Research Article

Problems of Clinical Nurse Performance Appraisal System: A Qualitative Study

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SUMMARY

Purpose: The purpose of this study is to explore problems of clinical nurse performance appraisal system.
Methods: This study employed a descriptive qualitative approach. The participants were purposively selected from clinical nurses working across all of the hospital units in a large metropolitan teaching hospital in Tehran, Iran in 2012. Data were collected using five focus group interviews, which were audio taped. The number of participants in each group ranged from 7 to 10. The semi-structured interviews were guided by a set of nondirective questions, and continued until the data reached saturation. Data were analyzed using framework analysis.
Results: Four major themes regarding the problems of clinical nurse performance appraisal system emerged from the analysis of textual data. These themes were contextual problems, problems related to performance appraisal structure, problems related to performance appraisal process and those related to performance appraisal results.
Conclusion: The findings of this study reveal that the nurse performance appraisal system confronts with various problems. Some of these problems are related to organizational context while the others concerned structure, process and results of the performance appraisal system. In order to achieve high quality of patient care as the final goal of performance appraisal, changing and revision of this system is necessary.

Introduction

Performance appraisal is a required process in healthcare organizations to ensure that the quality of care is met. This process uses methods to provide employees with the information necessary to determine whether they are meeting expectations or can do better to improve their performance (Huber, 2006).

Some of the purposes of nurse appraisal include the following: determine professional competence, enhance staff development, motivate them toward higher achievement, improve communications between managers and personnel and encourage better relationships among nurses, determine training and developmental needs of nurses, select qualified nurses for advancement and salary increases (Tomey, 2004).

Today, managers have found that employees are the most important capital of an organization and play a valuable role in achieving strategic goals of their organization. Improving staff efficacy and effectiveness is only possible in light of their performance appraisal (Torabi & Sutodeh, 2010). Performance appraisal does not always increase productivity. It may be biased, not accurate and not accepted by users. Occasionally, performance appraisal system has been linked to increase in dissatisfaction, lack of motivation, resistance especially on the part of the appraiser/employees. This condition is due to either errors in the content of evaluation, biases in the process of evaluation, disharmony between employee needs and appraisal goals or the absence of clear and independent performance dimensions (Giangreco, Carugati, Sebastiano, & Tamimi, 2012).

For achieving effectiveness of the performance appraisal system, validation of appraisal tools is not only sufficient, but employees’ reaction to this system is very important. Indeed, with dissatisfaction and feelings of unfairness in the appraisal process, any appraisal system will be doomed to failure (Basavanhapa, 2003; Ikrumullah, Shah, Hassan, Zaman, & Shah, 2011). Spence and Wood (2007) showed that most evaluation methods were not

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effective due to the complex, ever changing and challenging nature of these methods.

Iranian studies on the nurse performance appraisal system show that it lacks the required efficacy. Zaboli, Delgoshaei, and Haghani (2005) mentioned that the major factors of inefficacy of the nurse performance appraisal system in selected hospitals in Tehran are staff unawareness of the performance appraisal objectives, disharmony between performance appraisal system and administrative, cultural and social realities and applying retrospective criteria. Hamidi, Najafi, Khah, and Afkar (2009) reported that the results of performance appraisal had little impact on increasing employee motivation. The most important reasons are the absence of fairness, objectivity, appropriate feedback, and staff participation in performance appraisal. Pazargadi, Afzali, Javadzadeh, and Alavi Majd (2005) showed that nurse appraisal was based on the relation not criteria, managers did not have encouragement power or communicate well with employees; the appraisal system was subjective and nonspecialized. Hysong, Best, and Pugh (2006) also reported that the absence of the trained managers is the greatest weakness of the employee appraisal system in hospitals.

