

# Possible Effects of Performance Appraisal in Municipal Health Service

by

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## **Articles**

### **Article I**

Vasset, F., Marnburg, E., & Furunes, T. (2010). Performance Appraisal: An Exploration of the Effects of Performance Appraisal in the Norwegian Municipal Health Services. *Human Resources for Health*, 2011, 9:22

### **Article II**

Vasset, F., Marnburg, E., & Furunes, T. (2010). Employees' Perceptions of Justice in Performance Appraisal. *Nursing Management*, 2010, 17(2): 30-34

### **Article III**

Vasset, F., Marnburg, E., & Furunes, T. (2011). Dyadic Relationships and Exchanges in Performance Appraisals. *Vård i Norden*, 103(32): 4-9

### **Article IV**

Vasset, F., Marnburg, E., & Furunes, T. (2011) Performance Appraisal in Groups: Exploring Possible Effects of Performance Appraisal in Groups and Individual Conversations. *Vård i Norden*, NO 105 (32):36-41

## **Abstract**

Performance appraisals have generally been conducted to increase the professional learning and development of employees, but are also a tool for management and dissemination of goals, wage agreements and influencing employee in the workplace. The main aim of this thesis is to explore the different effects of individual performance appraisals and group approaches to performance appraisals for health personnel in municipal health services.

- What effect do the municipal health services have on individual performance appraisal, and which factors can explain the differences in effect? That is, what are health personnel's perceptions of job motivation (Article 1), fairness (Article 2), and dyadic relationships and exchanges (Article 3) through the performance appraisals?
- Due to the increasing need for knowledge and coordination in the municipal health services and the managers' wide range of control, can the municipal health services benefit from conducting performance appraisals in groups? (Article 4).

The objectives of these two studies are to explore the effects of performance appraisals and employees' experiences and the use of goal setting, feedback, and active participation in the conversations, as well as focus on academic learning, dyadic relationships, job efforts, and working conditions. The respondents in these studies are health personnel with bachelor's degrees, and with lower levels of education. Most of them are trained nurses and auxiliary nurses. They work in home care and nursing homes in the municipal health services. About 93 % of the respondents are female.

Study 1: The first three articles focus on the employees' experiences with performance appraisals in the Norwegian Municipal Health Services. The first article focuses on increases or reductions in job motivation, academic learning, and self-assessment related to the use of performance appraisals. The second article attempts to illustrate the employees' perception of fairness in performance appraisals. Interactional and procedural justices are applicable concepts of justice for performance appraisals in municipal health services.

The third article focuses on dyadic relationships and exchanges through performance appraisals and explores the different effects of high and low qualities of relationships and exchanges in the performance appraisals. The article focuses mostly on the manager-subordinate dyadic relationships related to performance appraisals.

Questionnaires were distributed to a representative sample of 600 health personnel from 25 municipal health services in Norway, with a response rate of 62 %. Factor analysis and regression analysis were run in SPSS 15. All items were based on valid scales.

The analysis in the first article shows that nurses experience a higher degree of job motivation from performance appraisals than auxiliary nurses, and all subordinates experience higher job motivation in performance appraisals than managers. In the discussion, it is argued that useful feedback, active participation, and higher degrees of education are fundamental elements for useful performance appraisals. This means that nurses are generally more satisfied with the feedback and are more participative in performance appraisals than auxiliary nurses, and therefore experience better effects of performance appraisals as a fair communication tool.

The findings in the second article show that justice in performance appraisals is perceived differently for different employee groups in municipal health services. This means that nurses are generally more satisfied with the feedback and are more participative in performance appraisals than auxiliary nurses, and nurses, therefore, experience a good effect of performance appraisals as a fair communication tool better than auxiliary nurses do. Auxiliary nurses are given more thorough feedback through performance appraisals than nurses. Employees in nursing homes have higher quality dyadic exchanges in performance appraisals than employees in home care. Employees with follow-up conversations in performance appraisals rate higher quality exchanges than employees without follow-up conversations.

The findings in the third article show that employees in nursing homes are more participatory and report higher quality exchanges with the managers in performance appraisals than employees in home care, which is significant. Subordinates report better effect of constructive discussions with higher exchanges in performance appraisals than managers. Auxiliary nurses report a better effect of being satisfied with feedback and exchanges in performance appraisals than nurses, but the auxiliary nurses are also given more thorough feedback from the managers than the nurses. Managers experience better effects of thorough feedback with higher quality dyadic exchanges in performance appraisals than nurses.

The second study and the last article in this thesis explore performance appraisals conducted as group discussions and individual conversations. Can performance appraisals be an arena for professional learning in the

workplace? Current research shows that not all performance appraisals are successful, and several researchers argue for performance appraisals in small groups.

The fourth article is a fieldwork research trying out performance appraisals in groups and individual conversations. Then, it finds clear similarities and differences between the two implementation methods of performance appraisals. This fieldwork is conducted in one municipality. One part of the municipality conducts performance appraisals in groups and the other part has individual performance appraisals. Questionnaires were distributed to a representative sample of 60 x 3 employees (pre-test, post-test 1 and post-test 2), mostly nurses and auxiliary nurses. The study has a response rate of 85 %. Performance appraisals in groups included three subordinates and their manager. Factor analysis and regression analysis were run in SPSS 16 -17.

The findings from the fourth article show that the employees experience more high professional learning in group performance appraisals than in individual conversations. Performance appraisals in a group result in greater participation and work effort than for individual performance appraisals, and better conditions for learning and a higher quality of exchange through performance appraisals than individual conversations. However, employees who have performance appraisals as individual conversations are more satisfied with the performance appraisals than employees who have performance appraisals in groups.

All study questions are supported. All in all, the studies suggest that employees in the municipal health services have different experiences of the benefits and effects of performance appraisal, and performance appraisals in groups provide more professional learning to employees.



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## 1 Introduction

This PhD thesis focuses on performance appraisals in the municipal health services, and how health personnel experience job motivation, justice, and dyadic exchanges through the performance appraisals. Furthermore, the thesis also focuses on the different effects of conducting performance appraisals in groups and in individual conversations. This research was conducted in the Norwegian Municipal Health Service, and the majority of the respondents were qualified nurses and auxiliary nurses

### 1.1 Background

*“A performance appraisal is a well-prepared, systematic and personal development and planning conversation between manager and employee which is normally conducted once a year or more”* (Mikkelsen, 2005:7).

Performance appraisals have been researched for over 40 years, and are described among other things as a search for better, more accurate, more cost-effective communication techniques for measuring job performance, professional learning, and job satisfaction (Boswell & Bourdreau, 2002; Graen, 2003; Graen & Uhl-Bien, 1995; Kramer, 2004). It is still unclear what developmental effects performance appraisals have for health personnel. Can performance appraisals, to a greater extent, be a tool that is used to increase job satisfaction and professional learning of the employees?

Performance appraisals may be implemented with a good relationship and high quality dyadic communication between the parties. The conversation may also be implemented by a strict regime, where communication may be more strained, with lower quality of the relationships and one-way communication. Most of the performance appraisals are implemented with strategies that are between these two extremes (Bolman & Deal, 2009; McGregor, 1960; Roberts, 1998). Researchers report that the performance appraisals need to be accepted and supported by the employees if the implementations of the tool are going to be successful (Kavanagh, et al., 2007). Many organisations are using this tool to organise practices, develop employees, provide feedback, and become familiar with all employees. A key component of the performance appraisals is the formal communication of individual feedback performance to the employees. Feedback is often delivered in a face-to-face session involving the employees and his or her manager (Elicher, et al., 2006; Murphy & Cleveland, 1995). Indeed, the

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performance appraisals may help organisations in several ways: First, they may enhance the quality of organisational decisions, ranging from reward, allocation to promotion. Second, they may enhance the quality of individual decisions, ranging from career choices to decision about the health personnel's time and efforts. Third, they provide a set of tools for organisational diagnosis and development. Finally, the performance appraisals may affect employees' views on the organisation, and have been transformed from a performance-monitoring tool into a development tool for employees (Fletcher, 2004).

A biased and unfortunate aspect of performance appraisals may be that both subordinates and managers will be attracted to people who look like them and like their ideas (Tourish, 2006). Traditional, top-down performance appraisals may also be perceived as biased and unfair (Fletcher, 2004). Several researchers have identified justice as the most important performance appraisal issue (Bretz, et al., 1992). They argue that employees will have higher job motivation when working under a performance appraisal system that they perceive as fair, have good feedback, and have clear objectives in performance appraisals (DeNisi, 1996; Glover, 2004; Mikkelsen, 2005; Roberts, 1994).

An organisation with good effect of performance appraisals may help to build up employees' commitment, professional learning and job satisfaction. Performance appraisals themselves are often a source of job motivation and benefit for both managers and subordinates (Murphy & Cleveland, 1995), but still may performance appraisals be a little informative, evaluative and developmental tool. Research reports that organisations undermine the appraisal process by giving this too little attention, minimising training and accountability, and have too little overview with the employees in the appraisal process. This may include lack of attention, the organisational culture, unfairness and weak relationships between manager and employees. The quality of dyadic exchanges has a key role in performance appraisal. A high quality of dyadic exchanges affects both perceptions of the organisational environment and attitudes towards performance appraisals in general (Bretz, et al., 1992; Davis & Gardner, 2004; Fletcher, 2002; Glover, 2004; Graen & Uhl-Bien, 1995). Employees with a high quality of dyadic exchanges will generally receive more information and trust from managers and perform more complex and interesting tasks (Murphy & Cleveland, 1995). Research suggests that employees with higher education and training in performance appraisals may create and prepare their own performance appraisal guides, take account of problems such as time pressure, and take

more responsibility for the performance appraisals (Schofield, 1996). Several researchers indicate that the current approach to performance appraisals is to conduct them as individual conversations, but also that performance appraisals in groups have become an important element in participative management style in recent years (DeNisi, 1996; English, et al., 2007; Murphy & Cleveland, 1995). Research has concluded that the groups with a higher average level of duty performance, flexibility, sociability, learning, and emotional stability have better leadership assessment in performance appraisals, especially when performance appraisals are performed in groups (English, et al., 2007).

## **1.2 Problem formulation**

In this PhD thesis the question is: What possible effects of performance appraisals have been experienced in the Norwegian Municipal Health Services? The question of how the story really looks, called an ontological question (Johannessen, et al., 2004; Meeuwisse, et al., 2010), is based on the assumption that there are some variables that determine how we judge a phenomenon (Meeuwisse, et al., 2010).

This PhD thesis' basic understanding of the matter was that all Norwegian Municipal Health Services use performance appraisals every year, but several of the health personnel from the municipalities informed that they have not had performance appraisals for the last two years. Several health personnel from different municipalities or parts of municipalities did not use performance appraisals systematically. A number of municipal health services in Norway gave permission to perform a survey. It turned out that many municipalities, or parts of them did not use performance appraisals at all, but the head of the sector was unaware of that. It was laborious to find out whether the employees in the relevant municipality could be a respondent. The questionnaire asks whether the employees have had performance appraisals the last two years. Those who hadn't had such conversations in recent years could not participate in the survey. First, find the respondents and their addresses. Second, ask them: Have you had performance appraisals in your organisation?

The basic understanding was that the problems of performance appraisals in the municipality were based on the new flat structure of the organisation. Thus, the managers have too many subordinates and individual performance appraisals. In the performance appraisals, managers must also reflect that every human being is born with free will and interacts with other human

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beings and with nature in a continuous process throughout life (Creswell, 2009).

Another model of question points to how we may achieve knowledge of the reality, called an epistemological question. Basic assumptions and stipulations, i.e., perceptions of about what we can and should seek knowledge, how knowledge should be sought and to what extent the knowledge depends on social conditions and the researcher's position and perspective.

Work with experimental studies may achieve a more objective and true knowledge about the variables that determine employees' judgments and choices, and the discrepancies that exist between social groups' attitudes (Meeuwisse, et al., 2010). How do I know if my understanding of performance appraisals matches the reality of the municipal health services? Can we achieve objective knowledge about what is happening, or is it only interpretation? This suggests that there are different understandings and perceptions of social reality. How can this thesis best reveal different perspectives? (Johannessen, et al., 2004).

To gain insight into performance appraisal effects in all regions (north, south, east, and west in the country), a survey was carried out with a questionnaire, which was labour-intensive. A questionnaire was sent to a representative selection of employees in the municipal health services. This may provide a hint as to how employees in the municipal health services experience the impact of performance appraisals in Norway. This is called ontological perspective.

Study 2 used one municipality to carry out performance appraisals in groups, mainly because this study has focused on professional learning issues in group discussions and in individual conversations. There are a small number of respondents in this fieldwork. The survey was therefore conducted in the same way the following year, with the same questionnaire and respondents.

Quantitative methods such as questionnaire surveys and fieldwork were used in this thesis. Quantitative methods are research methods concerned with numbers and what might be measurable. The results of the research are a number or a range of numbers (variables). These variables can be measured, and the numbered data can be analysed using statistical procedures. Survey research provides a quantitative or numeric description of trends, attitudes,



and opinions of a population by studying a sample of that population (Johannessen, et al., 2004).

The quantitative method also includes true experiments and less rigorous experiments called quasi-experiments. Experimental research seeks to determine if a specific treatment influences an outcome. This impact is assessed by providing a specific treatment to one group and withholding it from another and then, determining how both groups scored on an outcome (Creswell, 2009; Johannessen, et al., 2004). Study 2, which carried out performance appraisals in groups, may be a field experiment called fieldwork. The other group of employees has performance appraisals as individual conversations.

The purpose of this study is to illuminate the possible effects of performance appraisals in the Norwegian Municipal Health Services. The focus is on job motivation, fairness, dyadic relationships and exchanges in the conversations, and the effect of group performance appraisals is the main objective of these studies.

The following problem formulation is illustrated through two main points:

- What effects do the municipal health services have with regard to performance appraisals, and what factors can explain the differences in effect?
- Due to the increasing need for knowledge and coordination in the municipal health services and the managers' wide range of control, can the municipal health services benefit from conducting performance appraisals in groups?



## **2 The context of the study**

Research points to the fact that the procedures and processes in performance appraisals are not adequate, and that some managers use the same procedure for all performance appraisals, year in and year out without any known effects (Fletcher, 2002; Kuvaas, 2006; Pettijohn, et al., 2001a). Kuvaas (2006) indicates that employees who are strongly autonomous and are highly educated may react more negatively to unfortunate factors associated with their work department and to performance appraisals than those with less education and who are less autonomous. In other words, those with higher levels of education have a more critical perspective and are more visible than those who are less well trained or less autonomous (Kuvaas, 2006).

This thesis focuses on how the current performance appraisals are practiced in the municipal health services, and whether municipalities have the opportunity to implement various models of performance appraisals. There are few new studies of performance appraisals from Norwegian municipalities.

In performance appraisals, employees' satisfaction will often be related to whether they experience the performance appraisals and the process related to practice as fair and useful in relation to the subjects' own development. Research in municipal health services reports that more than 90 % of the health personnel in Norway are women (Abrahamsen, 2002; Jensen & Lahn, 2005; Mastekaasa, 2008). The working culture in the care sector may then be regarded as a female culture (Wadensten, et al., 2009). Women are often over represented in most of the low-level occupations (Abrahamsen, 2000, 2002; Crompton & Lyonette, 2005; Jensen & Lahn, 2005; Ness, 2003; White Paper No. 47, 2008-2009). Nurses in the municipal health services receive less additional training than those who work in the hospital sector (Caspersen, 2007; Førland, 2005). Moreover, the nurses have only marginally higher income than those without higher education (Mastekaasa, 2008). The municipal health services are described as a labour demanding sector. Researchers have found that the greater proportion of women in a profession have lower status and are poorly paid (Dæhlen & Svensson, 2008; Eraut, 2004).

## 2.1 The phenomenon performance appraisals

*“A performance appraisal may be described as a tool for a better, a more accurate, and a more cost-effective technique for measuring of job performance and job satisfaction”* (Murphy & Cleveland, 1995:1). Research shows that a performance appraisal is also defined as a process of identifying, observing, measuring, and developing human resources and professional learning in an organisation (Cardy & Dobbins, 1994; Kavanagh, et al., 2007; Murphy & Cleveland, 1995; Tourish, 2006). Murphy & Cleveland (1995) have proposed that performance appraisals will be used to provide feedback and development of employees. Evaluation may also be a useful element in the conversations because it makes it clear that performance appraisals involve attitudes and values as well as objective information. Reflection and good quality communications in performance appraisals may be an assumption when the sector wants to prevent misunderstandings related to the work generally and to value conflicts (Murphy & Cleveland, 1995).

## 2.2 Municipality health service

The Norwegian Municipal Health Services gradually developed from the 1950s. First, the municipal health sector built homes for the elderly. Second, they built nursing homes and sheltered housing and rehabilitation centres. Over the past 20 years, the municipal health services have had a primary focus on development of nursing homes. During the last decade, the municipalities have serviced far more of the patients in the patients' own homes (Høst, 2006; O'Connor & Lee, 2007; White Paper No. 25, 2005-2006). Health-related work in the municipal health services requires that employees have the ability to coordinate services (White Paper No. 25, 2005-2006). Coordination of health services is a process wherein employees interact with their own and other organisations (Repstad, 2004).

Municipal health service is the care section in community health services. This indicates that the community health services have different sections and departments for infectious diseases, psychiatry, medical centres, and municipal care, etc. The terms primary health services and community health services can be used synonymously.

Hospitals are the secondary health services in Norway. Hospitals have aimed for shorter stays, thereby increasing their bed utilisation. Several Norwegian reports indicate that this service will be adding a significant number of doctors within the next years (Texmon & Stølen, 2009; White Paper No. 47, 2008-

## *Chapter 2: The context of the study*

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2009; White Paper No. 25, 2005-2006). Measured in man-labour years, the municipal health services sector in Norway is larger than the hospital sector. Both sectors are growing rapidly due to an increasingly older population. The municipal health service is also characterised by its work complexity, high level of sick leave among employees and new technology. Several organisations in municipal health services have one manager per 50-70 employees. Furthermore, the sector has a small number of personnel with higher education, and a high percentage of early retirements (White Paper No. 25, 2005-2006)<sup>1</sup>. The municipal health services sector has been described as a cumbersome sector. The workforce consists of a number of part-time and temporary workers with flexible jobs. The municipal health services in Norway use part-time positions extensively, more than e.g. Denmark and Finland, but about the same level as Sweden (Abrahamsen, 2002; Førland, 2005; Høst, 2006; White Paper No. 25, 2005-2006). Furthermore, care of older people has a low status in society (Wadensten, et al., 2009).

Care in the municipal health services is based on a service infrastructure that provides a holistic response to all kinds of needs, including physical, mental, social, and environmental aspects of daily life. The services should respond flexibly and sensitively to the needs of individuals, relatives, and friends who take care of patients. Where practicable, services shall provide users with a variety of options within self care. The services will not help patients more than necessary, but will help to promote independence and enhance self care. The services should concentrate on helping those with the greatest needs (Sines, 1995; White Paper No. 25, 2005-2006).

The municipal health services in Norway have a strategy focused on internal control and quality improvement. Internal control ensures that health and social services follow current laws and regulations. Norway has about 430 municipalities, but has far fewer inhabitants in the municipalities than the other Nordic countries (Sweden, Denmark, and Finland). Several of the Norwegian municipalities have high mountains and mountains passes, a lot of islands, long fjords, long distances, and long dark winters. This may be a contributing factor to some extra problems for Norwegian health services (especially in home care), and probably less for other European countries (Veiviser, 2010).

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<sup>1</sup> Several other Norwegian public documents point to the conditions in the health services and illustrate and explore the duties the municipalities have in the Local Government Act (Health, 1993, 1997, 2003; Services, 1982/2003).

The Norwegian municipalities get their income from state transfers and fee income from users. In Norway, the health services are mainly a public sector service, which is edified after expected requirements and expectations from citizens and from the government. However, the municipal health services have very few managers per employees compared with other occupations, but provide their services around the clock, all week long throughout the year (White Paper No. 25, 2005-2006). Norway is a country that has its main focus on the public health services (Øverbye, 2008). Research indicates that large municipal health services have more quality improvement activities than small municipal health services. Large municipal health services may have established more comprehensive internal management systems. New organisational trends may also attract large municipal health services. Managers, nurses, and auxiliary nurses create a more extensive professional network, ideally enabling them to implement national quality guidelines (Kjøs, et al., 2008). Municipal health services have a number of untrained staff providing care, albeit under the supervision of qualified professionals (White Paper No. 25, 2005-2006). The Norwegian regulations are nevertheless influenced by international law requirements of national legislation and EU law (Veiviser, 2010).

### **2.2.1 Norwegian nurses and auxiliary nurses**

Starting in the 1960s, the municipal health services received a health personnel group called practical nurses. These employees worked as assistants to the nurses, and received their training at the hospitals. Several of these assistants have since received an abbreviated training as auxiliary nurses in vocational schools (Hemme & Høst, 2008). Since the 1980s, auxiliary nurses receive their education in vocational schools. Auxiliary nursing programmes recruited very well from 1970 to the 1990s. From 1994 to 2008, Norway had two assistant nurse education programmes, auxiliary nurse and care worker (Reform, 2007 & 2009). In 2008, these groups merged into one group designated health workers. An analysis of auxiliary nurses' career development shows little growth because auxiliary nurses have few opportunities for upward mobility within the professions. Auxiliary nurses do not have any professional areas that are strictly reserved for them (Abrahamsen, 2002; Hemme & Høst, 2008).

From 1984, the Norwegian nurses were educated at university colleges, where they acquire a three-year Bachelor's Degree. Additional university courses are offered for a specialist education, such as elderly care, cancer nurses, anaesthesia nurse, etc. Nurses and auxiliary nurses are the largest occupational groups in the service. The sector focuses on the intermittent shortage of nurses (and auxiliary nurses) and the high turnover of nurses with work overload.

Extra stress is associated with working with temporary and inexperienced staff (Benner, 1984). The nurses can do all the work tasks that auxiliary nurses can do. Almost 70 % of both these groups have their spouses at the same level of education (Homme & Høst, 2008). The nursing profession may be partly characterised as a career profession with good academic and administrative facilities (Abrahamsen, 2002; Caspersen, 2007). The skills include the delivery of expert nursing care, exercising appropriate clinical judgment, and demonstrating a team approach to care. In order to ensure that the nursing care that is delivered is an optimum level and that all needs in the municipal health services are being met, it is necessary for the nurses to be aware of changes in epidemiology or population in his or her particular area (Sines, 1995). Still, the nurses in municipal health services receive fewer courses and further training than those who work in hospitals (Caspersen, 2007; Førland, 2005). Status and recognition as a nurse may therefore be experienced differently (Alfsvåg, 2007).

Research shows that less than 10 % of auxiliary nurses report that career opportunities in the profession are important. This may indicate that auxiliary nurses have little ambition with regard to promotion or few opportunities for career development. Furthermore, 30 % of the auxiliary nurses and 5 % of the nurses have taken their education after the age of 30. Auxiliary nurses experience their subordinate position and the assistant roles in the workplace as completely natural and fair (Abrahamsen, 2002). They have a therapeutic orientation associated with care (Nortvedt & Grimen, 2004), helping the patient to be independent or to live with their illness and disease or prepare for a peaceful death. Nurses have a role as organisers within the field of health care, coordinating the participation of other professional groups, as well as collaborating with the patients and their relatives (Almås, 2007).

The majority of nurses and auxiliary nurses work two or three shifts in their workplaces and normally they work every third weekend (Homme & Høst, 2008). It is very difficult for the municipal health services to recruit enough of these groups of health personnel. This applies to both nurses and auxiliary nurses. Furthermore, the young newly qualified nurses do not take care of the elderly as a primary choice when choosing a workplace (Homme & Høst, 2008). However, self-assessment and knowledge of personal capabilities are integral components of professional education, whether formal or informal. Although both nurses and auxiliary nurses may identify appropriate areas of practice for personal development, problems may arise in accessing courses because many practice nursing work part-time, or work alone, so replacement

is needed during study leave, and funding for courses is not always readily available (Sines, 1995).

### **2.2.2 Employees with other health education or no education**

Employees with other training or educational programmes than those listed above can also work in municipal health services. Social workers, physical therapists, and janitors are some examples. Employees who do not have a formal health education can also work in the service, mostly as temporary workers or cleaning workers (White Paper No. 25, 2005-2006).

### **2.2.3 Nursing homes and home care**

The municipal health services have different types of nursing homes to help the elderly in need. Approximately 10 % of these institutions are used for short-term stays, for example after a hospital stay or after sustaining injuries, or for terminal care and respite for family members. Moreover, 75 % of patients suffer from senile dementia (Abrahamsen, 2002; White Paper No. 25, 2005-2006).

Most of the nursing staff in nursing homes is comprised of trained nurses, auxiliary nurses or are assistants with a relatively low education level, and it is difficult to recruit male employees to such institutions (Fahlstrom & Kamwendo, 2003; Hansson, 2006; Wadensten, et al., 2009). A number of international studies show that several nursing homes have poorer psychosocial, physical, and emotional work environments than home care, and that the staff have little influence and control over their work (Gustavsson & Szebehely, 2005; Hansson & Arnetz, 2008; Wadensten, et al., 2009).

Municipal health services are often a scarce resource when it comes to nursing homes. Nursing homes are used primarily to take care of the most vulnerable patients with 24-hour care and monitoring. Employees of home care have reported that they have significantly less sufficient knowledge compared with staff in nursing homes (Hansson & Arnetz, 2008). Home care used to be a supplement and an alternative to institutions. The home nurses' primary task is physical and psychological care, and to help the patient strengthen self-care activities. Necessary assistance and guidance to people with mental retardation, administration of security alarms, and food distribution are also part of the service (White Paper No. 25, 2005-2006).

The employees in this situation must take a greater degree of responsibility for their own work compared to workers in institutional settings. The manager in a home care situation has no ability to continuously oversee a nurse in her daily work (Blix, 1999). Accordingly, home care requires different



## *Chapter 2: The context of the study*

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management systems than are traditionally used in institutional settings. Typical management models often require adaptation for home care in areas such as staffing, education, and support (O'Connor & Lee, 2007). The Norwegian Municipal Health Services have at least one nursing home and provide extensive home care as well. Research indicates that nursing homes and home care face the same municipal requirements, which has led managers in home care to provide meeting places for the employees (Kjøs, et al., 2008).

Several managers may not have the opportunities or even the clinical knowledge to assess the professional competence and adherence to the agreed standard in care. If managers are isolated from the normal processes and the daily care of patients for whom they are responsible, creativity and innovation in nursing may show a decline or disappear (Sines, 1995).



### 3 Perspectives of performance appraisals

Bolman & Deal's (2009) model of four organisational perspectives may be used to illuminate different models of performance appraisals. These perspectives describe four models: Factory, family, jungle, and as a carnival perspective (Bolman & Deal, 2009). Using these perspectives, the different effects of performance appraisals may be described and illustrated.

