

Nurses' Views and Attitudes of the Performance Appraisal System Efficacy and Its Impact on Their Work Outcomes in a Tertiary Hospital

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ABSTRACT

Introduction: Performance appraisal (PA) is essential for healthcare organizations. Highlighting the impact of the nursing PA system on nurses' work outcomes has the potential to significantly improve the quality of patient care. Understanding and enhancing the performance appraisal system is key to achieving this goal. This study aimed to assess the efficacy of the nursing PA system and its effect on nurses' work outcomes. It also compared the perceptions of PA among staff nurses (SNs), charge nurses (CNs), and head nurses (HNs), providing valuable insights into the dynamics of the nursing PA system. **Method:** A cross-sectional, descriptive, and comparative design was adopted to assess the current nursing PA system. **Results:** This study, which included 356 nurses, revealed significant differences in the perception of PA among nurses at all levels. The findings underscore the practical implications of the potential for more efficient use of PA to improve nurses' performance. SNs and CNs showed significant gender-based differences in PA effectiveness ($p = 0.006$) and efficiency ($p = 0.034$). The participant's age and years of nursing experience also had statistically significant effects on PA effectiveness ($p = 0.006$, $p = 0.025$, respectively). **Conclusion:** This study's findings underscore the significant impact of inappropriate PA systems, inefficient instruments, and unskilled evaluators on organizational commitment, job satisfaction, maintaining a committed nursing workforce, and high-quality healthcare. The study also highlights the importance of effective performance appraisal systems in healthcare organizations. However, the study also emphasizes the crucial role of a mutual understanding between the appraiser and the appraisee. This understanding is a key factor in enhancing the efficacy of PA, thereby emphasizing its importance in the appraisal process.

Keywords: nurse, performance appraisal, performance measurement

INTRODUCTION

Performance appraisal (PA) is essential for healthcare organizations. Highlighting the impact of the nursing PA system on nurses' work outcomes has the potential to significantly improve the quality of patient care. Understanding and enhancing the PA system is key to achieving this goal.^[1] Besides, nursing managers use PA as a critical element to motivate nurses, explain deviations in their work efficiency, facilitate the implementation of actions improving the quality of operational activity performance, and use it as an essential indicator in the incentives system.^[2]

PA is assessing an employee's job performance during a specific time frame by their supervisor.^[3] However, competency assessment entails evaluating the core skills necessary to perform the duties of a nurse effectively,^[4] guarantee sustainability, high-quality nursing care, and achievement of expected patient outcomes.^[5] Managers must guide their nurses by evaluating their strengths and weaknesses and setting clear and measurable expectations for their achievements.^[6,7] Therefore, a clear understanding and proper implementation of PA positively affect the nurses' motivation, performance, productivity, and work outcomes.^[8] In contrast, poor PA due

to managerial and organizational forces may hinder their satisfaction and negatively affect their work outcomes.^[9] Interviewing the nurses and determining the goals had a major effect on the performance outcomes.^[10]

Contextualizing PA should pay attention to when and why PA is carried out, and the contextual variables likely to be important range from quite distal (e.g., national cultures) to proximal (e.g., supervisor-subordinate relationships).^[11] Furthermore, a negative correlation between employees' intention to leave and assessment of their performance and a positive correlation between their perceptions and work performance and affective organizational commitment was reported.^[12] Consequently, a poor PA process might result in several losses for the organization and the personnel due to the PA system's shortcomings and the leadership's subpar execution of several assessment procedures.^[13]

The assessment of nurses' perceptions showed deficiencies in the PA process. In contrast, the managers showed a positive perception toward the current pattern of PA.^[14] Mutual understanding is vital for the staff and the organization, bridging the variations in PA perceptions between head nurses (HNs) and nursing staff. Consequently, addressing the obstacles enhances both performance and healthcare outcomes.^[15] Besides, leadership style was significantly correlated with improved nurses' performance,^[16] and the use of multisource feedback in PA enhanced fair and objective PA processes.^[17] Several predictive variables, such as communication style and competence, significantly affect performance.^[18] Furthermore, remuneration, job satisfaction, and the job description index were highlighted as paramount factors of a successful PA system.^[18] Fairness, transparency, communication, and trust were essential to an efficient and successful performance review system.^[19] On the contrary, PA politics has negatively influenced the employees' performances. Moreover, higher anxiety and depression lead to the reduced working efficiency of operational-level employees.^[20,21] Therefore, appraisers must evaluate nurses' performance using a standard, specific, accurate, and job-related format to avoid subjectivity and address issues like central tendency errors.^[22] Moreover, healthcare organizations rely significantly on the professional workforce to define their mission and strategy. This workforce is challenged by improvement that requires defined outcomes or expectations, set goals, and timely feedback.^[23-26]

Deficiencies and process defects in the PA system affect nurses' perceptions, turnover intention, organizational commitment, and work outcomes.^[27] Hence, failure to identify PA system-related problems leads to negative effects and unpleasant consequences on nurses' performance, quality of care, and outcomes. PA systems-related problems are mostly due to context, structure, process, and results.^[28]

Our study aimed to assess the efficacy of the nursing PA system and its effect on nurses' work outcomes. It

also compared the perceptions of PA among staff nurses (SNs), charge nurses (CNs), and HNs.

