self assessment and next time doing something different.</p>	<p>Similarities = conscious of need for change or development</p> <p>Potential tension=</p> <p>Conscious versus subconscious</p>	<p>IDENTIFIED DIRECTION FOR IMPROVEMENT/ DEVELOPMENT</p>

Read and re-read text data to produce core information	Summarise data and identify initial themes by colouring segments of text from each participant	Cluster text under key points by summarising identified relevant text to identify common themes and sub-themes.	Review clusters – identifying similarities and differences emerging along with areas of potential tension	Confirmed themes & sub-themes.
Thinking of where I'm at in my profession, current job and what I may do to further my knowledge to maintain or achieve a higher level... completed papers to achieve Bachelor of Nursing.	Thinking of where I'm at in my profession, current job and what I may do to further my knowledge to maintain or achieve a higher level... completed papers to achieve Bachelor of Nursing.	To further knowledge completed Bachelor of Nursing papers.	Similarities = product or effect of implemented changes or development Differences = Levels of support for effective change or development	FOCUS ON RESULTS ~ Positive inference of support ~ Negative inference of support

The open ended responses were transcribed by myself into electronic format, read and re-read in order to gain understanding of the information and result in clarity of emerging themes and patterns. I found this phase of the research process extremely stimulating and motivating. Each stage of the thematic analysis was reviewed before continuing to the next. Core information was identified using key words from each of the questionnaires returned. These key words led to segments of text colour coded to reflect initial themes, for example, pink identified parts specifically relating to 'critiquing or judging their own practice'. All pink segments were then summarised into key points and clustered. These clusters were pasted onto sheets of newsprint and directly related to the research aims, highlighting areas of convergence and dissonance. This led to confirmation of themes.

Initially, I thought the thematic analysis would be a straight forward process. However, in reality it was very time consuming and fraught with indecision, uncertainty and doubt. As I referred to the 'jotted' notes made in my journal, I realised this offered many opportunities to self-reflect, re-organise the data and further review the literature. Discussion of these themes with my supervisors was an affirming part of the process as a novice researcher. Some of the 'jottings' prompting reflection and re-organisation included:

Consistency of language

In isolation versus in conjunction

Perceptions of responsibility and motivation

Conscious achievement.

I made an assumption for theme development that the assessment process most familiar to participants would be that of the nursing process, with components of assessment, planning, implementation and evaluation. Performance appraisal follows the same elements with performance assessed or reviewed, a plan for development identified, implementation of the plan is then evaluated at the next appraisal meeting. Therefore it appeared logical to apply this framework in theme development based on the responses. The responses from multiple questions were utilised in theme development due to the interrelated nature of the questions.

The themes are presented by identifying the title in the first instance, followed by a sequence of descriptive features as assigned by myself. These descriptive features describe key information about the theme, which is an effective style of reporting qualitative findings (Thomas, 2003). Quotes from raw text are then provided to support the assigned theme, also a recommended reporting style (Thomas). Where there are sub-themes the title and associated explanation is followed with further quotes from raw text.

Making a judgement

The name for this theme came from the use of key words such as *measure, critique, judge, assess*. The theme is dominated by a measurement of self, supported by text, such as, *you critique your own behaviour and action's; examine your own practice*.

Other responses included:

Reassess the way I do things

To determine one's strengths and weaknesses

Making judgements about my work

The questionnaire prompted responses relating to self assessment and then probed further for possible links to professional practice. The same process was utilised for questions relating to performance appraisal. All participants identified they utilised self assessment, with all but one identifying the tools they used to conduct it, however the frequency of use was variable.

Participants signalled they used an informal process daily, with statements identified, such as:

Reflection on/in practice – everyday ‘mentally’ and often after crisis/emergency with peers

Often after a shift where I feel I haven’t performed as I should have’

Some suggested their self assessment was almost in a subconscious way:

Probably on a daily basis without realising

Yes and no, I didn’t realise this, but on reflection sometimes...

Others completed a more formal but less frequent self assessment, stating tools that assisted them, such as:

I write exemplars on days that affect me the most

Yearly in preparation for performance development review.

There was also reference to the use of reflection, however no one indicated a model of reflection they found useful.

Reflection about a situation with peers

Regard for a point of reference

This theme describes what influenced individuals’ assessments, that is, they mentioned a reference of measurement, for example:

Look at own practice in light of hospital policy

Critique my own practice against best-practice and evidence

Due to the nature of the responses this theme was further categorised into two sub-themes, regard for culture and regard for colleagues. Although five participants referred to their ethnicity influencing their self assessment – they did not indicate what their ethnicity was. They did however, make the following comments.

Regard for culture

Although participants were asked specifically about their ethnicity, the responses were clearly around culture. I as researcher, acknowledge there is a difference, however I am reporting the themes and responses of the participants. Culture can be described as a noun, that is, a reference in itself, it can also be explained as an adjective to describe the noun, therefore my take on it is 'a way of life' through general beliefs and a way of thinking. This is what I was seeing in the responses.

Ethnicity is part of my culture and as such a determinant of how I perceive my professional practice

My self-assessment will be different to other participants due to my ethnicity and culture as these influence the development of personal mores and values

Influenced more by my culture and my position in my family

I am my ethnicity, culture, gender, religion +/- so it will always have an influence on whatever I undertake

Regard for colleagues

Colleagues featured in many responses and in relation to all elements questioned. There was a sense of 'checking in' and 'support' described by the participants, which is why I have included it as an identified 'reference point'.

Ask senior staff for feedback

Reflection on/in practice with peers

Gain feedback from colleagues and patients

Discussing things with co-workers

Assessment...without reference to...peer group, but...may use the peer group standard to benchmark level of practice

Identified Direction for Improvement/Development

Change in professional practice for the majority of participants was inferred through their response; however it is uncertain if this was an identified conscious need for change or development. As mentioned earlier a component of the nursing process is planning, this is also an element within performance review and development. With a plan for development identified, therefore to see that with assessment would come goal setting was not a surprise. Examples of responses are:

I can set goals to meet shortfall

Thinking about...what I may do to further my knowledge...maintain or achieve a higher level

My understanding of what I was observing was the responses provided more evidence of identifying a direction for development from self assessment than from performance review.

Personally decide if I need to do further training

Write exemplars on days that affect me the most

Further education

Focus on Results

Evaluating the implementation of the plan based on the assessment is what led to this theme, with the notion of identifying the product or effect of implemented changes or development. Statements of evaluation were made such as:

Demonstrate the attainment of set standards

My professional mores have evolved

Consistent reproduction of evidence against the standards

However, there were differing levels of support for effective change or development suggested which led to two sub-themes. There was limited information supplied in relation to an orientation towards results and therefore sub-themes were developed to look at the levels of verified assistance.

Positive inference of support

Comments suggesting an empowered work environment exists provided this emergent sub-theme.

Discussing things with co-workers

Ask senior staff for feedback

Having PDR is a good tool to improve your performance

Feedback obtained in the PDR... has been incorporated into my professional practice and therefore is reflected in my self assessment

The areas identified by myself and the person I report to enabled specific goals to be set and achieved in a given timeframe

Negative inference of support

Due to the abundance of feedback surrounding this sub-theme, the negative inferences have been further categorised. Suggested improvements to promote the professional practice environment in the work environment were plentiful.

➤ Validity, trustworthiness and credibility of appraisal tools and process
I am reluctant to finish [my] portfolio as [I] don't have an up to date PDR

As I have not had my PDR yet I cannot do my portfolio yet

PDR document is very lengthy

Performance appraisal should be happening yearly but it's not happening

➤ Professional nurse leadership

PDRs might be better done by an outsider, rather than one's Clinical Charge Nurse

Self assessment and performance appraisals are completed as paying 'lip service' to the process...evident through discussions and difficulty in obtaining annual PDRs, and the fact that they are not outcome focussed

A mandatory requirement for all senior participants to 'demonstrate' professional practice

More participants who are seen to be 'professional' working within positions of responsibility within the DHB

Effective Clinical Nurse Manager

➤ Inequity of consistent application

Some peoples performance isn't managed especially if performing poorly – depends on who is doing the assessment/appraisal

[Professional practice] is varied in my area, different expectations from person to person

It [professional practice] varies widely; from those who see nursing as merely a wage packet, to those who actively dislike nursing but are 'stuck' there

Fairness, i.e. some people have to complete competencies, while others don't

Outstanding professional practice too often goes unnoticed and unmentioned by those in charge

In my first 2½ years of nursing, I was not once told how I was "measuring up"

➤ Environmental constraints

Working so-called primary participants doesn't work, there is extra running around

[Support for] Patient allocation system that measures your time and patients needs properly

➤ Professional Development

Relevant inservices

Ongoing education appropriate to work areas

Increase visibility and availability of nurse educators

More access to PDRP

In answering the question 'what is professional practice to you?' all participants' gave a description, with competence and competencies, scope of practice and code of conduct reflected in these descriptions. This produced themes of professional practice which corresponded with the domains of competence (Appendix 1), defined by the Nursing Council of New Zealand (2007). The domains of competence for the registered nurses scope of practice are met when registered nurses demonstrate through evidence their safety to practice. Each domain incorporates a number of competencies, which have been designed to be applied to registered nurse practice in a variety of clinical contexts.

