Increasing Confidence of Nurses in Giving and Receiving Constructive Performance Feedback

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By

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Abstract

Background: Nursing peer review is a process of reviewing standard nursing practice in an organization and comparing a nurse's own practice to that standard. Nursing peer review contributes to the professional practice environment by assuring standard practice and competence, maintaining a culture of accountability, and maintaining psychological safety.

Purpose: The purpose of this project was to design and implement an educational intervention and simulation activity to prepare nurses to have constructive conversations with peers regarding work performance. Evaluation of the intervention would yield increased confidence and competence of nursing staff in giving constructive performance peer feedback.

Conceptual Framework: Bandura's Social Cognitive Theory informed this study, supporting that adopting new behaviors will allow participants to feel they have control over the needed change. As new behaviors are incorporated into practice, they become habitual and contribute to the practice environment.

Methods: In this quasi-experimental study, a sample (n=16) of nurses in the medicine service line of a hospital in an academic healthcare system participated in an educational session and a simulation activity to provide them with the knowledge to confidently participate in performance feedback conversations with peers.

Results: Data indicate that the education session and simulation activity did improve confidence of nurses in giving constructive feedback to their peers. Feelings of apprehension in giving peer feedback did decrease, though not to a statistically significant level ($p = 0.07$).

Discussion: Education and practice in this skill result in decreased apprehension in giving feedback and increase confidence of nurses in giving peer feedback. Participants learned to give honest and meaningful information in a timely fashion. Strong communication skills are essential to both patient care and working with the care team. Poor delivery of feedback will damage trust, but will be motivational and goal-directed when done correctly.

Conclusion: In order for meaningful feedback to be shared, nursing staff need to be adequately educated and prepared. Effective communication is essential to building a strong team and creating a psychologically safe practice environment.

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Dedication

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Background and Significance

Before the pandemic, healthcare organizations continually faced challenges with inadequate staffing and disenchanted staff. The COVID-19 pandemic only amplified this problem. Nursing services are particularly impacted, with a 27.1% turnover rate in 2021 (NSI Nursing Solutions, 2022), which is an 8.4% increase compared to 2020. Renewed focus is on not only maintaining but improving employee engagement in the healthcare setting.

Employee engagement is defined as job satisfaction as well as purpose and meaningfulness in one's work. According to Kutney-Lee et al. (2016), "organizations that foster employee engagement outperform their counterparts in terms of job satisfaction and retention, profitability, and performance" (p. 605). As an organization begins its search for practices and interventions to positively influence employee engagement, it is important to also consider the professional practice environment. An environment that does not motivate nursing staff to embrace best practices or does not require patient-centered performance is not engaging. In their research article Wang and Liu (2015) discuss the influence of Magnet designation on the professional practice environment. The authors state professional practice characteristics evident in the practice environment similar to those seen in Magnet settings contribute to improved quality and work-life for nurses and lead to improved patient quality and safety outcomes. Improvements in the work-environment also contribute to "greater nurse professionalism, empowerment, improved job satisfaction, decreased burnout and higher retention rates" (p. 288). The professional practice environment facilitates nursing engagement. When the environment yields professionalism and empowerment among nurses, the nursing staff will invest themselves in their workplace.

Nursing peer review (NPR) is a method that assures safe patient care by a competent professional nurse (Haag-Heigman & George, 2011). It is a process of reviewing standard nursing practice in an organization and comparing a nurse's own practice to that standard. NPR can occur formally and intentionally, as is often seen in annual performance evaluations. NPR also occurs informally, for example, when a nurse critiques another's performance while assisting with care tasks or while precepting new employees. In 1988 the American Nurses Association (ANA) published their guidelines for nursing peer review. Regarding the impact of NPR on the professional practice environment, the ANA says, "with respect to the individual, participation in the peer review process

stimulates professional growth" (Haag-Heigman & George, 2011, p. 159). The incorporation of peer review in the professional practice setting leads to improved staff clinical knowledge and skills.

Peer review also allows healthcare organizations to identify needed education to ensure best practices. Organizations are also able to identify research opportunities to contribute to these best practices. NPR is a tool to improve and maintain the professionalism of nurses in an organization. Receiving feedback from one's peers is very valuable, and the opportunity to make goals based on this feedback is meaningful to the growth and development of nursing staff. As nurses develop in their profession, they contribute to the professional practice environment and are engaged in their work.

