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Developing a Nursing Peer Review Program for Nurse Leaders

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Abstract

Peer review is described as a best practice in assessing professional competence for all levels of nurses. However, barriers exist in implementing peer review among nurses in leadership roles. Nurse leaders have limited interactions to observe how others manage their units making assessment of professional competence difficult. A gap analysis of peer review in an acute care hospital revealed a need to revise the peer review program for nurse leaders. The American Organization of Nurse Executives list of leadership competencies was used as a framework to revise peer review instruments for the nurse leaders. Each instrument included a self-assessment and peer review component. To address limited opportunities for direct observation, a pod method was created. Leaders met in small groups and self-reported about leadership performance from the previous year. The peers evaluated each other’s accomplishment of goals based on information that was shared. Peer review education was provided to all leaders prior to starting the project. A perception survey was used to evaluate the revised program based on three subscales: comfort and knowledge, satisfaction, and professional development. Independent samples t-test analysis was performed to compare pre-project and post-project means. Results indicated a significant improvement in professional development. Additionally, positive interchanges were observed during pod meetings suggesting a possible mentoring benefit. The revised nurse leader peer review program and tools were perceived as better than the previous program in addressing professional development, facilitating the creation of leadership goals and increasing awareness of leadership development opportunities.
Background and Significance

The American Nurses Association (ANA) first introduced peer review, as a nursing concept, in 1988. The aim was to publicly demonstrate nursing's ability to self-regulate as a profession and promote quality of care. Peer review is defined as a planned effort where peers evaluate the quality and appropriateness of professional practice (American Nurses Association, 1988). While the ANA guidelines for peer review have not been updated, they are still referenced in the literature by healthcare facilities and authors when describing the design of peer review programs (Brann, 2015; Branowicki, Driscoll, Hickey, Renaould & Sporing, 2011; George & Haag-Heitman, 2011; Haag-Heitman & George, 2011a; Haag-Heitman & George, 2011b; Harrington & Smith, 2008; Hitchings, Davies-Hathen, Capuano, Morgan & Benedekovits, 2008; Kenny, Baker, Lanzon, Stevens, & Yancy, 2008; LeClair-Smith, et al., 2016; Morby & Skalla, 2010; Ray & Meyer, 2014).

Rationale for Project

Haag-Heitman and George have performed extensive research and published several articles on peer review in nursing (George & Haag-Heitman, 2015; George & Haag-Heitman, 2012; George & Haag-Heitman, 2011; Haag-Heitman & George, 2011a; Haag-Heitman & George, 2011b; Whitney, Haag-Heitman, Chisholm, & Gale, 2016). They developed a contemporary focus on peer review to maintain standards of nursing practice and care in three areas: quality and safety, role actualization and practice advancement (Haag-Heitman & George, 2011b). These areas intersect and overlap containing an organizational, unit and individual focus (see Figure 1). This structure provides direction and oversight for a comprehensive peer review program.
This contemporary focus was used to perform a gap analysis of organizational peer review programs in a 519-bed acute care hospital (see Appendix A). The organizational process for each focus area was outlined. Each area was compared to the examples in the literature and opportunities were identified (George & Haag-Heitman, 2015). Although all mentioned areas and recommendations are important to be considered for a well-rounded peer review program, improving peer review as part of the evaluation process for nursing leaders was identified as the priority since this impacts ANCC Magnet® re-designation. The American Nurses Credentialing Center (ANCC) Magnet® standard defines peer review as “components of an annual evaluation or performance appraisal by which registered nurses assess and judge the performance of professional peers against established practice or organizational standards” (American Nurses Credentialing Center, 2014). To meet the Magnet® standard, peers at all levels are required to perform peer review as part of the annual performance appraisal in effort to improve professional development. Peer review for nursing leaders was approved to be the focus of this project by the nursing executive leadership.

**Previous process**

The organization’s nursing department performs peer review during the annual evaluation process for nurses. Peers are considered individuals at the same or equivalent level of professional nursing based on job descriptions and codes. However, peer review was not consistently being used during annual evaluations of nursing management. Additionally, managers and directors were not educated on peer review concepts and techniques, leading to ineffective feedback and discomfort in confronting peers about professional practice. This level of management does not regularly observe their peers as they supervise their units and subordinates, making evaluation of leadership skills difficult. The organization used the entire
American Organization of Nurse Executive (AONE) Competency Assessment as their instrument (American Organization of Nurse Executive, 2005). It was long and contained items that leaders were unable to assess during interactions. Finally, the peer review information was not being used to drive professional goal development during the annual evaluation.

**Purpose Statement**

The purpose of this project was to revise and enhance a peer review instrument and process to evaluate midlevel nursing management (defined as managers and directors). For the purpose of this study this group will be referred to as nursing leaders.

**Review of Literature**

In order to identify evidence best practices for revising the program, a search was performed in EBSCOhost, PubMed and Cinhal using key words peer review, peer evaluation, peer assessment, 360 evaluations and performance review for articles dating back to 2005. A total of 27 articles met the criteria (see Table 1). Other literature on peer review related to an evaluation process was descriptive. The American Association of Critical Care Nurses Evidence-Leveling scale was used to evaluate the research (Armola et al., 2009).

**Best Practices**

**Leadership Competencies.** Literature review related to best practices for peer review is centered on two areas leadership competencies and program development. Nursing leadership is a crucial specialty in the healthcare field that requires as much proficiency and competency as is required of nurses in direct care practice (American Organization of Nurse Executives, 2005; Chase, 2010; Cisvic & Frankovic, 2015). Leadership competencies should be congruent with organizational philosophy and supported by Chief Nursing Officers (Durcho et al., 2016; Dusterhoff, Cunningham & MacGeorge, 2012; Ray & Meyer, 2014; Whitney et al., 2016). The
American Nurses Association (ANA) Scope and Standards for Nurse Administration suggest the core role accountabilities for nursing leaders remains the same regardless of the setting, role or title (American Nurses Association, 2009). The core accountabilities listed by the ANA include: safety, quality and risk management, patient and population health advocacy, clinical care delivery and optimal patient outcomes, promoting a healthy work environments, maintaining strategic, financial, and human resource management, legal and regulatory compliance, and networking, partnering, and collaborating.

In 1995, the American Organization of Nurse Executives (AONE) published a position paper on Nurse Executive competencies (American Organization of Nurse Executives, 2005). Competency is defined as verification that required skills and concepts are performed and understood as determined against a standard (Chase, 2010). Through research, a panel of nurse leader experts suggested a set of core competencies that were essential for nursing leaders. These include: communication and relationship building, knowledge of the healthcare environment, professional development, business skills and leadership skills (American Organization of Nurse Executives, 2005). Since then, others have performed studies to measure attributes necessary for effective leadership (Bradley, Maddox, & Spears, 2008; Chase, 2010; Cisvic & Frankovic, 2015; Koopmans, Bernaards, Hildebrandt, deVet, & van der Beek, 2014).

Various tools have been used to measure leadership competency (American Organization of Nurse Executives, 2005; Baxter, 2013; Chase, 2010; Cummings, et al., 2008; Dale et al., 2012; Durcho et al., 2016; Gentry, 2006; Koopmans et al., 2014; Kuzmits, Adams, Sussman & Rabo, 2004; Scarpa & Connelly, 2011; Shaffer, Ganger & Glover, 2011; Sikes, Jestes, LeClair-Smith & Yates, 2015). The research suggests that self-assessment is important to incorporate into peer review and leadership development programs (Bradley et al., 2008; Chase, 2010; Lofman,
Pietila & Haggman-Laitila, 2005; McFadden, 2010; Winslow, 2008). The AONE list of core competencies has been used as a self-assessment to identify areas for potential personal growth and as an instrument to evaluate nurse leaders (Chase 2010, Karas-Irwin & Hoffman, 2014). Chase (2010) developed a leadership assessment tool and validated it against the American Organization of Nurse Executives (AONE) list of leadership competencies. Karas-Irwin and Hoffman (2014) used the AONE leadership competency assessment tool to develop a peer review tool. The adapted tool encompassed 41-43 items and used a four point Likert scale to rate the leaders. Eighteen leaders were included in the pilot. A one-hour education session was conducted on constructive feedback using Watson’s Theory and the revised tool was used during face-to-face peer review sessions. Leadership competencies were evaluated before and after the education sessions. Results demonstrated that the program enabled nurse leaders to develop relationships that provided constructive feedback. It improved professional practice, and encouraged leaders to set achievable goals.

Studies suggest a positive correlation between peer review and professional development (Bleicher et al., 2012; Cisic & Frankovic, 2015; Ivers et al., 2012; Karas-Irwin and Hoffman, 2014; Reistroffer, VanDriel & Barry, 2013; Winslow, 2008). Cummings et al., (2008) conducted a systematic review on factors contributing to leadership. They found that leadership competency could be developed through educational activities. Peer review can help drive competency in leadership skills. However, designing a peer review program is a complex assignment (Cisic & Frankovic, 2015).

**Program development.** An important step in developing a peer review program is designing the process. Experts suggest that stakeholders be included in the program development process (Haig-Heitman & George, 2011b). This promotes ownership and investment in the
process. The program design team should set the parameters for peer review and provide input into a final peer review instrument (Burchett & Spivak, 2014; Gentry, 2006; Karas-Irwin & Hoffman, 2014; Kuzmits et al., 2004; LeClair-Smith et al, 2016; Ray & Meyer, 2014).

The literature also suggests that peer review training be provided to those expected to participate in the peer review process (Burchett & Spivak 2014; Chase, 2010; Kuzmits et al., 2004; McFadden, 2010). Ivers et al (2012) performed a systematic review to evaluate articles that measured the effectiveness of audit and feedback on professional practice in healthcare. They concluded the effectiveness of feedback was correlated to how the feedback was provided and successful feedback was correlated with effective training. Nurse leaders should be educated on the purpose of peer review, how it will be used in their performance evaluation, how to perform peer review providing constructive criticism and what the expectations are for participation.

Consideration for developmental level in the process is also suggested in the literature (Baxter, 2013; Dale et al., 2012; Scarpa & Connelly, 2011). Perceived leadership competence was found to increase with years of experience. Baxter (2013) discovered it took six years for most competencies to reach a proficient level. Dale et al (2013) incorporated the stages in Benners’ theory in a peer review process. In this, the novice is identified as a beginner with no background or previous experience as a nurse leader. The advanced beginner level would still need frequent guidance from a mentor to perform nursing leadership skills. The competent nurse executive has been in the same role or similar situation for a period of time and the focus is on long-range goals. The proficient individual uses maxims, abstract reasoning and inductive processes to guide practice. This level is able to predict and react to potential warning signals (Shirey, 2007).
Hensel, Meijers, van der Leeden and Kessels (2010) studied peer review reliability. They suggest at least six peers are necessary to reach a reliability level of 0.7. Gentry (2006) also used six evaluators in developing a staff peer review program for peri-operative nurses, although other literature records using three peers or less (Burchett & Spivak, 2014). While the use of more than three peers is feasible in staff evaluations, at the management level this may not be possible due to the smaller number of available individuals at this rank (Gentry, 2006).