METHODS

Study Design

This cross-sectional survey-based study was conducted at King Fahad Medical City in Riyadh, Saudi Arabia. The institutional review board at King Fahad Medical City approved this study, and informed consent was obtained from all participants.

Study Population and Eligibility Criteria

Inclusion criteria included all nurses working in all nursing units for at least 1 year. Exclusion criteria included all nurses who did not complete the 3-month probationary period.

Sample Size Estimation

Three thousand nurses underwent the eligibility criteria screening before being recruited into the study; 2000 nurses were eligible. The target sample size ($N = 323$) was calculated using Raosoft for a cross-sectional study.

Data Collection

Published tools with excellent reliability were adopted from El-Sayed et al.^[6] The tools were carefully examined, revised, and scrutinized for their content validity and proofread for English language. Then, the tools underwent a small exploratory (pilot) study, and the results indicated excellent reliability (Cronbach alpha for the RN tool was 0.95, and for the HN tool was 0.90; see Supplemental Table S1, available online). After that, the following data were collected.

Demographic data

Self-reported electronic-based questionnaires were disseminated to obtain participants' demographics, including sex, age, education level, professional title, area of work, and years of experience.

Performance appraisal efficacy

To assess efficacy (i.e., effectiveness and efficiency) of the PA, the questionnaire assessed the nurses' views and attitudes about attendance and punctuality; functional behavior and communication skills; response to instructions and directives; planning/organizing work and identifying priorities; knowledge of work and functional tasks; maintaining equipment and instruments; management and leadership skills; and creativity, development, and innovation. Response options for each question were either positive ("yes"), neutral ("sometimes"), or negative ("no"). Further details are included in the questionnaire (supplemental material).

Statistical Analysis

The data were analyzed using IBM SPSS version 27. Descriptive statistics were used to describe the participants'

characteristics and examine the distribution of data values, including outliers and patterns of missing values, in the collected data. All nominal and ordinal data were presented as frequencies and percentages, while numerical data were presented as averages (mean or median) and SDs. The normality test was done, and it displayed that the data were not normally distributed; hence, non-parametric tests were used (see Supplemental Tables S2 and S3).

RESULTS

Participants Characteristics

In total, there were 356 responses (approximately 10% from HNs and 90% from RNs).

The tool included the responses of 266 SNs and 53 CNs. The majority of RN participants were women (87.8%), aged older than 35 years (53.3%), with a bachelor's degree (86.5%), working in ambulatory and outpatient (27.3%), having between 1 and 5 years of experience in nursing (31%), and 30.7% had more than 15 years of experience in the unit (Supplemental Table S4).

The total responses included 36 HNs and one other (chairperson). The majority of these participants were women (62.2%), older than 35 years (81.1%), with a bachelor's degree (75.7%), and worked in ambulatory and outpatient (43.2%), 70.3% having more than 15 years of experience in nursing, and 35.1% had more than 15 years of experience in the unit (Supplemental Table S5).

RN Perceptions of Performance Appraisal (PA) Efficacy

Effectiveness

As shown in Table 1, most RNs (88.7%) agreed that the hospital has a system for assessing the performance of staff nurses, and 86.5% of RNs stated that they had an updated job description. When asked if the HN responsible for their evaluation is influenced by a direct relationship with them, 21.3% of RNs said no and 65.2% said yes. Most RNs (58.3%) stated that there is more than one model used to evaluate different functions, and 18.5% stated the opposite. When asked if their superiors provide fair and adequate solutions to complaints and grievances, 58% said yes, 30.7% said sometimes, and 11.3% said no. The complete questionnaire and results are presented in Table 1 and Figure 1A.

Efficiency

As shown in Table 2, most RNs (73.4%) perceived that the PA evaluation findings are used to improve their performance (73.4%), for promotions (73.4%), and to improve communication and understanding between nurses and their immediate supervisors (71.8%). More than half of RNs (55.8%) believed that the PA findings are used when deciding annual salary increases, and 25.4% perceived that the findings were not used for this

purpose. Approximately one-third of nurses had some concerns about the importance and impact of PA on their career growth and development (29.5%) and whether the evaluation results are used in termination (29.2%). The complete questionnaire and results are presented in Table 2 and Fig. 1B.

Impact of RN Sociodemographic Variables Concerning the Efficacy of PA

The Mann-Whitney test assessed the outcomes (two scales) based on the independent variables (sex and professional title) concerning PA (Supplemental Table S7, Fig. S1).

The results indicated a significant difference between the effectiveness mean rank of male and female nurses, in which female nurses had a significantly higher mean rank (165.27) than male nurses ($p = 0.006$), and a significant difference between the efficiency mean rank of male nurses and female nurses, in which female nurses had a significantly higher mean rank (164.08) than male nurses ($p = 0.034$).