The information from participants in relation to professional practice came thorough in distinct areas; therefore this was taken into account when developing the themes and was reflected by positioning them in realms, which could be seen as quite broad. Not all realms were identified by all participants; this was more evident with regard to 'interpersonal relationships' and 'healthcare and quality improvement'. 'Nursing responsibility' was the realm most participants identified with 'patient care management' a close second.

Realm of nursing responsibility

Participants' text identified responsibilities encompassing professional, legal and ethical responsibilities:

Working within boundaries of my qualifications

Meeting legal standards

Practising morally and ethically...

Other identified elements were demonstrating knowledge and having accountability for actions, such as:

Expanding knowledge and skill...'

Accountability to oneself and to ones profession

Working... safely and competently.

Realm of patient care management

Nursing knowledge and evidence based practice in association with patient care were identified here, with examples such as:

Ensuring my patients are given the best practice care

Application at worksite of what you've learned when you're still studying

Performing duties/tasks, due to best practice/research.

Realm of interpersonal relationships

Participants acknowledged the relationships of others through:

Acting professionally... when dealing with patients, colleagues and relatives

Professional and legislative requirements were referred to in conjunction with relationships, and the importance of that to them:

Meeting ...standards according to patient/family requirements

That the patient and family fully understand....

Realm of healthcare and quality improvement

Content identified involvement of other members of the health care team, evaluating effectiveness of care provided and promoting the nursing perspective. This was suggested through:

Multidisciplinary approach...

Professional practice is comprised of... the individual nurse within the profession, and working together with other health professionals to improve work standard of practice and quality initiatives.

All participants answered this section of the questionnaire articulating areas of professional practice which have direct correlation with the domains of practice set by the New Zealand nursing regulatory authority. This reveals the participants identify the domains of competence as a professional practice framework. There was also a response referring to the framework of Patricia Benner

[Professional practice] ..the sum of my thoughts, discussion and actions. It should be an evolutionary process which evolves as I progress within Benner's framework.

Profile of the Participants

The results of demographic data collected in the questionnaire provide a profile of the seventeen participating registered nurses. Demographic data on the participants included the year of registration, the country of initial registration, participation in a New Zealand competency based registration programme, highest nursing education achieved, professional portfolio completion, professional development and recognition programme participation and last performance appraisal completed.

The year of initial registration ranged from 1967 to 2008. While this range was not deliberately sought, it does reflect the participants in our adult medical and surgical inpatient settings, with six of the seventeen registering in the past eight years. This does provide a range of participants who are relatively new to the profession of nursing and those who have had exposure to nursing for a number of years; however the years of nursing experience was not a question asked.

With the initial country of registration identified as New Zealand in fourteen responses, the other three were made up with nurses initially registering in the countries of Philippines, Australia and Northern Ireland. These individuals registered in 1982, 1989 and 1993 respectively. The registered nurses from the Philippines and Australia both stated they had completed a New Zealand competency based registration programme.

Information regarding highest nursing education achieved was requested, with reports of two of the seventeen participants having achieved diploma of nursing, thirteen having achieved Bachelor of Nursing and two with post graduate nursing qualifications.

There were eleven nurses who stated they had a professional portfolio, of the six who stated they did not, one had nursing education at diploma level, with the other five all achieving Bachelor of Nursing. Of the eleven nurses who stated they had a professional portfolio, seven were participants of the organisations professional development and recognition programme. Five of the seven reported achieving Level three 'proficient' and two reported achieving Level four 'expert'.

I wanted to identify when the last performance appraisal was completed for each individual. There were three that identified they had not had one – two of these stated they were scheduled. There were three others that had not had a performance appraisal within the past twelve months; therefore eleven reported having a recent performance appraisal.

Chapter Summary

This chapter has provided the findings related to the perceptions of participants in utilising self assessment and performance appraisal to inform their professional practice. In particular, looking at the experiences expressed along with their concerns, with pertinent information leading to a number of emerging themes. Eight themes emerged in total, with two having associated sub-themes.

The following chapter will provide discussion in association with the findings of this research. It compares and contrasts the findings in relation to the literature along with the concept of where this research sits in conjunction with what new nursing knowledge it provides.

Chapter Five

DISCUSSION SECTION

Introduction

In this chapter I will discuss the overall findings in relation to the research question and aims. It compares and contrasts the findings in relation to the literature along with the concept of where this research sits in conjunction with the literature and what new nursing knowledge it provides.

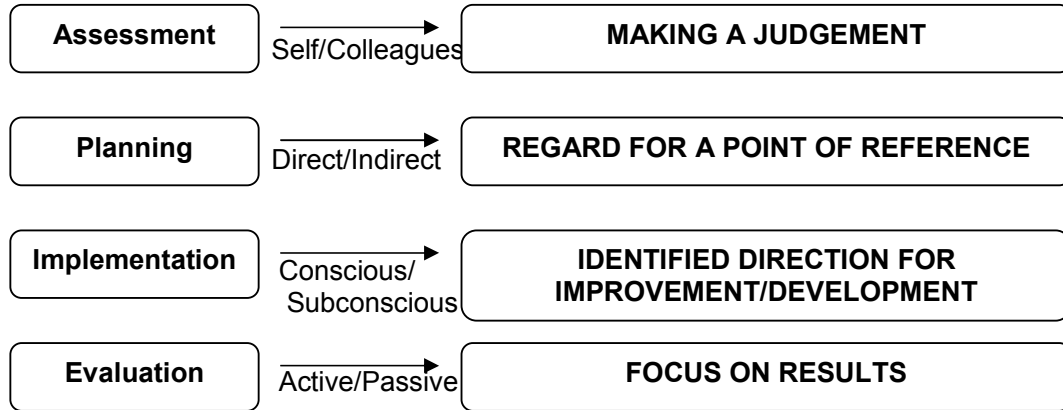
This research explored the use of self assessment and performance appraisal to inform professional practice. This led to themes, four themes emerged in relation to self assessment and performance appraisal and four themes emerged in relation to professional practice. As noted in the previous chapter even though questions were specified in the questionnaire, several of the responses had an intertwined connection. Therefore some of the statements were clustered with responses from different questions.

Overview of theoretical framework for self assessment & performance appraisal

For theme development, I made an assumption that the assessment process most familiar to participants would be that of the nursing process. The nursing process is a method of delivering individualised nursing care and is now well established. Developed in the late 1950s by Ida Jean Orlando the nursing process consisted of four steps (Quan, 2007). The steps are cyclic, overlapping and interrelated, developed to provide a map for optimal care and outcomes. The nursing process is a common thread utilised by nurses who work in varied areas and provides a systematic, holistic, problem solving approach (AMA, 2008).

Applying this framework in theme development, which incorporates the nursing process, seemed logical as this framework includes components of assessment, planning, implementation and evaluation, and is illustrated in Figure 1. This forms the theoretical model which provides a structure for discussion surrounding the findings from my research in relation to the first four themes. The remainder of the chapter builds on this framework, with the discussion around self assessment, performance appraisal and professional practice. The discussion links to the identified themes and sub-themes.

**Figure 1: Theoretical Framework –
How the nursing process informs self assessment & performance appraisal.**



The Nursing Council of New Zealand’s registered nurse scope of practice refers to the element of the nursing process (NCNZ, 2007). The nursing process is a tool promoting organisation and utilisation of steps to achieve desired outcomes (Seaback, 2006). The steps build on each other as a map to get from one point to another and are used as a problem solving approach, which becomes a continuous cycle. Registered nurses are expected to act as autonomous, reflective practitioners able to self-monitor performance and development needs (NCNZ, 2007). Therefore, self assessment becomes important as part of the Annual Practising Certificate process, with the requirement of a signed self-declaration of competence to be completed by each registered nurse, on application.

A process about making judgements about my work and forming opinions about my strengths and weakness so I can set goals to meet shortfalls.

For some nurses, the ability to self appraise or self assess is seen as an important facet of nursing but also a skill which must be taught (Hamilton et al. 2007; Redfern et al. 2002).

Self assessment is included in many performance assessment processes (Fereday & Muir-Cochrane, 2006a; Hamilton et al. 2007; Redfern et al. 2002). However, findings by Fereday and Muir-Cochrane, (2006a) showed that self assessment and performance feedback were not always positive or beneficial to nurses.

In the study conducted by Hamilton et al. (2007), the findings showed that self assessment was included as part of several performance review processes, with the primary aims of assessments to provide a measure of current performance and to identify future development. Hamilton et al. (2007) identified a number of performance assessments available, stating it as the most frequently reported method of assessment. However, there were identified problems with these methods, that is, none reviewed in the study had been tested for reliability or validity.