Measuring the success of the peer review program is important to incorporate in the process. Several researchers used participant satisfaction to evaluate peer review programs and leadership professional development programs (Dupree, Ernst & Caslin, 2011; Durcho et al., 2016; Dusteroff et al., 2012; Kuzmits et al., 2004).

The literature demonstrates, successful programs stimulate professional growth, include stakeholders, fit with the organizational culture, incorporate developmental level and are beneficial in promoting professional communication. Through training, participants should be comfortable with the process and value the feedback provided in the interactions.

Theoretical Framework

The principal theoretical framework guiding this project was Donabedian’s theory. In the quality world, Donabedian has described feedback from professional peers as fundamental in influencing professional behavior and willingness to learn (Donabedian, 1989). Avedis Donabedian is considered the father of modern total quality management (TQM). Donabedian describes an approach to quality through a structure-process-outcomes triad. He believed that complete quality programs require the simultaneous use of all three parameters (Donabedian, 1988). The structure is the foundation and characteristics of the institution. It encompasses the
setting, qualifications, administration structure and operations of programs. Structure variables are often concrete (Donabedian, 2005).

The processes examine how the structure has been applied in terms of appropriateness, acceptability, completeness or competency. Process includes interactions or actions/ changes that bring about a result or impact practice. Process variables are not as concrete as structure and outcome variables. Instruments that assess process variables are categorized under headings such as: communication, knowledge, performance appraisal and quality of care (Donabedian, 2005).

Donabedian defines the outcomes as the end result (Donabedian, 1988). Outcomes can include an improvement or change in function. Outcomes are usually concrete and precisely measured. Instruments that assess outcome variables are categorized under the following headings: patients, health providers and the organizational system (Donabedian, 2005).

Donabedian's theory has been described in the literature as a framework for establishing a peer review program in other organizations and for evaluating peer review tools (Branowicki et al., 2011; Chase, 2010; Harrington & Smith, 2008; Jairus & Walla, 2011). This structure, process, outcome triad is an appropriate foundation to use in developing a peer review process for nurse leaders. In this project, structural components included development of a peer review instrument, educational tools and the peer review program. The ANA guidelines support the structural framework and process for setting up a peer review program. The guidelines recommend that the peer should be someone of the same rank; the evaluation should be practice focused; it should foster a culture of learning, and incorporate the developmental stage of the nurse.

Application of the developed structural components, such as creating a practice and procedures for nurse leaders to perform peer review, was the focus of the process. Education is
necessary to improve skills in performing peer review as well as helping nurses understand the importance of being part of the process. The peer review process should also encourage feedback that drives professional practice.

These structural and process components should produce a desired outcome. In peer review, the peer review instrument, feedback and structural program should enhance professional development. Nurses should use the feedback to develop professional goals. Satisfaction with the structure and process could also measure an outcome.

Methods

Participants and Setting

This project took place in a 519 bed acute care not for profit organization. A convenience sample of all nurse leaders was included (27 nurse managers, 7 house managers and 10 directors). Nurse managers oversee the direct care staff and day-to-day management of one to two patient care areas. They have control over unit level budget; directing and developing staff; collaborating with multidisciplinary professionals; and providing support to patients and their significant others. Nurse directors oversee the nurse managers and nursing operations related to specific service lines within the organization. On the organizational chart, directors are located directly under the Chief Nursing Officer and assist in operationalizing strategic plans, organizational goals, and the hospital mission. They attend executive level meetings to plan, implement and evaluate department level actions, and facilitate the work of the nurse managers.

Intervention

Phase I Assessment of Current Status. The intervention occurred in five phases. The first phase was the assessment of the current program. A brief perception survey was designed to measure nurse leaders comfort, knowledge, and satisfaction with the peer review process and
instruments, as well as the impact of peer review on their professional development (see Appendix B). The survey consisted of 25 four-point Likert scale questions ordered into three subsections: comfort/knowledge in performing peer review; satisfaction with the process, program and instruments; and peer feedback driving professional development. The items were based on the literature including questions previously used to examine other peer review programs and instruments (Dale et al., 2013; Dupee et al., 2011; Lower, 2005; Mantesso, Petrucka & Bassendowski, 2008). Demographic questions were also included to examine education level, leader experience and previous exposure to peer review. Since only two nurse leaders at the organization were male, gender was not included as a demographic question. Participants could indicate if they had not participated in peer review before on the pre-intervention survey. An open-ended question was included to allow respondents to provide suggestions or concerns about peer review.

The assessment survey was performed electronically via Survey Monkey®. Following IRB approval, an e-mail announcement was sent to eligible nurse leaders to announce the purpose of the project, anticipated timeline and expectations. The survey was open for three weeks and a reminder was sent at weekly intervals. The survey was voluntary. Participants were asked to assign themselves a four-digit identification number in an effort to pair pre- and post-survey results following project completion.

**Phase II Peer Review Instrument Development.** In the next phase of the project, a revised peer review instrument was developed. Suggestions from the literature and feedback from the surveys were used to revise the existing peer review instrument for nurse leaders. Because the organization desired to retain the AONE Nurse Executive Competency as a framework for the peer review instrument, Karas-Irwin and Hofmann’s (2014) instrument was
used as a model. This tool was developed by the authors and based on the AONE Nursing Competency Assessment Tool.

Drafts of two instruments were developed, one for the directors and one for the managers. Each tool had two components, a self-evaluation tool and a peer review tool. The manager self-evaluation tool contained the three categories as outlined in the AONE Assessment for Nurse Managers (business, relationships and professional accountability). The self-evaluation tool for the directors contained the five categories as outlined in the AONE Executive tool (communication/relationship, safety/healthcare delivery, leadership/change management, professionalism and business skills).

**Phase III Development of a Peer Review Program.** A focus group for developing the final peer review tool and process was formed. A stratified random selection process was used to choose group members so that different levels of experience and practice areas were represented. A total of four managers and two directors were asked to serve on the focus group. All agreed to participate. Peer review literature and education was provided to the focus group to help them understand the concepts of peer review.

The focus group met two times in the pre-project phase. The goal of the focus group was to gain consensus on the leadership competencies that should be included in the instruments. Competencies from the AONE framework were listed under each of the categories on the self-assessment tools. For the director self-assessment tool, 25 competencies from the AONE Executive tool were included and twenty competencies from the AONE Assessment for Nurse Managers tool were selected for inclusion on the manager self-assessment tool (see Appendix C). The self-assessment tools were set up for the leader to determine their strengths and weaknesses over the last year in each category. They self-rated if they felt they were a novice, competent or
expert on each of the listed leadership competencies within the category. This info would be shared with peers.

The final peer review tools included an area for each of the overall categories to be evaluated (the manager tool had three areas and the director tool had five). The peer review tools did not require a peer to evaluate each individual competency within the category. Fifteen additional questions were included on the peer review instrument. These questions were adapted from the organization’s annual performance evaluation tool that assesses general competencies and values such as communication, teamwork, customer service, accountability, collaboration and optimism. These questions were optional if the leader interacted with their peer in other circumstances that allowed them to evaluate these skills. The peer reviewers would rate the peer as low (performance does not consistently meet expectations), medium (performance consistently met expectations or high (performance exceeds expectations) on all items on the tool.

The focus group also helped design the peer review program parameters. The parameters included: how the feedback was given to the individual being reviewed, how peer reviewers should be selected to do a review, what training should be provided on the tool and if the feedback would be anonymous (Davis, et al, 2009). The program parameters were consistent with the hospital’s theoretical framework, Watson’s Theory of Caring, to assure feedback was appropriate and with the ANA guidelines (American Nurses Association, 2009). To address the limited opportunities to observe a peer during leadership activities, leaders were grouped by title (manager versus director) and placed into pods. A total of 11 manager pods and three director pods were created. Each pod contained three or four nurse leaders of the same rank with varying degrees of experience (less than 5 years, 5-10 years and greater than 10 years). This set up
helped to prevent “pal review” or “punitive review” in which only subjective positive or negative comments are shared with the recipient (Moorer-Whitehead, 2010).

A formal communication plan was developed to provide the target audience with the dates and scope of the project, roles and expectations. An education program was developed to introduce the revised tools, explain the purpose of peer review and go over expectations. The education also addressed fear/anxiety in participating in peer review. This was made available electronically via the organization’s learning management system (LMS) (see Appendix D). Training was also provided to assist leaders in providing constructive feedback to peers. An expert in mediation, familiar with the organizational culture, performed the training during a monthly nurse manager meeting. Additional resources, such as journal articles on peer review, information on the AONE executive tools and leadership development, were also made available in a folder for the nurse leaders to review.

Phase IV Implementation of Revised Program. Following final approval from the CNO, the revised peer review program and instrument were introduced to all nurse leaders (see Table 2 for time line). The new tool was used to conduct nurse leader peer reviews prior to the 2016 annual performance evaluations. In September, each pod met to perform peer review. Prior to the pod meeting, each nurse leader was expected to perform a self-assessment using the self-assessment tool. They highlighted examples of how they met the competencies outlined in each section during the previous year. At the pod meetings, members shared the highlights of their self-assessment focusing on how they met the overall section. Pod members used the new peer review instruments to rate the other members of their pod. They rated each member based on the highlights shared, which the peers believed demonstrated leadership performance and competency from the previous year. Pod members also evaluated the core competencies and
values, included in the additional question section, as appropriate to their interactions with their peers.

The completed peer evaluations were sent directly to supervisors. The focus group felt this degree of anonymity would help peers feel more comfortable in providing honest constructive feedback. Supervisors reviewed the nurse leaders’ self-assessment and the information provided by the peer reviews prior to conducting an annual evaluation. They used the information to evaluate leadership performance and competency demonstrated in the previous year. The nurse leader being reviewed, in conjunction with their supervisor, then used the information to develop professional development goals for the upcoming year. The expectation is that the nurse leader will work on these goals throughout the year and share their progress at the following year’s peer pod meeting.

