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Date December 1970

THE EFFECT OF A SELF-EVALUATION TOOL ON THE NURSE'S
MOTIVATION TO IMPROVE HER PATIENT CARE

by

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ABSTRACT

The purpose of this study was to determine if a self-evaluation tool would motivate the staff nurse to work towards improvement of her patient care.

A self-evaluation tool was designed by the researcher, based on principles of good patient care given in the nursing literature. The tool was used by a group of 15 staff nurses in the Billings Deaconess Hospital for 5 weeks during winter quarter, 1970. Data were collected through personal interview of staff nurses after they had used the tool and through written performance ratings by the head nurses before and after the staff nurses used the self-evaluation tool.

The researcher concluded on the basis of the analysis of data collected in the personal interviews that the nurses were divided into two groups. Eight nurses were motivated to improve their work habits after using the tool. Seven nurses did not feel motivated to improve. The influencing factors were:

- 1) The nurses who used the self-evaluation tool regularly and noted behavioral evidence for the objectives contained in the self-evaluation tool were motivated to improve their patient care.

The nurses who did not use the self-evaluation tool regularly and who did not note behavioral evidence for the objectives contained in the self-evaluation tool were not motivated to improve their patient care.

- 2) Discussion of the objectives contained in the self-evaluation tool with co-workers seemed to enhance the motivating effect of the tool.

- 3) The head nurses who cooperated in the use of the self-evaluation tool had more staff nurses who were motivated to improve their patient care following the use of the tool than those head nurses who did not wish to cooperate in the use of the tool.

Chapter 1

INTRODUCTION

Most references that deal with the topic of motivation towards increased competence agree that the individual himself must truly want to improve and must be willing to make the extra effort to increase his effectiveness. Boshouwers says that "improvement is at the core a matter of self-insight and willingness to adjust and contribute."¹

From my observations and those of nurses I have worked with, it seems that there are some aspects of nursing care that many nurses could improve. Eminent people in our profession feel the same way. Riker says that many nurses forget that "qualities of warmth and kindness soften efficiency and speed."² She also mentions that nurses sometimes forget to care for patients as individuals. Patients themselves have asked that nurses take more time to do the little things that show they care and understand.

Since it is most generally accepted that improvement can only be achieved by the person herself, the nurse should be provided opportunity to appraise her strengths and weaknesses. If she is given this opportunity she will be better able to see where she lacks competence

¹H. Boshouwers, "The Evaluation of Personnel," Canadian Nurse, 55:336, June, 1959.

²Audrey Palm Riker, "What Nursing Means to Me," Nursing Outlook, 12:24, February, 1964.

and can then strive to improve her work in these areas of weakness. The nurse who assumes the responsibility for her own improvement indicates the maturity necessary to work in a profession such as nursing.

Guinée discusses the value of self-evaluation for student nurses.

As in other types of evaluation, it begins with the identification and clarification of the objectives and a desire to attain them . . . The student is the only one who actually knows the degree to which she had been successful. Improvement takes place within the individual, and in nursing only the individual student can apply the facts and principles to her greatest advantage.³

A tool designed for the purpose of evaluation of her patient care would provide guidance and encouragement to the individual who wants to improve her performance as a nurse. The objectives of good patient care would be clearly stated in behavioral terms so that the nurse could more readily identify her strengths and weaknesses.

Self-evaluation is also one way to experience the psychological success that Argyris speaks of in his statement, "As the individual experiences psychological success so will his energy input increase."⁴ The nurse will realize a personal satisfaction when she sees her ability is equal to the task.

³Kathleen K. Guinée, The Aims and Methods of Nursing Education (New York: The Macmillan Co., 1966), p. 218.

⁴Chris Argyris, Integrating the Individual and the Organization (New York: Wiley and Sons, 1964), p. 12.

Nurses who took part in the Regional Continuation Education Project in 1962-63 used self-evaluation procedures to assess their growth in relation to specific objectives. This project was instituted and conducted under the auspices of the Western Interstate Commission for Higher Education to improve the skills of Western nurses in administration, supervision and teaching.

The nurses noted their progress from June, 1962-June, 1963 and they agreed that self-evaluation helped each of them to see particular areas where further development was needed.⁵

The problem of this study, then, was to develop a self-evaluation tool that would "bring to mind" the important aspects of patient care that might be forgotten by the nurse in many cases. The tool, it was hoped, would point out strengths and weaknesses to the individual nurse, providing a guide to help her towards improvement in her patient care.

THE PROBLEM

Statement of the Problem

The problem was the development of a self-evaluation tool for staff nurses and subsequent testing of the tool to determine its usefulness in guiding the nurse towards improvement of patient care.

⁵Marjorie S. Dunlap and Betty Jo Hadley, "Quasi-Q-Sort Methodology in Self-Evaluation of Conference Leadership Skill," Nursing Research, 14: 119-125, Spring, 1965.

Purpose of the Study

The purpose of this study was to determine if a self-evaluation tool would be useful in motivating a nurse to improve her patient care.

Hypothesis

A self-evaluation tool will motivate the staff nurse to work towards improvement of her patient care.

Methodology

A self-evaluation tool was devised by the researcher from principles of good patient care as given in the nursing literature. The nature of this experiment was to introduce the self-evaluation tool to a group of selected staff nurses. Fifteen staff nurses at Billings Deaconess Hospital composed the experimental group. The original tool was reviewed by these nurses and their head nurse and accepted by them after minor alterations.

The fifteen staff nurses then used the accepted self-evaluation tool for 5 weeks. See p. 65 in Appendix for copy of the self-evaluation tool. The staff nurses were instructed to read the tool daily and to note situations where their behavior exhibited objectives in the tool. Following the experimental period, the staff nurses were interviewed to determine if there was any change in attitude toward and performance of their work as a nurse.

The six head nurses who participated in the study provided performance ratings of the fifteen staff nurses before and after the 5-week experimental period. Each head nurse rated the performance of her staff nurses on a rating form which contained the objectives of good patient care present in the self-evaluation tool used by the fifteen staff nurses. See Appendix p. 60 for copy of the rating form.

In addition to the performance rating given after the staff nurse had used the self-evaluation tool, the head nurse recorded behavioral evidence that the staff nurse was working towards the objectives contained in the tool.

These performance ratings by the head nurses and the accompanying behavioral evidence in the final ratings were to help determine if there was any change in patient care by these staff nurses after they had used the self-evaluation tool.

Basic Assumptions

1. The professional nurse accepts a role as a member of the health team whose main function is care of the patient.
2. Goals which are defined are more apt to be achieved.
3. Periodic self-evaluation is a means to help the individual ascertain his strengths and weaknesses.
4. Head nurses can identify behavior that is important in patient care.

Limitations of the Study

Limitations in the study were: (1) the number of nurses who were available for the experimental group, (2) the length of time the tool was used by the staff nurses, and (3) performance ratings were done by six head nurses of their respective staff nurses, thereby permitting the possibility of six different standards for measurement of performance.

Universe and Sample

The sample for this study was drawn from the nursing staff at Billings Deaconess Hospital on the medical, surgical, pediatric, and maternity wards. No attempt was made to stratify the sampling according to years of experience, age, or type of education, but this information was included in the final analysis. Other variables to be accounted for were marital status and type of hospital ward on which the nurse was employed.

DEFINITION OF TERMS

For the purposes of this study, the following definitions were used:

Staff nurse. A registered nurse who works days (4-5 days/week) on a medical, surgical, maternity, or pediatric ward.

Patient care. The care given by the registered nurse, including direct nursing care given to the patient and the skills in supervision of

auxillary personnel.

Self-evaluation. To ascertain one's strengths and weaknesses in relation to certain objectives.

Objectives. Goals toward which one strives, thus giving direction and meaning to one's work. Each item of the self-evaluation tool is a goal that contains a behavior or attitude needed to meet the overall goal of good patient care.

Performance rating. Evaluation of the staff nurse's work by her head nurse.

Chapter 2

REVIEW OF THE LITERATURE

Man is seen as having a basic tendency to move in a forward direction. Rogers calls it "the tendency of the organism to move in the direction of maturation, as maturation is defined for each species . . . It moves in the direction of greater independence or self-responsibility. Its movement is in the direction of an increased self-government, self-regulation, and autonomy, and away from heteronymous control, or control by external forces."⁶

The individual is the source of changes that take place in himself. He cannot be forced to take a genuine interest in improving himself or his work performance. However, conditions can be provided that may motivate him to make changes. An opportunity to evaluate his own work performance may be such a condition. In self-evaluation, the person is confronted with his strengths and weaknesses and this recognition is the first step towards any change that may take place.