The performance appraisal is referred to as a performance development review in the District Health Board where this research was carried out and the purpose is “to establish individual performance and development plans” (XXDHB, 2006, p.1). This aligns with the findings of Hamilton et al. (2007). One of the stated principles in the policy document is to manage performance proactively and there are a number of responsibilities outlined for the individuals themselves with the process overview advocating the use of self assessment in conjunction with the reviewer assessment. As all the participants in this research stated they utilised self assessment, it was interesting to see not all participants had received a performance appraisal as per the policy document, that is, three months after commencing employment as a new employee and annually thereafter. Eleven of the seventeen participants had met this criterion. What this indicates is self assessment is also a tool utilised by nurses outside the performance appraisal process.

Many of the participants linked their self assessment to the performance appraisal process.

[I engage in self assessment] yearly in preparation for PDR ... to ensure I am meeting KPI for the job.

[I utilise] the PDR tool to conduct self assessment.

Duffy (2007) asserts self assessment through the use of reflective practice has an examination of practice as a characteristic; therefore, it is a constructive tool to guide and examine nursing practice. It allows the nurse to evaluate issues with a view to solving them. **‘Making a Judgement’**, is a theme where judgement emerged as a common element in this research and came from the use of key words such as

measure, critique, judge and assess. Whose expectations provide the basis for this judgement?

Making judgements about my work

[I reflect] often after a shift where I feel I haven't performed as I should have.

All participants stated they utilised self assessment, with all but one identifying the tools they used to conduct it, however the frequency of use was variable. Although there were many references to the use of reflection, no participant indicated a model of reflection they found useful. Jasper's orientation of self-reflection works on the premise that there are different degrees of consciousness in self-reflection and is described by Yip (2007), as a process to improve self-awareness and facilitate self-understanding by way of clarifying the unconsciousness. In this research there were suggestions that self assessment was completed in almost a subconscious/unconscious way.

Probably [engage] on a daily basis without realising

Yes and no, I didn't realise this [influence], but on reflection sometimes...

By looking into what reflective practice actually is and whether the concept is in fact useful to the practising nurse, Duffy, (2007) argues that although beneficial claims are based more on theoretical debate than research evidence, reflection needs to be a conscious and deliberate strategy aimed at understanding and learning from clinical practice.

A more formal but less frequent self assessment was completed by others in this research, identifying tools and processes that provided assistance, such as:

I write exemplars on days that affect me the most

Reflection about a situation with peers

Reflection is closely related to self assessment (Hamilton et al. 2007; Musolino, 2006) and there is an assumption that reflective practice will contribute to improvements in professional practice (Mamede & Schmidt, 2004; Redfern et al. 2002). Redfern et al. (2002) believe this is only when based on rigorous analysis of specific incidents. In the

literature, self assessment has been associated with the terms 'reflective practice' and 'reflection' (Emden, Hutt, & Bruce, 2003; Kear & Bear, 2007; Musolino, 2006). An extensive body of knowledge exists in relation to reflection and reflective practice; however the development of nursing practice has not been confirmed through its use (Duffy, 2007, 2008; Schutz, 2007). This is also true for other health professionals, such as physiotherapists and doctors (Langendyk, 2006; Mamede & Schmidt, 2004). The reflective practice structure of doctors was studied by Mamede and Schmidt (2004) and they concede it remains to be seen what improvements reflection leads to, and for how long improvements last, as further research is required.

Professional portfolios are another tool identified in this research as being useful to conduct self assessment.

[I use] reflective practice standards as part of my professional portfolio.

Portfolios can take many forms and therefore are developed depending on the context of use. A professional portfolio as described by Andre and Heartfield (2007) is a collection of different types of evidence, which present experiences and activities of professional growth, development and achievement. It communicates past events, demonstrates learning based on skill acquisition and development and individual reflective processes. These reflective processes can illustrate developments, for example, in areas of ethical understanding and clinical decision making.

Professional portfolios have a framework within the local District Health Board known as the Professional Development and Recognition Programme. This programme is outlined in chapters one and three and is based on Patricia Benner's model of skill acquisition. The Professional Development and Recognition Programme align with the scope of practice for registered nurses, which as previously mentioned have been designed for application in a range of clinical contexts. The programme takes into account the contemporary role of the registered nurse who utilises nursing knowledge in areas other than direct clinical care. The Domain specific competencies of the Nursing Council of New Zealand are integrated into this portfolio framework. Professional portfolios on this programme are reviewed at regular intervals as evidence of meeting relevant competency standards of the nursing profession; however it is not a mandatory process. There were eleven participants in my research who stated they had a professional portfolio. Of these eleven, seven reported being participants of the Professional Development and Recognition Programme.

As discussed previously in chapter three, I was initially keen to perform focus group interviews for this research. However as the programme coordinator of the Professional Development and Recognition Programme for nurses, there could be some conflict or power perceived, which is why the route of questionnaires was pursued. This decision was reinforced by statements made on the questionnaires, which I include for context.

My portfolio is a work in progress

I haven't yet achieved on the [professional development and recognition programme]

I haven't had my [performance appraisal] yet, so I cannot do my portfolio yet.

Statements may reflect the participants feeling they have let themselves down, that as professionals they should have participated in the professional development and recognition programme. It is acknowledged portfolios are time consuming to develop and maintain with aspects such as cost, validity and reliability not seen as positive (Hamilton et al. 2007; Redfern et al. 2002). Resentment was expressed from participants in the study conducted by Carryer, Russell and Budge (2007), regarding the time involved in developing a professional portfolio.

Allowance entitlements for specific levels of practice are based on Professional Development and Recognition Programme assessment (DHB/NZNO, 2005, 2007). These allowances may be the motivation for performance appraisal rather than arising from the individual's desire to actively participate, as presented in this participants response:

Continue to pay the levelling bonus for those who complete portfolios

Professional portfolios make use of reflection, they provide evidence of credibility and repeatable professional performance, they are also useful in career development, and can provide a continuous record of competence (Andre & Heartfield 2007; Redfern et al. 2002). Kear and Bear (2007) agree that portfolios reflect accomplishments by containing samples of work. In New Zealand and internationally professional portfolios are being utilised to document professional competence (Bryant, 2005).

Items typically included in a comprehensive portfolio are reflective writings, samples of work, and written evaluations, such as performance appraisals. Portfolios are also used as a tool for learning through reflection and evaluation of clinical competence, as it provides a way of reviewing and improving practice (Andre & Heartfield 2007). Writing reflectively can be a useful tool for fostering critical thinking skills and generating new knowledge in practice through self directed learning (Kear & Bear, 2007).

This research reinforces both positive and negative aspects of professional portfolios as a tool for self assessment. The statements already presented indicate negative aspects, with the following describing some of the more useful facets found in relation to professional portfolios.

[I use self assessment] in conjunction with the Nursing Council standards...every three years due to PDRP

PDRP is a self assessment tool ... along with reflective practice statements as part of the professional portfolio.

Self assessment outcomes and value is directly influenced by [my] professional practice level within Benner's framework...[with] advances to proficient and expert the depth of self assessment should evolve to meet the change.

Self assessment also lends itself to a connection with a measurement. **'Regard for a point of reference'** describes what influenced the assessments of the participants in this research, that is, they mentioned a reference of measurement.

Critique my own practice against best-practice and evidence

Look at own practice in light of hospital policy

This is consistent with a study conducted by Vicki Langendyk (2006), regarding the accuracy of self assessment of medical students, which indicated more rigorous research is required in relation to self assessment and external performance measures. Langendyk's study was performed in the education sector through correlation analysis of student and teacher and showed high achievers had a tendency to underrate and underachievers had a tendency to overrate their performance.

Due to the nature of the responses regarding a point of reference, this theme was further categorised into two sub-themes, regard for culture and regard for colleagues.

Regard for Culture

Culture is regarded as a way of thinking due to general beliefs (Cody, 2000). He argues that cultures are built on belief systems. Although five participants referred to their ethnicity influencing their self assessment, they did not indicate their ethnicity. They maintained self assessment was influenced more by their 'culture' than their ethnicity, and made the following statements.

Ethnicity is part of my culture and as such a determinant of how I perceive my professional practice

*My self assessment will be different to other participants due to my ethnicity and culture as these influence the development of personal mores and values
Influenced more by my culture and my position in my family*

I am my ethnicity, culture, gender, religion +/- so it will always have an influence on whatever I undertake.

An adherence to only one belief system is not the reality according to Cody (2000) although he notes that there is broad acceptance regarding belief systems and the part they play in decision making. Our culture defines who we are; this is reinforced by the participants in my research, and is therefore significant in representing us as individuals. Cody (2000) asserts "[t]o be engaged in professional healthcare is often to be challenged to serve people effectively, respectfully, and meaningfully" (p.190). To provide the professional healthcare nurses can use reflection and self assessment to acknowledge their culture (Cody, 2000). Knowing yourself is also central to reflective practice. Literature by Markus and Kitayama (1991), agree that individuals understand themselves and others differently due to the influence of their individual cultures.