**Phase V Evaluation.** Following the annual evaluations in November, a post survey was sent to all participants via email. Supervisors were also queried about the revised peer review process, using Likert scale and open-ended questions, to determine if the information obtained on peer review was helpful to them in evaluating the leader’s performance and setting mutual goals for professional development. The focus group was also reconvened to provide direct feedback on the program and instruments.

**Results**

**Structure.** A peer review program, including tools, was successfully designed for the nurse leaders. Ninety-eight percent (n=43) of the nurse leaders participated in a pod meeting to conduct peer review. One nurse manager unexpectedly went on a leave of absence following pod assignments and was not able to participate. Most supervisors received peer review information
prior to annual performance evaluations with 96% of the forms sent to the supervisors as instructed.

Ten supervisors completed the query on the post survey assessing if peer review was helpful in evaluating the leader’s performance and setting mutual goals for professional development. Sixty percent of the supervisors responded that they agreed or strongly agreed that the peer review information was helpful in providing feedback, identifying strengths and developing professional leadership goals. The mean for all three questions was 2.8 on a scale of 1 to 4. One director responded “having inherited a group of seasoned and highly professional managers, I was struggling with how to give them meaningful feedback. The peer comments saved me”.

Analysis was performed to determine if there was a difference in the post-project scores based on years of experience, title or education. There was a statistically significant difference based on education level. In the professional development subscale, the BSN means (M=15.7, SD=2.64) were significantly higher than the MSN or higher means (M=12.69, SD=2.49; t (22) = 2.89, p=.009). The BSN means (M=15.6, SD=1.96) were also significantly higher than the MSN or higher means (M=13.14, SD=2.74, t (20) = 2.1, p=.05) in the satisfaction subscale. A statistically significant difference was also noted in the overall means based on education. The BSN means (M= 51.3, SD=7.7) were statistically higher than the MSN or higher means (M=42.73, SD=8.36, t (17) = 2.26, p=.04) for the overall survey. None of the other results were statistically significant.

Additionally, each completed peer review form was examined to determine if the peer assigned a score to every item listed on the tool. The directors completed all items on the peer review instrument for each person in their pod. The managers did not, skipping some of the items
listed in the additional question section. The areas consistently scored on the manager’s peer review forms were questions on effective communication, identifying ways to improve, and staying calm under pressure. The areas most often skipped were questions regarding commitment, providing oral presentations, supporting organizational goals, and involvement in committees.

The completed self-evaluation tools were also analyzed. There were no trends or opportunities identified on the directors’ self-assessment forms. Most of the nurse managers’ self-assessments scored themselves as a novice in the business subsection, specifically with skills for budgeting and strategic management.

**Process.** Seventy seven percent (n=34) of the nurse leaders received education related to peer review. Fifty nine percent (n=26) of the nurse leaders completed the electronic LMS module, including 14 managers, 4 house managers and 8 directors. Fifty five percent (n=24) of the nurse leaders attended the program on providing constructive feedback, including 18 nurse managers and six directors. Thirty two percent (n=14) completed both educational programs.

**Outcomes.** The perception survey was used to evaluate the outcomes. Sixty seven percent (n=28) nurse leaders participated in the pre-project perception survey (see Table 3). The majority of these participants were managers, had a BSN and greater than 20 years experience. Eight indicated they had never received peer evaluation as part of their performance evaluation and checked “never participated in peer review” on the 25 Likert scale questions.

Fifty five percent (n=24) of the nurse leaders participated in the post-project perception survey (see Table 3). The majority were managers and had 1-5 years of experience. The level of education (BSN to MSN) was equal in this group. The attempt to pair survey responses was unsuccessful as respondents did not recall their self-assigned four-digit number.
Cronbach’s alpha was used to evaluate the reliability of the instrument’s sub scales, as well as to evaluate the overall instrument. All subscales demonstrated acceptable internal consistency, alpha coefficients of .86 for the satisfaction subscale, .82 for the comfort and knowledge subscale and .91 for the professional development subscale. The overall instrument also had good internal consistency with a Cronbach alpha coefficient of .94.

Independent samples t-test were performed to compare the means of the pre-project to the post project scores (Table 4). All “unable to answer responses” were removed from the pre-project scores. The mean scores for professional development increased significantly between pre-project (M=11.2, SD=3.15) and post-project (M=14.1, SD=2.94; t (39) = -2.96, p = .005). The mean scores for the overall variables also increased significantly between pre-project (M=39.7, SD=7.4) and post-project (M=46.3, SD=8.98; t (33) = -2.35, p = .02). There was no significant difference in the satisfaction scores from pre-project (M=12.7, SD=3.1) to post-project (M=14.4, SD=2.6; t (38) =-1.86, p = .07) or in the comfort/ knowledge scores from pre-project (M=16.89, SD=2.84) to post-project (M=17.81, SD=3.4; t (37) =-0.908, p = 0.37).

**Discussion**

This process was designed to revise and enhance a peer review instrument and process to evaluate nurse leaders. The results indicate the revised peer review program and tools for nurse leaders were perceived as better than the previous peer review program in addressing professional development. The scores for professional development increased, suggesting that the revised process was more helpful in creating leadership goals and increasing awareness of leadership development opportunities. This is important for the organization since the Magnet® designation peer review expectation centers on professional development (American Nurse Credentialing Center, 2014). This year, during pod meetings, the leaders will discuss their
progress towards their 2017 professional development goals. The perception survey should be administered again in December and compared to the pre-project scores to check the sustainability and maturation of the revised program.

Nurse leaders do not typically or generally observe how others manage their units as part of their daily routine. Leaders typically interact at a macro level in committee meetings, on special projects and through collaborative efforts to manage patient care. The pod and self-report process was designed to give each participant the opportunity to evaluate another’s leadership skills based on self-reported performance during the previous year. However, the survey scores suggest that there was no change in comfort and knowledge of nurse leaders in regard to evaluating each other’s practice. Although, this finding is not consistent with the literature, it could be due to the limited participation in the education/training (Ivers et al., 2012; Reistroffer et al., 2013). Additional education and training should be provided to increase the comfort level in providing feedback, and to enhance objective appraisals (Ivers et al., 2012; Kent, 2013; Mantesso et al., 2008). McFadden (2010) found that peer review education is successful if the leaders use the skills and knowledge to gain proficiency. Themes from the self-assessment analysis should also be used to create leadership development educational programs (Bradley et al, 2008). For example, this year the identified trends on the self-evaluation assessment related to opportunities in budgeting and strategic management skills among the managers. Professional development offerings in these areas should be created.

Satisfaction with the revised peer review program was also unchanged. However, positive interactions were observed during pod meetings, especially at the manager level. Several of the managers were working on similar goals as members of their pods or were in pods with people that had experience in their identified goal area, who could offer suggestions for
improvement. This might suggest the pod process would be beneficial in creating mentoring relationships, especially among the managers. In the future, pods could be grouped according to identified development goals. This would allow parameters to be set for desired levels of accomplishment, making the peer appraisal process less subjective.

The pre-project focus group members met again after project completion to provide feedback. The team suggested changing the language on the self-evaluation tools to low, medium, and high instead of novice, competent, expert. They stated leaders were not comfortable in rating themselves as experts. They also recommended adding role-playing scenarios to the training so leaders could see proper ways to provide feedback. Although this concept has not been mentioned in the peer review literature, role-playing has been successful in cultivating skills to tackle tough conversations in other literature (Hunter & Shaw, 2016).

The only expense noted with this project was time spent in meetings and training. However, all nurse leaders are salaried and events occurred during regular work hours, so piloting a similar project in other organizations or continuing it in this organization would be cost neutral.

**Limitations**

Several limitations to this project can be identified. First, providing feedback to peers can be difficult. The major barrier to peer review identified in the literature is that nurses do not feel comfortable confronting a peer about their practice. This is consistent with the literature (Briggs, Heath & Kelley, 2006; Davis et al., 2009; Haag-Heitman & George, 2011a; Harrington, 2008; Lofman et al., 2005; Mantesso et al., 2008; Padgett, 2013; Stonehouse, 2013). Although training was offered and participants were educated about peer review, participation in the education was limited. Possible reasons include distribution of information was via an e-mail list that was
incomplete and provision of one educational offering during a nurse manager meeting, which some of the eligible nurse leaders do not regularly attend. The education should be mandatory in the future.

Second, although clear instructions were provided in multiple e-mail communications and during both education sessions, participants struggled with completing all steps of the process. Several reminders had to be sent to drive accountability in setting up pod meetings and to return completed forms to supervisors. In the future, an executive level nursing team or hospital department, such as Human Resources, should be assigned to oversee the program, manage pods membership, ensure new leaders receive peer review orientation, and drive accountability in the process.

Third, the supervisors were confused on how to align the professional development goals, created by using peer review and self-assessment of leadership competencies, with the pre-determined organizational goals set by Human Resources that are currently part of every leaders’ evaluation. Some supervisors used the information to set separate professional development goals and some focused mainly on the regular annual evaluation goals set by Human Resources. The professional development goals based on leadership competencies should be incorporated in the regular annual evaluation tool, to decrease confusion. Support should be offered to help supervisors incorporate the process.

Also it was difficult for the peers to provide effective feedback since the process did not go through a full cycle. The information that was shared by each member during the pods meetings in September was based on a self-assessment of performance during the previous year. Peers did not evaluate actions taken to accomplish predetermined professional development goals. This year in September, the leaders will have the opportunity to fully evaluate how their
peers progressed toward meeting professional leadership goals that were developed during the 2016 annual evaluations. It would be beneficial to repeat the perception survey following the November evaluations.

**Conclusion**

The revised process is a platform for improving peer review processes, tools and feedback in other levels of nursing within the organization and potentially at the system level. As licensed professionals, nurses are accountable for their actions, decisions and outcomes. Nursing leadership is a crucial specialty in the healthcare field. It requires proficiency and competency (American Organization of Nurse Executives, 2005). The ultimate goal of a peer review process is to empower co-workers to hold each other accountable for their practice (Burchett & Spivak, 2014). As role models, midlevel leaders should be comfortable in providing feedback to peers about professional practice to promote a culture of safety. Developing an effective peer review process encourages open dialogue among midlevel nursing management, enhancing the professional practice environment and professional interchange at the leadership level.
References


Model for Peer Review

Figure 1 Haag-Heitman, & George (2011b) Contemporary focus for peer review used to align the specific focus area or peer review with the roles and accountabilities of shared governance.
Appendix A: Results from gap analysis of current peer review structures using the contemporary peer review model.