**Table 1: A four-frame table describing Bolman and Deal's theory**

<b>Structured</b>	<b>Human resources</b>	<b>Political</b>	<b>Symbolic</b>
<b>Factory</b>	<b>Family</b>	<b>Jungle</b>	<b>Carnival</b>
Excellence	Exchanges	Power/justice	Culture
Authorship	Human relationships	Conflicts	Inspiration/learning
Technology	Needs /caring	Distribution	Create /faith

#### Factory perspective

The factory perspective in this theory may suggest that organisations have a long tradition in implementing structured work (such as performance appraisals), and they use the same procedure year after year. They focus on the organisation's goals, and have one manager who has the responsibility for the job (performance appraisals). The ethical essential for this perspective is to ensure that work gets done as effectively as possible, but with high quality (Bolman & Deal, 2009). The factory perspective has rigid rules for implementation, and strict procedures and systems for this tool. These organisations probably have performance appraisals every year, often in the same period and use the manager's office for implementation. Historically, information from performance appraisals has been used as a basis for administrative decisions (Murphy & Cleveland, 1995). Several service institutions use a performance appraisal system that was developed at a time when organisations were typically large and hierarchically organised, organisational environments were relatively stable, the employees were homogeneous and relatively well qualified and long-term employment was the norm (Murphy & Cleveland, 1995).

Family perspective

Bolman & Deal's (2009) next model-concept is the organisation as a family. They talk and discuss openly about care, respect for others, integrity, relationships, needs, trust, and promise keeping. Tourish (2006) points out that "...employees and managers must arrange to be relaxed, and have informal seating. Avoid sitting behind a desk, as this may be a physical barrier between superior and the subordinates. The other's comments must be received without interruption" (Tourish, 2006: 9). "Repeat what has been said as objectively as possible. This is a core means of building empathy, and shows what has been said and what has been understood" (Tourish, 2006: 35). The objectives of the performance appraisals may be to maximise their employment in the form of well-being, professional learning, and career development. Performance appraisals may be a practical tool for this development and to create working conditions that employees need in order to do the job (Mikkelsen, 2005). Conversations will ensure that both the organisation and its employees have benefited greatly from the employment. The family perspective indicates that members of a system have an open and exchange relationship. Furthermore, employees may be given the opportunity to develop their professional skills (Bolman & Deal, 2009, Mikkelsen, 2005). Mikkelsen (2005) argues that a well-prepared performance appraisal suggests that both the managers and the employees must know in advance what will be discussed in the conversations. When they work jointly through the points in the guide, it is possible that they will learn something new from the situation. A systematic performance appraisal indicates that there are some fixed points of particular importance to the organisation and for employees (Mikkelsen, 2005).

Jungle perspective

Bolman & Deal's (2009) third perspective is the jungle perspective, and this perspective has a competition-oriented image. Jungle metaphor suggests that the working environment is characterised by conflict and struggle for their own interests. In a world of competing interests and scarce resources, employees are continually compelled to make trade-offs. No employee can get everything they want. They can get critical feedback, but the organisations must still strive for the best possible justice. Justice is never easy to define, and disagreement is inevitable (Bolman & Deal, 2009). The Norwegian municipalities have limited resources and rivalry between tasks that are considered important. Performance appraisals may receive lower priority or little emphasis (White Paper No. 25, 2005-2006). A performance appraisal should not be an interview or an interrogation or arena for accumulated frustrations. Performance appraisals can often be held at the same time of the

year as the manager gives credit for the work (Mikkelsen, 2005). Municipal health services in Norway have departments with approximately 40-80 subordinates (White Paper No. 25, 2005-2006). Approximately 80 % of the municipal health services in Norway is reserved for home care, but the new flat organisational structure in municipalities increases the number of employees per manager (White Paper No. 25, 2005-2006), and thus rivalry or bad handling of the tasks. Most people are inherently poor at receiving criticism. We are also sensitive to critical feedback, even if it forms only a small part of the performance appraisal (Tourish, 2006).

#### Carnival perspective

The fourth of Bolman & Deal's (2009) perspectives is the carnival model. The symbolism is the least understood and studied of the four frames of the theory, but no less important. In many situations, this is the most powerful method. A basic assumption of the symbolic framework is that it does not matter what happens, but what it means. Metaphors, rituals, creativity, games, humour, inspiration, faith and theatre provide materials to build a culture that gives meaning to work life. Bolman & Deal (2009) indicate that multiple forms of activity may be characterised by game. The game may sometimes slacken the rules and explore additional options. Employees may learn through play to stimulate experimentation, flexibility, and creativity (Bolman & Deal, 2009). The form of innovation, creativity, and new special procedures for appraisals may be a focus in this perspective. Special senior conversations may be another element (Mikkelsen, 2005). However, 360-degree evaluations (Tourish, 2006) or performance appraisals in small groups may be special procedures, where creativity, inspiration, and participation may increase (Edwards & Sproull, 1985; Lanza, 1985; Wang, 2006). Knowledge about performance appraisals may be seen as consisting of several elements, such as the clarity of their role in performance appraisals, understanding, and acceptance of different procedures (Kavanagh, et al., 2007).

Benner's (1984) learning perspective – from novice to expert – may also be a part of this perspective (Benner, 1984), because novices may learn from experts and may be inspired to develop their creative sides. In carnival perspective, previous stability focus in performance appraisals is changed to flexibility focus (Mikkelsen, 2005). Flexibility may also be linked to multidisciplinary and interdisciplinary work, but also to jobs where many unexpected things can happen (Orvik, 2004). Active participation may also be very important in this model because it increases the feeling of fairness in performance appraisals (Murphy & Cleveland, 1995).

Mc Gregor's perspective

One of the best known classifications of performance appraisals was produced many years ago by McGregor (1957, 1960) who grouped them into three different main areas:

1) *Administrative*, providing an orderly way to determine promotion, discuss salary, transfers, demotion, and termination. This is a rigid system, and the most obvious purpose of performance appraisals is that this tool is an aid to decision-making, such as: Who should be promoted, dismissed, given a raise, etc.

2) *Informative-feedback* data to and from management on performance to the subordinates, (the individual's strength and weaknesses). Some organisations develop essentially separate systems for feedback. It is characteristic for human beings to find it difficult to hear and accept criticism. Positive judgments can perhaps be communicated effectively, but it is rather difficult to communicate critical judgment without generating defensiveness (McGregor, 1960).

3) Performance appraisals as *system maintenance (or the motivational purpose of appraisals)*, including use of performance appraisals for labour planning, determine the organisation's need for training, evaluation, and effectiveness. Motivation may create a learning experience that motivates employees to develop themselves and improve their performance. The employees can learn a great deal from a mistake, or a particular failure in performance, provided it is analysed while all the evidence is immediately at hand (Anderson, 1993; McGregor, 1960). Research shows that training in use of performance appraisals be implemented as soon as possible to the time of the first conversation (Fletcher, 2008).

**3.1 Different perspectives on performance appraisals as used in this thesis**

This thesis focuses mainly on the performance appraisal models that are consistent with the jungle, carnival, and family perspectives, even if the dimension in the factory perspective is considered relevant. This is because the factory perspective can support a portion of what is seen as negative with the implementation of performance appraisals. Municipal health services have many and various tasks they must handle. The factory perspective may also be reconciled with McGregor's (1960) administrative perspective in performance

### Chapter 3: Perspectives of performance appraisals

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appraisal, the conversation's rigid system where salaries and promotion are discussed.

The municipal health services also have a growing number of elderly patients. This may lead to rivalry between important tasks. With regard to performance appraisals, this task may often be downgraded or absent from the municipal health services. Both managers and employees have periodic time pressure. The principle of justice and increased job motivation through performance appraisals may thus be a controversial and debated issue. Performance appraisals provide a structured framework for dialogue between equal partners in the workplace. This also illuminates the *family* perspective of Bolman & Deal (2009), and McGregor's *system maintenance-motivation* theory. Good relationships and open and high quality of dyadic exchanges between managers and subordinates when conducting a performance appraisal may build its action on the leader-member exchange theory, but also on the *family* perspective of Bolman & Deal (2009), and McGregor's (1960) perspectives about *feedback, information, and system maintenance*.

The carnival perspective could argue for increasing innovation and professional learning within the organisations. This perspective also focuses on flexibility, inspiration, and creativity, and will find other alternative models to do a job if necessary. The organisation must identify which model is the most effective and has the best effect (Bolman & Deal, 2009). This can also be in accordance with McGregor's perspectives about *system maintenance*. Examples may be: Responsibility for performance appraisals may be delegated to team managers, performance appraisals may be done in small groups, and there may be a longer or extended conversation with employees who are more than 60 years of age.

In this perspective, performance appraisals can thus, implement the tool in different ways, and thus increase professional learning. Who takes responsibility for performance appraisals within the organisation? Could it be the manager, the subordinates, or manager and subordinate together? Or, can it be supervisors with supervisory education and not managers who are responsible for performance appraisals? Performance appraisals in interdisciplinary groups or teams will also increase learning and motivation. Theory from the *carnival perspective* (Bolman & Deal 2009) illustrates this. This perspective provides several ideas about how something should be.

The perspectives about *information-feedback* and *system maintenance* (McGregor, 1960) of performance appraisals may also reflect the present

performance appraisal model. This means *thorough feedback* to and from management concerning the job performance of subordinates. This may also illustrate the individual's strengths and weaknesses. *Job motivation, creating a learning* experience that motivates employees to develop and improve their performance, is a part of McGregor's theory (McGregor, 1960).

In broad terms, performance appraisals can be divided into: 1) *The performance appraisal's place within the organisation in competition with other tasks;* and 2) *The purpose and effects of conducting performance appraisals.*

These various elements of Bolman & Deal's and McGregor's theories can account for an overall strategy for the theoretical framework for all articles in this thesis. This thesis chooses to focus both Bolman & Deal's (2009) and McGregor's (1960) theories because they may complement each other. McGregor's *feedback perspective and system maintenance* illustrate many important factor in this thesis (articles), including the feedback perspective, which is central in all articles. Bolman & Deal's theory involves far more areas of performance appraisals.

### **3.2 Areas in the thesis that are given little attention**

This thesis focuses on job motivation, justice, and dyadic exchanges through individual performance appraisals and professional learning through performing performance appraisals in groups. There are several other areas of performance appraisals that were not assessed or measured in the exercise. Among other things, how many Norwegian municipalities do not perform regular and systematic performance appraisals, and how rigid are the performance appraisal procedures (factory perspective)? This thesis has little positive focus on factory perspectives, which are very leader-controlled top-down system, rigid, and are mostly used in previous conversations.

Today's conversations focus more on active participation (Bolman & Deal, 2009). The administrative perspective (McGregor, 1960) may be compared with the factory perspective (Bolman & Deal, 2009), and is therefore also given little attention in the thesis.



## **4 Previous research of performance appraisals**

Previous research has focused on feedback through performance appraisals, satisfaction, work motivations, active participation in the conversation, justice, and the quality of dyadic exchanges through the conversations, and then, research of performance appraisals conducted in small groups.

### **4.1 Feedback in performance appraisals**

Research indicates that performance appraisals can be a useful and appropriate communication tool for both parties (managers and subordinates) (Murphy & Cleveland, 1995). Employees with a Bachelor's Degree may react more negatively to unfortunate and low quality communication and diffuse feedback from the manager, as well as in performance appraisals, than employees with lower levels of education. Employees with a high degree of education do not receive more feedback from managers than those with lower levels of education, but they get more positive feedback. Research also indicates that a number of employees could clearly distinguish between how the performance appraisals were intended to be used and how they were actually used (Mikkelsen, 2005; Reinke, 2003; Roberts & Pavlak, 1996; Roberts & Reed, 1996; Becker & Klimosky, 1989).

Furthermore, uncommitted and unsystematic feedback through performance appraisals may be associated with bad attitudes, low productivity, low job motivation, and fairness of the conversations, while supportive communication with high quality relationships and exchanges may provide a positive effect with emotional appraisals, informational and instrumental support (Mikkelsen, 2005; Reinke, 2003; Roberts & Pavlak, 1996; Roberts & Reed, 1996; Fairhurst, 1993; Kramer, 2004; Michael, et al., 2006). Researchers also suggest that employees are reluctant to give negative feedback, and may distort it in a more positive direction when they are required to provide feedback. A manager can give negative feedback, avoid giving feedback, postpone or delay any feedback, or distort feedback (Curtis, et al., 2005; DeNisi, 1996; Harris, 1994; Herold, et al., 1996; Mani, 2002; Murphy & Cleveland, 1995).

Research suggests also that we are extremely sensitive to receive negative feedback (Tourish, 2006). Although negative feedback is only a small part of the performance appraisal process, it is likely that the recipient experiences the entire conversation as negative. Some managers are not good at providing

accurate criticism, but rather give feedback that is more general. Some managers are encouraged to focus on current performance rather than future potential through an emphasis on short-term results. Furthermore, research shows that managers are often under-prepared to deal with the performance appraisal process, and are confused and unsure of how best to provide critical feedback (Tourish, 2006). For some employees, it can also feel awkward to receive both praise and critical feedback (Bang & Heap, 2008).

There is considerable evidence that feedback through performance appraisals, if given appropriately, can lead to substantial improvements in future performance, and it may be a grave mistake to let the administrative side of performance appraisals interfere with the use of performance appraisals as a feedback tool. However, the feedback may be an extremely useful tool for development, especially when it includes both problem-oriented and solution-oriented information (Murphy & Cleveland, 1995).

#### **4. 2 Satisfied with performance appraisal**

Watling (2000) asks why so many healthcare organisations fail to implement useful performance appraisals, and why so many employees report that they have little effect and benefit from performance appraisals (Watling, 2000). Several researchers have reported an association between the quality of care in health care organisations and staff competence, stress and job satisfaction. A lower quality of care has been linked to low skills, less satisfaction and higher levels of stress among nursing staff (Brodaty, et al., 2003; Hansson & Arnetz, 2008; Wadensten, et al., 2009).

Moreover, research shows that if satisfaction or dissatisfaction at work is a trigger for behaviour, this will in turn affect job motivation. The effects of satisfaction with work or with performance appraisals may play a role in several aspects of job motivation, including maintaining high quality of dyadic relationships and having fruitful discussions with the manager (Cranny, et al., 1992). Research also shows that 40 % of employees are generally dissatisfied with the performance appraisals, even though they get very good and useful feedback. Among the most common adverse effects are a lack of performance appraisal skills for managers, and the accumulation of power for potential dominant managers (Tourish, 2006).

Researchers also found that employees were more satisfied with the performance appraisals when they assisted in the development of the appraisal design, and acquired more knowledge about the dimensions and procedures

for evaluation (Murphy & Cleveland, 1995). Satisfaction is a function of the correspondence between the reinforce system of the work environment and the appraisal individual's needs. Among the most commonly used measures of job satisfaction are the job descriptive index and performance appraisals (Loftquist, 1992).

There is widespread dissatisfaction with several of the performance appraisal systems as currently used. There is no "*best system and solution*" for supporting employees during a performance appraisal (Levinson, 1976). Research also indicates that performance appraisals do not work well with current organisational settings (Zaini & Rushami, 2004). Several employees may be dissatisfied and unmotivated by performance appraisals because they have not received anything or little praise or reward (Mani, 2002). Some organisations express dissatisfaction with their performance appraisal procedures. This may signal a lack of success of performance appraisals as a mechanism for developing and motivating employees (Fletcher, 2002; Fletcher & Williams, 1992; Kuvaas, 2006a, 2006b). Performance appraisals are generally considered to have positive influence on job performance. Performance appraisals may also have a negative impact on job motivation when the strategy is poorly designed, administered, or implemented (Pettijohn, et al., 2001a; Pettijohn, et al., 2001b).

### **4.3 Job motivation**

The organisations must use appropriate methods and models to improve performance appraisals. Then, the implementation of performance appraisals may be perceived as fair and will likely lead to increased job motivation and high quality relationships between employees and managers. The organisation may find and thus remove the most common reasons for error and unfortunate factors in the performance appraisals (Kuvaas, 2006; Murphy & Cleveland, 1995). Increased confidence will motivate employees to engage themselves in social exchanges such as performance appraisals even if the advantage is highly uncertain (Siegrist, 2005). Research also shows that managers experience little motivational outcome from conducting performance appraisals (Bretz, et al., 1992; Napier & Latham, 1986).

#### **4.4 Active participation in performance appraisals**

Research shows that health care professionals have little opportunity to really actively participate in performance appraisals, and have not responsibility for carrying out the calls. Employees are often nervous for the performance appraisals without knowing the exact cause of anxiety (Spence & Wood, 2007). Research also suggests that more organisations undermine the performance appraisal process by giving the call too little attention, minimising employee participation, providing little or no training in performance appraisals, and lack of accountability in the process. If the employees and management do not agree that the performance appraisal process is legitimate, its purpose may be unclear and thus lead to less active participation in the process, regardless of the quality of execution and other processes that support the call (Bretz, et al., 1992; Flint, 1999; Glover, 2004; Kavanagh, et al., 2007; Mikkelsen, 2005; Reinke, 2003). Research also indicates that goal setting in performance appraisals is effective as long as employees accept it, and it is a visible process and a key component of active performance appraisal participation (Latham, 1991; Ilgen & Feldman, 1983; Locke & Latham, 1990; Murphy & Cleveland, 1995) High active participation in performance appraisals should thus result in higher levels of perceived fairness in performance appraisals (Kavanagh, et al., 2007).

Active employee participation and active efforts in groups of appraisals may also lead to a highly innovative work environment in general (West, et al., 2006).

#### **4.5 Fairness in performance appraisals**

Cook and Crossman's (2004) study indicates that employees will only be satisfied with the feedback of performance appraisals if they experience the criteria as fair in the process (Cook & Crossman, 2004). Fairness and reflective procedures increase employees' satisfaction with performance appraisals and satisfaction with the managers' jobs. To regard a performance appraisal as fair, the procedure must be based on accurate information. One of the most common problems and unfair processes in performance ratings is that managers base their feedback on too little or inaccurate information on employee behaviours (Folger & Greenberg, 1985). This may suggest that the greater commitment of the employees in the performance appraisals, the more they can consider whether the performance appraisals are fair. Research suggests that a basic requirement for an effective performance appraisal is that it should be accepted as a fair process by everyone within the organisation

(Cook & Crossman, 2004; Murphy & Cleveland, 1995; Pettijohn, et al., 2001a; Pettijohn, et al., 2001b).

Research also shows that if the performance appraisals are assigned to an employee who believes that the process is unfair, it is unfair. Distortions and injustices are often experienced when the manager likes someone or is a best friend with a subordinate, for whatever reason. They usually give them higher performance ratings (Tourish, 2006). Research in organisational justice has an increasing focus on performance appraisals and suggests a variety of changes in several cultures for increasing the fairness in performance appraisals (Murphy & Cleveland, 1995). Rasch (2004) also suggests that the most common causes of error and injustices in the call may be a culture that is established within the organisation, and not in the actual execution of the calls (Rasch, 2004).

If the employee experiences a performance appraisal as unfair, there is a reduction in her or his motivation to change behaviour, a rejection of the usefulness and validity of the information, and an unwillingness to accept decision-based appraisal information (Bretz, et al., 1992; Glover, 2004; Longenecker & Ludwig, 1990).

#### **4.6 Relationships and dyadic exchange in the performance appraisals**

A low quality of relationships and exchanges between the parties may lead to unfortunate performance appraisals. Performance appraisals tend to focus on individual performance appraisals, despite the fact that many people work in teams. It may also be difficult for managers to monitor individual employees (Mani, 2002; Pfeffer, 2001; Tourish, 2006).

If the performance appraisal is conducted once a year, managers may have trouble remembering a year's episodes and details for each subordinate. Incidents may often be interchanged, and it becomes a matter of selective recall or oblivion. A high quality of relationships and dyadic exchanges between manager and subordinate is always a benefit in performance appraisals. Managers remember the conversation often as isolated examples in place of a consistent pattern of effective or ineffective behaviour patterns and results (Graen & Uhl-Bien, 1995; Graen, et al., 2004; Vey & Benton, 2004). Research suggests that political skills for both employees and managers are an especially important determinant of the exchange relationships, mostly

because managers very often have political skills and know exactly what to do in various social situations (Ammeter, et al., 2002).

Research shows that high quality exchanges and relationships between managers and subordinates also involve physical and mental efforts, emotional support, information, and encouragement from their managers. All parties in the work relationship contribute towards development and maintenance of social psychological processes, such as self-knowledge, interpersonal skills, communication, and cultural competence (Boies & Howell, 2006; Kramer, 2004; Scandura & Lankau, 1996). Moreover, several studies suggest that the theory about leader-member exchange still has a number of conceptual weaknesses that limit its utility, and the theory indicates little about how the role-making process actually occurs. A continuing problem over the years has been ambiguity about the nature of the exchange relationship. Subordinates who experience low quality dyadic exchanges relationships tend to have a relative disadvantage in terms of job benefits and career progress (Elicher, et al., 2006; Fairhurst, 1993; Schriesheim, et al., 1999; Yukl, 2006). Several researchers also suggest that there may be other negative aspects of low quality dyadic exchanges, such as burnout, conflicts, self-willed and dominant managers, injustice, and unfair treatment of subordinates (Ashforth, 1994; Glasø & Einarsen, 2006; Graen, 2003; Grønhaug, 2001; Scandura & Lankau, 1996). If employees have high quality leader-member exchanges, the employees tend to perceive that they have greater influence on decisions generally, and may therefore experience more control over the performance (Scandura, et al., 1986).

#### **4.7 Different performance appraisals**

Research indicates that the procedures and processes around performance appraisals are not always adequate and reflective (Mani, 2002; Spence & Wood, 2007). Different employees need different models of performance appraisals. The employees who are developed through the work need someone to talk to and discuss things with. The organisation must have models of performance appraisals for beginners and models of performance appraisals for those who have job experience. Furthermore, organisations also need different models of performance appraisals for experts (Fletcher, 2002; Kuvaas, 2006; Mikkelsen, 2005; Pettijohn, et al., 2001a; Vey & Benton, 2004).

#### **4.8 Performance appraisals in groups**

Performance appraisals in groups may lead to high quality interactions between managers and colleagues. There is little research (if any) on performance appraisals in groups in Norway, even less in the municipal health services (DeNisi, 1996). Consideration of performance appraisals for different groups may actually help us to understand how to best combine the ratings of these different occupational groups to form a single and meaningful evaluation of working conditions (Yeuk-mui May & Korczynski, 2002). Wang (2006) argues that performance appraisals in groups result in enthusiasm and greater work efforts, but mainly for younger employees. Older employees may need more detailed feedback and discussions directed at him or her. Therefore, an individual performance appraisal may be more appropriate (Wang, 2006).

Previous research indicates that most health care professionals learn from experienced colleagues who are trained health care professionals. They learn from other group members, and from several talented people with useful experience and expertise (Yeuk-mui May & Korczynski, 2002). However, previous research into perception of performance appraisals in group shows that 80 % of the respondents perceived performance appraisals in groups as fair (Edwards & Sproull, 1985).

Research suggests that employees will be motivated to contribute with a greater level of work effort in performance appraisals if they believe that their efforts will lead to new professional learning, and that an instructive performance appraisal in turn will lead to organisational rewards. Models of group performance appraisals have examined different organisational contexts and indicated that teamwork may occur and that the appraisals may affect the performance of the teamwork and professional learning (Murphy & Cleveland, 1995). Managers may improve group performance and professional learning by influencing these processes in a positive way. Group performance and professional learning will increase when group members are motivated, have good work conditions, and achieve common goals (Podsakoff, et al., 1997; Yukl, 2006).

Research also suggests that a group performance appraisal is not particularly complicated or threatening, and that it may be easier to implement, more valid and fair, and less time-consuming. The majority of employees will usually accept the group performance appraisal and be satisfied with such conversations (Edwards & Sproull, 1985; London, 2007; Murphy &

#### *Chapter 4: Previous research of performance appraisal*

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Cleveland, 1995; Wang, 2006). Group performance will increase when members have the knowledge and skills necessary to do the work and when they understand what to do, how to do it, and when it must be done. A group will usually perform a new task better if it takes some time to plan an explicit strategy before beginning to work on the task (Yukl, 2006).



## **5 Theoretical framework**

The theoretical framework for this thesis consists of the following theories: The theory of goal setting, feedback, participation, learning, and about job motivation in performance appraisal. Additionally, theories about justice in performance appraisals and leader-member exchange theory (LMX). Then, group processes and group performance appraisals. This thesis will examine and discuss all these priority areas, mostly because previous studies indicate that employees' satisfaction with these thematic areas may increase the effect of performance appraisals.

### **5.1 Goal setting in performance appraisals**

Goal setting can be defined as the planning of a work. The work may be a powerful motivator because both internal and external motivation and satisfaction can be followed by good achievements, but the employees must agree to the goals (Latham, 1991; Ilgen & Feldman, 1983; Kuvaas, 2006; Locke & Latham, 1990; Roberts & Reed, 1996, Skogstad & Einarsen, 2002). Cognitive factors, particularly feedback and reflection and effects of autonomy, but also employees' strategies for problem-solving, are important factors in goal setting theory (Locke & Latham, 1996), mostly because the theory must be understood and used by all parties.

Organisations set goals for different tasks (Kuvaas, 2006; Murphy & Cleveland, 1995; Skogstad & Einarsen, 2002; Skorstad, 2008). Goal setting theory suggests that the process of making decisions involves principles, goals, and plans. Most of the formal theory is devoted to questions of when, and under what circumstances, people change plans or goal settings (Murphy & Cleveland, 1995). Goal setting theory has been predominant in job motivation theory in the last decade. The theory focuses on mobilisation, tasks, continual encouragement and feedback on the job, and strategy for the employees' own development. The objectives can be further divided into four categories: Performance goals, interpersonal goals, strategic goals, and internalisation of objectives (Locke & Latham, 1996; Murphy & Cleveland, 1995). Employees can also accomplish this in several ways: An internalized goal is a product of managers' values and beliefs. For example, a manager who believes that he or she should be honest when conducting performance appraisals is different from managers who cover up adverse events for subordinates (Murphy & Cleveland, 1995).

The basic approach in performance appraisals is for managers and their subordinates to focus on the same goals in the performance appraisals. Furthermore, when discussing the use of performance appraisals, it is important to distinguish between the various participants' goal settings because the goals may be different. There are four possible groups of goal settings: The organisation's goals, the managers' goals, the subordinates' goals, and the performance appraisal researcher's goals. A performance appraisal system will probably work best when formal goals, organisational goals, and the managers' and subordinates' goals for performance appraisals are compatible (Murphy & Cleveland, 1995).

The goal setting theory has also made a distinction between the concepts of goals and standards, where goals are described as being internally imposed while standards are externally imposed, for instance by a supreme leader or the government. Participation in the process of setting standards and goals probably increases the chances of commitment (Folger, et al., 1992; Locke & Latham, 1990; Murphy & Cleveland, 1995; Roberts & Reed, 1996). The focus on goal setting theory is conducive circumspection, mobilisation of staff, focus on the task, continual encouragement and feedback on the job, and a strategy for the personnel's own professional development (Latham, 1991).