Regard for Colleagues

Colleagues featured in many responses and in relation to all elements questioned. There was a sense of 'checking in' and 'support' described by the participants, which is why I have included it as an identified 'reference point'.

Ask senior staff for feedback

Reflection on/in practice with peers

Discussing things with co-workers

The assessment may use the peer group standard to benchmark practice while undertaking the self assessment.

With regard to feedback from colleagues, it appears this is sought in a proactive manner, rather than passively received. Therefore feedback from colleagues must be seen as useful and serving a purpose. There was almost a sense of self doubt which sometimes led to the request for input from colleagues, but also indicates a level of confidence to actively seek this feedback.

Going over the days work ... discussing things with co-workers to see if [I] can improve nursing practice.

When I need to [I] ask colleagues at work to check if what I am doing is correct.

Discussing situations with peers, as mentioned by participants in this research, motivated or assisted them to self assess. Duffy (2008) advocates guided or aided reflection, with the belief that it prevents individuals from learning the wrong lesson or no lesson at all from an experience. This is particularly useful for the novice reflector so alternative actions can be explored to improve or develop professional practice. This was also found to be the case in nurses who participated in Fereday's (2004) research, with the shared experiences being described as vicarious learning. It was seen as non-threatening as well as providing stimulus for reflection on work practices. So although the participants in my study appeared proactive in seeking the feedback, they could have been passive recipients.

As Hamilton et al. (2007) note, assessment is not merely about measurement, consideration for educational, implementation and resource aspects needs to be considered. Therefore, the method of assessment often requires compromise, however more than one source of feedback with several perspectives can improve guidance in practice development.

As many nurses identified reflection as contributing to their nursing practice it reveals knowledge and skills used in practice, which may expose areas that require

development. The reference in this study was mainly alluded to as reflection-on-action, that is, '**Identified direction for Improvement/development**'. The process is looking back at an event as opposed to reflection-in-action, which looks at and alters action during an event.

Performing self assessment, as already stated, is a skill (Hamilton et al. 2007; Musolino, 2006; Redfern et al. 2002); in fact it is an essential skill for health care professionals and Musolino (2006) asserts it is a lifelong professional responsibility, needing conscious effort to reflect and change.

Change in professional practice for the majority of participants was inferred through their response; however it is uncertain if this was an identified conscious need for change or development.

I can't think of any particular event but I am sure that after self assessment on some occasions have thought I would do something differently the next time

In the theoretical framework of how the nursing process informs self assessment and performance appraisal as outlined in Figure 1, planning leads to identified direction for improvement/development through a conscious or subconscious process.

I can set goals to meet shortfall

Personally decide if I need to do further training

Since beginning my nursing this year, I have done a lot of self assessments and find them great as they can help you see where you're going good or where you need to improve.

In their critical review of evidence and current practice surrounding performance assessment in health care providers, Hamilton et al. (2007) results demonstrated one major difficulty. This was with the meaning of 'performance' in itself. It is defined in a variety of ways by a variety of people. Nurses are evaluated through performance appraisal using objective evaluation against a set of measures, which are sometimes perceived as ambiguous. The result of the evaluation often leads to identifying further education or training needs through the development plan.

One of the most important responsibilities nurses face is advancing their professional growth. This can be shown through the use of professional portfolios, which demonstrate progress in association with planned goals. A professional portfolio can be seen as a way of promoting self directed learning if utilised in assisting planning and development (Meister et al. 2002). In portfolio preparation or maintenance, reflection on knowledge and experience gained can assist with guiding practice and fostering growth.

Thinking about where I'm at in my profession, current job and what I may do to further my knowledge to maintain or achieve a higher level.

Schutz (2007) also provides the flipside of this context, noting that nurses can develop reflective skills through professional development.

With a '**Focus on Results**', evaluating the plan or set goals can be seen as an active or passive process. By this I meant, active as in being involved in evaluating the results and, passive as in not acting to influence or change a situation, maybe even presupposing results. Fereday (2004) suggests that the absence of feedback leads to the result of assumed competence. In my research all participants had completed self assessment in some form or other, however there were a number that had not had feedback through the performance appraisal process, which may have led to the limited focus on results.

In this research there was limited information provided in relation to an orientation towards results associated with self assessment or performance appraisal. The participants appeared to have knowledge around how to assess themselves against different elements and could identify that goal setting or identifying areas for development of their practice was required. However very few showed any ownership of actively following up on identified goals. This was also highlighted by Alison While (1994), who found that without supporting evidence, self assessment is likely to estimate potential performance only. Fereday (2004) found the same with nurses not always aware of the cognitive process they used in assessing their own levels of competence.

Some statements of evaluation were provided by participants.

In undertaking self assessment the nurse needs to be able to demonstrate the attainment of set standards and the consistent reproduction of evidence against the standard.

Self assessment has allowed me to better reflect upon my professional practice and has allowed me to see how my professional mores have evolved over a period of time.

There were differing levels of support for effective change and development provided, this is discussed here as the two sub-themes, positive inference of support and negative inference of support.

Positive inference of support

Various statements were suggestive of an empowered work environment, where it appears to be not the process that is empowering, but the implementation of the process.

Discussing things with co-workers

Ask senior staff for feedback

Fereday's PhD study on evaluating issues of credibility and utility for nursing clinicians in relation to performance feedback found that peers were highlighted as a major source of feedback. This was stated as useful by nurses due to their accessibility, understanding the situational context, clinical expertise and experiential knowledge. This indicates that regardless of the source of feedback, be it peers or managers, the satisfaction with the feedback depended on their level of familiarity with the source. They also highlighted the importance of the informal process especially when encountering a work problem.

Wood's (2002) study found that for performance appraisal to be effective, all stakeholders, that is, the reviewer and the employee must be committed to the process. Certain participants did have their needs met through the performance appraisal process, and as such they achieved a sense of satisfaction and possible empowerment. It was also identified in this study that nurses need to feel they have a professional relationship with the person completing the appraisal process and that person needs to be a credible source of feedback.

Having PDR is a good tool to improve your performance

Feedback obtained in the PDR... has been incorporated into my professional practice and therefore is reflected in my self assessment

The areas identified by myself and the person I report to enabled specific goals to be set and achieved in a given timeframe.

Negative inference of support

The descriptions of many encountered obstacles have been further categorised under this sub-theme. Participants believe they have little control over the situation and, when the outcome is not valued, they experience a sense of disempowerment.

[Professional practice] is varied in my area, different expectations from person to person

The study by Wood (2002), reviewed the experiences of nurses undergoing a performance appraisal and found that nurses focussed on the negative aspects of their experiences, because of expectations not being met regarding how the performance appraisal interview should be conducted along with what is to be achieved. She goes on to say that conflict comes from the nurses' sense that the appraisal interview is there to meet their professional development needs, and yet the ownership process lies with the organisation. The organisation as the employing body may have the authority to set standards and expectations, but this does not mean that nurses will believe or trust in a process that often fails to meet their expectations.

➤ Validity, trustworthiness and credibility of appraisal tools and process

This research resulted in statements regarding a sense of mistrust in the strength and integrity of the performance appraisal as a tool.

I am reluctant to finish [my] portfolio as [I] don't have an up to date PDR

As I have not had my PDR yet I cannot do my portfolio yet

PDR document is very lengthy

Performance appraisal should be happening yearly but it's not happening

Disappointment was noted in the study conducted by Wood (2002), where with each appraisal conducted the disappointment was compounded. The nurses often approached each appraisal with a renewed sense of hope about their expectations and again felt let down. The organisation where this research was conducted, through its policy makes an assumption that nurses share the understanding and commitment to the appraisal process. Various participants of this research have indicated they need to know that the programme is more than an accreditation requirement and that the process is credible, trustworthy and effective.

Self assessment and performance appraisals are completed as paying 'lip service' to the process...evident through discussions and difficulty in obtaining annual PDRs, and the fact that they are not outcome focussed

➤ Professional nurse leadership

Further statements from participants insinuate nurse leadership is less than empowering and the professionalism questionable.

PDRs might be better done by an outsider, rather than one's Clinical Charge Nurse

A mandatory requirement for all senior participants to 'demonstrate' professional practice

More participants who are seen to be 'professional' working within positions of responsibility within the DHB

Effective Clinical Nurse Manager

The performance appraisal process is structured as a two way process and it appears the participants don't see the equity of this process. They are tolerating a process that is seen by some as ineffective, this implies they are passively complying and accepting an inadequate process. This could indicate that the performance appraisal tool alone can not provide a sense of individuals being valued.

➤ Inequity of consistent application

These statements made by participants, show a clear sense of inequity and inconsistency emerging.