McGregor talks about a view of management that he calls Theory Y. It is based on a social scientist's view of the nature of man. More specifically, it refers to Maslow's hierarchy of needs.⁷ The theory proposes that man's needs are arranged in levels, from the least

⁶Carl R. Rogers, Client-Centered Therapy (Boston: Houghton Mifflin Co., 1965), p. 488.

⁷A. H. Maslow, Motivation and Personality (New York: Harper and Row, 1954), pp. 146-54.

to the most important. As soon as the least important need is satisfied, he finds himself "wanting" at the next level. An unsatisfied need is able to motivate human behavior.⁸

At the lowest level are his physiological needs. When these are satisfied, the need at the next level, his need for protection, motivates him. When his physiological and security needs are satisfied, his social needs motivate him--the need for belonging, for association, for acceptance by his fellow workers. If this need is thwarted, he becomes antagonistic and uncooperative.⁹ When his social needs are satisfied, man's egoistic needs motivate him. McGregor says that the ego needs are of greatest significance to management and to man himself. There are two kinds of ego needs:

1. Those needs that relate to one's self-esteem--needs for self-confidence, for independence, for achievement, for competence, for knowledge.
2. Those needs that relate to one's reputation--needs for status, for recognition, for appreciation, for the deserved respect of one's fellows.¹⁰

Conventional methods of organization do not give much attention to this area of human motivation.

⁸Douglas M. McGregor, "The Human Side of Enterprise," Readings in Human Relations, eds. Keith Davis and William Scott (New York: McGraw-Hill Book Co., 1964), p. 41.

⁹McGregor, p. 42.

¹⁰McGregor, p. 42.

The highest level of needs is the need for self-fulfillment. People seldom experience this need, says McGregor, since they are usually deprived of the needs at lower levels and thus the need to realize their potential cannot be a motivating force for them.

Behavioral consequences occur when these higher-level needs are thwarted, according to McGregor. Some symptoms of these deprived needs are passivity, hostility, and non-acceptance of responsibility.¹¹ Nurses who do not wish to accept added responsibilities may not have been presented with conditions that would motivate them to realize their potential. Or, perhaps the reason lies with unsatisfied ego or security needs.

Theory Y is based upon self-control and self-direction by the workers. The individual should be encouraged to set "targets" or objectives for himself and to self-evaluate his performance periodically, to take a greater responsibility for planning and appraising his own contribution to organizational objectives. McGregor believes that the effects of egoistic and self-fulfillment needs are substantial.¹²

The individual himself must be actively involved in any program that hopes to enhance his work performance. You cannot demand change. You cannot manipulate people. But you can manipulate the

¹¹McGregor, p. 45.

¹²McGregor, p. 48.

conditions to provide encouragement for growth. "Improvement and development can only be achieved by the person herself. She must truly want to improve and must really be willing to make the extra effort to increase her effectiveness. Improvement is at the core a matter of self-insight and willingness to adjust and contribute."¹³

The highest attainable level of production is possible only through work situations that meet the mature needs of people. These needs are viewed as accomplishment and contribution by Blake as the ones that provide motivation to the individual worker. The individual must have an understanding of and an agreement with the purposes of the organization and how he can contribute to these. Then, he is able to exercise self-control and self-direction in his work, which is the most effective way to attain organizational and individual goals. When people are oriented towards achieving concrete, specific goals that are understood and agreed with, their behavior becomes more orderly, meaningful, and purposeful. The key to control is commitment.¹⁴ A self-evaluation tool might serve to clarify these goals for the individual and through self-evaluation he would determine for himself where he is in relation to these goals, providing the self-direction and self-control Blake refers to.

¹³H. Boshouwers, "The Evaluation of Personnel." Canadian Nurse, 55:336, June, 1959.

¹⁴Robert R. Blake and Jane S. Mouton, The Managerial Grid (Houston: Gulf Publishing Co., 1964), p. 150.

Objectives need to be established to give direction to the work of an organization and in turn, the work of individuals in that organization. If the individual is to be self-directed, he must be involved in the formulation of these objectives.¹⁵ Desirable changes in behavior are more likely to occur in an atmosphere of free and open communication about standards, values and expectations.

In Rosen's study of performance appraisals, appreciable improvements in performance occurred only when specific goals were established and deadlines and methods for measuring results were agreed upon. Also, "the degree to which a subordinate felt he had participated in goal planning was related to acceptance of job goals, acceptance of the supervisor's capabilities for planning, mutual understanding, and self-actualization."¹⁶ This fact again emphasizes the importance of the subordinate's participation in work planning and evaluation of progress in achieving goals. A tool provided for the purpose of self-evaluation is one way to involve the individual in the evaluation of his progress towards specific goals.

The objectives should be clearly stated in terms of the actual behavior involved. A leading nurse educator says that "meaningful

¹⁵Blake, p. 146.

¹⁶Albert Rosen, "Performance Appraisal Interviewing Evaluated by Proximal Observers," Nursing Research, 16:33, Winter, 1967.

objectives must be stated in behavioral terms. The identification and development of lists of critical behaviors for any activity requires careful study of just what people do who are engaged in the activity."¹⁷ In this way, it will be clear to the individual when his objective has been reached. As Mager says, "An additional advantage of clearly defined objectives is that the student is provided the means to evaluate his own progress at any place along the route of instruction and is able to organize his efforts into relevant activities."¹⁸

Evaluation is the process used to ascertain an individual's status in relation to certain objectives or goals. Lambertson says that "a critical factor in an evaluation program, if it is to result in change of behavior or increased competence, is that both supervisor and subordinate perceive the process as a stimulating force rather than as a disciplinary measure."¹⁹ If allowed to evaluate his own progress toward objectives the individual is more apt to view the process of evaluation as stimulating rather than threatening, since he is the one responsible for the evaluation and any effect it may have upon him.

¹⁷Grace Fivars and Doris Gosnell, Nursing Evaluation: the Problem and the Process (New York: The Macmillan Co., 1966), p. 39.

¹⁸Robert F. Mager, Preparing Instructional Objectives (Palo Alto: Fearon Pub., 1962), p. 4.

¹⁹Eleanor C. Lambertson, "The Good Supervisor Emphasizes the Positive Aspects of Evaluation," The Modern Hospital, 106:130, June, 1966.

Evaluation is still troublesome for people. Attitudes toward it need to be changed. The philosophy should be that "improved patient care is the primary goal of the profession, and that one of the best ways to attain that goal is through constant re-evaluation of current practice and nursing effectiveness."²⁰

When we consider that the individual is the basis for any change that takes place, the evaluation of objectives should be his responsibility. The individual, in his work, must perceive some need for change in himself. Change will not occur until a person is motivated and ready to change. What matters is "the diagnosis of the precise nature of the inadequacy and the proper prescription to remedy it. And this means that until evaluation becomes self-evaluation, at least to the extent of internalizing someone else's criticism, nothing very important has happened."²¹

The existentialist says we should not acquiesce in a definition, a final categorization of what we are, do, and can and cannot do. "To exist is to be capable of changing ourselves."²² Jarrett, as he discusses self-evaluation by teachers, says that "... anyone of us can, if he will, be a surprisingly detached observer of himself, a careful

²⁰William A. Gorham, "Methods for Measuring Staff Nursing Performance," Nursing Research, 12:11, Winter, 1963.

²¹James L. Jarrett, "The Self-Evaluating College Teacher," Today's Education, 58:40-41, January, 1969.

²²Jarrett, p. 41.

and systematic analyst of his own teaching acts ..."²³ This statement supports the theory that self-evaluation can result in an honest appraisal of one's strengths and weaknesses. If the objectives toward which one is striving are clearly stated in terms of actual behavior, and if these objectives are acceptable to the individual, then it is possible that that individual can appraise his ability in relation to these objectives.

Simpson makes the following statements concerning self-evaluation by teachers:

Excellent teacher preparation and superior teaching demand continuous attention to problems of teacher self-evaluation and its avowed goal--teacher self-improvement. Self-evaluation can form the basis for rational change and can help the instructor to systematically allocate a reasonable amount of time and effort for self-improvement in the areas where he believes changes are likely to be most profitable.²⁴

It is desirable for the teacher periodically to conduct some type or types of self-diagnosis. Such diagnosis will likely show he is relatively strong in some areas of his professional activities. The diagnosis will also point out to the teacher some areas in which he is relatively weak and in which improvement is to be desired.²⁵

Satisfaction for the teacher starts with himself, and he must continually attempt to recognize his strengths and weaknesses and try to improve.²⁶

²³Jarrett, p. 41.

²⁴Ray H. Simpson, Teacher Self-Evaluation (New York; The Macmillan Co., 1966), p. 1.

²⁵Simpson, p. 12.

²⁶Simpson, p. 26.