Most of the goals can be frequently identified with one of four general categories: 1) Task-performance goals that involve using performance appraisals to improve or maintain employees' performance level. 2) Specific objectives that will depend on whether the employee is well rated by the manager and that they get useful and accurate feedback. 3) Interpersonal goals are those that involve the use of performance reviews to maintain or improve interpersonal relationships between managers and subordinates, and 4) the strategic objectives involve using assessments to improve management and the working groups' position within the organisation (Murphy & Cleveland, 1995).

## **5.2 Feedback through the performance appraisals**

The term feedback can be defined as others' reactions to one's own professional work (Bang & Heap, 2008). Feedback and constructive conversation is perhaps the most important component in performance appraisals. Performance appraisals may help employees to improve their performance by providing specific feedback about the need for development, and help employees to continue to excel by giving positive reinforcements that can job motivate them (Mani, 2002). Time pressure, interruptions,

unfortunate procedures, and social anxiety in the performance appraisals may also be associated with negative feedback. Negative feedback may be perceived as less threatening if it is embedded in a discussion where the focus is both on strengths and weaknesses of the employees (DeNisi, 1996; Herold, et al., 1996; Mani, 2002; Murphy & Cleveland, 1995). Providing feedback is an art, and it requires openness and inner quiet to receive it (Bang & Heap, 2008).

Murphy and Cleveland (1995) point out that if the feedback in the performance appraisal is biased, inaccurate, or simply incomplete, the actual benefits of the feedback are limited. It is also possible to imagine cases where the low quality of feedback can be harmful (Murphy & Cleveland, 1995). Feedback in performance appraisals is more likely to be accepted when the requirements of procedural justice are fulfilled. Feedback acceptance may be important to the manager, even if the feedback results in no behavioural change. When the manager gives negative feedback, he or she runs the risk that it will be discounted or ignored by some employees. Managers who believe that bad feedback will not be accepted will probably try to avoid providing bad feedback (Landy, et al., 1978).

### **5.3 Satisfaction**

Many conditions may be included in the question of satisfaction in different job situations, including the quality of relationships among employees, inequality, challenges, cultural conditions, etc. (Arvey, 1991). Job satisfaction is also one of the most widely discussed constructs in related disciplines such as industrial organisational psychology, social psychology, organisational behaviour, personnel and human resource management, and organisational management. Job satisfaction also plays a central role in the study of behaviour at work. Job satisfaction can be broken down into work satisfaction, salary satisfaction, promotion satisfaction, supervision satisfaction, satisfaction with feedback, and trust (Loftquist, 1992). High quality job satisfaction means better quality of life, better health, more job stability, and probably greater cooperation.

#### **5.3.1 Satisfaction with feedback in performance appraisals**

Health personnel believe in the potential value of performance appraisals; however, research suggests that they rarely experience feedback as an effective process of performance appraisals (Spence & Wood, 2007). One-way feedback is rarely the best. The feedback must be of a certain quality. Therefore, feedback should be prepared carefully, especially where there are complex job situations (Becker & Klimosky, 1989).

Employees who have received training in the performance appraisals may be more satisfied with the calls, even at high levels of conflicts within the organisation (Murphy & Cleveland, 1995).

Several subordinates have ideas about how they have performed the work, and do not like to be told what they already know. It is a benefit to get them to contribute to the feedback by guiding and asking them about how they feel they have performed the work. Then, discussing how employees may get an objective review of what has been achieved and what action can be taken to develop the staff (Buckley & Caple, 2004; Handal & Lauvås, 2000).

Furthermore, employees may have adverse conditions in work situations and at the workplace, but success in personal factors. For example, the nurses may get a low quality review because the organisation is terribly weak. This can be called the blame realignment. Employees put the overall responsibility for the situation on someone else's shoulders (Tourish, 2006).

#### **5.4 Participation in performance appraisals**

Employees who are participating in performance appraisals may have sufficient training, skills, and development potential. Active participation in performance appraisals has produced mixed effects because of a failure to recognise the complexity of the phenomenon (Korsgaard & Robertson, 1995; Murphy & Cleveland, 1995; Pasmore & Fagans, 1992; Roberts & Reed, 1996). Dominating and controlling top-down procedures without the subordinates' participation will not be accepted in a well-organised performance appraisal (Meyer, 1991). One reason to implement performance appraisals is that most employees may not rate their own performance and participation as either average or below in fact; they often exaggerate their contribution to organisational success (Rollingson & Broadfield, 2002; Tourish, 2006).

An individual or a group should be appointed to have the authority and responsibility to make decisions in the work. The manager typically emphasises the limits of the authority that each employee is allowed. Prior approval may or may not be required before such a decision can be implemented (Yukl, 2006). The procedures can be designed along a continuum ranging from no influence of other people of high influence, autocratic decision-making, consultation, joint decision-making, and delegation. Participation or active efforts to expand the process often provide a better understanding of the decision. The problem and the reasons why a

particular option was accepted and others rejected must be discussed and perceived by those who make the decision. This also shows that employees with increased participation and active effort will understand new issues and integrative problem-solving processes (Korsgård & Robertson, 1995; Pasmore & Fagans, 1992; Yukl, 2006). Deci, et al., (1989) indicate that managers must support the employees and give them self-determination, and that managers must understand and recognise their own needs, feelings, and attitudes with regard to the problem or situation at hand.

### **5.5 Professional learning in performance appraisals**

Professional training can be defined as vocationally-oriented learning and has both cognitive and affective operations; it is not just a practical matter. It is first taught in formal theory and principles in school, then the employee must use the theory and be productive at their workplace. Nursing students and professors work mostly at the university and are more isolated from the immediate practical demands in health institutions. Nursing students thus get much of their practical knowledge and experience after they leave school (Freidson, 2001; Parson & Platt, 1973). Professionals must have undergone training of a certain length before they go to work. Knowledge conveyed at a theoretical and scientific basis (Abrahamsen, 2002; Larson, 1977; Molander & Terum, 2008). Smebye (2008) indicates that a higher degree of education makes employees less inclined to distinguish between strongly true and false allegations (Smebye, 2008).

Benner (1984) suggests that nurses learn from their experiences, and develop expertise and advanced clinical knowledge through this reflection process (Benner, 1984; Dreyfus & Dreyfus, 1980). This method of professional learning is useful in the process of performance appraisals in groups.

Illeris (2000) indicates that learning includes three different dimensions: Cognitive (understanding - skill content), psychodynamic processes (feelings, content, and motivation) and a social cause (Illeris, 2000).

Several managers do not have a great deal of confidence in their ability to handle performance appraisals effectively, and tend to cling to the paperwork. Others try to reduce their anxieties by minimising the importance of performance appraisals (Murphy & Cleveland, 1995).

Murphy & Cleveland (1995) and colleagues have four components in their performance appraisal model: Context (culture, conflict, knowledge, etc),

judgment (sensitive question), rating, and evaluation (motivation) (DeNisi, 1996; Murphy & Cleveland, 1995). Job motivation, knowledge, and independence are generally useful components of employees' work, and may minimise the employees' work environment issues (Jolly & Reynolds, 1988).

### **5.6 Job motivation through performance appraisals**

Job motivation can be defined as that which energises, directs, and sustains behaviour or performance. There are a number of factors that will influence whether or not job motivation affects employees in purposive and goal-directed behaviour are forthcoming (Buckley & Caple, 2004). Job motivation is primarily concerned with how behaviour is initiated and maintained. Motivational effects do not derive from the goals themselves, but rather from the fact that people respond to evaluations of their own behaviour (Bandura, 1977). Job motivation cannot be observed directly, but must be inferred (Kumer, 2005; Locke & Latham, 1996). Fletcher (2008) suggests to combine the two most job motivational elements of performance appraisals, i.e. goal setting and personal development. To maximise job motivation and performance improvement, this would seem to be the most promising way forward (Fletcher, 2008).

Intrinsic motivation is the motivation to perform an activity in itself. This means to experience the pleasure and the satisfaction inherent in the activity itself. Extrinsic motivation is the external benefits or gains that motivate the employees (Deci, et al., 1989), such as wages, courses, etc. Externally motivated employees have no interest in the problem itself, but they may be forced to work with this and are promised a reward externally (Buckley & Caple, 2004). The distinction between extrinsic and intrinsic motivation may also be associated with the situation before and after a performance appraisal. Extrinsic reward occurs before the action and the inner reward comes from the activity itself (Kuvaas, 2008; Thomas, 2002). Imperfectly motivated employees are employees who like performance appraisals for a while, but not for all the time that is allocated to them. After they have received external rewards, they are not motivated to work with this any more (Buckley & Caple, 2004).

The employee may be completely internally motivated. There may be employees who really like performance appraisals, and will develop the tool without any external rewards to keep the conversation going. Internal rewards are linked to the task to be learned. This task is interesting to work with and is

also very meaningful, and there will be inner satisfaction in acquiring the skills to perform it (Murphy & Cleveland, 1995).

The central problems in motivational theories are the explanation of choice or direction in behaviour. Motivation theory is divided between content and process models. Content theory deals with an individual's requirement. Process models are focused on empathic abilities and behaviourism (Vroom, 1964). Kuhl's (1992) motivation theory focuses on diverse motivation elements and some volition elements in the job. This theory will build a bridge between desirable effects and real possibilities, and is called Rubicon theory (Kuhl, 1992). The theory of volitional action describes the most important part of personality systems interactional theory. In the full version, the theory elaborates several levels of how personality functions. An especially important elaboration of the broad theory concerns the relationships between affect and its motivational basis. Successful operation at each step in a motivational and volitional cycle is seen as a prerequisite for efficient performance in many learning and instructional environments. This theory has eight steps. Each of these eight steps depends on motivation and volition: Problem perception, realistic goal setting, persistent goal pursuit, attentive monitoring of available cognitive, emotional, and situational resources, effective self-management of emotional and motivational states, planning and problem-solving, implementation of plans, and performance feedback (Kuhl, 2001; Lord & Levy, 1994). Kuhl's (1992) Rubicon model indicates that motivation and volition can be measured in four different phases (choice, pre-action, action, and evaluation).

### **5.7 Fairness in performance appraisals**

Due to a wide range of individual differences in ability to perform and participate in performance appraisals, the conversation may be a problematic area both for management and employees (Vey & Benton, 2004). According to Folger & Greenberg (1985), fairness may be defined here as the significant relationship between procedural and distributive justices of performance appraisals, which suggests that the perception of fair procedures affects the perception of fairness when it comes to the results of the call (Folger & Greenberg, 1985). Perceptions of distributive justice are affected by perceptions of procedural justice. Procedural justice has a stronger impact on attitudes towards management and health organisations than distributive justice, and is defined as the employees' perception of the performance appraisal procedure. Procedural justice corresponds nicely with the process of performance appraisals and their outcomes (Bartol, 1999; Cameron & Pierce,



1994; Folger, et al., 1992; Korsgaard & Robertson, 1995; Roberts & Reed, 1996).

Distributive justice is defined as a person's perceptions of whether the results he or she receives are fair, i.e. more challenging tasks or a promotion, etc. Distributive justice has its origin in equity theory, which argues that individuals compare their input-output ratios with those of other employees in order to determine the level of fairness. Erroneous and inaccurate rating may be viewed as distributive unfairness (Erdogan & Enders, 2007).

Holbrook (2002) suggests that there are three dimensions of perceived justice in performance appraisal theory. Interactional justice as a supplement to distributive and procedural justice may be useful in many professions, particularly health professions (Holbrook, 2002).

It is expected that procedural justice, measured by instrumental and non-instrumental voice perceptions, will be uniquely related to attitudes towards management. Injustice in the call will be accepted by subordinates if only procedural justice is followed (Bartol, 1999; Flint, 1999). Communication about what is fair to organisational members, labelled interactional justice, has also been proposed as a main aspect of justice for performance appraisals and the workplace in general (Scandura, 1999). Furthermore, interactional justice may include the quality of the interpersonal process during the implementation of procedures (Holbrook, 2002). Interactional justice emphasises the importance of truthfulness, respect, and justification as fairness criteria of interactional communication (Erdogan & Enders, 2007; Erdogan, 2002; Graen & Uhl-Bien, 1995).<sup>2</sup>

Outcomes of justice in performance appraisals may be categorised in three groups: Organisation-related outcomes, manager-related outcomes, and performance-related outcomes. Organisational outcomes may be mechanisms that individuals use to respond to organisational fairness (Erdogan, 2002 ).

### **5.8 Leader-employee exchanges in the performance appraisals**

Leader-member exchange (LMX) theory, describes the role-making processes between a manager and each individual subordinate, and the exchange relationship occurs gradually over a period of time (DeNisi, 1996; Graen, et al., 1982; Graen & Uhl-Bien, 1995; Scandura, Graen, 1984; Yukl, 2006).

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<sup>2</sup> In municipal health services, the subordinates often work in teams, they take care of needy elderly, and the service is growing rapidly.



Leader-member exchange theory is mainly a universal theory, with minimal effort to explain how situational variables may affect exchange processes (Green, et al., 1996; Yukl, 2006). Leader-member exchange theory has its foundation in affective factors for both managers and subordinates, such as contribution, recognition, frustration, violation, mutual affects, and uncertainly factors, all of which correlate strongly with job satisfaction for employees (Glasø & Einarsen, 2006; Gregurias & Ford, 2006).

Leader-member exchange theory was called the vertical dyad linkage theory because of its focus on reciprocal influence processes within vertical dyads composed of one person who has direct authority over another person (Scandura, et al., 1986). Furthermore, a manager will likely establish either a high-exchange relationship or low-exchange relationship with each subordinate over time.

The manager develops a high-exchange relationship with a small number of trusted subordinates who function as assistants or advisors. The basis for establishing high-exchange relationships is that the manager has control over outcomes that are desirable to a subordinate. These outcomes include interesting and desirable tasks, delegation of greater responsibility and authority, more sharing of information, participation in making some of the manager's decisions, tangible rewards such as a pay increase, special benefits, a bigger office, etc. (Yukl, 2006). Employees build a relationship component of trust, honesty, respect, and loyalty with high quality exchanges to develop themselves and the organisation (Davis & Gardner, 2004; Maslyn & Uhl-Bien, 2001). The trust can be categorised as deterrence or calculus-based trust or identification-based trust. Deterrence or calculus-based trust is based on consistency of behaviour, that is, people do what they say they are going to do. Identification-based trust is based on empathy (Reinke, 2003). The subordinate is expected to work harder, to be more committed to task objectives, to be loyal to the manager, and minimize some of the manager's administrative duties. To maintain these relationships, the manager must pay attention to his or her subordinates, remain responsive to their needs and feelings, and rely more on time-consuming influence methods such as consultation and performance appraisals. A low-exchange relationship is characterised by a relatively low level of mutual influence. It is not necessary to treat all subordinates exactly the same, but each person should perceive that he or she is an important and respected member of the organisation (Yukl, 2006).

The relationship begins with an initial testing phase where the manager and the subordinates evaluate each other's motives, attitudes, and potential resources to be exchanged and mutual role expectations are established. Some relationships never go beyond this first phase. If the conditions elevate to the second phase, the exchange arrangement is refined, and as previously mentioned mutual trust, loyalty, support, affection, and respect are developed. Leader-member exchange theory began as a descriptive theory, but over time it has become more prescriptive (Davis & Gardner, 2004; Elicher, et al., 2006; Graen & Uhl-Bien, 1995; Yukl, 2006).

The emphasis of leader-member exchange definitions and theory has not helped to reduce the ambiguities. The theory would be improved by a clear description of the way a manager's different dyadic relationships affect each other and overall group performance. Another way to enrich the theory is to include conceptions about procedural, interactional, and distributive justice (Yukl, 2006). Effective performance is more likely to be attributed to internal reasons for a high quality of exchange members and to external reasons for a low quality of exchange members. In contrast, low performance is attributed to external causes for high quality of exchange members and to internal causes for a low quality of exchange members (Yukl, 2006).

### **5.9 Performance appraisals in groups**

Deming (1986) and colleagues have argued that individual performance appraisals are dysfunctional because they interfere with teamwork, foster mediocrity, focus on short-time outcomes, and over-emphasise individual differences in performance. Deming (1986) suggested that individual performance appraisals should not be done (Deming, 1986; Murphy & Cleveland, 1995).

Subject expertise can be woven into the performance appraisals and performance management processes to create an explicit expectation that employees will develop and practice communication and that relationship management will be part of their job (Garman, et al., 2006). Groups can be defined as two or more persons who are interested with one another in such a manner that each person influences and is influenced by each or any of the other people in the group (Bang & Heap, 2008; Guzzo, 1986). Employees who work in teams, making observations and discussing issues with colleagues, will also probably contribute to better co-ordination, innovation and professional learning in general in group performance appraisals (Rønnestad & Skovholdt, 1991; Eraut, 2004).

Teamwork training is more effective when focused on identifying training competencies or skills, the group is trained together, they have an opportunity to practice their new skills, and they are given feedback on their performance. Several distinct types of teams or groups can be found within organisations, including functional operating teams, cross-functional teams, self-managed teams, and virtual teams (Yukl, 2006). This is especially valuable when the team has projects to work on in which several of them have been involved in together (Watling, 2000).

In a functional work group, leadership responsibilities are usually concentrated in a formal manager (Cohen, 1991; Katzenbach & Smith, 1993; Yukl, 2006). These types of groups are typically in jobs that perform similar tasks and have a relatively stable membership over time. When members learn to perform multiple tasks and increase the group's flexibility and work effort, work becomes more interesting and gives employees an opportunity to learn new skills. Much of the responsibility and authority in these conversations is usually attributed to a manager. A total team effort makes the process easier for the individual employee.

The group members' extensive knowledge of work processes helps them to solve problems, suggest improvements, and reduces the number of managers, which again may lower costs (Yukl, 2006). Working in groups should also help to job motivate members, but one of the biggest motivations for group performance is professional learning and social fellowship (Levi, 2007).

The groups should be as small as possible, because small groups have a number of benefits and in practice it is easier for them to get together. Discussions and processes will often be easier to handle (Hackman, 1983; Hjertø, 2009). The fewer people in a group, the less expertise there will be in the group. Odd-numbered groups will always have a majority for one of two alternatives, and they therefore considered to be more effective (Hjertø, 2009). A group is not a group of people who perform a task under rigid control of an authority figure. When we move from the general to the specific, our terminology moves from groups to teams. Both groups and teams within an organisation may be bound when they have an identifiable membership and identifiable tasks or set of tasks to perform (Guzzo, 1995).

Participating parties can encourage the team to increase professional learning and development (Wang, 2006; West, et al., 2006). When an organisation uses the participating employees in groups rather than individual workers to perform tasks, it gives the groups some power and authority to control the

operation of its members. Group members need both an appropriate set of task skills and the interpersonal skills to work as a team. A group must develop the social relations among its members. The social interactions are necessary for teamwork and require group cohesion and high quality communication. Communication networks are patterns that dictate who can communicate with whom in the group where a circle, open, wheel, and chain are the most usual patterns (Levi, 2007). The group members have individual conflict management skills. Their ability to cope with stress, their expertise, their racial or ethnic identities, and other factors are important terms in the equation that explains group performance. Moreover, there is a task work track, which involves the operation-related activities to be performed by the group members. There is also a parallel teamwork track, which includes those activities that serve to strengthen the quality of functional interactions, relationships, cooperation, communication, and coordination of group members (McIntyre & Salas, 1995).

Groups begin to organise themselves to work with the task. Groups become more cohesive, more conflict reducing, and deal with increased confidence. This is to increase satisfaction. Groups have established some basic rules to help members to work together, thereby increasing the social relationships and developing group identity. However, conflict is a normal part of a group's life (Levi, 2007).

Keen (2007) indicates that performance appraisals in groups offer many potential educational and motivational benefits. He suggests that professional learning in the workplace provides better opportunities for mastery of the task than learning that occurs outside the work situation. This is mostly because employees reflect on the work assignment with colleagues when they have performance appraisals in groups. Adults tend to learn best if there are good working conditions and elements of self-determination in the training (Keen, 2007).

Performance appraisals in groups are expected to be perceived as fairer than managers' only appraisals, because the evaluation in group is made up of individuals with high degree of knowledge of the colleague's performance (Murphy & Cleveland, 1995; Tourish, 2006; Zaini & Rushami, 2004).

### **5.9.1 Learning in Groups**

Learning in groups may take different forms:

Training: A planned and systematic effort to modify or develop knowledge, skills, and attitudes through learning experiences, to achieve effective performance in an activity or range of activities (Buckley & Caple, 2004).

Learning: The process whereby individuals acquire knowledge, skills, and attitudes through experience, reflection, study, or instruction (Buckley & Caple, 2004).

Education: A process and series of activities that aim at enabling an individual to assimilate and develop knowledge, skills, values, and understanding that are not simply related to a narrow field or activity, but allow a broad range of problems to be defined, analysed, and solved (Buckley & Caple, 2004).

Development: The general enhancement and growth of an individual's skills and abilities through conscious and unconscious learning (Buckley & Caple, 2004).

Training usually involves the acquisition of behaviours, facts, ideas, etc that are more easily defined in a specific job context. If the skill to be learned is highly complex and the relevant performance is difficult to analyse and to specify, then the persons may be educated more generally by providing a foundation of behaviour on which the individual is expected to generalise or to transfer to similar or novel situations (Buckley & Caple, 2004).

Important factors that may affect job performance and organisational outcomes may include: First, employees' characteristics such as knowledge and attitude, and next, factors such as supervision, location, and equipment. And finally, feedback and organisational climate such as goals, plans, mission, etc. Everyone within the organisation and the groups are responsible for training and development of the group members (Buckley & Caple, 2004).

The extent to which a group may learn how to work effectively, adapt its performance strategy, to exchanges and having high quality relationships with colleagues in the environment is probably an important determinant to long-term group effectiveness. Group members, group managers, and working conditions in general can encourage and facilitate the use of professional learning in groups. Two procedures for group learning are after activity reviews and dialogue sessions. An after-activity review is professional learning from experience when a systematic analysis is made after an important activity is finished to discover the reasons for success or failure. The after-activity review is a procedure for collectively analysing the

processes and resulting outcomes of group activities. Members of the group meet to examine what was done well in the activity and what can be improved. Dialogue sessions are an important prerequisite for group learning. The group members must understand each other and have a high exchange. Members who understand each other's perceptions and role expectations are able to coordinate their actions more easily. Problem-solving is more difficult when group members have different assumptions about the reason for the problem, and when these assumptions are not openly examined and evaluated (Yukl, 2006).

The first step in professional learning is to provide constructive feedback and recognise the need for it. Both positive and negative feedback are important. Before giving feedback, the context should be examined to better understand why the behaviour occurred. If a situation is emotional, it is best to wait until things calm down before giving constructive feedback. A group member should describe the situation accurately, and not be judgmental. When receiving feedback, one should listen carefully, ask questions to better understand, and acknowledge reception of the feedback (Levi, 2007). Decision-making, problem-solving, and negotiating are some process skills that group members can learn. Teaching group process skills is more than just lecturing. Process consultants are often used to facilitate these group exercises, to observe how the group operates, and comment on the group process. Feedback from outside observers is viewed as a key in the learning experience (Levi, 2007).

If a group works together, they have an opportunity to practice their new skills together. When they receive feedback in performance appraisals, they listen together and discuss with the manager. Group performance evaluations provides feedback to the group to improve the way it operates and may be linked to reward to job motivate group members. The evaluation process should include participation from both manager and group members. Performance evaluations are valuable for providing feedback to employees, motivating them, and supporting training and development. However, the evaluation process often creates conflict and leads to dissatisfaction rather than job motivation and development (Levi, 2007). Groups may increase member arousal in ways other than taking an evaluative stance towards the individual. Strongly positive, encouraging statements also should increase arousal in some performance situations, such as by helping individuals become personally highly committed to group goals, and making sure they realise that they are a very important part of the group responsible for reaching that goal (Porter, et al., 1996).

### **5.10 Summary of previous research related to various theoretical approaches**

Both perspectives of performance appraisals, previous research and different theories indicate that problem perception, realistic goal setting, continuous measuring, attentive monitoring of available cognitive, emotional, and situational resources, effective self-management of emotional and motivational states, planning and problem-solving, implementation of plans, and thorough performance feedback are some of the main factors in job motivation and performance appraisals.

Theories and perspectives of different organisational structures, such as the jungle perspective (Bolman & Deal, 2009) and system maintenance (McGregor, 1960), are used in this thesis, and are used to elucidate the effects of different models of justice in performance appraisals. This thesis uses interactional and procedural justice theories to show how the performance appraisals in municipal health services can be conducted as fairly as possible, mostly because interactional justice theories focus on interpersonal processes and procedural justice theory focuses on procedures and implementation processes, including performance appraisals. Distributive justice may be reconciled with wages and these services take the representative responsibility for local negotiations.

The health service is, like most modern organisations, a sector that relies on high quality dyadic relationships between employees, and between managers and employees. The family perspective of Bolman and Deal (2009) and leader-member exchange theory (Graen & Uhl-Bien 1995) suggest that high quality dyadic relationships and exchanges through the parties in performance appraisals should be the main focus for a successful performance appraisal. The leader-member exchange theory may describe, illuminate, and focus on the quality of exchanges and relationships between managers and subordinates in performance appraisals. McGregor's (1960) information-feedback perspective may also relate to relationships between manager and employees. The leader-member exchange theory can describe and focus on the exchanges and relationships between managers and subordinates in performance appraisals

The carnival perspective (Bolman & Deal, 2009) and theories of group discussions (Murphy & Cleveland, 1995) indicate that high labour resources may be reduced through performance appraisals in groups. This may also be a model for achieving development and greater knowledge of the organisation.

It is difficult to know whether your organisation has the right employees for the right kinds of jobs. Therefore, this does not guarantee any job success. Group members must be able to combine work efforts with cooperation and flexibility for their work performance to be reasonably successful. Effective groups organise themselves to perform tasks, learn from each other, and develop social relationships to support their business, and this may again lead to successful performance appraisals in groups.

### **5.11 This summary relates to four research questions in this research model**

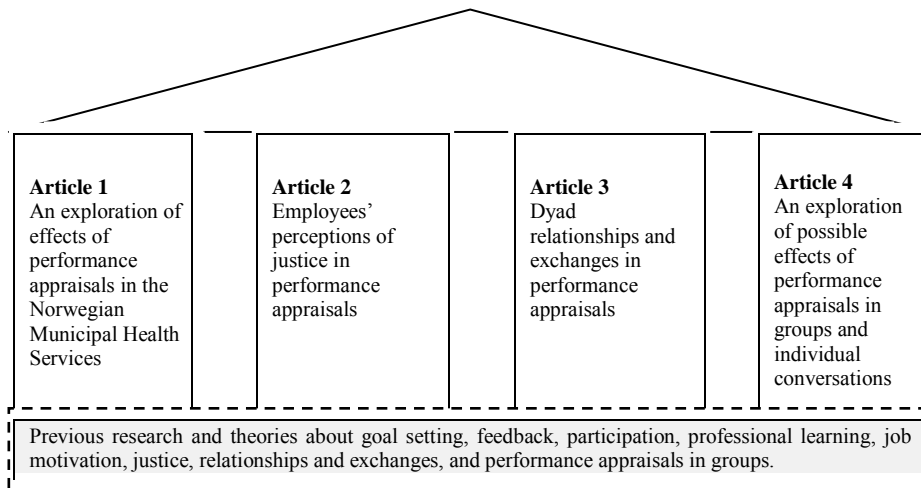
This thesis examines the possible effects of performance appraisals in the municipal health services. The thesis has two empirical studies: (1) The effects of performance appraisals measured through the employee's perception of job motivation, justice, and dyadic exchange; and (2) to measure the effects of professional learning through performing performance appraisals as group discussions and as individual appraisals.