Some peoples performance isn't managed especially if performing poorly – depends on who is doing the assessment/appraisal

It [professional practice] varies widely; from those who see nursing as merely a wage packet, to those who actively dislike nursing but are 'stuck' there

Fairness, i.e. some people have to complete [area specific] competencies, while others don't

These statements indicate the participants feel ignored or not even recognised. This could be due to no feedback or non specific feedback. It could also indicate a lack of commitment to the process by those who are reviewing the performance. This relates directly to the various participants who have not had their performance appraisal completed.

Outstanding professional practice too often goes unnoticed and unmentioned by those in charge

In my first 2½ years of nursing, I was not once told how I was "measuring up".

In Wood's (2002) study the effectiveness of the spoken word is alluded to, indicating there is the element of interpretation, which leads to poor or mismanaged communication. She continues that other forms of feedback can also contribute to feelings of dissatisfaction in performance appraisal, for example, the belief of a hidden agenda.

➤ Environmental constraints

Tensions are expressed with the current workloads, which infer negative support for provision of professional practice. There are multiple origins, past, present and perceived, which could relate to these statements. However the experience for these participants is real and therefore not to be minimised by exclusion.

Working so-called primary nursing doesn't work, there is extra running around [Support for] Patient allocation system that measures your time and patients needs properly

Wolf, Boland and Aukerman (1994), assert however, that nurses believe there is a direct correlation between manpower and quality of patient care, that is, more staffing provides better quality care, they go on to say that the correct correlation is between critical thinking and quality patient care, with the reality being less more effective staff may provide better quality care.

➤ Professional Development

In the current regulatory climate, there is a requirement for all practising nurses in New Zealand to complete a minimum of 60 hours professional development over three years. These hours must directly relate to the practice setting (NCNZ, 2007). The organisation has a requirement to supply professional development opportunities to each and every practising nurses covered by the New Zealand Nurses Organisation and District Health Board Multi Employment Collective Agreement (NZNO/DHB, 2007). The organisation also has to achieve their vision and therefore requires each and every employee, nurses included to participate in delivering on that vision. The nurse managers must conduct the performance appraisals for all nurses reporting to them, being mindful of all these requirements. The organisation also provides nurse managers with education opportunities on how to conduct performance appraisal interviews. Therefore, there appears to be a fundamental problem with the performance appraisal process, when statements such as these are made.

Ongoing education appropriate to work areas

Increase visibility and availability of nurse educators

More access to PDRP

If nursing involvement in the professional development and recognition programme simply means participation, then it is successful. However, if the objective is the formation of professional development that promotes professional practice, then its success is debatable. The reality of translating what we know in everyday practice may be too complex. A range of responses related to relevance.

Relevant inservices to keep up to date with best practice

Time given to staff to pursue research relevant to Orthopaedics so practices, procedures, guidelines, etc are evidence based and therefore best practice.

Time and money available for staff to attend workshops and conferences [to] enhance practice.

These statements indicate some of the nurses in this research do not seem to link their performance appraisals with career development, or care delivery. This was described by Wood (2002) as a feeling of disregard. Participants appear to be struggling with relating their self assessment and performance appraisal to the realities of practice. There appears very little linkage between the two. Wood (2002) considers this all leads to very few nurses experiencing effective performance appraisal processes. Performance appraisals are claimed to improve nursing practice, yet when this is not seen in practice, feelings of dissatisfaction are heightened.

If performance appraisal is not completed and therefore feedback not given, individuals may assume they are competent, that is, if you do not hear anything, there is nothing that requires development or improvement. However this could become problematic if issues are raised at a later date (Fereday, 2004). Ingersoll, Witzel and Smith (2005) believe a framework for professional practice and performance application are often not well linked. Storey, Linden and Fisher (2008) agree with this by stating there is little guidance in literature on the process of and strategies for implementing professional practice frameworks. They declare that these frameworks should be integrated into daily practice, making the framework visible. Frameworks need to identify critical factors necessary to support professional practice and provide a way of advancing that practice.

Hoffart and Woods (1996) defined a professional practice framework as a system containing structure, process, and values that support practice within the nursing care delivery environment. These frameworks contain subsystems, which include many of the elements referred to in 'Focus on Results' regarding negative inference of support. Although the nurses in this research do not articulate any specific professional practice framework utilised, they suggest the Nursing Council of New Zealand's Domains of competence are their framework. Within professional practice frameworks there is a component which outlines relationships and support through elements of care delivery, leadership, collaboration and professional growth (Harwood et al. 2003; Wolf, Boland & Aukerman, 1994; Wolf, Hayden & Bradle, 2004). These elements are evident within the New Zealand competencies for registration as a registered nurse, (NCNZ, 2007).

Competence is defined by the Nursing Council of New Zealand as “The combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse” (NCNZ, 2007, p.20). This is supported by the Nurse Executives of New Zealand (2007), who state professional practice is guided by clear guidelines that are evidence-based, supported by professional Codes of Conduct, Code of Ethics and competencies appropriate to the scope of practice. A study by Mark, Salyer and Wan, (2003) support this by saying professional practice is characterised by a system that supports registered nurses control over nursing care delivery and the environment in which care is delivered.

In responding to the question regarding what professional practice was, all participants gave a description, with competence and competencies, scope of practice and code of conduct reflected in these descriptions. This produced themes of professional practice which corresponded with the domains of competence defined by the Nursing Council of New Zealand (2007) attached as Appendix 1. When registered nurses demonstrate they meet the competencies within the domains with evidence, then they are deemed safe to practice.

The component of professional practice as described by Wolf, Boland and Aukerman (1994) in their transformation model is also further reduced to four elements, those of, transformational leadership, collaborative practice, care delivery system and professional growth. They identify the factors necessary to support professional practice. These four components are balanced to ensure professional performance, through clear direction, professional relationships, and strategies to energise, enable and prepare nurses to carry out the requirements of nursing. The critical factors, which identified these four elements were identified by nurses themselves and reflect much the same information as the identified realms in this research.

The information emerged in distinct areas although quite broad, reflecting the competencies, scope of practice and code of conduct for registered nurses. This was taken into account when developing the four professional practice themes and was reflected by positioning them in realms. Not all realms were identified by all participants.

The area referred to most often in relation to professional practice was that of ‘nursing responsibility’. The **‘Realm of nursing responsibility’** encompassed traits of professionalism, legislation and ethics identified by participants. These statements

align with an indicator within Domain one, “Accepts responsibility for actions and decision making within scope of practice” (NCNZ, 2007, p.7) and a key generic example of meeting competency 1.1 which states, “Identifies breaches of law that occur in practice” (NCNZ, 2007, p.7). Discussing ethical issues related to health care/nursing practice is a fundamental nursing responsibility (NCNZ, 2007, p.7).

Working within boundaries of my qualifications

Meeting legal standards

Practising morally and ethically and safely within a standardised set of competencies.

There were also other elements identified regarding the demonstration of knowledge and having accountability for actions. The Nursing Council of New Zealand expects all registered nurses to be accountable for their own actions and decisions, “Understands accountability for directing, monitoring and evaluating nursing care provided ” (NCNZ, 2007, p.8). The expectation that registered nurses promote an environment that enables client safety is described further through indicators such as “Recognises and manages risks to provide care that best meets the needs and interests of clients and the public” (NCNZ, 2007, p.9).

When I feel stale or feel I need to update and further my knowledge and skills

Accountability to oneself and to ones profession

[Practising] Safely and competently within all policies/procedures and NZ nursing council competencies

The Nursing Council of New Zealand describes nursing care being supported by nursing knowledge and evidence based research, with registered nurses applying relevant research to their practice. The competencies for this area of practice sit within Domain two (NCNZ, 2007). Various statements from participants referred to evidence based practice and nursing knowledge in association with patient care, leading to the **‘Realm of patient care management’**.

Ensuring my patients are given the best practice care

Application at worksite of what you've learned when you're still studying and performing duties/tasks, due to best practice/research.

There was acknowledgement by the participants alluding to the '**Realm of interpersonal relationships**'. The domains of competence outlined by the Nursing Council of New Zealand refer to interpersonal and therapeutic communication with clients and others, through acknowledging family/whanau perspectives, and supporting their participation (NCNZ, 2007). There was also reference made to the professional and legislative requirements in conjunction with these relationships. The Nursing Council of New Zealand emphasises partnership principles and client safety with regard to implementing nursing care that facilitates that independence (NCNZ, 2007). Responses reflect competency 3.2 "Undertakes nursing care that ensures clients receive and understand relevant and current information concerning their health care that contributes to informed choice" (NCNZ, 2007, p.16).

That you act as a professional at all times when dealing with patients, colleagues and relatives

Being able to practise within your realms of certification, meeting hospital/law standards as well as humanitarianism according to patient/family requirements.

That both patient and family fully understand the medical system, that they achieve a successful discharge.

A desirable outcome of providing professional practice is that patients/families and other professionals are satisfied with the provision of our nursing care. Along with evaluating effectiveness of care provided and promoting the nursing perspective, various participants identified involvement of other health care team members, which became the '**Realm of healthcare and quality improvement**'.