In 2022 the Harvard Business Review published an article describing three ways that hospitals can improve engagement in their workforce. These are, first, prioritizing patient safety and staff safety, building a culture of accountability, and providing evidence that new practices will be meaningful (Garud et al., 2022). Regarding a culture of accountability, the authors state that creating an accountable culture helps staff to learn from their errors while still holding them responsible for their actions. Staff will be more transparent about their own errors and also be more willing to speak to their peers about their own mistakes and call attention to them when safety and policy are compromised. An organization that fosters such a culture promotes best practices. Staff are held accountable not only to best practices but to hospital policies, which provides them the support they need to constructively review the performances of their peers.

Purpose and Objectives

Purpose Statement

The purpose of this project was to design and implement an educational intervention for nurses that would prepare them to participate in a constructive performance feedback conversation with peers. This intervention would provide participants with skills and strategies to be confident in having an effective conversation and to prevent conflict between those involved. As a result, nurses likely would be more proactive and regularly discuss performance feedback with their peers, which contributes to higher engagement and improved practice environment. Objectives included:

1. To develop and implement an education program and simulation activity focused on giving and receiving constructive feedback, navigating conflict, and creating professional development goals based on feedback from peers.

2. To implement a simulation activity to allow nursing staff to apply what they learned using various realistic scenarios.
3. To evaluate the effectiveness of the educational intervention in increasing the confidence and competence of nursing staff in giving professional peer feedback.

Theoretical Framework

The theoretical framework for this intervention is Bandura's Social Cognitive Theory (SCT) (National Cancer Institute, 2005). This theory posits that reciprocal interaction between a person, the environment, and behavior affect learning and self-efficacy. The context of previous experiences shapes how a person will engage in certain behaviors and the likelihood that they will adapt new behaviors. The six constructs of SCT are reciprocal determinism, behavioral capability, observational learning, reinforcements, expectations, and self-efficacy. SCT dictates that if participants understand their expectations for change behaviors and feel that they have control over needed change, they will be more likely to adopt new behaviors. For this project, as nursing staff learn how to give constructive feedback, they will be able to make this skill part of their practice and therefore change the culture of their practice environment. Thus, the practice environment will also be more conducive to staff continuously giving constructive feedback to one another.

Review of Literature

The professional literature was searched to guide this project using the CINAHL and PubMed databases, as well as Google Scholar. Search terms included: nurses, nursing staff, peer review, peer evaluation, peer-to-peer, practice environment, healthy work environment, engagement, satisfaction, commitment, empowerment, confidence, competence, standards, constructive, and performance. Additionally, ancestry searching was used to identify other relevant studies. Inclusion criteria were that articles were less than 15 years old and available in the English language. International studies were included, as well. Of interest in this search were qualitative research studies that either described the experience of nurses in the peer review process or described their experience in improving their workplace engagement.

Three major concepts emerged from analysis of the literature that corroborate the benefits of NPR in an organization. The first concept is that that peer review leads to improved job performance and enables constructive performance feedback. Second, NPR leads to improved patient safety and reduces patient harm. Finally, NPR leads to practice and process changes at an institutional level. The literature

review also underscored opportunities for nurses to build their confidence and competence in engaging in constructive performance review with their peers.

Job Performance and Constructive Feedback

Eighteen articles discussed the implications of an NPR program, particularly regarding nursing practice. Seventeen of the eighteen articles described findings that supported a theme of a positive relationship between NPR and improved nursing practice. This was noted as improvement in job performance and promotion of professional development (Bergum et al., 2017; Brann, 2015; Dexter et al., 2017; Garner, 2015; Gray et al., 2019; Herrington & Hand, 2018; Karas-Irwin & Hoffman, 2014; LeClair-Smith et al., 2016; Murphy et al., 2018; Vuorinen et al., 2000). Additionally, comfort in peer-to-peer feedback and motivating peers to remain accountable to practice expectations was another theme that emerged (Bowen-Brady, Haag-Heigman, et al., 2019; Karas-Irwin & Hoffman, 2014; Murphy et al., 2018; Ryiz-Semmel et al., 2019). Job performance enhancement and professional development as well as the ability to give and receive constructive feedback are essential to the professional practice environment, particular to organizations working towards Magnet designation. These themes support that NPR contributes to engagement of nursing staff.