- 1: What effects have performance appraisals on job motivation in municipal health services?
- 2: What effects does justice have in performance appraisals?
- 3: What effects have high quality of dyadic exchange and relationships in performance appraisals?
- 4: What effects have professional learning when performance appraisals are completed as group discussions or as individual interviews?

These four research question leads to four articles.



**Figure 1: Possible effects of performance appraisals in municipal health services**



The current survey was conducted in the municipal health services in Norway. Health services in Norway over the past 20 years have had several new comprehensive and thorough reforms, which have affected both the clients and the employees in the services. The population of elderly people in Norway (as in other Scandinavian countries) is gradually increasing (Høst, 2006; Texmon & Stølen, 2009; White Paper No. 25, 2005-2006). Ageing of the population will put more pressure on the public health services. This may again indicate that the municipal health services need nurses and auxiliary nurses who work effectively, can communicate effectively, and are trained to cooperate and coordinate efforts. Research still indicates that nurses and auxiliary nurses in municipal health services must learn to communicate better with patients, relatives, and colleagues (Wadensten, et al., 2009).

## **6 Methodology and design**

This chapter presents the methods used in these two empirical studies.

The survey provides a quantitative or numeric description of trends, effects, attitudes, or opinions of a population by studying a sample of that population. It includes cross-sectional and longitudinal studies using questionnaires or structured interviews for data collection, with the intent of generalising from a sample to a population (Creswell, 2009:12).

Both studies are scientific studies with quantitative research, where the questionnaires are used. Quantitative research has two main strategies, i.e. studies with questionnaires and experiments (Creswell, 2009). Study 1 used the same questionnaire for all respondents, but Study 2 used both the questionnaire and experimental survey methods.

A variable refers to a property or attribute of an individual or an organisation that can be measured or observed and that varies among the people or organisation being studied (Creswell, 2009; Stokes, 1998). Dependent variables are those that depend on the independent variables. They are the outcomes or results of the influence of the independent variables.

Different theories compound the framework for the study. The studies were organised as a model with hypotheses and data collection. These hypotheses may contain different variables that the researcher must define (Creswell, 2009).

### **6.1 Study 1**

#### **6.1.1 Sample of respondents to Study 1 (Articles 1, 2, and 3)**

Questionnaires were randomly distributed to 600 health personnel from 25 (of 430) municipalities in Norway (systematically selected from all parts of the country) in a postal survey, and, pre-paid reply envelopes were supplied to the respondents together with the questionnaire. Three hundred seventy-one of the respondents answered the questionnaire (response rate of 62%). The supreme head of the services sent names and addresses to the first researcher (PhD candidate). The questionnaire was then sent home to the respondents in December 2007. Returns were addressed directly to the first researcher. The study was anonymous. Almost 30 % (126) of the respondents indicated that they did not have regular performance appraisal conversations every year.

Most of the respondents work in home care and nursing homes, and were educated nurses (Bachelor's Degree) (46 %, 171), and auxiliary nurses (undergraduate degree) (44 %, 163), while the remaining 10 % (37) represented other professions, such as physiotherapists, social workers, medical secretaries, etc. Forty-five percent of the respondents had a full-time job (147), and 75% of them had more than 10 years of experience. About 93 % (344) of respondents were women (35 % are between 40-49 years, 30 % are between 50-59 years). With respect to performance appraisals, 321 (87 %) of the respondents had not had follow-up conversations, and 84 % (310) had not received any training in performance appraisal procedures. Approximately 15 % (55) of the respondents were managers with staff responsibilities. About 50 respondents had not answered the entire questionnaire because they had not had performance appraisals in the last two years. They indicated that they have had performance appraisals in the past, but not systematically and every year. About 20 of these responses could not be used at all in the study because these respondents had not responded to any of the essential questions in the questionnaire.

About 400 of the respondents received a second reminder.

The responses from this survey were the basic material for three articles. The articles had different theme areas, but all the themes were related to effects of performance appraisals in municipal health services. All measurements in this study were based on validated scales. The reliability of the scales was measured by Cronbach's alpha values (Cronbach, 1951).

### **6.1.2 Article 1: An exploration of the effects of performance appraisals in municipal health services**

The purpose of this study was to investigate which factors could lead to motivation of employees through performance appraisals.

**Figure 2: An exploration of the effects of performance appraisals in municipal health services**

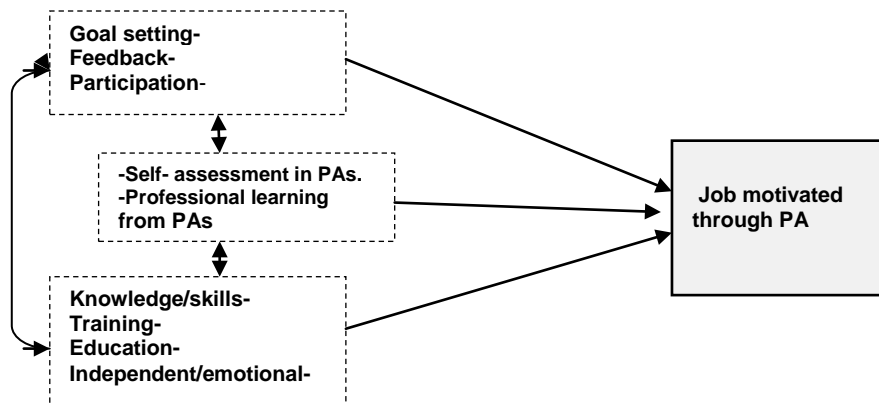


Figure 2 shows the factors in the performance appraisal that can lead to increased job motivation. The figure also shows how self-assessment and professional learning can be indirect factors to increase the effect of performance appraisal and job motivation.

#### Measurement

Previous researchers indicate that goal setting, feedback, and participation are essential factors in job motivation. To measure these, a seven-item scale about goal setting was used (Kuvaas, 2006) with a Cronbach's alpha =.92. A six-item scale about feedback by Kuvaas (2006) was used, with a Cronbach's alpha = .88. Scales about participation developed by several researchers (Kuvaas, 2006; Spence & Wood, 2007; Yeuk-mui May & Korczynski, 2002) were used with a Cronbach's alpha =.71. Several scales were used to measure independence used by a number of researchers (Kuvaas, 2006; Steers & Braunstein, 1976) with a Cronbach's alpha =.79, 83, and 77, respectively. A three-item scale about self-assessment (Kuvaas, 2006; Yeuk-mui May & Korczynski, 2002) was used with a Chronbach's alpha =.69. A four-item scale was used to measure professional learning (Greller, 1976), with a Cronbach's alpha =.87. The health personnel's job motivation was assessed using the six-item scale (Cameron & Pierce, 1994; Kuvaas, 2006), with a Cronbach's alpha =.84. To measure the respondents' education and training that is usually provided by the use of performance appraisals, dummy variables were used.

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Table 2 shows the values from the factor analysis of each item in the questionnaire and its measurements of Component Matrix, Cronbach's alpha, and KMO (Kaiser-Mayer-Olkin). The table shows the items in the first article that support the first hypothesis, then the second hypothesis, etc.

**Table 2: Factor analysis for an exploration of the effort of performance appraisals in the municipal health services**

<i>Hypothesis</i>	<i>Item</i>	<i>Component matrix</i>	<i>Cronbach's alpha</i>	<i>KMO</i>
<i>Goal setting</i>	Organisational goal setting helps me to understand what is expected from me in such a way that I can contribute to organisational effectiveness.	.856	.92	.895
	Performance appraisals give me information about the organisation's goal.	.817		
	Performance appraisals provide clear goals to which I can direct my attention.	.837		
	Performance appraisals help me to understand the organisation's vision and strategy.	.785		
	Performance appraisals help me to prioritise between the various work activities.	.870		
	Because of performance appraisals I can see a clear connection between my own work and the performance of the workplace.	.845		
	Through performance appraisals I am provided clear and direct information about my standing in relation to the goals of my workplace.	.828		
<i>Feedback Thorough Satisfied</i>	The feedback I receive agrees with what I have actually achieved	.874	.88	.825
	The feedback I receive helps me to understand the organisation's strategy.	.790		
	The feedback I get from the workplace gives me recognition when I perform well.	.892		
	Altogether, I am satisfied with the feedback I get from my manager.	.883		
<i>Participant Independent</i>	There is no opportunity for me to have any real input in my performance appraisals.	.820	.71	.696
	I am excluded and discouraged and I cannot actively participate in my performance appraisals.	.875		
		.668		
	I am fed up about the form that the reviews take.	.590	.79	.708
	I always feel nervous before performance appraisals.	.844		
	I am more independent than most people.	.844	.83	.500
	Freedom to make my own decisions is not important to me.	.926		
	I do not have any great need for self-determination in what I do.	.926		
	If I believe that something is wrong, I speak out, regardless of to whom I am speaking.	.902		
I am able to say what I mean regardless of the situation I am in.	.902	.77	.500	
	.902			

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<i>Education PA training</i>	I have been trained and have experience in appraisals of my current or previous jobs.	.885		
<i>Self- assessment</i>	I often expect extra effort to carry out my job.	.693	.69	.643
	The quality of my work is top-notch.	.831		
	I almost always do a better job than what can be characterised as acceptable performance.	.842		
<i>Learning</i>	The performance appraisals help me to learn how I can do my job better.	.893	.87	.809
	I have learned a lot from performance appraisals.	.852		
	The performance appraisals help me to understand the mistakes within the organisation.	.864		
	I have a clearer idea of what the boss expects from me because of the performance appraisals.	.803		
<i>Motivation</i>	The tasks that I do at work are enjoyable.	.803	.84	.872
	My job is so interesting that it is a motivation in itself.	.833		
	My job is meaningful.	.692		
	The tasks that I do at work motivate me in my job.	.781		
	I feel lucky being paid for a job I like this much.	.677		
	My job is of pleasure and benefit to me.	.796		

Table 3 shows each item in the questionnaire and its measurements of the Mean, Std Devition, and Analysis N. The table shows the items in the first article that support the first hypothesis, then the second hypothesis, etc.

**Table 3: Descriptive statistics for the scale items for an exploration of the effort of performance appraisals in the municipal health services**

<i>Hypothesis</i>	<i>Item</i>	<i>Mean</i>	<i>Std Deviation</i>	<i>Analysis N</i>
<i>Goal setting</i>	Organisational goal setting helps me to understand what is expected from me in such a way that I can contribute to organisational effectiveness.	3.20	.91	.317
	Performance appraisals give me information about the organisation's goals.	3.26	.90	
	Performance appraisals provide clear goals to which I can direct my attention.	3.41	.92	
	Performance appraisals help me to understand the organisation's vision and strategy.	3.49	.91	
	Performance appraisals help me to prioritise between the various work activities.	3,09	.90	
	Because of performance appraisals I can see a clear connection between my own work and the performance of the workplace.	3.15	.87	
	Through performance appraisals I am provided clear and direct information about my standing in relation to the goals of my workplace.	3.12	.98	
<i>Feedback Thorough Satisfied</i>	The feedback I receive agrees with what I have actually achieved.	3.57	.88	.319
	The feedback I receive helps me to understand the organisation's strategy.	3.21	.88	
	The feedback I get from the workplace gives me			

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	recognition when I perform well. Altogether, I am satisfied with the feedback I get from my manager.	3.66 3.48	.94 1.00	
<i>Participant</i>	There is no opportunity for me to have any real input in my performance appraisals. I am excluded and discouraged and I cannot actively participate in my performance appraisals. I am fed up about the form that the reviews take.. I always feel nervous before performance appraisals.	2.24 2.06 2.45 2.41	.78 .79 .97 .92	.317
<i>Independent</i>	I am more independent than most people. Freedom to make my own decisions is not important to me. I do not have any great need for self-determination in what I do. If I believe that something is wrong, I speak out, regardless of to whom I'm speaking. I'm able to say what I mean regardless of the situation I am in.	3.19 2.23 2.19 3.82 3.55	.93 .80 .87 .96 .90	
<i>Self-assessment</i>	I often expect extra effort to carry out my job. The quality of my work is top-notch. I almost always do a better job than what can be characterised as acceptable performance.	4.27 4.55 4.40		
<i>Education PA training</i>	I have been trained and have experience in performance appraisals in my current or previous job			
<i>Learning</i>	The performance appraisals help me to learn how I can do my job better. I have learned a lot from performance appraisals The performance appraisals help me to understand the mistakes within the organisation. I have clearer idea of what the boss expects from me because of the performance appraisals.	3.48 3.45 3.43 3.27	.88 .81 .84 .85	.328
<i>Motivation</i>	The tasks that I do at work are enjoyable. My job is so interesting that it is a motivation in itself. My job is meaningful. The tasks that I do at work motivate me in my job. I feel lucky being paid for a job I like this much. My job is of pleasure and benefit to me.	4.00 3.91 4.36 3.90 3.44 3.96	.69 .83 .60 .72 1.03 .70	.356

**6.1.3 Article 2: Employees’ perceptions of justice in performance appraisals**

The purpose of this study was to investigate justice as an effect of performance appraisals in municipal health services.

**Figure 3: Employees’ perceptions of justice in performance appraisals**

<i>Justice Theory</i>	<i>H</i>	<i>Hypothesis</i>
<b>Procedural justice</b>	<b>H<sub>1a</sub></b>	H <sub>1a</sub> Nurses are more satisfied with performance appraisal feedback than auxiliary nurses.
	<b>H<sub>1b</sub></b>	H <sub>1b</sub> Auxiliary nurses receive more thorough feedback through the performance appraisal conversation than nurses.
	<b>H<sub>1c</sub></b>	H <sub>1c</sub> Nurses in the municipal health service are more participative in the use of performance appraisals than auxiliary nurses.
<b>Interactional justice</b>	<b>H<sub>2a</sub></b>	H <sub>2a</sub> Employees in nursing homes have a better exchange in performance appraisals than employees in home care.
	<b>H<sub>2b</sub></b>	H <sub>2b</sub> Employees who have had follow-up conversations have a better exchange in performance appraisals than those who had no follow-up conversation.
	<b>H<sub>2c</sub></b>	H <sub>2c</sub> Constructive discussions in performance appraisals were perceived as more just than ambiguous and unstructured conversations.

Figure 3 shows the factors in the performance appraisal that can lead to justice in the calls. The figure also shows how the procedural and interactional justice theories are used as a model for describing justice in performance appraisals.

**Measurements**

The employees’ sense of justice in performance appraisals was measured using a six-item scale developed by several researchers (DeNisi, 1996; Korsgaard & Robertson, 1995; Landy, et al., 1978), with a Cronbach’s alpha =.92. A six-item scale about feedback developed by Kuvaas, (2006) was used with a Cronbach’s alpha =.88. A seven-item scale (two scales) was used to measure participant and independent factors (Kuvaas, 2006; Spence & Wood, 2007; Yeuk-mui May & Korczynski, 2002) with a Cronbach’s alpha = .71 and 79, respectively. A seven-item scale was used to measure leader-member exchange developed by Grean and Uhl-Bien (1995), with a Cronbach’s alpha =.91. Furthermore, a four-item scale about constructive discussion (Cook & Wall, 1980; Dorfman, Stephan, & Loveland, 1986; Greller, 1976; Korsgaard & Robertson, 1995) was used with a Cronbach’s alpha =.89.

Table 4 shows the values from factor analysis of each item in the questionnaire and its measurements of Component Matrix, Cronbach’s alpha, and KMO



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(Kaiser-Meyer-Olkin). The table shows the items in the second article that support the first hypothesis, then the second hypothesis, etc.

**Table 4: Factor analysis employees' perceptions of justice in performance appraisals**

<i>Hypothesis</i>	<i>Item</i>	<i>Component matrix</i>	<i>Cronbach's alpha</i>	<i>KMO</i>
<i>Feedback</i>	My manager seems to be more concerned with giving positive feedback for a job well done than to criticise for bad work performed.	.712	.88	.500
	<i>Satisfied</i> I have received negative feedback on my work through the PAs when it has been necessary.	.712		
	<i>Thorough</i> The feedback I receive agrees with what I have actually achieved.	.874		
	The feedback I receive helps me to understand the organisation's strategy.	.799		
	The feedback I get from the workplace gives me recognition when I perform well.	.892		
	Altogether, I am satisfied with the feedback I get from my manager.	.883		.696
<i>Participant</i>	There is no opportunity for me to have any real input in my performance appraisals.	.820	.79	.708
	I am excluded and discouraged and I cannot actively participate in my performance appraisals.	.875		
	I am fed up about the form that the reviews take.	.668		
	I always feel nervous before performance appraisals.	.590		
	<i>Independent</i> I have a greater need than most people to make decisions on the basis of my own independent thinking.	.833		
	I seek out situations that provide room for independent decision-making.	.847	.91	.921
	I am more independent than most people.	.844		
<i>LMX</i>	Do you usually know how satisfied your manager is with what you do?	.871		
	How well does your manager understand your job problems and needs?	.796		
	How well does your manager recognise your potential?	.719		
	What are the chances that your manager would use his/her power to help you solve problems in your work?	.841		
	What are the chances that he/she will bail you out at his/her expense?	.797		
	I have enough confidence in my manager that I would defend and justify his/her decision if he/she were not present to do so.	.899		
	How would you characterise your working relationship with your manager?	.895		
<i>Constructive PAs</i>	From my perspective, the performance appraisal interviews were satisfying experiences.	.872	.92	.880
	My organisation is good at providing recognition for good performance.	.855		
	I am satisfied with how my manager conducts performance appraisals.	.803		

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	I think that my organisation attempts to conduct performance appraisals in the best possible way.	.859		
<i>Justice</i>	Performance appraisal policies and responsibilities are adequately explained.	.843	.87	.809
	Responsibility for the performance appraisals is made clear enough.	.859		
	My supervisors know what they are being evaluated on.	.892		
	Performance appraisals within our organisation are a fair process.	.779		
	My supervisor would regard these evaluations as fair.	.854		
	My subordinates would regard these evaluations as fair.	.893		

Table 5 shows each item in the questionnaire and its measurements of the Mean, Std Deviation, and Analysis N. The table shows all the items in the second article that support the first hypothesis, then the second hypothesis, etc.

**Table 5: Descriptive statistics for the scale items for employees' perceptions of justice in performance appraisals**

<i>Hypothesis</i>	<i>Item</i>	<i>Mean</i>	<i>Std Deviation</i>	<i>Analysis N</i>
<i>Feedback Satisfied Thorough</i>	My manager seems to be more concerned with giving positive feedback for a job well done than to criticise for poor work performed.	3.14	0.99	317
	I have received negative feedback on my work through the PAs when it has been necessary.	2.93	0.88	
	The feedback I receive agrees with what I have actually achieved.	3.57	0.88	
	The feedback I receive helps me to understand the organisation's strategy.	3.21	0.88	
	The feedback I get from the workplace gives me recognition when I perform well.	3.66	0.94	
	Altogether, I am satisfied with the feedback I get from my manager.	3.48	1.00	
<i>Participant Independent</i>	There is no opportunity for me to have any real input in my performance appraisals.	2.24	0.78	317
	I am excluded and discouraged and I cannot actively participate in my performance appraisal.	2.06	0.79	
	I am fed up about the form that the reviews take..	2.45	0.97	
	I always feel nervous before performance appraisals.	2.41	0.92	
	I have a greater need than most people to make decisions on the basis of my own independent thinking.	2.82	0.89	
	I seek out situations that provide room for independent decision-making.	3.20	0.89	
<i>LMX</i>	I am more independent than most people.	3.19	0.93	355
	Do you usually know how satisfied your manager is with what you do?	3.24	0.93	
	How well does your manager understand your job problems and needs?	3.29	0.93	

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	How well does your manager recognise your potential?	3.48	0.92	
	What are the chances that your manager would use his/her power to help you solve problems in your work?	3.52	0.96	
	What are the chances that he/she will bail you out at his/her expense?	3.01	0.94	
	I have enough confidence in my manager that I would defend and justify his/her decision if he/she were not present to do so.	3.18	0.93	
	How would you characterise your working relationship with your manager?	3.64	0.95	
<i>Constructive PAs</i>	From my perspective, the performance appraisal interviews were satisfying experiences.	3.22	0.93	340
	My organisation is good at providing recognition for good performance.	3.12	0.94	
	I am satisfied with how my manager conducts performance appraisals.	3.17	1.01	
	I think that my organisation attempts to conduct performance appraisals in the best possible way.	3.25	0.98	
<i>Justice</i>	Performance appraisal policies and responsibilities are adequately explained.	3.26	0.89	320
	Responsibility for the performance appraisals is made clear enough.	3.40	0.88	
	My supervisors know what they are being evaluated on.	3.33	0.88	
	Performance appraisals within our organisation are a fair process.	3.38	0.79	
	My supervisor would regard these evaluations as fair.	3.36	0.71	
	My subordinates would regard these evaluations as fair.	3.21	0.72	

**6.1.4 Article 3: Dyadic relationships and exchanges in performance appraisals**

The purpose of this study was to investigate the effects between dyadic relationships and performance appraisals.

**Figure 4: Dyadic relationships and exchanges in performance appraisals**

<i>Theory</i>	<i>H</i>	<i>Hypothesis</i>
<b>High to low exchange (LMX) in PAs</b>	<b>H1</b>	Employees from nursing homes participate more in performance appraisals (H1a) and have higher LMX (H1b) than employees who work in home care situations.
	<b>H2</b>	Subordinates in municipal health services experience more constructive discussions with higher exchanges in their performance appraisals than the managers.
	<b>H3</b>	Auxiliary nurses are more satisfied with the exchanges in feedback in performance appraisals than nurses.
	<b>H4</b>	Managers in municipal health services experience more thorough feedback with higher exchanges in performance appraisals than nurses.

Figure 4 shows which factors in the performance appraisal that can lead to high quality of relationships and exchange in the calls. The figure also shows how high and low exchange (LMX) theory has been used to describing the quality of exchanges in performance appraisal.

Measurements

The respondent rating of LMX (leader-member exchanges) in the performance appraisals were measured using a seven-item scale developed by Graen & Uhl-Bien (1995), with a Cronbach’s alpha = .92. A six-item scale about active participation (Spence & Wood, 2007) was used with a Cronbach’s alpha = .71. A four-item scale about constructive discussion developed by several researchers (Cook & Wall, 1980; Dorfman, et al., 1986; Greller, 1976; Korsgaard & Robertsen, 1995) was used with a Cronbach’s alpha = .89. Two scales (two and four items) about feedback (satisfied with feedback and thorough feedback) (Kuvaas, 2006) were used with a Cronbach’s alpha = .80. and .88, respectively.

Table 6 shows values from factor analysis of each item in the questionnaire and its measurements of Component Matrix, Cronbach’s alpha, and KMO (Kaiser-Meyer-Olkin). The table shows all the items in the third article that support the first hypothesis, then the second hypothesis, etc.

**Table 6: Factor analysis of dyadic relationships and exchanges in performance appraisals**

<i>Hypothesis</i>	<i>Item</i>	<i>Component matrix</i>	<i>Cronbach's alpha</i>	<i>KMO</i>
<i>Participant</i>	There is no opportunity for me to have any real input in my performance appraisals.	.820	.71	.708
	I am excluded and discouraged and I cannot actively participate in my performance appraisals.	.875		
	I am fed up about the form that the reviews take.	.668		
	I always feel nervous before performance appraisals.	.590		
<i>Constructive PAs</i>	From my perspective, the performance appraisal interviews were satisfying experiences.	.797	.84	.804
	My organisation is good at providing recognition for good performance.	.899		
	I am satisfied with how my manager conducts performance appraisals.	.895		
	I think that my organisation attempts to conduct performance appraisals in the best possible way.	.872		
<i>Feedback Satisfied Thorough</i>	My manager seems to be more concerned with giving positive feedback for a job well done than to criticise for bad work performed.	.712	.88	.500
	I have received negative feedback on my work through the PAs when it has been necessary.	.874		
	The feedback I receive agrees with what I have actually achieved.	.799		
	The feedback I receive helps me to understand the organisation's strategy.	.892		
	The feedback I get from the workplace gives me recognition when I perform well.	.883		
	Altogether, I am satisfied with the feedback I get from my manager.	.773		
<i>LMX</i>	Do you usually know how satisfied your manager is with what you do?	.773	.91	.921
	How well does your manager understand your job problems and needs?	.863		
	How well does your manager recognise your potential?	.805		
	What are the chances that your manager would use his/her power to help you solve problems in your work?	.871		
	What are the chances that he/she will bail you out at his/her expense?	.796		
	I have enough confidence in my manager that I would defend and justify his/her decision if he/she were not present to do so.	.719		
	How would you characterise your working relationship with your manager?	.841		

Table 7 shows each item in the questionnaire and its measurements of the Mean, Std Deviation, and Analysis N. The table shows all the items that support the first hypothesis, then the second hypothesis etc.

**Table 7: Descriptive statistics for the scale items of dyadic relationships and exchanges in performance appraisals**

<i>Hypothesis</i>	<i>Item</i>	<i>Mean</i>	<i>Std Deviation</i>	<i>Analysis N</i>
<i>Participant</i>	There is no opportunity for me to have any real input in my performance appraisal.	2.24	0.78	317
	I am excluded and discouraged and I cannot actively participate in my performance appraisal.	2.06	0.79	
	I am fed up about the form that the reviews take.	2.45	0.97	
	I always feel nervous before performance appraisals.	2.41	0.92	
<i>Constructive PAs</i>	From my perspective, the performance appraisal interviews were satisfying experiences.	3.22	0.93	340
	My organisation is good at providing recognition for good performance.	3.12	0.94	
	I am satisfied with how my manager conducts performance appraisals.	3.17	1.01	
	I think that my organisation attempts to conduct performance appraisals in the best possible way.	3.25	0.98	
<i>Feedback Satisfied Thorough</i>	My manager seems to be more concerned with giving positive feedback for a job well done than to criticise for bad work performed.	3.14	0.99	317
	I have received negative feedback on my work through the PAs when it has been necessary.	2.93	0.88	
	The feedback I receive agrees with what I have actually achieved.	3.57	0.88	319
	The feedback I receive helps me to understand the organisation's strategy.	3.21	0.88	
	The feedbacks I get from the workplace give me recognition when I perform well.	3.66	0.94	
	Altogether, I am satisfied with the feedback I get from my manager.	3.48	1.00	
<i>LMX</i>	Do you usually know how satisfied your manager is with what you do?	3.24	0.93	320
	How well does your manager understand your job problems and needs?	3.29	0.93	
	How well does your manager recognise your potential?	3.48	0.92	
	What are the chances that your manager would use his/her power to help you solve problems in your work?	3.52	0.96	
	What are the chances that he/she will bail you out at his/her expense?	3.01	0.94	
	I have enough confidence in my manager that I would defend and justify his/her decision if he/she were not present to do so.	3.18	0.93	
	How would you characterise your working relationship with your manager?	3.64	0.95	

### 6.1.5 Analyses (Articles 1, 2, and 3)

Factor analyses and regression analyses were run in SPSS 15 (first article) and 16 (Articles 2 and 3) (statistical package for the social sciences). The data were analysed in several phases. First an exploratory principal factor analysis with

varimax rotation was performed on all multiple scale items to determine item retention. Varimax is an orthogonal rotation and simplifies the factors. Factor analysis attempts to identify a small set of factors that represent the underlying relationships among a group of related variables. It is not designed to test hypothesis or tell us whether one group is significantly different from another (Eikemo & Clausen, 2007; Pallant, 2004; Pett & Sullivan, 2003; Skog, 2005). Some items were removed because they do not coordinate with other variables in the model (feedback item nos. 11 and 12, participation item nos. 34 and 35, 53 and 54).

