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Helen K. Pannowitz
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**AN EVALUATION OF THE USEFULNESS OF A
SELF-APPRAISAL & GOAL SETTING INSTRUMENT
FOR COMMUNITY HEALTH NURSES.**

BY

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Award of Master of Nursing

at the School of Nursing,
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Date of Submission: November 13, 1996

USE OF THESIS

The Use of Thesis statement is not included in this version of the thesis.

Abstract

This descriptive exploratory study evaluated the usefulness of an adapted self-appraisal and goal setting performance instrument. The instrument is developmental in its purpose and is currently used by community health nurses at the Armadale Kelmscott Health Service of the Health Department of Western Australia.

The study was conducted in two parts. The first part used a questionnaire to examine the perceptions of a group of community health nurses who use the instrument. The second part of the study which used a structured survey sought to determine how well the instrument's self-appraisal behaviours approximate with the Standards of the Australian Council of Community Nursing Services (1993).

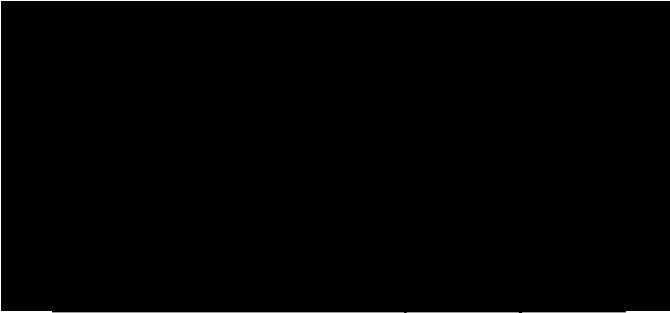
The findings demonstrated that the respondents to the questionnaire perceived the instrument to be useful across each of the eight criteria that defined its usefulness. The findings from a structured survey found an acceptable level of congruency between the behaviour items within the instrument and the standards laid down in the Australian Council of Community Nursing Services Standards (1993).

Implications for nursing concern enhancement of self regulation and

professional accountability, acceptability for continued use of a performance appraisal system that focuses on potential, and the enabling of appraisal of practice against professional standards.

Declaration

I certify that this thesis does not incorporate, without acknowledgment, any material previously submitted for a degree or diploma in any institution of higher education and that, to the best of my knowledge and belief, it does not contain any material previously published or written by another person except where due reference is made in text.



Helen Kathleen Pannowitz

Date: February 2, 1997

Acknowledgments

I wish to sincerely thank and acknowledge the following people and organisations who have assisted me with this study:

All the Armadale Kelmscott Health Service Community Health Nurses who responded to the questionnaire, the nurses who responded to the congruency survey with patience and commitment to professional excellence, the nurses who helped to develop the criteria that constitutes the operational definition for “usefulness”, and the nurses who tested the questionnaire for content validity.

Maxine Serrell, Hendrika Maltby and Sue Robinson for their guidance as my supervisors. Their encouragement, patience and sense of reality were invaluable in helping me achieve far more than I had hoped.

Andrew Guillfoyle and Mary Smyth, research consultants, for their assistance with the statistical analysis. I very much appreciated their ability to help me unravel information that I found confusing.

Dr. Anne McMurray who helped me find and focus on the study and inspired me to take up the challenge.

Pamela Billett for having the courage and vision to initiate the change in focus of performance appraisal for her professional colleagues.

Shane Barbera, librarian, Edith Cowan University and Liesl Ellnor for their help within the maze of literature.

My family and friends whom I love and thank for their support and belief in me, and to my colleagues who helped me value my profession.

Helen Pannowitz.

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FIGURE 1

Conceptual framework for the study showing the major concepts that are used in assessing the usefulness of the Guide.

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LIST OF ABBREVIATIONS

AKHS	Armadale Kelmscott Health Service of Western Australia
CHN	Community health nurse
CHNP	Community health nursing practice
Guide	Armadale Kelmscott Health Service - Community Nurses Performance Management Package
HDWA	Health Department of Western Australia
SACCNS	Standards of the Australian Council of Community Nursing Service

Chapter 1

Introduction

Performance appraisal is a process of collecting information that aims to improve an individual's work activities and achievements (Health Department of Western Australia [HDWA], 1990a). In relation to nursing, performance appraisal has implications that encompass accountability for quality practice by the nurse being appraised (Royal Australian Nursing Federation., College of Nursing, Australia., New South Wales College of Nursing., Florence Nightingale Committee Australia, 1989). McMurray (1993) stated that the profession's standards guide practice and provide a basis for comparison of actual practice. The linking of professional standards for practice to a nursing performance appraisal instrument is a relatively recent process although it remains an uncommon practice (Chu & Schmele, 1990; Koerner, 1981).

Wood and Marshall (1993) identified four themes in performance appraisal research: measurement, appraisal interview, social cognitive processes and performance management. For the purpose of this study only one aspect of performance management will be discussed, and this relates to performance management systems. Within the performance management system, performance appraisal is viewed as a management function that aims to

be a continuous process for improving future performance. Within the context of performance management systems, self-appraisal and goal setting has increased throughout industry, including nursing (HDWA, 1990a; Knox, 1983; Riley, 1983; Rowe, 1992). Self-appraisal and goal setting, when used specifically for developmental purposes and separate from administrative purposes, has gained slow but positive momentum over a long period of time (Campbell & Lee, 1988; Cardy & Korodi, 1991; Jump & Dunn, 1993; Knox, 1983; Meyer, Kay & French, 1965). The developmental approach, as Knox (1985, p. 1) stated, “emphasizes the accountability of individuals for their own work performance and professional development”. Knox’s (1983) study supported the developmental approach of performance appraisal for community health nurses (CHNs) in Alberta, Canada. Therefore, the purpose of this study was to evaluate a self-appraisal and goal setting performance appraisal instrument, specifically developmental in its purpose, from the perspective of CHNs, and to ascertain the congruency of the instrument’s assessment behaviour items with the profession’s standards as identified on the instrument.

Background to the Study

In the early 1990s, the Health Department of Western Australia (HDWA) introduced a performance management system which was directed at participative non-threatening discussion between the supervisor and

subordinate, conducted on a periodic basis and incorporating both administrative and developmental purposes (HDWA, 1990a). Guidelines and training were provided for supervisors. Methods for collecting performance appraisal information included anecdotal notes, critical incident reports, and the rating of specifically observed job related dimensions with the supervisor and subordinate contributing to the ratings. During 1994, the HDWA decentralised its management structure which prompted an opportunity for a change in the performance appraisal process and instrument. In early 1996, senior CHNs employed by the Armadale Kelmscott Health Service (AKHS) of the HDWA introduced an adapted version of the Knox Guide to Self-Appraisal & Goal Setting for Community Nurses (1995) (Knox Tool) (Appendix A). The performance appraisal instrument used by the AKHS CHNs, hereafter called the Guide (Appendix B), replaced an instrument that the senior CHNs believed was too prescriptive, lacked direct focus on the clinical aspects of community health nursing practice (CHNP), was management dominated and did not fully support nurses' self-regulation of practice (P. Billett, Nursing Coordinator, Community Health Services, AKHS, personal communication, December, 10, 1995). All of the CHNs were introduced to the Guide and its management philosophy, purpose and methodology by informal education and discussions between the senior CHN and the CHNs. The Guide's self-appraisal section contained seven categories of behaviour pertinent to CHNP: assessing,

planning, implementing, teaching, evaluating, professional behaviour, and communicating. The goal setting section formed the basis for the CHNs' independent development of specific performance goals. The Guide formed a significant part of the overall performance appraisal process for the AKHS CHNs. No other CHNs in Australia use the Guide. This study aimed to evaluate the usefulness of the Guide for the AKHS CHNs.

The AKHS CHNs' Guide was specifically developmental in its approach and focused on professional accountability and practice standards. There were two primary reasons why the AKHS senior CHNs chose to use a developmental self-appraisal and goal setting approach to performance appraisal. The first reason was based upon the high value they held of individual CHN's accountability for practice. The second reason was the opportunity to change the focus of performance appraisal as a consequence of the HDWA's decentralisation of management responsibilities. These senior CHNs chose to use, with some adaptations, the Knox Tool (Knox, 1985).

One significant adaptation of the Knox Tool included the linking of the Guide's self-appraisal behaviours to the exemplar behaviours of the Standards of the Australian Council of Community Nursing Service (SACCNS) (Appendix C) (P. Billett, Nursing Coordinator, Community Health Services, AKHS, personal communication, December 10, 1995). The addition of the

SACCNS to the Guide was supported by the assertion that a profession's standards for practice:

... incorporates the values held by members and indicates for society what can be expected from members of the profession. Hence, a profession's standards form the basis from which practice may be judged both by the profession and by society (Australian Nursing Federation National Professional Development Committee, 1989, p. 1).

Purpose of the Study

The purpose of this study is to evaluate the usefulness of a specific self-appraisal and goal setting performance appraisal instrument for CHNs. This study will be conducted in two parts. The first part of the study will evaluate the AKHS CHNs' perception of the usefulness of the Guide. The second part of the study will evaluate the extent of congruency between the Guide's self-appraisal behaviour items and the exemplar SACCNS behaviours that were linked to the Guide.

Significance of the Study

This study is relevant to nursing for a number of reasons. Firstly, in order to assure quality in community health care service, more is needed to be known

about what actually happens in the clinical setting and to what extent CHNP meets professional standards. Systematising the process, for example by the linking of SACCNS to the Guide's self-appraisal and goal setting process, will help answer this question, in part. Thus, the AKHS nursing managers will be better informed about what needs to be done to achieve consistency and congruence with standards. Ultimately, these CHN nursing managers will be better prepared to influence the health of those entrusted to their care. Further, the study is relevant at a time of exponential growth in community-based health care. As health services are organised around community delivery mechanisms, CHNs will increasingly be required to implement quality improvement mechanisms that demonstrate the viability of their services.

Secondly, if the Guide is useful for performance appraisal of CHNs, then there is the potential to influence the future direction for performance appraisal processes for nurses.

Thirdly, if the Guide is congruent with SACCNS, then a basis is established upon which CHNs could express confidence that they perform to the profession's standards for CHNs.

Fourthly, if the Guide is found to be useful with this group of CHNs then it would provide a basis for cross-validation with other CHN groups to establish validity, reliability and acceptability.

Research Questions

The research questions relating to this study are:

1. Do community health nurses at the Armadale Kelmscott Health Service perceive their new performance self-appraisal and goal setting instrument is useful?
2. To what extent is the new performance self-appraisal and goal setting instrument congruent with the Standards of the Australian Council of Community Nursing Services?

Definition of Terms

For the purpose of this study, the term “usefulness” is defined by the achievement of the following criteria:

Usefulness:

- practical to use
- congruent with nursing management’s stated purpose
- participative in its process
- helpful to monitor practice
- supportive of professional accountability
- congruent with actual practice
- congruent with SACCNS
- acceptable for continued use.

Organisation of the Thesis

This thesis is organised into seven chapters. Chapter One is the introduction to the study. Chapter Two contains a review of the literature that is relevant to the study. Chapter Three identifies and explains the conceptual framework that guided the study. Chapter Four describes the study's methodology inclusive of the ethical considerations. Chapter Five reports the findings related to the CHNs' perceptions of the usefulness of the Guide and the findings related to the extent of congruency between the Guide and the SACCNS. Chapter Six presents the discussion of both the research questions. Finally, Chapter Seven presents the study's conclusions, recommendations, limitations and implications for nursing practice.

Chapter 2

Review of Literature

This chapter initially presents an outline of the scope of CHNP pertinent to Western Australia (W.A.) followed by an overview of the relevant literature that concerns performance appraisal. In particular the literature review pertains to the developmental purpose of performance appraisal, the use of self-assessment and goal setting and the relationship of professional standards of practice to a performance appraisal instrument.

Scope of Community Health Nursing Practice in W.A.

CHNs have a wide scope of practice and need to be competent in an extensive range of skills. There was a perceived need by the AKHS senior CHNs for a performance appraisal instrument that could assess the diversity of CHNs' practice.

McMurray purported that "community health nurses define nursing practice according to the concepts, values and commitment to primary health care" (1993, p. 20). Primary health care, from the philosophical perspective, incorporates the principles of equity, access, empowerment, cultural sensitivity and self-determination within the context of whole communities, community sub-groups, families and individuals. It is these five principles that form the

framework for the focus of CHNP as declared by the World Health Organization's Alma-Ata (1978). Lamont and Lees (1994, p. 314) succinctly described primary health care as being "geared towards the community, for the community and by the community, with the emphasis on preventative rather than the curative end of the health care continuum". Further, Watts (1994, p. 67) referred to community health care as a partnership between the public and the service providers with health perceived "as a means to an end".

In the process of providing community health care Lamont and Lees (1994) identified that the setting in which CHNP occurred was the whole health care system. They claimed that CHNP was not simply a facility but rather practice that focused on "the health of the people, where they live and work, and in this way health care becomes an integral part of daily life" (p. 316).

However, geography plays an important part of the organisation of providing primary health care, especially for CHNs employed within Australian Health Departments. The diversity of geographical settings for CHNP in Australia can include remote areas, rural townships, urban settings such as public health units, community and child health clinics, domiciliary nursing, purpose built health centres, school and industrial sites.

With respect to the skills and knowledge required by CHNs, numerous descriptions emerged from the literature which underpin the complexity and

breadth of endeavours for CHNs to fulfill the primary health care philosophy (Community Nurse Special Interest Group, 1995; HDWA, 1994; Lamont, & Lees, 1994; Kenyon, Smith, Vig Hefty, Bell, McNeil, & Martaus, 1990; McMurray, 1993). Identifying the scope of the CHNs' skills and knowledge, referred to by these authors, had relevance to this study because these reflected current practice in an Australian context and included:

1. holistic client centred care within a community context,
2. comprehensive and cross-cultural nursing practice,
3. nursing process skills with collaborative problem identification and intervention planning that promotes self-determined care and empowerment,
4. autonomous decision making,
5. establishment and maintenance of a trusting relationship with community clients and groups,
6. family dynamics, child development and parenting processes,
7. self and client management,
8. public health principles and policy,
9. effective communication skills with clients, colleagues, teachers, support groups, non-English speaking community leaders, and local government.

These dimensions of knowledge and skills specifically focus on CHNP and are in addition to generalist nursing knowledge and skills such as epidemiological

methods and applications; the humanities, the social, behavioural and physical sciences and many other specific but inter-related skills and knowledge.

Additionally, to function effectively, CHNs not only need a supportive collegiate network but also a high level of self-efficacy belief in their work practice (McMurray, 1993). In review of these kinds of skills and knowledge, St John's (1993, p. 75) comment that "nurses who practice primary health care require high levels of expertise, perhaps a specialist focus, in serving particular groups of clients" was succinct but also underscored the expansive scope of expertise required by these nurses and which is often poorly recognised by other nursing groups.

At the time of this study, CHNs entered employment at Level 2 in the W.A. Career Structure. The nurse in this position, as reflected in the Australian Nurses Federation (ANF) Nurses' Award (Australian Industrial Relations Commission, 1994), was required to perform with higher levels of responsibility than that of a registered nurse in a Level 1 position. Because these CHNs often worked independently and in a wide variety of settings, both geographically and in scope of practice, opportunities were minimised for regular observation by senior CHNs of the individual CHN's practice. Thus, the professional expectations of self-regulation and the variability in the scope of practice among CHNs were factors that supported the AKHS CHN's use of

self-appraisal of performance and independent goal setting in order to best achieve quality service.

Purpose of Performance Appraisal

Performance appraisal has had many purposes. One main purpose for the use of performance appraisal information was for administrative decisions such as salary adjustments, promotions, training needs, transfers and performance feedback. The development of employees' performance potential was another main purpose for use of appraisal information (Cardy & Korodi, 1991; Cleveland, Murphy & Williams, 1989; HDWA, 1990a; Wood & Marshall, 1993). Knox (1985), for example, in developing the Knox Tool, focused the developmental purpose of performance appraisal on the individual's accountability for work performance and professional growth. Schweiger and Sumners' (1994) management view of the developmental purpose of appraisal was one of coaching, providing feedback on performance, and fostering improvement in the employee's future performance.

Research has supported the notion that the dual purposes of appraisal information for administrative and developmental decisions, derived from a manager's assessment of an individual's performance, resulted in defensive responses by the appraisee and generally poor acceptance and use of the specific performance appraisal system (Bretz, Milkovich & Read, 1992;

Cleveland et al, 1989; Eder & Fedor, 1989; Farh & Werbel, 1986; Meyer et al, 1965; Murphy, Balzer, Kellam & Armstrong, 1984). Cardy and Korodi's research (1991) found that the process of conducting appraisals was the important factor in acceptance of performance appraisal. Other authors supported the need for separation of the organisation's performance appraisal purposes and advocated the use of participative performance appraisal (Bromwich, 1993; Council & Plachy, 1980; Deckert, 1990; Engle & Barkauskas, 1979; Gibb, 1985; Haar & Hicks, 1976; Riley, 1983; Teel, 1978; Wood & Marshall, 1993). Performance appraisal systems that were conducted and controlled without participation of the employee have been shown to be ineffective in motivating the employee to be more productive and to provide better quality performance (Teel, 1978; Engle, & Barkauskas, 1979; Haar & Hicks, 1976).

Self-Appraisal in Performance Appraisal

Performance appraisal processes that emphasised development through self-appraisal shifted the manager's responsibility away from that of judging and criticising an employee's performance and toward that of coaching and facilitating an employee's performance potential (Bromwich, 1993; Council, & Plachy, 1980; Knox, 1983; Wood & Marshall, 1993; Riley, 1983).

Studies involving self-appraisal of performance, where the appraisee was the primary source of determining and validating performance were uncommon but evident as early as 1965 (Meyer et al, 1965). A literature search by Bretz et al (1992) identified that self, peers and subordinates were sources of valid appraisals. Thornton's (1980) research involving self-appraisal, identified problems of leniency, that is, a tendency to over or underrate one's performance. Shrauger and Osberg (1981, p. 347) asserted that future oriented self-appraisals had the potential to "foster a self-fulfilling prophecy", that is, if the person expected to do well then the person would do so. Campbell and Lee (1988) asserted that self-performance appraisal was more appropriate when used as a developmental tool rather than being used for evaluative purposes.

During the 1980s, performance appraisal incorporating self-appraisal, goal setting and ongoing review, was a significant element of the nursing career structure implementation in W.A. (HDWA, 1990b). The final appraisal outcomes, however, remained within the control of supervisory nurses. No published Australian literature could be found that demonstrated the use of self-appraisal and performance goal setting as a means of performance appraisal of nurses.

The Nurses Code of Practice (The Nurses Board of Western Australia, 1995, p. 5) identified that a nurse, such as a CHN, was accountable for practice in that "a nurse should ensure that the nurse's competence is commensurate

with the practice requirements for the nurse's current nursing role". This statement implied that nurses would self-appraise and self-regulate their own performance competency against standards for practice. A review of the literature found no published studies that addressed this implication.

Use of Standards for Practice in Performance Appraisal

Porter (1988, p. 651) stated that "performance standards indicate a level of competency that will ensure quality care". Professional standards for practice "form the basis from which practice may be judged both by the profession and by society" (Australian Nurses Federation, 1989, p. 1). Standards of performance also allow the individual to assess against their own practice rather than against the norms of other individuals or groups (Rutherford, 1995). Further, Masters and McCurry (1990) specified standards as "minimum acceptable performance levels" (p. 1) and recommended there be "levels of competence and of progression between levels" (p. 2).

The SACCNS represent the current national professional standards for practice of CHNs. When the Australian Nurses Federation Standards for Nursing Practice are next revised, specific CHNP standards will be incorporated (Australian Council of Community Nursing Services [ACCNS], 1993). The SACCNS includes three primary standards. These state that the CHN fulfills the obligations of the professional role, establishes and maintains

enabling interactions in professional relationships, and provides effective and holistic nursing care (ACCNS, 1993). Each of these standards for practice is expressed as exemplar behaviours of CHN practice activities with which “actual practice can be compared” (McMurray, 1993, p. 14). The W.A. CHNs recognised that SACCNS did not fully reflect the scope of their practice in that domiciliary nursing, as an example, is not a part of the scope of CHNP in W.A. (B. Hughes, Community Health Program Coordinator, HDWA, personal communication, August 10, 1996). However, in the absence of an alternate professionally appropriate set of standards, the SACCNS were used as guides in the HDWA Community Nursing Policy and Practice Manual (HDWA, 1994). The AKHS senior CHNs chose to link the exemplar SACCNS behaviour items to the Guide’s self-assessment performance behaviours. This decision was supported by Chu and Schmele’s (1990, p. 25) assertion that, “the essence of quality is the application of standards in practice”. In addition, the AKHS senior CHNs considered it significant that the SACCNS be linked to the principles of primary health care and embodied these principles into their performance management philosophy (refer to Appendix B).

Summary

The literature reviewed shows that information drawn from an employees’ performance appraisal can be used for administrative or

developmental purposes. The literature indicates that when both these purposes are integrated, the result is often a poor acceptance and a defensive response to performance appraisal. Performance appraisal systems that focused on the growth and development of an individual's work potential, have demonstrated that an appraisee's self-appraisal of performance are valid. The notion of accountability reflects a self-regulation function which is inherent in professional nursing practice.

In conclusion, the literature supported the AKHS senior CHNs' intent to utilise a developmentally based performance appraisal process for CHNs to self-appraise their practice and plan for improvement in practice by setting performance goals. The AKHS CHN's scope of knowledge and skills, as identified in the literature and their intent to embrace the primary health care principles within their practice, as embodied in their performance management philosophy (refer to Appendix B), further supported the decision to use the Guide. In addition, the literature search did not reveal any study that identified what criteria could be used to judge the usefulness of a performance appraisal instrument to a user.

Chapter 3

Conceptual Framework

This chapter describes the framework used to guide this study.

“A framework is the abstract, logical structure of meaning that guides the development of the study and enables the researcher to link the findings to nursing’s body of knowledge” (Burns & Grove, 1993, p. 171). The framework (Figure 1), presented at the end of this chapter, was conceptualised by the researcher and illustrates several interconnected processes that together show the systematic progression of how an individual CHN’s clinical competence can be assured to impact as better health in the community.

The systematic connections within the framework begin with the CHN’s clinical competencies that were indirectly measured against the professional standards of practice and were linked to a specific performance appraisal instrument used by all the CHNs. With an instrument that meets individual and professional perceptions of usefulness, then greater confidence can be expressed that the collective competence, standardisation and consistency of practice has the potential to foster improved service and nursing practice which in turn may result in better health in the community.

In designing the framework, consideration was given to the AKHS senior CHNs’ intention to institute a developmental and participative approach

to performance appraisal using a self-appraisal and goal setting instrument as the integral components within their performance management system. The framework shows the close connection between the SACCNs, the professional standards of practice that were added onto the performance appraisal instrument and the eight criteria used in the study to define the performance appraisal instrument's usefulness.

The section of the framework within the dotted lines constituted the focus of the study which aimed to evaluate the performance appraisal instrument's usefulness, acceptability and congruence.

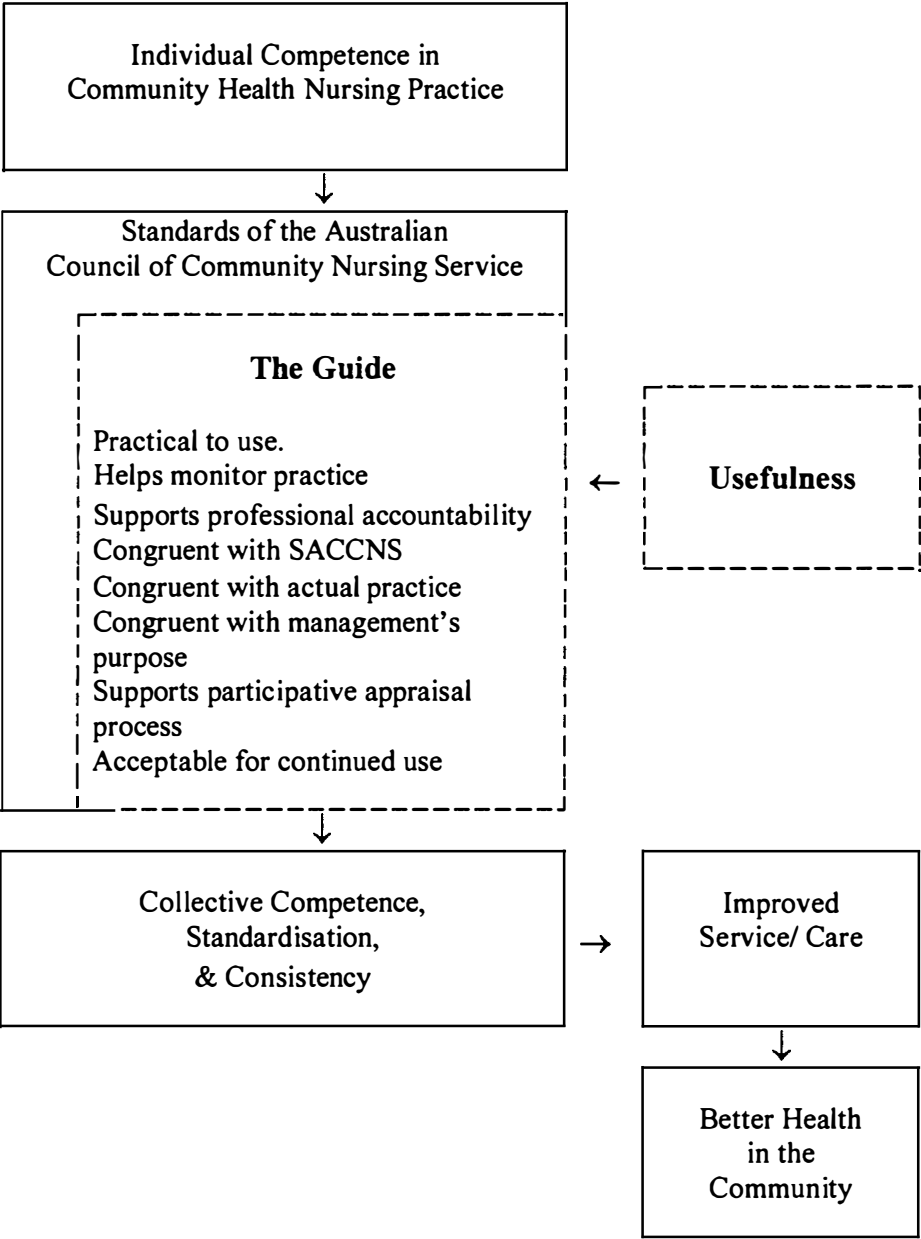


Figure 1 The framework for the study illustrates the interconnected processes that together show the systematic progression of how an individual CHN’s clinical competence can be assured to impact as better health in the community.