Safety Improvement

Another theme that contributes to improved nursing practice is that NPR contributes to harm reduction and safety improvement in organizations. This was seen in decreased inpatient fall rates (LeClair-Smith et al., 2016), increased anticoagulation compliance (Mangold et al., 2018), and decreased hospital-acquired pressure injuries (LeClair-Smith et al., 2016; Mangold et al., 2018). Of note, LeClair-Smith et al. (2016) found that the decrease in inpatient fall rates and pressure injuries, while not statistically significant, was clinically significant. Of particular interest is a study by Thielen (2014) in which the author examined the development of a nursing clinical peer review committee, which reviewed code blue events, patient declines, rapid response team calls, and unplanned transfers of patients to higher levels of care. The committee then made practice recommendations and recommended opportunities for improvement. Thielen found that after the committee was implemented, there was a reduction in mortality and code blue rates at the facility. While he could not say for certain that it was related to the work of the committee, the author did note that the risk-adjusted mortality index would decrease at the times that trended opportunities were identified.

An additional study that demonstrated improvement in safety was by Herrington and Hand (2018), who examined the effect of a NPR committee that reviewed incident reports. Nurses at an organization were surveyed before and after implementation of this committee; post-intervention survey results were statistically significant for two items: (1) mistakes have led to positive changes, and (2) staff will speak up readily if they see something that may have a negative effect on patient care. The implementation of the NPR council demonstrates that NPR is crucial to the development of a safety culture. Clearly, practice improvement can be measured by correlating NPR practice with rates of hospital-acquired conditions and other metrics for core measures.

Practice and Process Changes

The final theme for this concept is that NPR led to practice changes in an organization. As previously stated by the ANA, NPR directs meaningful change at both the individual and institutional level. These changes include modifications to intravenous drip reference guides and development of a standardized patient safety handoff tool (Garner, 2015) and development of a screening tool for patient transfers from other facilities (Spiva et al., 2014). Thus, when NPR is used as evidence to support process and practice changes, NPR then enhances patient safety and contributes to a high-quality professional practice environment.

Proposed Strategy to Address Gap

Peer review is a fundamental piece of nursing practice, and NPR is not practiced consistently across healthcare organizations. Whitney et al. (2016) found that even chief nursing officers believe that NPR is not used widely. When NPR practices are present they are not in line with the ANA Peer Review Guidelines. Despite the fact that most of the studies referenced in this paper had small sample sizes, implementation of an NPR process has proven effective in creating meaningful outcomes. However, a gap exists in identifying interventions that educate nurses on how to give constructive peer feedback in an effective and meaningful way. This study aimed to identify an intervention that would enhance and support the ability of nurses to engage in NPR in a meaningful way. Nursing staff need not only a strong clinical skillset, but also need a strong communication style in order to effectively share constructive feedback with their peers (Branowicki et al., 2011). Professional development opportunities to support skill development are essential to successful NPR implementation (Bowen-Brady, Haag-Heitman, et al., 2019; Korkis et al., 2019). The 1988 ANA Peer Review Guidelines specify that peer reviewers should make their judgements based off of policy, evidence, and should not harbor any kind of bias towards

those they are reviewing (Haag-Heigman & George, 2011[reprint of 1988 ANA Peer Review Guidelines]), thus demonstrating effective communication skills. A trend found in these studies is that nurses are initially uncomfortable giving one another constructive feedback. The purpose of the study by Lockett et al. (2015) was to define and create a conceptual model for peer-to-peer accountability. One of the objectives of their study was to identify what barriers nurses experienced to speaking up when they observed a wrong practice. A significant barrier was underdeveloped communication. Upon completion of their study, Pfeiffer et al. (2012) questioned if perhaps effective communication was an essential skill missing from effective NPR. For a successful NPR process to be implemented, nurses would benefit from education on how to give meaningful feedback as well as participate in crucial conversations.

Methods

Design

This study was a quasi-experimental study with a pre/post-survey design. The pre- and post-surveys were administered via an anonymous Qualtrics survey. Each participant created their own personal identifier to use in both surveys so their results could be compared. This study examined how nurses changed their performance behaviors at work based on their confidence giving and receiving constructive feedback as well as how their confidence giving feedback influenced their feelings around communication. Participation in this study held no bearing on the employee's own performance evaluation with their nursing leader. The primary investigator (PI) did not share names of participants with other nursing managers. Participants were asked to remain on camera during the educational intervention which was done on Zoom, so their participation was not anonymous to the PI. All data obtained from this study was based on anonymous survey responses without the possibility of determining individual respondents' identities.

Setting & Sample

The setting for this study was one hospital in an academic healthcare system in central Kentucky. This hospital has 176 medicine beds, which includes a post-operative unit, a long length of stay unit, three acute telemetry units, one progressive care unit, and one intensive care unit. This hospital is budgeted for over 189 FTEs for nurses, and the nursing vacancy rate for fiscal year ending June 2022 was 40% for these units. In addition to regular staff, this hospital also staffs with both domestic and international agency nurses.