The Kruskal-Wallis test assessed the outcomes (two scales) based on the independent variables (age, education level, area of work, years of experience in nursing, and years of experience in the unit) concerning PA (Supplemental Table S8, Fig. S2). There was a statistically significant difference between the mean rank of the four age groups (≤ 25 , 26–30, 31–35, > 35 y) concerning the effectiveness and efficiency of PA. Regarding effectiveness, there were differences among the rank totals: 160.14 for ≤ 25 y, 111.56 for 26–30 y, 164.48 for 31–35 y, and 168.81 for the > 35 y age group, ($p = 0.005$). For efficiency, there were also differences among the rank totals by age group: 203.77 (≤ 25 y), 123.18 (26–30 y), 162.79 (31–35 y), and 164.23 (> 35 y) ($p = 0.025$). Also, the analysis showed significant differences across the years of experience in nursing concerning the effectiveness of PA, with a mean rank of 138.37 for 1–5 y, 160.44 for 6–10 y, 175.33 for 11–15 y, and 177.76 for > 15 y, ($p = 0.022$).

A post hoc test was conducted to compare the effect of nurses' age on the effectiveness of PA. Comparisons were significantly different between the age groups of 26–30 y and 31–35 y ($p < 0.013$) and between 26–30 y and > 35 y ($p < 0.002$). Comparing the effect of years of experience in nursing concerning the effectiveness of PA was also significantly different between RNs with 1–5 y and > 15 y of experience ($p = 0.037$) (Supplemental Table S9, Fig. S3).

HN Perceptions of PA Efficacy

Effectiveness

As shown in Table 3, all HNs (100%) knew that the hospital has a system for assessing the performance of staff nurses, and 94.6% stated that the appraiser should be well informed of the nursing staff's job details. Most HNs stated that sex (83.8%) and age (81.1%) do not affect the evaluation of the nurses. When asked if the

Table 1. Effectiveness of the performance appraisal (PA) among registered nurses (RNs)

| Questionnaire | Total Responses (N = 319) | | | | | |
|--|---------------------------|------|-----------|------|-----|------|
| | No | | Sometimes | | Yes | |
| | n | % | n | % | n | % |
| 1. Does the hospital have a system for assessing the performance of nursing staff? | 8 | 2.5 | 28 | 8.8 | 283 | 88.7 |
| 2. Does the hospital follow an open (accessible) evaluation system to assess the performance of nursing staff? | 22 | 6.9 | 45 | 14.1 | 252 | 79.0 |
| 3. Does the hospital follow the closed (secured) evaluation system to assess the performance of nursing staff? | 17 | 5.3 | 45 | 14.1 | 257 | 80.6 |
| 4. Do you have an updated job description? | 22 | 6.9 | 21 | 6.6 | 276 | 86.5 |
| 5. Is your performance dependent on your job description? | 37 | 11.6 | 56 | 17.6 | 226 | 70.8 |
| 6. Are the criteria used to assess your performance appropriate for your job/nature of your work? | 20 | 6.3 | 61 | 19.1 | 238 | 74.6 |
| 7. Do the criteria for assessing your performance system reflect realistic estimates (performance standards are objective and measurable)? | 26 | 8.2 | 74 | 23.2 | 219 | 68.7 |
| 8. Is there more than one model used to evaluate different functions? | 59 | 18.5 | 74 | 23.2 | 186 | 58.3 |
| 9. Do you plan your work alongside your supervisor, and do you jointly agree on your goals and performance targets with the objectives and mission of your department/unit/ward? | 16 | 5.0 | 71 | 22.3 | 232 | 72.7 |
| 10. Can your head nurse cope with his/her workload during your assessment? | 23 | 7.2 | 72 | 22.6 | 224 | 70.2 |
| 11. Is your head nurse heavily focused on the quality of work you do during your assessment? | 22 | 6.9 | 74 | 23.2 | 223 | 69.9 |
| 12. Does your head nurse focus on your work rapport with patients during your assessment? | 20 | 6.3 | 68 | 21.3 | 231 | 72.4 |
| 13. Does your head nurse focus on your staff relations with your colleagues during your assessment? | 16 | 5.0 | 73 | 22.9 | 230 | 72.1 |
| 14. Was your head nurse tracking your punctuality during your assessment? | 19 | 6.0 | 51 | 16.0 | 249 | 78.1 |
| 15. Was your head nurse focusing on your use of your initiative at work during your assessment? | 19 | 6.0 | 44 | 13.8 | 256 | 80.3 |
| 16. Was your work loyalty a focal point of your head nurse during your assessment? | 20 | 6.3 | 66 | 20.7 | 233 | 73.0 |
| 17. Was your head nurse focusing on discipline at work during your assessment? | 15 | 4.7 | 56 | 17.6 | 248 | 77.7 |
| 18. Did your head nurse focus on your ability to judge things and decision-making skills during your assessment? | 19 | 6.0 | 58 | 18.2 | 242 | 75.9 |
| 19. Did your head nurse review your progress and provide sufficient feedback if your performance was unsatisfactory? | 17 | 5.3 | 71 | 22.3 | 231 | 72.4 |
| 20. Do you and your head nurse discuss and agree on improving your performance? | 23 | 7.2 | 57 | 17.9 | 239 | 74.9 |
| 21. Does the hospital performance appraisal system cover all hospital job dimensions? | 24 | 7.5 | 61 | 19.1 | 234 | 73.4 |
| 22. Are nursing staff periodically and regularly evaluated? | 11 | 3.4 | 35 | 11.0 | 273 | 85.6 |
| 23. Are nursing staff informed of their performance upon completion of their evaluation? | 8 | 2.5 | 37 | 11.6 | 274 | 85.9 |
| 24. Has the hospital developed a performance evaluation form to be used regularly when necessary? | 16 | 5.0 | 41 | 12.9 | 262 | 82.1 |
| 25. Are you aware of the criteria used in the evaluation of your performance? | 14 | 4.4 | 38 | 11.9 | 267 | 83.7 |
| 26. Are the individuals responsible for the performance appraisal process in the hospital familiar with judgment on your performance? | 17 | 5.3 | 51 | 16.0 | 251 | 78.7 |
| 27. Is the head nurse responsible for appraising your performance in the hospital subject to any external pressures? | 45 | 14.1 | 49 | 15.4 | 225 | 70.5 |
| 28. Is the head nurse responsible for evaluating your performance influenced by your direct relationship with him/her? | 68 | 21.3 | 43 | 13.5 | 208 | 65.2 |
| 29. Is the performance appraisal system applied in the hospital to evaluate all nursing staff without discrimination? | 27 | 8.5 | 58 | 18.2 | 234 | 73.4 |
| 30. Are stakeholders and colleagues involved in the process of appraising performance? | 56 | 17.6 | 80 | 25.1 | 183 | 57.4 |
| 31. Has your performance appraisal had a heavy focus (impact) on promotion? | 40 | 12.5 | 75 | 23.5 | 204 | 63.9 |
| 32. Are nursing staff given the right to object to the results of their evaluation? | 24 | 7.5 | 63 | 19.7 | 232 | 72.7 |
| 33. Were the grievances (complaints) about the evaluation results thoroughly studied? | 31 | 9.7 | 94 | 29.5 | 194 | 60.8 |
| 34. Do the superiors provide fair and adequate solutions to the complaints and grievances? | 36 | 11.3 | 98 | 30.7 | 185 | 58.0 |