<table>
<thead>
<tr>
<th>Model Focus</th>
<th>Current Processes</th>
<th>Recommended Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quality and Safety</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goals are set by Nursing Management and Quality/ Safety Councils. Nursing strategic plan defines quality metrics.</td>
<td>Executive Quality Council (EQC) and Nurse council sets goals for the organization. Nursing strategic plan has quality goals and metrics.</td>
<td>Outline peer review for EQC. Include peer review as a process to meet quality goals in the Nursing strategic plan.</td>
</tr>
<tr>
<td>Unit specific safety issues</td>
<td>Nursing Quality Council (NQC) reps manage unit level nurse sensitive indicators on outcomes reports. Root cause analysis is performed where appropriate. Clinical outcomes nurses and managers perform rounding on specific measures with peer-to-peer feedback.</td>
<td>Assure quality representation in all nursing units. Coordinate impact of corporation quality initiatives. Incorporate more staff nurses in the RCA assessments; Make sure practices are compared to national standards.</td>
</tr>
<tr>
<td>Organizational safety processes</td>
<td>Incident debriefing- fall huddles, Behavioral Health Violent restraints NQC monitors. CAUTI/CLABSI case review</td>
<td>Teach and incorporate peer-to-peer feedback in NQC monitoring.</td>
</tr>
<tr>
<td><strong>Role Actualization</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional development</td>
<td>Peer evaluation is used in performance evaluation. Medical record review (MRR). Nursing Project Oversight evaluation of EBP/ Research abstracts and proposals</td>
<td>Refine tools to focus on professional development, Assure all levels of nursing perform; Base on role and developmental level. Evaluate MRR tool and process to improve nursing documentation. Refine abstract submission process.</td>
</tr>
<tr>
<td>Model Focus</td>
<td>Current Processes</td>
<td>Recommended Improvement</td>
</tr>
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<td>---------------------</td>
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<td>----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Orientation</td>
<td>Performance feedback is provided in orientation. Preceptor course is available. Peer interview.</td>
<td>Assess and standardize unit level orientation. Evaluate preceptor resources and regulate training.</td>
</tr>
<tr>
<td>Practice Advancement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Credentialing/Privileging</td>
<td>Licensing is monitored by human resources and the legal department. Credentialing Advance practice nurses (APN). Policies &amp; procedures (P &amp; P) outline practice parameters. Staff nurses participate in P &amp; P.</td>
<td>Assure staff nurse representation on P &amp; P represents the appropriate area and professional organization positions.</td>
</tr>
<tr>
<td>Competency</td>
<td>Competency plan drive skills check offs. Annual clinical reasoning course. APN meet monthly for case review.</td>
<td>Add clinical reasoning to competency plans. Assimilate and summarize outcomes of clinical reasoning and APN findings. Present results to staff nurses.</td>
</tr>
<tr>
<td>Clinical ladder</td>
<td>Specialty certification is monitored by the education council and professional development department. Goals are included at the unit level] Staff nurse II &amp; III clinical ladder programs</td>
<td>Incorporate novice to expert developmental levels in clinical ladder guidelines. Consider opening clinical ladder program to other levels of nurses.</td>
</tr>
</tbody>
</table>
Appendix B: Survey Instrument Tool

You are being invited to answer the following e-survey about satisfaction with the peer review process and instrument of nurses in mid level management. There are no risks or penalties for your participation in this research study but your participation may or may not benefit you directly. The information learned in this study may be helpful to others. The data you provide will be used to measure program revisions and to revise the current peer review process and instrument. The questionnaire will take approximately 10 minutes time to complete. Your completed questionnaire will be stored within the organization. Individuals from the school of nursing and the Bellarmine University Institutional Review Board may inspect these records. In all other respects, however, the data will be held in confidence to the extent permitted by law. Should the data be published, your identity will not be disclosed.

Please remember that your participation in this study is voluntary. By completing the e-survey, you are voluntarily agreeing to participate. You are free to decline to answer any particular question that may make you feel uncomfortable or which may render you prosecutable under law.

You acknowledge that all your present questions have been answered in language you can understand. If you have any questions about the study, please contact Holli Roberts MSN, RN (hroberts@bellarmine.edu). If you have any questions about your rights as a research subject, you may call the Institutional Review Board (IRB) office at 502-272-8032. You will be given the opportunity to discuss any questions about your rights as a research subject, in confidence, with a member of the committee. This is an independent committee composed of members of the University community and lay members of the community not connected with this institution. The IRB has reviewed this study.

Sincerely,

Holli Roberts

Use the four Point Likert scale (1= Strongly Disagree, 2=Disagree, 3=Agree and 4=Strongly Agree, 0=Unable to answer/ have not participated in peer review) to evaluate your satisfaction with the current annual peer review process used to measure your performance as a nurse leader (defined as nurse managers and directors of nursing). Peer review was last performed for the nurse leaders in 2013.

Satisfaction
1. The peer review tool for nurse leaders measures professional growth.
2. The peer review tool for nurse leaders is comprehensive.
3. Overall, I am satisfied with the way peer review for nurse leaders are conducted.
4. The tools used for peer review of nurse leaders capture the most important parts of my practice as a nurse leader.
5. The feedback provided in my annual peer review is nonbiased.

Professional Development
6. My most recent peer review helped me to improve my performance as a leader.
7. Peer review increases my ability to reflect on my practice as a nurse leader.
8. I receive constructive feedback from the annual peer review process.
9. The annual peer review for nurse leaders provided me with feedback that I can use to make specific improvement in my practice.
10. The feedback provided in peer review has increased my motivation to change specific behaviors.
11. The feedback provided during peer review increased awareness of my developmental needs.
12. The feedback provided in peer review for nurse leaders included specific examples and concrete evidence.
13. The feedback provided during peer review has led to specific improvements in team skills.
14. The feedback provided during peer review has led to specific improvements in resolving interpersonal conflicts.
15. The feedback provided during peer review has led to specific improvements in developing my subordinates.
16. The feedback provided in my annual peer review includes suggestions for professional development goal to achieve next year.
17. The feedback provided in my annual peer review helped me to develop professional development goals for next year.

Comfort and Knowledge
18. The peer review instrument for nurse leaders is easy to use.
19. The peer review tool for nurse leaders is objective.
20. I understand the purpose of peer review for nurse leaders.
21. I feel comfortable reviewing the practice of my peers.
22. The purpose of peer review was clearly defined.
23. The peer review instrument captures the hospitals strategic objectives.
24. Participants should be formally trained in order to improve fairness, accuracy and clarity of feedback provided during peer review.
25. The peer review tool for nurse leaders, allows me to identify the person’s major contributions to a team.

26. Please provide suggestions for improving the current process or instrument for performing peer review on nursing mid-level management.

Demographic Information:

Highest educational level
- BSN
- MSN
- MS-Other
- PhD
- DNP
- Doctorate-Other

Years of experience as a nurse leader
- <1
- 1-5
- 6-10
What was the year of the last peer review you received?

How many nursing peer reviews have you participated in? If yes, were you a nurse leader at that time?
## 2016 Leader - Manager: Professional Practice Self Assessment Tool

<table>
<thead>
<tr>
<th>Name: _______________________________</th>
</tr>
</thead>
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**Key:** NOVICE  COMPETENT  EXPERT  

<table>
<thead>
<tr>
<th>Self Score</th>
<th>Notes areas of strength versus areas of opportunity</th>
</tr>
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</table>

### THE SCIENCE-MANAGING THE BUSINESS: FINANCIAL MANAGEMENT; HUMAN RESOURCE MANAGEMENT; PERFORMANCE IMPROVEMENT; FOUNDATIONAL THINKING; INFORMATION TECHNOLOGY

#### 1. Unit-/department – based budgeting – includes preparing, monitoring and interpreting a budget according to finance department guidelines

#### 2. Recruitment and Interviewing techniques:  
• Includes an understanding of institution’s recruitment strategies and initiatives, various alternatives, competition, marketing of facility/unit/department

#### 3. Performance Improvement-Monitoring and trending unit-based quality initiatives

#### 4. Patient safety – includes sentinel event monitoring and reporting, root cause analysis, The Joint Commission requirements, incident reporting, medication safety policy procedures

#### 5. Workplace safety – includes knowledge of regulatory requirements (Department of Public Health, The Joint Commission, OSHA, etc.); support a non-punitive reporting environment

#### 6. Foundational thinking- Decision making skills includes the use of data-driven decision-making profiles and models

#### 7. Technology- Understanding of the effect of information technology on patient care and delivery (including processing charges, billing, staff scheduling, reducing work load).

#### 8. Project management-understanding roles, timeliness, milestones and resource utilization; ability to develop or participate in the development of a project plan
<table>
<thead>
<tr>
<th>9</th>
<th>Strategic Management-Developing operational plans to accomplish the strategic plan</th>
</tr>
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<tbody>
<tr>
<td>2017 Goal</td>
<td><strong>MANAGING THE BUSINESS GOAL(S)</strong></td>
</tr>
<tr>
<td><strong>THE ART-LEADING THE PEOPLE: HUMAN RESOURCES; RELATIONSHIP MANAGEMENT; DIVERSITY; SHARED DECISION MAKING</strong></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Performance management – includes employee annual evaluation, goal setting, continual performance development, “crucial conversations”, corrective action and disciplinary processes, and termination; conflict management.</td>
</tr>
<tr>
<td>11</td>
<td>Employee development – includes employee education/needs assessment, education programming, and competency assessment (recommendations and development); interpreting and evaluating employee satisfaction survey; Support employees during times of difficult transitions.</td>
</tr>
<tr>
<td>12</td>
<td>Mentoring–includes modeling behaviors of leadership and developing employees as mentors; Collaborate in nursing research and incorporate nursing research into practice</td>
</tr>
<tr>
<td>13</td>
<td>Communication skills – includes active listening, feedback, inquiry, and validation in determining needed patient care services; The presences of trust, respect and good communication among colleagues; Promoting intradepartmental/interdepartmental communication; Presentation skills both written or oral.</td>
</tr>
<tr>
<td>14</td>
<td>Team dynamics – understanding the functions of group process; ability to facilitate effective groups, both for nursing and interdisciplinary/multidisciplinary groups</td>
</tr>
<tr>
<td>15</td>
<td>Diversity/Cultural competence – includes understanding the components of cultural competence as they apply to the workplace</td>
</tr>
<tr>
<td>16</td>
<td>Shared decision making–Includes understanding the structure and processes of shared governance at organizational and unit level. Implements and supports shared decision-making structures and processes on the unit</td>
</tr>
<tr>
<td>2017 Goal</td>
<td><strong>LEADING THE PEOPLE GOAL(S) FOR 2017</strong></td>
</tr>
<tr>
<td></td>
<td>CREATING THE LEADER WITHIN: PERSONAL/PROFESSIONAL ACCOUNTABILITY; CAREER PLANNING; REFLECTIVE PRACTICE</td>
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<tr>
<td>17</td>
<td>Personal growth and development – includes education advancement, continuing education, career planning, and annual self-assessment and action plans</td>
</tr>
<tr>
<td>18</td>
<td>Professional association involvement – includes membership and involvement in an appropriate professional association that facilitates networking and professional development</td>
</tr>
<tr>
<td>19</td>
<td>Certification – achieving certification in an appropriate field/specialty</td>
</tr>
<tr>
<td>20</td>
<td>Committed to being a life long learner – creating a constant state of learning for the self, as well as an organization</td>
</tr>
</tbody>
</table>