This study included RNs and LPNs in the medicine service line. Both full-time and part-time staff were included. Domestic travel nurses (i.e., those who work 13-week contracts) were not included as they do not participate in performance evaluations through the organization and are not included in employee engagement and professional development activities. Otherwise, regularly-employed nurses and international nurses were invited to participate regardless of gender, race/ethnicity, or years' experience. International nurses were included because they are in the organization on three-year contracts, participate in shared governance councils and committees, and are included in annual performance evaluations. Nurses from all backgrounds were invited to participate. From a pool of about 150 nurses, 15 participated in education and simulation activities.

Participants were recruited by collaboration between the PI and the leadership team for the hospital. The PI attended weekly unit huddles and shared information about this study. Staff from both shifts attended each huddle. Additionally, the managers posted approved flyers in their staff breakrooms. Interested staff emailed the PI, and classes were scheduled based on the availability of the participants.

Procedure & IRB Approval

For this study, participants completed a pre-survey on Qualtrics. The link to this survey was provided as a QR code during the education session and was completed before the education session began. Two weeks following the education session, the PI sent the link to the Qualtrics post-survey via email. Participants were given one week to complete the post-survey. Altogether, this PI held four different sessions. The plan for this study was approved by the institutional review board in April 2022. A modification was approved in July 2022 to broaden the sample to include nurses who do not provide direct patient care. This includes unit managers, staff development specialists, and clinical nurse specialists.

Prior to their scheduled class, the PI presented each participant with the informed consent and reviewed it with them. Each participant signed the consent prior to the class time. Participants were in a class of at minimum two people. Classes were on Zoom to facilitate participation from home. Participants kept their cameras on throughout the class and simulation activity. The first activity was the Qualtrics pre-survey. Once each participant completed their survey, the education session began. Please see Figure 1 for the slide containing the agenda for the education session.

Description of Evidence-Based Intervention

The education was delivered via Zoom using Microsoft Power Point slides. Following the education session, the PI presented the two scenarios to the participants. Please see the Scenarios Handout in Figures 2 and 3. The participants were asked to role play how they would give constructive feedback to one another using the STAR/STAR-AR feedback model that was presented in the session. Each participant was asked to be the “giver” and the “receiver” at least once. Participants were then placed randomly into “break out rooms” using Zoom. Each room had two to three participants, and participants took turns giving and receiving feedback. When they were done, they returned to the main session, and were given an opportunity to ask clarifying questions.

Measures and Instruments

The pre-survey included demographic information related to age, gender identity, ethnicity, highest completed level of nursing education, years worked as a nurse (either LPN or RN), years worked in the organization, and years worked in their current nursing unit. Both the pre- and post-survey included seven quantitative statements focused on giving constructive feedback. Response options for these items were based on a seven-point Likert scale ranging from “1 = Strongly disagree” to “7 = Strongly Agree” that were focused on confidence in giving feedback. These statements were developed by the PI.

The pre- and post-surveys also used the Situational Communication Apprehension Measure (SCAM), which is a 20-item questionnaire developed by Dr. James McCroskey and Dr. Virginia Richmond. This measure is a tool to assess apprehension during communication and has alpha reliability estimates of 0.85 to 0.90 (Richmond, 1978). The SCAM score is found by adding up scores for each of the positive statements, adding scores for each of the negative statements, then adding these sums together and subtracting from 80. The possible range is 20 through 140. Scores 39 to 65 are generally considered low apprehension; 66 through 91 are moderate apprehension, and 92 and higher are high levels of apprehension (Richmond, 1978). Permission to use this tool was obtained from Dr. Richmond in March of 2022. For the SCAM questions, participants were asked to reflect on the last time they gave constructive feedback to a peer and indicate on a seven-point Likert scale how they felt during that interaction (1 = Not accurately at all, 7 = Completely accurately).

The post-survey also posed three additional reflective questions, as developed by the PI:

1. What is one topic or item that you learned in this session?

2. Describe a situation that occurred after your participation in the education session in which you either gave or received feedback. What strategies or techniques did you utilize that you learned from your participation?
3. What suggestions do you have for how nurses can increase their own comfort in giving feedback to peers?

Data Analysis

Data were analyzed with IBM SPSS Version 28 with an alpha level of 0.05. Descriptive statistics were used to illustrate demographic information of the participants. For each qualitative item question and each SCAM tool statement, paired t-tests were used to compare feelings about constructive feedback before and after the education session to evaluate if the session increased confidence and feelings of value.