Two statistical measures are used in SPSS to help assess the validity: 1) The Kaiser Meyer Olkin Measure of Sampling Adequacy (KMO) (Kaiser, 1970, 1974). KMO has a must index range from 0 to 1, with .6 suggested as the minimum value for a good factor analysis. 2) Bartlett's Test of Sphericity (Bartlett, 1954) tests the null hypothesis that the correlation matrix is an identity matrix. The Bartlett's Test of Sphericity should be significant (the sig. value is  $p < .05$ ) for the factor analysis to be considered appropriate. The correlation matrix is to identify and test a matrix. A matrix is a general systemic form that indicates whether the factor is appropriate or inappropriate. If the value (Sig) of this determinant is  $< 0.05$ , it is valid.

In an Anti-Image Matrix (correlation), the values in the diagonal line must be above 0.7. This statistic indicates that the correlations among the individual items are strong enough to suggest that the correlation matrix is factorable. The model of communalities must have a value above 0.5. That indicates that all of the variance in a given item is explained by the extracted factors. All measures in this study are valid. A component matrix summarises the factor pattern-factor loading for the items in the principal components and must have a value above 0.5.

The Total Variance Explained table shows how many components meet this criterion. The percent of the variance should not be less than 50 % if there is one component in the Component matrix. It is a total variance percentage of all the items (checking the reliability of the scale), and the Cronbach's alpha coefficient should be above .70 (Cronbach, 1951). This is the degree to which the items that make up the scale all measure the same underlying attribute. The measure of reliability represents the proportion of total variance in a given scale that can be attributed to common source. Cronbach's alpha tests are a quality system in the research.

The next sequence, which is called the Frequencies variable, tells how many of the health staff gave responses to each question (how many answered *agree*, etc). All coordinated items were grouped into several new matching groups with a common new headline used further in the analysis. It is easier to have approximately equal group sizes. If the groups are unequal, it may be inappropriate to run some regression analyses.

In this sequence, the SPSS programme may create histograms and make the information clear or understandable. The histograms have a measuring line and the histogram- graph should keep inside this line as much as possible. The scores may be skewed to the left or to the right or in a rectangular shape (Eikemo & Clausen, 2007; Pallant, 2004; Pett, et al., 2003; Skog, 2005). If the groups are unequal, it may not be suitable to use a regression analysis (Eikemo & Clausen, 2007; Pallant, 2004; Pett, et al., 2003; Skog, 2005).

Hypotheses are tested with regression analysis (Eikemo & Clausen, 2007; Lewis-Beck, 1980; Menard, 1995; Pallant, 2004; Skog, 2005). In the first article, the linear regression with job motivation in performance appraisals was the dependent variable. This analysis also distinguishes between direct and indirect effects between dependent and independent variables (Skog, 2005). Self-assessment and learning were the indirect factors (see Figure 2).

The independent variables were goal setting, feedback, participation, independence, and education. The feedback questions were divided into two components, one related to satisfied with feedback, and one related to thorough feedback. The analysis will then show whether the model is significant with the respondents' answers to goal setting, feedback, and participation, etc.

To measure follow-up conversations, positions, and workplace related to justice in performance appraisals (Article 2), the dummy variable was used. Linear regression analysis with a justice factor related to performance appraisals was the dependent variable. The independent variables were feedback, participation, satisfaction, independent, dyadic exchange, and constructive conversations.

Regression analysis was also used to match together topics that can correlate with dyadic relationships and exchange associates with each performance appraisal in Article 3. Leader-member exchange was the dependent variable in the linear regression analysis, and active participation, constructive discussion, satisfied with feedback, and thorough feedback in performance appraisals were the independent variables.



However, the coefficient of determination is relatively high in most of the elements. In the coefficients, the t-test must be above 2. The (independent sample) t-test was used to compare the mean scores of different groups of factors/subjects. Independent sample t-tests are used when you have two different independent groups of people and are interested in comparing their scores (Skog, 2005). Sig. must be below 0.05. Sig. is the significance level of the group. If the sig. is less than 0.05, the mean variances for the groups are not the same. The questionnaire has some issues about professional learning from performance appraisals. The learning questions are measured by t-test and mean values. The split (select cases) between the nurses and auxiliary nurses, subordinates, and managers was used. The split technique will split the scale into two or more parts and examine the correlation among the variables.

Assumption testing:

Test of the Normality (Sig) is: All informants: 0.342, Nurses: 0.773, Auxiliary nurses: 0.596, Subordinates: 0.694, Managers: 0.515. The Test of Normality shows the result of the Kolmogorov-Smirnow statistic. This assesses the normality of the distribution of scores. A non-significant result (Sig. value of more than .05) indicates normality (Pallant, 2004).

The Model Summary box shows the check of the value given under the heading R Square. This tells how much of the variance in the dependent variable is explained by the model: R Square: All informants: 0.161. Nurses: 0.196. Auxiliary nurses: 0.214. Subordinates: 0.196. Managers: 0.193. The Adjusted R Square statistic “corrects” this value to provide a better estimate of the true population value: All informants: 0.342, Nurses: 0.171, Auxiliary nurses: -0.059. Subordinates: 0.171. Managers: 0.050. The Model Summaries’ value to managers and auxiliary nurses is low.

## **6.2 Study 2**

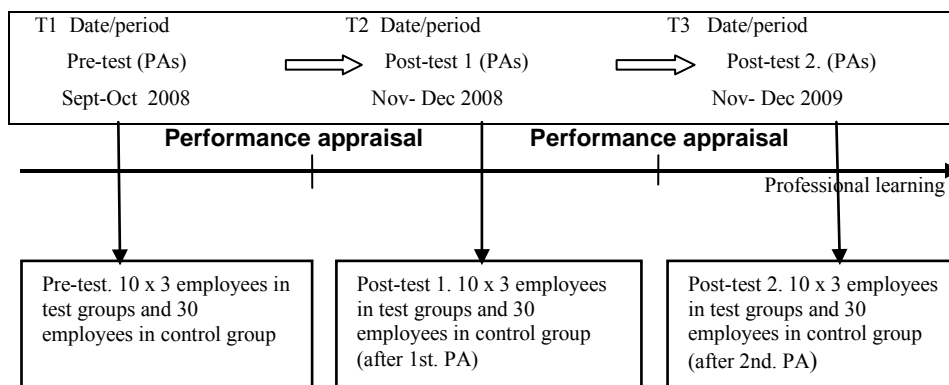
### **6.2.1 Article 4: The effects of professional learning through performance appraisals in groups and individual conversations**

The purpose of this study was to investigate the effects of performance appraisals in groups and in individual conversations.

Design of the Research

Figure 5 illustrates a time table (2008–2009) over the occurrence of performance appraisals (individuals and groups, in T1, T2, and T3) and dates of measuring outcomes

**Figure 5: Exploring possible effects of performance appraisals in groups and individual conversations**



Experimental research or field research seeks to determine whether a specific treatment affects the outcomes of the respondents.

The effects of this action may be seen by providing a particular treatment or particular measures to a specific group of employees. The second group of employees does not receive the same treatment or operation. Then, the first researcher determines how both groups will score on an outcome. The experiment may have random assignments of subjects to treatment conditions or quasi-experiments that do not use random design. When individuals can be randomly assigned to groups, the procedure is called a true experiment (Creswell, 2009:12). Newman and Wright (1999) indicate that teams, contrary to groups, consist of two or more individuals that can be characterised by high role differentiation, high task differentiation, and distributed expertise (Neuman & Wright, 1999). This study uses the group concept. Research argues that group members have professional knowledge and skills and must coordinate and interact with other group members sequentially or simultaneously (Neuman & Wright, 1999; Yukl, 2006). Groups in this thesis are informal groups that work with the same patients and then have performance appraisals together. Group members may have different degrees of education, but the most important thing is that they are working in the same team, and have the same work goals and take care of the same patients. Group

members provide directions, structures, and support to other group members (Murphy & Cleveland, 1995; Yukl, 2006). Teams have become a hot topic, almost faddish in recent years (Guzzo, 1995). The researchers suggest that member personality can have both positive and negative effects in group performance. It is necessary to have a good quality of relationship and the exchanges between the members. Special characters can affect the group's performance and may be a slight factor in all teamwork (Jackson, 1992; Moreland & Levine, 1992; Neuman & Wright, 1999; Yeuk-mui May & Korczynski, 2002). Previous research on work groups has focused on developing models that predict effectiveness (Kirkman, et al., 2001), and not on job motivation and professional learning perspectives for the employees.

Managers in Giske Municipal Health Services, representatives from NAV (Norwegian Labour and Welfare Organisation), and the PhD candidate of this thesis planned the project. The employees decided who would be in the groups together. This saved the managers extra work and was expedient in order to avoid conflicts between group members. Afterwards, this sector had an information meeting where researchers and managers discussed the new procedures with all employees, and then they had performance appraisals twice in this study. Groups without long-term viability and confidence can promote conflicts in work cooperatively (Hackman, 1987). Employees in this sector made their own performance appraisal guide. The employee representatives for nurses and for auxiliary nurses also took responsibility for the performance appraisal interview guide.

Research also suggests an increased positive working condition in groups over time, and group relationships increase through the work (Cameron & Pierce, 1994).

### **6.2.2 Sample of respondents to Study 2**

This is a fieldwork design in which ten work groups have carried out performance appraisals. Each group consisted of three employees and their managers. Some groups had members with similar education; others had members with different levels of education. Cross-professional training is used to increase professional learning, flexibility, and collaboration in work groups. The goal of interdisciplinary training is to allow group members to better understand the working knowledge and roles of other group members and the interconnection among the actions of group members (Goldstein, 2002; Levi, 2007). The respondents from this study are compared with health personnel who had performance appraisals as individual calls. The data was obtained from 30 x 2 health personnel in Giske Municipal Health Services. They had 30 employees divided into 10 groups with three members in each group (test

group). They then had group discussions during the performance appraisals. Another 30 employees had performance appraisals as individual conversations (control group). Both these departments had approximately 60-70 employees each. The test groups in this study consisted of health personnel in municipal health services in Norway. The control groups were comprised from the northern area in the same municipal health services.

Both the test groups and the control groups were regarded as sufficiently similar with regard to important variables (age and education). The test groups and the control groups were in the same working area, and the groups were given the same questionnaire.

T1 (pre-test) was one week before the performance appraisal started, T2 (post-test 1) was one to two weeks after the first performance appraisal, and T3 (post-test 2) was one to two weeks after the second performance appraisal (one year later) (Creswell, 2009). The questionnaire was sent home as e-mail to 30 x 2 respondents, and the respondents received the same questionnaire three times. About 29, 27 (pre-test), 28, 25 (post-test 1) and 22, 17 (post-test 2) respondents of each group answered each time. Employees also received a newsletter or information letter with the questionnaire. Most of the respondents worked in home care and nursing homes, and were educated nurses (24 %) and auxiliary nurses (52 %), while the remaining 24% represented other professions, such as cleaners, janitors, social workers, etc. Some of these 24 % of respondents had no formal health education. The groups had about 13 % full-time jobs, 31 % had 70-90 % jobs and 49 % had 50-70 % jobs. In individual performance appraisals, about 15 % of the respondents had full-time jobs, 45 % had 70-90 % jobs, and 30 % had 50-70 % jobs. The sample had predominantly female respondents (93 %, approximately two to three males, and around 20-28 female respondents). Diversity in a group can lead to problems caused by misperceptions about others and competition among groups. From sociological and organisational perspectives, the topic of diversity is increasing in importance. Diversity had many meanings, which had different impacts on how groups functioned (Levi, 2007).

A small group includes two or more individuals, interaction among group members, and interdependence among them. How small “small” is can be a matter for discussion. In this research, a *small group* is three employees. Ilgen et., al. (1995) point out that a small group is small enough so that all group members can be aware of each other, but the exact limits in size depend on other factors, such as the nature of the task or the amount of interaction.

However, even when group members have access to the same information, they may evaluate or weigh it very differently (Ilgen, et al., 1995).

#### Measurements

A four-item scale measured active participation (Kuvaas, 2006; Spence & Wood, 2007; Yeuk-mui May & Korczynski, 2002), with a Cronbach's alpha =.71. An eight-item scale about work effort was used (Kuvaas, 2006; Yeuk-mui May & Korczynski, 2002), with a Cronbach's alpha =.90. The respondents' sense of their work conditions was measured using a three-item scale (Kuvaas, 2006; Yeuk-mui May & Korczynski, 2002), with a Cronbach's alpha =.69. A four-item scale measured satisfaction with performance appraisals was used (Cook & Crossman, 2004; Dorfman, et al., 1986; Korsgaard & Robertson, 1995; Wang, 2006), with a Cronbach's alpha =.88. A seven-item scale about LMX was used (Graen & Uhl-Bien, 1995), with a Cronbach's alpha =.86. A four-item scale of learning from performance appraisals was used (Greller, 1976) with a Cronbach's alpha =.84.

#### 6.2.3 Analysis

*Factor analysis:* The results are compared in SPSS 17. The analysis was performed on all multiple scale items to determine item retention. This analysis is not designed to test the proposition or determine whether one group is significantly different from another (Eikemo & Clausen, 2007; Pallant, 2004; Pett, et al., 2003; Skog, 2005). Some items in this questionnaire were removed because they had no correlation with other variables in the scale. However, factor analysis is included in the SPSS package as a "data reduction" technique. It takes a large set of variables and looks for a way to reduce or summarise the data using a smaller set of factors. Using factor analysis, people may understand the correlation structure in a set of variables, such as a test part in a questionnaire survey.

The reliability of a scale can vary depending on the sample it is used with. It was therefore necessary to check that each of the scales were reliable with particular samples. In this analysis, the Cronbach's alpha coefficient was used for this measurement. Then, KMO (Kaiser-Meyer-Olkin) and Bartlett's Test of Sphericity (Bartlett, 1954; Kaiser, 1970, 1974; Pallant, 2004) were used.

Varimax rotation was used in this analysis. This is a method that seeks to maximise the variance by making high-factor charges higher, while low-factor cables are made smaller. Varimax thereby minimises the variance of factor wires within factors, across variables (Pallant, 2004).

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Table 8 shows the values from factor analysis of each item in the questionnaire and its measurements of Component Matrix, Cronbach's alpha, and KMO. The table shows the items in the fourth article that support the first hypothesis, then the second hypothesis, etc.

**Table 8: Factor analysis of performance appraisals in groups and in individual conversations**

<i>Hypothesis</i>	<i>Item</i>	<i>Component matrix</i>	<i>Cronbach's alpha</i>	<i>KMO</i>
<i>Participant</i>	I always feel nervous before performance appraisals.	.204	.71	.00
	There is no opportunity for me to have any real input in my performance appraisal.	.775		
	I am excluded and discouraged and I cannot actively participate in my performance appraisal.	.934		
	I am fed up about the form that the reviews take.	.914		
<i>Work effort</i>	I try to work as hard as possible.	.641	.90	.00
	I am very keen to make a work effort in my job.	.736		
	I often add in extra effort in my job.	.788		
	I almost always perform more than what can be described as an acceptable level.	.849		
	I often take my work unsolicited.	.753		
	I often help others in my team with tasks that are really their responsibility.	.784		
	I often assist my ward even though strictly speaking it is not a part of my job.	.772		
	I involve myself so that my team will have it as good as possible.	.877		
<i>Work conditions For learning</i>	I am often encouraged to go to meetings/seminars and to represent the department.	.716	.69	.00
	How would you rate the overall willingness to contribute at your workplace?	.830		
	How would you rate the overall effectiveness of your workplace?	.886		
<i>Satisfied</i>	My company uses performance appraisals to provide positive feedback for good work done.	.583	.88	.00
	From my point of view, performance appraisals have given satisfactory experience.	.949		
	I am satisfied with how my manager conducts performance appraisals.	.965		
	I feel that my workplace is trying to practice performance appraisal interviews at their best.	.894		
<i>LMX</i>	Do you usually know how satisfied your manager is with what you do?	.712	.86	.00
	How well does your leader understand your job problems and needs?	.870		
	How well does your leader recognise your potential?	.881		
	What are the chances that your manager would use his/her power to help you solve problems in your work?	.842		
	What are the chances that he/she will bail you out at his/her expense?	.869		
	I have enough confidence in my manager that I			

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	would defend and justify his/her decision if he/she were not present to do so.	.097		
	How would you characterise your working relationship with your manager?	.871		
<i>Learning</i>	Reviews/feedback through performance appraisals helps me so I can do my job better.	.915	.84	.00
	I learn a lot from an evaluative performance appraisal.	.806		
	Performance appraisals help me to reflect on my weaknesses.	.815		
	It has become clearer to me what my manager expects of me because of the performance appraisals.	.806		

*Regression analysis:* Regression analysis is a technique used to explore the relationships or differences among variables. The purpose of regression analysis is to examine whether and to what extent one or a set of variables causes another variable, namely the independent variable. Multiple regression analysis was used. The dependent variable was “professional learning through performance appraisals”. Independent variables were participation in performance appraisals, work efforts and work conditions in the conversation, satisfaction, exchanges, and relationships in performance appraisals.

To ensure the quality of the regression analyses, different tests are used. T-tests were used to compare mean scores of different groups of factors (greater than two and less than two). There are two main types of t-tests, paired sample t-tests and independent sample t-tests. In this analysis, both the paired and independent t-tests were used. Independent sample t-tests are used when you have two different independent groups of people and are interested in comparing their scores (performance appraisals in groups and performance appraisals as individual conversations). Paired sample t-tests and mean scores are used when you are interested in changes in scores for subjects tested at time 1 and time 2 etc. The same people will be tested each time (pre-test and post-test 1 and 2).

How to compare the average in more than two groups simultaneously: In this analysis, the ANOVA (analysis of variance) was used. In the same way as with t-tests, there are two different tests. Between groups, ANOVA (performance appraisals in groups and performance appraisals as individual conversations), and repeated measures ANOVA (pre-test and post-test 2) can be used. ANOVA can be used to investigate whether the standard deviation of a variable is equal in two different groups. It is used to investigate whether a series of (more than one or two) group averages are equal (Skog, 2005). ANOVA is used to test for differences among two or more independent

groups, under the assumption that the sampled populations are normally distributed. Analysis of variance tests whether the average of the variance between groups is greater than the variance within the groups. Typically, the one-way ANOVA is used to test for differences among at least three groups, since the two-group case can be covered by a t-test.

The level of significance (in Test of the Normality) must be below 0.05. Sig. is the significance level of the group. If the sig. is less than 0.05, the mean variances for the groups are not the same (Eikemo & Clausen, 2007; Pallant, 2004).

Table 9 shows each item in the questionnaire and its measurements of the mean, Std Deviation, and the Analysis N. The table shows the items in the fourth article that support the first hypothesis, then the second hypothesis, etc.

**Table 9: Descriptive statistics for the items of performance appraisals in groups and in individual conversations**

<i>Hypothesis</i>	<i>Item</i>	<i>Mean</i>	<i>Std Deviation</i>	<i>Analysis N</i>
<i>Participant</i>	I always feel nervous before performance appraisals.	2.64	1.15	.25
	There is no opportunity for me to have any real input in my performance appraisals.	2.44	1.12	
	I am excluded and discouraged and I cannot actively participate in my performance appraisals.	1.96	1.11	
	I am fed up about the form that the reviews take..	2.08	1.15	
<i>Work effort</i>	I try to work as hard as possible.	4.03	.68	.29
	I am very keen to make a work effort in my job.	4.27	.52	
	I often add in extra effort in my job.	4.00	.75	
	I almost always perform more than what can be described as an acceptable level.	3.20	.94	
	I often take my work unsolicited.	3.65	.76	
	I often help others in my team with tasks that really are their responsibility.	3.62	.72	
	I often assist my ward even though strictly speaking it is not a part of my job.	3.48	.73	
I involve myself so that my team will have it as good as possible.	4.20	.55		
<i>Work conditions For learning</i>	I am often encouraged go to meetings/seminars and to represent the department.	2.96	1.29	.29
	How would you rate the overall willingness to contribute at your workplace?	4.24	.57	
	How would you rate the overall effectiveness of your workplace?	4.06	.52	
<i>Satisfied</i>	My company uses performance appraisals to provide positive feedback for good work done.	3.84	.68	.25
	From my point of view, performance appraisals have given satisfactory experience.	3.80	.81	
	I am satisfied with how my manager conducts performance appraisals.	3.84	.80	



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	I feel that my work is trying to practice performance appraisal interviews at their best.	4.00	.86	
<i>LMX</i>	Do you usually know how satisfied your manager is with what you do?	3.24	1.02	.29
	How well does your manager understand your job problems and needs?	3.62	.77	
	How well does your manager recognise your potential?	3.51	.78	
	What are the chances that your manager would use his/her power to help you solve problems in your work?	3.75	.73	
	What are the chances that he/she will bail you out at his/her expense?	3.24	.91	
	I have enough confidence in my manager that I would defend and justify her decision if he/she were not present to do so.	3.48	.78	
	How would you characterise your working relationship with your manager?	3.96	3.86	
<i>Learning</i>	Reviews/feedback through performance appraisals helps me so I can do my job better.	4.08	.57	
	I learn a lot from an evaluative performance appraisal.	3.96	.61	
	Performance appraisals help me to reflect on my weaknesses.	3.96	.67	
	It has become clearer to me what my manager expects of me because of the performance appraisals.	3.76	.83	

## 7 Validity and reliability of the empirical data

This thesis is based on two empirical studies. Empirical research may be defined as a test research. Empirical means that claims about reality must be based on experience. The most accurate observer and researcher cannot present an identical representation of reality. The researcher wants to understand some of what is studied, but some information will usually be lost. Reality is diverse and diffuse. There is no matter of course about how the researcher's empirical data will be analysed. The design of the questionnaire can illustrate this. Researchers determine in advance what they want to know anything about. Researchers can also have some pre-conceptions about what they want to investigate.

A survey can be valid when researchers use approved methods of investigation, and when researchers measure what they believe they are measuring. Quantitative studies with questionnaires can be measured in a computer programme such as SPSS (Johannessen, et al., 2004).

Creswell (2009) argues, *“To use an existing instrument, describe the established validity and reliability of scores obtained from past use of the instrument. This means reporting efforts by authors to establish validity”* (Creswell, 2009:149).

In both studies, the questionnaires have scales that were developed by international researchers and have been used in previous studies. The validity and reliability of Study 1 and Study 2 are durable. Study 2 has a small number of respondents because it is fieldwork. The main reasons why the survey was conducted before and after the first performance appraisals and after the performance appraisals the following year was that it would make the study more valid and reliable (Johannessen, et al., 2004). The studies have a response rate of 62 % in Study 1 and 85 % in Study 2. Reliability means consistency and relates to the survey data. That is, what data is used, the way it is collected and how it worked (Johannessen, et al., 2004). The purpose of these studies is to find possible effects of performance appraisals in municipal health services, and then surveys with questionnaires were used. These studies were conducted in one organisation type, health personnel in municipal health services. Study 1 focuses on many municipalities in the north, south, east, and west of Norway, and Study 1 probably has greater external validity than Study 2. In Study 2, only one municipality was used because fieldwork is labour intensive. In quantitative research, the main concerns about reliability relate to

stability in results across time, reliability across populations, and across researchers. That is, they make similar empirical observations over time (Creswell, 2009).

In a scientific study, the researcher can formulate hypotheses. Hypotheses refer to something that the researcher believes are present. The hypothesis will be empirically confirmed or disproved. The empirical research indicates that theoretical and empirical frameworks go hand in hand. If the theory was not empirically proven, it could easily just be speculation. Empirical studies without theoretical references can easily be isolated descriptions of individual phenomena and have limited value. This thesis is comprised of both theory and empiricism (Johannessen, et al., 2004).

First, there was a collection of empirical data and then it looked for general patterns in the responses from the respondents. Theories were then used that support the empirical data. This is called the inductive method and draws conclusions that go from the particular to the universal (Johannessen, et al., 2004).

The term *effects* are used in this thesis. The purpose of the quantitative data analysis is to identify possible causal relationships between phenomena and events. The phenomenon that affects the other, known causes and the phenomenon that is produced or affected are recalled effects (Johannessen, et al., 2004).

The methodological approach in this thesis can be summarised as: The first study is a cross-sectional study with a large number of respondents from across the country. The second study has been conducted as fieldwork with questionnaires in one municipal health service. The studies are analysed using SPSS, and reliability was tested by Cronbach's alpha = .70. The remarkable bias in this level of analysis may be the low percentage of managers as respondents in the studies. This can be focused on in a follow-up study.

Several ethical issues were also considered in the thesis: What participants are the most appropriate participants in the process? Do the participants have good information procedures (Appendix), and does this thesis have a good and approved research design (Appendix)?

## 8 Results

Hypothesis testing is a deductive method where the researcher starts with a clearly defined hypothesis, namely, the null hypothesis (Skog, 2005).

The Results section of this thesis presents main findings from the four research articles, and the relationship among the articles. The overall research aim is: *What are the effects of performance appraisals in the Norwegian Municipal Health Services?*

This thesis has the following problems divided into two different studies:

- What effect do the municipal health services have on individual performance appraisals, and what factors can explain the differences in effect? That is, what are the health personnel's perceptions of job motivation (Article 1), fairness (Article 2), and dyadic relationships and exchanges (Article 3) through the performance appraisals?
- Due to the increasing need for knowledge and coordination in the municipal health services and the managers' wide range of control, can the municipal health services benefit from conducting performance appraisals in groups? (Article 4).

### 8.1 Results from Study 1 (Articles 1, 2, and 3)

#### 8.1.1 Goal setting in performance appraisals

The goal setting question in performance appraisals had no direct or indirect effects on job motivation and self-assessment, and is not significant. However, goal setting had an indirect effect on job motivation through professional learning from performance appraisals for all respondents. This implies that goal setting in performance appraisals is supported with the help of professional learning.