Multidisciplinary approach - collaboration

Working together with other health professionals to improve work standard of practice and quality initiatives.

Collaborating and participating with colleagues to facilitate and coordinate care is a cornerstone of nursing and also reflected in the competencies for registered nurses (NCNZ, 2007). An expectation of the Nursing Council of New Zealand is that all registered nurses in direct clinical care can provide evidence through indicators such as “Promotes a nursing perspective and contribution within the interprofessional activities of the health care team” (NCNZ, 2007, p. 18).

Professional practice is comprised of how the nursing profession is reflected in society and by the individual nurse within the profession

Chapter Summary

This research arose from the concern I had regarding ‘if’ and ‘how’ nurses utilised self assessment and performance appraisal to inform their professional practice. The dynamic nature of human events means that findings can never be absolute, however the participants in this research do utilise the self assessment and performance appraisal processes. Findings show that understanding what it is that needs assessing and how the assessment should be conducted are subject to debate. Until this is agreed, embracing the processes and incorporating them into everyday practice may not occur. In this research self assessment can be seen as the predominant form of assessment.

It is clear that the performance appraisal process has not always met the expectations of the participants’, some refer to the inability to participate in the process. Whether the participants were proactive in seeking performance appraisal feedback, or were directed to do so, does not indicate agreement with or acceptance of the process. The genuine motivation is not evident and cannot therefore be stated.

Integration of assessment feedback or professional practice frameworks into individual nurses practice appears variable, with minimal evidence of actualising outcomes. In addition to overall professional practice, it is important to remember that individual reflection and evaluation is an important component.

This chapter has provided discussion on the eight identified themes which emerged from this research regarding how self assessment and performance appraisal are utilised by nurses to inform their professional practice. It has compared the findings in relation to former literature and has identified new findings.

The following chapter will look at the conclusions and recommendations that result from this research.

Chapter Six

CONCLUSIONS AND RECOMMENDATIONS

Introduction

As my research aims were to explore and describe 'if' and 'how' nurses utilise self assessment and performance feedback, a non-experimental descriptive design was chosen as the methodology to answer the research question.

How do registered nurses utilise self assessment and performance appraisal to inform their professional practice?

This research contributes to previous literature and reiterates the importance of assessment in relation to processes required in the interest of public safety by nursing regulatory bodies and healthcare organisations. Individuals are accountable for their practice and for providing evidence to support professional practice; therefore the findings of this research are important to the nursing profession and to individuals themselves. My hope is that the knowledge gained from this research may provide better understanding of the multi faceted issues linked with assessment processes in relation to informing professional practice.

This final chapter presents a reflective review through a summary of the findings and includes the limitations and strengths of the research. The implications for practice are presented along with recommendations for future practice, and future avenues for research.

Summary of the Study

Qualitative research can add to nursing knowledge, it is recognised and valued as genuine, although there is debate regarding how qualitative research should be evaluated (DiCenso, Guyatt, & Ciliska, 2005; Koch, 1994; Polit & Beck, 2008). Evaluation of ethical integrity is required for any research; however it is accepted that demonstrating this varies, based on research conducted within different qualitative traditions (Polit & Beck, 2008).

Self awareness is essential for credibility to be achieved through the researcher describing their experience in relation to the research (Koch, 1994). I have outlined my

position and my reasons for undertaking this research in chapters one and three. I am closely involved with the phenomenon being researched through my nursing role and functions, therefore measures taken to address these support my credibility in the role as an independent researcher. I kept 'jottings' and 'prompts' in a journal – although entries were sporadic rather than regular in nature. This assisted my reflective processes along with supervisor assistance and debriefing with research colleagues maintaining my focus in relation to the research question. To assist with credibility, I have attempted to reflect the experiences of participants in a believable manner, through utilising their text directly. The detailed process regarding the research methods is outlined in chapter three and indeed throughout this thesis.

Producing generalisations is not the aim of qualitative research, although it does seek to provide new knowledge for others (Ziebland & McPherson, 2006). I acknowledge that each experience is individual and therefore not exactly like any other – I also believe each experience is time specific. I have incorporated multiple descriptions provided by participants to assist with transferability; the study setting and sample were described in chapter three to further assist with this. The previous chapter includes discussion surrounding the findings of this research in relation to former literature within nursing and other professions.

With regard to dependability as previously mentioned experiences are specific to the time of the event and may not be replicated exactly the same. I have therefore attempted to be authentic in representing the participants through utilising the direct text provided. The process and decision trail regarding theme development is outlined in chapter four.

My position, decision making processes and supervisor assistance have been written into this thesis, therefore confirming the dependability of the research and myself as researcher. Chapter three outlines the methodology utilised in this research and refers to the constraints related to a 60 credit Masters thesis, for example, time limitations. Text directly provided by participants is utilised in chapters four and five to assist with confirmability along with the outline of interpretation of data. These will hopefully assist the reader in following my journey as researcher. It is hoped that readers will be stimulated to reflect on their past experiences, in order to review and inform future practice. This research represents a very small nursing population, within a small country, however as previously stated qualitative research is about adding to nursing knowledge and the readers will ultimately decide.

Summary of Findings

My interests in researching this question were two fold. They stemmed from the requirements as part of the competence audit process introduced by the Nursing Council of New Zealand and from the evidence presented in professional portfolios to support claims of competence and professional practice.

When I conducted a review of the literature concerning professional practice with regard to self assessment and performance appraisal, I found there was little that addressed the subject within the discipline of nursing. My findings suggest that nurses utilise both self assessment and performance appraisal with regard to their practice, however self assessment is utilised far more frequently than performance appraisal. When feelings of doubt or uncertainty present; nurses seek feedback from peers. Nurses engage in self assessment utilising varied sources and processes, the frequency of use is also wide-ranging. The processes utilised are not necessarily outcome oriented.

Research Limitations

All research has limitations and qualitative research findings can never be absolute. It is difficult to investigate all aspects of the focused research question within the limited time frame allocated for a 60 credit Masters Thesis. The performance appraisal process is completed by the reviewer and the individual being appraised, however only one perspective was sought in this research.

This research contributes to the body of knowledge relating how forms of assessment are utilised by registered nurses to inform their practice. It has uncovered a number of different tools utilised in self assessment. However, the approach taken in this research has limitations, as it was conducted with a small group of hospital-based nurses, therefore findings will not transfer necessarily to other settings. The relatively small sample may also represent only a proportion of the nurses experiences and concerns. Consequently, further research using the information from this research could be used to conduct a wider study of nurses.

I utilised the questionnaire to collect data for this research enabling participants to express their experiences. This has the potential to become distorted over time, due to the time passed between the performance appraisals and the data collection, although

I was not investigating the content of the appraisal, more how it influenced or informed practice. There were also nurses who had not participated in the performance appraisal process and only referred to forms of self assessment to inform their practice.

Research Strengths

With nursing research described as a “systematic inquiry designed to develop knowledge about issues of importance to the nursing profession” (Polit & Beck, 2008, p.760) this research will be effective when those who read it, reflect on their own experiences and work to inform their professional practice. There is recognition among nurses that we all have a responsibility to seek improvement and this research has already influenced the way in which I view nursing assessments, with my hope that it will also generate a level of debate surrounding associated issues. This research has shown there is limited focus on results or outcome of assessments in the current assessment processes.

A further strength of this research relates to the participants response to cultural diversity. New Zealand is becoming an increasingly multicultural nation and nursing an increasingly multicultural profession. Some participants have reflected this diversity, with the opportunity for this to be built on in further research.

The process I developed for analysis of the data I believe to be thorough and well detailed to ensure transparency, however I acknowledge the potential for personal influences in the research process and findings. To overcome any possible bias in this research, both the process and findings were open to scrutiny through discussion with my supervisors and fellow researchers. This led to opportunities for valuable learning along with strengthening of the research process.

Implications for practice

The findings of this research have significant implications for professional practice. There is little evidence that nurses are actually using forms of assessment to inform their practice consciously. The method of renewing the annual practising certificate is based on the assumption that nurses are competent to practise and a system of self declaration is utilised. My findings support this to the extent that self assessment is an important step in the process. However, nurses in this research have claimed to self assess, utilising multiple tools and some requests for feedback are fuelled by feelings of self doubt and uncertainty, although sometimes this occurs at a subconscious level.

This research highlighted there is more to the appraisal than just the assessment processes; there are currently multiple tensions in existence, which is having an influence on effectiveness. The origins of these tensions are multiple and possibly exist due to past, current and perceived relationships. There is evidence in this research that nurses have begun to distrust the process and those involved in it, therefore I believe changes to the current processes must be made if there is a genuine desire by all stakeholders to improve and promote professional practice through the use of self assessment and performance appraisal.

Feedback can be valuable and provide a source of information for nurses to compare their professional practice with their own past experiences and with experiences of others. Therefore recommendations from this research focus on providing opportunities for nurses to access multiple sources and processes of feedback to incorporate into their professional practice.