It can be said that the performance appraisal system plays a vital role in overall success of an organization. An appropriate appraisal system could possibly increase nurses’ motivation to provide better services to the clients. Studies to date have shown that nurses’ appraisal system is not effective and nurses are not satisfied with this system. For this purpose, researchers tried to determine the problems of the nurse performance appraisal system and take advantage of the results as a basis for future research and next steps. Because little research has been done on this topic to date in Iran; we did not find a comprehensive tool for investigating the problems of nurse performance appraisal system, we chose a qualitative approach in an attempt to fully understand and explore the topic. Using this method, the researchers will answer the following question: What are the main problems of the nurse performance appraisal system?

Methods

Study design

This study employed a descriptive qualitative approach. This method is used to address an issue or problem in need of a solution (Grove, Burns, Gray, Behan, & Duvall, 2012) and was selected for this study to describe and explore the problems of nurse performance appraisal system.

Setting and sample

We used maximum variation sampling; the participants were purposively selected from clinical nurses working across all of the hospital units such as medical, surgical, pediatric, intensive care, operation room, emergency and oncology in a large metropolitan teaching hospital in Tehran, Iran in 2012. The inclusion criteria for this study were (a) registered nurses who had bachelors or higher degrees in nursing and (b) those who had participated at least once in annual performance appraisal. All of the focus group interviews took place in the meeting room at the selected hospital.

Ethical consideration

This study was conducted after obtaining permissions from the Shahid Beheshti University of Medical Sciences and the affiliated educational hospital. A written consent was obtained from participating nurses who were informed of the aim and method of the study. They were also told that they could withdraw from the study anytime they wanted, and that all personal information would be kept confidential. The sound files containing the voice of the participants, manuscripts and field notes were recorded and archived carefully.

Data collection

Focus group was selected for data collection. Focus groups are used when information regarding a specific topic needs to be collected from individuals who share a common factor and that interaction among the individuals can result in better understanding of how others feel and think about a certain topic. Focus groups have previously been shown to be an appropriate method for data collection to evaluate knowledge and experiences in the performance appraisal field (Gonçalves, Lima, Cristiano, & Hashimoto, 2007).

Qualitative data were collected in May and June 2012, using five focus groups, which were audio taped. The number of participants in each focus group ranged from 7 to 10 and each group had a mixture of people from various units. Researchers and participants did not know each other previously. The semi-structured interviews were guided by a set of nondirective questions developed a priori from the literature on performance appraisal. For instance, participants were asked, “What is your judgment about the current nurse’s performance appraisal?” As the interview progressed, more detailed questions were asked. Focus groups lasted approximately 63–93 minutes. Focus groups emphasized group interactions by encouraging participants to talk with one another, ask questions, and comment on experiences and personal perspectives in face-to-face interviews without any stress or anxiety.

After each focus group interview, the recordings were transcribed to paper verbatim. The recorded data were reviewed twice or more and were analyzed simultaneously. This process was repeated for all five interviews. A qualitative research study requires that the researchers embrace data (Speziale & Carpenterer, 2011). Therefore, to ensure data accuracy, the researchers reviewed all the data transcribed to paper while listening to the recorded interviews. During the focus group interviews, field notes were taken by a research assistant. Data collection continued until it reached saturation.

Data analysis

Framework analysis method was used to analyze the data. According to Ritchie and Lewis (2003), this approach gives rise to a hierarchical thematic framework which is then used to classify data according to key themes and emergent categories. Framework analysis is composed of five steps: (a) Familiarization. During this step, the researcher listens to the recorded interviews as many times as needed, studies the manuscripts and field notes and tries to reach a general viewpoint. (b) Identifying a thematic framework. After the completion of the first step, the researcher acquires the necessary concepts, themes and major issues. (c) Indexing. Some parts of data related to indexing are recognized and encoded. (d) Charting. During this step, the previously encoded indices are tabbed so that the rows refer to the sessions of the group and columns are allocated to the main themes. Thus, the ideas of each group with regard to the main themes are depicted. (e) Mapping and interpretation. Here, the main themes are described as pictures and each main theme is elaborated separately.