Chapter 4

Methodology

This chapter describes the methodology used to conduct the study. The explanation of the methodology will include the research design, the study setting, the selection of the survey sample, the questionnaire and its content validity, the congruency rating survey, the data collection procedure, the data analysis, the methods to eliminate bias and ethical considerations. Methodological considerations pertaining to the two research questions will be examined.

Research Design

A descriptive exploratory design was chosen because the study's purpose was to investigate the extent of usefulness of the Guide as a performance appraisal instrument. Brink & Woods (1994, p. 107) state that "when the purpose of a study is exploration, a flexible research design that provides an opportunity to examine all aspects of the problem is needed". The flexibility of this study's design promoted full exploration of the two research questions.

Based on the study's first research question, the researcher initially developed an operational definition which included eight criteria for the term usefulness in its application to a nursing performance self-appraisal instrument.

The criteria for usefulness were based upon the researcher's personal knowledge of performance appraisal, concepts drawn from the literature and from discussion with peers. The eight criteria were then formally confirmed as relevant, by a group of six registered nurses, for use as the study's operational definition. The researcher developed specific questionnaire items that aimed to ascertain the CHNs' perceptions of the Guide's usefulness.

The second research question required the development of a "congruency rating survey" so that a systematic assessment and recommendations could be made about the extent of congruence between the Guide and SACCNS.

For the purpose of clarity the method for responding to the two research questions is presented separately except for the aspects of bias elimination and ethical considerations which address both research questions.

Research Question 1 Do CHNs Perceive the Guide is Useful

Study setting.

The AKHS Community Nursing Service is an integral part of one of the nine Perth metropolitan health services for W.A. It services a population in excess of 180,000 in metropolitan, rural and semi-rural settings. The Community Health Service, as a section of the AKHS, is managed by a

Nursing Coordinator. Community Health Services include community health nurses, Aboriginal health workers, allied health staff, a community/child medical officer and a sessional pediatrician. CHNs are located in the community in the twenty Child Health Centres, eight Senior High Schools, one hundred Primary Schools and three Community Health Centres situated across the Health Service.

CHNs practice in accordance with primary health care principles and are guided by the W.A. Child Health Surveillance and Screening Program 0-18 years and the Public Health Program which includes Disease Control. CHNP varies from state to state in Australia and in W.A. the practice is somewhat different from all other states in that it does not include the domiciliary nursing component. However, the AKHS CHN's practice does encompass the scope of CHNs' skills and knowledge as previously identified in Chapter 2 (p. 11) (P. Billett, Nursing Coordinator, Community Nursing Services, AKHS, personal communication, February 5, 1996).

Selection of survey sample.

At the time of the study a total of forty registered nurses were employed as CHNs by AKHS, HDWA. Of these, thirty had completed the Guide as part of their formal performance appraisal were thus invited to participate in the study. This provided a convenience sample as it was only this group of nurses

who had used the Guide for performance appraisal purposes. Twenty four CHNs consented to participate in the study.

Questionnaire.

The questionnaire (Appendix D) was developed by the researcher to ascertain CHNs' perceptions of the usefulness of the Guide and consisted of two sections. The first section aimed to obtain general demographic information about the respondents' CHNP experience, previous performance appraisal, and educational data. The second section sought the respondents' perceptions of the usefulness of the Guide based upon the criteria for usefulness. A total of forty nine item statements and twelve open-ended questions constituted the basis for evaluation. The respondents ranked a likert scale on each item which varied from 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree. A final question sought the respondents' perceptions of how often they felt the Guide needed to be used in order to effectively monitor their practice.

Questionnaire content validity.

Validity by definition according to Lynn (1986, p. 382) is "the determination by one or more content experts that the elements/items of an instrument represent the content domain being assessed". Lynn (1986,

p. 382) asserted the need for a two-stage process of development and judgment of the questionnaire because “to determine and quantify content validity is fundamental to the validation of virtually all instrumentation”. A two stage process was used to judge the validity of the content of the questionnaire.

In the initial developmental stage of “domain identification” (Lynn, 1986. p. 383) six registered nurses, with varying areas of expertise and employed outside the AKHS, were invited to rate, on a four point scale, the relevance of the criteria that was to be used as the operational definition for the term usefulness (Appendix E). The eight suggested criteria were confirmed as relevant and these formed the basis for the development of the questionnaire to study the dimension of “the CHNs perceptions of the usefulness of the Guide”. The next step in the developmental stage of content validity required generating items for each criterion and refining them (Lynn, 1986). The researcher developed a total of fifty one questionnaire items from the eight criteria for the domain of usefulness.

For the second stage of content validity the questionnaire was evaluated by a different group of three CHNs, also employed outside the AKHS. These nurses had not been involved in the confirmation of the criteria for usefulness and were selected using as criteria more than ten years CHNP experience, employed in a senior nursing position outside the AKHS and holding a minimum baccalaureate degree in nursing. These nurses, as suggested by Lynn

(1986), assessed the questionnaire for item and instrument index of content validity using a specific set of instructions (Appendix F). In order to control for chance agreement it was decided that agreement from all three of these nurses was necessary to establish confidence of the content validity of the questionnaire (Lynn, 1986). Based upon these nurses' assessment, two items were deleted because they were similar in content. The questionnaire was then considered content valid because these nurses, using a four point ordinal rating scale, rated the items and the overall questionnaire as proportionally moderately or extremely relevant as per Lynn's (1986) suggestion.

Pilot study.

A pilot study was conducted to “determine the clarity of questions, effectiveness of instruction, completeness of response sets, time required to complete the questionnaire, and success of data collection techniques” (Burns & Grove, 1993. p. 373). As suggested by Burns and Grove (1993. p. 243) “a systematic sampling method” was used for the pilot study. The Nursing Coordinator, AKHS, verbally agreed to distribute five sealed envelopes to every sixth CHN, who was eligible to participate in the study, based upon the list of names on the CHN rostering schedule. Each envelope contained a letter of explanation about the study and an invitation to participate in the study (Appendix G), a copy of the questionnaire and a consent form (Appendix H),

and instruction for the return of the documents. In addition, a letter (Appendix I) sought to gain feedback from the pilot sample regarding the questionnaire's acceptability. The completed pilot tested documents were received by the researcher and the information provided indicated that no changes to the questionnaire were required and the data from the pilot group was included in the overall data collection.

Validity of the Guide.

The Guide was adapted from the Knox Tool (1985). The Knox Tool was found to be reliable and valid by Knox in her 1982 study with the findings demonstrating that the psychometric properties of the Knox Tool being acceptable. For further details of the psychometric properties the reader is referred to Appendix A (p. 20). The Knox Tool was "recommended for developmental use by Alberta, Canada, community health nurses" (Knox, 1983, p. ii). The Guide had not previously been evaluated for its usefulness among Australian CHNs, nor was it the intent of this study to test it for validity and reliability.

The adaptations to the Guide involved the linking of the SACCNS' exemplar behaviours to the Guide's self-assessment behaviours and the addition of an extra twenty behaviour items because the AKHS senior CHNs

believed these were necessary in order to fully reflect the exemplar behaviours of the SACCNS.

Data collection procedure.

Data for the study's first research question was collected from the AKHS CHNs who met the study criteria and who responded to the questionnaire. A letter (Appendix J) was forwarded to the Director of Nursing, AKHS, seeking permission to conduct the study. The letter indicated the purpose of the study and the requirements of the responding CHNs. A copy of the study's proposal was included with the letter. When permission was granted, a letter (Appendix K) was forwarded to the AKHS Nursing Coordinator Community Health Services initially requesting her to assist in the pilot study by using a systematic sampling method to distribute five questionnaires and consent forms to eligible CHNs. The questionnaire and pilot data were completed anonymously and returned in a sealed envelope to the researcher. Permission was also sought for the researcher to meet with the CHN staff who were eligible to participate in the study. The meeting was arranged at the time and place recommended by the AKHS Nursing Coordinator, in order for the researcher to maximise access to the CHNs. The meeting also aimed to provide a personal link between the researcher and the respondents. At the meeting, the researcher invited all the eligible CHNs to participate in the study. The CHNs

were informed of the purpose and anticipated benefits of the study and an explanation was given of the requirements of the respondents for the study.

Twenty questionnaires were distributed by the researcher to the CHNs. A consent form accompanied the questionnaire. Respondents were asked to complete the consent form and the questionnaire and then place the documents into a special collection box. The respondents chose to complete the questionnaire prior to leaving the meeting. An additional five CHNs, absent from the meeting, were forwarded the documents with the accompanying letter of invitation and explanation and the consent form via internal mail with a self-addressed envelope for forwarding on to the researcher. On receipt by the researcher, the consent forms were separated from the completed questionnaires and then kept in a separate location from the questionnaires.

Data analysis.

The Statistical Package for Social Sciences (SPSS) was to be used to measure frequency of responses for each category; strongly agree, agree, neutral, disagree, and strongly disagree, of each questionnaire item. In addition Chi square analysis was to be used to determine whether the proportions of responses were equal across these categories for each questionnaire item. However, if it was found that cell size was insufficient to conduct these tests the results of the Chi square tests would not be reported.

The respondents' comments to the open-ended questions were manually viewed, coded into categories, and themes were identified. For the purpose of reporting respondents' responses to the open-ended questions a code number (R = 1 to 24) was also allocated to each respondent. Findings of the themes are reported in Chapter 5 along with the quantitative data for each section of the questionnaire.

Research Question 2: Extent of Congruency Between the Guide and SACCNS

Congruency Rating Survey.

A specific congruency rating survey (Appendix L) was designed by the researcher for use by four nurses (congruency assessors) who were invited to assess the Guide's congruency with the SACCNS. The purpose of the congruency rating survey was to answer the study's second research question. In addition, the extent of congruency between the Guide and SACCNS was one of the study's operational criteria for the usefulness of the Guide. These congruency assessors were selected because of their experience in the development of professional standards of practice for CHNs in different Australian states. Two congruency assessors were members of the committee that initially devised the SACCNS, one was a member of the committee that devised the Victorian Standards of Practice for CHNs, and another was chosen

because of her academic experience. The only exception to the group having had recent knowledge and experience of the role of the CHN in W.A. was the nurse practising in Victoria.

Data collection procedure.

The source of data for the study's second research question was collected from the four congruency assessors who responded to the congruency rating survey. Initially, each congruency assessor was contacted by telephone and invited to participate in the study. A letter (Appendix M) was then forwarded inviting them to participate in the study. The letter indicated the purpose of the study and the requirements sought of the congruency assessors. Also provided with the letter were the congruency rating survey documents, a consent form and the study proposal, inclusive of the Guide and SACCNS. The completed survey rating documents and consent forms were returned to the researcher in a self addressed and stamped envelope.

Data analysis.

Analysis of the second research question employed the use of two criteria. The first criteria was that the four congruency assessors be in agreement of their rating that the Guide's behaviour items were congruent with the stated exemplar behaviours of the SACCNS. The second criteria was that if

the congruency assessors were not in unanimous agreement upon the rating of congruency then those items were to be identified as requiring correction.

The congruency assessors' general assessment are reported in Chapter 5 with their specific findings and recommendations presented in the appendices.

Elimination of Bias

In conducting the study, the need to minimise or eliminate bias was crucial to assure the process of data collection and data interpretation was free from personal influences (Burns & Grove, 1993). The researcher was aware of the risk of bias in several areas and to avoid this possibility a variety of strategies were adopted which are identified and discussed below.

Firstly, the AKHS CHNs were aware that a formal evaluation of the Guide was to be conducted following its introduction. Secondly, the nurses who assisted in confirming the relevance of the criteria for the term usefulness, those nurses who assessed the content validity of the questionnaire, and the congruency assessors were made aware of the purpose of the study in order to help focus their attention. Burns and Grove (1993) describe one potential threat to the internal validity and accuracy of the study design in that respondent's attitudes may have been influenced as a consequence of their involvement in the study. One measure was implemented to contain this threat:

through the researcher's assurance of confidentiality of the individual nurses' information from the study. This procedure aimed to promote the respondent's freedom and accuracy in their responses.

The precautions followed by the researcher to minimise personal bias included two strategies. Firstly, the AKHS senior CHNs had developed a list of performance appraisal issues, based upon the Guide, that they wanted to have researched and they had consulted with a professionally respected CHN in a senior academic position about this. This researcher was subsequently invited by the consultant CHN to select from the list and develop a Master of Nursing thesis. This researcher was not known to the AKHS group prior to the study. Secondly, no relationship was established between the researcher and any of the AKHS CHNs and at no time did the researcher discuss the potential outcomes of the study with this group.

The researcher avoided the potential risk of systematic bias by inviting all eligible AKHS CHNs, who had completed the Guide as part of their performance appraisal, to participate in the study.

The researcher's personal bias was minimal because no similar study had been conducted, thus she was unable to anticipate the outcomes. Finally, the researcher had had minimal experience in CHNP and did not have any preconceived ideas which could be considered biased.

Ethical Considerations

One ethical consideration pertinent to the study related to the confidentiality of the CHNs who completed the questionnaire. The ethical consideration was that the respondents could potentially be fearful that their raw data would be shown to the AKHS senior CHNs, or others, who might then be able to recognise the individual. Minimising this potential risk of the researcher breaching this ethical concern is detailed under the heading “Confidentiality” as found further on in this section.

University Approval

Consent to conduct the study was granted from the Committee for the Conduct of Ethical Research, Edith Cowan University, W.A.

Consent to Proceed

Permission was granted from the Director of Nursing, Armadale Kelmscott Health Services, after review of the study proposal.

Consent to use SACCNS

Permission was granted by the President, Australian Council of Community Nursing Services Incorporated (Appendix N) to reprint the SACCNS for the purpose of this study.

Consent to use The Knox Guide to Self-Appraisal and Goal Setting

Permission was granted by L. J. Knox (personal communication, May 16, 1995) to P. Billett, Nursing Coordinator, Community Health Services, AKHS, to use and modify the Knox Guide to Self-Appraisal and Goal Setting (1995). L. J. Knox also gave permission (personal communication, November 7, 1995) for the researcher to use the Knox Tool for the purpose of this study.

Confidentiality

The risk of breaching confidentiality involving the nurses who were involved in the study was minimised in several ways. Firstly, all documents that sought information from a nurse, such as the criteria for the term usefulness, content validity of the questionnaire, data collection from the questionnaire and the congruency rating survey, were all anonymously completed and reported. All completed consent forms were received by the researcher and then filed separately from the study data in a locked cabinet. None of the data or information was distributed to any other potentially interested party. The data and information collection documents did not identify individual respondents as no names or identification codes appeared on any document. Data collected from the questionnaires and congruency rating surveys were reported in group form.

Right to Withdraw

Potential participants were assured of the right to withdraw from the study with no penalty and at any time. This advice was offered prior to the distribution of the questionnaire.

Storage of Data

Raw data and the consent forms and other information provided by the nurses involved in this study will be kept separate, by the researcher, and for a period of five years in a locked cabinet, and then incinerated to ash.

Chapter 5

Findings

Introduction

This chapter presents the findings of the study's two research questions. The first research question findings are presented, followed by the results from the second research question.

The first research question was, "Do CHNs perceive the Guide is useful?" The eight criteria used to define the Guide's usefulness included; practical to use, helps monitor practice, supports professional accountability, congruent with SACCNS, congruent with actual practice, congruent with nursing management's purpose, supports participative appraisal process, and it is acceptable for continued use. Initially, the findings are presented from the quantitative and qualitative analysis of data from the questionnaire related to this question. Results are reported for each section of the questionnaire inclusive of the themes from respondents' comments to the open-ended questions and relevant individual's comments are presented using the respondent's coding number (R = 1 - 24). The findings for the quantitative analysis of data are reported using the frequencies of the rating categories for each questionnaire item. Chi square tests were undertaken to determine whether the proportions of responses were equal across the rating categories

for each questionnaire item. However, it was found that the cell size was < 5 in the majority of cells and therefore it was considered inappropriate to report the tests as the results would not be meaningful.

In the second part of this chapter the findings are reported from the study's second research question, "To what extent is the Guide congruent with SACCNS?" The congruency assessors responded extensively to the congruency rating survey. Overall they found an acceptable level of congruency. They also assessed that both the Guide and SACCNS need improvement to better represent CHNP in W.A. This chapter presents the congruency assessors' specific comments with their recommendations compiled as tables in appendices A - U.

Findings of the Study's First Research Question - Do CHNs Perceive the Guide is Useful?

Questionnaire Responses

Thirty CHNs met the criteria to participate in the study, thus thirty questionnaires were distributed and twenty five were returned so a response rate of 83% was achieved. One questionnaire was rejected by the researcher

because the responses indicated the respondent had not finalised the performance appraisal, a criteria for participation. Therefore, $n = 24$ for the following analysis. All respondents were female.

Respondents Profile

CHNP experience profile.

The respondents' reported length of employment in CHNP ranged from seven months to twenty years. Eleven ($n = 11$) respondents, representing 45.8%, reported having worked for more than ten years in the community setting. The mean length of CHNP experience was nine years. The questionnaire did not ascertain the respondent's specific CHN role, such as generalist, Child Health, School Health, management, education or research.

Nursing education background.

Table 1 shows the number and percentage of the respondents' various nursing qualifications.

Table 1.
Respondents' Nursing Qualifications

Qualification	n
Hospital Based Nursing Diploma	24
Midwifery	16
Child Health	12
Health Visiting	3
Health Promotion	1
Adult Intensive Care	1
Neonatal Intensive Care	1
Oncology	1
Ward Management	1
Bachelor Applied Science	8
Post Graduate Diploma	3

As shown in Table 1, all respondents had gained a hospital based nursing diploma as their initial nursing qualification. A Bachelor's degree was held by 33% (n = 8) and three of these respondents also held higher degrees. The majority of respondents (n = 12 - 16) reported that they held either or both a midwifery and child health post basic certificates which were identified in the job description as essential qualifications for employment at Level 2 position in the community health service (AKHS Community Health Services, 1996).

On an individual respondent basis it was identified that all but three respondents had completed post basic nursing certificates, eleven respondents had completed one post basic nursing certificate, nine had completed two post basic nursing certificates and one had completed four post basic nursing certificates.

One respondent, with eight years CHNP experience, did not indicate whether post basic nursing certificate or tertiary education had been undertaken.

The questionnaire did not ascertain whether the respondents undertook post hospital based nursing diploma qualifications in order to meet employment or job requirements or for other reasons.

Previous performance appraisal.

All respondents had completed the Guide, for the first time, as part of their formal performance appraisal within a two month period of participating in this study. The mean length of time since the respondents had completed a previous performance appraisal was 14 months (SD = 6.92, range = 7 - 36 months).

In response to the question, “prior to 1996, who made the final decision about my standard of work performance”, eighteen respondents (76%) felt the final decision had been made with the support of their senior CHN, one respondent (4%) indicated that the decision had been made by “myself”, two respondents (8%) indicated the decision was made with “equal contribution” from the CHN and the senior CHN, two respondents (8%) indicated that the senior CHN had primarily made the decision, and one respondent (4%) indicated “interpersonal conflict disrupted the appraisal” process.

CHNs' General Perceptions of the Usefulness of the Guide

The responses to the questionnaire's forty nine perceived usefulness items were initially summed for each respondent. The overall ratings could range from a minimum of 49 to a maximum of 245 with 49 indicating a respondent who strongly disagreed to the questions that the Guide was useful and 245 indicating a respondent who strongly agreed to the questions and therefore thought the Guide was highly useful. The respondents' mean rating of 195 (SD = 20.23, range = 158 - 232) indicated that there was general agreement by the respondents that the Guide was useful.

Several general comments were made about the Guide from the open-ended question "I feel the Guide is acceptable for the following reasons?" One respondent's (R = 24) statement encapsulates the strongest support for the Guide in that "it is much better than previous appraisals which were farcical due to the lack of accountability, poor communication, and minimal management skills". Three other respondents (R = 3, 13, 15) expressed positive comments in that the Guide is the best they have used or the best available at present. In contrast, one respondent's (R = 2) comment reflected concern about the possibility for leniency and non-objective self-assessment of performance by stating that the Guide "could encourage us to believe we are doing better than we are, ie, we believe we are doing something but this is not supported by facts". This respondent did not qualify this statement but in

reference to the Guide’s behaviour item “I allow time for completion of records and notes”, claimed that the CHN ends up doing them half an hour after the end of the duty”. Two respondents (R = 20, 24) also felt there was need for more training by the CHN in the use of the Guide and to have it reassessed for its usefulness in six months time.

Table 2 shows a frequency analysis summary of how the whole sample evaluated the usefulness of the Guide. Presented in the table are the percentage of frequency ratings for all, compared to individual, items for the criterion. The frequency ratings included strongly agree (SA), agree (A), neutral (N), disagree (D), and strongly disagree (SD) for each of the eight criterion that define the usefulness of the Guide, as found from the questionnaire.

Table 2.
Frequency of Responses from CHNs (n = 24) for the Eight Criteria Defining the Guide’s Usefulness.

Criteria	SA %	A %	N %	D %	SD %	% Total
1. Practical to use	18	60	17	5	0	100
2. Helps monitor practice	15	70	13	2	0	100
3. Supports professional accountability	21	69	8	2	0	100
4. Congruent with SACCNS	13	56	29	2	0	100
5. Congruent with actual practice	23	67	10	0	0	100
6. Congruent with management’s purpose	19	64	13	4	1	100
7. Supports participative approach	26	51	20	3	0	100
8. Acceptable for continued use	28	62	8	2	0	100
% of frequency of responses	20	62	15	3	0	100

Note. The totals in the columns represent the overall percentage rating for all survey items derived from the summed totals for the eight criteria that defines the usefulness of the Guide.

As shown in Table 2 the majority of the ratings were in the strongly agree category (20%) and 62% in the agreement category, with 15% in the neutral category, and only 3% were in the disagreement category with one single response in the strongly disagree category. More detailed quantitative findings for each criterion that defines the usefulness of the Guide will now be reported along with qualitative analysis of the open-ended questions pertinent to each criterion.

Changes in Practice Reported by CHNs

Table 3 shows respondent’s changes in practice since using the Guide as reported for the open-ended question.

Table 3.
Respondent’s Reported Changes in Practice Since Using the Guide.

Respondent	Changes in Practice
9	Review my attitudes & practice in relation to my clients.
2	Improved assessment of client needs.
20	Listen more attentively to clients & colleagues.
3	Review of time management & priorities.
22	More involvement of client in assessment of needs & learning style.
22	Seek client input on merits/effectiveness of nursing interventions.

From this point onwards the findings in relation to the eight criteria that define the usefulness of the Guide are reported in the following way. Tables 4 to 11 show the frequency for each criterion’s questionnaire items, using total percentages of the ratings for strongly agree (SA), agree (A), neutral (N),

disagree (D), and strongly disagree (SD). Narrative text reports the total frequency in each rating category and the themes and responses from the open ended questions.

Criterion 1: The Guide is Practical to Use

Table 4 reports a summary of responses to the five items under the heading “the Guide is practical to use”.

Table 4.
Frequency for the Guide’s Criterion “It is Practical to Use”.

Practical to use because:	SA %	A %	N %	D %	n
The self-appraisal instructions are easy to understand.	21	67	8	4	24
It is easy to read.	17	67	12	4	24
The time spent is worth it.	20	63	17	-	24
It is user-friendly.	12.5	42	33	12.5	23
The goal-setting instructions are easy to understand	12.5	42	33	12.5	24
% of frequency of responses	18	60	17	5	

Note. All percentages are rounded to the nearest whole number. No responses were recorded for the strongly disagree category. A dash in a column represents no response recorded for this scale. The wording of each item in the table has been shortened for ease of presentation. The reader is referred to Appendix D for the full description of the questionnaire items.

As shown in Table 4 the majority of respondents agreed with the items suggesting that the Guide is practical to use. The total frequency in each rating category showed that 18% strongly agreed, another 60% agreed, with 17% neutral and only 5% disagreed.

All items showed a greater proportion of responses in the agree or strongly agree ratings except for two items that referred to the Guide's user-friendliness and the goal setting instructions being easy to understand. There was more dispersion across the items that referred to the Guide's user-friendliness and goal setting instructions with about 45% of respondents agreeing or strongly agreeing, 33% being neutral and about 13% disagreeing with this item.

Two respondents (R = 2, 3) provided responses to the open-ended question for this criterion. The respondents suggested that the use of larger type-set, increased spacing, and inclusion of examples in the goal setting section would make the Guide more user-friendly.

Criterion 2: The Guide Helps to Monitor the CHN's Practice

Table 5 reports a summary of responses to the nine items under the heading "the Guide helps to monitor the CHNs' practice".

Table 5.
Frequency for the Guide’s Criterion “It Helps to Monitor the CHN’s Practice”.

Helps to monitor practice because:	SA %	A %	N %	D %	n
It clarifies expectations.	13	75	4	4	23
I can identify professional development needs.	12.5	75	12.5	-	24
Other information in the Guide helps me to assess my practice	13	75	8	4	24
I can identify what I do well.	17	71	12	-	24
I can identify what needs development.	12	71	17	-	24
I can set goals from the self-assessment.	8	71	17	4	24
Essential aspects of practice are identified.	21	67	8	4	24
I can compare practice with the SACCNS.	8	63	25	4	24
I can review my goals to check my progress.	17	62	21	-	24
% of frequency of responses	15	70	13	2	

Note. All percentages are rounded to the nearest whole number. No responses were recorded for the strongly disagree category. A dash in a column represents no response recorded for this scale. The wording of each item in the table has been shortened for ease of presentation. The reader is referred to Appendix D for the full description of the questionnaire items.

As shown in Table 5 the majority of respondents agreed with the items suggesting that the Guide helps the CHN to monitor their practice. The total frequency in each rating category showed that 15% strongly agreed, another 70% agreed, with 13% neutral, and only 2% disagreed.

Two items that rated more than 20% in the neutral category referred to the Guide helping the CHN to compare practice against the standards and to review goals to check progress.

Four individuals responded to the open-ended question for this criterion. One respondent (R = 2) felt the Guide encourages reflection and further qualified this response by asking “Am I really doing what I believe I am doing?” This respondent also stated that “practice and theory are not always

congruent, even though we may think they are!” Two respondents (R = 8, 24) referred to setting goals as an initiative to changing practice. Another respondent (R = 22) indicated a desire to review the Guide regularly. An issue of “quality of service provision versus the time available to monitor practice” was stated by the respondent (R = 3) who had also indicated that review of time management and priorities were changes in practice she had made after using the Guide.