Guinée discusses the value of self-evaluation for student nurses. She states,

As in other types of evaluation, it begins with the identification and clarification of the objectives and a desire to attain them . . . The student is the only one who actually knows the degree to which she had been successful. Improvement takes place within the individual, and in nursing only the individual student can apply the facts and principles to her greatest advantage . . . The development of a favorable attitude toward self-evaluation and understanding that it is significant of a mature approach to nursing situations is important to the student.²⁷

There are various methods of self-evaluation. The nursing literature yielded little information on self-evaluation measures. Student nurses were given an opportunity for self-evaluation of their progress in their education, but the practicing nurse seemed to receive evaluation mainly from outside sources.

An article by Cochran and Hansen reported that a hospital developed a "progress record" for its employees. They had the ratees do a self-evaluation, using the new form, to test its validity and found that involving the ratees proved to be very beneficial. Their attitude toward evaluation improved. Therefore, it was recommended that self-evaluation be a permanent part of the system.²⁸

²⁷Kathleen K. Guinée, The Aims and Methods of Nursing Education (New York: The Macmillan Co., 1966), p. 218.

²⁸Thelma C. Cochran and Paul J. Hansen, "Developing an Evaluation Tool by Group Action," American Journal of Nursing, 62:97, March, 1962.

There is a self-evaluation questionnaire designed for school nurses that was prepared by the School Nursing Committee of the American School Health Association in 1967. It is divided into the many areas of school nursing and aims to help the school nurse develop objectivity in evaluation of her work. She is to review it at intervals to help her identify strengths and weaknesses.²⁹

The field of education yielded more guides to self-evaluation --both for student teachers and teachers-on-the-job.

The Cooperative Educational Research Laboratory in Illinois did a study in 1968-69 to determine how participation in self-assessment seminars influences the attitudes, practice, and communication behavior of teachers. The seminars focused on immediate and unique problems of the student teacher and he was encouraged to assess the relevant data for himself and to seek his own solution to the problem. The process of self-assessment was carried out in the context of small group interaction rather than on an individual or mass basis. Each participant defined his own professional goals in "operational terms" and designed and utilized his own feedback systems. Since the student himself gathers the data, "the feelings of threat, anxiety, or trauma often

²⁹School Nursing Committee, "Self-Evaluation Questionnaire for School Nurses," The Journal of School Health, 37:33-40, February, 1967.

associated with feedback are considerably reduced."³⁰ Also, "when instructional objectives are set in behavioral terms, concrete data are easier to collect."³¹

The third element in this self-assessment process was self-confrontation. The participant compared his operational goals with his individual feedback data.

The results of these seminars were several. There was a change in teacher attitudes. They became more student-oriented and less curriculum-centered. Their image of teaching as a career was enhanced. A higher value was placed on a teacher-student relationship based on trust and confidence rather than on obedience. Student teachers who participated in the seminars said that the experience had "helped them become more involved in teaching and in their discussions with other teachers."³² They felt that the process of self-assessment described above offered an opportunity to analyze and solve specific instructional problems. They expressed the importance of learning how to evaluate themselves and felt that the college should incorporate elements of the

³⁰U. S. Dept. of Health, Education and Welfare, "Self-Assessment Groups as a Means for Improving Teacher Behavior" (a research project: student teachers at Wheaton College, Northfield, Illinois, August, 1969), p. 4. (The U. S. Dept. of Health, Education and Welfare is hereafter referred to as U. S. Dept. of HEW.)

³¹U. S. Dept. of HEW, p. 4.

³²U. S. Dept. of HEW, p. 16.

self-assessment program into both course work and supervisory practice.³³

Another study was conducted by the Corvallis School District in Oregon in 1968. The purpose of the study was to examine the effectiveness of teacher self-evaluation as a means for bringing about change in teacher behavior. Their idea was based on the Rogerian theory of "self-actualization" discussed earlier. The "locus of evaluation" must be internal rather than external. From a Rogerian point of view, the creative process may best take place in a situation which permits self-evaluation in the absence of external evaluation, and which allows the individual to approach his conception of an ideal self.³⁴

The Corvallis School felt that this concept could be applied to a process of improving and encouraging creative teaching. Their underlying assumptions were:³⁵

1. If given an opportunity to observe and evaluate themselves, teachers might want to change their behavior in order to be more effective and more competent in the classroom.
2. Teachers having been professionally trained and having been involved in the teaching process would be capable of changing their own behavior.

³³U. S. Dept. of HEW, p. 17.

³⁴Carl Rogers, "Toward a Theory of Creativity," A Source Book for Creative Thinking, eds. Keith Davis and William G. Scott (New York: Charles Scribner's Sons, 1962), p. 69.

³⁵Paul H. Jensen, "A Study of Self-Evaluation Applied to In-Service Education" (Monmouth, Oregon: Oregon State System of High Education, September, 1968), pp. 3-4.

In the pilot study for that investigation, a desire for change in behavior was generated after self-observation and self-evaluation. The actual project also resulted in changes in teacher behavior and attitudes. Self-evaluation was based on the individual's assessment of video-taped classroom sessions.

Some statements made concerning the results of this study were:³⁶

For all but two teachers it proved to be helpful and constructive in building self-confidence as teachers.

Since the teachers were the only ones to evaluate their teaching they were anxious to see how well they really could teach, yet this attitude did not prevent them from being personally and professionally honest. They found fault with their best teaching. Significantly enough, this served to be an encouragement rather than a discouragement, for, while the teachers observed some negative aspects of their teaching, they saw positive evidence of what they considered good teaching. A positive teacher image emerged and sufficient self-confidence so as to make the changes in behavior necessary for more competent and more effective teaching.

The teachers also evaluated the changes in behavior they felt they had made.

Change, as the teacher sees it and feels it, may not be easily measured by someone else. However, if the teacher said that he had changed his behavior in order to be a more competent and effective teacher, his testimony should be accepted as fact. Such change should be reflected in a more positive attitude toward himself, his profession, and his students. It may also be reflected in sensitivity towards student's needs.³⁷

The results of that study give "evidence of the effectiveness of this method of bringing about an attitude which makes change in teacher

³⁶Jensen, P., p. 22.

³⁷Jensen, P., p. 23.

behavior possible."³⁸ The self-observation did "arouse an attitude of concern regarding their own competence and effectiveness as teachers."³⁹

The process of self-evaluation may not always produce observable changes in performance as this study concluded, but when an individual who has undertaken self-evaluation of his work, as the nurses in this study have done, he may feel differently towards his work or may be more sensitive towards the needs of others. This will not always be an observable phenomenon but nonetheless, it is a significant change for the individual and for those he comes in contact with.

³⁸Jensen, P., p. 25.

³⁹Jensen, P., p. 25.

Chapter 3

METHODOLOGY

The nature of this experiment was to introduce a self-evaluation tool to a group of selected staff nurses. These nurses were encouraged to use this tool for a period of five weeks. Data were collected through personal interview of the staff nurses after they had used the tool and written performance ratings by the head nurses before and after the nurses used the self-evaluation tool.

The presentation of the methodology of this study is divided into three sections--the development of the self-evaluation tool, the performance ratings by the head nurses, and the testing of the accepted self-evaluation tool by the experimental group of staff nurses.

DEVELOPMENT OF THE SELF-EVALUATION TOOL

Tool Designed

The original self-evaluation tool was designed by the researcher. The nursing abilities included in the tool are those that are considered most important as demonstrated in the nursing literature. The various traits that the individual in the profession of nursing should attain include:

1. Knowledge and judgement
2. Conscientiousness
3. Skill in human relations
4. Organizational ability
5. Observational ability

6. Reaction under pressure
7. Communication skills
8. Objectivity
9. Flexibility⁴⁰

Bailey lists the abilities needed by nurses as seen by nurse educators, nurse practitioners, and public health agencies as they appeared in a study done by Mary Shields. These abilities are as follows:⁴¹

1. Practices throughout the range and within the limitations of nursing responsibility in problems of health care.
2. Uses sound judgment in sharing nursing tasks with others (co-workers, family members).
3. Demonstrates skill in human relationships, which is based upon a desire to be helpful, and is made useful by an understanding of human needs and the ways in which people try to fill them.
4. Understands the scientific basis of currently accepted nursing principles and carries responsibility for the improvement of nursing care and service; uses creative imagination enriched by useful knowledge and disciplined by scientific method.
5. Plans and gives nursing care based upon clinical experience and knowledge, directed toward filling patient needs.
6. Performs the technical, manipulative aspects of nursing procedures smoothly and skillfully.
7. Assumes responsibility for the promotion of health and the prevention of disease and accidents.

⁴⁰Barbara L. Tate, "Evaluation of Clinical Performance of the Staff Nurse," Nursing Research, 11:7, Winter, 1962.

⁴¹June Teig Bailey, "The Critical Incident Technique in Identifying Behavioral Criteria of Professional Nursing Effectiveness," Nursing Research, 5:52, October, 1956.