HN seeks the opinion of nurses about their duties during assessment, most HNs said yes (59.5%) and 37.8% said sometimes. The complete questionnaire and results are presented in Table 3 and Figure 2A.

Efficiency

As shown in Supplemental Table S6, most HNs (86.5%) stated that evaluation findings were used in promotions, to improve the communication and understanding between

nurses and their immediate supervisors, and to identify the strengths and weaknesses of the nurses' performance (87.4%). In comparison, 27% of the HNs negatively perceived that nothing was done concerning evaluation findings, and 24.3% stated that the findings were used for merit-based salary increase decisions. The complete questionnaire and results are presented in Supplemental Table S6 and Figure 2B.

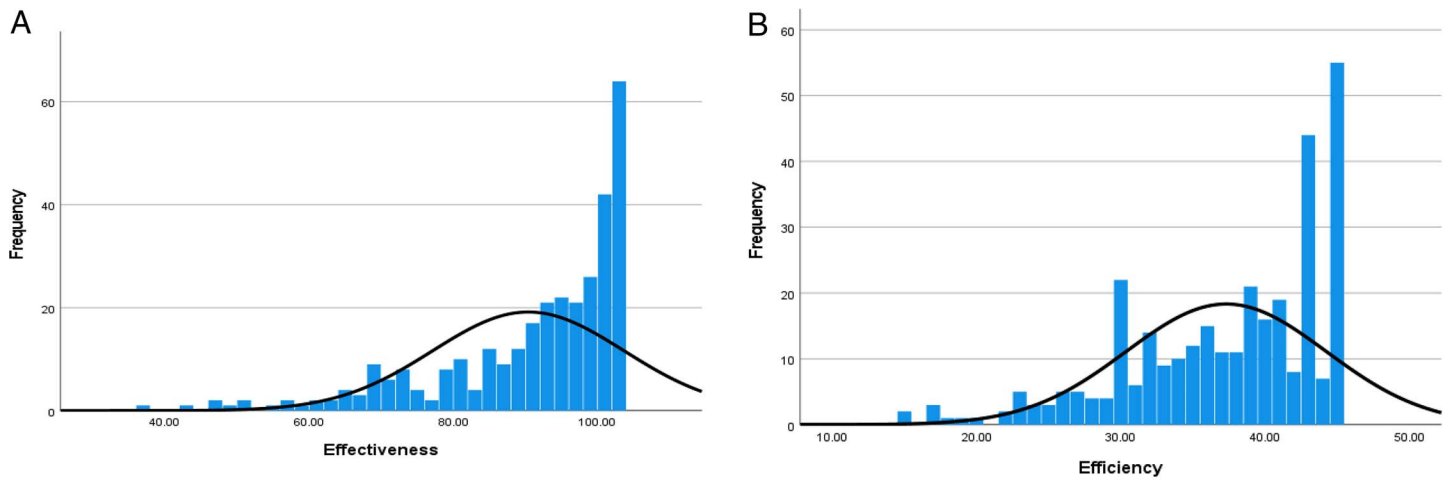


Figure 1. (A) Effectiveness of the performance appraisal system among registered nurses. Mean = 90.39, SD = 13.27, N = 319. (B) Efficiency of the performance appraisal system among registered nurses. Mean = 37.31, SD = 6.936, N = 319.