Criterion 3: The Guide Supports CHN’s Professional Accountability

Table 6 reports a summary of responses to the nine items under the heading “the Guide supports CHN’s professional accountability”.

Table 6.
Frequency for the Guide’s Criterion “It Supports CHN’s Professional Accountability”

It supports my professional accountability because:	SA %	A %	N %	D %	n
It helps me be more familiar with SACCNS.	8	84	4	4	24
It meets my needs for self-assessment of performance	13	83	4	-	24
I control my assessment.	21	79	-	-	24
I can reflect upon my clinical competency.	21	75	4	-	24
From its use I feel I meet practice standards.	8	71	13	4	23
It helps me review professional accountability.	29	63	8	-	24
From its use I can demonstrate my accountability.	21	58	13	4	23
I believe it is important to accurately self-appraise.	42	54	4	-	24
It motivates to improve practice	21	50	25	-	23
% of frequency of responses	21	69	8	2	

Note. All percentages are rounded to the nearest whole number. No responses were recorded for the strongly disagree category. A dash in a column represents no response recorded for this scale. Where n < 24 indicates a response was not recorded. The wording of each item in the table has been shortened for ease of presentation. The reader is referred to Appendix D for the full description of the questionnaire items.

As shown in Table 6 the majority of respondents agreed with the items suggesting that the Guide supports professional accountability. The total frequency in each rating category showed that 21% strongly agreed, another 69% agreed, with 8% neutral and only 2% disagreed. Three respondents omitted rating three items, nor were any comments offered to explain the omissions.

Responses for the item that referred to the Guide helping to motivate the CHN to improve practice were dispersed across responses with about 71% of respondents agreeing or strongly agreeing and 25% being neutral with this item.

Two respondents provided responses to the open-ended question for this criterion. In reference to the usefulness of the Guide supporting the CHN's professional accountability one respondent (R = 2) commented upon the possibility that the Guide may lead to over critical assessment of practice. Yet, her other comments also included that "the more control one has over one's practice the higher the standards that can be practiced" and that there are many positive aspects of self-assessment. This respondent also strongly agreed with all of the nine items. Further, in reference to new practitioners to the CHN setting, one respondent (R = 22), with more than four years experience, expressed that "some degree of objective assessment from a senior CHN is required in order to utilise the tool effectively".

Criterion 4 The Guide is Congruent with SACCNS

Table 7 reports a summary of responses to the two items under the heading “the Guide is congruent with SACCNS”.

Table 7.
Frequency for the Guide’s Criterion “It is Congruent with SACCNS”.

The Guide is congruent with SACCNS because:	SA %	A %	N %	D %	n
Self-assessment behaviours also show a standard.	13	58	25	4	24
Exemplar standards are accurately reflected.	13	54	33	-	24
% of frequency of responses	13	56	29	2	

Note. All percentages are rounded to the nearest whole number, except where this may skew the results. No responses were recorded for the strongly disagree category. A dash in a column represents no response recorded for this scale. The wording of each item in the table has been shortened for ease of presentation. The reader is referred to Appendix D for the full description of the questionnaire items.

As shown in Table 7 the majority of respondents agreed with the items suggesting that the Guide is congruent with SACCNS. The total frequency in each rating category showed that 13% strongly agreed, another 56% agreed, with 29% neutral and only 2% disagreed.

Four respondents provided responses to the open-ended question for this criterion. Each of the respondents’ comments were different in relation to their perceptions of the congruency between the Guide and SACCNS. One respondent (R = 9), who rated both items as strongly agree, expressed congruency especially when she looked back over her self-appraisal responses. A second respondent (R = 2), who also rated both items as strongly agree, stated that she viewed each behaviour item in the Guide as a standard and was,

therefore, assessing her standards of practice. Another respondent (R = 20), who rated both items neutral, stated that she “had not specifically sat down and compared the two documents”. While another respondent (R = 24), who rated the items neutral and agree, stated that she was not aware of the SACCNS specifically, but was aware of them conceptually.

Criterion 5 The Guide is Congruent with CHN’s Actual Practice

Table 8 reports a summary of responses to the two items under the heading “the Guide is congruent with CHN’s actual practice”.

Table 8.
Frequency for the Guide’s Criterion “It is Congruent with CHN’s Actual Practice”.

The Guide is congruent with practice because:	SA %	A %	N %	n
It accurately reflects community health nursing practice.	25	67	8	24
It accurately reflects my clinical practice responsibilities.	21	67	12	24
% of frequency of responses	23	67	10	

Note. All percentages are rounded to the nearest whole number. No responses were recorded for the disagree or strongly disagree categories. The wording of each item in the table has been shortened for ease of presentation. The reader is referred to Appendix D for the full description of the questionnaire items.

As shown in Table 8 the majority of respondents agreed that the Guide’s behaviour items accurately reflect their actual CHNP. The total frequency in each rating category showed that 23% strongly agreed, another 67% agreed, with 10% neutral.

Two respondents provided diverse responses to the open-ended question for this criterion. In relation to the congruency of the Guide's self-assessment behaviour items and actual practice one respondent (R = 2) raised a question of other's self-accuracy in that "I believe I respond promptly to communications from others, but do they?" Another respondent (R = 4) identified that the Guide's self-assessment behaviour items inadequately relates to community nursing groups.

Criterion 6 The Guide is Congruence with Nursing Management's

Purpose for Performance Appraisal

Table 9 reports a summary of responses to the seven items under the heading "the Guide is congruent with nursing management's purpose for performance appraisal".

Table 9.

Frequency for the Guide's Criterion "It is Congruent with Nursing Management's Purpose for Performance Appraisal".

The Guide is congruent with nursing management's purpose:	SA %	A %	N %	D %	SD %	<u>n</u>
I appraised my performance & set future goals.	21	75	4	-	-	24
The process assisted my clinical development.	4	75	17	4	-	24
I was the main participant.	25	71	4	-	-	24
I was sufficiently supported during my appraisal.	25	71	4	-	-	24
I was sufficiently informed about the Guide prior to its use.	21	54	8	17	-	24
It is appropriate for all CHNs.	13	54	25	4	4	24
The senior CHN was a facilitator.	21	50	29	-	-	24
% of frequency of responses	19	64	13	3	1	

Note. All percentages are rounded to the nearest whole number. A dash in a column represents no response recorded for this scale. The wording of each item in the table has been shortened for ease of presentation. The reader is referred to Appendix D for the full description of the questionnaire items.

As shown in Table 9 the majority of respondents agreed with the items suggesting that the Guide is congruent with nursing management's purpose for performance appraisal. The total frequency in each rating category showed that 19% strongly agreed, another 64% agreed, with 13% neutral, 4% disagreed and one respondent strongly disagreed.

Three items were worth noting because of the neutral and disagree ratings. One item that referred to the senior CHN functioned as a facilitator received a 29% neutral rating yet another similar item that referred to the CHN receiving sufficient support was only rated 4% neutral. The item that referred to the Guide being appropriate for all CHNs received a 25% neutral rating. The item that received 17% neutral rating referred to the process of performance appraisal assisting the CHN in clinical development.

Two respondents (R = 20, 22) provided responses to the open-ended question for this criterion. These individuals indicated that the Guide was more appropriate for CHNs practising in the clinical setting.

Criterion 7 The Guide Supports a Participative Approach to Performance Appraisal

Table 10 reports a summary of responses to the ten items under the heading "the Guide supports a participative approach to performance appraisal".



Table 10.
Frequency for the Guide’s Criterion “It Supports a Participative Approach to Performance Appraisal”.

Using the Guide supported a participative approach:	SA %	A %	N %	D %	n
My information will be kept confidential.	29	67	4	-	24
I was not disciplined.	21	58	13	-	22
I was trusted to self-appraise & set goals.	33	63	4	-	24
It was a fair method.	25	58	13	4	24
The senior CHN facilitated my discussion.	21	58	21	-	24
The senior CHN knew my scope of clinical practice.	29	46	17	8	24
I was given the right amount of support.	29	38	33	-	24
I was coached appropriately.	17	29	38	13	23
I was given constructive assistance.	21	50	25	-	23
I did not feel defensive.	29	38	29	4	24
% of frequency of responses	26	51	20	3	

Note. All percentages are rounded to the nearest whole number. No responses were recorded for the strongly disagree category. A dash in a column represents no response recorded for this scale. Where n < 24 indicates a response was not recorded. The wording of each item in the table has been shortened for ease of presentation. The reader is referred to Appendix D for the full description of the questionnaire items.

As shown in Table 10 the majority of respondents agreed with the items suggesting that using the Guide supports a participative approach to performance appraisal. The total frequency in each rating category showed that 26% strongly agreed, another 51% agreed, with 20% neutral and only 3% disagreed. Four respondents omitted rating three items nor were any comments offered to explain the omissions.

Most items showed a greater proportion of responses in the agree or strongly agree rating. Respondents generally agreed that they felt that the senior CHN would keep confidential their performance appraisal information

and that she facilitated the discussion. They felt trusted in their ability to self-appraise, and felt that the process was fair.

Of the eight criteria used to evaluate the usefulness of the Guide this particular criterion generated the greatest percentage in the neutral category. One item that referred to the CHN being coached appropriately received 38% neutral rating and 13% disagree rating. While another two similar items that referred to the right amount of support and constructive assistance being given during the performance appraisal received 33% and 25% neutral rating respectively.

Two respondents provided responses to the open-ended question for this criterion. In commenting about the nursing management's stated purpose for a participative approach to performance appraisal using the Guide one respondent (R = 2) found the time spent with the senior CHN was "for me". This respondent strongly agreed with all ten items and rated the Guide highly overall. Another respondent (R = 24), with more than ten years CHNP experience, commented that she viewed performance appraisal as an "objective, external process" and was, therefore, not sure if using the Guide, "a subjective tool", was actually performance appraisal. This respondent had a mixed, but agreeable, response to each of the Guide's criterion for usefulness and she also felt the Guide was better than previous instruments used.

Criterion 8 The Guide is Acceptable for Continued Use

Table 11 reports a summary of responses to the five items under the heading “the Guide is acceptable for continued use”.

Table 11.
Frequency for the Guide’s Criterion “It is Acceptable for Continued Use”.

The Guide is acceptable for continued use because:	SA %	A %	N %	D %	n
It recognises my contributions to CHN service	29	63	4	4	24
The process was a positive experience.	21	67	12	-	24
I like the process of independent goal setting.	37	63	-	-	24
It is the best instrument I have used for performance appraisal.	33	63	4	-	24
It meets my expectations as an appraisal instrument.	21	54	21	4	24
% of frequency of responses	28	62	8	2	

Note. All percentages are rounded to the nearest whole number. A dash in a column represents no response recorded for this scale. No responses were recorded for the strongly disagree category. The wording of each item in the table has been shortened for ease of presentation. The reader is referred to Appendix D for the full description of the questionnaire items.

As shown in Table 11 the majority of the respondents agreed with the items suggesting that the Guide is acceptable for continued use. The total frequency in each rating category showed that 28% strongly agreed, another 62% agreed, with 8% neutral and only 2% disagreed.

Responses for the item that referred to the CHN’s liking the process of independent goal setting were dispersed across only two categories of responses with 37% of respondents strongly agreeing and 63% of respondents agreeing.

The item that referred to the Guide meeting their expectations as a performance appraisal instrument received 21% neutral rating.

Thirteen individuals responded to the open-ended question for this criterion. Table 12 shows the themes that emerged from analysis of responses from the open-ended question in support for the Guide’s acceptability for continued use.

Table 12.
Response Themes from the Open-ended Question in Support for the Guide’s Acceptability for Use.

Respondent	Themes Why the Guide is Acceptable
1	Ownership of assessment of practice.
1, 2, 3, 12, 16 & 23	Developmental outcomes.
2, 5, 7, 9, 20 & 23	Reflects practice
3	Relevant to the primary health care role of CHNs.
4, 11, 13, 24	Ease of use.

Note. The individuals whose response make up each theme is reported in the table using the respondent’s coded number.

Some of the specific expressions used in the “developmental outcomes” theme included: the identification of strengths and weaknesses of practice from which goals can be set, and reflection and evaluation of personal practice. From the theme “reflects practice” some of the expressions included: the Guide’s behaviours describe the range and content of actual practice, and performance expectations are identified. For the theme “ease of use” some of the expressions included: easy to follow instructions, self-pacing and personal process, and the Guide can be used independently.

In reference to the unacceptability of the continued use of the Guide one respondent ($R = 16$) stated that “it may not alter an individual’s practice on its own because management input is also needed”. Another respondent ($R = 6$) identified that the Guide does not seek assessment of the CHN’s personal manner towards clients, for example, “whether a CHN is non-judgmental toward clients”. Two respondents ($R = 2, 12$) made recommendations to improve the organisation of the Guide by suggesting an increase in the size of the print so that its presentation does not look so tedious to use, elimination of verbose terminology, and development of a shorter version that is more suitable for recently trained staff. This final suggestion was not elaborated upon by the respondent.

Suggested Frequency for the Use of the Guide

Participants varied in their response to how frequently they would like to use the Guide ($M = 11.13$, $SD = 5.83$). The majority of respondents (50%) selected a twelve month frequency for using the Guide as a performance appraisal instrument. One third of the CHNs (33%) chose six months, 13% chose a two year frequency, and 4% chose a three month frequency.

Three respondents (13%), with more than ten years of experience, and three respondents (13%) with around twelve months experience, indicated that in order to effectively monitor their practice they felt the need to use the Guide

on a 3-6 monthly basis. One respondent with less than twelve months experience and another with more than ten years experience indicated they preferred to use the Guide on a two yearly basis.

The following section details the findings from the second research question derived from the congruency assessors' assessment of the extent of congruency between the Guide and SACCNS.

Findings of the Study's Second Research Question - To What Extent is the Guide Congruent with SACCNS?

General Comments

Overall, the congruency assessors were in agreement that the documented purpose and instructions in the Guide promoted a developmental approach to performance appraisal and that it focused on self-assessment and goal setting. There was a consensus also, that the linking of professional standards to a performance appraisal instrument was a positive initiative with potential benefits to the individual CHN, the health agency, the community and the nursing profession.

In reference to the SACCNS, the congruency assessors identified that the exemplar behaviour items of SACCNS did not adequately reflect the comprehensive health promotion role of the CHN in W.A. General criticisms about the Guide included that it was over-comprehensive and thus user-unfriendly and it was not adequately considerate of the multicultural context of the W.A. community health service.

Although it was not a specific requirement of the survey, it was interesting to note that only one congruency assessor alluded to the Guide being written in process terms and not as criterion based competency statements. This person identified that the Guide's instructions did not adequately explain what the CHN was to do with the quantification and weighting of the self-appraisal responses. Further, it was not identified that SACCNS were also not written in competency standard terms nor did the exemplar behaviours discern between beginner and advanced levels of standards of practice.

Comments regarding the Guide's "Assessment" Dimension

In the Guide's dimension of "assessment" one congruency assessor identified three of seventeen behaviour items incongruent with the SACCNS, and ten standards that could be added. Another identified three behaviour items that could be reworded while a third noted that the SACCNS "did not

provide adequate behaviour items for assessing the health of communities, rather the standards address individuals within the community”. Appendix O shows the Guide’s behaviour items rated as incongruent, plus suggestions of standards that could be added or behaviour items that could be reworded.

Comments regarding the Guide’s “Planning” Dimension

In the Guide’s dimension of “planning” it was generally felt that the behaviour items were appropriate but more cross-referencing with the standards was needed. One congruency assessor identified four of sixteen behaviour items incongruent with the SACCNS. Another suggested rewording two behaviour items for further clarity. With respect to Behaviour Item 2.10 (I accept accountability for all assignments), one congruency assessor felt this behaviour was incongruent with the Standard 1.2 (the community nurse in any practice setting functions in accordance with legislation and common law affecting nursing practice), and stated that “the nurse may be functioning according to the law but the nurse may not be accountable”. It was suggested that another standard be developed that reflected the function of the nurse’s accountability. Appendix P shows the Guide’s behaviour items rated as incongruent, plus suggestions of standards that could be added or behaviour items that could be reworded.

Comments regarding the Guide's "Implementing" Dimension

One congruency assessor suggested that five of the Guide's behaviour items for the Guide's "implementing" dimension were too narrow for effective measurement. All other behaviour items and the standards were rated as congruent. The Guide's behaviour items in this dimension needed to be renumbered to eliminate repetition. In relation to the Guide's behaviour item 3.15 (as typed on the Guide) a typographical error was identified in that Standard 3.14 does not exist and the more appropriate standard was Standard 3.12. Twelve standards were suggested for addition onto the Guide's behaviour items in this dimension to enhance the congruency.

Appendix Q shows the Guide's behaviour items rated as incongruent, plus suggestions of standards that could be added or behaviour items that could be reworded.

Comments regarding the Guide's "Teaching" Dimension

A range of two to eleven, of the twelve behaviour items, of the Guide's "teaching" dimension were rated incongruent with the standards. The incongruency was particularly noticeable in that the standards did not adequately reflect the health promotion/ education role of the CHN. One congruency assessor suggested that three of the referenced standards (S3.7;

S3.8; & S3.9), in the Guide’s “teaching” dimension, strongly imply an “illness” focus of nursing care rather than a “wellness” focus of teaching. It was also suggested that some of the Guide’s behaviour items needed rewording or new items developed that more specifically reflected CHN’s health teaching function. Appendix R shows the Guide’s behaviour items rated as incongruent, plus suggestions of standards that could be added or behaviour items that could be reworded.

Comments regarding the Guide’s “Evaluating” Dimension

Two of the eight behaviour items’ referenced standards, in the Guide’s dimension for “evaluating”, were rated incongruent. The general impression was that the behaviour items were appropriate but the referenced standards “did not fit well”. It was suggested that more standards needed to be developed to better reflect this aspect of CHN practice. Further, it was suggested that some of the Guide’s behaviour items needed the addition of several of the standards to better reflect congruency. Appendix S shows the Guide’s behaviour items rated as incongruent, plus suggestions of standards that could be added or behaviour items that could be reworded.

Comments regarding the Guide’s “Professional Behaviour” Dimension

Of the fourteen behaviours in the Guide’s “professional behaviour” dimension five were rated as incongruent. Alternative standards were not identified as congruent with the behaviour item that the CHN “accepts opportunities to act as a group leader” and it was suggested that a new standard may be developed. Also, in this dimension of the Guide, no behaviour item was identified that specifically related to the nurse’s professional role in health promotion /education. Appendix T shows the Guide’s behaviour items rated as incongruent, plus suggestions of standards that could be added or behaviour items that could be reworded.

Comments regarding the Guide’s “Communicating” Dimension

Three of the congruency assessors rated all the behaviours and standards as congruent in the Guide’s “communicating” dimension. One congruency assessor rated the referenced standards of three behaviour items as incongruent. Numerous standard statements were recommended as additions to items in this dimension. One congruency assessor also suggested that behaviour items 7.4 to 7.12 could be “collapsed to reduce the number of behaviours” for self-assessment. Appendix U shows the Guide’s behaviour items rated as incongruent, plus suggestions of standards that could be added or behaviour items that could be reworded.

Summary of Findings for the First Research Question: Do CHNs Perceive the Guide is Useful?

At the time of the study a total population of forty CHNs were employed with the AKHS Community Nursing Service, W.A. Thirty CHNs had completed the Guide as a formal performance appraisal and thus were eligible to participate in this study. A total of twenty four ($n = 24$) CHNs responded to the questionnaire. The respondents' mean length of CHNP experience was nine years (range = 7 months to 20 years) with the majority having completed more than one post basic nursing certificate and eight possessing tertiary degrees.

In summary, the findings for the study's first research question revealed that the respondents agreed that the Guide met all eight criteria for usefulness with the overall ratings in the strongly agree (20%) or agree categories (62%). The descriptive statistical analysis showed that the Guide was useful in terms that it was practical to use (78% agreement), it helped individual CHNs to monitor practice (85% agreement), it supported professional accountability (90% agreement), it was congruent with SACCNS (69% agreement), it was congruent with CHN's actual practice (90% agreement), it was congruent with nursing management's stated purpose (83% agreement), it supported a participative approach to performance appraisal (77% agreement), and it was acceptable for continued use (90% agreement).

The survey item that recorded the strongest agreement response rating (42% strongly agreed and 54% agreed) related to the CHNs believing it was important to accurately self-appraise. Other items of note that were rated highly related to the Guide helping the CHN to review professional accountability (29% strongly agreed and 63% agreed), the CHN felt trusted to self-appraise and set goals (33% strongly agreed and 63% agreed), that the Guide helps the CHN to be more familiar with SACCNS (8% strongly agreed and 84% agreed), the Guide meets CHN's personal needs for self-assessment of performance (13% strongly agreed and 83% agreed), and the performance appraisal process is within the CHN's control (21% strongly agreed and 79% agreed).

Five items that received the highest frequency of neutral ratings referred to the user-friendliness of the Guide (33% neutral), its instructions relating to goal-setting are easy to understand (33% neutral), the SACCNS exemplar behaviours are accurately reflected in the Guide (33% neutral), the senior CHN provided appropriate coaching (38% neutral), and the senior CHN provided sufficient support during the process (33% neutral). Only one respondent recorded a strongly disagree response to the item that referred to the Guide "can be used by CHNs whose primary function is management, education, research or clinical practice". Items that rated a disagree response were sporadic throughout the survey with the most relevant item referring to the extent of education prior to using the Guide.

Approximately one third of respondents provided comments to the questionnaire's open-ended questions. These comments were rich sources of data adding substantially to the overall outcome of the study. Although the Guide was used formally for the first time within a two month period of this study being undertaken, some important practice changes were reported. Changes in practice worth noting included review of attitudes towards clients and increased involvement of the client in their health assessment, learning needs and effectiveness of nursing interventions, all of which are highly pertinent to the practice of the primary health care principles.

Finally, 50% of respondents, with varying lengths of experience, indicated that they considered using the Guide on a twelve monthly basis as an appropriate frequency to effectively monitor their practice, 33% of respondents chose a three monthly period and some respondents chose a two yearly period.

Summary of Findings for the Second Research Question: To What Extent is the Guide Congruent with SACCNS?

In response to the study's second research question, the four congruency assessors provided an extensive assessment, with recommendations, of the perceived extent of congruency between the Guide and SACCNS. In summary, a varying but acceptable extent of congruency between the Guide and SACCNS was found. The most specific finding was the reference made to the

Guide's self-appraisal behaviour items not written as competency outcome statements nor did it show levels of increasing performance development. Although not specifically identified by the congruency assessors, it is important to also note, that the exemplar behaviours of SACCNS were not designed as competency outcome statements nor were there levels of progressively higher standards of performance. The congruency assessors also expressed concern that the SACCNS did not fully represent the scope of practice of the study group of CHNs, such as, the multicultural context of practice in W.A., assessment of the health of a community, accountability of practice, health promotion and education, wellness focus of client/community teaching, evaluation of practice outcomes and group leadership. The main criticisms of the Guide included that it was overcomprehensive, user-unfriendly, some items were too narrow for effective assessment, and it inadequately assessed the health teaching function and professional role in health promotion and education.

Chapter 6

Discussion

Introduction

This chapter discusses the findings from the study's two research questions and is presented in two parts. The first part of the chapter discusses the findings from question one, "Do CHNs perceive the Guide is useful?" The second part discusses the findings related to question two, "To what extent is the Guide congruent with SACCNS?".

The findings from the questionnaire generally provided a positive answer to the study's first research question. A varying but acceptable degree of congruency between the Guide and SACCNS was found in response to the study's second research question. The discussion that follows elaborates upon these findings for each research question.

Discussion of the CHNs' Perceived Usefulness of the Guide

CHNP experience.

On a comparative basis, almost half (45%) of the respondents had more than ten years experience, with a mean of nine years experience in the community health care setting. These findings simply showed that the respondents were predominantly experienced in this specialised field of

nursing practice and thus could be considered to have been aware of their scope of CHNP.

Education background

All but one respondent indicated they possessed one to four qualifications other than the hospital based nursing diploma. One third of the respondents had converted their basic nursing qualification to a degree and three others possessed post graduate diplomas. CHN employment selection criteria for entry at Level 2 position (AKHS Community Health Services, 1996) identifies that the CHN must hold a post basic nursing certificate in midwifery/child health as an essential qualification. Ten respondents held both a midwifery and child health qualification and another six held a midwifery certificate. Most other respondents held certificates in health visiting, health promotion or neonatal intensive care nursing which must have been considered as an equitable qualification for the role of CHN as identified in their relevant Job Description. It was not determined whether those respondents without the essential qualifications for CHN employment were in the process of undertaking these qualifications. Nor did the study ascertain whether any of the additional qualifications were undertaken specifically for employment in either CHNP or elsewhere, or as a personal continuing education interest.

Experience of previous performance appraisal

The high percentage of respondents who reported previous performance appraisal decisions that had been mutually made with their supervisor indicated that overall, this group had had previous experience with a participative approach to performance appraisal. However, the Guide's specific focus on a developmental purpose and use of self-appraisal and goal setting was a new experience for the respondents. Thus, the findings from the questionnaire need to be viewed with consideration to the respondents' experience with a new performance appraisal focus.

General perception of the usefulness of the Guide

The respondents' overall positive rating to all the questionnaire items demonstrated that the respondents perceived the Guide as useful across the eight criteria that defined its usefulness. It should be noted that for the whole population only one response was recorded in the strongly disagree rating and this occurred for the criterion that related to management's purpose for the performance appraisal. Further, there were a few responses scattered throughout each of the criterion for usefulness in the disagree category.

The respondents' comments to the open-ended questions helped elaborate upon respondents' ratings of the questionnaire items. The comments showed that the respondents perceived the Guide as an improvement on past

performance appraisal instruments. The changes in practice following the use of the Guide, as reported by several respondents, was a particularly positive finding. One change in practice worth noting was one respondent's claim to have increased the involvement of clients in assessment of health care needs. This kind of change in practice has relevance to the equity and empowerment principles of primary health care practice. There was also an identified need by some respondents for more training and ongoing coaching in the correct use of the Guide.

The positive responses to the Guide, combined with the comments, were encouraging findings. The researcher, however, suggests that a cautious approach be taken prior to claiming, as conclusive evidence, that the Guide meets the expectations and needs of a developmentally based performance appraisal instrument and process for CHNs. Also, the Guide's recent use by the CHNs prior to participating in this study, may have produced a halo effect and thus influenced the findings' outcomes. Further, the basis of the Guide was developed in the context of Canadian CHNP more than ten years ago. Therefore, it would be sensible to be very cautious in equating current CHNP in W.A. with that of ten years ago and with that of an international setting.