Adapted from the AONE Nurse Manager Skills Inventory Tool 2006/7-2016
## 2016 Leader - Manager: Peer Review Tool

<table>
<thead>
<tr>
<th>Name of person being reviewed: ___________________________</th>
<th>Date of Meeting ____________________</th>
<th>Peer Reviewer __________________________</th>
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</table>

Provide feedback on the self evaluation and professional goals | Peer Review Score | Comments (Identify areas of strength and areas of opportunities) |
<table>
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<tbody>
<tr>
<td>Provide feedback on the self evaluation and professional goals</td>
<td>Peer Review Score</td>
<td>Comments (Identify areas of strength and areas of opportunities)</td>
</tr>
<tr>
<td>THE SCIENCE: MANAGING THE BUSINESS</td>
<td>Key: LOW MEDIUM HIGH</td>
<td></td>
</tr>
<tr>
<td>THE ART: LEADING THE PEOPLE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>THE LEADER WITHIN: CREATING THE LEADER WITHIN YOURSELF</td>
<td></td>
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</tbody>
</table>

### Provide feedback on the CORE COMPETENCIES and VALUES

- Make oral presentations to diverse audiences on nursing, health care and organizational issues
- Follow through on promises, deadlines and commitments
- Customer service oriented; Provide service recovery to dissatisfied customers; Connects with others
- Assert views in non-threatening, non-judgmental ways; aware of non-verbal and verbal communication
- Open, honest & direct communications; flexible, willingness to entertain other ideas; sincere and transparent; Active listener
- Cultural awareness/ diversity and inclusion
- Support organizational goals; Enthusiastic about what needs to be accomplished
- Optimism; Responds positively to change
- Keeps calm under pressure
| Role model and promote the perspective that patient- and family-centered care is the core of the organization’s work |
| Consistently looks for ways to improve |
| Works effectively with team members to accomplish goals; Treats all group members as equals; Champions culture of inclusiveness; |
| Committee involvement (include huddle); Demonstrates cooperation |
| Shows appreciation/ celebrate wins/ recognizes others who have done a good job |
| Interprofessional support; works with others in a collaborative way |

**Key:**
- Low-Performance not consistently meeting expectations
- Medium-Performance consistently met expectations. Quality of work was good
- High- Performance exceeded expectations resulting in superior quality of work

Adapted from the AONE Nurse Manager Skills Inventory Tool 2006/7-2016
# 2016 Leader - Director: Professional Practice Self Assessment Tool

**Name:** ________________________________

<table>
<thead>
<tr>
<th>Key: NOVICE</th>
<th>COMPETENT</th>
<th>EXPERT</th>
<th>Self Score</th>
<th>Notes areas of strength versus areas of opportunity</th>
</tr>
</thead>
</table>

**COMMUNICATION AND RELATIONSHIP BUILDING:**
- RELATIONSHIP MANAGEMENT;
- DIVERSITY;
- COMMUNITY INVOLVEMENT;
- MEDICAL STAFF RELATIONSHIPS;
- ACADEMIC RELATIONSHIPS

| 1 | Build trusting, collaborative relationships with employees, peers, customers and other healthcare departments |

| 2 | Assess current environment and establish indicators of progress toward cultural competency |

| 3 | Represent the organization to non-healthcare constituents of the community |

| 4 | Represent nursing at medical staff committees; Collaborate with medical staff leaders in determining needed patient care services |

| 5 | Identify educational needs of existing and potential nursing staff; Collaborate in nursing research and incorporate nursing research into practice |

**2017 Goal**

**COMMUNICATION AND RELATIONSHIP BUILDING GOAL(S) FOR 2017**

**KNOWLEDGE OF THE HEALTH CARE ENVIRONMENT:**
- DELIVERY MODELS;
- GOVERNANCE;
- EBP/OUTCOME MEASUREMENT;
- PATIENT SAFETY

| 6 | Maintain current knowledge of patient care delivery systems and innovations |

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<table>
<thead>
<tr>
<th>7</th>
<th>Support shared governance at the organizational, division, and unit level; Ensure that all disciplines are actively involved in decisions that affect their practice.</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Utilize research findings for establishments of standards and incorporating the findings into practice. Advocate the use of documented best practice.</td>
</tr>
<tr>
<td>9</td>
<td>Support and participate in the organization-wide quality and patient safety program. Monitor clinical activities to identify both expected and unexpected risks.</td>
</tr>
<tr>
<td>10</td>
<td>Support a non-punitive reporting environment; supporting a reward system for reporting unsafe practices.</td>
</tr>
<tr>
<td>11</td>
<td>Articulate the organization’s QI program and goals; Explain and utilize metrics as a unit of measure for any process.</td>
</tr>
</tbody>
</table>

**2017 Goal**

**KNOWLEDGE OF HEALTHCARE ENVIRONMENT GOAL(S)**

**LEADERSHIP SKILLS: FOUNDATIONAL THINKING; PERSONAL JOURNEY; SUCCESSION PLANNING; CHANGE MANAGEMENT**

| 12 | Provide visionary thinking on issues that impact the health care organization; Translate strategic priorities into operational reality. |
| 13 | Demonstrate the value of life long learning through one's own example. |
| 14 | Conduct periodic organizational assessments to identify succession planning issues and establish action plans. Develop a succession plan for one's own position. |
| 15 | Serve as a professional role model and mentor to future leaders. |
| 16 | Support employees during times of difficult transitions. |

**2017 Goal**

**FOUNDATIONAL THINKING SKILLS GOAL(S)**

**PROFESSIONALISM: PERSONAL AND PROFESSIONAL ACCOUNTABILITY; CAREER PLANNING; ETHICS; ADVOCACY**
<table>
<thead>
<tr>
<th></th>
<th>PROFESSIONALISM GOAL(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Create an environment that facilitates the team to initiate actions that produce results</td>
</tr>
<tr>
<td>18</td>
<td>Create an environment wherein professional and personal growth is an expectation</td>
</tr>
<tr>
<td>19</td>
<td>Role model and promote the perspective that patient- and family-centered care is the core of the organization’s work; Seeks out learning opportunities that enable professional growth</td>
</tr>
<tr>
<td>20</td>
<td>Participate in at least one professional organization; Maintain professional certification</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>BUSINESS SKILLS GOAL(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017 Goal</td>
<td>BUSINESS SKILLS: FINANCIAL MANAGEMENT; HUMAN RESOURCE MANAGEMENT; STRATEGIC MANAGEMENT; INFORMATION TECHNOLOGY</td>
</tr>
<tr>
<td>21</td>
<td>Analyze financial statements and makes decisions based on variances</td>
</tr>
<tr>
<td>22</td>
<td>Reward and recognize exemplary performance</td>
</tr>
<tr>
<td>23</td>
<td>Interpret and evaluate employee satisfaction surveys</td>
</tr>
<tr>
<td>24</td>
<td>Formulate objectives, goals and specific strategies planning related to quality initiatives and organization’s mission and vision. Recognize the relevance of nursing data for improving outcomes</td>
</tr>
<tr>
<td>25</td>
<td>Utilize hospital database management ’ decision support to access information and analyze data for planning patient care processes and systems</td>
</tr>
</tbody>
</table>

Adapted from the AONE Nurse Executive Competencies Assessment Tool 2011/ 7-2016
# 2016 Leader - Director: Peer Review Tool

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<td>Key: LOW MEDIUM HIGH</td>
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</tbody>
</table>

## Provide feedback on the self evaluation and professional goals

<table>
<thead>
<tr>
<th>COMMUNICATION AND RELATIONSHIP BUILDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>KNOWLEDGE OF THE HEALTH CARE ENVIRONMENT</td>
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<tr>
<td>LEADERSHIP SKILLS</td>
</tr>
<tr>
<td>PROFESSIONALISM</td>
</tr>
<tr>
<td>BUSINESS SKILLS</td>
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## Provide feedback on the CORE COMPETENCIES and VALUES

- Make oral presentations to diverse audiences on nursing, health care and organizational issues
- Follow through on promises, deadlines and commitments
- Customer service oriented; Provide service recovery to dissatisfied customers; Connects with others
- Assert views in non-threatening, non-judgmental ways; aware of non-verbal and verbal communication
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<tr>
<th>Support organizational goals; Enthusiastic about what needs to be accomplished</th>
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<td>Optimism; Responds positively to change</td>
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</tr>
<tr>
<td>Role model and promote the perspective that patient- and family-centered care is the core of the organization's work</td>
<td></td>
</tr>
<tr>
<td>Consistently looks for ways to improve</td>
<td></td>
</tr>
<tr>
<td>Works effectively with team members to accomplish goals; Treats all group members as equals; Champions culture of inclusiveness;</td>
<td></td>
</tr>
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<td>Committee involvement (include huddle); Demonstrates cooperation</td>
<td></td>
</tr>
<tr>
<td>Shows appreciation/ celebrate wins/ recognizes others who have done a good job</td>
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Adapted from the AONE Nurse Executive Competencies Assessment Tool 2011/7-2016
Enhancing Professional Accountability through Nurse Leader Peer Review

Hollie Roberts MSN RN DNP-G

Nursing as a profession needs peer review

- Professional Accountability
  - Theorist Ronald Pavaiko (1988) outlined characteristics that are the cornerstone of a profession including members control. Nursing peer review allows the discipline to self-organize and have control over the profession. Physicians conduct peer review as part of their ongoing professional practice evaluation. Nurses should be held to the same standards as others in healthcare.

What is nursing peer review?

- ANA describes peer review in nursing as "the process by which practicing RNs systematically assess, monitor, and make judgments about the quality of nursing care provided by peers as measured against professional standards of practice."