#### 8.1.2 Feedback in performance appraisals

(Related to job motivation and justice)

Thorough feedback through the performance appraisals and increasing job motivation show a direct effect for auxiliary nurses and all employees in the analysis to the first article. Direct factors are the factors that are applied directly. Indirect factors may be secondary factors that have an indirect effect. That is, an effect through other factors (self-assessment and professional learning). Nurses have an indirect effect of thorough feedback by learning factors. Managers have an indirect effect of job motivation (of the calls)

through self-assessment and thorough feedback. Auxiliary nurses receive the most thorough feedback of their employment through performance appraisals. This result is in contrast with the nurses' view, who report that they have less thorough feedback in performance appraisals. There was no direct effect among the different positions and justice factors, but there was a moderating effect. Employees without performance appraisal training and follow-up conversations still get thorough feedback in the performance appraisals.

Managers in municipal health services experience that they provide thorough feedback in performance appraisals, and experience a higher quality exchange through the performance appraisals than the nurses do.

The question of satisfaction with feedback through performance appraisals shows an indirect effect (learning) for all groups of respondents in the analysis for the first article. There is low indirect effect of self-assessment and job motivation through performance appraisals. Both nurses and auxiliary nurses have effects of satisfaction with feedback in performance appraisals related to job motivation, but only as indirect effects.

There were no direct effects between health personal (nurses and auxiliary nurses) and justice factors in performance appraisals. There was a moderating effect, but it was still significant. Nurses and auxiliary nurses emphasise different elements in performance appraisals, and have therefore been divided into two columns in this study. Employees who have follow-up conversations are more satisfied with the feedback they get through performance appraisals than those who do not have follow-up calls.

Auxiliary nurses were more satisfied with feedback they receive through performance appraisals than nurses when dyadic exchanges were the dependent factor. The analysis in the third article shows that auxiliary nurses have high values in terms of satisfaction with the feedback they receive through performance appraisals.

### **8.1.3 Active participation in performance appraisals**

(Related to job motivation, justice, and dyadic exchanges)

Active participation in the performance appraisal shows little effect of job motivation, and the effect was found only for subordinates and mostly for nurses. Indirect effects from self-assessment show the same as direct effects. There are no effects between job motivation and professional learning in performance appraisals as indirect effects. Employees in home care services are more active participants in both work situations and in performance

appraisal processes than employees in nursing homes. The analysis in Article 2 shows that there was no direct effect between different workplaces, such as home care and nursing homes, and justice in performance appraisals, but there was a moderating effect.

Employees from nursing homes are more active participants in relation to dyadic exchanges in performance appraisals than employees from home care (in third article). There are low values of active participation in performance appraisals for health personnel in home care and managers, but nurses are the occupational group that generally experience the highest effect of justice through performance appraisals. With regard to the justice question, there is a significant difference between work locations and between occupational groups. This may indicate that employees at nursing homes contribute more as participants in a performance appraisals than employees in home care, where high exchange relationships with their manager is a dependent factor.

The question related to independence in performance appraisals showed no direct relationship with job motivation in the analysis in the first article. Independence, however, had an indirect effect on job motivation through self-assessment. Independence showed no indirect relationship with job motivation through professional learning. This implies that independence in terms of job motivation in performance appraisals is supported only by self-assessment.

#### **8.1.4 Education, training, job motivation, and performance appraisals**

Employees with higher degrees of education have an indirect effect on job motivation and professional learning in performance appraisals (the analysis in the first article), a finding that includes all nurses and managers, but not auxiliary nurses. Higher degrees of education are also correlated with job motivation through performance appraisals in a direct way for all respondents. All employees have a positive effect of training in performance appraisals as an indirect effect through self-assessment. Professional learning has no direct effect on job motivation in performance appraisals, but self-assessment has a positive effect on job motivation in performance appraisals for all respondents.

#### **8.1.5 Constructive discussion in performance appraisals**

Employees in nursing homes have a higher quality of dyadic exchanges in performance appraisals than employees in home care. Employees who have had follow-up conversation have an improved quality of dyadic exchanges. Nevertheless, only 44 of the respondents reported that they have these follow-up conversations, while 321 had not had such conversations. Subordinates

have constructive discussions related to performance appraisals when dyadic exchanges and fairness are the dependent factors. The analysis in the third article demonstrates that managers have low values in constructive discussions related to performance appraisals. All other sub-groups in the third article have positive measuring with high values, which indicate that they experience good correlation with high quality dyadic exchanges in performance appraisals.

## **8.2 Results from Study 2 (Article 4)**

### **8.2.1 Performance appraisals carried out in groups and in individual conversations**

Respondents in the test groups participate more in performance appraisals than respondents in the control groups. There is an increasing positive value that shows that participation in performance appraisals leads to professional learning through the conversations for test groups, but only after post-test 2.

Work efforts in the performance appraisals will increase from pre-test to post-test 2 for employees. Test groups have the highest value of work effort. Control groups have no increase in work effort value from pre-test to post-test 2. There was no support between work effort and professional learning for respondents who have performance appraisals as an individual conversation. There was a support between work effort and professional learning for respondents who have group performance appraisals.

Respondents in the test groups have better working conditions in performance appraisals than respondents in the control groups. Respondents in the test groups get more professional learning through performance appraisals than respondents in the control groups. Respondents in the test groups and respondents in the control groups have almost equal values as concerns satisfaction with performance appraisals and then professional learning. Respondents who have individual performance appraisals have slightly better support of satisfaction with performance appraisals, but no significant difference.

There were low quality dyadic exchanges in performance appraisals for both test and control groups, and there were almost similar low support for professional learning through performance appraisals for all respondents. There is a correlation between the quality of dyadic exchanges and professional learning through performance appraisals, but only for test-groups and post-test.2.

## **9 Discussion and implications**

This thesis consists of two studies concerning possible effects of performance appraisals in municipal health services in Norway.

- What effect do the municipal health services have on individual performance appraisals, and what factors can explain the differences in effect? That is, what are the health personnel's perceptions of job motivation (Article 1), fairness (Article 2), and dyadic relationships and exchanges (Article 3) through the performance appraisals?
- Due to the increasing need for knowledge and coordination in the municipal health services and the managers' wide range of control, can the municipal health services benefit from conducting performance appraisals in groups? (Article 4).

Employees in health care services are different regarding work experience, behaviour, education, age, and use of performance appraisals (Benner, 1984; Bolman & Deal, 2009; McGregor, 1957, 1960). This thesis discusses whether performance appraisals are perceived differently and have different effects based on various occupations and education (nurses and auxiliary nurses), employment (employees and managers), and whether employees have different effects of professional learning through the use of performance appraisals in groups and individual performance appraisals. There is less emphasis on age, work experience, and turnover.

Nurses and auxiliary nurses are the largest professional groups in the sector, and there is reason to believe that the sector will expand and that there will be a growing need for these two occupational groups in the future. Scandinavian countries have an increasing growth of elderly people in their populations, and several of these elderly people will need some assistance to help take care of themselves (Høst, 2006; Texmon & Stølen, 2009; White Paper No. 25, 2005-2006, White Paper No. 47, 2008-2009).

The purpose of the first study was to determine whether job motivation, justice, and dyadic exchanges in performance appraisals will be important factors in future performance appraisals. This thesis also examines whether the performance appraisals can be implemented in different ways with different strategies, such as performance appraisal discussions in small groups. Managers are often responsible for many performance appraisals,



mainly because the Norwegian municipalities are required (by the government) to have an organisational model with a flat structure (not hierarchical). Thus, the managers are responsible for far more subordinates than previously (Orvik, 2004; White Paper No. 25, 2005-2006).

## **9.1 The first study is related to job motivation, fairness, and dyadic exchanges in performance appraisals**

The first study in this thesis is basically a descriptive investigation. It attempted to explore how something (performance appraisals) “*really is*” in the municipal health services in Norway.

### **9.1.1 Goal setting in performance appraisals**

Goal settings are normally powerful job motivators in the performance appraisals because both internal and external motivation and satisfaction may be followed by good achievement. All organisations have a greater or lesser extent of objectives for the work within their organisation (Latham, 1991; Kuvaas, 2006; Locke & Latham, 1990; Locke & Latham, 1996; Murphy & Cleveland, 1995; Skogstad & Einarsen, 2002; Skorstad, 2008), and assume that job motivation, self-assessment, and professional learning increase when employees have clear and understandable goal settings in the performance appraisals.

This PhD study shows that goal setting in performance appraisals does not affect employee job motivation in the municipal health services. This could indicate that the organisation’s goal settings are not the primary focus of health personnel during the performance appraisals. Despite the fact that employees experience low job motivation from performance appraisals’ objectives, several researchers argue that a clear goal setting for performance appraisals will lead to more effective conversations. Goal setting is effective as long as employees accept it, and it is a visible process and a key component in performance appraisals (Latham, 1991, Ilgen & Feldman, 1983; Locke & Latham, 1990; Murphy & Cleveland, 1995; Roberts & Reed, 1996). Bolman & Deal’s (2009) family perspective and McGregor’s (1960) system maintenance indicates that trust and solidarity lead to best job motivation.

Our interpretation of this result is that health personnel have a more human-focused view of their work than many other professions. The nurses focus on patients’ health, patients’ goals, medication, and patient’s care plan. This may be a contributing reason why health care professionals focus little on their

own and the organisation's goal setting related to job motivation through performance appraisals.

Goal setting within organisations is perceived as important for health personnel, but not in relation to conduct performance appraisals and their influence on job motivation. Nevertheless, it can be speculated whether goal setting in performance appraisals receive some attention in the municipal health services. However, both goal setting, thorough feedback, and satisfied with feedback in use of performance appraisals have higher benefit effects for nurses when *learning* is the dependent factor. That indicates, as Benner (1984) reports, that the process about professional learning at work is an essential factor for the nursing profession (Benner, 1984).

It seems that a higher degree of education, capacity for critical self-assessment, and adequate knowledge and expertise are important factors both for job motivation in general and for performance appraisals in particular, because performance appraisals are commonly used in this decade. This may be a reason why auxiliary nurses experience performance appraisals as a useless tool in general, and that they are not job motivated by the conversation, in particular. Previous research claims that employees with undergraduate degrees of education cannot be job motivated by a performance appraisal's goal setting (Murphy & Cleveland, 1995) is probably because the work environment does not have or rarely has a good development strategy for all employees.

There is reason to believe that employees with a high degree of education will take more responsibility for their own professional development, and thus find performance appraisals more useful and job motivating (Bandura, 1977; Fletcher, 2008; Kuhl, 1992, 2001; Kumer, 2005). It may thus appear that employees need differentiated performance appraisal procedures. The nurses in Norway often have the same education as their managers (White Paper No. 25, 2005-2006).

Job motivation is an important component in performance appraisals. This is consistent with McGregor's (1960) system maintenance and motivation through performance appraisals. Several theories in this thesis show that increasing job motivation leads to professional development of employees (DeNisi, 1996; Harris, 1994; Kuvaas, 2006; Murphy & Cleveland, 1995; Robert & Reed, 1996). There may be reason to believe that performance appraisals as a development tool are somewhat ambiguous and unfortunate for several employees. This thesis gives the impression that innovation in

performance appraisals has been given little attention in the municipal health services.

Performance appraisals may be implemented differently within different organisations (and different areas and decades) (Bolman & Deal, 2009). There is reason to believe that all employees experience reduced job motivation from poorly prepared performance appraisals. It can be speculated that managers have time pressure is one of the reasons why managers rarely use follow-up conversations. It may be a contributing factor that some employees experience unfortunate and low job motivation from performance appraisals. These studies cannot ignore the fact that the manager's responsibilities and the implementation of about 70 calls in a department can be difficult to achieve in a good way.

This thesis shows that nurses are most job motivate through performance appraisals. Although the study is not conclusive about this, it points out that performance appraisals are mostly a tool for personnel development, creatively professional learning, and measuring satisfaction with the work. This may be very similar with what Bolman and Deal (2009) termed as *carnival perspective*, but only if the manager uses differentiation and creativity in the performance appraisals. Various and differentiated calls for various occupations may then indicate more useful conversations. This is also similar with McGregor's (1960) perspective of feedback and job motivation in performance appraisals.

The first study reports that the municipal health services normally organise performance appraisal training only for managers, and often neglect performance appraisal training for subordinates. This is in accordance with McGregor's (1960) theory about the administrative contract in performance appraisals. He argues that this work provides an orderly strategy. It is common that managers take special education and training in the performance appraisal procedure as part of a manager's job. There may be reason to believe that the health services' lack of resources, i.e. both skilled personnel and funds, may be a contributing factor to low focus at conversation training for all employees. Performance appraisal training will normally cost a lot of money and time. Performance appraisal skills cannot normally be easily learned just by watching other managers and subordinates in action. That may be consistent with Bolman & Deal's (2009) jungle perspective, with rivalry of the few resources that again may lead to conflicts. Training in performance appraisals for all parties involved is important, but it is probably not enough to achieve successful conversations.

This thesis reports that employees (85 %) have not or have very rarely had any training in this tool. Mikkelsen (2005) assert that training for all involved parties is necessary if the conversations are going to function optimally (Mikkelsen, 2005). This tool was formerly principally a tool for managers' updates. It may be speculated that this unequal distribution of performance appraisal training may lead to manager-controlled attitudes that many subordinates feel are offending, and this is again similar with to the factory perspective (Bolman & Deal, 2009).

Some procedures from earlier versions of the performance appraisal are still in use in some health care organisations. They can be seen as only slightly innovative, but there can also be a number of positive elements in the old procedures that work reasonably well in some organisations.

Training in performance appraisals for managers only and the use of managers' offices for completion of the calls may be seen as unfortunate. A manager's office is Chairperson's territory. Some of the respondents also reported that they have the same performance appraisal procedures that have been used over the past twenty years, and that some managers have conversations only with employees whom they believe need these conversations. This is also related to Bolman & Deal's (2009) factory perspective and McGregor's (1960) administrative perspective, with rigid rules and strict procedures in the call. Differently performed performance appraisals might probably be the best solution. There is reason to believe that performance appraisals in small groups will reduce the managers' time pressure. That may be a time- saving performance appraisal model, and relate to Bolman and Deal's (2009) theory about carnival perspective, with creativity and innovative strategies.

This study shows that managers were not directly job motivated by the performance appraisals. Only 55 of the 371 respondents' answers came from managers. Such a low response rate in a survey may not represent the full truth in this area and may be less valid. Still, it may give the research a small indication. Managers who mostly carry out performance appraisals with subordinates often have undergone training in how they should implement performance appraisals.

### **9.1.2 Feedback in performance appraisals**

It is difficult to have useful and enough support of feedback in performance appraisals with all employees, especially within large organisations. Therefore, it may be useful to reflect on managers' working resources. Can some other professions within the organisation "*lend a hand*" and help the

managers with some of the performance appraisals? For example, can a secretary, a counsellor, a team-manager, an executive officer, or a deputy manager help with this job? A deputy can take care of a part of the feedback in performance appraisals, or the organisations may use their own trained supervisors in the performance appraisal process. Thus, managers can spend more time on the organisation and its employees' well-being and development. Most of the managers want to have discussions with their employees and often make plans for feedback in performance appraisals. Along the way, there are other tasks that compete for work time. During a prioritisation, performance appraisals can often be exposed, and sometimes they can be forgotten. This is consistent with Bolman & Deal's (2009) jungle perspective, with rivalry of the tasks.

Some managers argue that because of the confidential nature of performance appraisals (Murphy & Cleveland, 1995), it is best that the managers are solely responsible for conducting performance appraisals. However, is the performance appraisal a confidential programme for the individual employee and the manager, or is it a task that everyone on the team needs to work on together? There is reason to believe that performance appraisals to date have been a secret process for the individual employee and manager. It can be speculated whether organisations that work with and take care of people (municipal health services, schools, kindergartens, hospitals, etc.) may need more coordinated, interactive and open performance appraisals. This may be consistent with Bolman and Deal's (2009) theory of the family perspective. This is also consistent with McGregor's (1960) feedback perspective in performance appraisals, with focus on extended trust and loyalty.

This study shows that nurses are generally more satisfied with the feedback related to justice from performance appraisals than auxiliary nurses, but the auxiliary nurses are most satisfied with feedback related to quality of dyadic relationships in performance appraisals (Bolman and Deal's (2009) family perspective). These results are in contrast with each other. The differences between nurses' and auxiliary nurses' answers were found to be small, but still significant. Nurses may be more critical of exchanges and interpersonal relationships. It is natural to speculate whether the nurses who have roughly the same education as the managers, have been delegated tasks that can be more stimulating and useful for the employee, and thus experience more fairness when they receive feedback from performance appraisals.

The results from this study also show that auxiliary nurses receive more thorough feedback related to job motivation and fairness during performance

appraisals than nurses do. This may provide an indication of thoroughness and clarity of feedback to those with lower degrees of education, and may also lead to increased job motivation through performance appraisals. It may be natural for the manager to provide more thorough and differentiated feedback to employees with lower degrees of education or experience. That may be perceived as unfair, but not necessarily. It may also be the most equitable feedback.

Managers experience more often than nurses that they provide/receive thorough feedback through performance appraisals. Thorough feedback to managers from subordinates is also included in this study. For managers, it is equally important to get adequate feedback from subordinates as it is to give feedback.

Both positive and negative criticism in the feedback may be difficult to handle. Most likely, negative feedback through performance appraisals may be more acceptable if it is embedded in a discussion where both strengths and weaknesses of the employees' competence will be clarified. Positive feedback through performance appraisals is likely to be more credible for the employee if there are areas where the manager is told in advance that the subordinate wants and needs further development. Employees are often reluctant to give negative feedback to colleagues and may distort the information back in a more positive direction when they are required to provide feedback. This may be compared with the feedback perspective in McGregor's (1960) theory about performance appraisals. Performance appraisals have information delivery to and from the managers and deal with individual strengths and weaknesses (McGregor, 1960).

A manager can give negative feedback, avoid giving feedback, postpone or delay any feedback, or distort feedback. Managers may also be little prepared to deal with feedback and also be somewhat confused about how to give critical feedback (Curtis, et al., 2005; DeNisi, 1996; Harris, 1994; Herold, et al., 1996; Mani, 2002; Murphy & Cleveland, 1995). This is in turn reflected in how employees could experience feedback in performance appraisals.

Bang & Heap (2008) suggest that many employees feel it awkward to receive both praise and negative feedback (Bang & Heap, 2008). It is difficult to both give and receive negative feedback face-to-face, and not so difficult to give negative feedback in plenary. Each employee must acknowledge the message if they feel that the message is meant for them. Feedback in plenary has a several listeners and thus more questions, and it is easier to clarify

misunderstandings. Feedback in plenary is also time-saving and may also be used for follow-up conversations (Anderson, 1993; Mikkelsen, 2005). It is not necessary to provide all negative feedback through performance appraisals. Performance appraisals are used to develop the employee, and negative feedback should be given shortly after the negative event. This is because both manager and the employee will remember events better shortly after the events.

Both the first and the second studies in this thesis show a low percentage of follow-up conversations in municipal health services. We do not know the exact reasons for the low percentage of follow-up conversations, but managers' time pressure, a large number of subordinates, little focus on communication, and work environment may be some of the reasons. Low focus on training in performance appraisals may also be a reason. It can be speculated that the subordinate did not want this type of conversations, or if there are negative attitudes towards performance appraisals and ignorance in general. There can be reason to believe that health organisations are unable to provide follow-up conversations with feedback to the employees; they must consider whether to have such conversations. If employees do not get any follow-up feedback from the manager a few weeks after the performance appraisal, several of the employees may experience the conversation as useless. Follow-up conversations can be done differently, for example by follow-up conversations in small groups, by e-mail, or in plenary, as mentioned above. Such rivalries of time to carry out sub-tasks remind also of Bolman and Deal's (2009) jungle perspective, but also of McGregor's (1960) perspective on feedback. Performance appraisals provide information delivery to and from the managers and deal with individual strengths and weaknesses (McGregor, 1960).

### **9.1.3 Active participation in performance appraisals**

This thesis explains that nurses contribute more actively and are more independent in performance appraisals than auxiliary nurses. Oddly enough, several managers in this study claim that they perform approximately the same procedure in the performance appraisals for all their subordinates. Nevertheless, the study shows that a number of managers using the tool differentiated, consciously or unconsciously. There is reason to believe that performance appraisals conducted using the same procedures may be perceived differently by different employees, mostly because they have different education, experience, age, gender, etc. Active participation in performance appraisals and independent workers may be compared with Bolman and Deal's (2009) theory about carnival perspective. Discussions and pursuits usually lead to independence, creativity and new solutions.



The study found that one of the most important factors in employees' perceptions of procedural justice in performance appraisals is their own ability to contribute actively in the conversations. In procedural justice, the procedure and techniques are the main focus, and procedures will be learned (McGregor's (1960) system maintenance). Interactional justice, which focuses on interpersonal aspects of the implementation of performance appraisals, has an important human task with regard to relationship building (Bolman & Deal's (2009) family perspective). If the employee is an active participant in the performance appraisals and is a good interlocutor, there is reason to believe that the employee must have good human skills. There is also reason to assume that interactional justice is more difficult to handle for both managers and employees, mostly because this deals with their own and others' personalities. This is consistent with previous research findings (Erdogan & Enders, 2007; Korsgaard & Robertson, 1995; Murphy & Cleveland, 1995; Pettijohn, et al., 2001a; Pettijohn, et al., 2001b; Bolman & Deal, 2009).

This PhD study indicates that when justice is the dependent factor, employees in the home care sector participate more when they conduct performance appraisals than employees from nursing homes. Employees in the home care sector need to be very independent in their work because they work alone in patients' homes. When the quality of dyadic exchanges is the dependent factor, the employees from nursing homes participate most in performance appraisals. The employees in nursing homes work together with colleagues and managers, and always have someone from whom they can seek advice. However, employees from nursing homes have a higher quality of dyadic exchanges and have good relationships in performance appraisals (Bolman & Deal's (2009) family perspective). A reason may be that managers in nursing homes have their office at the nursing homes and can then be more accessible to employees. Employees from home care report a more peripheral relationship with their managers, mostly because they work alone out in the field (at patients' homes). The manager usually has offices at the town hall or other public buildings, and is probably not available that much. This may lead to different relationships and then different and unfortunate dyadic exchanges with the employees (Erdogan & Enders, 2007; Erdogan, 2002; Graen & Uhl-Bien, 1995). More frequent performance appraisals in home care could be advisable, and may improve the exchanges between managers and employees.

Nurses in this thesis are experiencing interactional justice in higher degrees than auxiliary nurses when conducting performance appraisals, probably mostly because nurses are educated to be critical. Nurses are quick to point out



errors and shortcomings in the appraisal system and would like to discuss interesting topics. Nurses also have leadership and organisation as a part of the nursing education. They may be better to at promoting their views and their knowledge than auxiliary nurses.

Negative information will probably gain more weight and attention than positive and laudatory information in an overall assessment of the conversation (McGregor's (1960) informative and feedback perspective). It seems that managers and employees experience different effects of justice through performance appraisals.

This PhD study and other research literature (DeNisi, 1996; Murphy & Cleveland, 1995) find a general unfair and somewhat careless attitude towards performance appraisals (time pressure, little training, almost never follow-up calls), and a number of organisations do not regularly have performance appraisals, and not with all employees.

Although this study is not decisive and conclusive about this, it still may be wise for the manager to convene a meeting with the employees where they assess the performance appraisal process and procedures. Management must deal with employees' reactions to evaluations, solve work problems, and explore how they can improve performance appraisals next year. This is potentially a part of the agreement for career guidance and career development. This is consistent with Bolman & Deal's (2009) jungle perspective that focuses on the rivalry between time and tasks, but also between the professional groups' various experiences of the performance appraisals.

There is reason to assume that organisations, managers, and employees normally have fair performance appraisals for all parties. Researchers report that performance appraisals can be carried out with considerable disagreement between the manager and subordinates, but implementation must be carried out fairly (Bartol, 1999; Cameron & Pierce, 1994; Erdogan & Enders, 2007; Erdogan, 2002; Holbrook, 2002; Murphy & Cleveland, 1995; Roberts & Reed, 1996; Scandura, 1999; Pettijohn, et al., 2001a; Pettijohn, et al., 2001b). It indicates that disagreements are tolerated better than injustice in performance appraisals.

When the manager favours one or more subordinates, this denotes that the manager, for whatever reason, usually give them higher grades or benefits (Tourish, 2006). The same procedure and conduct of performance appraisals

for employees with different experiences or different education may also be perceived as unfair. This is because they are different as people and as workers, and can experience the conversations differently. Employees will be more motivated to work under a performance appraisal system they perceive as fair. If employees experience the performance appraisals as unfair, there is reason to believe that there will be a reduction in her or his motivation to change behaviour. Previous research suggests that there will be a rejection of the usefulness and validity of the information, and an unwillingness to accept decision-based appraisal information (Bretz, et al., 1992; Glover, 2004; Longenecker & Ludwig, 1990).

Typically, in social cognition functions such as performance appraisals, the case is presented with individual information. That information is presented for each target person and it involves a unique set of features and activities that tend to emphasise individuality of the target (Murphy & Cleveland, 1995).

There may be reason to believe that several years of experience with various performance appraisal tools may have an impact on actual performance, fairness, experience, and satisfaction. This will lead to both rejection of the call and that some employees want to acquire knowledge of performance appraisals and their benefits. Previous research finds that several employees may experience performance appraisals as a command and control system, and some employees said that they were fed up with these conversations (Bretz, et al., 1992; Flint, 1999; Holbrook, 2002; Murphy & Cleveland, 1995). This is in accordance by Bolman & Deal's (2009) factory perspective, focusing on a strictly manager-dominated strategy, with fixed rigid rules and little participation for employees. McGregor (1960) can also illustrate this with the administrative perspective, which provides an orderly but rigid way to determine promotion, salary, etc.

#### **9.1.4 Dyadic exchanges and relationships in performance appraisals**

Employees in the home care sector may be very independent and confident in work situations in general, but in terms of the quality of dyadic exchanges and participation in performance appraisals, the employees in home care are not the most participatory. The employees in nursing homes are more active participants and have a higher quality of dyadic exchanges related to performance appraisals. As mentioned earlier, employees in nursing homes have a higher quality of exchange and relationship with his or her chief executives since managers in nursing homes have their office in the facility and may be a part of the team. The trust and honesty may thus be stronger.

Research reports that a low quality of dyadic exchanges can lead to various adverse and unfair performance appraisals. Therefore, a high quality of dyadic exchanges may be a key factor in successful performance appraisals (Elicher, et al., 2006; Glasø & Einarsen, 2006). High quality dyadic exchanges in performance appraisals are characterised by trust, respect, loyalty, justice, honest communication, positive outcomes, etc. That may be in accordance with Bolman & Deal's (2009) family perspective with trust, respect, and loyalty in performance appraisals. Employees can discuss the negative aspects of their own work without feeling injustice and discomfort. Employees who experience high quality dyadic relationships are less likely to report negative perceptions of performance appraisals (Erdogan, 2002; Liden & Maslyn, 1998; Liden, et al., 1997).