Trustworthiness

The trustworthiness of data was evaluated by credibility, dependability, conformability and transferability. Credibility was
Table 1: The Characteristics of Participants (N = 42)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>7 (16.7)</td>
</tr>
<tr>
<td>Female</td>
<td>35 (83.3)</td>
</tr>
<tr>
<td>Average age (min /max)</td>
<td>45 (28/62)</td>
</tr>
<tr>
<td>Average years of practice (min /max)</td>
<td>17 (5/29)</td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>BS</td>
<td>37 (88.1)</td>
</tr>
<tr>
<td>MS</td>
<td>5 (11.9)</td>
</tr>
<tr>
<td>Organizational position</td>
<td></td>
</tr>
<tr>
<td>Nurse manager</td>
<td>1 (2.4)</td>
</tr>
<tr>
<td>Supervisor</td>
<td>4 (9.5)</td>
</tr>
<tr>
<td>Head nurse</td>
<td>12 (28.6)</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>25 (59.5)</td>
</tr>
</tbody>
</table>

Note. BS = Bachelor of Science; MS = Master of Science.

Table 1 shows the characteristics of participants. All of the participants were full-time employees and the majority of them were females.

Four major themes regarding the problems of clinical nurse performance appraisal system emerged from the data analysis. These themes were (a) contextual problems, (b) problems related to performance appraisal structure, (c) those related to performance appraisal process, and (d) those related to performance appraisal results. Major themes and details were shown in Figure 1 and described as follows:

- **Contextual problems**
  
  This theme is related to organizational context and conditions that nurse performance is evaluated in this context and contains three subthemes:

  - **Disharmony between nursing standards and nursing duties**
    
    The nurses noted that the mismatch of nursing standards with the nursing duties caused conflicts and complications in the performance appraisal process for the head nurse. A nurse said the following:
    
    For example, placing intravenous catheter is in the list of my duties but it is not defined in the nursing standards yet. So if a nurse places an angiocat appropriately, s/he is in dilemma since it is listed in the standards of nursing. (G1)
    
    Nurses emphasized that the manual of nursing standards should guide them in their nursing practices in any complicated situations with regard to the clients or any ambiguous question. One nurse said the following:
    
    For example, the nursing standards manual section on skin diseases mostly deals with the patients suffering from acne or burns while in the skin ward such complicated diseases like psoriasis, and Stevens-Johnson syndrome are mostly treated and not referred to in the manual of standards. (G5)

  - **Lack of appropriate motivation among nurses**
    
    Nurses mentioned that the materialistic incentives are so important for some nurses and they mostly forget the major goals of the nursing system. One nurse said, “A nurse works properly to make good money and does not care about the nursing system and nursing system goals. She or he is a materialistic person.” (G1)
    
    Despite improvements in facilities and conditions, the output of nurses’ performance has been reduced. In this regard, one nurse said the following:

- **Problems of clinical nurse performance appraisal**

  Figure 1. Diagram of problems in clinical nurse performance appraisal.
Now we have more clinical facilities but fewer efficacies. Some choose the nursing course at the college for obtaining an academic degree and not for the course itself. They will find the challenging nursing job too difficult and complicated since it requires a strong spirit and devotion. (G4)

Poor organizational context

Lack of appropriate facilities and equipment for providing nursing care were discussed by nurses. One nurse stated the following:

It seems that some problems of performance appraisal are due to the lack of appropriate facilities and equipment. This problem makes the nursing process too complicated and difficult. The appropriate facilities and equipment change the criteria of performance appraisal. (G3)

The nurse shortage puts the heavy workload on the shoulders of nurses. This workload makes the nursing job much more exhausting and decreases job motivation. One nurse said, “I need much energy to carry out my tasks successfully. I am tired out physically and emotionally.” (G5)

Lack of unique strategy and frequent changes in hospital management can impact performance appraisal. One nurse described that, “Lack of a permanent strategy in the hospital and changing strategies with changing the management make performance appraisal too difficult.” (G4)

Problems related to performance appraisal structure

This theme describes the configuration of the performance appraisal system and consists of three subthemes.