(American Nurses Association, 1988)
ANA support for peer review

- **ANA Code of Ethics (2011)**
  - Focus on maintaining standards of nursing practice in three focus areas: Quality, Safety, Reliability, Actualization, and Practice Advancement.
  - Suggest peer review is one mechanism by which nurses are held accountable for practice.

- **ANA Nursing Administration Scope and Standards of Practice (2009)** statement on professional practice evaluation: Nurses should
  - Engage in self-evaluation of practice on a regular basis.
  - Obtain informal and formal feedback regarding performance from professional colleagues.
  - Participate in systematic peer review of others.
  - Interact with peers and colleagues to enhance own professional nursing practice.

Background

- Based on professional standards of practice, peer review evolved in nursing as a way to drive performance.
- Originally the focus was on clinical practice to improve systems and reduce negative events.
- As the role of the leader expanded, the focus of peer review expanded to include clinical leaders.
- How can leaders expect clinical nurses to provide peer feedback unless they are comfortable with this practice?

Peer review also aligns with our Professional Practice Model

- Interdisciplinary Collaboration
- Clinical Excellence
- Accountability
- Professionalism
- Optimal Outcomes

Support for peer review of nursing leaders

- **Nursing’s Social Policy Statement: The Essence of the Profession (2010)** “Nurses regulate their own practice by participating in peer review. Continuous performance improvement fosters the refinement of knowledge, skills, and clinical decision-making processes at all levels and in all areas of professional nursing practice”.

- The Magnet Recognition Program standards also support the need for nurse leader peer review.
  - EP 15 Nurses at all levels engage in periodic formal performance review that includes self-appraisal and peer feedback process for assurance of competence and continuous professional practice.
ANA Peer Review Guidelines

- The ANA published guidelines in 1989 that are still applicable today and widely used in nursing peer review research and program development.
- Principles:
  - A peer is someone of the same rank.
  - Peer review is practice-focused.
  - Feedback is timely, routine, and a continuous expectation.
  - Peer review fosters a continuous learning culture of patient safety and best practice.
  - Feedback is not anonymous.
  - Feedback incorporates the nurse’s developmental stage.

Value of professional feedback

- Supervisors do not always know all the conditions that impact your practice.
- Peers are in a better position to evaluate your situation because they practice in similar situations.
- Research has shown, peer feedback is more powerful in changing behaviors that feedback from a supervisor.
- Peer feedback gives you the opportunity to develop relationships with your co-workers.
- Letting people know what they are doing well and what they can do even better.

What is the goal of peer review during performance evaluation?

- Peer review should be a journey of reflection, self-awareness, and growth.
- Peer review should be conducted in a way that is empowering and positive.
- It should also help the individual keep track of personal improvements and stay on track with career goals.
- The annual evaluation often lacks feedback from the nurse’s peer to allow for professional development.
- Increase professionalism, performance and enhance professional feedback.
- It should allow us to build our trust and relationship with peers.

(Haag-Hiltman & George, 2011a)

Barriers to peer review as part of the annual performance

- However, peer review can cause anxiety and apprehension in both in providing and receiving feedback.
  
  (Mantessa, Petrucka, & Passendowski, 2006)
- Reviewers often worry the feedback may be received as criticism. This may lead to subjective or unconstructive feedback.
Leaders have unique challenges in performing peer review

- Leaders do not work side by side to be able to provide reliable feedback on daily performance practices.
- Other interactions are limited or minimal (i.e., serving on a committee).
- Expected performance as a leader can vary based on the setting, situation, and developmental level.

Overcoming general barriers to nursing peer review

- Nursing leaders should create an environment that is consistent with values of the profession and encourages respectful interactions with colleagues.
- Infuse Watson’s theory into nursing peer review.
  - To build a caring moment with the goal to make this opportunity for professional feedback a trusted and valuable approach.
  - To create a genuine teaching-learning experience so the feedback is worthwhile and leads to professional development.

BH Lou leader opinion

- The recent survey on peer review for leaders revealed:
  - AONE tool was viewed as useful in evaluating competencies but most suggested it needed to be simplified for peer review.
  - Most were dissatisfied with the current process.
  - Peers are unaware of peer performance based on limited interactions or opportunity to view performance.
  - Majority felt the current process did not increase awareness of developmental needs, improve performance as a leader or help the individual develop professional goals.
  - Concrete examples are not provided in the current process.
  - Most understood the purpose of peer review and felt comfortable providing feedback to peers.
  - Most agreed peer review education is needed.

A Human Caring Approach

- The Caritas Process is the blueprint for foundational guiding principles.
- Interactions should be framed to value a caring and therapeutic relationship where nurses can grow professionally.
- Focus only on peer’s practice.
- Use active attentive listening.
- Be non-judgmental; general respect is required.
- Move away from emotion and focus on fact.
- Remember we do not see ourselves as others see us. So be open to other’s feedback to improve.
TIPS

- Make your feedback straightforward and honest. You hinder your colleague’s development if you censor your words, omit feedback, or diminish the real interaction that you have with the employee. What should the peer do more of? What should they do less of?
- Provide examples that illustrate your most important points. Your feedback will most help your colleague if you can provide an example that helps their supervisor understand your point. Saying that John is a poor meeting leader is not as helpful as saying that when John leads meetings, people talk over each other, the meetings go over their scheduled time, start late, and rarely have an agenda.

Examples of feedback

- Not helpful
  - “Good example”
- Helpful
  - “John provided a good example of using leader rounding as a step in accomplishing his goal to improve the patient experience. I feel it could be better if he consistently incorporated AIDET skills when he performs leader rounding.”

TIPS

- Don’t worry that what you say will cause bad things to happen to your coworker. The supervisor is looking for patterns that he or she can share with the employee. Your feedback is only one piece.
- Use the experience as a chance to think about your own contributions and behaviors. As you think about your coworker’s performance and interaction, use it as an opportunity to examine similar actions and habits that you may have that people love or hate. You’re sure to find some commonalities with your coworker. It’s a great opportunity to look at yourself and think about what you could do to improve.

Examples of feedback

- Not helpful
  - “Great job”
- Helpful
  - “Even though I would not have approached it that way, it was an interesting concept. Perhaps you could try this step in reaching your goal…”
Examples of feedback

- Not helpful
  - "That was awful"

- Helpful
  - "I think in order to achieve a high level of performance in this area, you need to look at more steps. Perhaps you could look at a different method or approach. Is there any research in this area on what could be incorporated?"

Examples of feedback

- Not helpful
  - "Did not achieve goal"

- Helpful
  - "Comparing this to the assessment criteria, John did not incorporate support for non-punitive environment in his steps toward achieving workplace safety."

BH Lou tools to assist leaders in providing professional feedback

- Emotional Intelligence
- Crucial conversations
- Leadership college

To overcoming challenges unique to leader peer review

- The leader peer review focus will be on professional development. This is common ground for all and something as a leader, other leaders could evaluate.
- It would also provide leaders with the opportunity to reveal situations to learn from each other and share best practices.
- Help the individual develop new or mature current leadership skills.
- Feedback would be meaningful in something leaders need to achieve, not just a subjective guess at how someone performs.
- It should also include a teamwork component to improve collaboration and team effectiveness.
- Over time, developmental trends can be revealed for leader competency. Example: are we seeing the same trends in goals or self evaluations.
Moving forward

- Peer review will be part of the annual evaluation process for nurse leaders (directors, managers, house managers).
- The new process will align with the ANA guiding principles of peer review.
- Tools adapted from American Organization of Nurse Executives (ACNE) Nurse Executive Competencies Assessment Tool and Nurse Manager Skills Inventory.
- Adapted tool focuses on the major leader competency areas framed in the ACNE inventories.

(American Organization of Nurse Executives, 2012)

Leader peer review components

- Peer review education (this module)
- Self-evaluation
- Peer review meeting
- Incorporate in the annual performance
- Rinse and Repeat

Adapted by work from Beverly S. Karsee-Irwin, MS, DNP, RN, HNB-BC, NEA-BC

Self-evaluation

- Complete the self-evaluation using the adapted tool.
- Describe and or demonstrate how you meet/don’t meet the competencies outlined in the tool.
- Identify areas of you achieved over the last year and areas you want to achieve over the next evaluation period.
- What about your work is better, learned or different from last year?
- This to occur in August 2018.

Peer review meeting

- Form peer review pods.
  - 3 to a group. Pairs assigned by the supervisor.
- Meet in person and discuss self-evaluation with the pod team.
  - Each person discloses and dialogues about accomplishments you identified in your self-evaluation and your proposed goals.
  - Meeting to take one hour. Each person gets 20 minutes of floor time.
  - To occur in September 2016.
  - Provide feedback to each other. Identify best practices. Focus on professional growth.
- Fill out Peer Review tool on each pod team member to formalize feedback.
  - This form is submitted directly to the supervisors.
Annual evaluation

- Supervisor reviews peer review feedback forms when developing annual evaluation on employee.
- Supervisor and employee jointly discuss findings from peer review pod meeting and self evaluation.
- Finalize professional practice goals at annual evaluation with supervisor.
- This to occur at the 2016 annual evaluation in October/November.

Peer review process

- In February, meet again with peer review pod team to discuss progress in meeting your goals that were set at your annual evaluation.
- September, repeat meeting with peer review pod.
  - Perform self-evaluation again prior to meeting to think about potential goals for next year. Discuss at the meeting.
  - Present your goal achievement. Did you achieve your goals? How did you go about it? What went well? What could you do differently? What did you learn? How would you mentor someone else to achieve the same goal?
  - Provide feedback to each other on current goal achievement. Fill out peer review form that is submitted to supervisors.

Benefits of this approach

- Professional development.
  - Allows leaders to develop new or mature current leadership skills.
  - Encourages leaders to share best practices at leadership level.
  - Role models professional behavior for staff in providing peer to peer feedback.
- The model can be expanded to other specialty nursing areas such as quality, CIT, education, COP, etc. that also have limited peer to peer interactions.
- It will allow for trending leader competency and development.
  - This info may be helpful in determining resources for leadership professional development.

Future steps

- The process will continue to evolve and be refined.
  - This may not be what we end up with in 5 years but it is a starting point.
  - It could potentially evolve into 360 reviews for leaders with professional development courses.
- The model will be used to develop peer review in other nursing specialty areas.
Thank you for participating in nursing leader peer review to enhance professional practice!