Nurses as healthcare professionals, are accountable for maintaining their competence to practice. Keeping documented evidence regarding professional practice is a legal requirement for registration to practise as a nurse (NCNZ, 2007). The recommendations from this research acknowledge that there are limited forms of documented evidence available to nurses with regard to their professional practice, and that the use of any feedback to inform their practice needs to be demonstrated in a tangible way.

Recommendations for future practice

The findings of this research demonstrate that nurses use a variety of feedback sources and tools to inform their self assessment. With regard to performance appraisal each recipient interprets the feedback message in accordance with their context or previous experience and credibility of the appraiser. The following recommendations are intended to maximise opportunities for nurses to exposure of a variety of sources and processes.

Education

The participants in this research emphasised the importance of attending continuing education sessions relevant to their area of clinical practice. All education sessions could provide benefit if discussion was incorporated into every session with relevance to the clinical practice setting. Interactive dialogue regarding experiences could guide future practice if well conducted, making the audience participants in the learning

process, with an opportunity to reflect on their own performance in relation to the knowledge and skills shared during the education session.

For performance appraisal to be successful all stakeholders must have their needs met. Results of this research indicate nurses needs are not being met. The organisation training should not be limited to managers on how to conduct performance appraisals. Sessions should include both nurses and managers enabling frank conversation regarding what their needs and expectations are from the performance appraisal process. These sessions could outline the rationale for performance appraisals along with the criteria for assessment. For this to occur there would need to be a feeling of safety for all parties to talk freely about their experience and their aspirations for future development.

There is evidence from this research that self assessment is performed utilising a variety of tools, with varied frequency, varied results and very little focus on professional practice outcomes. Education sessions could be held for nurses outlining the elements of assessment and how the elements of the nursing process can practically be applied to guide self assessment, with a focus on the implementation and evaluation of developed plans.

Practice

Performance appraisal is considered one of many processes for feedback in this research. However, for the process to be useful for professional practice; the feedback needs to be relevant to the individual, timely and regular, that is, annual at the very least. Again one of the foci should be professional practice outcomes, through implementation and evaluation of professional development plans.

For effective performance review provide a variety of options, all with clear guidelines on the expected requirements, and allow the individual nurse to choose the process and feedback sources most useful and meaningful to them. Choices could include the professional portfolio, for professional development and recognition programme submission. Nurses could be encouraged and assisted by the nurse managers to collect the documented evidence over the year to confirm their level of practice. The option to complete an appraisal document once a year, similar to the existing process would remain.

The use of guided reflection groups is a practical strategy to encourage and demonstrate the process of reflection by nursing staff. The participants in this research highlighted the benefits of informal feedback with peers and colleagues, often occurring during work discussions. These sessions provided opportunity for learning from the actions and experiences of others within the clinical environment. This provided a stimulus for reflection on work practices. This type of professional networking allows nurses to seek feedback either actively or passively. Therefore the introduction of guided reflection sessions to assist the learning process and improve or inform practice is advocated. Debriefing with someone familiar with the work environment is an opportunity to receive feedback that is either developmental or affirming. This type of feedback session should be supported within the clinical environment.

Within all nursing contexts the promotion of the use of formal clinical supervision as a tool to promote self management as an extension of self assessment is recommended. Clinical supervision utilises reflective practice as a learning opportunity, focussing on development of relevant practice skills, problem solving ability and to test professional interests. However the implementation of clinical supervision needs to bridge perceived barriers influenced by historical, political and financial forces.

Recommendations for future research

As this current research has shown, the experience and perception of each participant is individual and the differences are influenced by many elements. An experience that met nurses' needs twelve months ago may no longer meet those needs. As a consequence ongoing research is needed to reflect these changing patterns, therefore any research into this subject can only represent the past and be an indicator for the future.

Both quantitative and qualitative methodologies are appropriate for further investigation into this area. Given the history, it is vital to know as much as possible about the influence and impact on nurses before implementing any changes. The following recommendations are intended for those interested in contributing to the body of knowledge through conducting research regarding these phenomena.

Research is required into the experiences and perceptions of nurse managers conducting the performance appraisals to enrich the findings in this research.

Further research could include longitudinal outcomes research to truly identify how the elements of self assessment and performance appraisal inform professional practice.

There could be merit in field research through ethnographic study, that is, to view first hand how self assessment and performance appraisal inform nursing practice, this could be supplemented by interviews with individuals.

This research has been conducted from a pakeha New Zealand perspective with regard to assessment processes, therefore further research investigating the impact of culture and ethnicity on appraisals is necessary, to improve and provide more effective processes for all nurses.

There would be benefit to repeating this research in other clinical settings of nursing and with a larger sample size.

Concluding Statement.

I embarked on this research with the uncertainty that professional practice frameworks were utilised by nurses in their professional practice. The regulatory requirements to practise as a nurse in New Zealand incorporate feedback and self assessment as contributors to providing safe nursing practice. Reading the experiences and statements of participants has reinforced my uncertainty. Motives and relevance govern individuals when engaging in self assessment and performance appraisal. It is clear that the performance appraisal process does not meet the expectations of all nurses and that self assessment is not always completed with the focus on results.

Recommendations from this research have been expressed to encourage self assessment and performance appraisal opportunities for nurses. The recommendations are established on the basis that all assessment is useful, as the process requires the nurse to reflect on their professional practice. The recommendations aim to provide nurses with access to a wide range of assessment processes, which are credible and useful for incorporating into professional practice.

Based on the findings of this research, there is potential for future research with other nursing groups. It is hoped that this study, will heighten the awareness of, and stimulate further interest in, the role self assessment and performance appraisal have in informing professional practice.

DOMAIN 1: PROFESSIONAL RESPONSIBILITY

This domain contains competencies that relate to professional, legal and ethical responsibilities and cultural safety. These include being able to demonstrate knowledge and judgement and being accountable for own actions and decisions, while promoting an environment that maximises client safety, independence, quality of life and health.

- 1.1 Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements.
- 1.2 Demonstrates the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice.
- 1.3 Demonstrates accountability for directing, monitoring and evaluating nursing care that is provided by nurse assistants, enrolled nurses and others.
- 1.4 Promotes an environment that enables client safety, independence, quality of life, and health.
- 1.5 Practises nursing in a manner that the client determines as being culturally safe.

DOMAIN 2: MANAGEMENT OF NURSING CARE

This domain contains competencies related to client assessment and managing client care, which is responsive to the client/clients' needs, and which is supported by nursing knowledge and evidence based research.

- 2.1 Provides planned nursing care to achieve identified outcomes.
- 2.2 Undertakes a comprehensive and accurate nursing assessment of clients in a variety of settings.
- 2.3 Ensures documentation is accurate and maintains confidentiality of information.
- 2.4 Ensures the client has adequate explanation of the effects, consequences and alternatives of proposed treatment options.
- 2.5 Acts appropriately to protect oneself and others when faced with unexpected client responses, confrontation, personal threat or other crisis situations.
- 2.6 Evaluates client's progress toward expected outcomes in partnership with clients.
- 2.7 Provides health education appropriate to the needs of the client within a nursing framework.
- 2.8 Reflects upon, and evaluates with peers and experienced nurses, the effectiveness of nursing care.
- 2.9 Maintains professional development.

DOMAIN THREE: INTERPERSONAL RELATIONSHIPS

This domain contains competencies related to interpersonal and therapeutic communication with clients, other nursing staff and interprofessional communication and documentation.

- 3.1 Establishes, maintains and concludes therapeutic interpersonal relationships with clients.
- 3.2 Practises nursing in a negotiated partnership with the client where and when possible.
- 3.3 Communicates effectively with clients and members of the health care team.

DOMAIN FOUR: INTERPROFESSIONAL HEALTH CARE & QUALITY IMPROVEMENT

This domain contains competencies to demonstrate that, as a member of the health care team, the nurse evaluates the effectiveness of care and promotes a nursing perspective within the interprofessional activities of the team.

- 4.1 Collaborates and participates with colleagues and members of the health care team to facilitate and coordinate care.
- 4.2 Recognises and values the roles and skills of all members of the health care team in the delivery of care.
- 4.3 Participates in quality improvement activities to monitor and improve standards of nursing.

COMPETENCIES FOR NURSES INVOLVED IN MANAGEMENT

- Promotes an environment that contributes to ongoing demonstration and evaluation of competencies.
- Promotes a quality practice environment that supports nurses' abilities to provide safe, effective and ethical nursing practice.
- Promotes a practice environment that encourages learning and evidence-based practice.
- Participates in professional activities to keep abreast of current trends and issues in nursing.

COMPETENCIES FOR NURSES INVOLVED IN EDUCATION

- Promotes an environment that contributes to ongoing demonstration and evaluation of competencies.
- Integrates evidence-based theory and best practice into education activities.
- Participates in professional activities to keep abreast of current trends and issues in nursing.