Subjective appraisal

The participants explained that present appraisal forms cannot evaluate the real nursing performance including professional information, clinical and communicative skills. One nurse said the following:

The annual evaluation items are not compatible with our working conditions. At first, a nurse needs to be evaluated on some professional information, clinical and communicative skill. (G4)

Some nurses expressed that the phrases of the performance appraisal form are not clearly defined and it is not clear how rating is done. As such, evaluation scores are too general. A nurse said, “The performance appraisal form items are not properly defined with some of them being too ambiguous and unclear. This makes the rating complicated and subjective.” (G1)

Nurses stated that lack of objectivity in appraisal forms leads to a subjective appraisal. One nurse said the following:

The head nurse performs a fairly subjective evaluation. The evaluation is based on patient comments and other personnel feedback which make a general impact on the mind of the head nurse for an annual evaluation of the nurses. (G2)

Ineeficacy of organizations in introducing laws and regulations

During the sessions, the importance of nurses’ orientation (especially the newly hired ones) with the hospital objectives and expectations, nursing standards, and duties of the nurses were emphasized. One nurse said the following:

The existing processes in the appraisal system are not explained to the personnel by any nursing officials. As a nurse starts working in a ward, all aspects of the work should be explained to her. She should be familiarized with the clinical duties of the ward and then evaluated. The briefing of the personnel is a vital duty of the nursing station. (G4)

The necessity of the training of the performance appraisal system to raters, and informing rater/employees of the goals, content and process of the appraisal were the other issues which were addressed by the participants. One nurse said the following:

Both the raters and those who are evaluated should be trained in evaluation and receive ample information... Those who are experts and posses clinical capabilities are not necessarily an effective manager... The nurses should be trained in managerial skills periodically. (G5)

Gap between theoretical training and clinical practice

Nurses believed that the nursing students are not familiar with the performance appraisal system and the expectations of the health centers. One nurse said the following:

The nursing students should receive trainings in performance appraisal and be familiarized with its importance. They should note that everything is recorded... They should be told from the very beginning of their college of what to do and under which criteria the evaluation is done... They should be told in their college credits of the expectations. (G1)

The participants expressed that there is a disharmony between nursing student education (knowledge, clinical skills, & the sense of responsibility) and real working conditions. One nurse said the following:

The students entering the clinical spheres are merely observers and actually do nothing. The nursing educators say nursing students just observe and learn and do nothing. Actually they should get involved in working from the very beginning of training and work under the supervision of the educator. (G4)

Problems related to performance appraisal process

This theme is about implementation conditions of performance appraisal and includes four subthemes:

Lack of careful supervision of managers

The participants expressed that the scope of the responsibilities of the head nurses as rater, are too limited for decision making in staff performance appraisal and this is the main responsibility of the top nursing management. One nurse said, “Decision making through evaluation forms is mostly in the hand of the nursing office than the head nurse. Head nurse has no operative power.” (G5)

According to the participants, head nurse is the best person to monitor and evaluate the performance of his/her employees, but he/she does tasks outside of job description and cannot perform his/her primary function. One nurse said, “Since the head nurse is just busy doing structural and organizational activities during the year, she evaluates the personnel in about 10 minutes per week which is not enough at all.” (G2)
One nurse reiterated the following:
Head nurse can evaluate the clinical performance of the nurses even in night shifts. If the head nurse knows her personnel well, activities like delivering the patient in morning shift, patient-related duties, and even patient satisfaction or dissatisfaction of the night shift nurse would help her evaluate the performance of the nurses easily and effectively. (G4)

Unfair appraisal

The participants acknowledged that the appraisal tools are not suitable for performance evaluation, so it cannot be rated and differentiated between nurses in various levels accurately. One nurse stated the following:

The appraisal forms are not fair. We do not know why some nurses get better scores because the items are revealing no clues as to ratings. In fact, evaluation forms show no difference among the various nursing levels. (G3)

Some nurses described that in performance appraisal, relationship is more important than criteria and the ratings are not fair. One nurse said, “Once I saw that an incapable nurse got a better rating than me and I criticized and did not sign the form. But when I saw it is repeated, I took it easy and relaxed.” (G3)

The fear of tension and misbehavior between the head nurses and nurses after the evaluation was highlighted. A nurse said the following:

Nurses expect different feedbacks after evaluation... Everyone feels that she is working hard, while this is not true. When nurses are interviewed, they give themselves a better score and this makes evaluation difficult. (G1)

Most participants insisted on the courteous conduct of the head nurse during the appraisal process. They expressed that the head nurse should point out the personnel performance problems in privacy and not in public, and respect the dignity of the personnel. One nurse said the following:

The behavior of the head nurse toward the personnel is vital. If they are treated positively, nurses perform their duties effectively. If a nurse commits an error, head nurse should advise him/her privately in order to remove the problems in a non-aggressive manner. (G3)

Discontinuation in appraisal

The long interval between the evaluations and the impact of time on the rater judgment regarding the employee performance were factors emphasized by the nurses. One nurse said the following:

The appraisal forms are yearly based. Normally no evaluation is done during the year and usually the supervisor includes his impressions of the personnel during the last few weeks before the end of the year in his evaluation. (G4)

Nurses stated that there is no suitable tool for continuous appraisal during the year. If evaluation is done during the year, the nurses would be notified of their weaknesses and strengths. One nurse said, “If nurses are evaluated monthly instead of annually, they would be aware of their weaknesses and try to eliminate them individually or with the help of their colleagues.” (G4)

Problems related to performance appraisal results

This theme is related to output of appraisal and effects on nurses’ performance. Two subthemes take place in this category.

Inattentive to meritocratic abilities

Nurses mentioned that head nurse as the evaluator should possess certain characteristics and her activities should be under the supervision of the top nursing management. In this regard one nurse said the following:

Head nurse has no managerial skill, no morality, and no general information and is not familiar with clinical tasks. He or she has been elected for the sake of his or her working experience. How can such a person evaluate other personnel? (G5)

Inappropriate feedback

Most participants expressed that they do not get any feedback after performance appraisal, and they are not aware of the strengths and weaknesses of their performance. This is because the performance appraisal does not cost the nurses anything, and nurses are apathetic to the appraisal. One nurse said the following:

If a nurse with a high score and a nurse with a low score enjoy equal opportunities, the one with a low score never try to improve him/herself and the one with high score would be frustrated and loses her motivation for working hard. (G4)

Issues such as the lack of suitable incentives for nurses who have received high scores in appraisal and applying incorrect punitive strategies for those who receive low scores were discussed by the nurses. One nurse said the following:

There is no encouragement or job incentive in the hospitals. Most patients thank us in newspapers or give us the letter of gratitude. Then the head nurse forwards those letters for encouragement to the nursing office. But they don’t pay attention. On the other hand, they pay immediate attention to complaints and such. (G5)

Discussion

In this study, four themes emerged as being central to problems in the present performance appraisal system: contextual problems, problems related to performance appraisal structure, problems related to performance appraisal process and problems related to performance appraisal results.

The first theme indicates that the accomplishment of the performance appraisal system confronts difficulties such as disharmony between nursing standards and nursing duties, lack of appropriate motivation among the nurses, and poor organizational context. The disharmony between nursing standards and nursing duties causes tension in nurse performance. Indeed, the nurses’ duties and responsibilities are not well defined. Marquis and Huston (2012) emphasized that evaluation must be based on nursing standards and the personnel must be provided with the standards in the form of duties or evaluation objectives.

The lack of appropriate motivation among the nurses means that nurses do not have the incentives for performing duties; they
do not work hard to meet organizational objectives and progress of the nursing system: they prefer materialistic incentives to performing duties; and they do not have any tendency toward correcting the mistakes in their performance. It might be possible that the present appraisal system has failed to motivate personnel. Giangreco et al. (2012) pointed out that performance appraisal can be motivating to the personnel and lead them towards obtaining organizational objectives. According to Frederick Herzberg’s theory, some of the factors such as career success, professional development, delegation, when taken into consideration, together with the nature of the nursing work will motivate the personnel (Heroabadi & Marbaghi, 2006). Moreover, the general policy of the organization, the management style, interpersonal relationships, work conditions, salary and payment, position, job security, and performance appraisal are the important factors in motivating the personnel (Hamidi et al., 2009). Redshaw (2008) found that negative views of nurses towards evaluation will lead to a decrease in nurse motivation and cause poor performance.