Criterion 1 The Guide is practical to use

The majority of respondents indicated that the practical aspects of

the Guide included its user-friendliness with its easy to follow instructions for self-assessment and goal setting. Most respondents also found it worth their effort to complete the Guide. However, several respondents suggested modifications, such as improving the type-set and design of the document and the inclusion of examples of developmentally focused goals to make it more appealing to read and enhance user-friendliness. The recognition by respondents that goal setting was important fosters the notion that these respondents were committed to continuous improvement in their practice.

Criterion 2 The Guide helps to monitor the CHN's practice.

One of the underlying purposes of the Guide was to assist CHNs to monitor their practice. Thus, it was reassuring to find that the respondents perceived the Guide as positively meeting this criterion. There was also a positive perception about the Guide's developmental purpose in that the majority of respondents felt that the Guide not only clarified work expectations but it also helped to identify what was practised well and what practice the CHN needed to improve.

The respondents' extent of personal reflection on their practice after using the Guide was indicated by the nature of practice changes that they reported. Respondents' attitudinal and behavioural changes focused on involving clients more in their own health management, and this may reflect a

small shift by these respondents towards a more collaborative approach to practice, and one that is inherent in the primary health care principle of self-empowerment. Even though only six (25%) respondents offered comments, their acknowledgment that changes in practice had occurred was an important outcome for the study.

Criterion 3 The Guide supports CHN's professional accountability.

The most important finding for this part of the study was that the questionnaire item that received the highest “strongly agree” rating (42%) over all of the questionnaire items and 54% of agreement, referred to the CHN's belief that it was important to accurately self-appraise performance.

The questionnaire responses favoured agreement to the criterion that the Guide supports CHN's professional accountability. From responses to other items it was clear that using the Guide gave the respondents a high sense of personal control over the outcome of the performance appraisal process. It also helped them to reflect upon their practice in terms of professional standards and what changes in practice were needed. In professional terms, such admission by the respondents indicated a high level of professional accountability. However, the Guide did not necessarily motivate them to improve practice. Such an outcome may indicate that accountability, per se, is more complex than its measure through the use of a performance appraisal

instrument. Perhaps the Guide's intention of accountability may instead be more correctly viewed as CHNs' responsibility to self-appraise performance. Cousens & Cousens's (1994, p. 94) statement supports this assumption by their claim that:

Responsibility is different from being accountable, which focuses upon being answerable to others and meeting requirements and values that come from outside ourselves. Whilst the concept of accountability embraces our social obligations, the concept of responsibility embraces our personal obligations. Both are important, but people do their best when they move themselves along with a sense of personal control.

One respondent's concern about potential negative leniency when self-assessing performance, was not strongly supported by other research literature, and may indicate a feeling of low self-confidence by that respondent.

Although not a recent study, Bassett & Meyer (1968), in their extensive study about performance appraisal based on self-review, found a statistically significant difference in that, subordinates who self-appraised their performance independently from their managers were in better agreement with their respective manager's appraisal of their performance than those subordinates who were assigned to the manager-directed approach to appraisal.

Fox & Dinur (1988) also found that there was a comparative balance between lenient and self-enhancement responses among their study groups in which self-assessment of performance was the major focus. Hence, the respondent who indicated concern about negative leniency may benefit from increased support and coaching from the senior CHN in order to feel more confident in her ability to self-appraise accurately.

Criterion 4 The Guide is congruent with SACCNS.

The respondents' rating showed agreement that the Guide was congruent with professional standards of practice. However, there was a tendency towards a neutral rating, although accompanying comments from four of the respondents did not support the neutral rating. The comments indicated that some respondents did not have a clear comprehension of the SACCNS. It would be unfair, however, to infer that those respondents were remiss for not knowing the SACCNS, they may well have been the only ones to admit it. Additionally, the respondents may still be unfamiliar with the Guide and the manner in which the SACCNS have been linked to it. Also, the respondents' knowledge of one set of professional standards also needs consideration in the context of the numerous regulatory controls that impact on nursing practice.

Table 13 shows the regulatory controls that encompassed CHNs’ practice in W.A. at the time of the study and which were referred to in the Community Nursing Policy Manual - Guidelines for Practice (HDWA, 1994).

Table 13.
External Regulatory Controls for CHNP in W.A.

Nurses Act (1992)
Code of ethics for nurses in Australia. (1993).
Code of nursing practice. (1991).
SACCNS (1993)
Council of Remote Area Nurses Australia.
Community Nursing Policy at statewide level.
HDWA Regional generic and specific health policies & standards.
International Council of Nurses Code for Nurses.

Note. The table shows the regulatory controls that impact on CHNP in W.A. and that were referred to in the Community Nursing Policy Manual - Guidelines for Practice (HDWA, 1994).

The performance expectations that emanate from external practice regulations highlight the complexity inherent in the choice of a performance appraisal process and instrument that may effectively assess a CHN’s practice. For the individual professional nurse, the extent of external regulations are in addition to their self-regulation standards.

It was also relevant to note that the exemplar behaviours of the SACCNS did not incorporate the full scope of CHNP in W.A., such as health promotion and education activities, assessment and evaluation of the health of groups and communities, professional accountability, a focus on wellness rather than illness, interpersonal relationships with clients, and group

leadership. The SACCNS were developed with its focus incorporating domiciliary nursing practice (B. Hughes, Community Health Program Coordinator, HDWA., and P. Billett, Nursing Coordinator, Community Health Services, AKHS, personal communication, August 9, 1996). The AKHS senior CHNs, however, chose to use the SACCNS as an integral part of the Guide because these represented the national professional standards.

At the time of this study, competency standards for CHNs in W.A. were beginning to be developed by the Community Nurses Special Interest Group, as a project funded by the Nurses Board of W.A (P. Billett, Nursing Coordinator, Community Health Services, AKHS, personal communication, Aug. 26, 1996).

Criterion 5 The Guide is congruent with CHN's actual practice.

The Guide's behaviour dimensions and self-appraisal items were modelled on the elements of the Nursing Process, that is a problem solving approach to practice that incorporated nursing assessment, planning, implementation, and evaluation of the client and community. Three other dimensions of performance pertinent to the function of the CHN, communication, teaching and professional development formed the remainder of the self-assessment section. The study's findings demonstrated that, for the respondents, the Guide's self-appraisal behaviour items were congruent with their actual practice. This finding also indicated that the respondents use a

problem identification and resolution process to meet community clients' health care needs. One respondent identified an exception, in that the Guide did not satisfactorily reflect CHN's self-appraisal of community groups' health care needs. Although the purpose of this study was not to attempt to validate the Guide, the respondents' perceptions that the Guide was congruent with their practice was an important finding especially since the behaviour items were originally validated for Canadian CHNs more than ten years ago. Two questions could be posed as potential outcomes of these particular findings: What actual changes in practice have occurred in the Australian context since the Knox Tool was validated? Is Australian CHNP only now matching the scope of Canadian CHNP of ten years ago?

Criterion 6 The Guide is congruent with nursing management's purpose for performance appraisal.

The respondents' generally high level of agreement that the Guide was congruent with the stated purpose for the performance appraisal, was an important finding. As Cousens & Cousens (1994, p. 70) asserted:

... performance appraisal and development schemes are only as good as the mindsets that underpin them. It is understanding and practising the principles that enables the spirit of the appraisal process to be realised and the intentions of the scheme fulfilled”.

Another additional noteworthy finding related to the Guide's suitability for use by CHNs whose primary function was management, education, research or clinical practice. In this study, the majority of the respondents' primary function was clinical practice and therefore this questionnaire item may have been misleading. The Guide particularly highlighted clinical practice responsibilities with a minimal number of behaviours that related to other employment and professional responsibilities such as management, education and research. Thus, it may have been more appropriate to ask if the respondents perceived a need for all CHNs to use a self-assessment and goal setting performance appraisal instrument that incorporated dimensions of work responsibilities in addition to clinical practice.

Of interest was the finding that there was a tendency toward the neutral and disagree ratings for the items that referred to the senior CHN's role as facilitator and the process of the performance appraisal helping to develop clinical nursing potential. One possible reason may be that more education is required in order to focus both the CHNs and the senior CHNs toward the future oriented purpose and the growthful intentions of the use of the Guide. Another suggested reason for this finding is that the questionnaire items were not specific enough to clearly ascertain the respondents' perception.

Criterion 7 The Guide supports a participative approach to performance appraisal.

In general the respondents agreed that the use of the Guide supported a participative approach to performance appraisal yet the items in this criterion received the most responses within the neutral rating and the most omissions to the items than any other criterion for usefulness.

The senior CHNs were generally perceived to function in their performance appraisal roles in ways that were trusting, confidential and non-disciplinary. The majority of respondents indicated that the performance appraisal process was a fair method for assessing their performance.

The items that received a greater proportion of neutral and disagree ratings referred to aspects of the senior CHN's role in supporting, coaching and providing constructive non-threatening assistance during the performance appraisal process. A similar finding was noted in Criterion 6 where the senior CHN's role as facilitator also received a high neutral rating. It may be that some respondents perceived performance appraisal as a process that was directed and controlled by nursing management. Alternatively, it may have been that some of the study participants, especially the senior CHNs, had not been adequately taught the skills or developed the competence in the techniques of facilitating a developmental approach to performance appraisal. In respect to the success of a performance appraisal process the role of the

senior CHN was crucial, yet Lachman (1984, p. 8) identified that the nurse manager is usually not trained in interviewing, coaching and counselling skills and that: “The best designed format, with clear, measurable criteria and adequate rewards, is doomed to failure without training in how to conduct an evaluation session”.

One respondent’s comment raised an inquiry of the authenticity of the Guide, “a subjective instrument”, as a true performance appraisal. Such a perception indicated that nursing management may not have sufficiently explained the developmental intention of the Guide or fully clarified how the administrative component of performance appraisal, separate from the Guide, was to be achieved. This respondent’s concern is highly relevant to the long term acceptability of the Guide and could indicate an underlying concern felt by others although not reported to the researcher in this study. An alternative interpretation of this respondent’s concern is that the respondent’s experience of performance appraisal was one of critical feedback rather than of growth and encouragement of potential.

Criterion 8 The Guide is acceptable for continued use.

In terms of continued use, the Guide was accepted by the respondents as a developmental instrument and process for performance appraisal. A majority of respondents perceived the process of using the Guide as a positive

experience and that it met their expectations as an appraisal instrument. Also, the respondents strongly agreed with the process of independently setting performance goals. In support of these outcomes, there were several very positive comments made by three respondents. One respondent's statement that "I own it" reflected a strong sense of acceptance and one that matched the nursing management's intent for the Guide's introduction (P. Billett, Nursing Coordinator, Community Health Services, AKHS, personal communication, May 5, 1996). Other relevant comments highlighted that the Guide could be used independently and at the convenience of the CHN to help them reflect upon work responsibilities.

Some respondents, though, indicated that the Guide did not necessarily meet their expectations for effective performance appraisal. This study did not specifically seek to identify what were the CHNs' expectations for an effective performance appraisal. One respondent's comment identified an aspect of the Guide that needed revision, in that the manner of the CHN's interpersonal relationship with clients was inadequately addressed in the Guide. Another respondent felt that nursing management's assistance was also important in effecting practice changes indicating that a shift toward self-assessment may be deleterious to performance outcomes.

Frequency for use of the Guide.

It was notable to find that one third of the respondents, with varying years of experience, showed interest in using the Guide to review their practice on a three to six monthly basis. The majority of the respondents, however, indicated that they felt it was adequate to review their practice on the usual annual basis. This finding may indicate that the respondents were generally comfortable with an annual “formal” performance appraisal and were not yet appreciative of the personal value of intermittent self-review and self-regulation of practice. Alternatively, they may have been unfamiliar with the self-assessment process. It was somewhat disappointing that more respondents did not identify that the goals that they set needed ongoing review in order to assess progress, achievement and to develop new goals that may arise within the twelve month period.

The next section of the discussion refers to the study’s second research question.

The Extent of Congruency Between the Guide and SACCNS

General comments

The congruency assessors provided a professional critique of the extent of congruency between the Guide and SACCNS.

In its current state, the Guide satisfactorily met the congruency assessors' judgment that its basic premise focuses on CHNs' professional growth and enhancement of practice and that it supported a self-regulation function. Yet, these findings need balancing against the concern raised about the Guide's unclear instructions regarding the CHN's interpretation of self-assessment ratings of the Guide's behaviour items. In reference to self-assessment, Farh and Dobbins (1989) suggested that without a comparative reference the individual will decide, independently, what constitutes high, medium and low performance levels.

One very important finding from one congruency assessors comment related to the Guide's and SACCNS' behaviour items which were not based upon a developmental hierarchy of competency achievement. The concept of a developmental purpose for performance appraisal is to highlight to the appraisee performance behaviour items that differentiate between beginner and advanced level of practice expectations. There were no instructions or scale on either documents by which the CHN could identify the difference between beginner and advanced performance expectations. Competency statements are criterion referenced so that evidence of performance can be assessed against the criteria (Rutherford, 1995). Competency standards reflect an industry or profession's expected level of an individual's performance and are structured as outcomes of performance, not as process statements (Rutherford, 1995).

Performance appraisal, as Cousens and Cousens (1994, p. 85) stated, “needs to show people how to increase their expertise”. Further, these authors assert that, “as appraisees evaluate progress in achieving performance indicators, they are actually assessing their own expertise. They need to know what counts” (Cousens & Cousens, 1994, p. 123). Although the Guide was perceived to help the CHN identify “what counts” in practice, it did not fully address the developmental expectations for CHNs by making it clear how they could increase their expertise.

The congruency assessors’ numerous suggestions to enhance the extent of congruency between the Guide and SACCNS had not negatively affected their suggestion for continued use of the Guide by the AKHS’ CHNs. Discussion of the congruency assessors’ suggested alterations will be limited to points considered specifically relevant to this discussion with their detailed assessments appearing in the appendices.

As with any performance appraisal instrument, design problems may negatively influence acceptance of the whole performance appraisal (Wood & Marshall, 1993). Whereas both the congruency assessors and the CHNs who responded to the questionnaire identified problems with the Guide’s lay out, there was general acceptance to continue using the Guide. The design of the Guide could be readily adjusted.

The Guide's "Assessment" dimension.

Within the Guide's "assessment" dimension there was an identified need to more clearly have included behaviour items that reflected assessment of health promotion and education requirements of specific population groups within the community because these are aspects of CHN's function. The SACCNS (Australian Council of Community Nursing Services. 1993, p. 2) specifically refers to "the identification of needs of the population as well as those of individuals and families" as part of CHN's focus of practice.

The Guide's "Planning" dimension.

From the assessment of the Guide's "planning" dimension, it was suggested that the development of another standard was needed that more fully reflected the CHN's accountability function. Snowdon and Rajacich (1993, p. 6) proposed that, "accountability implies that one has both the authority and autonomy in the areas of responsibility". Within a self-regulatory instrument for performance appraisal, it seems imperative that the notion of accountability be explicit. Further, Sergiovanni's (1988, p. 305) comment linked accountability to performance appraisal in that "professional accountability is growth-oriented and implies a commitment to consistent improvement".

The Guide's "Implementing" dimension.

Other than the suggestions to add more standards to the Guide's behaviour items, the "Implementing" dimension was assessed as congruent. Several behaviour items were identified as needing to be rewritten so that practice evidence could more effectively be measured. Cousens and Cousens (1994) emphasised this point in that the benefit to the appraisee, when assessment criteria could be verified by evidence, was an increased sense of control and guided development.

The Guide's "Teaching" dimension.

A high number of the Guide's behaviours in the "teaching" dimension were identified as incongruent with the standards. Specifically, it was assessed that the health promotion and education roles of the CHN were not adequately addressed in the standards. Health promotion and education are two of the differentiating roles between community nursing practice and nursing practice in acute health care settings. It seems imperative that the professional standards should fully represent the CHNs' philosophical premise of preventing illness and health promotion through community based education.

The Guide's "Evaluating" dimension.

Only two of the Guide's behaviour items for the "evaluating" dimension were identified as incongruent with the proposed standards. Yet, the congruency assessors considered that, generally, the standards inadequately depicted the "evaluating" dimension. If the standards were structured in outcome terms then this kind of criticism may be eliminated. Evaluating one's practice decisions, actions and outcomes is an implicit element of professional accountability (Snowdon & Rajacich, 1993). As such, there is potential to foster professional accountability within the context of a developmentally focused self-assessment appraisal system.

The Guide's "Professional Behaviour" dimension.

Two important discrepancies were identified in the Guide's "professional behaviour" dimension. The assessment that the CHNs' health promotion and education roles were not adequately addressed within the professional behaviour dimension was a significant omission as discussed previously under the heading "The Guide's Teaching Dimension". Further, it was suggested that an additional standard be developed that related to the function of the CHN as a group leader. Such a suggestion highlights an integral activity of the CHN especially in the function of health promotion and

education. However, the group leadership role may be more appropriately placed in the Guide's "Communicating" dimension.

It was also very relevant to note that the CHN respondents felt the Guide strongly supported their professional accountability yet the Guide did not make explicit this aspect of CHNP. If the term accountability is not clearly defined then it seems an impossible task to assess the level of achievement or plan towards meeting expectations.

The Guide's "Communicating" dimension.

Generally, the "communicating" dimension was found congruent with SACCNS, even though a number of standards were suggested to be added onto the Guide. These findings were very encouraging because it implied that both the Guide's behaviour items and the SACCNS adequately referred to this dimension of CHNP. However, there are different levels of communication which are integral to CHNP as identified from the literature (Community Nurse Special Interest Group, 1995) that are not reflected in the Guide, such as, communication with community leaders, teachers, health policy planners, local government and other groups. Inclusion of these facets of communication would enhance the holistic, system-wide nature of CHNP.

The Findings in Relation to the Study's Conceptual Framework

This study's findings reflect the intention of the conceptual framework that guided the study. The findings of this study can be linked to nursing's body of knowledge on several levels. Firstly the findings indicated there was benefit to the AKHS senior CHNs and the CHNs in that the Guide was perceived to measure the individual CHN's actual practice and thereby, it potentially measures the CHNs' individual competence in CHNP. Secondly, it was shown that the linking of the SACCNS to the Guide helped the CHNs to reflect upon and assess their own performance against those standards, thus enhancing confidence that CHNs do practice or endeavour to practice in accordance with the profession's standards of practice. Thirdly, this finding has similar implications from the congruency assessors' perspective in that the Guide's behaviour items were assessed as reasonably useful, acceptable and congruent with the SACCNS. Thus, there is a beginning basis upon which it could be claimed that CHNs' collective competence, standardisation and consistency of practice has the potential to foster improved service and nursing practice which in turn may result in better health in the community. Finally, by using criteria against which to assess the usefulness of the Guide, specific aspects of the purpose and performance behaviour items can be identified that need improvement or adjustments to accommodate the changing nature of CHNP in W.A.

The findings support the notion that the Guide is useful for a developmental approach to performance appraisal using a self-appraisal and goal setting process. The value of the respondents' opinions and contributions in evaluating the worth and ongoing use of the Guide is supported by Cousens and Cousens (1994, p. 151) by their suggestion that it is worthwhile to ask staff if they think the organisation's values "still hold".

Chapter 7

Conclusions, Recommendations, Limitations and Strengths of the Study and Implications for Nursing.

Conclusions

The conclusions that emerged from this study have implications for the future of performance appraisal purpose, process and instrument design for professionals such as nurses, and especially for CHNs. Specifically the findings of this study have direct implications for the AKHS CHNs, those nurses involved in the revision processes of professional nursing standards and also special interest CHN groups intending to develop advanced competency standards for CHNs.

One outcome was that the findings of the study's two research questions supported the section of the conceptual framework being studied by initially defining the term "useful" into eight criteria, attaining feedback from the Guide's users of what was useful or not useful about the Guide, and the additional qualitative data on the usefulness of the Guide obtained from the users and external professional nurses strengthened other outcomes of the study.

A second study outcome was that the Guide and its links with the SACCNS were shown to be useful, acceptable and reasonably congruent, thus enhancing the concept that from the utilization of the Guide the collective competence, standardisation and consistency has the potential to foster improved service and nursing practice which in turn may result in better health in the community.

A third study outcome was that the respondents' acceptance for continued use of the Guide as a newly introduced performance appraisal process and instrument, is indicative of a positive move toward demonstrating that CHNs embrace self-regulation as part of professional accountability. This conclusion was also supported by the specific result showing that the sample CHNs had a strong belief in the need to accurately self-assess performance. As Cousens & Cousens (1994, p. 40) stated, "You appraise or evaluate your performance because you want to become better at doing something. Performance appraisal is not done to you. You appraise your own progress". In addition, if the CHNs increasingly accept the use of the Guide, then perhaps, so will their confidence increase with autonomous self-assessment and goal setting for improvement in practice on a regular basis.

A fourth study outcome was that greater confidence can also be expressed for the notion put forward by Knox (1985) that the individual CHN's accountability for work performance and professional growth is enhanced with

performance appraisal that is developmental in purpose and that uses the process of self-assessment and goal setting. In addition, interpretations of the findings support earlier research in that there are benefits for a developmentally based self-assessment and goal setting performance appraisal (Cardy & Korodi, 1991; Knox, 1985, Shrauger & Osberg, 1981). Changes in practice, as identified by some respondents, support the general purpose for any performance appraisal but may reflect the most important outcome of the self-appraisal and goal setting process.

A fifth study outcome was that the findings demonstrated that it was a worthwhile decision by AKHS senior CHNs to change the focus of the performance appraisal approach and the instrument to that of a developmental purpose and self-regulatory process. In contrast to previous performance appraisal instruments used by AKHS CHNs, the Guide was perceived by the respondents to focus on clinical practice, was pertinent to actual practice, and it supported the CHNs' function of self-regulation of performance. The responses to the open-ended questions in the questionnaire and the distribution of ratings across the questionnaire items, demonstrated that the respondents critically evaluated the Guide's usefulness. This would be expected from a group who recognise the value of self-regulation of their own practice.

A final study outcome was that the linking of professional standards of practice to a performance appraisal instrument was supported by the findings.

Some aspects of CHNP, pertinent to this sample, were identified as not adequately being encompassed within the SACCNS. Further, neither the Guide nor the SACCNS were written in competency criterion format and nor do they represent a developmental approach from beginner to advanced professional practitioner. Redesigning behaviour items for both the Guide and SACCNS into performance based competency criteria would better reflect contemporary changes that are recommended by the National Training Board (1992) and foster the appraisee's motivation to improve practice because the expectations for a beginner through to advanced practitioner would be clear. In addition, concern was raised that SACCNS do not fully represent the breadth of professional CHNP throughout W.A and adjustments are therefore essential if CHNs in W.A. are to fulfill the obligations as defined by the Australian Nursing Council Inc. (1995, p. 4) in that:

Nurses are responsible for ensuring that the standards of their nursing practice is congruent with the agreed standards of the profession and enhances the safety and health outcomes of patients, clients or significant others.

Limitations of the Study

There were several limitations to this study and consequently the author strongly suggests that the conclusions be viewed cautiously.

The Guide is currently only being used by the AKHS CHNs and has not been introduced or trialled elsewhere. Therefore, the findings from this study can only be directed to the AKHS group of CHNs and therefore are not generalisable to CHNs in other settings or other groups of nurses.

The CHN respondents were 83% of those eligible CHNs in the AKHS and the addition of the congruency assessors' findings augmented the overall evaluation of the usefulness of the Guide.

This study was conducted within two months of the Guide's formal introduction to the AKHS CHNs and with all participants having recently completed a performance appraisal using the Guide for the first time. The timing of the study may, therefore, have influenced the results from the questionnaire in two ways. Firstly, there is a possibility of a "Hawthorne effect" upon the respondents because they were aware they would be invited to participate in an evaluation of the Guide. Secondly, because of the poor acceptance of previous performance appraisal instruments, the use of a new and different instrument may have positively influenced the respondents' responses and the results may be quite different or more confidently reported if a similar study were to be conducted six months or more after the introduction of the Guide.

The researcher also suggests that a cautious approach be taken prior to claiming that the Guide meets all the expectations and needs of a

developmentally based performance appraisal instrument and process for CHNs. Further, the scope of practice, as defined within the Guide's ten year old behaviour items, was perceived to match current actual practice but this needs more rigorous validation. This study did not aim to establish the validity or reliability of either the Guide or SACCNS.

In addition, the design of the study could have been improved by the inclusion of focus interviews with the CHNs as a group in order to offer them an opportunity to expand upon their questionnaire responses and open-ended comments. The researcher identified a limitation of the questionnaire items in that seeking more demographic information from respondents may have strengthened the findings. For example, items could have been included that sought information about CHNs' experience in other nursing settings, their expectations of a performance appraisal process and instrument, and what supportive evidence they think could be used to help nursing management plan for applicable continuing education programs.

Strengths of the Study

Two main strengths can be identified from this study. Firstly, the establishment and application of an operational definition for the term usefulness, in its relationship to evaluating a specific purpose and instrument used in performance appraisal, enriched and broadened the study's findings.

So too were the study findings enhanced and strengthened as a consequence of involving the appraisees and external professionals in the evaluation process. As such, the evaluation process of this study strengthens the AKHS senior CHNs' decision to change the focus and the instrument of their CHNs' performance appraisal to that of a developmental approach using self-appraisal and goal setting.

Secondly, the findings of the study add support to the appropriateness of closely linking professional standards of practice directly to the professionals' formal appraisal of performance. Professionals can express more confidence to themselves, the profession and society that the expected standard of practice is met and can be readily judged. Such outcomes are also strongly supported by the National Office of Overseas Skills Recognition (1995) in their final report, "The implications of the implementation of national competency standards in the professions".

Recommendations Arising from the Study

The recommendations arising from this study focus on changes to the Guide in order to enhance its current application as well as to stimulate interest by other CHN groups to trial it. Recommendations are also offered in relation to aspects of SACCNS that were found lacking or considered in need of

improvement. Suggestions for future research that emerged from the study's findings are identified.

The following recommendations are drawn from the findings of the study's two research questions and refer particularly to the AKHS senior CHNs for consideration and action.

Recommendation 1.

It is recommended that the exemplar behaviours for the Guide be redesigned to meet the structure and criteria of professional competency standards as recommended by The National Training Board Ltd. (1992) and be tested for validity, reliability and acceptability.

Recommendation 2.