COMPETENCIES FOR NURSES INVOLVED IN RESEARCH

- Promotes a research environment that supports and facilitates research mindedness and research utilisation.
- Supports and evaluates practice through research activities and application of evidence-based knowledge.
- Participates in professional activities to keep abreast of current trends and issues in nursing.

COMPETENCIES FOR NURSES INVOLVED IN POLICY

- Utilises research and nursing data to contribute to policy development, implementation and evaluation.
- Participates in professional activities to keep abreast of current trends and issues in nursing.

8	Is your self assessment influenced by your ethnicity? <input type="checkbox"/> YES (<i>Please state the ethnicity you identify with</i>) <input type="checkbox"/> NO (<i>Please go to Question 10</i>)
9	Please comment.
10	Has your professional practice changed because of self assessment? <input type="checkbox"/> YES (<i>Please go to Question 11</i>) <input type="checkbox"/> NO (<i>Please go to Question 12</i>)
11	Please comment.
12	Do you have any other comments about self assessment?
13	What is your highest nursing education achieved? <input type="checkbox"/> Hospital training <input type="checkbox"/> Diploma - nursing <input type="checkbox"/> Bachelor of Nursing <input type="checkbox"/> PG(Nursing Cert or Dip) <input type="checkbox"/> Master of Nursing <input type="checkbox"/> Other
14	Do you have a professional portfolio? <input type="checkbox"/> YES <input type="checkbox"/> NO (<i>Please go to Question 16</i>)

15	Are you currently on the HBDHB Professional Development & Recognition Programme?
	<input type="checkbox"/> YES <i>(If Yes – please tick the level achieved below)</i> <input type="checkbox"/> NO <i>(Please go to Question 16)</i>
	<input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4
16	When was your last performance appraisal (PDR) completed?
	<hr/> <hr/>
17	Has this had any influence on your professional practice?
	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Please go to Question 19)</i>
18	Please comment.
	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
19	Please describe what professional practice is to you?
	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
20	Do you have any comment about professional nursing practice in your work environment?
	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Please go to Question 22)</i>
21	Please comment
	<hr/> <hr/> <hr/> <hr/>

Please turn over

Te Whare Takiura o Kahungunu

Information for Research Participants

Date:	15/ 05 / 2008
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Project Title:	What factors inform registered nurses professional practice
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To:	Registered Nurse
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Researcher:	Wendy Kennedy
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Affiliation:	Master of Nursing Candidate
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Description of the research:

The overall aim of this research is to determine how registered nurses utilise self-assessment and performance appraisal to inform their professional practice.

The design for this study is a qualitative design using a questionnaire with open ended questions.

The sample will consist of registered nurses employed within adult medical and surgical inpatient services of Hawke's Bay District Health Board. Questionnaires will be left with the collection boxes for ease of return over a three week period.

Approval for this study has been obtained from the Central Region Ethics Committee, Eastern Institute of Technology and Hawke's Bay District Health Board. The Maori Health Unit has also been consulted with regard to Treaty of Waitangi responsiveness as participants may identify as Maori.

The information gathered will be presented in thesis format and available to staff through the HBDHB and EIT library. Presentations will be given at various forums by way of feedback and results may be published in professional journals.

What will participating in the research involve?

Completing the attached questionnaire, will take approximately 20 minutes to complete, is completely anonymous and includes demographic, force choice and open ended questions. Please provide your own thoughts with as much information as you feel is required to answer each question. The answers are not deemed right or wrong.

On completion place the completed questionnaire in the self addressed envelope and collection box by 30th July 2008.

What are the benefits and possible risks to you in participating in this research?

The study findings may:

- Help inform future practice for individuals,
- Assist with educational requirements
- Provide information for the New Zealand regulatory body for nurses
- Improve efficacy of appraisal systems for organisations and work environments.

Your rights:

- You do not have to participate in this research if you do not wish to.
- All participation is voluntary and confidential.
- Return of questionnaire is seen as consent to participate, therefore it is your choice to participate up until the questionnaire is deposited in the collection box.
- You may have access to the research findings by way of completed thesis format via the EIT library.

Confidentiality:

All participation is voluntary and confidential. Return of the questionnaire is seen as consent to participate. You can choose to participate up until the return of the questionnaire.

If you choose to participate your returned information will be kept confidential in a locked environment, viewed only by myself and my supervisors, with raw data destroyed on completion of the research.

If you wish to participate in this research, or if you wish to know more about it, please contact

Contact Person:	Wendy Kennedy
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Work phone #	027 230 9211
Email address	Wendy.Kennedy@xxdhb.govt.nz

Mobile phone #	027 230 9211
Home phone #	027 230 9211

Your Name/Faculty: ____Health & Sports Science_____

For any queries regarding ethical concerns, please contact:

Dr Elaine Papps, Professor of Nursing, EIT. Ph. 974 8000 ext 6116

Appendix 4: Maori Health Letter of Support



Friday, 29 May 2009

Wendy Kennedy
Registered Nurse
Floor 4
Hawke Bay Hospital
5030114
Tairāpiti

Tera Kai Wendy

RE: Expedited Review of Observational Studies

Thank you for contacting with the Maori Health Unit about the research on Expedited Review of Observational Studies.

As the study will be conducted through filling in questionnaires by anonymous participants who may or may not be Maori and is about a nurse's own beliefs, then the Maori Guidelines for Researchers Involving Māori with regard to consultation may not apply in this research.

Should a nurse seek to provide health advocacy as Maori then we will ask that the researcher be conscious of the importance Māori beliefs, values and concepts including Māori views on the holistic approach to health and through their own beliefs encompassing elements of wairua, hīna pūa, hīna and wānanga.

The biggest issues for subject research for Māori are informed consent and individuals being informed to help them make a decision about their participation and the findings that result from the trial. Another issue that relate to Maori are cultural considerations such as having a significant person present and Karakia should they wish it.

Maori Health is pleased to support your application.

Naku ano hā,



David Pihie
Maori Health Service Manager

TE WAHANGA HAUORA MĀORI
Corporate Services, Hawke's Bay District Health Board

Te Wāhanga Hauora Māori, P.O. Box 100, Napier, Hawke's Bay, New Zealand

Appendix 5: Central Region Ethics Committee Letter of approval



Central Regional Ethics Committee
Ministry of Health
Level 2, 1-3 The Terrace
PO Box 5013
Wellington
Phone (0)1-486 2905
Fax (0)1-486 2191

5 June 2008

Wendy Kennedy
19 Fairview Place
Havelock North
Hawke's Bay

Dear Wendy

CEN/08/A02 – What Factors inform registered professional practice.

Thank you for your letter received in this office on 24 May 2008 with enclosed documents for the above study. The **Chairperson** of the Central Regional Ethics Committee has considered **this** information and concluded that this study falls within the definition of audit under paragraph 11.9, page 23 of the *Ethical Guidelines for Observational Studies: Observational Research, Audits and Related Activities, NEAC, December 2006*, and because of **this** no ethics committee review is required.

Yours sincerely

Jiska van Bruggen
Central Regional Ethics Committee Administrator

Appendix 6: HBDHB Research Committee Letter of approval



16 June 2008

Wendy Kennedy
Nurse Coordinator - PDRP
4th Floor
Tower Block
Health Services
Hastings

Dear Wendy

Re: Hawke's Bay District Health Board Research Application

Thank you for your application to conduct research within the Hawke's Bay District Health Board. I am pleased to advise that your application has been successful.

Please find enclosed a signed copy of your application.

Should you have any queries during your research, I can be contacted during office hours. It would assist if you quoted your registration number in any communication with this office.

Regards

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Alasdair Williamson'.

Alasdair Williamson RN MSc
RESEARCH OFFICER

RESEARCH OFFICE
Hawke's Bay District Health Board

Phone 05 075 5100, Fax 05 075 1686, Email: alasdair.williamson@hawkesbaydhb.govt.nz
Orangi Point, Private Bag 9074, Hastings, New Zealand.

Appendix 7: EIT Research Approval Committee Letter of approval



To Whāroa Tācuna o Kōwhiriwhiri

HAWKE'S BAY | OFFICE OF THE CHIEF EXECUTIVE

Ref: 19/08

24 June 2008

Wendy Kennedy
19 Fairview Place
Havelock North 4130

Dear Wendy

Master of Nursing Student Research – Faculty of Health & Sport Science

I apologise for the untimely delay in notifying you that your research project '*What factors inform registered nurses professional practice?*', was examined by the Research Approvals Committee at their meeting held on 30 May 2008.

I am pleased to advise that the Committee has approved your project.

We wish you well for the project.

Yours sincerely

Jeanette Fifield
Secretary
Research Approvals Committee

Cc: Head of School, Nursing – Faculty of Health & Sport Science

EASTERN INSTITUTE OF TECHNOLOGY

MAIN CAMPUS Gloucester Street, Private Bag 1200, Taranaki 4142, Hawke's Bay, New Zealand. Telephone 06 924 6096, ext 6096
OFFICE OF THE CHIEF EXECUTIVE Taranaki 06 924 6096, 06924 6096/6097

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