References
<table>
<thead>
<tr>
<th>Author(s), year</th>
<th>Purpose &amp; Aims or Hypotheses</th>
<th>Instrument(s)</th>
<th>Sample / Setting</th>
<th>Results</th>
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<th>Limitations</th>
<th>Notes on article</th>
<th>Quality of Evidence</th>
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</thead>
<tbody>
<tr>
<td>Baxter (2013)</td>
<td>To develop a competency based orientation and development program for Nurse Manager (NM)</td>
<td>NM Skills Inventory tool</td>
<td>NM at VAMC &amp; UKY Healthcare Center</td>
<td>NM rated level of competence in the skills on the NM Leadership Inventory</td>
<td>Perceived competence increased with years of experience. Clinical expertise does not prepare new NM for manager success. Lowest rated competencies were in finance, performance improvement, foundational thinking and strategic management. Increased rapport. Organization was able to gain a better understanding of engagement.</td>
<td></td>
<td>Process-Support for incremental approach to NM development. Tool helps with determining gaps in NM competency.</td>
<td>C</td>
</tr>
<tr>
<td>Bleicher, Paslidis, Brewer, Dember, Peterson &amp; Crofford (2012)</td>
<td>Revise the peer evaluation process for directors</td>
<td>360 evaluations</td>
<td>Verde Valley Medical Center</td>
<td>Directors did a self-evaluation and evaluated the process. Process for performance evaluation was changed.</td>
<td>Many principles of leader development are unique to Nurse leaders due to patient care. The Ns Leader Institute was visualized as a mechanism for using the best system vision for leadership development while applying specific nursing principles</td>
<td></td>
<td>Process-5 step process for performance evaluation.</td>
<td>C</td>
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<tr>
<td>Bradley, Maddox &amp; Spears (2008)</td>
<td>To discuss challenges in leadership development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Outcome-Competencies were outlined specific to nurse leaders</td>
<td>C</td>
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<tr>
<td>Burchett &amp; Spivak (2014)</td>
<td>To evaluate the need for PR in a Progressive Care Unit</td>
<td>Ns Advisory Board Tool for peer evaluation</td>
<td>U of L hospital PCU</td>
<td>Did a self-evaluation and choose 3 PR evaluators.</td>
<td>Discovered benefits of the PR process on commitment to advocacy, teamwork and clinical reasoning. Reliability and Validity was high. These essential competencies can be built upon.</td>
<td></td>
<td>Process-Development of a PR process.</td>
<td>C</td>
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<tr>
<td>Chase (2010)</td>
<td>To further develop and validate the psychometric properties of a NM Competency Instrument developed in</td>
<td>Compared AONE tool to the Chase NM Inventory</td>
<td>AONE executives were surveyed</td>
<td>The original tool, was based on the AONE competencies. Chase NM Inventory tool was updated</td>
<td></td>
<td></td>
<td>Process-Refinement of a tool. Outcome- Tool was revised</td>
<td>B</td>
</tr>
<tr>
<td>Author(s), year</td>
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<tr>
<td>Cisic &amp; Frankovic (2015)</td>
<td>To identify standards of professional performance which describe behavior of competent professionals</td>
<td>Peer review tool</td>
<td>Croatia</td>
<td>Performed PR and Self-evaluation and compared the results. Compared 2013 to 2014 average scores of peer review.</td>
<td>Self-evaluation was more critical than the PR.</td>
<td>Small number of participants</td>
<td>Process: Developed a PR process used during peer evaluation</td>
<td>C</td>
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<tr>
<td>Cummings, Lee, MacGregor, Davey, Wong, Paul &amp; Stafford (2008)</td>
<td>Systematic review on factors contributing to nursing leadership</td>
<td>NA</td>
<td></td>
<td>24 quantitative studies met the criteria for review. Higher levels of education were related to increased leadership effectiveness. Leadership behaviors increased post educational programs.</td>
<td>Most were quasi-experimental. Most studies were weak due to sampling design. There was an influence of the organizational environment on leadership behaviors.</td>
<td></td>
<td>Process: Tools for measuring leadership were evaluated.</td>
<td>A</td>
</tr>
<tr>
<td>Dale, Drews, Dimmitt, Hildebrandt, Hittle &amp; Tielsch-Goddard (2012)</td>
<td>To evaluate a tool used for APN PR</td>
<td>Performance Excellence &amp; Accountability tool; Benner model of skills</td>
<td>APN</td>
<td>Tool was adapted using the Benner levels of skills. Feedback was sought on ease of use, objectivity, growth and practice. Measured satisfaction with performance appraisal pre &amp; post 360 feedback implementation</td>
<td>The tool was objective in measuring practice</td>
<td></td>
<td>Process: Tool development for APN performance evaluation</td>
<td>C</td>
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<tr>
<td>Dupee, Ernst &amp; Caslin (2011)</td>
<td>To measure the influence of 360 feedback on satisfaction with performance appraisal</td>
<td>Survey</td>
<td></td>
<td>Measured satisfaction with performance appraisal pre &amp; post 360 feedback implementation</td>
<td>No statistical difference between the groups. 360 feedback didn’t improve satisfaction with evaluation process</td>
<td>Small survey</td>
<td>Outcome: measured satisfaction with 360 feedback</td>
<td>C</td>
</tr>
<tr>
<td>Durcho, Speroni, Jones, Daniels, Beemer &amp; Daniel (2016)</td>
<td>To measure nurse satisfaction with the appraisal process</td>
<td>Survey</td>
<td>Magnet rural hospital</td>
<td>Criterias based appraisal had a statistically significant higher RN satisfaction mean</td>
<td></td>
<td>Small number</td>
<td>Outcome: measured satisfaction with type of annual review (criteria versus subjective)</td>
<td>B</td>
</tr>
<tr>
<td>Dusterhoff, Cunningham &amp; MacGregor (2014)</td>
<td>To explain the relationship of reactions and the appraisal process</td>
<td>Survey</td>
<td>71 respondents; Canada</td>
<td>Satisfaction with performance appraisal depended on degree those being appraised perceived the process as morally justifiable</td>
<td>Interrelationship between performance appraisal satisfaction and performance appraisal process, social exchange with managers &amp; perceived utility of the process.</td>
<td>No results or conclusions</td>
<td>Outcome: measured satisfaction with type of appraisal</td>
<td>B</td>
</tr>
<tr>
<td>Gentry</td>
<td>To suggest</td>
<td>None</td>
<td>CHRISTUS</td>
<td>Developed a PR</td>
<td>No evaluation</td>
<td></td>
<td>Process: Tool</td>
<td>C</td>
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<tr>
<td>Author(s), year</td>
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<td>(2006)</td>
<td>methods for setting up a peer review process</td>
<td>ST Patrick Hospital Per-op area</td>
<td>process for 8 distinct subgroups: assessment, planning, implementation, evaluation, skills, teaching, leadership &amp; interpersonal skills</td>
<td>noted</td>
<td>development for staff nurse performance evaluation using nursing process &amp; other criteria</td>
<td></td>
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<tr>
<td>Hensel, Meijers, Leeden &amp; Kessels (2010)</td>
<td>To determine the number of raters required for 360 feedback</td>
<td>Strategic human resource management (SHRD)</td>
<td>Participants that attended training for SHRD program</td>
<td>The more raters the more accurate the feedback</td>
<td></td>
<td></td>
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<tr>
<td>Ivers, Jamtvedt, Flothrop, Young, Odgaard-Jensen, French, O'Brien, Johnson, Grimshaw &amp; Oxman (2012)</td>
<td>To assess the effects of audit &amp; feedback on practice and to examine factors that may explain variation in the effectiveness of audit and feedback</td>
<td>Cochrane Review</td>
<td>140 studies were reviewed</td>
<td>Audit &amp; feedback leads to small but potentially important improvements in professional practice. Effectiveness is dependent on baseline performance and how the feedback is provided</td>
<td></td>
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<tr>
<td>Karas-Irwin &amp; Hoffman (2014)</td>
<td>Measure the effectiveness of PR on nurse leader competencies</td>
<td>Survey; Used novice to expert to evaluate competencies</td>
<td>451 bed hospital in northwest US. Magnet facility. 8 nurse executives &amp; 12 nurse managers</td>
<td>5 major categories were assessed. Education sessions were used to go over PR &amp; constructive feedback. No Leader set goals during first part &amp; evaluated them during second part. Divided indicators into dimensions: task, contextual performance, adaptive performance and counterproductive work behavior. Found 123 indicators and narrowed to a total of</td>
<td>Felt the process helped them develop relationship that would allow for more constructive criticism during future evaluation session. Learned about strengths of their peers</td>
<td>Small sample size; time constraints didn’t allow for improvements in professional development</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>Koopmans, Bermauds, Hildebrandt, de Vet &amp; van der Beek (2014)</td>
<td>To identify indicators for measuring work performance</td>
<td>Literature review then Delphi (type) study</td>
<td>695 experts evaluated the most relevant indicators for individual work performance</td>
<td>Based on findings, measurement scales should include these indicators to evaluate individual work performance</td>
<td>Categorization may not be relevant to every job</td>
<td></td>
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</table>