It is recommended that the AKHS CHNs review their scope of CHNP in relation to the SACCNS and identify those areas of practice which are not fully reflected by the SACCNS. Those identified areas of practice are recommended to be presented as a submission for consideration to the SACCNS's committee for inclusion in future upgrades of the standards. With reference from this study's findings it is recommended that the submission include the following aspects of CHNP:

- health promotion and health education activities
- assessment and evaluation of the health of groups and communities
- professional accountability
- a focus on wellness rather than illness
- interpersonal relationships with clients
- group leadership

Recommendation 3.

It is recommended that the AKHS senior CHNs continue to use the Guide, with the adjustments as suggested by the congruency assessors and the CHN respondents.

Recommendation 4.

It is recommended that the AKHS senior CHNs make known to the CHNs what and how administrative decisions about an employee are determined.

Recommendation 5.

It is recommended that additional training be provided to the AKHS senior CHNs aiming to enhance their communication role as facilitators and

coaches in the fostering of a participative approach to developing colleagues' potential in the self-appraisal and goal setting process.

Recommendation 6.

It is recommended that a quality improvement audit be conducted, using a similar design as this study, in six to twelve months time to ascertain whether the Guide continues to be perceived as useful by all the AKHS CHNs.

The following recommendations are drawn from the findings of the study with suggestions for future nursing research.

Recommendation 7.

It is recommended that future studies that aim to validate the Guide's behaviour items be conducted in comparison with CHNs' actual practice. Rutherford (1995, p. 12) supports this recommendation in that, "In order for performance to be properly validated it must be carried out in as near as possible to the actual conditions under which it would normally be practiced".

Recommendation 8.

It is recommended that the exemplar behaviours for the SACCNS be redesigned to meet the structure and criteria of professional competency

standards as recommended by The National Training Board Ltd. (1992) and be tested for validity, reliability and acceptability.

Recommendation 9.

It is recommended that the eight criteria used in this study to define the term usefulness for a nursing performance self-appraisal and goal setting instrument be tested for validity, reliability and acceptability for use in evaluating other performance appraisal instruments. In addition, it is recommended that items for two criteria (Criterion 2. The Guide helps to monitor the CHN's practice, and Criterion 3. The Guide supports CHN's professional accountability) be revised to be more distinct.

Recommendation 10.

It is recommended that the methodology of this study's design of the congruency rating survey, used to assess the extent of congruency between the Guide and SACCNS, be tested for validity, reliability and acceptability for use in similar studies where a performance appraisal instrument is linked to professional practice standards.

Recommendation 11.

is recommended that future studies which involve the evaluation of the usefulness of the purpose and instrument for performance appraisal include in the study design feedback from the appraisee and members from the specific professional discipline.

Recommendation 12.

is recommended that specific studies be undertaken that specifically address the extent and outcomes of self-regulation of practice by nurses as an integral part of their professional accountability.

Recommendation 13.

is recommended that specific studies be undertaken that determine whether and how the process of self-appraisal and goal setting, as part of a formal performance appraisal, influences a nurse to improve or change practice.

Recommendation 14.

It is recommended that consideration be given, by industry leaders and especially by nursing groups, to use a performance management system that focuses on a developmental purpose using a self-appraisal and goal setting instrument and that directly reflects professional standards of practice.

Recommendation 15.

It is recommended that specific studies be undertaken to determine the effect on the appraisee where performance appraisal is conducted for administrative rather than developmental purposes.

Implications for Nursing Practice

The respondent CHNs in this study emphatically indicated that they believe it is important to accurately self-appraise their performance. The possible implication to nursing practice of this finding is that if nurses do self-assess and therefore possibly self-regulate their practice, independent of formal assessment by others, then nurses are conforming to the expectations of professional accountability as inferred in the professional standards of practice.

The use of a developmentally based performance appraisal process and a self-appraisal and goal setting instrument that is linked with professional

standards of practice has the potential to enhance a nurse's professional confidence and motivation to continuously improve practice. Such an outcome fosters the reality of the nurse's need to meet the increasing demands, needs and expectations of the health consumer.

Study Conclusion

The Armadale Kelmscott Health Service - Community Nurses Self-Appraisal & Goal Setting Tool (Guide) was chosen for use by the CHNs because it had the potential to foster the CHN's self-regulation responsibility and to assist the development of the CHN's potential. The SACCNS' exemplar behaviours were also linked to the Guide's behaviour items. This study found that the Guide met the intentions of the AKHS senior CHNs. In addition, the study found that the respondent CHNs perceived the Guide met all eight criteria for usefulness.

Although the sample size was relatively small, the 83% ($n=24$) of the thirty CHNs who were eligible to participate and who responded to the questionnaire agreed that the Guide was practical to use, helped to monitor practice, supported CHN's professional accountability, was congruent with professional standards of practice, was congruent with their actual practice, was congruent with nursing management's purpose for performance appraisal,

was supportive of a participative approach to performance appraisal and was acceptable for continued use.

There was a reasonable but acceptable extent of congruency between the Guide and SACCNS as found by the congruency assessors. Their support for the linking of SACCNS to the Guide added strength to the overall usefulness of the Guide. Adjustment are needed, however, for the Guide and SACCNS to fully reflect the scope of CHNP in W.A. and to meet the requirements of competency standards in structure to show progressive levels of expertise.

This study showed support for a performance appraisal system that is developmental in purpose and is based upon a self-appraisal and goal setting process among a group of CHNs. Cousens and Cousens (1994, p. 20) assertion is indicative of the basis for this study's focus on the evaluation of the usefulness of the Guide, "Performance appraisal is about learning - continuously extending our competence to meet customers' and stakeholders' needs beyond expectations".

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APPENDIX A

The Knox Guide to Self-Appraisal & Goal Setting
for Community Health Nurses (1985)
(Knox Tool)

Synopsis

The Knox Guide describes a self-appraisal and goal setting process designed for community health nurses. This process will help community health nurses to establish a positive, developmental approach to performance appraisal. It can be used to identify opportunities for professional development and to plan for improved community nursing performance.

The Knox Guide To Self-appraisal and Goal Setting For Community Health Nurses

by

L. Jane Knox

**THE KNOX GUIDE
TO SELF-APPRAISAL AND GOAL SETTING
FOR COMMUNITY HEALTH NURSES**

by

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**Executive Director
Saskatchewan Registered Nurses' Association**

**Published by
The Canadian Public Health Association**

First Edition
1985



Price: \$5.00

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Printed in Canada
by M.O.M. Printing Limited, 300 Parkdale, Ottawa, Ontario K1Y 1G2

ISBN 0-919245-26-9

ACKNOWLEDGEMENTS

The author is grateful for the assistance of community health nurses in Alberta and Nova Scotia in the development of this Guide, and the Alberta Association of Registered Nurses who provided financial assistance for research of the self-appraisal process.

The encouragement of Allyne Knox, Dr. Ruth MacKay and interested nurses across Canada has been very much appreciated.

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1 The Process of Self-appraisal and Goal Setting

DEVELOPMENTAL PURPOSE

How often have you felt distressed, misunderstood and controlled during a performance appraisal interview? Strangely, these feelings are often experienced by both the individual and the supervisor. An unsatisfactory appraisal interview may result in defensiveness, stagnation in work performance and reduced productivity. More positive appraisal methods are needed.

Self-appraisal and goal setting is a developmental approach to performance appraisal which emphasizes the accountability of individuals for their own work performance and professional development. It is an approach that allows individuals and their supervisors to focus on future growth rather than past errors, and to emphasize achievements and initiatives. During self-appraisal, comparison of one's own behaviour to specific behavioural items helps to clarify what is expected in the performance of community nursing activities. Goal setting toward the achievement of these expectations is encouraged.

Appraising performance is a difficult and complex task in any health care setting. In the community setting, where the supervisor seldom has opportunities for observation, the community health nurse is the person most knowledgeable about the nurse's own community nursing performance. The supervisor does have opportunities to observe and appraise other work related behaviours such as courtesy, time management, attitude, et cetera. *The Knox Guide* does not identify behavioural expectations for these general work performance expectations as they may vary considerably with different supervisors. Only behavioural expectations specific to community nursing performance are identified here to assist the nurse in appraising her work performance.

It has been demonstrated that community health nurses can appraise their own performance accurately for developmental purposes. In research projects in Nova Scotia and Alberta, this self-appraisal process was found reliable and valid as used by community health nurses. An abstract of the findings of the most recent research appears in Appendix A. Designed specifically for community health nurses, *The Knox Guide* has also been used by home care nurses and by nursing students, but has not been tested for validity and reliability as used by these groups.

Of course the process of self-appraisal and goal setting is only one way in which you can develop professionally. Many community health nurses regularly read a wide range of journals, attend workshops frequently and exchange current health information with colleagues. The role of self-appraisal is to bring a focus to these activities. When combined with goal setting, self-appraisal provides direction to professional development and helps to measure progress towards performance goals. *The Knox Guide* is intended as a workbook to help community health nurses to establish a positive, developmental approach to performance appraisal.

USING THE GUIDE

The purpose of this self-appraisal and goal setting process is to promote your continuing development as a professional community health nurse. Self-appraisal identifies areas for development; goal setting helps you to get started.

Each of us accepts responsibility for our nursing care and its effectiveness in helping our clients. This is one of the ways in which we show ourselves to be concerned and caring professionals. In spite of our concern, many of us are unsure about which behaviours really influence the quality of our nursing care.

The behavioural items listed in the self-appraisal section are representative of behaviours which practising community health nurses believe to be a part of high quality community health nursing. Many of the items are described in nursing literature as contributing to effective nursing care. By assessing how often you perform each behaviour you will be identifying strengths in your work performance, as well as areas where improvements can be made.

The goal setting section will help you to consider ways to make use of your self-appraisal. You are asked to list those work behaviours which you wish to improve "sometime". Based on these aspirations, you are invited to choose the behaviour(s) you want to improve first, and to plan ways to achieve the desired change.

Each time you appraise your work (annually is best), be sure to complete the entire self-appraisal and goal setting process as outlined below. Appendix B contains summary sheets for recording your self-appraisal rating and goals. As you complete this process, remember that your purpose is to promote your development as a professional nurse.

PLEASE: • FAMILIARIZE YOURSELF WITH THE GUIDE.

- APPRAISE YOUR NURSING PERFORMANCE:

Observe your own community health nursing behaviour for two full weeks, keeping in mind the behaviours listed in the guide.

After observing yourself for two weeks, complete your self-appraisal by identifying how often you perform each behaviour.

- CONSIDER YOUR FINDINGS.

- SET GOALS:

Aspire to improve your performance.

Write 2-3 specific performance goals.

- CARRY OUT YOUR PLAN TO ACHIEVE YOUR GOALS.

- REVIEW YOUR PROGRESS 2-3 TIMES PER YEAR.

- CONGRATULATE YOURSELF ON YOUR SUCCESS!

2 Self appraisal

The purpose of this self-appraisal process is to help you to develop as a professional nurse. Please complete your self-appraisal only when you have familiarized yourself with the behavioural items in the guide and have observed your community health nursing behaviour for two full weeks. This will make your self-appraisal more meaningful and useful to you.

Instructions:

In the space provided, place the number which best describes the frequency with which you perform each behaviour. That is, how often do you take advantage of opportunities to perform each behaviour. PLEASE RESPOND TO EVERY STATEMENT USING THE SCALE PROVIDED.

If you have not had an opportunity to perform the behaviour since your last review of your nursing performance, place "0" in the space provided. Use this category only after careful review of your work performance confirms that you have had absolutely no opportunity to perform the behaviour.

Please use this scale when responding to the statements below.

5	4	3	2	1
always	usually	sometimes	rarely	never

*no opportunity = 0

For example:

In promoting a helping relationship I . . .

1.1 introduce myself to every new client*.

3

*Client may be defined as individual, family or group.

Please use this scale when responding to the statements below.

5	4	3	2	1
always	usually	sometimes	rarely	never

*no opportunity = 0

ASSESSING

In assessing clients' health, I . . .

- | | |
|---|-------|
| 1.1 collect baseline data (identifying information, health status, health history). | _____ |
| 1.2 identify health habits. | _____ |
| 1.3 assess orientation towards health. | _____ |
| 1.4 identify deviations from normal health status. | _____ |
| 1.5 use screening procedures approved by the agency. | _____ |
| 1.6 appraise health hazards resulting from life style. | _____ |
| 1.7 appraise health hazards resulting from occupation. | _____ |
| 1.8 appraise health hazards resulting from heredity. | _____ |
| 1.9 appraise health hazards resulting from the environment. | _____ |
| 1.10 analyze response to illness or disability. | _____ |
| 1.11 identify coping mechanisms and abilities. | _____ |
| 1.12 recognize the unique strengths of each client in each situation. | _____ |

Comments:

Please use this scale when responding to the statements below

5	4	3	2	1
always	usually	sometimes	rarely	never

*no opportunity = 0

PLANNING

In planning with clients, I . . .

- | | |
|---|-------|
| 2.1 assist client to identify health related goals. | _____ |
| 2.2 verify with client which goals are considered priorities. | _____ |
| 2.3 assist client to identify strategies to meet goals. | _____ |
| 2.4 assist client to identify learning goals. | _____ |
| 2.5 assist client to identify ways to measure goal achievement. | _____ |

In planning my caseload, I . . .

- | | |
|---|-------|
| 2.6 accept accountability for all assignments. | _____ |
| 2.7 determine priorities for action. | _____ |
| 2.8 am resourceful in attempting to meet responsibilities. | _____ |
| 2.9 organize work in relation to time and location. | _____ |
| 2.10 allow time for completion of records and reports. | _____ |
| 2.11 advise my supervisor if my caseload becomes unrealistic. | _____ |

Comments:

Please use this scale when responding to the statements below.

5	4	3	2	1
always	usually	sometimes	rarely	never

*no opportunity = 0

IMPLEMENTING

In implementing nursing care, I . . .

- 3.1 support client towards self-directed achievement of goals. _____
- 3.2 explain all actions prior to performing them. _____
- 3.3 obtain informed consent for nursing procedures. _____
- 3.4 use approved procedures in providing personal/physical care. _____
- 3.5 use approved procedures in administering biologicals/medications. _____
- 3.6 appropriately refer client to other helping professionals. _____
- 3.7 request client's permission/cooperation prior to referral. _____
- 3.8 coordinate client's use of other helping professionals. _____
- 3.9 work towards client's best interests when collaborating with other health team members. _____
- 3.10 modify care on the basis of ongoing assessments. _____

Comments:

Please use this scale when responding to the statements below.

5	4	3	2	1
always	usually	sometimes	rarely	never

*no opportunity = 0

TEACHING

When teaching clients, I . . .

- 4.1 identify client readiness to learn. _____
- 4.2 provide health education related to client goals. _____
- 4.3 provide current, accurate and verifiable information. _____
- 4.4 adapt the teaching method to suit client needs. _____
- 4.5 use audiovisual resources, including pamphlets, as a supplement to teaching. _____
- 4.6 observe the effect of my teaching (changes in client behaviour, evidence of improved understanding). _____
- 4.7 provide positive reinforcement to client about learning that has occurred. _____

I teach colleagues by . . .

- 4.8 sharing new information, ideas and resources. _____
- 4.9 participating in education of students in health care disciplines. _____
- 4.10 participating as teacher/guide in orientation of new staff. _____
- 4.11 acting as a role model to demonstrate nursing skills. _____

Comments:

Please use this scale when responding to the statements below.

5	4	3	2	1
always	usually	sometimes	rarely	never

*no opportunity = 0

EVALUATING

In evaluating my service to clients, I . . .

- | | |
|---|-------|
| 5.1 assess the accuracy of my initial assessment. | _____ |
| 5.2 assess the short-term consequences of my plan of care. | _____ |
| 5.3 estimate the long-term consequences of my plan of care. | _____ |
| 5.4 assess the effect of client's actions on health goals. | _____ |
| 5.5 assess the effect of my nursing actions on client's health goals. | _____ |
| 5.6 assess the effect of my teaching on client's learning goals. | _____ |
| 5.7 assess client's satisfaction with my nursing care. | _____ |

Comments:

Please use this scale when responding to the statements below.

5	4	3	2	1
always	usually	sometimes	rarely	never

*no opportunity = 0

PROFESSIONAL BEHAVIOUR

In furthering my development as a professional, I . . .

- | | |
|---|-------|
| 6.1 identify strengths in my professional performance. | _____ |
| 6.2 identify my learning needs. | _____ |
| 6.3 make use of opportunities to meet learning needs. | _____ |
| 6.4 accept the role of client advocate in the health care system. | _____ |
| 6.5 accept responsibility as a role model of health habits. | _____ |
| 6.6 participate in the activities of my professional association. | _____ |
| 6.7 accept opportunities to act as a group leader. | _____ |
| 6.8 take initiative in becoming knowledgeable about current health related issues. | _____ |
| 6.9 accept responsibility for recommending improvements in nursing procedures and policies. | _____ |

Comments:

Please use this scale when responding to the statements below.

5 4 3 2 1
always usually sometimes rarely never

*no opportunity = 0

COMMUNICATING

To facilitate communication with clients, I . . .

- 7.1 clarify the purpose of the interview. _____
- 7.2 describe my role as helping others to help themselves, through health education and nursing care. _____
- 7.3 use words the client understands. _____
- 7.4 indicate that information discussed will be confidential. _____
- 7.5 express interest in client's concerns and needs. _____
- 7.6 listen with positive behaviours (eye contact, open posture). _____
- 7.7 reflect concerns expressed by client. _____
- 7.8 encourage client's expression of feelings. _____
- 7.9 reflect feelings implied in client's communication. _____
- 7.10 verify client's perceptions of the situation. _____
- 7.11 assist client to recognize inconsistencies between statements and behaviours. _____

Comments:

Please use this scale when responding to the statements below.

5 4 3 2 1
always usually sometimes rarely never

*no opportunity = 0

COMMUNICATING (continued)

To facilitate communication with other members of the health care team, I . . .

- 7.12 respond promptly to communications from others. _____
- 7.13 share client information with client's permission. _____
- 7.14 communicate nursing actions relevant to others involved in client's care. _____
- 7.15 systematically record baseline data. _____
- 7.16 record a summary of other pertinent information. _____
- 7.17 record factors influencing communication. _____
- 7.18 record client's current health goals. _____
- 7.19 record current nursing care plan. _____
- 7.20 record nursing actions. _____
- 7.21 record client response to health education. _____
- 7.22 record client response to nursing actions. _____
- 7.23 periodically record a summary of client progress. _____

Comments:

3 Goal Setting

GOAL ASPIRATIONS

After appraising their work behaviour, many people aspire to some goal. That is, they wish to change their behaviour in some way or they form an intention to learn something. A goal aspiration may include the reason why the change is desired; often this helps to clarify the importance of the aspiration. For example, you might want to remember to introduce yourself to clients so that they will know whom to call if they have further questions. Or you might wish to learn more about a disease process in order to be more knowledgeable in assisting a new client.

Listing goal aspirations is an important part of the goal setting process. Goal aspirations represent an acknowledgement of dissatisfaction with current work performance. Indeed they are an essential beginning step towards setting performance goals.

Instructions:

Please list your goal aspirations here or on a summary sheet (Appendix B). Most often these will be based on your self-appraisal. Write down the things you would like to change or learn “sometime”, as well as those you would like to change “soon”.

- 1.
- 2.
- 3.
- 4.
- 5.

PERFORMANCE GOALS

A performance goal is the plan by which a selected goal aspiration can be achieved. You will want to consider which goal aspiration is most important or urgent for you at this time. The following questions may help you to select a goal aspiration for development as a performance goal:

- Which work behaviours would you like to change now?
- Which work behaviours could be changed now given available time and other resources?
- Which changes would your supervisor support?
- Does one behaviour need to be changed before another can be changed successfully?

A performance goal is a specific, written statement which provides direction for performing or learning about job related behaviours. Realistic but challenging performance goals are most effective, particularly when they are time limited.

A performance goal includes each of these elements (see example below):

- a) whose goal it is (WHO) will introduce myself
- b) what it is you want to do or change or learn (WHAT/HOW)
- c) the level or frequency you will consider successful each time (HOW MUCH/HOW MANY/HOW OFTEN)
- d) the situation and/or the circumstances and/or the location I meet a new client in a well child clinic (WHICH/WHERE)
- e) the target date for achievement of your goal (BY WHEN) beginning tomorrow.

In this example, the performance goal is action oriented:
I will introduce myself each time I meet a new client in a well child clinic beginning tomorrow.

Suppose your goal was more learning oriented. In that case it might look more like this:
I will learn more about physiology by reading 3 articles.
This performance goal is missing some elements. Can you discover which ones? It will be more useful to you if you include the elements WHICH/ WHERE and BY WHEN, perhaps by wording it this way:
I will learn more about physiology in the next month, by reading 3 journal articles suggested by a nursing colleague.

Another action oriented goal might be:
By three months from now, I will be able to reach prenatal classes without assistance from my colleagues or supervisor.

What is missing in this performance goal? It does not tell you HOW you can achieve your goal. This one is more difficult because it is a very complex performance goal requiring both learning and behaviour. This performance goal will be much more useful to you if it is more specifically stated, and is separated into two performance goals. For example:

By July 30, I will have prepared myself to teach prenatal classes independently, by preparing two alternative teaching outlines to be reviewed with someone I consider an expert in this area.

By July 30, I will have prepared myself to teach prenatal classes independently, by observing at least two prenatal classes taught by someone known to be an excellent prenatal teacher.

Are all five elements included now? Note that learning goals require both a WHAT and a HOW statement.

REMEMBER:

Effective performance goals are challenging but realistic.
Performance goals which include all five elements are highly specific.
Specific goals provide a clear plan of action which increases the likelihood of achievement of your goal.

WRITTEN GOALS LEAD TO SUCCESS!

Instructions:

Please write at least one performance goal that you would like to achieve. Very likely it will be based on one of the goal aspirations which you identified earlier. Most people have only two or three very clear goals. It is hard to work towards achieving more than that many at any one time.

Do not forget to include all five elements in your performance goals:

- WHO
- WHAT HOW
- HOW MUCH HOW MANY HOW OFTEN
- WHICH WHERE
- BY WHEN

Goal 1: *I will*
.....
.....

Goal 2: *I will*
.....
.....
.....
.....
.....
Goal 3: *By* *I will*
.....
.....
.....
.....
.....

4 Selected Readings

COMMUNITY NURSING PERFORMANCE

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Appendix A: Research Abstract

An Evaluation of the Knox Self-appraisal & Goal Setting Tool for Community Health Nurses, L.J. Knox, 1983

A field study investigated the reliability, validity and psychometric properties of a self-appraisal tool as used by Alberta community health nurses. Initially 364 nurses agreed to participate; 210 full time generalists responded. Nursing supervisors were oriented to self-appraisal and goal setting before introducing the tool to participants. Nurses completed a biographical questionnaire and self-appraised their community nursing performance twice with a six month interval. Test-retest reliability of .83 and internal consistency estimates of .78 to .90 suggest the tool has satisfactory reliability. Face, content and construct validity are supported. Experienced nurses and highly skilled nurses identified by their supervisor achieved higher performance scores than less skilled colleagues. Psychometric properties were acceptable. Neither central tendency nor leniency were present; tool dimensions demonstrated halo effect with inter-dimension correlations of .45 to .61 ($p = .001$). Factor analysis confirmed that 74.4% of tool items were in appropriate tool dimensions. Relationships between biographical factors and self-appraised performance scores were assessed. The self-appraisal tool is recommended for developmental uses by Alberta community health nurses and merits further refinement.

Note: The self-appraisal tool was revised in 1984 based on the findings of this research.

Appendix B: Summary Sheets

Self-appraise your community nursing performance at least annually using the enclosed summary sheets. Each time you appraise your performance, be sure to complete both the self-appraisal summary and the goal setting summary. As you appraise your work, remember that everyone has different strengths and weaknesses in their work performance. Low ratings indicate opportunities for growth and development through goal setting.

Review your progress towards achieving your goals two to three times each year. The enclosed summary sheets are intended as working papers to help you record your progress from year to year.

THE KNOX GU/DE TO SELF-APPRAISAL AND GOAL SETTING



Self-appraisal Summary:

(year month day)

ASSESSING

1.1 ____ 1.2 ____ 1.3 ____ 1.4 ____ 1.5 ____ 1.6 ____
1.7 ____ 1.8 ____ 1.9 ____ 1.10 ____ 1.11 ____ 1.12 ____

PLANNING

CLIENTS

2.1 ____ 2.2 ____ 2.3 ____ 2.4 ____ 2.5 ____

CASELOAD

2.6 ____ 2.7 ____ 2.8 ____ 2.9 ____ 2.10 ____ 2.11 ____

IMPLEMENTING

3.1 ____ 3.2 ____ 3.3 ____ 3.4 ____ 3.5 ____ 3.6 ____
3.7 ____ 3.8 ____ 3.9 ____ 3.10 ____

TEACHING

CLIENTS

4.1 ____ 4.2 ____ 4.3 ____ 4.4 ____ 4.5 ____ 4.6 ____ 4.7 ____

COLLEAGUES

4.8 ____ 4.9 ____ 4.10 ____ 4.11 ____

EVALUATING

5.1 ____ 5.2 ____ 5.3 ____ 5.4 ____ 5.5 ____ 5.6 ____ 5.7 ____

PROFESSIONAL BEHAVIOUR

6.1 ____ 6.2 ____ 6.3 ____ 6.4 ____ 6.5 ____
6.6 ____ 6.7 ____ 6.8 ____ 6.9 ____

COMMUNICATING

CLIENTS

7.1 ____ 7.2 ____ 7.3 ____ 7.4 ____ 7.5 ____ 7.6 ____
7.7 ____ 7.8 ____ 7.9 ____ 7.10 ____ 7.11 ____

HEALTH CARE TEAM

7.12 ____ 7.13 ____ 7.14 ____ 7.15 ____ 7.16 ____ 7.17 ____
7.18 ____ 7.19 ____ 7.20 ____ 7.21 ____ 7.22 ____ 7.23 ____

Goal Setting Summary: _____

GOAL ASPIRATIONS (ideas for improved work performance and job satisfaction):

PERFORMANCE GOALS (specific, written commitment to change work performance):

This "POCKET" will help you to keep your self-appraisal ratings and performance goals in a handy place. Monitor your progress toward achieving your goals 2-3 times per year. Pat yourself on the back each time you move closer to your performance goal. You have acknowledged that you are accountable for your community nursing performance and have taken charge of your growth and development as a professional registered nurse.

CONGRATULATIONS!

* Please do take time to write specific performance goals. The process of deciding which behaviours you wish to use and writing down WHO, WHAT/HOW, HOW MUCH, HOW OFTEN, WHICH WHERE and BY WHEN will strengthen your commitment to change and increase your job satisfaction.

APPENDIX B

Armadale Kelmscott Health Service - Community Nurses

Performance Management Package (1996).