Poor organizational context means factors such as lack of facilities, manpower, and disharmony between managerial and organizational processes will consequently affect the evaluation of the nurses. It can be said that organizational conditions are sometimes not suitable for nurses to perform their duties properly. Therefore in this condition, it is possible that the performance appraisal system will encounter problems. Gurses, Carayon, and Wall (2009) found that about 40% of the nurses’ workload is justified by working conditions. Nurse to patient ratios, inadequate physical environment in terms of equipment and facilities, ineffective management practices, time taken for finding patient records, communication problems with families and physicians were the other barriers to nursing practice. Oelke et al. (2008) suggested that work overload, lack of proper management, lack of time and shortage of nursing staff are the main barriers in nursing roles which cause tension in the workplace, and lead to psychological burnout and job dissatisfaction.

The second theme emphasizes that the subjective appraisal, inefficacy of the organization in introducing the laws and regulations, and the gap between theoretical training and clinical practice are problems which affect the performance appraisal structure. The lack of objectivity in evaluation tools and the subjective appraisal by the rater will affect the appraisal process; it is impossible to accurately rank and compare the performance of nurses. In fact, appraisal is done relatively and subjectively, because the clinical skills, communication skills and professional nursing knowledge cannot be measured by these tools. Experts expressed that for greater effectiveness, appraisal tools must be objective so that the performance of the employees is measured accurately based on the duties. Therefore, the rater can state the facts without any personal emotions (Heroabadi, & Marbaghi, 2006). Since manager opinions and judgments will consequently affect an employee’s personal life, managers need an objective, systematic, structured and precise method (Marquis & Huston, 2012). Pazargadi et al. (2005) found that one of the criticisms of the nursing performance appraisal system is the subjectivity of appraisal tools.

In this study, inefficacy of the organization in introducing the laws and regulations was expressed as follows: nurses were not fully aware of the working standards, duty expectations and goals. And the personnel need regular meetings more than once a year to discuss and review their performance. The rater and employees must be aware of their duties and work standards. Akbari Haghighi, Zeraati, Karimi, Arab, and Akbari Mousaabadi (2011) showed that the main reason for the failure of appraisal systems was the lack of qualified and educated managers to evaluate their employees. In fact, appraisal training programs should focus on good judgment methods, development of observational skills, and an increased ability to communicate and acquire information.

In this study, the gap between theoretical training and clinical practice means inconsistency between academic education and clinical practice, unawareness of nursing students with the expectations of the performance appraisal system, the lack of clinical skills and responsibility. It can be said that bridging the theory–practice gap will improve learning opportunities for students and working conditions for nurses. Nikpeyma and Ashktorab (2012) found that differences between academic education and clinical practice may hinder nursing roles. The other study showed that only in 35% of the cases, nurses used their academic knowledge for providing clinical services (Nikpeyma, & Izadi, 2012), while Kyrkjebø and Hage (2005) believed that the knowledge and attitudes obtained academically from nursing schools helped nurses fulfill professional responsibilities.

The third theme includes issues such as the lack of careful supervision of managers, unfair appraisal and discontinuation of the appraisal. It is possible that the appraisal problems arise when the organizational conditions and appraisal tools are inappropriate, but the performance appraisal implementation is not suitable. Nurses described that head nurses do not regularly and directly evaluate nurse performance. They do not devote enough time for the supervision of the nurses. Marquis and Huston (2012) said that one of the vital duties of the manager is to investigate the professional performance of the personnel comprehensively. To this end, the rater must be directly observing the personnel performance. Lynch, Hancox, Happell, and Parker (2008) reported that the clinical supervision over the nurses’ performance is a responsibility that requires experience along with formal training.