Impact of HN Sociodemographic Variables Concerning the Efficacy of PA

The Mann-Whitney *U* test assessed the outcomes (two scales) based on the independent variables (gender and professional title) concerning PA (Supplemental Table S10, Fig. S4). There were no significant differences between the effectiveness mean rank and the efficiency mean rank for male versus female HNs.

Kruskal-Wallis test assessed the outcomes (two scales) based on the independent variables (age, education level, professional title, area of work, years of experience in nursing, and years of experience in the unit) concerning PA (Supplemental Table S11, Fig. S5). There were no significant differences between the effectiveness mean rank and the efficiency mean rank on the basis of age,

educational level, area of work, years of experience in nursing, and years of experience in the unit of HNs.

DISCUSSION

Concerning the effectiveness of the PA among RNs, our study showed that nurses are aware of the PA system that is used to evaluate their performance; however, the current PA system is not fully aligned with the organizational goals.^[29] However, RNs negatively perceived the way their managers were doing the PA. A remarkable percentage of the nurses doubted the ability of their appraisers to provide fair and adequate solutions to their complaints and grievances and whether their grievances were thoroughly studied, which could

Table 2. Efficiency of the performance appraisal (PA) among registered nurses (RNs)

| Questionnaire (continued) | Total Responses (N = 319) | | | | | |
|---|---------------------------|------|-----------|------|-----|------|
| | No | | Sometimes | | Yes | |
| | n | % | n | % | n | % |
| 35. Are the evaluation findings used to help improve the performance of nursing staff? | 19 | 6.0 | 66 | 20.7 | 234 | 73.4 |
| 36. Are the evaluation findings used in promotions? | 27 | 8.5 | 66 | 20.7 | 234 | 73.4 |
| 37. Are the evaluation findings used when deciding annual salary increments? | 81 | 25.4 | 60 | 18.8 | 178 | 55.8 |
| 38. Are the evaluation findings used to transfer between units? | 74 | 23.2 | 89 | 27.9 | 156 | 48.9 |
| 39. Are the evaluation findings used to confirm others' feedback and reports? | 44 | 13.8 | 88 | 27.6 | 187 | 58.6 |
| 40. Are the evaluation findings used in the disciplinary? | 41 | 12.9 | 83 | 26.0 | 195 | 61.1 |
| 41. Are the evaluation findings used to determine the termination? | 65 | 20.4 | 93 | 29.2 | 161 | 50.5 |
| 42. Are the evaluation findings used to improve communication and understanding between nurses and their immediate supervisors? | 21 | 6.6 | 69 | 21.6 | 229 | 71.8 |
| 43. Does the PA system applied in the hospital assist the head nurse in understanding your problems? | 26 | 8.2 | 80 | 25.1 | 213 | 66.8 |
| 44. Does the PA system in the hospital help improve the daily relationships with the head nurse? | 28 | 8.8 | 85 | 26.6 | 206 | 64.6 |
| 45. Does the PA system in the hospital help improve the daily relationships with your colleagues in the workplace? | 31 | 9.7 | 78 | 24.5 | 210 | 65.8 |
| 46. Does the PA system in the hospital help identify the performance system's strengths and weaknesses? | 19 | 6.0 | 72 | 22.6 | 228 | 71.5 |
| 47. Does the PA system in the hospital help develop training programs for nursing staff? | 20 | 6.3 | 85 | 26.6 | 214 | 67.1 |
| 48. Does the PA system in the hospital help to raise the efficiency of the performance of the nursing staff and the hospital system as a whole? | 22 | 6.9 | 75 | 23.5 | 222 | 69 |
| 49. Nothing was done. | 117 | 36.7 | 94 | 29.5 | 108 | 33.9 |