8. Carries responsibility for contributing to the welfare of her community, including contributions in off-the-job situations.

9. Behaves in accordance with a satisfying philosophy which includes goals of personal maturity and professional growth.

The items in the tool were not organized under major areas or categories of behavior. Thereby, the nurse might be more apt to think each time she reads a statement. As Flanagan suggests, each statement in the tool contained actual, specific behavior as the criterion measure.⁴²

The tool was designed in the form of a rating scale. The categories of "always", "often", "occasionally", and "seldom" provided a choice for the nurse as to how frequently she used each ability.

Tool Pre-tested

The tool was pre-tested on nurses in the Master of Nursing program on Montana State University campus. These students were asked to give their impressions as to the pertinence of the items on the tool and the clarity of the statements. Adjustments in wording were made according to several suggestions by these students.

Tool Reviewed by Head Nurses

The assistant director of nurses at Billings Deaconess Hospital was contacted by the researcher and her support and cooperation for the

⁴²John C. Flanagan, "Critical Requirements: A New Approach to Employee Evaluation," Personnel Psychology, 2:419, Winter, 1949.

study was obtained.

The researcher later met with the head nurses on the medical, surgical, pediatric and maternity wards and presented the tentative self-evaluation tool to this group. The study was explained and their cooperation elicited. They were asked to judge the items on the tool as to clarity and applicability to work on their wards. They were asked to make note of any items of patient care which they felt were omitted from the tool.

All suggestions or comments were to be presented to the researcher in writing in one week. The researcher wanted the head nurses' approval of the self-evaluation tool that would be used in testing in order to gain their full cooperation.

Tool Reviewed by Staff Nurses

A similar procedure was used to elicit the cooperation of the staff nurses. The researcher contacted the fifteen staff nurses who were to be in the experimental group. She explained the study to the nurses in groups of two and three on each ward. They were asked to judge the tool and to make their comments to the researcher in writing in one week. They were encouraged to discuss the tool among themselves and with their head nurse.

Tool Revised

The forms were returned to the researcher after one week and the suggestions and comments of the head nurses and staff nurses were considered. Changes in the self-evaluation tool were made according to these suggestions and the final tool was prepared.

The original tool had a rating column labeled "often". The word "usually" was substituted for "often". The nurses felt this term was more descriptive of their actual behavior.

Two items were deleted from the original tool. These two items were:

1. Am I able to refer patients to proper outside agencies if help is needed after discharge? (Many nurses felt that this was the responsibility of the doctor.)
2. Do I talk about subjects of interest to my patient? (Many nurses felt this was less important than the other items on the tool.)

PERFORMANCE RATINGS

The purpose of these performance ratings of staff nurses by their head nurses was to help determine if the patient care of the staff nurse changed after using the self-evaluation tool.

The performance rating forms were given to the head nurses at their general meeting. The content of the performance rating form was the same as that in the self-evaluation tool, except that a rating scale of 7-1 was used in place of the categories of "always", "usually",

"occasionally", and "seldom" on the self-evaluation tool used by the staff nurses. See Appendix p. 60 for a copy of the performance rating form.

The head nurses were asked to rate their staff nurses's ability on each item on a 7-1 scale. This scale was explained to them by the researcher as follows: a 5, 6, or 7 would mean the nurse was generally capable in this area. Numbers below 4 would indicate lesser ability in this particular area. The number "4" would be an average performance. An overall rating in each of the 5 categories of nurse responsibility included on the tool would be a part of this evaluation. The head nurses were told that their ratings would be the confidential information of the researcher.

At this meeting the head nurses were asked to observe their staff nurses during the next 5 weeks so that they could include behavioral evidences of performance of objectives on the tool by their staff nurses in a final rating after the staff nurses had used the self-evaluation tool.

REVISED SELF-EVALUATION TOOL TESTED

The staff nurses then used the revised tool for 5 weeks. See Appendix p. 65 for copy of revised tool. The self-evaluation tool was mailed to each nurse, accompanied by a letter of explanation for its use. See Appendix p. 64 for copy of letter mailed to the staff nurses. Each nurse was to read the tool daily, giving particular attention to

the column, "actual situation noted," for each objective contained in the tool.

At the end of 3 weeks, a second letter was mailed to them as a reminder that in two weeks a time would be scheduled for individual discussion of the tool and its use with the researcher. See Appendix p. 71 for copy of this letter. The purpose of the discussion or interview was to determine if there had been a change in attitude toward and performance of the work of the staff nurse after using a self-evaluation tool. See Appendix p. 72 for copy of the Interview Schedule.

The head nurses were asked to submit their final performance ratings for their staff nurses after the 5-week experimental period. At this time, behavioral evidence for as many objectives as possible was to be included by the head nurses for each of her staff nurses.

Chapter 4

ANALYSIS AND INTERPRETATION OF THE DATA

The analysis of data is presented in two parts. The first part of the analysis will be a report on the performance ratings by the head nurses before and after the staff nurses used the self-evaluation tool, followed by an interpretation of this data. See copy of Performance Rating Form on p. 60 in the Appendix.

The second part of the analysis is an analysis of data from the interview schedule. The fifteen staff nurses in the experimental group were interviewed individually by the researcher after they had used the self-evaluation tool for 5 weeks. The data collected during these interviews are arranged according to the interview schedule that was followed by the researcher for each participating nurse. See Appendix p. 72 for copy of Interview Schedule. The analysis is followed by an interpretation of this data.

DATA FROM PERFORMANCE RATINGS BY HEAD NURSES

The performance ratings of these 15 nurses by their respective head nurses after the 5-week-period did not show any significant change from the initial performance ratings. One head nurse consistently rated her staff nurses 1 and 2 points higher for every item on the final rating. Another head nurse rated her staff nurses 1 and 2 points lower for each item on the final rating. However, the statements for

behavioral evidence were positive in both instances.

One head nurse rated her two staff nurses as improved on 19 items for one nurse and 21 items for the other nurse. These were two of the eight nurses who felt the tool had motivated them to improve their patient care.

One head nurse rated her nurses "7" on every item before and after the use of the self-evaluation tool, with the exception of three items that were rated "6" on the final rating. See copy of Performance Rating Form on p. 60 of Appendix. This head nurse did not give any indication that she wanted to cooperate in the project at the outset. No behavioral evidence was cited for the items by this head nurse. She made the statement that she had excellent nurses and gave them the ratings they deserved. It seems to the researcher that this head nurse regards evaluation as a way to praise her nurses, rather than as a tool that can help the nurse grow in her professional ability.

INTERPRETATION OF PERFORMANCE RATINGS BY HEAD NURSES

There are several possible explanations for the inconsistencies in the ratings referred to above. The performance of these staff nurses was rated by six separate raters (six head nurses). The raters themselves had not been trained for this task, other than the researcher's explanation of the rating scale at the head nurse meeting and the letter of instruction that accompanied the rating forms. See p. 59 in Appendix

for copy of this letter. Six head nurses will undoubtedly have different standards and this will affect their ratings, in spite of the specificity of the items. Also, a head nurse may have a biased opinion in favor of her staff nurses and this may affect the objectivity of the rating.

It is the feeling of the researcher that the numbers assigned in the ratings of the staff nurses by their head nurses do not have any meaning by themselves, for the reasons mentioned above. However, the statements accompanying the numbers did show positive behavior for most of the items. This is consistent with the self-ratings of those nurses who felt they had improved. Also, the numerical ratings by the head nurses seemed to be made more carefully in the final performance ratings when actual behavior of their staff nurses had to be recorded.

The head nurses were able to give behavioral evidence that the staff nurses were performing many of the tasks referred to in the self-evaluation tool. They were asked to note "actual behavior" when they rated their staff nurses at the end of the 5-week-period. This seemed to produce more careful number ratings than were given at the beginning of the five weeks by the head nurses.

Significant behavior given as evidence that the particular task is being accomplished by the nurse demonstrates the various objectives included in good nursing care. The study seemed to indicate that the head nurses were able to identify specific behavioral evidence in their

nurses that manifested the objectives contained in the self-evaluation tool.

Some significant behavior noted by the head nurses as evidence of fulfilling objectives in the self-evaluation tool were:

This nurse checks the Physicians' Desk Reference for side effects to medications.

This nurse stimulates interest in our work on the ward by presenting team conferences that will interest her co-workers. One conference reviewed cardiac resuscitation.

This nurse considers the problems of the other departments on obstetrics: for example, when she works in the post-partum area, she can still see and accept the problems of the nursery. Thus, she sees from another perspective besides her own.

This nurse is helpful to the patient's visitors. She had a special visit from a relative who wanted to thank her for her help.

This nurse suggests to her co-workers ways to care for a particular patient, giving reasons for the care that is recommended.

This nurse remembers safety features such as the footstool, call-light in place, a posey belt when necessary.