(Guide)

Adapted from The Knox Guide to Self-Appraisal & Goal Setting

for Community Health Nurses (1985)

**THE ARMADALE KELMSCOTT HEALTH SERVICES
- COMMUNITY HEALTH SERVICE
COMMUNITY NURSES SELF APPRAISAL & GOAL SETTING TOOL
JANUARY 1996**



Adapted from:

- Knox, L.J First Edition 1985
The Knox Guide to Self Appraisal and Goal Setting for
Community Health Nurses - Canadian Public Health Association, Ottawa.
- Standards for Community Nursing Practice Second Edition 1993
Australian Council for Community Nursing Services
- Standards of Practice for Mental Health Nursing in Australia 1995:
Australian & New Zealand College of Mental Health Nurses Inc, S.A.

ARMADALE KELMSCOTT HEALTH SERVICE

STATEMENT OF MANAGEMENT FOR COMMUNITY NURSING AND ABORIGINAL HEALTH

We recognise that staff are self-directed autonomous primary health care practitioners responsible for their professional practice and accountable to Armadale Kelmscott Health Service and the community.

Management role is to support and assist staff in the delivery of a quality service in a variety of community settings that reflects the organisational goals of the health service.

Management role is to guide staff in their ongoing development.

ARMADALE KELMSCOTT HEALTH SERVICE

COMMUNITY HEALTH SERVICES

PHILOSOPHY OF PERFORMANCE MANAGEMENT FOR COMMUNITY NURSING

As self-directed autonomous practitioners who are accountable for their own practice, which is based on the principles of primary health care. Community Nurses have the required knowledge and skills to self evaluate their performance.

The role of the Nursing Coordination Team is to assist and support the development of staff to achieve valid self-assessment.

INFORMATION ABOUT THE ADAPTATION PROCESS

1. THE PROCESS OF SELF-APPRAISAL AND GOAL SETTING	1
Developmental Purpose	1
Using the Guide	2
2. SELF-APPRAISAL	2
Assessing	3
Planning	4
Implementing	5
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Communicating	8
3. GOAL SETTING	9
Goal Aspirations	9
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4. APPENDICES	

Self-appraisal and goal setting is a developmental approach to performance appraisal which emphasises the accountability of individuals for their own work performance and professional development. It is an approach that allows individuals and their supervisors to focus on future growth and to emphasise achievements and initiatives. During self-appraisal, comparison of one's own behaviour to specific behavioural items helps to clarify what is expected in the performance of community nursing activities. Goal setting toward the achievement of these expectations is encouraged.

Appraising performance is a difficult and complex task in any health care setting. In the community setting, where the supervisor seldom has opportunities for observation, the community nurse is the person most knowledgeable about their own community nursing performance. The supervisor does not have opportunities to observe and appraise other work related behaviours such as courtesy, time management, attitude, et cetera. The Self Appraisal Tool does not identify behavioural expectations for these general work performance expectations as they may vary considerably with different supervisors. Only behavioural expectations specific to community nursing performance are identified here to assist the nurse in appraising their work performance.

It has been demonstrated that community nurses can appraise their own performance accurately for developmental purposes. This process requires from each nurse an objective, professional and self directed approach which reflects a high level of integrity required for independent practice.

Of course the process of self appraisal and goal setting is only one way in which you can develop professionally. Many community nurses regularly read a wide range of journals, attend workshops frequently and exchange current health information with colleagues. The role of self- appraisal is to bring a focus to these activities. When combined with goal setting, self-appraisal provides direction to professional development and helps to measure progress towards performance goals. The Self Appraisal Tool is intended to help community nurses to establish a positive, developmental approach to performance appraisal.

INFORMATION ABOUT THE ADAPTATION PROCESS

A working party of Community Nurses at Armadale Kelmscott Health Service evolved the guide from various sources. The primary source was Knox L.J. 1985 'The Knox guide to Self Appraisal and Goal Setting for Community Health Nurses'.

The guide was examined to compare its items to the Standards of the Australian Council of Community Nursing Services 1993. At the end of each statement the standards reflected in the AKHS tool are listed, where it was necessary to expand Knox's original items to reflect these standards an asterisk follows the number. eg 3.1*, 3.9

USING THIS TOOL

The purpose of this self-appraisal and goal setting process is to promote your continuing development as a professional community nurse. Self-appraisal identifies areas for development; goal setting helps you to get started.

Each of us accepts responsibility for our nursing care and its effectiveness in helping our clients. This is one of the ways in which we show ourselves to be concerned and caring professionals.

The behavioural items listed in the self-appraisal section are representative of behaviours which practising community nurses believe to be a part of high quality community nursing. Many of the items are described in nursing literature as contributing to effective nursing care. By assessing how often you perform each behaviour you will be identifying strengths in your work performance, as well as areas where improvements can be made.

The goal setting section will help you to consider ways to make use of your self appraisal. You are asked to list those work behaviours which you wish to improve "sometime". Based on these aspirations, you are invited to choose the behaviour(s) you want to improve first, and to plan ways to achieve the desired change.

Your Senior Nurse will assist, if necessary, to set these goals and will review your progress as part of the performance management process.

Each time you complete your appraisal be sure to complete the entire self-appraisal and goal setting process as outlined below. This is required annually as part of the performance management process but you may decide to do this more often. Appendix B contains summary sheets for recording your self-appraisal rating and goals. As you complete this process, remember that your purpose is to promote your development as a professional nurse.

- PLEASE:
- FAMILIARISE YOURSELF WITH THE GUIDE
 - APPRAISE YOUR NURSING PERFORMANCE
Observe your own community nursing behaviour for two full weeks or longer keeping in mind the behaviours listed in the guide
After observing yourself for two weeks, complete your self-appraisal by identifying how often you perform each behaviour.
Note the timeframe of your reflection.
 - CONSIDER YOUR FINDINGS
 - SET GOALS:
Aspire to improve your performance.
Write 2-3 specific performance goals.
 - CARRY OUT YOUR PLAN TO ACHIEVE YOUR GOALS.
 - REVIEW YOUR PROGRESS 2-3 TIMES PER YEAR.
 - CONGRATULATE YOURSELF ON YOUR SUCCESS!

SELF APPRAISAL

The purpose of this self-appraisal process is to help you to develop as a professional nurse. Please complete your self appraisal only when you have familiarised yourself with the behavioural items in the guide and have observed your community health nursing behaviour for two full weeks. This will make your self-appraisal more meaningful and useful to you.

Instructions:

In the space provided, place the number which best describes the frequency with which you perform each behaviour. That is, how often do you take advantage of opportunities to perform each behaviour. PLEASE RESPOND TO EVERY STATEMENT USING THE SCALE PROVIDED.

If you have not had an opportunity to perform the behaviour since your last review of your nursing performance, place "O" in the space provided. Use this category only after careful review of your work performance confirms that you have had absolutely no opportunity to perform the behaviour.

Please use this scale when responding to the statements below.

1	2	3	4
never	occasionally	usually	always

* no opportunity = 0

For example:

In promoting a helping relationship I . . .

- | | |
|-----|--|
| 1.1 | introduce myself to every new client*.
*Client may be defined as individual, family or group. |
|-----|--|

DEFINITION

Never:	I have never engaged in this behaviour in my practice.
Occasionally:	I have engaged in this behaviour in my practice (25-49% of the time).
Usually:	I have engaged in this behaviour in my practice (50-75% of the time).
Always:	I have engaged in this behaviour in my practice (75-100% of the time).
No Opportunity:	I have had no opportunity to engage in this practice during the reflection period.

Please use this scale when responding to the statements below.

1	2	3	4
never	occasionally	usually	always

* no opportunity = 0

ASSESSING

In assessing the health of the community, I ...

- | | | |
|-----|---|------------------|
| 1.1 | incorporate principles of primary health care | _____ 1.2* |
| 1.2 | incorporate policies and planning related to health promotion and illness prevention | _____ 1.13 |
| 1.3 | identify important cultural and ethnic health beliefs, attitudes and behaviours of identified populations | _____ 1.13 |
| 1.4 | identify requirements of vulnerable groups and disadvantaged populations | _____ 1.12, 1.13 |

Please use this scale when responding to the statements below.

1	2	3	4
never	occasionally	usually	always

* no opportunity = 0

ASSESSING (continued)

In assessing client's health, I ...

- | | | |
|------|---|------------|
| 1.5 | recognise the client as an individual | _____ 3.1* |
| 1.6 | collect baseline data from all relevant sources (identifying information, health status, health history, socio-economic, environmental factors, psychological, spiritual, cultural, physical) | _____ 3.5* |
| 1.7 | identify health habits (include observation, interview, physical examination and measurement) | _____ 3.6 |
| 1.8 | assess orientation towards health | _____ 3.6 |
| 1.9 | identify deviations from normal health status | _____ 3.6 |
| 1.10 | use screening procedures approved by the agency | _____ 3.8 |
| 1.11 | appraise health hazards resulting from occupation | _____ 3.5* |
| 1.12 | appraise health hazards resulting from heredity | _____ 3.5* |
| 1.13 | appraise health hazards resulting from the environment | _____ 3.5* |
| 1.14 | analyse response to illness or disability | _____ 3.6 |
| 1.15 | identify coping mechanisms and abilities | _____ 3.5* |
| 1.16 | recognise the unique strengths of each client in each situation | _____ 3.6 |
| 1.17 | identify significant others and provide the support they require | _____ 3.4* |

Comments:

Please use this scale when responding to the statements below.

1	2	3	4
never	occasionally	usually	always

* no opportunity = 0

PLANNING

In planning with the community, I ...

- | | | |
|-----|--|-------------|
| 2.1 | assist groups to identify and prioritise their own health needs | _____ 3.3 |
| 2.2 | assist the community to attain access to accurate and relevant health information | _____ 2.4* |
| 2.3 | work collaboratively with colleagues, other health professions, individuals and community groups to improve health awareness | _____ 2.3 |
| 2.4 | develop evaluation/research strategies to demonstrate the effectiveness of community health programmes | _____ 1.11* |

In planning with clients, I ...

- | | | |
|-----|---|------------|
| 2.5 | assist client to identify health related goals | _____ 3.2 |
| 2.6 | verify with client which goals are considered priorities | _____ 3.2 |
| 2.7 | assist client to identify learning goals | _____ 3.7 |
| 2.8 | assist client to identify ways to measure goal achievement | _____ 3.7 |
| 2.9 | plan nursing care that reflects that the client is a holistic being | _____ 3.1* |

Please use this scale when responding to the statements below.

1	2	3	4
never	occasionally	usually	always

* no opportunity = 0

PLANNING (continued)

In planning my caseload, I ...

- | | | |
|------|--|--------------------|
| 2.10 | accept accountability for all assignments | _____ 1.2*,
1.6 |
| 2.11 | determine priorities for action | _____ 1.7 |
| 2.12 | am resourceful in attempting to meet responsibilities | _____ 1.7 |
| 2.13 | organise work in relation to time and location | _____ 1.7 |
| 2.14 | allow time for completion of records and reports | _____ 1.7 |
| 2.15 | advise my supervisor if my caseload becomes unrealistic | _____ 1.7 |
| 2.16 | participate in decision making about health care planning, practice and evaluation | _____ 1.12* |

Comments:

Please use this scale when responding to the statements below.

1	2	3	4
never	occasionally	usually	always

* no opportunity = 0

IMPLEMENTING

In implementing primary health care, I ...

- | | | |
|-----|--|----------------------|
| 3.1 | work with the community to promote health and decrease the risk of illness | _____ 1.13,
1.15* |
| 3.2 | initiate and/or contribute to professional and community activities designed to promote health | _____ 1.10 |
| 3.3 | promote wellness by maximising the range of lifestyle choices and informed decisions available to consumers of health care | _____ 1.13 |
| 3.4 | translate action on global issues relating to the maintenance of optimal health to the local community | _____ 1.13 |

In implementing nursing care, I ...

- | | | |
|------|--|------------|
| 3.5 | implement nursing care that reflects that the client is a holistic being | _____ 3.1* |
| 3.6 | support client towards self-directed achievement of goals | _____ 3.3 |
| 3.7 | explain all actions prior to performing them | _____ 3.2 |
| 3.8 | obtain informed consent for nursing procedures | _____ 3.2 |
| 3.9 | use approved procedures in providing personal/physical care | _____ 1.4 |
| 3.10 | use approved procedures in administering biologicals/medications | _____ 1.4 |
| 3.11 | appropriately refer client to other professionals | _____ 1.4 |

Please use this scale when responding to the statements below.

1	2	3	4
never	occasionally	usually	always

* no opportunity = 0

IMPLEMENTING (continued)

- | | | |
|------|--|-------------------------|
| 3.12 | obtain client's permission/cooperation prior to referral | _____ 3.2 |
| 3.13 | ensure clear documentation which supports continuity of care | _____ 3.11* |
| 3.13 | coordinate client's use of other helping professionals | _____ 3.2 |
| 3.14 | work towards client's best interests when collaborating with other health team members | _____ 2.3,
2.4*, 3.9 |
| 3.15 | modify care on the basis of ongoing assessments | _____ 3.14 |

Comments:

Please use this scale when responding to the statements below.

1	2	3	4
never	occasionally	usually	always

* no opportunity = 0

TEACHING

When teaching clients, I ...

- | | | |
|-----|---|------------------------|
| 4.1 | identify client readiness to learn | _____ 2.5,
3.5* |
| 4.2 | provide health education related to client goals | _____ 2.5,
3.7, 3.8 |
| 4.3 | provide current, accurate and readily verifiable information | _____ 3.7 |
| 4.4 | adapt the teaching method to suit client needs | _____ 3.7,
3.8 |
| 4.5 | use audiovisual resources, including pamphlets, as a supplement to teaching | _____ 3.7 |
| 4.6 | observe the effect of my teaching (changes in client behaviour, evidence of improved understanding) | _____ 3.9 |
| 4.7 | provide positive reinforcement to client about learning that has occurred | _____ 2.1 |
| 4.8 | Accept responsibility as a role model of health habits | _____ 2.5* |

Please use this scale when responding to the statements below.

1	2	3	4
never	occasionally	usually	always

* no opportunity = 0

TEACHING (continued)

I teach colleagues by ...

- | | | |
|------|---|-----------|
| 4.9 | sharing new information, ideas and resources | _____ 2.1 |
| 4.10 | participating in education of students in health care disciplines | _____ 2.1 |
| 4.11 | participating as teacher/guide in orientation of new staff | _____ 2.1 |
| 4.12 | acting as a professional role model to demonstrate nursing skills | _____ 2.1 |

Please use this scale when responding to the statements below.

1	2	3	4
never	occasionally	usually	always

* no opportunity = 0

EVALUATING

In evaluating my service to the community, I ...

5.1 Assess the evaluation research data to determine the effectiveness of community health programs _____ 1.5

In evaluating my service to the client, I ...

5.2 assess the accuracy of my initial assessment _____ 1.8
 5.3 assess the short-term consequences of my plan of care _____ 1.8
 5.4 estimate the long-term consequences of my plan of care _____ 1.8
 5.5 assess the effect of client's actions on health goals _____ 3.9
 5.6 assess the effect of my nursing actions on client's health goals _____ 3.9
 5.7 assess the effect of my teaching on client's learning goals _____ 3.9
 5.8 assess client's satisfaction with my nursing care _____ 3.12

Comments:

Please use this scale when responding to the statements below.

1	2	3	4
never	occasionally	usually	always

* no opportunity = 0

PROFESSIONAL BEHAVIOUR

In furthering my development as a professional, I ...

6.1 identify strengths in my professional performance _____ 1.8
 6.2 identify my learning needs _____ 1.9
 6.3 make use of opportunities to meet learning needs _____ 1.9
 6.4 accept the role of client advocate in the health care system _____ 2.4
 6.5 act to protect the rights of the client _____ 1.3*
 6.6 accept responsibility as a role model of health habits _____ 2.5
 6.7 participate in the activities of my professional association _____ 1.14
 6.8 accept opportunities to act as a group leader _____ 2.5
 6.9 take initiative in becoming knowledgeable about current health related issues _____ 1.9
 6.10 accept responsibility for recommending improvements in nursing, procedures and policies _____ 1.12
 6.11 function in accordance with codes of ethics legislation and common law affecting nursing practice _____ 5.11, 1.2
 6.12 contribute to nursing research and the development of nursing knowledge _____ 1.11
 6.13 interpret nursing and promote the nursing profession to the community _____ 1.15*
 6.14 promote community development primarily focusing on advocacy for self determined, community self empowered health care _____ 1.13, 2.4

Please use this scale when responding to the statements below.

1	2	3	4
never	occasionally	usually	always

* no opportunity = 0

COMMUNICATING

To facilitate communication with clients, I ...

- | | | |
|------|--|-----------|
| 7.1 | clarify the purpose of the interview | _____ 2.1 |
| 7.2 | describe my role as helping others to help themselves, through health education and nursing care | _____ 2.1 |
| 7.3 | use words the client understands | _____ 2.1 |
| 7.4 | indicate that information discussed will be confidential | _____ 2.1 |
| 7.5 | express interest in client's concerns and needs | _____ 2.2 |
| 7.6 | listen with positive behaviours (eye contact, open posture, etc) | _____ 2.2 |
| 7.7 | reflect concerns expressed by client | _____ 2.2 |
| 7.8 | encourage client's expression of feelings | _____ 2.2 |
| 7.9 | reflect feelings implied in client's communication | _____ 2.2 |
| 7.10 | verify client's perceptions of the situation | _____ 2.2 |
| 7.11 | assist client to recognise inconsistencies between statements and behaviours | _____ 2.2 |
| 7.12 | promote caring and effective interpersonal communication | _____ 2.2 |
| 7.13 | act as an advocate to assist individuals to make informed decisions | _____ 2.4 |

Please use this scale when responding to the statements below.

1	2	3	4
never	occasionally	usually	always

* no opportunity = 0

COMMUNICATING (continued)

To facilitate communication with other members of the health care team, I ...

- | | | |
|------|--|------------|
| 7.14 | respond promptly to communications from others | _____ 2.3 |
| 7.15 | share client information with client's consent | _____ 2.3 |
| 7.16 | communicate nursing actions relevant to others involved in client's care | _____ 2.3 |
| 7.17 | systematically record baseline data | _____ 3.10 |
| 7.18 | record a summary of other pertinent information | _____ 3.10 |
| 7.19 | record factors influencing communication | _____ 3.10 |
| 7.20 | record client's current health goals | _____ 3.10 |
| 7.21 | record current nursing care plan | _____ 3.10 |
| 7.22 | record nursing actions | _____ 3.10 |
| 7.23 | record client response to health education | _____ 3.10 |
| 7.24 | record client response to nursing actions | _____ 3.10 |
| 7.25 | periodically record a summary of client progress | _____ 3.12 |

Comments

Goal Setting Summary: _____
(date)

GOAL ASPIRATIONS (ideas for improved work performance and job satisfaction)

PERFORMANCE GOALS (specific, written commitment to change work performance ie How to achieve goal aspirations)

Signed: Date:

Senior Nurse/Nursing Coordinator

Signed: Date:

* Please do take time to write specific performance goals. The process of deciding which behaviours you wish to use and writing down WHO, WHAT/HOW, HOW MUCH/HOW OFTEN, WHICH/ WHERE and BY WHEN will strengthen your commitment to change and increase your job satisfaction.

GOAL ACHIEVEMENTS (Goal aspirations you have achieved and date achieved)

CARRY OVER GOALS (for next appraisal if not achieved)

Signed:..... Date:

Senior Nurse/Nursing Coordinator

Signed:..... Date:

Goal Setting Summary: _____
(date)

ASSESSING

COMMUNITY

1.1____ 1.2____ 1.3____ 1.4____

CLIENT

1.5____ 1.6____ 1.7____ 1.8____ 1.9____ 1.10____ 1.11____ 1.12____
____ 1.13____ 1.4____ 1.5____ 1.6____ 1.17____

PLANNING

COMMUNITY

2.1____ 2.2____ 2.3____ 2.4____

CLIENTS

2.5____ 2.6____ 2.7____ 2.8____ 2.9____

CASELOAD

2.10____ 2.11____ 2.12____ 2.13____ 2.14____ 2.15____ 2.16____
2.16____

IMPLEMENTING

PRIMARY HEALTH CARE

3.1____ 3.2____ 3.3____ 3.4____

NURSING CARE

3.5____ 3.6____ 3.7____ 3.8____ 3.9____ 3.10____ 3.11____
3.12____ 3.13____ 3.14____ 3.15____

TEACHING

CLIENTS

4.1____ 4.2____ 4.3____ 4.4____ 4.5____ 4.6____ 4.7____

COLLEAGUES

4.8____ 4.9____ 4.10____ 4.11____ 4.12____

EVALUATING

COMMUNITY

5.1____

CLIENT

5.2____ 5.3____ 5.4____ 5.5____ 5.6____ 5.7____
5.8____

PROFESSIONAL BEHAVIOUR

6.1____ 6.2____ 5.3____ 6.4____ 6.5____ 6.6____ 6.7____
6.8____ 6.9____ 6.10____ 6.11____ 6.12____ 6.13____

COMMUNICATING

CLIENTS

7.1____ 7.2____ 7.3____ 7.4____ 7.5____ 7.6____ 7.7____
7.8____ 7.9____ 7.10____ 7.11____ 7.12____ 7.13____

HEALTH CARE TEAM

7.12____ 7.13____ 7.14____ 7.15____ 7.16____ 7.17____ 7.18____
7.19____ 7.20____ 7.21____ 7.22____ 7.23____ 7.24____ 7.25____

ARMADALE KELMSCOTT HEALTH SERVICE

COMMUNITY HEALTH SERVICES

NURSING COORDINATOR/SENIOR NURSE - STAFF VISITS

Location:..... Date:

Personnel Present:

.....

.....

Topics for
Discussion/Outcome/Action.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

SIGNED: NC/SN.....

STAFF MEMBER:.....

DATE:

Copy to staff member, Senior Nurse, Nursing Coordinator.

60202gd3

Implemented December 1994
Reviewed January 1996

World Health Organisation 1988. *Report on the Proceedings of the Conference held at Alma Ata. 6-12 September 1978.* pp 197-200.

DECLARATION OF ALMA-ATA

The International Conference on Primary Health Care, meeting in Alma-Ata this twelfth day of September in the year Nineteen hundred and seventy-eight, expressing the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world, hereby makes the following Declaration:

I

The Conference strongly reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.

II

The existing gross inequality in the health status of the people particularly between developed and developing countries as well as within countries is politically, socially and economically unacceptable and is, therefore, of common concern to all countries.

III

Economic and social development, based on a New International Economic Order, is of basic importance to the fullest attainment of health for all and to the reduction of the gap between the health status of the developing and developed countries. The promotion and protection of the health of the people is essential to sustained economic and social development and contributes to a better quality of life and to world peace.

IV

The people have the right and duty to participate individually and collectively in the planning and implementation of their health care.

V

Governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures. A main social target of governments, international organizations and the whole world community in the coming decades should be the attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life. Primary health care is the key to attaining this target as part of development in the spirit of social justice.

VI

Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

VII

Primary health care:

- . reflects and evolves from the economic conditions and socio-cultural and political characteristics of the country and its communities and is based on the application of the relevant results of social, biomedical and health services research and public health experience;
- . addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly;
- . includes at least: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs;

involves, in addition to the health sector, all related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors; and demands the coordinated efforts of all those sectors;

requires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care, making fullest use of local, national and other available resources; and to this end develops through appropriate education the ability of communities to participate;

should be sustained by integrated, functional and mutually-supportive referral systems, leading to the progressive improvement of comprehensive health care for all, and giving priority to those most in need;

relies, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community.

VIII

All governments should formulate national policies, strategies and plans of action to launch and sustain primary health care as part of a comprehensive national health system and in coordination with other sectors. To this end, it will be necessary to exercise political will, to mobilize the country's resources and to use available external resources rationally.

IX

All countries should cooperate in a spirit of partnership and service to ensure primary health care for all people since the attainment of health by people in any one country directly concerns and benefits every other country. In this context the joint WHO/UNICEF report on primary health care constitutes a solid basis for the further development and operation of primary health care throughout the world.

X

An acceptable level of health for all the people of the world by the year 2000 can be attained through a fuller and better use of the world's resources, a considerable part of which is now spent on armaments and military conflicts. A genuine policy of independence, peace, detente and disarmament could and should release additional resources that could well

be devoted to peaceful aims and in particular to the acceleration of social and economic development of which primary health care, as an essential part, should be allotted its proper share.

* * *

The International Conference on Primary Health Care calls for urgent and effective national and international action to develop and implement primary health care throughout the world and particularly in developing countries in a spirit of technical cooperation and in keeping with a New International Economic Order. It urges governments, WHO and UNICEF, and other international organizations, as well as multilateral and bilateral agencies, non-governmental organizations, funding agencies, all health workers and the whole world community to support national and international commitment to primary health care and to channel increased technical and financial support to it, particularly in developing countries. The Conference calls on all the aforementioned to collaborate in introducing, developing and maintaining primary care in accordance with the spirit and content of this Declaration.

¹Primary Health Care: Report of the International Conference on Primary Health Care. Alma-Ata, USSR, 6-12 September 1978. Geneva, World Health Organization, 1978, p. 6.

APPENDIX C.

Standards of the Australian Council of Community Nursing Services (1993) (SACCNS)

Reprinted by the Health Department of Western Australia for the inclusion
in the Community Nursing Policy Manual (March, 1994).

Permission granted from the Australian Council of Community Nursing Services
for use of the SACCNS in this study

AUSTRALIAN COUNCIL OF COMMUNITY NURSING SERVICES

STANDARDS FOR COMMUNITY NURSING PRACTICE

Second Edition - Published 1993

ACKNOWLEDGEMENT:

The Australian Council of Community Nursing Services wishes to acknowledge the previous work of the Australian Nursing Federation in the development of 'Standards for Nursing Practice'. Thanks are expressed to Australian Nursing Federation for permission to use their document in this publication.

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FOREWORD

This document is based on ANF Standards for Nursing Practice 2nd Edition 1989 with some additions to reflect the Community Nursing Practice area. It replaces the early ACCNS Standard for community nursing practice but incorporates the community nursing specific standards from that document. It is anticipated that when the ANF Standards for Nursing Practice are again revised, community nursing specific standards will be incorporated into that document and, at that time, it will no longer be necessary to have separate standards for community nursing practice.