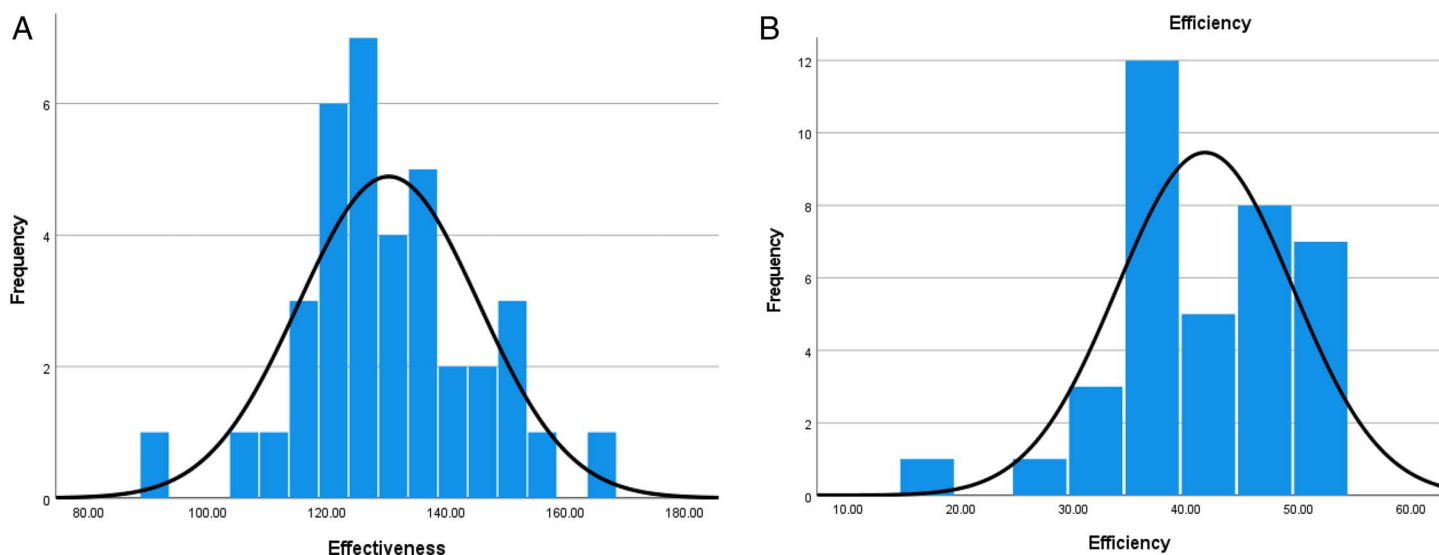


Figure 2. (A) Effectiveness of the performance appraisal system among head nurses. Mean = 130.27, SD = 15.088, $N = 37$. (B) Efficiency of the performance appraisal system among head nurses. Mean = 41.70, SD = 7.903, $N = 37$.

indicate that the managers were incompetent or needed better critical analysis skills, training, and education.^[30]

Concerning PA efficiency, our study results indicated that 73.4% of nurses believe that their appraisers use their appraisal findings in promotions,^[31] improving communications between them and their appraisers; however, other nurses consider the PA evaluation findings useless regarding the incentives, salary increments, career growth, or even terminations. Therefore, the PA should be conducted with a clear purpose and implication for which it was designed (i.e., to maximize the chances of improving performance),^[32] and to increase the level of organizational commitment and achieve the expected results. In another study conducted with 150 full-time nurses, the PA positively affected nursing staff turnover and organizational commitment.^[31–33] Another study reported that PA satisfaction may be a predictor of work engagement^[34]

Comparison of the participants demographics concerning the efficacy of PA has revealed significant differences based on sex, i.e., females and males use different information bases when evaluating PA systems.^[35] Age significantly affects performance evaluations, with younger workers being evaluated more positively than older applicants and workers. However, research also indicates that the association between age and performance may be based on stereotypical beliefs about older workers and does not correspond with their actual performance.^[36] Finally, years of experience may significantly affect perceptions of the efficacy of the current PA.^[37]

The HNs agreed that the PA appraiser should be aware of the nurse's job details.^[5] Most HNs reported that the sex of the nurse being evaluated is not considered. The organization can confront challenges in influencing employees to perform their jobs and voluntary or involuntary turnover.^[38]

For example, PA evaluation findings may be used effectively for incentive decisions, appointment decisions, understanding the nurses' concerns, and disciplinary decisions. Other studies have demonstrated that nurses perceive several negative aspects in how audit and feedback interventions are conducted and used.^[39,40] Inappropriate PA systems, inefficient instruments, and unskilled evaluators are significantly associated with organizational commitment, job satisfaction, maintaining a committed nursing workforce, and high-quality healthcare.^[27]

Recommendations

Nursing managers and leaders should actively search for published studies conducted in organizational settings that involve processes and outcomes that are significant for the participants. Studies on PA for promotion and pay decisions encompass evaluations of both distal and proximal context variables and assessments of performance and success across various levels. Contextualizing PA research implies paying attention to when and why PA occurs. The contextual variables that are likely to be important range from distal (e.g., national cultures) to proximal (e.g., supervisor-subordinate relationships). Also, nursing managers and leaders should conduct studies on cognitive processes focused on how raters form their judgments. Because judgments and actual ratings differ, studies should focus on why raters might not choose to provide ratings consistent with their judgments.

Implications in Nursing Management

Nurses should receive feedback about their performance to help them improve their work performance and affective commitment and reduce the turnover rate. Moreover, significant variation in the perception and understanding of the PA system and process among