In this PhD study, auxiliary nurses have the lowest participation when the quality of dyadic exchanges was the dependent factor. There may be reason to believe that auxiliary nurses have a low level of participation in performance appraisals because they are a less dominant part in the performance appraisals compared to nurses. The auxiliary nurses are trained in vocational schools and are not trained to be managers (Abrahamsen, 2002), but they will discuss their case and their own development with their managers.

Auxiliary nurses are still the occupational group who are most satisfied with the dyadic exchange feedback in performance appraisals. As previously mentioned, nurses who graduated from university college are generally more critical and reflective in their work. A reason might be that nurses expected a higher quality of dyadic exchanges in performance appraisals. Auxiliary nurses are trained to be an assistant occupation and are often satisfied with the assistant role (Abrahamsen, 2002; White Paper No. 25, 2005-2006).

A manager can have more or less problems with interpersonal relationships, cooperation, exchanges, and constructive discussions with all subordinates. Furthermore, this PhD study shows a significant quality of dyadic exchanges and constructive discussions for the sub-group "*all subordinates*". Subordinates (without managers) indicate that they have a lot of dyadic exchanges and constructive conversations in the performance appraisals. This result is in contrast with the managers' views, as managers report that they have fewer constructive discussions during the performance appraisals, and also report they have far less dyadic exchanges in the conversations. As mentioned earlier, this study has only a few manager respondents, and this item may be little valid. This work may be more stressful and not very

stimulating for the managers. Managers are responsible for too great a part of the performance appraisals within the organisation. They also have their own performance appraisals with their own superiors. This study shows that managers have a higher quality of dyadic exchanges and experience when they provide thorough feedback in performance appraisals than nurses do. Nurses experience to a lesser degree that they receive thorough feedback and dyadic exchanges through performance appraisals.

Managers who are responsible for the implementation of the conversations naturally argue that they provide thorough feedback and have a high quality of dyadic exchanges in performance appraisals. They experience that they do a good job, have a good dialogue with the employees, and that the feedback they give in performance appraisals is thorough, but obviously nurses do not have the same experiences with this item.

Several researchers indicate that individual performance appraisals are dysfunctional in teamwork organisations (Deming, 1986; Murphy & Cleveland, 1995; Tourish, 2006). This may or may not be the case. This will reconcile with Bolman and Deal's (2009) factory perspective, which is not particularly reflective. Yet, there is reason to believe that individual performance appraisals can be carried out functionally, but teamwork organisations can sometimes conduct these conversations in groups.

## **9.2 The second study**

### **9.2.1 The effects of performance appraisals in groups and individual conversations**

The purpose of this study was to investigate whether there is any professional learning through performance appraisals, testing in groups and individual performance appraisals. This study was a fieldwork conducted in a municipality. This municipality consists of four islands, with bridges or under-fjord tunnels between the islands. Two islands had performance appraisals in small groups (test groups), and the other two islands had individual performance appraisals (control groups).

There were emotional and strong connections between the test group members and that may be a contributing reason for high quality relationships and supportive groups in this study. Employees, representatives, health and environmental groups, and the manager put together test groups, which was a time-consuming process. Employees discussed and reflected upon the team members' strengths and weaknesses that may affect group cohesion. This is similar with Bolman and Deal's (2009) family perspective and McGregor's

(1960) feedback perspective in performance appraisals. Reflective and useful communication depends on understanding and trust. When group members do not develop high social relations with each of the group members or with the manager, they have difficulty in communicating effectively with them, and the group process may be somewhat problematic.

There was probably less focus on human relationships and the individual's strengths and weaknesses in control groups. This may be because they do not perform performance appraisals in groups.

There is reason to assume that small groups of employees with different personalities can be a problem in performance appraisals, especially with regard to communication and power balance. A group of three similar employees with strong and dominant personalities may also be a problem because of, for example, rivalry of power. Levi (2007) uses the concept heterogeneous groups and homogeneous groups, where homogeneous groups have similar personalities and members (Levi, 2007). Group members are prone to feedback from other group members on communication, relationships, and group organisation. This can often be difficult, mostly because we have a natural tendency to challenge and give feedback influenced by our own perspectives. We must correct others' misconceptions. In this study, group members' personalities were assessed before the group composition was made. They were even involved in the composition of the groups. All group members reflected on their own and their colleagues' personalities before they tried to put together the groups. There was some diversity in education and age in the groups. Some groups were cross-professional and some were not. Several workers, in both test and control groups, had no health education at all. Research shows that diversity is an advantage when a group learns to manage a multitude of problems. A group with different members (education, age, personality, etc.) performs better on production, problem-solving, and creative tasks (Yukl, 2006). Such issue is of little relevance for the control groups, but there is reason to believe that both the test groups and the control groups have labour disputes and both high and low qualities of dyadic exchanges in their work.

Employees who have performance appraisals in groups are more often participatory and effective during performance appraisals than employees who have individual performance appraisals, and that may in turn lead to new professional learning. This is also claimed by other researchers (English, et al., 2007; Glover, 2004; Guzzo, 1995; London, 2007; McGregor, 1960; Spence & Wood, 2007; Wang, 2006; West, et al., 2006). There is reason to

believe that several health workers in the municipality do not find that active participation in performance appraisals is essential for professional learning, and thus find the individual conversations as useful and adequate.

After post-test 2, the test groups experienced increased professional learning, and may therefore feel they are more participatory in performance appraisals. This may compare with the carnival perspective because the tool was tested over time and the last call was probably sent as a template (Bolman & Deal, 2009). It is not surprising that the test groups needed more time before they experienced professional learning as a result of the group performance appraisals. There is often some trial and error during initial implementation of new procedures (for both individual and group conversations). Employees must be active and deliberately challenge themselves to see others' perspectives, and take responsibility for their own performance appraisal process. This may be consistent with Bolman & Deal's (2009) carnival perspective. Some group members may influence and push other individual group members to perform at the highest levels in performance appraisals (Bolman and Deal, 2009, family perspective), and take care of each other. After post-test 2, the employees felt more secure when they conducted performance appraisals and experienced more professional learning. Each group member has unique skills, and it is not easy to transfer expertise to other group members. This corresponds with McGregor's (1960) theory of feedback in performance appraisals, and is related to the knowledge of each other's strengths and weaknesses in the work.

There is probably less peer pressure in conjunction with individual conversations, mostly because they are little appropriate when the conversation is conducted individually, but otherwise the workday will be approximately equal for the test groups and the control groups.

Health personnel in both test groups and control groups indicate a growing work effort in performance appraisals over time (pre-test to post-test 2), and thus an increase professional learning. Professional learning seems to be lower in the control groups. Those with individual calls probably handed more of the control over to the manager. It can be speculated that a reason for this is that the preparation of performance appraisals in groups also demanded an extra effort to put the groups together and to organise collaboration meetings. Employees, managers and the health and environmental groups from this municipality reported after the survey that a number of discussions between the group members were done before the performance appraisals were conducted in groups. A manager in this municipality reports that

members of the performance appraisals conducted in groups give each other a lot of advice and praise, and discuss various issues. They were often highly reflective, thoughtful, and discussed who could best carry out special jobs, and which strategy was best. Group members listen to several colleagues' ideas and reflections, and may even change their attitudes for the better and be guided to improve their working practices. Such processes will bring new useful observations into the performance appraisals. Research indicates that interpersonal processes are a major factor in all work groups. Employees learn from colleagues, and Benner's (1984) learning process from novice to expert is reasonably well known within health organisations (Barnett, et al., 1987; Benner, 1984; Cardy, & Korodi, 1991; Guzzo, 1995; Hjertø, 2009; Kirkman, et al., 2001; Mikkelsen, 2005; Wang, 2006; Watson, 2003; West, et al., 2006). Benner's theory (1984) from novice to expert is also central in Norwegian health educations. The employees in control groups will also learn from their expert colleagues, but not in principal through the performance appraisals.

Several employees experience performance appraisal in groups as labour intensive. The procedure is apparently less labour intensive for the managers, and it may be possible to carry out performance appraisals with all employees. The first implementation of the conversations will probably take more time and then the manager will save some time by using this approach to performance appraisals. Although the study is not conclusive on this, it is assumed that managers must be secure in their leadership and in their subordinates' behaviour to handle performance appraisals in groups in an effective and informative way.

Previous research reports that employees learn most professional knowledge in groups of colleagues. Cognitive, social, and psycho-dynamic processes and high work conditions are a contributing factor for increased professional learning (Barnett, et al., 1987; Benner, 1984; Eraut, 2004; Hargreaves & Jarvis, 2000; Illeris, 2000; Keen, 2007). This study shows that the possibility to enhance professional learning through performance appraisals is greater when performance appraisals are conducted in groups. It indicates a better understanding of the conversation and interpersonal relationships. There is reason to believe that employees with group conversations can, to a greater extent than those with individual calls, feel that they have ownership of the conversations.

Employees from Giske Municipality report that it was easier for them to indicate errors and omissions, praise, and justice when there were three employees from the same team who conversed with a manager through the



performance appraisals. They reflected on their own, colleagues', the team's and the organisation's strengths and weaknesses. A home care manager may seldom assess how well a subordinate performs the job because the health personnel in this service works alone and unsupervised in the patient's home. The managers cannot recognise and evaluate how well a subordinate performs the job (O'Connor & Lee, 2007), but colleagues who work with the same patients, visiting the same patients in the evening or the next day, can better assess than managers whether colleagues have done their job and how good the working conditions are. Colleagues know the patients and they know their colleagues' work habits very well.

Research shows that organisational training programmes are used to develop more effective work groups. Training programmes focus on specific teamwork skills, such as assertiveness, change expertise, and multidisciplinary expertise (Anderson, 1993; Keen, 2007; Levi, 2007). Training in performance appraisals may be an internal training programme within organisations, or through external courses (Buckley & Caple, 2004), and is beneficial for both individual and group discussions. There is reason to assume that performance appraisals in the future will not result in greater positive effects from the conversations without a change, adaptation, or an adjustment in this area. With performance appraisals in groups, the group members need to learn to coordinate their efforts with other group members, and then conduct performance appraisals together. In individual interviews, employees communicate only with the manager. It is therefore important that both test and control groups reflect on communication and communication skills.

There is reason to assert that performance appraisals in groups will lead to better cooperation, with ideas and information that may open the door to understanding and insight that would otherwise be lost to the employee. Several managers may experience the benefits by obtaining input from reflective group members. Of course, there will be different relationships and conditions for members of the groups, which may in turn create various educational venues for group members. Both the managers and the groups will gradually become familiar with the individual's strengths and weaknesses, with their different resources, academic way of thinking, and learning needs (Bolman & Deal, 2009). Employees with individual performance appraisals may use other methods, procedures, or meetings to achieve a similar educational programme.



Employees who have performance appraisals in groups and in individual conversations have similar experiences and perceptions of satisfaction with performance appraisals linked to professional learning from the conversations. It appears that employees who have individual performance appraisals are satisfied with the procedure as it is. This may indicate that several employees who have individual performance appraisals don't wish to change their performance appraisal procedure. The reason may be that a number of employees with individual performance appraisals have a higher average age. Older employees may be wary of new procedures and may then report that they are satisfied with individual performance appraisals. We had expected more satisfaction from employees who had group conversations, mostly because we had very good test results from group discussions otherwise in the maintenance perspective, which focuses on training needs, workforce planning, evaluating, etc.

Researchers argue that open discussions about work habits and own professional learning may be frightening for some employees. Research also indicates that younger employees tend to have more enthusiasm for performance appraisals in groups (Guzzo, 1995; Wang, 2006). This study reports that more of the respondents who have individual performance appraisals are aged 60 years or older.

Research shows that satisfaction and human relationships at work may vary with human differences, behaviour, and age (Dawis & Lofquist, 1984; Kirkman, et al., 2001; O'Connor & Lee, 2007). It can also be speculated that the preparation of performance appraisals in groups demanded too much of workers, especially considering that this was the first time with group performance appraisals and a research project.

There is a high quality of dyadic exchanges in performance appraisals correlated to professional learning, most after post-test 2, and in group performance appraisals. There will be an open dialogue, many colleagues are present, and it is easier to discuss current issues. If some members in a group want to participate in courses, seminars, etc, other group members need to know about this and agree with distribution. High quality dyadic exchanges may result in trust, loyalty, commitment, and honesty in the performance appraisals, as mentioned above. Loyalty to colleagues may indicate that group members will see, accept, and agree with the decisions that other colleagues gain something, such as a course, money, etc. while they themselves cannot get it. The whole group can have benefit from performance appraisals in groups if only one member in the group has a high quality exchange with the

manager. Having high quality dyadic exchanges also involves physical and mental exertion, but also emotional support and a high quality of information (Dawis & Lofquist, 1984; Elicher, et al., 2006; Elkins & Keller, 2003; Fairhurst, 1993; Ford & Seers, 2006; Maslyn & Uhl-Bien, 2001; Yukl, 2006).

All health organisations can have some problems with interpersonal relationships, and there is reason to believe that this problem in turn will interfere with the performance of certain tasks. Managers or associates are not able to reward and motivate each other to a great extent (Eraut, 2004; Keen, 2007). Too much focus on the execution of the task and paperwork may be an example, and then too little focus on social human relationships. Health organisations have an increasing trend with computer work. As a general rule, trust is not given or received before employees can rely on a manager or colleagues. They must earn their trust through a combination of showing integrity and showing that they understand and respect the group member's willingness and needs (Davis & Gardner, 2004; Elicher, et al., 2006; Grean & Uhl-Bien, 1995; Maslyn & Uhl-Bien, 2001; Yukl, 2006, Bolman & Deal 2009, McGregor, 1960).

There is still a fundamental commitment to objectivity, professionalism, and solidarity of performance appraisals. There is considerable reason to believe that it will be easier for managers to get an overview of the knowledge, development, behaviour, and teamwork skills for a large number of employees when they have performance appraisals in groups. Most performance appraisals in groups do not work less than individual conversations.

Performance appraisals within different organisations may have different functions and effects. This study only measured the effects of professional learning in municipal health services, and the measurement showed that performance appraisals in groups have contributed to increasing professional learning to a greater extent than individual conversations. We do not reject that organisations would benefit from using both group performance appraisals and individual calls. Individual calls when you are a new manager to a new employee may be an advantage.

### **9.3 Theoretical implications**

Orvik's (2004) literature about organisational skills is mentioned in this thesis. During the work with the thesis, it was discovered that the organisation of municipal health services (flat structure) could be a contributing reason

why the implementation of performance appraisals would be a difficult process for managers. If the organisations or the departments have many employees, it may signal that the performance appraisals need to be performed in a different way than before the reorganisation. It also discusses how much time such a conversation should take, and who will be responsible for its implementation. This is discussed in the thesis, but has little theoretical strength beyond that the manager has the main responsibility. This thesis puts most emphasis on feedback, active participation and work efforts, job motivation, and goal setting with the performance appraisals.

In the future, it will therefore be necessary to examine the performance appraisals in connection with the organisational structure of municipal health services. There seems to be a need to understand the sector and the common old and new tasks, all together. It is also possible that White Paper No. 47, (2008-2009), Norwegian Interaction Reform, may have an involvement in the municipal health services with focus on the organisation of service and employees' professional development (White Paper No. 47, 2008-2009). The reform focuses on increased collaboration within and among health services, and at different levels to improve health services.

This thesis could have focused more on the sector's increasing number of elderly in the population, and then a growing need for trained employees. Furthermore, this may be a good reason to emphasise the importance of performance appraisals. Employees need, in general, training and ongoing development in their work and in performance appraisals because of different and complex disorders in patient groups, foreign cultures (minority), new technology, etc. (White Paper No. 47, 2008-2009; White Paper No. 25, 2005-2006).

It is clear that different occupational groups with varying degrees of educations require different performance appraisals. This is because employees with different levels of education experience various degrees of job motivation, justice, professional learning, relationships, and quality of exchanges through performance appraisals. The result in this thesis shows that the organisation's goal setting does not have the same meaning for the employees in the municipal health services as it has for employees in other service occupations or industries.

The results in this thesis also report that employees in the nursing homes experience higher levels of quality in the dyadic exchanges and relationships through performance appraisals than employees from home care situations, and that training in performance appraisals is still reserved for managers.

Through future research on the quality of relationships between managers and employees, it will be useful to place more emphasis on active participation and engagement in the conversations with employees from home care, and then observe the quality of the dyadic exchanges. The framework of leader-member exchange theory proposes that weak relationships will lead to little active participation (Grean & Uhl-Bien, 1995) in the conversations.

Having the performance appraisals in groups will increasingly lead to improved professional learning, active participation, and effectiveness in the conversations than in those who have performance appraisals as individual calls. Otherwise, it seems that there is little difference between performance appraisals in group and individual performance appraisals.

The research in this thesis focuses less on the employees' and the manager's attitudes towards performance appraisals. However, there is reason to believe that this conversation is not given priority when managers have a lot of work to do. This means that performance appraisals can be considered as "*less important*". A future research should develop methods to change the management's and staffs' attitudes towards performance appraisals, and the attitude change should start from the "*top down*".

#### **9.4 Managerial implications and limitations**

Research and findings of this thesis have some empirical implications that provide a basis to conduct future research in the environment in general and in performance appraisals in particular.

The thesis shows that there is a great need for empirical studies of performance appraisals in the Norwegian Municipal Health Services. In total, there was little research to be found in Norway about performance appraisals in health care.

It is worrying that auxiliary nurses have many negative responses and feedback in terms of professional learning, active participation, and development through performance appraisals. Auxiliary nurses' work efforts must be taken more seriously by the organisation so that auxiliary nurses also feel that their work is important, especially considering the indications of Interaction Reform. Since 2012, the municipal health services have a greater degree of responsibility for the patient's treatment. As mentioned earlier, the sector also has a growing number of elderly residents in the municipalities. It may be prudent to develop other and better career opportunities for auxiliary nurses. The municipality may, among other things, educate their own

auxiliary nurses with wages during training. Furthermore, there should be a greater effort to get more young people, both woman and men, to work in this sector. This study has a very low response rate from men, and the average age of the respondents were generally high.

A higher degree of management education should be mandatory for managers in the health sectors, especially considering the challenges of White Paper No 47, 2008-2009.

Health care professionals may increasingly take responsibility for their own performance appraisals. Active participation will increase the interest for conversations and strengthen the dialogue, thus improving the relationships and the quality of dyadic exchanges. Training in performance appraisals can be done in several ways; external performance appraisal training for all employees is not always the best solution. This may be costly and resource intensive. Internal training with expert nurses, with both theory and practical trials and errors, may be attempted.

The results of the studies have shown a new strategic performance appraisal tool for the health services (group). Management should also observe and discuss the employee's perception of the future of the firm, financial strategies, and predict changes in society, and then find out which strategies are most appropriate and best for them, and their performance appraisals. Organisations cannot expect that the group performance appraisals will work much better, but they can save time and money and use the calls for discussions and professional learning. A variation between performance appraisals in groups and individual conversations may be used. Individual performance appraisals can be used for new employees, and it is wise to use individual conversations when one is a new manager in an organisation. This is mostly because new employees in new and uncertain situations need to have individual performance appraisals before they can know and trust their new colleagues. Later, they may be able to have performance appraisals in groups.

## 10 Conclusions

The aim of these two studies was to illuminate the possible effects of performance appraisals in the municipal health services in Norway (both as individual conversations and in groups).

### The main conclusion in the first study:

Nurses are more satisfied with feedback in performance appraisals than auxiliary nurses when *learning* is the dependent factor. Auxiliary nurses report more thorough feedback through performance appraisals than nurses when *job motivation* is the dependent factor. Only managers report that they are satisfied with the feedback in performance appraisals when *self-assessment* is the dependent factor. Auxiliary nurses and nurses react differently to how they experience the effects of performance appraisals. The nurses experience more job motivation and professional learning from this tool.

This study reports that there are large differences in the implementation of performance appraisals. The managers indicate that they use the same procedure in performance appraisals for all employees. This result is in contrast with nurses' and auxiliary nurses' views because they experience the implementation of performance appraisals differently. The conclusion is that nurses are more participatory in performance appraisals than auxiliary nurses when fairness is the dependent factor. Health personnel who have had follow-up conversations and training in the use of performance appraisals experience more justice in the conversations. These are principally managers. Employees in nursing homes have a higher quality of dyadic exchanges and relationships than employees in the home care sector when active participation is the dependent factor. There are high quality dyadic exchanges for all parties when conclusive discussions are the dependent factor (not for managers).

### The conclusions in the second study:

Test groups experiencing more professional learning through performance appraisals because they are more participatory in performance appraisals, have greater work efforts and better working conditions. Test groups and control groups have an almost similar quality of exchanges through performance appraisals. Control groups are still most satisfied with the performance appraisals. Despite the fact that it looks very positive to use performance appraisals in groups in the municipality, it seems that those with

individual conversations are still those who are most satisfied with the conversations.

Both studies show that there has been little emphasis on performance appraisal training and follow-up conversations for all employees in the municipal health services in Norway. Both studies also indicate time pressure as a problem in performance appraisals in the municipal health services. There is reason to believe that enough time to conduct performance appraisals is essential for high effect, professional learning, and job motivation of the staff. It seems that performance appraisals are mainly carried out as individual conversations, and this thesis indicates that performance appraisals can be implemented in different ways.

Summary: The studies suggest that employees in the municipal health services have different experiences of the benefits and effects of performance appraisals, and that performance appraisal in groups result in more professional learning of employees.

Group performance appraisals do not work any less than individual performance appraisals, and with the major resource savings that can result: a) the employees' professional learning can increase, b) managers can spend far less time on performance appraisal work, and c) managers can achieve greater coordination benefits. With this foundation, we can warmly recommend group performance appraisals.

### **10.1 Recommendations for further research**

- Explore further and compare why the largest occupational groups in the municipal health services, nurses and auxiliary nurses, responded differently to questions about performance appraisals.
- Examine and compare the performance appraisals in the municipal health services, nursing homes, and home care sector, with other similar organisations.
- Examine and compare the performance appraisals of municipal health services in Norway with other countries that are natural to compare our country with.
- To achieve a deeper understanding of performance appraisal training for all employees, focusing on cooperation between managers and employees when they design performance appraisal guides.
- Explore and compare the group performance appraisals of municipal health services with employees who work in hospitals.

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## Article I

### The effects of performance appraisal in the Norwegian municipal health services: a case study

Published in *Human Resources for Health*

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*Pqv'cxkcdng'lp'WkU'Dtci g'fwg'vq'eqr{tkij v0*

*Ugg'r ci g'kk'ht 'lwnlt ghgt gpeg0'*

"

## **Article II**

### **Employees' Perceptions of Justice in Performance Appraisals**

**Published in *Nursing Management***

**Not available in UiS Brage due to copyright.  
See page iii for full reference.**

## **Article III**

### **Dyadic Relationships and Exchange in Performance Appraisal**

**Published in *Vård i Norden*, 1/ 2012.**

Not available in UiS Brage due to copyright.  
See page iii for full reference.

## **Article IV**

**Exploring different effects of performance appraisal in group and individual conversations**

**Published in *Vård i Norden*, Sept 2012**

Not available in UiS Brage due to copyright.

See page iii for full reference.



## **APPENDIX A**



Sendt: 14. oktober 2008 14:50

Til: Vasset Frøydis Perny

Emne: Prosjektnr: 16960. Mulige effekter av medarbeidersamtalen i kommunehelsetjenesten

Hei,

Viser til endringsmelding mottatt 02.10.08.

Personvernombudet har ingen kommentarer til spørreskjema og informasjonsskriv til respondentene

Lykke til med gjennomføringen av spørreundersøkelsen!

--

Vennlig hilsen/best regards

Katrine Utaaker Segadal

Fagkonsulent (Specialist Consultant)

Norsk samfunnsvitenskapelig datatjeneste AS (Norwegian Social Science Data

Services) Personvernombud for forskning Harald Hårfågres gate 29, 5007 BERGEN

TLF. Direkte: (+47) 55 58 35 42. Tlf. sentral: (+47) 55 58 21 17

Faks: (+47) 55 58 96 50. Email: [katrine.segadal@nsd.uib.no](mailto:katrine.segadal@nsd.uib.no)

Internettadresse [www.nsd.uib.no/personvern](http://www.nsd.uib.no/personvern)

*Kjære helsearbeider*

29 juni 2007

**Angående effekter av medarbeidersamtalen i kommunehelsetjenesten.**

Jeg henvender meg til både til sykepleiere, hjelpepleiere / omsorgsarbeidere, ledere og andre som arbeider ved sykehjem, boliger eller hjemmebasert omsorg i kommunen.

Gjennom et tilfeldig utvalg av kommuner og helsearbeidere i kommunen har jeg fått ditt navn og adresse.

Medarbeidersamtalen er et omdiskutert tema. De fleste kommuner bruker dette redskapet og samtalen kan gjennomføres som en vellykket prosedyre, andre ganger blir det mer en fiasko.

Det ser ut som om den norske kommunehelsetjeneste vil utvise en høy standard på sitt arbeidsmiljø. De vil gjerne ha personale som er faglig oppdatert og som forholder seg til samfunnets endringer, men som likevel arbeider etter de økonomiske retningslinjer som er anbefalt.

Spørreundersøkelsen inngår som et ledd i min doktorgradsavhandling ved Universitetet i Stavanger. Jeg skal skrive flere artikler om emnet. Det er meningen å belyse mulige effekter av medarbeidersamtalen i kommunehelsetjenesten. Jeg vil resonnerer over arbeiderens tilfredshet, motivasjon, medbestemmelse, relasjoner osv for å kunne ta stilling til effekten av denne prosedyren. Jeg planlegger å få den ferdig i løpet av 2010.

Vil du hjelpe meg med det?

Det er ikke mange spørsmål, så det vil ikke ta mye tid. Vil likevel påpeke at det er frivillig å delta og at du kan trekke deg fra dette helt til navnelisten er slettet.

Opplysningene jeg får gjennom spørreskjemaene behandles konfidensielt. Det vil ikke kunne gjenkjennes ved publisering. Jeg sender skjemaet til ca 600 respondenter fra hele landet. Det vil ikke komme frem hvilke kommune du kommer fra. Skjemaene merkes med et løpenummer til en navneliste som oppbevares atskilt. Dette mest for å kunne sende purring til de som ikke har sendt tilbake sin besvarelse. Purring sendes x 2. Navnelisten makuleres i

utgangen av 2007 og spørreskjemaer makuleres i løpet av 2010. Hvis du vil reservere deg mot puring, så send mail til [fv@hials.no](mailto:fv@hials.no).

Jeg har selv arbeidsbakgrunn fra kommunehelsetjenesten, både som hjelpepleier, sykepleier og leder. Jeg håper at du tar deg tid til å svare på dette skjemaet.

*Vårt arbeidsmiljø er vår hverdag.*

Med vennlig hilsen

Frøydis Vasset.

Høgskolelektor /

doktorgradsstudent.