**Notes:****
- **Process:** More than 3 reviewers are necessary to have accurate feedback.
- **Outcome:** Measured the number of raters required to yield reliable feedback.
- **Support:** Found feedback is important in professional practice.
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Kuzmits, Adams, Sussman &amp; Rabo (2004)</td>
<td>Report findings of a study that evaluated the effectiveness of 360 feedback</td>
<td>Survey developed by HR based on competencies and behaviors deemed critical to successful manager performance Peer feedback tool to look at NSI prevention compliance; survey on satisfaction with peer feedback process</td>
<td>404 bed urban teaching hospital; 49 middle &amp; senior management</td>
<td>Nurses understood the difference between peer-to-peer feedback and formalized peer review, HAPU &amp; Falls decreased.</td>
<td>Participants should be formally trained in order to improve fairness &amp; participation</td>
<td></td>
<td>Outcome: Tool that can be used to develop a peer review process</td>
<td>C</td>
</tr>
<tr>
<td>LeClair-Smith, Branum, Bryant, Cornell, Martinez, Nash &amp; Phillips (2016)</td>
<td>Describe how an acute care organization created a peer feedback process</td>
<td></td>
<td>Nurses in an orthopedic ward were surveyed. 18 participated in the self-evaluation portion and 21 in the PR portion. Survey was used for self-evaluation and focus groups for PR section.</td>
<td>Findings suggested that the nurses performed well on encouraging patients to participate in care. The PAR study promoted a positive attitude towards self-determination. Peer review findings were similar to self-evaluation in the areas needing development</td>
<td>Self-evaluation and PR are complementary in evaluating self-determination among nurses. The PAR method was effective in improving attitudes towards self-determination. The PR allowed a for participatory, empowering co-learning process.</td>
<td>Participation decreased. Not clear how verbal feedback was giving beyond the audit tool</td>
<td>Process: PR allows the nurse to reflect on her own practice. PR makes a valuable contribution to professional and personal growth. PR increases the focus on patient centered care.</td>
<td>C</td>
</tr>
<tr>
<td>Lofman, Pietila, Haggman-Laistila (2005)</td>
<td>To describe how PR and self-evaluation compare in measuring attitudes towards self-determination.</td>
<td>Authors developed instruments to measure self-evaluation and PR. Focus groups, survey and Participatory action research (PAR)</td>
<td>Nurses in an orthopedic ward were surveyed. 18 participated in the self-evaluation portion and 21 in the PR portion. Survey was used for self-evaluation and focus groups for PR section.</td>
<td>There was a statistically significant different in post education competencies</td>
<td></td>
<td>Support: PR allows the nurse to reflect on her own practice. PR makes a valuable contribution to professional and personal growth. PR increases the focus on patient centered care.</td>
<td>C</td>
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<tr>
<td>McFadden (2010)</td>
<td>To determine if nurse leaders demonstrated a difference in self-perceived competency level after completing a leadership program Described developing a standardized peer</td>
<td>AONE Ns Executive competency tool and Brenner’s Novice to Expert framework; iLead education model</td>
<td>29 RNs in a Midwest teaching facility</td>
<td>Nurse leaders self-rated competency level as measured by the AONE competencies. Then competed an iLead educational program and rerated competencies. Used a task force to develop a process. Started with peer</td>
<td>Developed a tool to cover 8 domains: teamwork, customer focus,</td>
<td>Small sample size</td>
<td>Process: Using the AONE tool and an education program to improve leadership competency</td>
<td>C</td>
</tr>
<tr>
<td>Ray &amp; Meyer (2014)</td>
<td></td>
<td>New tool development for staff peer review</td>
<td></td>
<td>Developed a tool to cover 8 domains: teamwork, customer focus,</td>
<td></td>
<td>No measurable outcomes</td>
<td>Process: developed a framework for peer review</td>
<td>C</td>
</tr>
<tr>
<td>Author(s), year</td>
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<td>Reistroffer, VanDriel &amp; Barry (2013)</td>
<td>To describe an open 360 feedback process</td>
<td>Surveyed perception of process</td>
<td>Developed an open feedback process to enhance self-awareness, Used a 2 month leadership retreat to introduce</td>
<td>review definition.</td>
<td>communication, professionalism, adapting to change, leadership, efficiency and safety</td>
<td>Leaders show specific growth esp. in communication. Leaders that were fully engaged were able to help others</td>
<td>Process – Used open feedback. Taught how to implement open honest feedback</td>
<td>C</td>
</tr>
<tr>
<td>Scarpa &amp; Connelly (2011)</td>
<td>To develop a criteria based PR for APN</td>
<td>Synergy Model of Nursing Characteristics</td>
<td>Used synergy model &amp; review of literature to develop a criteria based job description for APN</td>
<td></td>
<td></td>
<td></td>
<td>Process – Developed a tool to evaluate APN</td>
<td>C</td>
</tr>
<tr>
<td>Shaffer, Ganger &amp; Glover (2011)</td>
<td>To define job standards and lead the process of peer review</td>
<td>Synergy Model of Nursing Characteristics</td>
<td>Used the synergy model to develop a process for staff peer review used during evaluations</td>
<td>The new process stimulated professional development</td>
<td>Anecdotal outcomes</td>
<td></td>
<td>Process – Developed a tool to evaluate Staff nurses</td>
<td>C</td>
</tr>
<tr>
<td>Sikes, Jests, LeClair-Smith &amp; Yates (2015)</td>
<td>To present articles on 360 leadership that studied the use of the LPI instrument tool</td>
<td>LPI instrument</td>
<td>10 studies were published. The LPI closely aligns with transformational leadership style</td>
<td>360 feedback is excellent for assessing leaders on an inter-professional team</td>
<td></td>
<td></td>
<td>Support: 360 feedback is good for measuring leader competency &amp; leads to true inter-professional collaboration</td>
<td>C</td>
</tr>
<tr>
<td>Winslow (2008)</td>
<td>Self assessment promotes learning in healthcare</td>
<td></td>
<td>The continuing competence audit is used to evaluate competency program</td>
<td>Most recipients used face to face feedback and enjoyed the CRNBC program for professional growth</td>
<td>Knowledge gaps exist regarding the purpose of peer review and associated outcomes. Feedback continues to be a difficult problem for people</td>
<td></td>
<td>Support: Peer review improves nursing professional growth</td>
<td>C</td>
</tr>
<tr>
<td>Whitney, Haag-Heitman, Chilsom &amp; Gale (2016)</td>
<td>To understand Chief Nursing Executive (CNE) perception of peer review</td>
<td>Web based survey developed by authors</td>
<td>85 CNE from 18 states responded</td>
<td>The continuing competence audit is used to evaluate competency program CNE agreed peer review positively impacts nursing autonomy and accountability, practice advancement &amp; quality/ safety. However reports of peer review usage were low</td>
<td></td>
<td>Convenience sampling. Sample not representative.</td>
<td>Outcome - CNE perception of peer review</td>
<td>C</td>
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Table 4 Gantt Chart Project Timeline

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<tr>
<td>Submit capstone project proposal for approval</td>
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<tr>
<td>Obtain instrument from outside sources</td>
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<tr>
<td>Discuss models with outside sources</td>
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<tr>
<td>Finalize survey instrument and submit for pre-data</td>
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<tr>
<td>Submit to IRB for approval</td>
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<tr>
<td>Establish a hospital focus group</td>
<td></td>
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</tr>
<tr>
<td>Develop and distribute education to focus group</td>
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<tr>
<td>Evaluate and synthesize instruments and processes from literature and outside sources</td>
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<tr>
<td>Establish peer review parameters and leadership definitions</td>
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<tr>
<td>Discuss revised tool and process with focus group</td>
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<tr>
<td>Finalize peer review model and tool; share with executive leadership and human resources</td>
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<tr>
<td>Develop communication plan and education participants</td>
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<tr>
<td>Provide education to all participants</td>
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<tr>
<td>Implement revised program and tool</td>
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<tr>
<td>Send post assessment survey</td>
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<tr>
<td>Follow up with focus group</td>
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<tr>
<td>Analyze effectiveness of program</td>
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Table 3: Sample Characteristics

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<tr>
<th>Characteristics</th>
<th>Pre-project</th>
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<th>Post-project</th>
<th></th>
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<tr>
<td></td>
<td>n</td>
<td>Total</td>
<td>n</td>
<td>Total</td>
</tr>
<tr>
<td>Education</td>
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<tr>
<td>BSN</td>
<td>17</td>
<td>60%</td>
<td>11</td>
<td>48%</td>
</tr>
<tr>
<td>MSN</td>
<td>10</td>
<td>36%</td>
<td>11</td>
<td>48%</td>
</tr>
<tr>
<td>PhD or Doctorate</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
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<tr>
<td>Other Masters or doctorate</td>
<td>1</td>
<td>4%</td>
<td>1</td>
<td>4%</td>
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<tr>
<td>Experience</td>
<td>28</td>
<td>11%</td>
<td>24</td>
<td>0%</td>
</tr>
<tr>
<td>&lt;1 year</td>
<td>3</td>
<td>11%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>1-5 years</td>
<td>7</td>
<td>25%</td>
<td>9</td>
<td>37.5%</td>
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<tr>
<td>6-10 years</td>
<td>5</td>
<td>18%</td>
<td>5</td>
<td>21%</td>
</tr>
<tr>
<td>11-15 years</td>
<td>2</td>
<td>7%</td>
<td>3</td>
<td>12.5%</td>
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<tr>
<td>16-20 years</td>
<td>2</td>
<td>7%</td>
<td>1</td>
<td>4%</td>
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<tr>
<td>&gt; 20 years</td>
<td>9</td>
<td>32%</td>
<td>6</td>
<td>25%</td>
</tr>
<tr>
<td>Title</td>
<td>28</td>
<td>64%</td>
<td>24</td>
<td>58%</td>
</tr>
<tr>
<td>Manager</td>
<td>18</td>
<td>64%</td>
<td>14</td>
<td>58%</td>
</tr>
<tr>
<td>House Manger</td>
<td>3</td>
<td>11%</td>
<td>4</td>
<td>17%</td>
</tr>
<tr>
<td>Director</td>
<td>7</td>
<td>25%</td>
<td>6</td>
<td>25%</td>
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<td>Last year received a peer evaluation</td>
<td>28</td>
<td>25%</td>
<td>25%</td>
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<tr>
<td>2013</td>
<td>7</td>
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<tr>
<td>2014</td>
<td>5</td>
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<tr>
<td>2015</td>
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<tr>
<td>2016</td>
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<tr>
<td>Never</td>
<td>8</td>
<td>29%</td>
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</tr>
<tr>
<td>Number of times participated</td>
<td>28</td>
<td>11%</td>
<td></td>
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</tr>
<tr>
<td>Zero</td>
<td>3</td>
<td>11%</td>
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</tr>
<tr>
<td>One</td>
<td>5</td>
<td>18%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two</td>
<td>4</td>
<td>14%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three</td>
<td>1</td>
<td>4%</td>
<td></td>
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<tr>
<td>Four</td>
<td>15</td>
<td>53%</td>
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<tr>
<td>Five or more</td>
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<tr>
<td>Were you a leader when you participated</td>
<td>28</td>
<td>68%</td>
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<tr>
<td>Yes</td>
<td>7</td>
<td>25%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>7%</td>
<td></td>
<td></td>
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<tr>
<td>Never participated</td>
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Table 4: Independent samples t-test results comparing mean scores

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Pre-project</th>
<th>Post-project</th>
<th>Test Statistic</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comfort/ knowledge</td>
<td>16.9 (18)</td>
<td>17.8 (21)</td>
<td>-.91</td>
<td>.37</td>
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<tr>
<td>Satisfaction</td>
<td>12.7 (18)</td>
<td>14.4 (22)</td>
<td>-1.86</td>
<td>.07</td>
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<tr>
<td>Professional development</td>
<td>11.2 (17)</td>
<td>14.1 (24)</td>
<td>-2.96</td>
<td>.005</td>
</tr>
<tr>
<td>All variables</td>
<td>39.7 (16)</td>
<td>46.3 (19)</td>
<td>-2.39</td>
<td>.02</td>
</tr>
</tbody>
</table>