Unfair appraisal means personal opinions and judgment of the raters influences their evaluation, and the relationship is more important than the criteria of appraisal. This study showed that in order to satisfy all personnel, raters gave equal scores to them. The feeling of unfair performance appraisal decreases the nurse’s tendency toward evaluation. Kelly, Ang, Chong, and Hu (2008) reported that the nurses’ confidence in their rater lead to a perceived fairness of performance appraisal among nurses. Pretourius and Ngwenya (2008) found that focusing on the appraisal results, the lack of an appropriate and trustful atmosphere for creating relationships among the personnel are factors that lead to negative tensions. Some of the factors such as polite behavior of the rater and respect for the individual’s privacy lead to employee satisfaction (Sudin, 2011).

Discontinuation of the appraisal was another factor stated by the participants. The long interval between evaluations might affect the judgment of head nurses as raters. This will in turn prevent the personnel from being aware of their weaknesses and correcting their mistakes. In fact, for an appropriate appraisal, raters (direct supervisors) have to observe and supervise the employees’ performance continually. Marquis and Huston (2012) said that unfortunately few managers observe their employees’ performance before filling out the appraisal forms. This will lead to a wrong picture of the personnel performance. The supervisor and the personnel need regular meetings more than once a year to evaluate their development, and correct the main goals and the performance obstacles if necessary. Clark (2009) expressed that, in the past the performance appraisal was performed every 6–12 months and the personnel were encouraged or punished, and sometimes their job position was changed. Nowadays, there is an improvement-oriented approach towards performance appraisal.
It means that in order to determine an employee's achievement goals, nurse performance needs to be measured systematically. The forth theme consists of two factors, inattentiveness to meritocratic abilities and inappropriate feedback that affected performance appraisal results. Inattentiveness to meritocratic abilities was stated as follows: the rater is not legible and competent to take this responsibility because the election of such people is mostly based on relationships not rules. Pazargadi et al. (2005) found that the election of a person as rater must be based on some academic and professional qualifications including enough knowledge and experience, ability to identify strengths and weaknesses of performance and ability to manage the ward that he or she is working in. Effective and timely feedback is a critical component of a successful performance appraisal and should be used in conjunction with setting performance goals. Once effective feedback is given to employees, their performance can improve. Nurses need to know in a timely manner how they are doing, what feedback is given to employees, their performance can improve. Nurses need to know in a timely manner how they are doing, what feedback is given to employees, their performance can improve.

Conflict of interest
The authors declare no conflict of interest.

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References


Ikrumullah et al. (2011) showed that if one allowed employees to show their opposition to the scores, they would acquire a fair understanding of the appraisal system. Meanwhile, Hysong et al. (2006) found that feedback should be made in the shortest possible time so that it leads to behavior change. Moreover, to increase efficiency, the contents of the feedback should be positive and not punitive in nature and reflect the evaluation information in a clear and meaningful manner (Hysong et al.).

This study has some limitations. The results of this study cannot be generalized to all hospitals. It is possible that the method and tool of performance appraisal differ from hospital to hospital. Consequently, the performance appraisal problems might vary. Therefore, it is necessary to carry out other studies that include clinical nurses in other hospitals. These problems might be solved by an action research approach.

Conclusion
Performance appraisal is a process of how well staff perform their duties during a specific period. This process includes assessing needs and setting goals, establishing the objectives, assessing the progress and evaluating the performance. In order to achieve the performance appraisal purposes, both organizational context and evaluation system should be appropriate.

The findings of this study reveal that the nurse performance appraisal system confronts various problems. Some of these problems are related to organizational context while the others are concerned with structure, process and outcomes of the performance appraisal system. Unfortunately, evaluation and judgments are often based on opinions, preferences, or inaccurate or partial information. The subjective and biased appraisal, and poor communication between raters or managers and employees creates unfavorable feelings in nurses.

To achieve high quality patient care as the final goal of performance appraisal, it is necessary to make revisions and modifications in various dimensions of the appraisal system. The findings of this study will help nurse managers take action for solving the problems of the appraisal system. A better way for solving these problems might be nurses' participation in finding, planning and implementation of proper solutions.