Table 3. Effectiveness of the performance appraisal (PA) among head nurses (HNs)

| Questionnaire | Total Responses (N = 37) | | | | | |
|---|--------------------------|------|-----------|------|-----|------|
| | No | | Sometimes | | Yes | |
| | n | % | n | % | n | % |
| Presence of PA System | | | | | | |
| 1. Does the hospital have a system for assessing the performance of nursing staff? | 0 | 0.0 | 0 | 0.0 | 37 | 100 |
| 2. Does the hospital follow an open (accessible) evaluation system to assess the performance of nursing staff? | 2 | 5.4 | 2 | 5.4 | 33 | 89.2 |
| 3. Does the hospital follow the closed (secure) evaluation system to assess the performance of nursing staff? | 2 | 5.4 | 2 | 5.4 | 33 | 89.2 |
| Existence of PA Policy | | | | | | |
| 4. Does the hospital have a clearly defined policy to evaluate the performance of the nursing staff? | 2 | 5.4 | 2 | 5.4 | 33 | 89.2 |
| 5. Have all nurses been given an orientation to the performance evaluation policy? | 4 | 10.8 | 8 | 21.6 | 25 | 67.6 |
| Orientation to PA Policy | | | | | | |
| 6. Is the orientation of the performance evaluation policy delivered through formal in-house training organized by management? | 8 | 21.6 | 6 | 16.2 | 23 | 62.2 |
| 7. Is the orientation of the performance evaluation policy delivered by an outsourced, external agency or training institution? | 14 | 37.8 | 6 | 16.2 | 17 | 45.9 |
| 8. Is the orientation of the performance evaluation policy delivered by the human resources department (HRD)? | 14 | 37.8 | 6 | 16.2 | 17 | 45.9 |
| 9. Is the orientation of the performance evaluation policy delivered by the supervisor as part of the initial induction program? | 6 | 16.2 | 7 | 18.9 | 24 | 64.9 |
| 10. Not done at all. | 22 | 59.5 | 6 | 16.2 | 9 | 24.3 |
| 11. Does the appraisal policy have guidelines or standard operating procedures (SOPs) for implementing the performance appraisal process for nurses? | 5 | 13.5 | 6 | 16.2 | 26 | 70.3 |
| Linkages of Appraisal Policies for Nurses with other HRD Policies | | | | | | |
| 12. Is the appraisal policy for nurses related to or linked with the staff training HRD policy? | 7 | 18.9 | 5 | 13.5 | 25 | 67.6 |
| 13. Is the appraisal policy for nurses related to or linked with the staff promotion policy? | 2 | 5.4 | 3 | 8.1 | 32 | 86.5 |
| 14. Is the appraisal policy for nurses related to or linked with the staff salaries policy? | 11 | 29.7 | 5 | 13.5 | 21 | 56.8 |
| 15. Is the appraisal policy for nurses related to or linked with staff industrial relations or staff disciplinary policy? | 10 | 27.0 | 5 | 13.5 | 22 | 59.5 |
| Existence of PA Problems | | | | | | |
| 16. Does the gender affect the evaluation of the nurse being evaluated? | 31 | 83.8 | 0 | 0.0 | 6 | 16.2 |
| 17. Does the age affect the evaluation of the nurse being evaluated? | 30 | 81.1 | 1 | 2.7 | 6 | 16.2 |
| 18. Is your evaluation influenced or affected by any psychological factors related to the nurse? | 21 | 56.8 | 10 | 27.0 | 6 | 16.2 |
| 19. Does the nurse's experience affect your evaluation of him/her? | 8 | 21.6 | 13 | 35.1 | 16 | 43.2 |
| 20. Is the evaluation process affected by the 'general impression' of the nurse being evaluated? | 16 | 43.2 | 9 | 24.3 | 12 | 32.4 |
| 21. Does the 'halo effect' (overall impression about the appraisee based on some characteristics, e.g., physically beautiful, generous, intelligent, or trustworthy) affect your evaluation decision? | 21 | 56.8 | 9 | 24.3 | 7 | 18.9 |
| 22. Do the most recent actions of the nurse, whether positive or negative, before his/her evaluation affect the outcome of your evaluation? | 14 | 37.8 | 9 | 24.3 | 14 | 37.8 |
| 23. Does the current PA model consider the nurse's humanitarian conditions and personal circumstances? | 7 | 18.9 | 7 | 18.9 | 23 | 62.2 |
| 24. Do you think the nurse should be informed about the appraiser before the evaluation? | 2 | 5.4 | 2 | 5.4 | 33 | 89.2 |
| 25. Do you agree that the appraiser should know the nursing staff's job details well? | 1 | 2.7 | 1 | 2.7 | 35 | 94.6 |
| 26. If you are in a position to be assessed, will you accept to be assessed only by your direct supervisor? | 9 | 24.3 | 5 | 13.5 | 23 | 62.2 |
| 27. Do you feel confident about grading a low evaluation score for your nurse should you deem it necessary? | 6 | 16.2 | 12 | 32.4 | 19 | 51.4 |
| 28. Do you tend to give a high evaluation score to your nurse out of pity, even when they don't deserve such a score? | 25 | 67.6 | 8 | 21.6 | 4 | 10.8 |
| 29. Do you prefer 'central tendency' (scoring every question on a scale near the center, e.g., rating of '3' on a 5-point scale for every question) in the evaluation of the nurses by giving moderate evaluation scores? | 18 | 48.6 | 13 | 35.1 | 6 | 16.2 |
| 30. Do you seek the opinion of your nurses about their duties when you assess them? | 1 | 2.7 | 14 | 37.8 | 22 | 59.5 |
| Orientation and Training | | | | | | |
| 31. Have you had any training sessions on the performance evaluation process during your career? | 20 | 54.1 | 1 | 2.7 | 16 | 43.2 |
| 32. Do you agree that you know all the models attached to the evaluation system? | 11 | 29.7 | 9 | 24.3 | 17 | 45.9 |
| 33. Do you agree that you have received enough guidance on the evaluation system before or during your work? | 10 | 27.0 | 12 | 32.4 | 15 | 40.5 |