This nurse checks bedside appearance and the completeness of the assignment in general. This nurse also makes herself available to her personnel.

This nurse brings new teaching methods to the staff for patients, which she learns through her reading.

This nurse bathes the patient early if he is to have an intravenous feeding that day. If the IV is more important to the patient than the bath, she will immediately start the IV. Thus, she individualizes her care.

The nursing histories recently introduced help the nurse consider the patient as part of the health team.

DATA FROM THE INTERVIEW SCHEDULE

Question No. 1

What is your age, marital status, years of nursing experience, type of school attended, and year of graduation?

Twelve nurses graduated from a diploma program. Two nurses graduated with a bachelor's degree in nursing. One nurse graduated from an associate degree program.

The median year of graduation from a nursing program was 1943. Only four nurses graduated after 1947.

The years of experience ranged from one year to 35 years with median of 18 years and an average of 15 years.

The age of these nurses ranged from 22 years to 58 years with a median age of 48 years. Four nurses were under the age of 30 and 11 nurses were over 40.

Nine nurses were married. Four nurses were single. One nurse was divorced and one nurse was a widow.

Question No. 2

How did you use the tool and when?

Two nurses read the tool every evening after work. Four nurses read it weekly. Nine nurses read it 2-5 times during the five-week-period.

Six nurses discussed the items with their co-workers--head nurse and staff nurses. One nurse used several items on the tool as a basis for discussion in various ward conferences.

Ten nurses made notations in the first four columns of the self-evaluation tool. Of these ten nurses, six marked their performance only once during the 5 weeks. Six nurses made written notations in the behavioral column. One nurse jotted down aspects of care for a particular patient as suggested by items on the tool and then transferred these to the Kardex on the ward when she came to work the next morning.

The nurses who used the tool more regularly, who made notations in the behavior column, and who discussed the tool with their co-workers were more often in the group of nurses who were motivated to improve their patient care than were the nurses who did not use the tool regularly, who did not make notations in the behavior column, or who did not discuss the tool with their co-workers (Tables I, II, III).

Question No. 3

Of what value (use) was this tool to you?

When the nurses considered the value of the tool, the following statements were made:

The tool makes the nurse take a closer look at how she is doing her work.

The tool brought to mind things the nurse should be doing in her work.

TABLE I

COMPARISON OF NURSES AS TO FREQUENCY OF USE OF
SELF-EVALUATION TOOL DURING THE 5-WEEK-PERIOD

Group I	Times Used	Group II	Times Used
Nurse 1	Weekly	Nurse 1	2X
Nurse 2	Weekly	Nurse 2	4X
Nurse 3	3X	Nurse 3	5X
Nurse 4	Weekly	Nurse 4	5X
Nurse 5	Daily	Nurse 5	3X
Nurse 6	Daily	Nurse 6	2X
Nurse 7	Weekly	Nurse 7	2X
Nurse 8	3X		

Group I. Nurses who were motivated to improve their patient care.

Group II. Nurses who were not motivated to improve their patient care.

TABLE II

COMPARISON OF NURSES AS TO USE OF
THE SITUATION COLUMN

Group I	Situations Noted	Group II	Situations Noted
Nurse 1	No	Nurse 1	No
Nurse 2	No	Nurse 2	No
Nurse 3	Yes	Nurse 3	No
Nurse 4	Yes	Nurse 4	No
Nurse 5	Yes	Nurse 5	No
Nurse 6	Yes	Nurse 6	Yes
Nurse 7	No	Nurse 7	No
Nurse 8	Yes		

Group I. Nurses who were motivated to improve their patient care.

Group II. Nurses who were not motivated to improve their patient care.

TABLE III

COMPARISON OF NURSES AS TO DISCUSSION OF
SELF-EVALUATION TOOL WITH CO-WORKERS

Group I	Discussion	Group II	Discussion
Nurse 1	Yes	Nurse 1	No
Nurse 2	No	Nurse 2	Yes
Nurse 3	Yes	Nurse 3	No
Nurse 4	Yes	Nurse 4	No
Nurse 5	Yes	Nurse 5	No
Nurse 6	Yes	Nurse 6	No
Nurse 7	Yes	Nurse 7	No
Nurse 8	No		

Group I. Nurses who were motivated to improve their patient care.

Group II. Nurses who were not motivated to improve their patient care.

The nurse considered it a valuable tool if time on the ward had permitted her to perform items on the tool.

The tool is a review of good nursing practices.

Question No. 4

Was it difficult to use the tool? If so, why?

Thirteen nurses said it was not difficult to use the tool but five of these nurses considered that the time involved in its use could affect the effectiveness of such a tool.

The two nurses who stated the tool was difficult to use said that time was not available to read and think about the items.

Question No. 5

Has the tool had any effect on you?

Eleven nurses said the form had had an effect on them. Three nurses said the tool had had no effect on them. One nurse didn't want to comment. One nurse felt the effect may be only temporary.

Part a. Have you noticed any change in your attitude toward your work?

Five nurses felt they had some change in attitude towards their work. Comments on attitude change included the following:

- 1) The tool made her work more interesting.
- 2) The tool made the nurse more aware of the patient as a whole person and caused her to stop and think what each patient might need.
- 3) The tool made her want to do a better job.

4) The tool helped her to consider the feelings of visitors and patients.

5) The tool made her more aware of her co-workers and their contributions.

Part b. Can you see areas in your nursing care where you are strong? Did the tool bring these to mind?

Ten nurses said the tool made them aware of areas in their work in which they were particularly strong.

Part c. Did the tool suggest areas where you may need to improve?

Fourteen nurses said the tool did suggest areas where they needed to improve.

Part d. Did you feel compelled to improve your work habits after rating your performance on each item?

Eight nurses felt compelled to improve their work performance after using the tool.

Question No. 6

Did the situation column prove useful?

Eight nurses felt the situation column was useful to them.
This was discussed under Question No. 2.

Question No. 7

Have your ratings of yourself changed since you first used the

tool? In one area more than others?

Eight nurses felt the ratings of themselves had changed since they first used the tool. Six of these nurses felt that they had improved in one area more than others.

Areas where change was noticed were:

- 1) The nurse was more conscious of the patient as a whole person and therefore, she tried to listen to and communicate more with the patient.
- 2) Relations with co-workers have improved. The nurse has more empathy with others now.
- 3) The nurse has tried to be more aware of and to follow through on responsibilities.
- 4) The nurse is more aware of observing for drug reactions and other symptoms the patient may demonstrate.
- 5) The nurse is more aware of patient and general ward safety.
- 6) The nurse considers the importance of exercising post-surgicals and follows through on this. One nurse from the obstetric floor went to the surgical floor to ascertain the type and amount of exercise the surgical should have. She had not considered the importance of exercise before, even though the obstetric floor did care for many surgical patients.
- 7) The nurse was more aware of her responsibility in the referral of patients to outside agencies. Although this item was deleted

from the tool, there was one nurse who made a referral during the five weeks and this nurse said that she hadn't considered it a nursing responsibility until the original tool was presented during the initial phase of the experiment.

Question No. 8

Did you choose any specific items to work on? If so, what were they?

Eight nurses said they had chosen specific items to work on. Five of these nurses were in the group that noted change in their ratings. The following items were those selected:

- 1) Encourage patient with limitations to make use of his capabilities.
- 2) Exercise surgicals.
- 3) Empathy with others.
- 4) Supervision and teaching of personnel.
- 5) Safety.
- 6) Support confidence of patient in his physician.
- 7) Self-growth by keeping abreast with advances in my profession.
- 8) Instructions to patient when discharged from the hospital.

Question No. 9

How important are the following items in your daily care of patients?

- a) Do I help to facilitate referral of patients to proper outside agencies if help is needed after discharge?
- b) Do I talk about subjects of interest to my patients?

These items were deleted from the original self-evaluation form.

At that time, several nurses considered Item a. a less important nursing function than other items and so it was deleted.

Eight nurses considered Item a. important when it was discussed in the interview. However, only three of these nurses ever performed this task. The seven nurses who did not consider it important for the nurse to facilitate referral of patients gave two reasons for their answer. They said the doctors were hard to approach on this issue and/or they (the nurses) were unfamiliar with the agencies in the community.

Fourteen nurses considered it important that nurses talk about subjects of interest to their patients (Item b.).

Question No. 10

What dissatisfactions do you have in your work?

Nurses gave the following reasons for dissatisfaction in their work:

Nine nurses said there was "too much to do".

Four nurses said that paperwork and other tasks didn't allow enough time with the patients.

Four nurses said there was a need for better-trained and more consistent auxillary help.

One nurse said there was blocked communication between hospital management and the floor.

One nurse said she was experiencing a personnel clash with another nurse.

Question No. 11

Do you look objectively at yourself and make judgments on the ability you have as a nurse? Why is this important?