[fv@hials.no](mailto:fv@hials.no) ( v.spm)

Veileder ved UIS

er Einar Marnburg

Gro Ellen Mathisen

**PS: Vær så snill og send inn den portofrie svarkonvolutten innen 10 dager**

**Spørreskjema – medarbeidersamtalen i kommunehelsetjenesten.**

**Del 1: Bakgrunnsspørsmål: Sett X eller utfyll med tekst på riktig rubrikk**

- A)  Medarbeider  Leder
- B)  Kvinne  Mann
- C)  Sykepleier  Hjelpepleier / omsorgsarbeider  Annet .....
- D)  Videreutdanning (spesifiser).....

Du arbeider ved:

- E)  Sykehjem  Hjemmetjeneste  Boliger  Annet.....

F) Din stillingstørrelse er.....%

G) Din alder er .....år.

H) Hvor lang erfaring har du innen sektoren du arbeider i? .....år.

I) Hvor lenge har du vært ansatt i nåværende enhet? .....år.

Hvilke prosedyrer på medarbeidersamtaler har vært brukt ved din arbeidsplass de siste to år.

J) Individuelle samtaler  Samtaler i gruppe  Begge deler  Ikke hatt samtale

K) Hvor mange medarbeidersamtaler har du deltatt i tidligere? .....stk.

L) Har du fått opplæring / deltatt på kurs i medarbeidersamtaleprosedyrer?  Ja  Nei

M) Har du hatt oppfølgingsamtale etter medarbeidersamtalen? Ja..... Nei.....

	Ta stilling til følgende utsagn	Svært uenig	Uenig	Nøytral	Enig	Svært enig
N)	Mine erfaringer er at det som blir avtalt i medarbeidersamtaler alltid blir fulgt opp.					
O)	Alt i alt er jeg fornøyd med medarbeidersamtaler slik de blir gjennomført.					

P) Tenk på kunnskaper og ferdigheter du faktisk bruker i jobben din.

Hva har vært viktig eller ikke viktig?

		Svært viktig	Viktig	Verken viktig	Ikke viktig	Ikke viktig	Vet ikke
1	Skole, høyskole eller universitetet (all skolegang)						
2	Opplæring og erfaring fra min nåværende eller tidligere jobb						

Del 2: Ulike spørsmål som fokuserer på effekten av medarbeidersamtaler i din sektor.

<b>Virksomhetens målsettinger</b>		Svært uenig	Uenig	Nøytral	Enig	Svært enig
1	Virksomhetens målsettinger hjelper meg å forstå hva som forventes av meg slik at jeg kan bidra til organisatorisk effektivitet					
2	Virksomhetens målsettinger uttrykker klare mål som jeg kan forholde meg til.					
3	Virksomhetens målsettinger informerer meg om organisasjonens mål.					
4	Virksomhetens målsettinger hjelper meg å prioritere mellom de ulike arbeidsaktivitetenes.					
5	Virksomhetens målsettinger hjelper meg å forstå organisasjonens visjoner og strategi.					
7	Jeg ser en klar sammenheng mellom mitt eget arbeide og avdelingens ytelser.					
8	Virksomhetens målsettinger uttrykker klar og direkte informasjon om hvordan jeg står i forhold til avdelingens mål.					



<b>Tilbakemeldinger jeg får på arbeidet mitt</b>						
		Svært uenig	Uenig	Nøytral	Enig	Svært enig
9	Tilbakemeldingen jeg får er i samsvar med det som jeg faktisk har oppnådd					
10	Tilbakemeldingen jeg får hjelper meg å forstå organisasjonens strategi.					
11	Tilbakemeldingene jeg får gir meg anerkjennelse når jeg gjør ting bra.					
12	Organisasjonen min synes å være mer opptatt av å gi positiv tilbakemelding for godt arbeid enn å kritisere dårlig utført arbeid.					
13	Jeg får negativ tilbakemelding på arbeidet mitt gjennom medarbeidersamtalen når det har vært nødvendig.					
14	Alt i alt er jeg fornøyd med den tilbakemeldingen jeg får.					

<b>Min indre motivasjon i arbeidet</b>						
		Svært uenig	Uenig	Nøytral	Enig	Svært enig
15	Oppgavene jeg gjør på jobben er trivelige					
16	Jobben min er så interessant at det er en motivasjon i seg selv.					
17	Jobben min er meningsfull					
18	Oppgavene jeg utfører på jobben representerer en drivkraft i seg selv					

19	Jeg føler meg heldig som blir betalt for en jobb jeg liker så godt					
20	Jobben er til glede og nytte for meg.					

<b>Hvordan jeg utfører jobben min</b>		Svært uenig	Uenig	Nøytral	Enig	Svært enig
21	Jeg gjør ofte jobben min bedre enn det forventes					
22	Jeg utfører arbeidet mitt bedre enn det som kan karakteriseres som akseptabelt utført arbeid.					
23	Kvaliteten på arbeidet mitt er helt på topp.					
24	Jeg anstrenger meg ofte når jeg skal utføre jobben.					

<b>Min selvstendighet i arbeidssituasjoner</b>		Svært uenig	Uenig	Nøytral	Enig	Svært enig
25	Jeg har større behov enn de fleste for å ta avgjørelser på grunnlag av min egen uavhengige oppfatning					
26	Jeg oppsøker situasjoner som gir rom for selvstendige avgjørelser					
27	Jeg er mer selvstendig enn de fleste					
28	Muligheten til å bestemme min egen rutine er ikke viktig for meg					

29	Friheten til å ta egne avgjørelser er ikke viktig for meg.					
30	Jeg har ikke noe stort behov for selvbestemmelse i det jeg gjør.					
31	Viss jeg mener at noe er galt, sier jeg fra uansett hvem jeg snakker til					
32	Jeg er i stand til å si det jeg mener uansett hvilken situasjon jeg er i.					

<b>Mitt engasjement i arbeidet.</b>						
		Svært uenig	Uenig	Nøytral	Enig	Svært enig
33	Jeg har ingen følelsesmessig tilknytning til denne organisasjonen.					
34	Jeg føler ingen sterk tilhørighet til denne organisasjonen					
35	Jeg føler meg ikke som noe familie medlem av denne organisasjonen					
36	Jeg føler virkelig at organisasjonens problemer er mine egne					
37	Jeg tror jeg kunne like lett bli knyttet til en annen organisasjon som jeg er til denne.					
38	Jeg har til hensikt å fortsette å være aktiv i det samme yrket som jeg er i nå					
39	Jeg er stolt av å arbeide i dette yrket					
40	Å bygge en karriere innfor dette yrket er viktig for meg					

<b>Tilfredshet med medarbeidersamtalen</b>						
		Svært uenig	Uenig	Nøytral	Enig	Svært enig
41	Fra mitt ståsted var medarbeidersamtalen en tilfredsstillende erfaring					
42	Min organisasjon er flink til å gi positiv tilbakemelding på vel utført arbeid.					
43	Jeg er fornøyd med min sjef					
44	Jeg føler at organisasjonen min prøver å praktisere medarbeidersamtalene på best mulig måte.					

<b>Rettfærdige tilbakemeldinger i samtalen</b>						
		Svært uenig	Uenig	Nøytral	Enig	Svært enig
45	Medarbeidersamtalens målsetting blir klargjort tydelig nok					
46	Ansaret for medarbeidersamtaler blir klargjort tydelig nok					
47	Min overordnede vet hva han/hun skal evaluere					
48	Medarbeidersamtalene ved vår enhet er en rettfærdig prosess.					

Hva lærer du av medarbeidersamtalen						
		Svært uenig	Uenig	Nøytral	Enig	Svært enig
55	Vurderinger/ tilbakemeldinger gjennom medarbeidersamtaler hjelper meg slik at jeg kan gjøre jobben min bedre.					
56	Jeg lærer mye av vurderinger /samtaler.					
57	Medarbeidersamtaler hjelper meg til å reflektere over feil som har blitt gjort.					
58	Jeg har fått det klarere for meg hva sjefen forventer av meg på grunn av samtalene.					

<b>LMX 7. ( Leder – arbeider relasjoner)</b>		I svært				
		Slett ikke	I liten grad	I noen grad	I stor grad	stor grad
59	Vet du vanligvis hvor tilfreds din nærmeste leder er med arbeidet du utfører?					
60	Hvor godt forstår din nærmeste leder problem og behov du støter på i ditt arbeid?					
61	Hvor godt kjenner din nærmeste leder din kapasitet og dine evner?					
62	I hvilken grad ville din nærmeste leder bruke sin innflytelse for å hjelpe deg med vansker i ditt arbeid?					
63	I hvilken grad ville din nærmeste leder stille opp for deg hvis det gikk på hans / hennes egen bekostning?					

64	Vennligst ta standpunkt til følgende påstand:  Jeg har så mye tillit til min nærmeste leder at jeg vil forsvare hans / hennes avgjørelser når han / hun ikke er til stede?	Svært uenig	Uenig	Nøytral	Enig	Svært enig
65	Hvordan vil du karakterisere ditt arbeidsforhold til din nærmeste leder med tanke på effektivitet i samarbeidet dere imellom?	Ekstremt lite effektivt	Lite effektivt	Av og til effektivt	Vanligvis effektivt	Ekstremt effektivt

**Følgende spørsmål er bare til ledere som har gjennomført medarbeidersamtalene med sine underordnede**

Q) **For ledere:** Hvor mange av de ansattes medarbeidersamtaler har du ansvar for pr år?.....stk

Lederens perspektiv på LMX						
(Bare for ledere)		Svært uenig	Uenig	Nøytral	Enig	Svært enig
66	Jeg liker godt mine underordnede som personer					
67	Mine underordnede er personer som en vil like å ha som venner.					
68	Mine underordnede er meget morsomme å arbeide sammen med					
69	Mine underordnede forsvare mine avgjørelser uten nødvendigvis å ha full kjennskap til den aktuelle saken.					
70	Mine underordnede vil komme til unnsetning dersom jeg ble "angrepet" av andre.					
71	Mine underordnede vil forsvare meg mot andre i organisasjonen om jeg gjør en forståelig feil					

72	Jeg bidrar med støtte og ressurser overfor mine underordnede som går utover det som er spesifisert i min arbeidsbeskrivelse					
73	Jeg er villig til å anstrenge meg ekstra utover det som vanligvis forventes for å hjelpe mine underordnede til å oppnå målene i jobben deres					
74	Jeg har ikke noe imot å arbeide svært hardt for at mine underordnede skal mestre jobben sin.					
75	Jeg er imponert over mine underordnede sin generelle kunnskap.					
76	Jeg respekterer mine underordnede pga deres gode kunnskaper og handlingskompetanse i jobben.					
77	Jeg beundrer mine underordnede for deres gode fag / yrkeskunnskap og utførelse av arbeid..					

<b>Mitt lederansvar for samtalen</b>						
(Bare for ledere )		Svært uenig	Uenig	Nøytral	Enig	Svært enig
78	Jeg vet hvilke prestasjonsindikatorer/kriterier som er relevante for å foreta disse vurderingene					
79	Jeg vet hvor mine underordnede står med hensyn til alle de relevante prestasjonskriteriene					
80	Jeg har et velorganisert bilde av mine underordnedes medvirkning i virksomheten					
81	Mine underordnede og jeg er enige om vurderingen av plikter og ansvar					

<b>Prestasjonsvurderinger</b>						
		Svært uenig	Uenig	Nøytral	Enig	Svært enig
82	Prestasjonsgraderingene er nøyaktige vurderinger av mine underordnedes arbeidsutførelse					
83	Jeg kan lett trekke frem spesifikke eksempler på arbeid som jeg kan basere mine vurderinger på					
84	Jeg kan enkelt forsvare disse vurderingene overfor en underordnet som vil være uenig i dem					

<b>Medarbeiders samtals vurderinger vil ikke bli noen overraskelse</b>						
		Svært uenig	Uenig	Nøytral	Enig	Svært enig
85	Mine underordnede vil ikke bli overasket over disse vurderingene.					
86	Jeg kjenner atferden til alle mine underordnede godt nok til å gi en nøyaktig vurdering av prestasjonene deres i dag.					



## **APPENDIX B**

*Kjære helsearbeider*

29 august 2008

**Angående effekter av medarbeidersamtalen i grupper i kommunehelsetjenesten.**

Jeg henviser til tidligere informasjonsmøte om dette prosjektet og henvender meg både til sykepleiere, vernepleiere, hjelpepleiere / omsorgsarbeidere, ledere og andre som arbeider ved boliger og /eller hjemmebasert omsorg i Giske kommune.

Gjennom din nærmeste overordnet har jeg fått din mail - adresse.

Medarbeidersamtalen er et omdiskutert tema. De fleste kommuner bruker dette redskapet og samtalen kan gjennomføres som en vellykket prosedyre, andre ganger blir det mer en fiasko.

Det ser ut som om den norske kommunehelsetjeneste vil utvise en høy standard på sitt arbeidsmiljø. De vil gjerne ha personale som er faglig oppdatert og som forholder seg til samfunnets endringer, men som likevel arbeider etter de økonomiske retningslinjer som er anbefalt. Jeg vil derfor utføre dette feltarbeidet som innebærer at arbeidstakerne i den ene roden i kommunen skal ha medarbeidersamtaler i små grupper ledet av nærmeste overordnede. Personene i gruppen skal arbeide ved samme team. De, sammen med tillitsvalgte setter selv sammen gruppene. Den andre roden skal ha vanlige individuelle samtaler. Spørreskjemaene blir i ettertid sammenlignet. Du får et spørreskjema før første samtale, deretter et nytt skjema noen uker etter første samtale. Du får det tredje skjemaet etter samtale nummer to.

Spørreundersøkelsen inngår som et ledd i min doktorgradsavhandling ved Universitetet i Stavanger. Jeg skal skrive en artikkel om emnet. Det er meningen å belyse mulige effekter av medarbeidersamtalen i grupper. Jeg vil resonnerer over arbeiderens tilfredshet, motivasjon, medbestemmelse, relasjoner når samtalen utføres i grupper osv for å kunne ta stilling til effekten av denne prosedyren. Jeg planlegger å få den ferdig i løpet av 2010.

Vil du hjelpe meg med det?

Det er ikke mange spørsmål, så det vil ikke ta mye tid. Vil likevel påpeke at det er frivillig å delta og at du kan trekke deg fra dette helt til navnelisten er slettet.

Opplysningene jeg får gjennom spørreskjemaene behandles konfidensielt. Det vil ikke kunne gjenkjennes ved publisering. Jeg sender skjemaet til ca 30 X 2 helsearbeidere i Giske kommune. Det vil ikke komme frem i artikkelen hvilke kommune dere kommer fra. Skjemaene merkes med et løpenummer til en navneliste som oppbevares atskilt. Dette mest for å kunne sende purring til de som ikke har sendt tilbake sin besvarelse. Purring sendes x 2. Navnelisten makuleres i utgangen av 2009 og spørreskjemaer makuleres i løpet av 2010. Hvis du vil reservere deg mot purring, så send mail til [fv@hials.no](mailto:fv@hials.no).

Jeg har selv arbeidsbakgrunn fra kommunehelsetjenesten, både som hjelpepleier, sykepleier og leder. Jeg håper at du tar deg tid til å svare på dette skjemaet.

Med vennlig hilsen

Frøydis Vasset.

Høgskolelektor /

doktorgradsstudent.

[fv@hials.no](mailto:fv@hials.no) ( v.spm)

Veileder ved UIS

er Einar Marnburg

Gro Ellen Mathisen

Ved HIÅ: Erik Nesset.

**Ps: Vær så snill og svar innen 10 dager**

## Spørreskjema – medarbeidersamtalen i Giske kommune

- Medarbeidersamtaler i grupper.
  - Individuelle medarbeidersamtaler.
- For alle informanter.

### Del 1. Bakgrunnsspørsmål.

Sett X eller utfyll med tekst i riktig rubrikk.

- A) Medarbeider  Leder
- B) Kvinne  Mann
- C) Sykepleier  Hjelpepleier/omsorgsarbeider  Annet
- D) Videreutdanning  
(spesifiser).....
- E) Du arbeider ved: Hjemmetjeneste  Syke / aldershjem  Boliger   
Annet
- F) Din stillingstørrelse er .....%
- G) Din alder er...år.
- H) Hvor lenge har du vært ansatt i din stilling?.....år
- J) Hvilket årstall var du ferdig utdannet i faget? .....
- J) Hvilke samtaleprosedyrer har vært brukt ved din arbeidsplass siste to år?  
Individuelle samtaler   
Samtaler i små grupper   
Hvis gruppesamtale: Gruppe med ulik utdanning .....
- Gruppe med samme utdanning.....
- Både individuelle og gruppesamtaler.....
- Har ikke hatt medarbeidersamtale siste to år.....
- K) Hvor mange medarbeidersamtaler har du hatt siste to år? .....stk
- L) Har du fått opplæring / deltatt på kurs i medarbeidersamtaleprosedyrer?  
Ja  Nei
- M) Har du hatt oppfølgingssamtaler etter medarbeidersamtaler? Ja... Nei ...
- N) Har du fått tildelt verv ved din arbeidsplass? Ja...  Nei ...  
(Hvilke?).....
- O) Er det personalkonflikter ved din arbeidsplass som du mener påvirker ditt arbeid? Ja.....  Nei....

## Del 2. De avhengige variablene

Alle informanter (Godøy, Giske og Vigra)

DITT ARBEIDSFORHOLD						
1	Hvordan vil du vurdere dine personlige holdninger, innsatsvilje og effektivitet i det daglige arbeidet?	Svært dårlig	Dårlig	Nøytral	Bra	Svært bra
2	I hvilke grad mener du at din jobbforståelse / jobbanvar er avklart?	Svært lite	Lite	Middels	Godt	Svært godt
3	Hvilke konkret opplæringsmetoder føler du kunne hjelpe / utvikle deg i arbeidet ditt på dette tidspunktet?	Kurs / skole	Individuelle medarbeider samtaler	Medarbeider samtaler I grupper	Kollega Veiledning	Annet
4	Jeg blir ofte oppfordret til å dra på møter / seminar og representere avdelingen.	Svært uenig	uenig	Nøytral	Enig	Svært enig
5	Hvordan vil du vurdere den generelle innsatsviljen ved din arbeidsplass?	Svært dårlig	Drålig	Nøytral	Bra	Svært bra

6	Hvordan vil du vurdere den generelle effektiviteten ved din arbeidsplass.	Svært dårlig	Dårlig	Nøytral	Bra	Svært bra
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ER DU TILFREDS MED MEDARBEIDERSAMTALEN?						
SV UENIG, UENIG, NØYTRAL, ENIG, SV ENIG						
7	Ved min avdeling har vi anledning til å uttrykke egne meninger under medarbeidersamtalen.					
8	Ved min avdeling kan vi uttrykke både positive og negative kommentarer under medarbeidersamtalen.					
9	Jeg blir lyttet til og hørt under medarbeidersamtalen.					
10	Jeg sier minst mulig under medarbeidersamtalen på grunn av frykten for andres reaksjon.					
11	Ved min avdeling bruker vi tiden i medarbeidersamtalen på en effektiv og god måte.					
12	Diskusjonene i medarbeidersamtalen fokuseres på arbeidstakernes fagkompetanse og andre spesielle arbeidsforhold.					
13	Avdelingsleder styrer medarbeidersamtalen på en god måte.					

**(Kun for Giske og Gødøy, medarbeidersamtaler i gruppe)**

ER DU TILFREDS MED MEDARBEIDERSAMTALE I GRUPPE?						
SVÆRT UENIG UENIG NØYTRAL ENIG SVÆRT ENIG						
14	Vår gruppe har et medlem som har tatt på seg lederrollen.					
15	Vår gruppe har ikke noen bestemt leder.					
16	Vår gruppe har evner til å korrigere arbeidsoppgavene mellom oss.					
17	Jeg ønsker å ha medarbeidersamtaler i gruppe.					
18	I medarbeidersamtalen liker jeg å diskutere fagemner i grupper.					
19	Medlemmene i vår gruppe har gode relasjoner til hverandre og kommuniserer godt under medarbeidersamtalen.					
20	Vår gruppe vurderer alltid andre måter å utføre arbeidet på					

**(Kun for Vigra, medarbeidersamtale som individuell samtale)**

ER DU TILFREDS MED MEDARBEIDERSAMTALEN SOM INDIVIDUELL SAMTALE.						
SVÆRT UENIG UENIG NØYTRAL ENIG SVÆRT ENIG						
21	Jeg ønsker å ha individuell medarbeidersamtale.					

22	Jeg stoler på leders strukturering av medarbeidersamtalen.					
23	Det er god relasjon mellom meg og leder.					
24	I medarbeidersamtalen liker jeg å diskutere fagemner med leder.					
25	Medarbeidersamtale som individuell samtale er:	Vanskelig	Mulig, men tidkrevende	Middels	Greit nok	Lettvindt

For alle informanter

SET T X DER DU MENER DET HØRER HJEMME.				
26	I medarbeidersamtalen er det:	stor mulighet for en god og reflektert samtale	stor mulighet for at en av partene dominerer samtalen	stor mulighet for uenighet og konflikt
27	Medarbeidersamtaler i gruppe	fungerer bra fordi partene er åpne og ærlige.	vil ta noe lengre tid sammenlignet med andre vurderingsmetoder.	vil aldri bli noen god medarbeider-samtale
28	Medarbeidersamtaler som individuelle samtaler	fungerer bra fordi partene er åpne og ærlige.	vil ta noe lengre tid sammenlignet med andre vurderingsmetoder	vil aldri bli noen god medarbeider-samtale



**Del 3.**

## Tilfredshet for alle Informanter

ER DU TILFREDS MED MEDARBEIDERSAMTALENE?						
SV UENIG UENIG NØYTRAL ENIG SVENIG						
29	Min virksomhet bruker medarbeidersamtaler til å gi positive tilbakemeldinger på vel utført arbeid					
30	Fra mitt ståsted har medarbeidersamtaler gitt tilfredsstillende erfaringer					
31	Jeg er fornøyd med min leders utførelse av medarbeidersamtaler					
32	Jeg føler at virksomheten min prøver å praktisere medarbeidersamtaler på best mulig måte.					

## Medvirkning

OPPLEVER DU AT DU MEDVIRKER / DELTAR I MEDARBEIDERSAMTALENE?						
SV UENIG UENIG NØYTRAL ENIG SVENIG						
33	Jeg føler meg alltid nervøs foran en medarbeidersamtale.					
34	Jeg har ingen mulighet til å påvirke medarbeidersamtalene.					
35	Jeg føler meg motløs i prosessen og kan derfor ikke delta aktivt i medarbeidersamtalene.					

36	Jeg er skikkelig lei av den medarbeidersamtale prosedyren vi har.						
37	Det er den daglige leder som har ansvaret for samtalens strategi og funksjon.						
38	Gjennom medarbeidersamtaleprosessen får jeg en følelse av at jeg har oppnådd noe.						
39	Jeg har et større behov enn de fleste mennesker til å ta beslutninger på grunnlag av min egen selvstendig tenkning.						
40	Muligheten til å bestemme over min egen arbeidsplan er ikke viktig for meg.						
41	Hvis jeg mener at noe er galt på arbeidsplassen sier jeg alltid i fra, uavhengig av situasjonen.						

#### Rettferdighet

OPPLEVER DU AT TILBAKEMELDINGER GJENNOM MEDARBEIDERSAMTALEN ER EN RETTFERDIG PROSESS?							
SV UENIG UENIG NØYTRAL ENIG SV ENIG							
42	Medarbeidersamtalens målsettinger / hensikt blir klargjort tydelig nok.						
43	Organisasjonens målsettinger / hensikt blir klargjort tydelig nok.						
44	Min overordnede vet hva hun / han skal evaluere						
44	Medarbeidersamtalene ved vår enhet er						

	en rettferdig prosess					
46	Mine overordnede betrakter evalueringene som rettferdige.					
47	Mine underordnede betrakter evalueringene som rettferdige.					

Læring.

HVA LÆRER DU AV Å HA MEDARBEIDERSAMTALER?							
		SV	UENIG	UENIG	NØYTRAL	ENIG	SVENIG
48	Vurderinger / tilbakemeldinger gjennom medarbeidersamtaler hjelper meg slik at jeg kan gjøre jobben min bedre.						
49	Jeg lærer mye av en evaluerende medarbeidersamtale.						
50	Medarbeidersamtaler hjelper meg til å reflektere over mine svake sider.						
51	Jeg har fått det klarere for meg hva min leder forventer av meg på grunn av samtalene.						

Motivasjon

HVILKE MOTIVASJONSFAKTORER HAR DU I ARBEIDET DITT?						
SV UENIG UENIG NØYTRAL ENIG SV ENIG						
52	De arbeidsoppgavene jeg utfører gjennom en arbeidsdag er trivelige.					
53	Jobben min er så interessant at den i seg selv er sterkt motiverende.					
54	Jobben min er meningsfull.					
55	Oppgavene jeg utfører på jobben representerer en drivkraft i seg selv.					
56	Jeg føler meg heldig som blir betalt for en jobb jeg liker så godt.					
57	Jobben er til glede og nytte for meg.					
58	Jeg gjør ofte en bedre jobb en det som kan forventes av meg.					
59	Kvaliteten på arbeidet mitt er alltid svært bra.					

Relasjoner

<b>LMX 7. ( Leder – arbeider relasjoner)</b>		I svært				
		Slett ikke	I liten grad	I noen grad	I stor grad	stor grad
59	Vet du vanligvis hvor tilfreds din nærmeste leder er med arbeidet du utfører?					
60	Hvor godt forstår din nærmeste leder problem og behov du støter på i ditt arbeid?					
61	Hvor godt kjenner din nærmeste leder din kapasitet og dine evner?					
62	I hvilken grad ville din nærmeste leder bruke sin innflytelse for å hjelpe deg med vansker i ditt arbeid?					
63	I hvilken grad ville din nærmeste leder stille opp for deg hvis det gikk på hans / hennes egen bekostning?					
64	Vennligst ta standpunkt til følgende påstand:  Jeg har så mye tillit til min nærmeste leder at jeg vil forsvare hans / hennes avgjørelser når han / hun ikke er til stede?	Svært uenig	Uenig	Nøytral	Enig	Svært enig
65	Hvordan vil du karakterisere ditt arbeidsforhold til din nærmeste leder med tanke på effektivitet i samarbeidet dere imellom?	Ekstremt lite effektivt	Lite effektivt	Av og til effektivt	Vanligvis effektivt	Ekstremt effektivt

Innsats.

DIN INNSATSVILJE		SV UENIG UENIG NØYTRAL ENIG VS ENIG				
67	Jeg forsøker å jobbe så hardt som overhode mulig.					
68	Jeg er svært opptatt av å gjøre en innsats i jobben min.					
69	Jeg legger ofte inn ekstra innsats i jobben min.					
70	Jeg yter nesten bestandig mer enn hva som kan betegnes som et akseptabelt nivå					
71	Jeg påtar meg ofte arbeidsoppgaver uoppfordret					
72	Jeg hjelper ofte andre i mitt team med oppgaver som egentlig er deres ansvar.					
73	Jeg bistår ofte enheten min selv om det strengt tatt ikke er en del av jobben min.					
74	Jeg involverer meg for at teamet mitt skal ha det best mulig.					