Table 3 continues on next page

Table 3. Continued

| Questionnaire | Total Responses (N = 37) | | | | | |
|--|--------------------------|------|-----------|------|-----|------|
| | No | | Sometimes | | Yes | |
| | n | % | n | % | n | % |
| 34. Have you undertaken training to carry out the evaluation process? | 17 | 45.9 | 6 | 16.2 | 14 | 37.8 |
| 35. Do you need additional training on the evaluation process? | 10 | 27.0 | 3 | 8.1 | 24 | 64.9 |
| 36. Are your nurses informed and aware of all the dimensions of the evaluation model? | 4 | 10.8 | 10 | 27.0 | 23 | 62.2 |
| 37. Do your nurses need to be trained on the evaluation model and how to deal with it? | 4 | 10.8 | 7 | 18.9 | 26 | 70.3 |
| 38. Have you undertaken training for the performance evaluation interview? | 16 | 43.2 | 5 | 13.5 | 16 | 43.2 |
| 39. Have your nurses been trained to deal with the performance evaluation interview? | 17 | 45.9 | 7 | 18.9 | 13 | 35.1 |
| 40. Would you agree that your nurses need to undertake courses to learn about the evaluation process and goals? | 3 | 8.1 | 9 | 24.3 | 25 | 67.6 |
| 41. Do you know all the details, objectives, and duties of the performance evaluation interview? | 5 | 13.5 | 5 | 13.5 | 27 | 73.0 |
| 42. Do you have any proposal for holding sessions on ways to establish, maintain, formulate, and implement interviews? | 6 | 16.2 | 6 | 16.2 | 25 | 67.6 |
| 43. Do you know the methods to receive complaints from your nurses, their opposition to their evaluation, and how to deal with it? | 4 | 10.8 | 5 | 13.5 | 28 | 75.7 |
| 44. Have you been trained to deal with the complaints and grievances of the nurses? | 11 | 29.7 | 2 | 5.4 | 24 | 64.9 |
| 45. Do you know the methods necessary to deliver negative results to your nurses? | 6 | 16.2 | 8 | 21.6 | 23 | 62.2 |
| 46. Did you receive training on handling the reaction of the nurse who had negative feedback after unsatisfactory or poor appraisal? | 13 | 35.1 | 4 | 10.8 | 20 | 54.1 |
| 47. Does discussing the nurses' strong and weak points help improve rapport? | 0 | 0.0 | 4 | 10.8 | 33 | 89.2 |
| 48. Does the nurse's complaint to higher management affect the relationship between him/her and his/her direct manager? | 14 | 37.8 | 10 | 27.0 | 13 | 35.1 |
| Criteria and Standards of Evaluation | | | | | | |
| 49. Are nurses familiar with their job descriptions and duties to identify their responsibilities accurately? | 1 | 2.7 | 6 | 16.2 | 30 | 81.1 |
| 50. Do you deem the assigned tasks and duties related to the job description sufficient to determine the scope of the nurse's work? | 3 | 8.1 | 3 | 8.1 | 31 | 83.8 |
| 51. Does the task list in the evaluation model accurately measure your nurses' work-related duties? | 4 | 10.8 | 4 | 10.8 | 29 | 78.4 |
| 52. Does the PA system help evaluate the nurses' managerial and technical performance? | 5 | 13.5 | 6 | 16.2 | 26 | 70.3 |
| 53. Has the nurse been well informed of the required performance standards? | 4 | 10.8 | 2 | 5.4 | 31 | 83.8 |
| 54. Have the evaluation criteria changed to evolve with changing conditions and work requirements? | 11 | 29.7 | 7 | 18.9 | 19 | 51.4 |
| 55. Are you satisfied with the duties measured as functions according to your and your nurses' performance? | 4 | 10.8 | 9 | 24.3 | 24 | 64.9 |
| 56. Do you think the model's specific items are clear and measurable? | 6 | 16.2 | 9 | 24.3 | 22 | 59.5 |

nursing leaders and managers is critically underestimated and requires intensive training and monitoring.

Limitations

This was a single-center study at a tertiary care center. Results may not be generalizable to primary and secondary care centers. Furthermore, the study site was a governmental hospital, whereas nurses working in private or military hospitals could have different perceptions.

CONCLUSION

This study's findings underscore the significant impact of inappropriate PA systems, inefficient instruments, and unskilled evaluators on organizational commitment, job satisfaction, maintaining a committed nursing workforce, and high-quality healthcare. The study also highlights the importance of effective PA systems in healthcare organizations. However, the study also emphasizes the crucial role

of a mutual understanding between the appraiser and the appraisee. This understanding is a key factor in enhancing the efficacy of PA, thereby emphasizing its importance in the appraisal process.

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Data Availability

Complete study data are available upon request by contacting the corresponding author.

Supplemental Material

Supplemental materials are available online with the article.

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