Fourteen nurses said they could look objectively at themselves and make judgments on their individual ability as a nurse. Nine of these said that objective judgment was necessary in order to improve oneself. Five nurses said judging yourself objectively was important in order for one to know when you are not capable of performing a task.

Question No. 12

Do you think it is realistic to use this tool to improve our nursing care in this age of modern medicine?

Fifteen felt that the tool could be used to improve nursing care today. However, three of the nurses stated that lack of time to use the tool might be an interfering factor.

Question No. 13

Why do you think the tool is not useful, if this is the case?

All nurses felt the tool was useful, but several made comments on this question. Four nurses felt the tool shouldn't be used daily because of the time involved in its use. One nurse said the form may

be "taken for granted" if used too often. One nurse felt that it is sometimes difficult to evaluate yourself.

Question No. 14

Where would such a tool be used most effectively?

Suggestions were given by these nurses as to where the tool would be used most effectively. The following areas were suggested:

Six nurses said the tool should be for the personal use of the registered nurse.

Five nurses said that the tool would also be useful to the LPN and nurse's aide.

Six nurses said the tool would be useful in team discussion.

Four nurses said that the tool might be useful to nurses returning to work and, therefore, could be included in the orientation program of the hospital. Another area suggested was inservice training for team leaders.

One nurse suggested the tool could be used for upgrading of personnel by the hospital.

Question No. 15

What is your 2nd choice of occupation?

There were a variety of answers to this question. The following occupations were given:

Teacher -----	2
Physical Education Teacher -----	2
Nursery School Teacher -----	1
Motel Manager -----	1
Psychology -----	1
Beauty Operator -----	1
Lab Technician -----	1
Youth Guidance Counselor -----	1
Dietician -----	1
No other choice -----	4

INTERPRETATION OF DATA FROM INTERVIEW SCHEDULE

The data collected during the interview schedule seemed to show that the nurses were divided into two groups.

The eight nurses who were motivated to improve their work habits and whose self-ratings did change after using the self-evaluation tool used the tool more regularly than the seven nurses who did not feel motivated to improve their work (Table I, p. 35).

In the group of nurses that noted improvement two nurses used the tool daily and made notations in the behavior column. Four nurses used the form weekly and one of these four used the behavior column. The other two nurses used the tool three times during the five weeks but did not note situations in the behavior column. Six of the eight nurses discussed the items with their co-workers (Tables I, II, III, pp. 35, 36, 37).

In comparison, the seven nurses who did not feel their work habits changed after using the tool, did not use the tool regularly.

Each nurse in this group read it over 2-5 times during the 5-week-period and only one nurse made notations in the behavior column. One nurse discussed the tool with her co-workers (Tables I, II, III, pp. 35, 36, 37).

Age did not appear to be an influencing factor. Six nurses who felt they had improved their work habits were between the ages of 46 and 58. Two nurses were 23 and 24 years of age. In the group that didn't note improvement five nurses were between the ages of 44 and 58, and two nurses were 22 and 25 years of age (Table IV).

Years of nursing experience also did not seem to be an influencing factor (Table IV).

The nurses between the ages 46 and 58 in the group that noted improvement seemed to feel that many of the concepts contained in the statements of the tool expressed aspects of patient care that were not considered by nurses when they received their diploma. Such concepts as "patient-centered care" and "team nursing" have become more common in the last 15-20 years.

The amount of schooling did not seem to make a difference in the effect of the tool. There were only two nurses who had a baccalaureate degree and they were in the group who noted a change in their work habits.

The type of hospital ward on which the nurse worked did not seem to influence the effect of the tool. There were nurses represented

TABLE IV

COMPARISON OF NURSES AS TO AGE AND YEARS
OF NURSING EXPERIENCE

Group I	Age	Years of Experience	Group II	Age	Years of Experience
Nurse 1	58	23	Nurse 1	44	23
Nurse 2	54	35	Nurse 2	58	14
Nurse 3	24	1	Nurse 3	57	22
Nurse 4	54	30	Nurse 4	46	8
Nurse 5	46	20	Nurse 5	25	4
Nurse 6	48	24	Nurse 6	22	1½
Nurse 7	48	12	Nurse 7	50	18
Nurse 8	23	1			

Group I. Nurses who were motivated to improve their patient care.

Group II. Nurses who were not motivated to improve their patient care.

from each ward in both groups.

The attitude of the head nurse towards the tool might have influenced the willingness of the staff nurse to use the tool regularly. Seven of the eight nurses who felt they had improved were under the direction of the four head nurses who cooperated more fully with the researcher. The one nurse who did feel she had improved but whose head nurse did not cooperate read the form only twice during the five weeks (Table V).

In the group who did not note improvement in work performance, four of the seven nurses had head nurses who did not wish to cooperate.

One interesting finding is the answer to Question #5, "Has the tool had any effect on you?". Eleven nurses said the tool had had an effect on them. Yet, only eight of the eleven felt they had actually improved their work performance.

Another interesting finding was that fourteen nurses said the tool suggested areas where they needed to improve. Yet, only eight nurses felt compelled to improve their patient care after using the tool. It seems that the variables discussed above influenced the degree to which the nurse was motivated to improve her patient care after using the self-evaluation tool.

The variables that seemed to influence were:

- 1) The way the nurse used the tool. If she used the tool regularly and noted actual behavior for objectives or items, the tool seemed

TABLE V

COMPARISON OF NURSES' MOTIVATION WITH
POSITIVE OR NEGATIVE COOPERATION
OF HEAD NURSE IN THE USE OF
SELF-EVALUATION TOOL

Group I	Cooperation of Head Nurse	Group II	Cooperation of Head Nurse
Nurse 1	Yes	Nurse 1	No
Nurse 2	Yes	Nurse 2	Yes
Nurse 3	Yes	Nurse 3	Yes
Nurse 4	Yes	Nurse 4	No
Nurse 5	Yes	Nurse 5	No
Nurse 6	Yes	Nurse 6	No
Nurse 7	Yes	Nurse 7	Yes
Nurse 8	No		

Group I. Nurses who were motivated to improve their patient care.

Group II. Nurses who were not motivated to improve their patient care.

to have a greater effect on her motivation to improve her patient care. Also, it seemed to make a difference whether the nurse discussed the tool with her co-workers. Six of the nurses in the group that noted improvement discussed the tool with co-workers. Only one in the other group discussed the tool with co-workers.

2) The attitude of the head nurse towards the tool. The nurses whose head nurses wanted to cooperate showed more desire to improve their work performance than those whose head nurses were not interested in the tool or its use.

Chapter 5

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

SUMMARY

The purpose of this study was to determine if a self-evaluation tool would be useful in motivating a nurse to improve her patient care.

It was hypothesized that a self-evaluation tool will motivate the staff nurse to work towards improvement of her patient care.

A self-evaluation tool was designed by the researcher, based on principles of good patient care as given in the nursing literature. This tool was used by a group of 15 staff nurses in the Billings Deaconess Hospital for 5 weeks during winter quarter, 1970. Following this period, interviews were conducted with each staff nurse to determine if there was any change in attitude toward her work or change in performance of her work.

Performance ratings of these staff nurses were collected from their respective head nurses before and after the experimental period to determine if there were any observable changes in performance. Behavioral evidences of most items in the tool were solicited from the head nurses in addition to the final ratings.

An examination of the data collected during the interview schedule seemed to indicate that the nurses were divided into two groups. Eight nurses were motivated to improve their work habits after

using the tool. Seven nurses did not feel motivated to improve their work performance.