In the preparation of this edition, the contribution of the Nursing Advisory Committee Professional Development Sub-Committee, ably chaired by Mrs. Janet Bean, is appreciated. The Sub-Committee comprised of Nursing Advisory Committee members from all states and territories: Trish Bodycoat, Western Australia; Ilze Jaunberzins, New South Wales; Margaret Deguara, Australian Capital Territory; Rosemary Vickers, Tasmania; Fran Ronan, South Australia; Meripa Weir, Queensland; Dana Dabrowska, Northern Territory; Pat McPherson, Victoria.



Carol Cowan

CHAIRMAN, NURSING ADVISORY COMMITTEE

NATURE OF COMMUNITY NURSING

The following statement as developed by ACCNS reflects both the philosophy and the distinctive nature of Community Nursing.

Nursing has been defined in different ways by different groups but in all definitions one can identify common elements such as helping people to achieve and maintain an optimum level of functioning through primary, secondary and tertiary nursing intervention.

Nursing as defined can be practised in a variety of settings, one of which is the community. The health needs and expectations of populations, the practice setting and the mandate of the employing agency are some of the factors which will influence the role of the community nurse. Irrespective of these factors there are some elements which are intrinsic to the practice of nursing in the community. These include:-

- The focus of nursing practice is on the identification of needs of the population as well as those of individuals and families. This requires nurses to apply principles from a variety of disciplines including epidemiology, sociology and demography in meeting identified health needs.

- As each community in which nurses work is unique community nurses are required to be creative, adaptable and responsive to a variety of norms, cultures and value systems whether they are working with individuals, families, or community groups.

- As practice settings are diverse and community service networks are complex, community nurses need a variety of interpersonal skills in order to interact effectively with a wide range of professional and non-professional persons.

- As primary health care workers in the community, nurses are required to be involved in the continuous monitoring of the health status of communities as well as responding to episodic health needs.

- As primary health care workers, nurses may work in settings where access to peer support is limited. This requires them to be self-directed, exercise a high level of autonomous professional judgement and have an understanding of where, when and how personal support needs may be met.

STANDARD 1

THE COMMUNITY NURSE FULFILS THE OBLIGATIONS OF THE PROFESSIONAL ROLE

Nursing Behaviours

The community nurse in any practice setting:

- 1.1 Complies with the profession's code of ethics;
- 1.2 functions in accordance with legislation and common law affecting nursing practice;
- 1.3 acts to protect the rights of the client;
- 1.4 acts to maintain the safety of the client / self / others
- 1.5 acts to rectify unsafe nursing practice or professional misconduct;
- 1.6 practises within own abilities and qualifications;
- 1.7 ensures the effective management of human, financial and material resources;
- 1.8 evaluates own practice and participates in peer review;
- 1.9 continually updates knowledge and skills;
- 1.10 participates in activities designed to maintain or improve the quality of nursing care;
- 1.11 contributes to nursing research and development of nursing knowledge;
- 1.12 participates in decision making about health care planning, practice, and evaluation;
- 1.13 fosters progress towards the goal of "Health for All By The Year 2000" within a culturally diverse community;
- 1.14 participates in activities of the profession's organisations;
- 1.15 interprets nursing and promotes the nursing profession to the community.

STANDARD 2

THE COMMUNITY NURSE ESTABLISHES AND MAINTAINS ENABLING INTERACTIONS IN PROFESSIONAL RELATIONSHIPS

Nursing Behaviours

The community nurse in all professional interactions:

- 2.1 uses and promotes effective communication;
- 2.2 conducts caring and effective interpersonal relationships;
- 2.3 establishes and maintains effective communication with the health team to achieve co-ordinated care;
- 2.4 acts as an advocate to assist individuals to make informed decisions;
- 2.5 creates and uses opportunities for learning.

STANDARD 3

THE COMMUNITY NURSE PROVIDES EFFECTIVE AND HOLISTIC NURSING CARE

Nursing Behaviours

The community nurse in providing nursing care in any practice setting:

- 3.1 acknowledges the individual as an holistic being and the need for nursing care to reflect this belief;
- 3.2 recognises the individual's right to partnership and enables their active participation in nursing care;
- 3.3 enhances achievement of optimum self care;
- 3.4 identifies significant others and provides the support they require;
- 3.5 collects information which enables the formulation of a comprehensive written data base through assessment and from a variety of other sources;
- 3.6 analyses and interprets the data in order to identify the individual's:
 - . health strengths and resources;
 - . health concerns, both actual and potential;
 - . expectations of care.
- 3.7 formulates with the individual a written plan of care which:
 - . addresses health strengths, concerns and expectations;
 - . includes a statement of expected outcomes and selected nursing interventions.
- 3.8 in collaboration with the individual implements the plan of care;
- 3.9 evaluates the individual's response to care, significant changes in health status and progress towards expected outcomes;
- 3.10 records the process of care;

- 3.11 formulates a written plan of care for discharge/transfer which ensures continuity of care;
- 3.12 evaluates the effectiveness of the process of nursing care.

APPENDIX D

Questionnaire.

QUESTIONNAIRE Concerning:
THE ARMADALE KELMSCOTT HEALTH SERVICE
COMMUNITY NURSING SELF-APPRAISAL
& GOAL SETTING GUIDE.

Dear Community Health Nurse,

Hello and welcome to the study. This study aims to evaluate the usefulness of your Self-Appraisal & Goal Setting Guide. The information you provide in this questionnaire will be used in a study I am conducting at Edith Cowan University as part of my Master of Nursing Degree.

Your participation in the study will be completely confidential, anonymous and voluntary. Please do not write your name on any part of the Questionnaire. The information you provide will not be used for any other purpose and will not be made available to anyone except for the purpose of this study. You may choose to withdraw from the study at any time, without any reason or penalty. I hope you choose to participate.

Your assistance in completing the questionnaire is very much appreciated.

Please do not hesitate too long over each question, give your first response.

Please return the signed consent form and the completed questionnaire in the envelope, seal it and place it in the special sealed box.

Please telephone me if you have any enquiries about the study.

Thank you.

Helen Pannowitz



SECTION 1. GENERAL INFORMATION

1. I have worked in community health nursing for approximately:

_____ years _____ months

Please Tick (✓) the most appropriate box to the following questions:

2. My educational **qualification/s** & the year of completion is/are :

Hospital Based General Nursing Diploma () year completed _____

Tertiary Based Nursing Diploma () year completed _____

Post Basic Certificate

please name _____ () year completed _____

Bachelor Degree

please name _____ () year completed _____

Higher Degree

please name _____ () year completed _____

Other qualifications

please name _____ () year completed _____

_____ () year completed _____

3. **Prior to January 1996** my last performance appraisal was in:

Month _____ Year _____ Organisation _____

4. **Prior to 1996** the final decisions about my standard of work performance was made by:

Myself ()

Myself with some support from the supervisor ()

Mostly the supervisor ()

Equal contribution ()

Interpersonal conflict disrupted the appraisal ()

Other, please define: ()

SECTION 2 PERCEPTIONS OF THE USEFULNESS OF THE GUIDE

Please read the following statements carefully and tick the box that best describes your response:

5= strongly agree 4= agree 3= neutral 2= disagree 1= strongly disagree

2.1 How practical do I find the Guide?

I find the Guide is practical to use because:

		5 SA	4 A	3 N	2 D	1 SD
1	It is written in a way that is easy to read.					
2	The instructions for the use of the Guide are easy to understand.					
3	The instructions for the goal setting section are easy to understand					
4	I find the Guide is "user-friendly".					
5	The time I spend using the Guide is worth my effort.					
6	Other comments, please specify					
					

2.2 How useful is the Guide in helping me to monitor my practice?

I find the Guide is useful to monitor my practice because:

		5 SA	4 A	3 N	2 D	1 SD
1	The essential aspects of my clinical practice are identified in the Guide.					
2	It helps to clarify the performance expectations of my practice					
3	I can identify from the Guide what I do well in the clinical area.					
4	I can identify practice that needs further development.					
5	I can identify my professional development needs.					
6	I can set goals directly from the self-assessment section of the Guide.					
7	I can compare my practice to the Standards for CHN.					
8	I can periodically review my goals to check my progress.					
9	The other information included with the Guide (eg: primary health care principles, standards for practice, management's goals, etc) help me to assess my practice					
10	Since using the Guide I have made the following changes to my practice					
					
					
11	Other comments, please specify					
					
					

2.3 *How useful is the Guide in supporting my professional accountability?*

I find the Guide is useful in supporting my professional accountability because:		5 SA	4 A	3 N	2 D	1 SD
1	It meets my needs for assessing my own performance.					
2	I am in control of my performance assessment.					
3	It helps me to review my professional accountability.					
4	From self-assessment of performance and goal setting I can demonstrate my professional accountability.					
5	It helps me to be more familiar with the Standards for CHN					
6	It increases my confidence that I meet professional practice standards.					
7	It helps me to reflect upon my clinical practice					
8	It is useful in motivating me to improve my clinical practice					
9	I believe it is important that I self-appraise my performance accurately					
10	Other comments, please specify					
.....						
.....						

2.4 *How congruent is the Guide with Professional Standards of Community Nursing Practice?*

I find the Guide is congruent with the Standards for Australian Council of Community Nursing Services because:		5 SA	4 A	3 N	2 D	1 SD
1	Each item in the self-appraisal section identifies which specific CHN practice standard is being assessed.					
2	The items in the Guide accurately reflect the standards of practice.					
3	Other comments, please specify					
.....						
.....						

2.5 *How congruent is the Guide with my actual practice?*

I find the Guide is congruent with my actual practice because:		5 SA	4 A	3 N	2 D	1 SD
1	It accurately reflects my clinical practice responsibilities.					
2	It accurately reflects community health nursing practice.					
3	Other comments, please specify					
.....						
.....						

2.6 *How congruent is the Guide with Nursing Management's Purpose for Performance Appraisal?*

During my recent performance appraisal I found the Guide congruent with what is the stated nursing management's purpose for performance appraisal because:		5 SA	4 A	3 N	2 D	1 SD
1	I was sufficiently informed of the Guide's purpose prior to using it.					
2	I was the main participant in the process of performance appraisal					
3	I self-appraised my practice and planned for improvement in practice					
4	I was sufficiently supported by management in my responsibility for self-accountability.					
5	The senior CHN functioned as a facilitator to help me maintain or improve practice.					
6	The process of self-appraisal and goal setting assisted the development of my clinical nursing potential.					
7	It can be used by CHNs whose primary function is management, education, research or clinical practice.					

8 Other comments, please specify

.....

.....

2.7 *How supportive is the use of the Guide to a Participative Approach to Performance Appraisal?*

During my recent performance appraisal I found the use of the Guide supported a participative approach to performance appraisal because I felt:		5 SA	4 A	3 N	2 D	1 SD
1	The senior CHN was familiar with my scope of clinical practice .					
2	The senior CHN gave me the right amount of support.					
3	The senior CHN facilitated my discussions about my appraisal & goals.					
4	The senior CHN constructively helped me when I identified aspects of my performance that needed improvement.					
5	The senior CHN appropriately coached me to set some goals that would help me to improve my performance.					
6	My senior CHN trusted my ability to self-appraise & to set goals.					
6	I did not feel defensive when the senior CHN identified aspects of my performance that might help me further develop my potential.					
7	The senior CHN would keep my information confidential.					

8 Other comments, please specify

.....

.....

2.8 *To what extent is the Guide acceptable for continued use?*

Overall, I find the Guide is acceptable for continued use because:		5 SA	3 A	3 N	4 D	5 SD
1	It is the best one I have used for performance appraisal.					
2	It recognises my contributions to community health services.					
3	I like the process of independent goal setting.					
4	The way the performance appraisal was recently conducted was a positive experience for me.					
5	It meets my expectations for an effective performance appraisal.					
6	Other comments, please specify					

.....

.....

2.9 *I feel the Guide is acceptable for the following reasons:*

.....

.....

2.10 *I feel the Guide is unacceptable for the following reasons:*

.....

.....

2.11 *In order to effectively monitor my practice I feel I need to use the Guide:*

()	()	()	()	()
3 monthly	6 monthly	12 monthly	2 yearly	change the Tool

2.12 *Other comments I have about the Guide include:*

.....

.....

Thank you,

You have now completed the questionnaire.

Helen Pannowitz



APPENDIX E

Letter to nurses - Development of operational definition
criteria for the term “usefulness”.

Helen Pannowitz



Dear,

I am conducting a study as part of my application for a Master of Nursing, Edith Cowan University, W.A. The purpose of the study is to evaluate the usefulness of a specific self-appraisal & goal setting performance appraisal instrument used by a group of community health nurses. The instrument has been linked with the Standards of the Australian Council of Community Nursing Services (1993).


I am seeking your assistance, as part of a group of nurses, in ascertaining the appropriateness of the operational definition for the term "useful". The term will be used as a primary dimension in a questionnaire that will evaluate community health nurses' perceptions of the usefulness of a specific performance appraisal instrument.

I would appreciate if you would complete the questions relating to the relevancy of a series of criteria for the term "useful" on the attached document. I anticipate it will take approximately 20 minutes of your time. Please forward the document to me in the enclosed stamped envelope.

The findings of the study will be available in the Edith Cowan University library, once the thesis is passed.

Thanking you in anticipation,

Helen Pannowitz

student number: 

PS: Please telephone me if there is any aspect of my request that you wish to discuss.

**Relevancy of Criteria for an Operational Definition
for the term “USEFULNESS” in relation to a nursing
performance self-appraisal instrument**

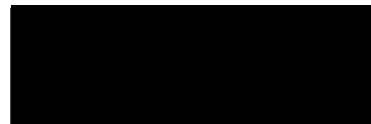
When rating the criteria for the term “useful” please think about the best instruments that you have used. You might prefer to identify what you feel is most important in making a nursing performance appraisal instrument useful to the nurse.

Please rate the following criterion terms using as the scale:

1 = irrelevant 2 = relevant 3 = moderately relevant 4 = extremely relevant

Item	Criterion for the term “USEFULNESS”	1	2	3	4
I would consider the instrument is “useful” if it:					
1	Is practical to use.				
2	Is congruent with nursing management’s stated purpose.				
3	Is designed so that, as the appraisee, I am the main participant in the process of the performance appraisal.				
4	Helps me to monitor my clinical practice and plan for future practice.				
5	Supports my responsibility for professional accountability.				
6	Is congruent with my actual clinical nursing practice.				
7	Is congruent with professional standards of practice.				
8	Is acceptable for continued use by me.				
9	Other, please state:				
10	Other, please state:				

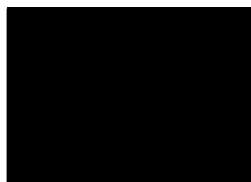
Thank you for your assistance. Please mail this document to



APPENDIX F

Letter to Nurses - Questionnaire Content Validity
& Questionnaire Content Relevancy Sheet.

Helen Pannowitz



Date:

Dear

Re: Study: Evaluation of the Usefulness of a Community Health Nurses Self-Appraisal and Goal Setting Guide.

Earlier this year the community health nurses in the Armadale Kelmscott Health Services introduced a performance appraisal instrument that focuses on self-appraisal and goal setting. The instrument is an adapted version of the Knox Self-Appraisal & Goal Setting Tool, designed and validated for community health nurses in Alberta, Canada (1985). As part of my application for a Master of Nursing Degree at Edith Cowan University, I am undertaking a study to evaluate the usefulness of the instrument for this group. The instrument has been linked with the Standards of the Australian Council of Community Nursing Service (1993).

I am now writing to request your assistance to facilitate the successful completion of this study. One of the research questions aims to evaluate the nurses' perceptions of the usefulness of the instrument. I seek your expertise to assist in effectively meeting this objective by assessing the content relevancy of the study Questionnaire.

Attached are copies of my study proposal, the Armadale Kelmscott Health Service Community Nurses Self-Appraisal & Goal Setting Tool, the study's Questionnaire and a Content Relevancy Assessment Sheet. My request of you includes the following:

1. Familiarise yourself with the study's purpose and questions; the Self-Appraisal Guide; the Questionnaire and the questionnaire's content dimensions.
2. Review the Questionnaire's general information and perception dimensions in relation to the study's purpose and questions, and on the attached **Rating Sheet** please rate the dimension's content relevance using the four point scale:
(1 = irrelevant, 2 = relevant, 3 = moderately relevant, and 4 = extremely relevant).
3. In the *Expert's Rating* column, on the **Questionnaire**, please rate each item for relevancy, using the four point scale:
(1 = irrelevant, 2 = relevant, 3 = moderately relevant, and 4 = extremely relevant).
4. Please rate the overall questionnaire, on the **Rating Sheet**, for its relevancy using the same scale:
(1 = irrelevant, 2 = relevant, 3 = moderately relevant, and 4 = extremely relevant).
5. Please document, on the **Rating Sheet**, any dimensions or items that you consider could be omitted from or needing inclusion in the questionnaire.
6. Return **all the documents** to me in the attached stamped, addressed envelope.
7. If a revision of the questionnaire is required I would appreciate your assistance in reviewing it a second time.

Your involvement is greatly appreciated and your response will support the content validity of the questionnaire. A report of the study's findings will be made available to the Armadale Kelmscott Health Service Community Nursing group. A copy of the thesis will also be available in the Edith Cowan University library, Churchlands campus.

Thank you for your cooperation. I believe the outcomes of the study will benefit community health nurses. I would be delighted to discuss any aspect of the study with you, so please telephone.

Thank you,

Helen Pannowitz

R.N., Neuroscience.Cert., Dip.Ns.Ed

Ba.App.Sc(Ns)., Grad.Dip.Hlth.Sc.

QUESTIONNAIRE CONTENT RELEVANCY SHEET

Dimensions for Content Validity Assessment:

Please rate the dimensions for content relevancy using as the scale:

1 = irrelevant 2 = relevant 3 = moderately relevant 4 = extremely relevant

SECTION 1. GENERAL INFORMATION

	Your Rating
Q 1 Length of practice in community health nursing (CHN)	_____
Q 2 Nursing and other qualifications	_____
Q 3 Performance appraisal date prior to introduction to the Tool	_____
Q 4 Who controlled decisions of previous appraisal outcomes	_____

Your comments:

SECTION 2 CHNs PERCEPTIONS OF THE USEFULNESS OF THE GUIDE

Rating	Your
Section 2.1 How practical is the Guide?	_____

Your comments:

Section 2.2 How useful is the Guide to monitor practice? _____

Your comments:

Section 2.3 How useful is the Guide in supporting professional accountability? _____

Your comments:

Section 2.4 How congruent is the Guide with professional standards of CHN practice? _____

Your comments:

Section 2.5 How congruent is the Guide with actual CHN practice? _____

Your comments:

Section 2.6 How congruent is the Guide with nursing management’s stated purpose
for the performance appraisal? _____

Your comments:

Section 2.7 How supportive is the use of the Guide to a participative approach to
performance appraisal? _____

Your comments:

Section 2.8 To what extent is the Guide acceptable for continued use? _____

Your comments:

#####

Questionnaire Content Relevancy - Nurses' Assessment.

1 Please identify dimensions that you consider could be omitted from the Questionnaire:

_____	_____
_____	_____

2 Please identify dimensions that you consider need inclusion in the Questionnaire:

_____	_____
_____	_____

3 PLEASE RATE THE OVERALL RELEVANCY OF THE QUESTIONNAIRE:

[]

Thank you for your assistance.

Please return these documents to me at your earliest convenience.

H Pannowitz

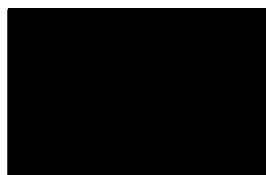
APPENDIX G

Letter to - Community Health Nurses

Armadaale Kelmscott Health Service

Health Department of Western Australia

Helen Pannowitz



Date:

Dear Community Health Nurse

Re: Study: Evaluation of the Armadale Kelmscott Health Service Self-Appraisal and Goal Setting Guide for Community Health Nurses.

Earlier this year the Senior Community Health Nurses, Armadale Kelmscott Health Services, introduced a performance appraisal instrument (Guide) that focuses on self-appraisal and goal setting by the community health nurses. I am conducting a study to evaluate the usefulness of this Guide for community health nurses. I have gained the permission of your Director of Nursing and the Nursing Coordinator for Community Health Service to invite you to participate in the study. The study aims to meet the requirements for a Master of Nursing Degree at Edith Cowan University.

Your involvement in the study will be completely confidential, anonymous and voluntary. Attached is a consent form and a study questionnaire. Please do not write your name on any part of the questionnaire. Please be assured that you can withdraw from the study at any time, without any reason or penalty. I hope you choose to participate by signing the consent form and completing the questionnaire and placing the documents in the attached envelope, seal it and place it in the special sealed box or mail it on to me.

I anticipate that it may take approximately thirty (30) minutes of your time to complete the questionnaire. I am appreciative that your time is valuable and I thank you for your cooperation. Please telephone me if you wish to discuss any aspect of the study.

Thank you,

Helen Pannowitz
R.N., Neuroscience.Cert., Dip.Ns.Ed
Ba.App.Sc(Ns)., Grad.Dip.Hlth.Sc.

Supervisors: Ms Maxine Serrell
Ms Rycki Maltby
Ph: 2738333

APPENDIX H

Consent Form

CONSENT FORM

A study evaluating the usefulness of a self-appraisal & goal setting performance management tool for Community Health Nurses.

I consent to take part in this study, to evaluate the usefulness of the Armadale Kelmscott Health Service Community Nursing Self-Appraisal & Goal Setting Guide.

I understand that in agreeing to participate in this study, I will be required to answer a questionnaire about my perceptions of the usefulness of the Self-Appraisal & Goal Setting Guide.

I understand that the information I make available to the researcher will remain confidential and that my identity will remain anonymous. I also understand that I can withdraw from the study at any time, without reason or prejudice. I give permission to the researcher to use my information, collected for the study, for group reporting.

If I have any questions, I may contact the researcher, Helen Pannowitz on phone number: [REDACTED] or her supervisors, Ms Maxine Serrell and Ms Rycki Maltby on phone number: 2738333.

Signature of participant:

Date:

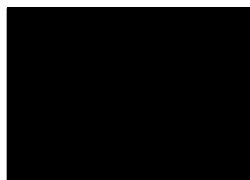
AAPENDIX I

Pilot Study Letter to - Community Health Nurses

Armadale Kelmscott Health Service

Health Department of Western Australia

Helen Pannowitz



Date:

Dear Community Health Nurse

Re: Study: Evaluation of the Armadale Kelmscott Health Service Self-Appraisal and Goal Setting Guide for Community Health Nurses.

Earlier this year the Senior Community Health Nurses, Armadale Kelmscott Health Services, introduced a performance appraisal instrument (Guide) that focuses on self-appraisal and goal setting by the community health nurses. I am conducting a study to evaluate the usefulness of this Guide for community health nurses. I have gained the permission of your Director of Nursing and the Nursing Coordinator for Community Health Service to invite you to participate in the study. The study aims to meet the requirements for a Master of Nursing Degree at Edith Cowan University.

You are being invited to participate in a pilot study which will be completely confidential, anonymous and voluntary. Attached is a consent form and a study questionnaire. Please do not write your name on any part of the questionnaire. Please be assured that you can withdraw from the study at any time, without any reason or penalty. I hope you choose to participate by signing the consent form, completing the questionnaire and the additional comments sheet and placing the documents in the attached envelope, seal it and place it in the special sealed box or mail it on to me.

I anticipate that it may take approximately thirty (30) minutes of your time to complete the questionnaire. I am appreciative that your time is valuable and I thank you for your cooperation. Please telephone me if you wish to discuss any aspect of the study.

Thank you,

Helen Pannowitz
R.N., Neuroscience.Cert., Dip.Ns.Ed
Ba.App.Sc(Ns)., Grad.Dip.Hlth.Sc.

Supervisors: Ms Maxine Serrell
Ms Rycki Maltby
Ph: 2738333

Helen Pannowitz


Date:

Dear Community Health Nurse,

Re: Pilot Study: Evaluation of the Armadale Kelmscott Health Service Self-Appraisal and Goal Setting Guide for Community Health Nurses.

In addition to the attached letter inviting you to participate in the study, I seek your assistance to determine whether the questionnaire is suitable for use. On completion of the questionnaire would you kindly respond to the following four questions and return this sheet with the questionnaire and your consent form.

1. Were the questionnaire items clear?

Yes / No

Comments:.....
.....

2. Were the questionnaire’s instructions clear and easy to follow?

Yes / No

Comments:.....
.....

3. Were there any items that needed to be included/deleted?

Yes / No

Comments:.....
.....

4. Approximately how long did it take for you to complete the questionnaire?

Time:.....

Comments:.....
.....

Thank you again for your assistance. Helen Pannowitz.

✿

APPENDIX J

Letter to - Director of Nursing

Armadale Kelmscott Health Service.

Health Department Western Australia.

Helen Pannowitz



Director of Nursing
Armadaale Kelmscott Health Service
Memorial Hospital
Albany Highway
Albany, WA.
Date

Dear

Re: Study: Evaluation of the Usefulness of a Self-Appraisal and Goal Setting
Guide for Community Health Nurses

Earlier this year the Community Health Nurses, Armadaale Kelmscott Health Services, introduced a performance appraisal instrument that focuses on self-appraisal and goal setting. As part of my Master of Nursing Degree at Edith Cowan University, I wish to undertake a study to evaluate the usefulness of the instrument among this group.

I seek your permission to invite participation by the community health nurses employed in the Armadaale Kelmscott Health Service. The individual nurse's involvement in the study will be completely confidential, anonymous and voluntary. No names or identification codes will appear on the questionnaire and participants' signed consent forms will be kept in a locked cabinet, separate from the raw data.

I wish to invite the community health nurses to complete a Questionnaire seeking their opinions about the usefulness of the Guide. A report of the study's findings will be made available to the Armadale Kelmscott Health Service Community Health Nursing group and a copy of the thesis will also be available in the Edith Cowan University library, Churchlands campus.

I submit a copy of the study proposal to your Ethics Committee and seek approval to conduct the study. The proposal has been examined and accepted by the Committee for the Conduct of Ethical Research, Edith Cowan University.

I would appreciate your earliest reply as I would like to commence data collection as soon as possible.

Yours faithfully,

Helen Pannowitz.
R.N., Neuroscience.Cert., Dip.Ns.Ed
Ba.App.Sc(Ns)., Grad.Dip.Hlth.Sc.

Supervisors: Ms Maxine Serrell
Ms Rycki Maltby
Ph: 2738333

APPENDIX K

Letter to - Nursing Coordinator,

Community Health Services.