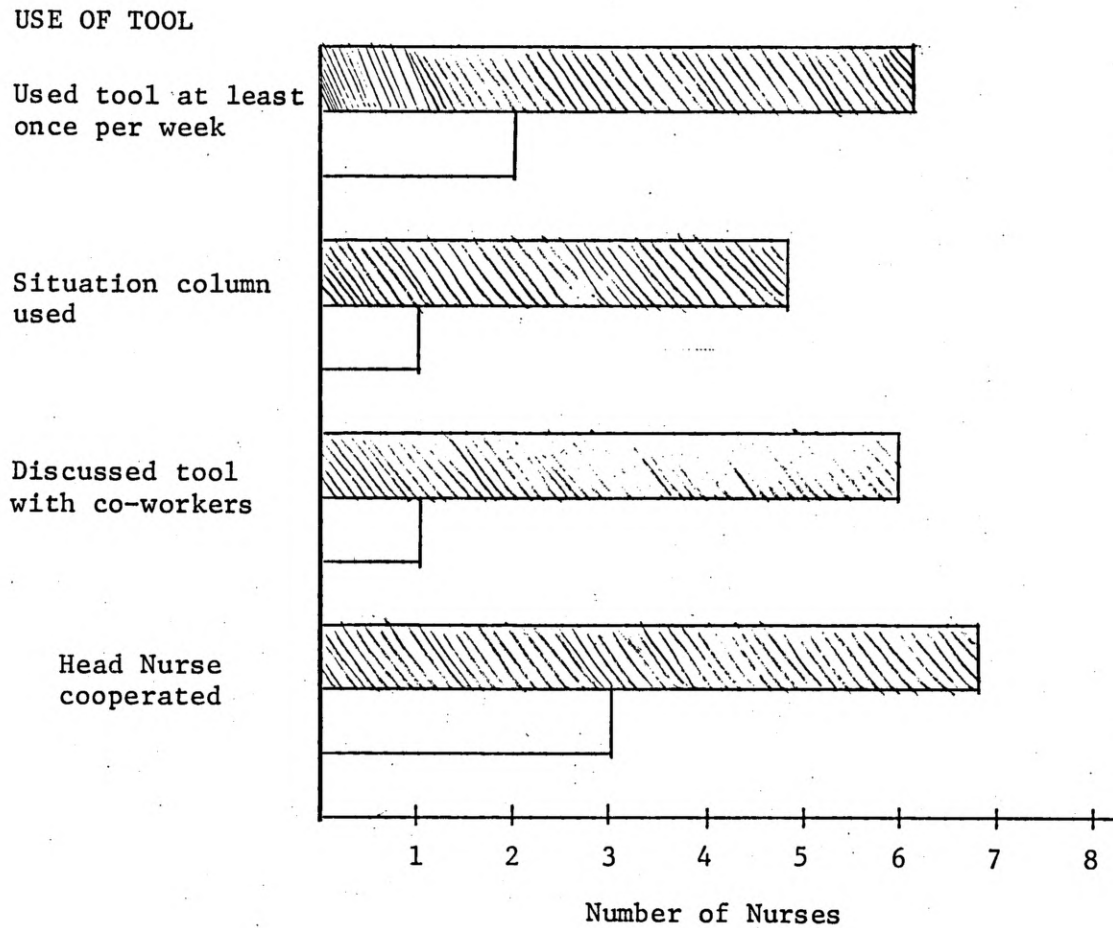
The variables that seemed to influence them were:

1) The way the nurse used the tool. If she used the tool regularly and noted actual behavior for objectives or items, the tool seemed to have a greater effect on her motivation to improve her patient care. Also, it seemed to make a difference whether the nurse discussed the tool with her co-workers. Six of the nurses in the group that noted improvement discussed the tool with co-workers. Only one nurse in the group that did not note improvement discussed the tool with co-workers.

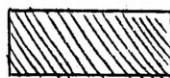
2) The attitude of the head nurse towards the tool. The staff nurses whose head nurses wanted to cooperate showed more desire to improve their patient care than those whose head nurses were not interested in the tool or its use (Figure 1).

The hypothesis that a self-evaluation tool will motivate the staff nurse to work towards improvement of her patient care was supported by the analysis of the data. The dependent variables for this sample of nurses appeared to be the way the nurses used the tool and the attitude of her head nurse towards the tool.

The study also indicated head nurses were able to identify behavioral evidence that their staff nurses were performing many of the objectives contained in the self-evaluation tool. The ratings themselves did not show any significant change in nurse behavior after



Motivated to Improve
Patient Care



Not Motivated to Improve
Patient Care

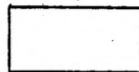


Figure 1

COMPARISON OF NURSES AS TO USE OF TOOL AND
MOTIVATION TO IMPROVE PATIENT CARE

using the self-evaluation tool, but the statements of behavioral evidence given by the head nurses in the final rating did show positive behavior for most items.

CONCLUSIONS

Certain conclusions can be drawn about the value of a self-evaluation tool as a means to motivate nurses to improve their work performance. These conclusions apply to the experimental group who participated in the study.

1) Nurses who used the self-evaluation tool regularly and noted behavioral evidence for the objectives contained in the self-evaluation tool were motivated to improve their patient care.

2) Nurses who did not use the self-evaluation tool regularly and who did not note behavioral evidence for the objectives contained in the self-evaluation tool were not motivated to improve their patient care.

3) The use of the self-evaluation tool did enable a majority of the nurses to point out areas of strength and weaknesses in their patient care.

4) Discussion of the objectives contained in the self-evaluation tool with co-workers seemed to enhance the motivating effect of the tool.

5) The attitude of the head nurse toward the self-evaluation tool may have influenced the effect that tool had on her staff nurses.

6) Comments made by the nurses who were motivated to improve their patient care indicate that the process of self-evaluation made their work more challenging and more rewarding. Ego needs seemed to be at least partially met by the opportunity to improve and achieve through self-direction.

7) Head nurses were able to identify specific behavioral evidence in their nurses that manifested the objectives contained in the self-evaluation tool. Statements of behavioral evidence accompanying the numerical ratings showed positive behavior for most of the items. This is consistent with the self-ratings of those nurses who felt they had improved their patient care.

RECOMMENDATIONS

It is recommended on the basis of the findings of this study that hospitals include self-evaluation in their program of evaluation of staff nurses.

It is further recommended that this process of self-evaluation be introduced through inservice education where head nurses and staff nurses can learn the purpose for such a process and how each can be a more objective observer of himself. This preparation would maximize the potential for active participation of all nurses in the self-evaluation process.

The researcher also recommends the following:

- 1) That the self-evaluation process be accomplished at regular intervals.

- 2) That behavioral evidence of objectives the nurse is working towards be a part of her self-evaluation.

- 3) That behavioral evidence be a part of a performance evaluation of staff nurses by their head nurses to provide more careful and more objective ratings in the evaluation process.

From a study of the replies given to Question #9 in the Interview Schedule (p. 72 in Appendix) it is recommended that inservice education provide a study of the agencies available for referral of hospital patients in that particular community and the procedures needed to accomplish such referrals.

Suggestions for further study are:

- 1) That the self-evaluation tool used in this study be tested in another hospital, using a control and an experimental group of staff nurses and either a common performance rater or a group of raters to provide the performance ratings for the participating nurses.

- 2) That such a study could further be strengthened if behavioral evidence for the items contained in the self-evaluation tool be noted before and after use of the tool by staff nurses. This would provide the possibility of comparing concrete behavior of staff nurses before and after using a self-evaluation tool in addition to the numerical

ratings by their head nurses.

3) That further investigation be made on the relation between the theory of behavior modification and the use of a self-evaluation tool as a device for learning.

APPENDIXES

To the Head Nurse:

I would greatly appreciate your efforts in this project--the development and testing of a self-evaluative tool for nurses.

Would you please rate your 7-3 nurses, working full-time or 4 days per week, on their nursing performance in the areas included on the attached form. The areas included are:

- 1) Emotional support to the patient.
- 2) Technical competence.
- 3) Professional responsibilities (includes ethics and personal growth).
- 4) Interpersonal relations (with all members of the health team and family).
- 5) Leadership responsibilities.

The rating is based on a "7-1" scale. "7" would mean that the nurse excels in this area. A "2" or "3" would mean that she needs some extra work in that particular aspect of care. Please try to be objective. Your ratings will not be read by anyone except the researcher herself.

The staff nurses will use the tool daily for 5 weeks. At the end of this time, I will ask if you would again rate your day nurses on the same items, using the same rating scale (7-1). At this time, I will also ask you to note in writing the particular behavior you observed in the nurse that prompted the actual rating. Please try to do this on as many items as possible.

Thank you for your cooperation. It is very rewarding to work with the members of my profession.

(Mrs.) Roberta Olson, R.N.

PERFORMANCE RATING FORM FOR HEAD NURSES

(Rating--7-6-5-4-3-2-1)

	<u>Rating</u>	<u>Actual Behavior Noted</u>
1. Does she observe the patients for side effects of medications in addition to the anticipated reactions?		
2. Is she able to stimulate interest in our work among co-workers on my ward?		
3. Does she support the patient in his confidence in his physician?		
4. Does she work with others in a cooperative manner by trying to see from another perspective besides her own? (Include work with co-workers, doctors, and family).		
5. Is she sensitive to change in a patient's condition that may be significant of progress or relapse (physical and emotional signs)?		
6. Does she know the capabilities of those workers who assist her?		
7. Does she prepare the patient psychologically for diagnostic procedures?		
8. Does she continually strive to improve her work performance?		
9. Does she give workers recognition for work well done?		

	<u>Rating</u>	<u>Actual Behavior Noted</u>
10. Does she remember to chart the patient's responses to his care as well as the care itself?		
11. Is she able to use self-control and good organization in the midst of additional demands?		
12. Is her manner unhurried and warm when she cares for a patient?		
13. Does she anticipate the needs of a patient soon to be admitted when she knows the diagnosis?		
14. Is she <u>helpful</u> and <u>tactful</u> with the patient's visitors?		
15. Does she assign work clearly to co-workers?		
16. Does she encourage self-help by a patient when he is ready for it?		
17. Is she aware of proper alignment when positioning a bed patient?		
18. Is she alert and cheerful, and does she show a positive attitude toward her work?		
19. Does she consider and respect the attitudes and ideas of those who work with her?		
20. Does she approach her work with the patient uppermost in her mind?		

	<u>Rating</u>	<u>Actual Behavior Noted</u>
21. Does she think of looking for safety factors in patient care, such as hazards with O ₂ , bed rails, asepsis, padding for restraints, water on floor?		
22. Does she check the work of assisting personnel who are her responsibility?		
23. Does she remember to "force fluids" on surgical patients and others who need this care?		
24. Does she keep informed of advances in her field?		
25. Does she consider the patient as part of the health team, which means his participation in the care plan is essential?		
26. Does she match the needs of the patients and the capabilities of her workers when making assignments?		
27. Does she adjust routine to the patient when his needs are more important?		
28. Does she try other ways to make patient comfortable in addition to or in place of medication, such as changing his position, backrub, fluids, or simply talking with the patient when emotional tension is evident?		
29. Does she accept responsibility and follow through on commitments?		

	<u>Rating</u>	<u>Actual Behavior Noted</u>
30. Is she loyal to patients and co-workers, respecting their confidences?		
31. Does she assist the practical nurse and aide in planning their assignments?		
32. Does she encourage exercises for rehabilitation?		
33. Does she recognize opportunities for on-the-job teaching of co-workers?		

The previous items can be grouped under the following categories. Please include an overall rating for the nurse in each category.

I. Emotional support to the patient.	
II. Technical competence.	
III. Professional responsibilities (includes ethics and personal growth).	
IV. Interpersonal relations (with all members of the health team and family).	
V. Leadership responsibilities	

February 2, 1970

To the Registered Nurse:

I would greatly appreciate your efforts in this project--the development and testing of a self-evaluative tool for nurses.

Your head nurse will rate your strengths and weaknesses in the following categories:

- 1) Emotional support to the patient.
- 2) Technical competence.
- 3) Professional responsibilities (includes ethics and personal growth).
- 4) Interpersonal relations (with all members of the health team and family).
- 5) Leadership responsibilities.

You are asked to use the self-evaluation form for a period of 5 weeks. A guide for its use should include--daily reading with particular attention given to the column "actual situation noted". You may want to record data in writing daily, weekly, or only before and after the 5-week-period. That will be left up to you. Your actual ratings of your own behavior will not be shared with anyone except yourself.

I will schedule an interview with each nurse at the end of the five weeks and discuss how you used the tool and any comments formulated by them.

Thank you for your cooperation. It is rewarding to work with members of my profession.

(Mrs.) Roberta Olson, R.N.

SELF-EVALUATION TOOL FOR STAFF NURSES

	Always	Usually	Occasion- ally	Seldom	Actual Situ- ation Noted
1. Do I accept responsibilities and follow through on commitments?					
2. Do I really listen to my patients?					
3. Do I observe the patients for side effects of medications in addition to the anticipated reactions?					
4. Am I able to stimulate interest in our work among co-workers on my ward?					
5. Do I support the patient in his confidence in his physician?					
6. Do I work with others in a cooperative manner by trying to see from another perspective besides my own? (Include work with co-workers, doctors, and family).					
7. Do I help a patient with a chronic condition to accept his limitations by helping him to see his capabilities?					

	Always	Usually	Occasion- ally	Seldom	Actual Situ- ation Noted
8. Am I sensitive to change in a patient's condition that may be significant of progress or relapse (physical and emotional signs)?					
9. Do I know the capabilities of those workers who assist me?					
10. Do I look at the physical needs of the patient and forget that this is a whole person with emotional and social needs, also?					
11. Do I continually strive to improve my work performance?					
12. Do I give workers recognition for work well done?					
13. Do I do my best to communicate with the patient who does not talk much?					
14. Do I remember to chart the patient's responses to his care as well as the care itself?					
15. Am I able to use self-control and good organization in the midst of additional demands?					
16. Is my manner unhurried and warm when I care for a patient?					

	Always	Usually	Occasion- ally	Seldom	Actual Situ- ation Noted
17. Do I anticipate the needs of a patient soon to be admitted when I know the diagnosis?					
18. Am I <u>helpful</u> and <u>tactful</u> with the patient's visitors?					
19. Do I prepare the patient psychologically for diagnostic procedures (x-rays, blood tests, other specimens) by explaining the "why" and the "how" of the test?					
20. Am I able to encourage self-help by a patient when he is ready for it?					
21. Do I assign work clearly to co-workers?					
22. Do I respect each patient as an individual with values and beliefs that are important to him?					
23. Am I aware of proper alignment when positioning a bed patient?					
24. Am I alert and cheerful, and do I show a positive attitude toward my work?					

	Always	Usually	Occasion- ally	Seldom	Actual Situ- ation Noted
25. Do I consider and re- spect the attitudes and ideas of those who work with me?					
26. Do I approach my work with the patient upper- most in my mind?					
27. Do I think of looking for safety factors in patient care, such as hazards with O ₂ , bed rails, asepsis, padding for restraints, water on floor?					
28. Do I check the work of assisting personnel who are my responsi- bility?					
29. Do I remember to "force fluids" on surgical patients and others who need this care?					
30. Do I keep informed of advances in my field?					
31. Do I have empathy with others (try to put my- self in their place to see how they feel?)					
32. Do I consider the pa- tient as part of the health team, which means his partici- pation in the care plan is essential?					

	Always	Usually	Occasion- ally	Seldom	Actual Situ- ation Noted
33. Do I try other ways to make a patient comfortable in addition to or in place of medication, such as changing his position, backrub, fluids, or simply talking with the patient when emotional tension is evident?					
34. Do I match the needs of the patients and the capabilities of my workers when making assignments?					
35. Do I adjust routine to the patient when his needs are more important?					
36. Am I able to sense anxiety that is not overtly expressed in a patient?					
37. Am I loyal to patients and co-workers, respecting their confidences?					
38. Am I able to plan my work assignments to make things easier for the patient and myself?					
39. Do I assist the practical nurse and aide in planning their patient assignments?					

	Always	Usually	Occasion- ally	Seldom	Actual Situ- ation Noted
40. Does the patient know I care and want to understand about his problems?					
41. Do I encourage exercises for rehabilitation?					
42. Do I recognize opportunities for on-the-job teaching of co-workers?					
43. Do I take time to look at the results of my efforts during the day?					
44. If a patient is to be discharged with instructions for home care, am I aware of his grasp or lack of grasp of their meaning?					

Two questions the nurse should ask herself each day:

1. How do I look at my job--what is its purpose?
2. Why is it important to me?

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February 23, 1970

To the Staff Nurse:

I am very interested in your progress on your self-evaluation form. If you do have questions, I encourage you to catch me on pediatrics, at coffee time, or leave a message for me with one of the instructors.

In about 2 weeks, I will be talking with each of you about your use of the self-evaluation tool. We will discuss various items on the tool and some of the situations you have recorded under the column of actual behavior.

I will send a paper around to the wards on which you can propose a convenient time for you for this discussion. We will allow about 15 minutes for each one.

Thank you for your generous help in this project involving the development of this self-evaluation tool.

Sincerely,

Robertta Olson
Graduate Student

INTERVIEW SCHEDULE

Name _____

1. Age _____
Marital status _____
Years of nursing experience _____
Diploma, A.S., or baccalaureate degree? _____
2. How did you use the tool and when?
3. Of what value (use) was this tool to you?
4. Was it difficult to use the tool?
If so, why?
5. Has the tool had any effect on you?
 - a) Have you noticed any change in your attitude toward your work?
Explain.
 - b) Can you see areas in your nursing care where you are strong?
Did the tool bring this to mind?
 - c) Did the tool suggest areas where you may need to improve?
 - d) Did you feel compelled to improve your work habits after rating
your performance on each item?
6. Did the situation column prove useful?
7. Have your ratings of yourself changed since you first used the tool?
In one area more than others?

8. Did you choose any specific items to work on?
If so, what were they?
9. How important are the following items in your daily care of patients?
 - a) Do I help to facilitate referral of patients to proper outside agencies if help is needed after discharge?
 - b) Do I talk about subjects of interest to my patients?
10. What dissatisfactions do you have in your work?
11. Do you look objectively at yourself and make judgments on the ability you have as a nurse?

Why is this important?
12. Do you think it is realistic to use this tool to improve our nursing care in this age of modern medicine?
13. Why do you think the tool is not useful, if this is the case?
14. Where would such a tool be used most effectively?
15. What is your 2nd choice of occupation?

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