Armadale Kelmscott Health Service

Health Department of Western Australia

Helen Pannowitz



Coordinator Nursing Health Services
Armadaale Kelmscott Health Service
Memorial Hospital
Albany Highway, WA.
Date

Dear

Re: Study: Evaluation of the Usefulness of a Self-Appraisal and Goal Setting Guide
for Community Health Nurses

Earlier this year the Community Health Nurses, Armadaale Kelmscott Health Services, introduced a performance appraisal instrument that focuses on self-appraisal and goal setting by community health nurses. As part of my application for a Master of Nursing Degree at Edith Cowan University, I am undertaking a study to evaluate the usefulness of the instrument among this group.

I have gained permission to conduct the study from the Committee for the Conduct of Ethical Research, Edith Cowan University, and the Director of Nursing, Armadaale Kelmscott Health Service. I have permission to invite the community health nurses to participate in the study

Firstly I seek your assistance in a pilot study to assure that the questionnaire I wish to use meets certain criteria. Would you kindly select at random five of the community health nurses who have completed their performance appraisal process using the Guide and give them one of the accompanying envelopes. Included in each of the accompanying five envelopes is a letter of invitation to the community health nurse, a consent form, a questionnaire and a researcher self-addressed envelope. Please return all sealed envelopes from the community health nurses, if returned to you.

Secondly, I would appreciate the opportunity to meet with the community health nurses at a meeting convenient to yourself and your staff, so that I can invite them to participate in the study. I would inform them about the study, respond to any questions, and explain the requirements if they choose to participate.

The requirements of the participating community health nurses includes completion and return to me of a consent form and a study questionnaire. I anticipate that it would take approximately thirty minutes (30) to complete the questionnaire. Individual nurse's involvement in the study will be completely confidential, anonymous and voluntary. Individual data collected from the questionnaires will not be made available to anyone other than myself and my supervisors. Participants may withdraw from the study at any time and without any reason or penalty. Only grouped data will be reported. A report of the study's findings will be made available to the Armadale Kelmscott Health Service Community Health Nursing group. A copy of the thesis will also be available in the Edith Cowan University library, Churchlands campus.

I look forward to your positive reply and appreciate the opportunity to be an integral participant in the formal evaluation of an innovative nursing management decision of introducing a self-appraisal and goal setting performance management process.

Please contact me, at your earliest convenience.

Yours faithfully,

Helen Pannowitz
R.N., Neuroscience.Cert., Dip.Ns.Ed
Ba.App.Sc(Ns)., Grad.Dip.Hlth.Sc.

Supervisors: Ms Maxine Serrell
Ms Rycki Maltby
Ph: 2738333

APPENDIX L

Congruency Rating Survey

Congruency Rating Survey

*Evaluation of the extent to which the
 Armadale Kelmscott Health Service - Community Nurses Self-Appraisal & Goal
 Setting Guide
 is congruent with the
 Standards of the Australian Council of Community Nursing Services*

1. For the self-appraisal behaviour dimension of “Assessing” I wish to comment upon:

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2. For the self-appraisal behaviour dimension of “Planning” I wish to comment upon:

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3. For the self-appraisal behaviour dimension of “Implementing” I wish to comment upon:

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4. For the self-appraisal behaviour dimension of “Teaching” I wish to comment upon:

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5. For the self-appraisal behaviour dimension of “Evaluating” I wish to comment upon:

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6. For the self-appraisal behaviour dimension of “Professional Behaviour” I wish to comment upon:

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7. For the self-appraisal behaviour dimension of “Communicating” I wish to comment upon:

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Thank you for assisting in this part of the study.

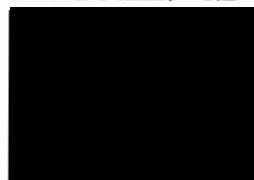
Please forward all the documents in the attached, self-addressed, envelope.

APPENDIX M

Letter to nurses -

Congruency Rating Survey for the Guide and the SACCNS

Helen Pannowitz



Date:

Dear

Re: Study: Evaluation of the Usefulness of a Community Nurses Self-Appraisal and Goal Setting Guide (Guide).

Earlier this year the community health nurses in the Armadale Kelmscott Health Services introduced a performance appraisal instrument (Guide) that focuses on self-appraisal and goal setting. The Guide is an adapted version of the Knox Self-Appraisal & Goal Setting Tool, designed and validated for community health nurses in Alberta, Canada (1983). As part of my application for a Master of Nursing Degree at Edith Cowan University, I am undertaking a study to evaluate the usefulness of the Guide for this group.

The Guide has been also been linked with the Standards of the Australian Council of Community Nursing Service (1993). I am now writing to request your assistance to facilitate the successful completion of this study. One of the research questions aims to identify to what extent the behaviour items of the Guide are congruent with the behaviour items of the Standards. I seek your expertise to assist in effectively meeting this objective.

Attached are copies of the Armadale Kelmscott Health Service Community Nursing Self-Appraisal & Goal Setting Tool and the Standards of the Australian Council of Community Nursing Service (Standards). A "Congruency" Rating Sheet is also attached.

My request of you includes the following:

1. Familiarise yourself with the three documents.
2. You will notice that beside each behaviour item in the Guide is another number.
For example, under the dimension of “Assessing”, the Guide reads:

In assessing the health of the community, I...

- | | | |
|-----|---|------------------|
| 1.1 | incorporate principles of primary health care | _____ 1.2 (**) |
| 1.2 | incorporate policies and planning related to
health promotion and illness prevention | _____ 1.13 (**) |

() These numbers correspond with the nursing behaviour items as stated in the Standards of the Australian Community Nursing Services document.**

For example

1.2 Standard reads: “functions in accordance with legislation and common law affecting nursing practice”.

1.13 Standard reads: “fosters progress towards the goal of ‘health for all by the year 2000’ within a culturally diverse community”.

3. A “congruency rating” column has been added on to the Guide.
Please mark with a tick (✓) in this column whether you consider the Guide’s behaviour item is **“congruent”** or **“not congruent”** with the specific Standard as identified on the Guide.
4. Please make any comments you wish about the Guide that you think is of significance with respect to evaluating the extent of congruency between the Guide and the Standards.
5. Please mail your comments and the documents to me in the attached stamped addressed envelope.

Your involvement in the study will be completely confidential; your response will only be reported by grouped data, with other nurses. A report of the study's findings will be made available to the Armadale Kelmscott Health Service Community Nursing group. A copy of the thesis will also be available in the Edith Cowan University library, Churchlands campus.

Thank you for your cooperation. I believe the outcomes of the study will benefit the community health nurses.

I would be delighted to discuss any aspect of the study with you, so please telephone.

Thank you,

Helen Pannowitz
R.N., Neuroscience.Cert., Dip.Ns.Ed
Ba.App.Sc(Ns)., Grad.Dip.Hlth.Sc.

Supervisors: Ms Maxine Serrell
Ms Rycki Maltby
Ph: 2738333

APPENDIX N

Permission to reprint the Standards of the Australian
Council of Community Nursing Services (1993).

From : CHERWORTH P/L

May. 06. 1996 02:21 PM P02

116

FACSIMILE

To: Ms. Helen Pannowitz

Date: 8th May 1996

From: Nursing Advisory Committee
Australian Council for Community Nursing Services

Subject: Permission to reprint the Standards of the Australian Council for Community
Nursing Services

Permission is (granted) / (~~is not granted~~) _____ for Ms. Helen Pannowitz,
a Master of Nursing student _____ Edith Cowan University, to reprint and use the
Standards of the Australian Council for Community Nursing Services for the purpose, only, of
conducting the proposed study. Acknowledgement and reference will be made on all documents
of the Standards of the Australian Council for Community Nursing Service.

The proposed study aims to evaluate the usefulness of a self-appraisal and goal setting tool for
community health nurses. As part of this study, it is understood that the researcher will invite
expert community health nurses to assess the extent of congruency between the performance
appraisal tool and the Standards.

A copy of the thesis will be available from the Edith Cowan University library, Churchlands
campus.

Signed:

Date: 8.5.96

Title:

PRESIDENT

Australian Council of Community
Nursing Services Incorporated

APPENDIX O

CONGRUENCY ASSESSORS'
ASSESSMENT OF CONGRUENCY
BETWEEN THE GUIDE AND SACCNS
FOR THE DIMENSION OF "ASSESSING".

Appendix O Assessment of Congruency between the Guide & SACCNS - “Assessing” Dimension

Behaviour Item No:	Incongruent with Standard No:	Suggested Changes
B1.1 I incorporate principles of primary health care.	S1.2 Functions in accordance with legislation & common law affecting nursing practice.	No standard specifically addresses Primary Health Care Principles.
B1.2: I incorporate policies & planning related to health promotion & illness prevention.		Add S1.12: Participates in decision making about health care planning, practice, & evaluation.
B1.3: I identify important cultural & ethnic health beliefs, attitudes & behaviours of identified population.		Add S1.12: Participates in activities designed to maintain or improve the quality of nursing care.
B1.8: I assess orientation towards health.		Add S3.5: Collects information which enables the formulation of a comprehensive written data base through assessment & from a variety of other sources.
B1.9: I identify deviations from normal health status.	S3.6 Analyses & interprets the data in order to identify the individual's: - health strengths & resources - health concerns, both actual & potential - expectations of care.	Add S3.4: Identifies significant others & provides the support they require. or Reword B1.9 to better match S3.6.
B1.10: I use screening procedures approved by the agency.	S3.8: In collaboration with the individual implements the plan of care.	Add S3.7: Formulates with the individual a written plan of care which: - addresses health strengths, concerns & expectations. - includes a statement of expected outcomes & selected nursing interventions.
B1.11: I appraise health hazards resulting from occupation.		Reword B1.11 to better explain “health hazards”.

Appendix O cont. Assessment of Congruency between the Guide & SACCNS - “Assessing” Dimension

Behaviour Item No:	Incongruent with Standard No:	Suggested Changes
B1.12: I appraise health hazards resulting from heredity.		<p>Add S3.7: Formulates with the individual a written plan of care which:</p> <ul style="list-style-type: none"> - addresses health strengths, concerns & expectations. - includes a statement of expected outcomes & selected nursing interventions. <p>or</p> <p>Reword B1.12 to better explain “health hazards”.</p>
B1.13: I appraise health hazards resulting from the environment.		Add S3.4: Identifies significant others & provides the support they require.
B1.15: I identify coping mechanisms & abilities.		<p>Add S3.4: Identifies significant others & provides the support they require.</p> <p>Add S3.6 Analyses & interprets the data in order to identify the individual’s:</p> <ul style="list-style-type: none"> - health strengths & resources - health concerns, both actual & potential - expectations of care.
B1.16: I recognise the unique strengths of each client in each situation.		Add S3.4: Identifies significant others & provides the support they require.
B1.17: I identify significant others & provide the support they require.		Add S3.2: Recognises the individual’s right to partnership & enables their active participation in nursing care.

APPENDIX P

CONGRUENCY ASSESSORS'
ASSESSMENT OF CONGRUENCY
BETWEEN THE GUIDE AND SACCNS
FOR THE DIMENSION OF "PLANNING".

Appendix P Assessment of Congruency between the Guide & SACCNS - “Planning” Dimension

Behaviour Item No:	Incongruent with Standard No:	Suggested Changes
B2.1: I assist groups to identify & prioritise their own health needs.		Add S3.1: Acknowledges the individual as an holistic being & the need for nursing care to reflect this belief.
B2.2: I assist the community to attain access to accurate & relevant health information.		Add S2.4: Acts as an advocate to assist individuals to make informed decisions.
B2.3: I work collaboratively with colleagues, other professions, individuals & community groups to improve health awareness.	S2.3: Establishes & maintains effective communication with the health team to achieve co-ordinated care.	Add S2.1: Uses & promotes effective communications. Reword B2.3: to better reflect evidence that collaborative & co-ordinated care will improve health awareness within the community.
B2.4: I develop evaluation/ research strategies to demonstrate the effectiveness of community health programmes.	S1.11: Contributes to nursing research & development of nursing knowledge.	Reword B2.4 or develop an additional behaviour item to better reflect S1.11.
B2.5: I assist client to identify health related goals.		Add S2.1: Uses & promotes effective communications. Add S2.4: Acts as an advocate to assist individuals to make informed decisions. Add S1.4: Acts to maintain the safety of the client/self/others. Add S3.6: Analyses & interprets the data in order to identify the individual's: - health strengths & resources - health concerns, both actual & potential - expectations of care.

Appendix P cont. Assessment of Congruency between the Guide & SACCNS - "Planning" Dimension

Behaviour Item No:	Incongruent with Standard No:	Suggested Changes
B2.6: I verify with client which goals are considered priorities.		<p>Add S3.3: Enhances achievement of optimum self care.</p> <p>Add S3.6 Analyses & interprets the data in order to identify the individual's:</p> <ul style="list-style-type: none"> - health strengths & resources - health concerns, both actual & potential.
B2.7: I assist client to identify learning goals.		Reword B2.7: to better clarify this behaviour.
B2.8: I assist client to identify ways to measure goal achievement.		<p>Reword B2.8: to better clarify this behaviour.</p> <p>Add S2.4: Acts as an advocate to assist individuals to make informed decisions.</p>
B2.9: I plan nursing care that reflects that the client is a holistic being.		<p>Add S2.1: Uses & promotes effective communication.</p> <p>Add S1.3: Acts to protect the rights of the client.</p>
B2.10: I accept accountability for all assignments.		Develop another standard that reflects the function of the nurse's accountability.
B2.13: I organise work in relation to time & location.		Add S2.1: Uses & promotes effective communication..
B2.14: I allow time for completion of records & reports.		<p>Add S1.6: Practicises within own abilities & qualifications.</p> <p>Add S 3.12: Evaluates the effectiveness of the process of nursing care.</p>
B2.15: I advise my supervisor if my caseload becomes unrealistic.		<p>Add S 1.6: Practices within own abilities & qualifications</p> <p>Add S1.8: Evaluates own practice & participates in peer review.</p>
B2.16: I participate in decision making about health care planning, practice & evaluation.		Add S2.1: Complies with the profession's code of ethics.

APPENDIX Q

CONGRUENCY ASSESSORS'

ASSESSMENT OF CONGRUENCY

BETWEEN THE GUIDE AND SACCNS

FOR THE DIMENSION OF "IMPLEMENTING".

Appendix Q Assessment of Congruency between the Guide & SACCNS - “Implementing” Dimension

Behaviour Item No:	Incongruent with Standard No:	Suggested Changes
B3.1: I work with the community to promote health & decrease the risks of illness.		Add S2.1: Uses & promotes effective communication.
		Reword B3.2: I initiate &/or contribute to professional & community activities designed to promote health. - to enhance its measuring ability.
B3.3: I promote wellness by maximising the range of lifestyle choices & informed decisions available to consumers of health care.		Reword B3.3: - to enhance its measuring ability. Add S1.9: Continually updates knowledge & skills.
B3.4: I translate action on a global issues relating to the maintenance of optimal health to the local community.		Reword B3.4: - to enhance its measuring ability. Add S1.15: Interprets nursing & promotes the nursing profession to the community.
B3.6: I support client towards self-directed achievement of goals.		Add S3.2: Recognises the individual's right to partnership & enables their active participation in nursing care. Add S3.5: Collects information which enables the formulation of a comprehensive written data base through assessment & from a variety of other sources. Add S3.6: Analyses & interprets the data in order to identify the individual's: - health strengths & resources - health concerns, both actual & potential.

Appendix Q cont. Assessment of Congruency between the Guide & SACCNS - “Implementing” Dimension

Behaviour Item No:	Incongruent with Standard No:	Suggested Changes
		Add S3.7: Formulates with the individual a written plan of care which: - addressee’s health strengths, concerns & expectations - includes a statement of expected outcomes & selected nursing interventions.
B3.7: I explain all actions prior to performing them.		Add S3.1: Acknowledges the individual as an holistic being & the need for nursing care to reflect this belief.
B3.8: I obtain informed consent for nursing procedures.	S3.2: Recognises the individual’s right to partnership & enables their active participation in nursing care.	Add S1.2: Functions in accordance with legislation & common law affecting nursing practice.
B3.10: I use approved procedures in administering biologicals/medications.		Add S1.5: Acts to rectify unsafe nursing practice or professional misconduct.
B3.11: I appropriately refer client to other professionals.		Reword B3.11: - to enhance its measuring ability. Add S1.3: Acts to protect the rights of the client. Add S1.4: Acts to maintain the safety of the client/self/others. Add S1.6: Practises within own abilities & qualifications.
B3.12: I obtain client’s permission/cooperation prior to referral.		Add S1.2: Functions in accordance with legislation & common law affecting nursing practice.
B3.13: I ensure clear documentation which supports continuity of care.		Reword B3.13: - to enhance its measuring ability. Add S3.10: Records the process of care.

Appendix Q cont. Assessment of Congruency between the Guide & SACCNS - “Implementing” Dimension

Behaviour Item No:	Incongruent with Standard No:	Suggested Changes
B3.13 (b): I coordinate client's use of other helping professionals.		Reword B3.13 (b): - to enhance its measuring ability. Add S3.3: Enhances achievement of optimum self care.
B3.14: I work towards client's best interests when collaborating with other health team members.		Add S2.1: Uses & promotes effective communication.
B3.15: I appropriately refer client to other professionals.		Change S3.14 (it does not exist) to S3.12 Evaluates the effectiveness of the process of nursing care.

APPENDIX R

CONGRUENCY ASSESSORS' ASSESSMENT OF CONGRUENCY BETWEEN THE GUIDE AND SACCNS FOR THE DIMENSION OF "TEACHING".

Appendix R Assessment of Congruency between the Guide & SACCNS - “Teaching” Dimension

Behaviour Item No:	Incongruent with Standard No:	Suggested Changes
B4.1: I identify client readiness to learn.	S2.5: Creates & uses opportunities for learning.	
B4.2: I provide health education related to client goals.	<p>S3.7: Formulates & interprets data in order to identify the individual’s:</p> <ul style="list-style-type: none"> - health strengths & resources - health concerns, both actual & potential - expectations of care. <p>S3.8: In collaboration with the individual implements the plan of care.</p>	
B4.3: I provide current accurate & readily verifiable information.	<p>S3.7: Formulates & interprets data in order to identify the individual’s:</p> <ul style="list-style-type: none"> - health strengths & resources - health concerns, both actual & potential - expectations of care. 	<p>B4.3: Reword to broaden the intention and meaning of this behaviour.</p> <p>Add S1.12: Participates in decision making about health care planning, practice, & evaluation.</p> <p>Add S1.13: Fosters progress toward the goal of “Health for All by the Year 2000” within a culturally diverse community.</p>
B4.4: I adapt the teaching method to suit client needs.	<p>S3.7: Formulates & interprets data in order to identify the individual’s:</p> <ul style="list-style-type: none"> - health strengths & resources - health concerns, both actual & potential - expectations of care. <p>S3.8: In collaboration with the individual implements the plan of care.</p>	
B4.5: I use audiovisual resources, including pamphlets, as a supplement to teaching.	<p>S3.7: Formulates & interprets data in order to identify the individual’s:</p> <ul style="list-style-type: none"> - health strengths & resources - health concerns, both actual & potential - expectations of care. 	Add S3.8: In collaboration with the individual implements the plan of care.

Appendix R cont. Assessment of Congruency between the Guide & SACCNS - "Teaching" Dimension

Behaviour Item No:	Incongruent with Standard No:	Suggested Changes
B4.6: I observe the effect of my teaching (changes in client behaviour, evidence of improved understanding).	S3.9: Evaluates the individual's response to care, significant changes in health status & progress towards expected outcome.	
B4.7: I provide positive reinforcement to client about learning that has occurred.	S2.1: Uses & promotes effective communication.	
B4.8: I accept responsibility as a role model of health habits.	S2.5: Creates & uses opportunities for learning.	No standard adequately reflects this behaviour. Maybe add S1.15: Interprets nursing & promotes the nursing profession to the community.
B4.9: I teach colleagues by sharing new information, ideas & resources.	S2.1: Uses & promotes effective communication.	Add S1.10: Participates in activities designed to maintain or improve the quality of nursing care. Add S1.14: Participates in activities of the profession's organisations. Add S2.3: Establishes & maintains effective communication with the health team to achieve co-ordinated care.
B4.10: I teach colleagues by participating in education of students in health care disciplines.	S2.1: Uses & promotes effective communication.	Add S2.3: Establishes & maintains effective communication with the health team to achieve co-ordinated care. Add S1.8: Evaluates own practice & participates in peer review.

Appendix R cont. Assessment of Congruency between the Guide & SACCNS - “Teaching” Dimension

Behaviour Item No:	Incongruent with Standard No:	Suggested Changes
B4.11: I teach colleagues by participating as teacher/guide in orientation of new staff.	S2.1: Uses & promotes effective communication.	Add S2.5: Creates & uses opportunities for learning.
B4.12: I teach colleagues by acting as a professional role model to demonstrate nursing skills.	S2.1: Uses & promotes effective communication.	Add S1.8: Evaluates own practice & participates in peer review. Add S1.9: Continually updates knowledge & skills

APPENDIX S

CONGRUENCY ASSESSORS'
ASSESSMENT OF CONGRUENCY
BETWEEN THE GUIDE AND SACCNS
FOR THE DIMENSION OF "EVALUATING".

Appendix S Assessment of Congruency between the Guide & SACCNS - “Evaluating” Dimension

Behaviour Item No:	Incongruent with Standard No:	Suggested Changes
B5.1: In evaluating my service to the community I assess the evaluation research data to determine the effectiveness of community health programs.	S1.5: Acts to rectify unsafe nursing practice or professional misconduct.	<p>Add S1.8: Evaluates own practice & participates in peer review.</p> <p>Add S1.6: Practises within own abilities & qualifications.</p> <p>Add 1.10: Participates in activities designed to maintain or improve the quality of nursing care.</p> <p>Add S1.12: Participates in decision making about health care planning, practice, & evaluation.</p>
B5.2: In evaluating my service to the client I assess the accuracy of my initial assessment.	S1.8: Evaluates own practice & participates in peer review.	Add S 3.9: Evaluates the individual’s response to care, significant changes in health status & progress towards expected outcomes.
B5.3: I assess the short-term consequences of my plan of care.	S1.8: Evaluates own practice & participates in peer review.	Add S 3.9: Evaluates the individual’s response to care, significant changes in health status & progress towards expected outcomes.
B5.4: I estimate the long-term consequences of my plan of care.	S1.8: Evaluates own practice & participates in peer review.	Add S3.12: Evaluates the effectiveness of the process of nursing care.

APPENDIX T

CONGRUENCY ASSESSORS'
ASSESSMENT OF CONGRUENCY
BETWEEN THE GUIDE AND SACCNS
FOR THE DIMENSION OF "PROFESSIONAL BEHAVIOUR".

Appendix T Assessment of Congruency between the Guide & SACCNS - “Professional Behaviour” Dimension

Behaviour Item No:	Incongruent with Standard No:	Suggested Changes
B6.2: In furthering my development as a professional I identify my learning needs.	S1.9: Continually updates knowledge & skills.	S1.9: refers to updates knowledge & skills but not “identifies learning needs”
B6.6: I accept responsibility as a role model of health habits.	S2.5: Creates & uses opportunities for learning.	S2.5: refers to only a part of the behaviour. B6.6: is a repeat item of B4.8.
B6.8: I accept opportunities to act as a group leader.	S2.5: Creates & uses opportunities for learning.	No standard adequately reflects this behaviour. Add S1.12: Participates in decision making about health care planning, practice, & evaluation. Add S2.3: Establishes & maintains effective communication with the health team to achieve co-ordinated care.
B6.10: I accept responsibility for recommending improvements in nursing, procedures & policies.	S1.12: Participates in decision making about health care planning, practice, & evaluation.	Add S1.10: Participates in activities designed to maintain or improve the quality of nursing care.
B6.11: I function in accordance with codes of ethics, legislation & common law affecting nursing practice.		Typographical error in relation to B6.11 - there is no Standard 5.11. Add S1.1: Complies with the profession’s code of ethics.
B6.14: I promote community development primarily focusing on advocacy for self determined community self empowered health care.	S2.4: Acts as an advocate to assist individuals to make informed decisions.	

APPENDIX U

CONGRUENCY ASSESSORS' ASSESSMENT OF CONGRUENCY BETWEEN THE GUIDE AND SACCNS FOR THE DIMENSION OF "COMMUNICATING".

Appendix U Assessment of Congruency between the Guide & SACCNS - “Communicating” Dimension

Behaviour Item No:	Incongruent with Standard No:	Suggested Changes
B7.2: I clarify the purpose of the interview.		Add S2.4: Acts as an advocate to assist individuals to make informed decisions.
B7.4: I indicate that information discussed will be confidential.		Add S1.1: Complies with the profession’s code of ethics. Add S1.3: Acts to protect the rights of the client.
B7.10: I verify client’s perceptions of the situation.		Add S2.4: Acts as an advocate to assist individuals to make informed decisions.
B7.11: I assist client to recognise inconsistencies between statements & behaviour.		Add S2.4: Acts as an advocate to assist individuals to make informed decisions.
B7.12: I promote caring & effective interpersonal communication.		Add S2.4: Acts as an advocate to assist individuals to make informed decisions.
B7.14: I respond promptly to communications from others.		Add S2.1: Uses & promotes effective communications.
B7.15: I share client information with client’s consent.		Add S1.1: Complies with the profession’s code of ethics. Add S1.3: Acts to protect the rights of the client.
B7.16: I communicate nursing actions relevant to others involved in client’s care.		Add S1.1: Complies with the profession’s code of ethics.
B7.17: I systematically record baseline data.		Add S3.5: Collects information which enables the formulation of a comprehensive written data base through assessment & from a variety of other sources.
B7.19: I record factors influencing communication.		Add S2.1: Uses & promotes effective communications.

Appendix U cont. Assessment of Congruency between the Guide & SACCNs -
“Communicating” Dimension

Behaviour Item No:	Incongruent with Standard No:	Suggested Changes
B7.20: I record client's current health goals.		Add S 3.7: Formulates & interprets data in order to identify the individual's: - health strengths & resources - health concerns, both actual & potential - expectations of care.
B7.21: I record current nursing plan.		Add S3.7: Formulates & interprets data in order to identify the individual's: - health strengths & resources - health concerns, both actual & potential - expectations of care.
B7.22: I record nursing actions.		Add S3.7: Formulates & interprets data in order to identify the individual's: - health strengths & resources - health concerns, both actual & potential - expectations of care.
B7.23: I record client responses to health education.		Add S3.9: Evaluates the individual's response to care, significant changes in health status & progress towards expected outcomes.
B7.24: I record client response to nursing actions.		Add S3.9: Evaluates the individual's response to care, significant changes in health status & progress towards expected outcomes.
B7.25: I periodically record a summary of client progress.		Add S3.10: Records the process of care.