Results

A total of 16 nurses completed the pre-survey and 13 completed the post-survey, which is an 81% response rate (see Table 1) The majority identified their gender as female (87.5%), and race as Caucasian (75.0%). Three participants identified as Asian (18.8%), and one as two or more ethnicities (6.3%). Six participants were age 40-49 years old (37.5%), four 30-39 (25.0%) and three 20-29 and 50-59 (18.8% each). Most participants had a BSN or higher (87.4%). Nine nurses worked as a nurse for 10 or fewer years. The majority worked at the survey site for ten or fewer years (81.3%) and on their unit for five years or less (81.2%).

Mean scores on the quantitative scale items focused around comfort in giving feedback increased following the intervention. Three of the seven quantitative scale items showed statistically significant change in mean scores after the intervention compared to before. These three statements were:

- I feel confident when I give constructive feedback to my peers ($p = 0.03$).
- I do not know how to give negative or constructive feedback without creating conflict ($p = 0.01$).
- I am comfortable initiating a constructive conversation with my peers regarding their performance ($p = 0.01$).

The mean SCAM tool score prior to the education session was 77.31 with a standard deviation of 12.17. Post-session, the mean score was 69.69 with a standard deviation of 14.31. While both scores are within the moderate level of apprehension range, there was a decrease in feelings of apprehension

after the education session demonstrated by this change. However, this change was not a statistically significant change, as the p-value is 0.07 indicates (see Table 2).

Responses to open-ended reflective questions in the post-survey were reviewed to identify themes and frequent responses (see Table 3). Five participants stated that they learned that constructive feedback is valuable for professional growth, and three mentioned that they learned to use the STAR model when giving feedback. Four participants stated that they gave constructive feedback since the education session, and offered help to the person they were speaking with. Six participants stated that practice and role playing are effective strategies to increase comfort and confidence in giving constructive feedback.

Discussion

This study was focused on increasing the confidence of nurses in giving and receiving constructive performance feedback. At the conclusion of this study, SCAM scores decreased, which indicates reduced apprehension in giving constructive feedback. This is relevant as it demonstrates that educational opportunities that focus on strengthening communication skills reduce fear and trepidation in participating in crucial conversations. Scores for confidence in giving constructive feedback, giving negative conflict without creating conflict, and comfort in initiating a constructive conversation also demonstrated statistically significant improvement. This, in addition to comments from participants that practice and role play were helpful in building their confidence, cements that education and simulation activities are effective tools to increase comfort in giving constructive feedback. Participants scores and comments indicated that they also recognized that constructive feedback is an effective tool to grow professionally.

It is easy to unintentionally soften the blow of constructive feedback in an attempt to not hurt the other's feelings. However, this takes away from the importance and even the urgency of giving this feedback as the receiver may not feel that their performance shortfall was really a concern. One participant described an escalated interaction they observed between another nurse and a patient. The participant stated "I gave her clear direction about how she could have handled the situation differently rather than dancing around the issue without giving direct information, as I would have previously." As a result of this, feedback was meaningful and pertinent to the situation, and the receiver understood the significance of impact of their behavior on their relationship with their patient.

Giving timely feedback can be intimidating, especially when it happens at the point of care. A participant described an observation of a peer who did not use proper sterile technique while placing a urinary catheter. The participant stopped her peer from continuing, helped gather new supplies, and coached the peer in maintaining sterile technique while they placed the urinary catheter together. After the procedure, they discussed the situation the participant shared that they wanted to help their peer and also keep the patient safe. This is an excellent example of the value of peer feedback – it is best given timely, and was done to prevent harm to a patient as well as unsafe practice by the nurse. If the nurse was allowed to continue, despite breaking sterile field, the patient would be at a far increased risk for infection.

A challenge in using the SCAM tool for this study was that it is a self-report tool, and if more time has passed since the last conversation then the tool may not be as valid (Reynolds, 2006). The PI found that a two-week interval between the education and simulation activity and the post-survey was sufficient; responses from participants indicated that this was sufficient opportunity to use the skills they learned. Eight of the respondents described situations in which they used strategies they learned from this study.

Giving constructive feedback to peers is challenging for nurses. SCT provides guidance on how new behaviors can be incorporated in to habitual practice (Bandura, 2001). First, the concept of reciprocal determinism describes the interaction between a person (or the nurse, in this instance), their environment and their behavior. It gives context to personal experiences, the work environment and desired skills and performance. Second, behavioral capability is the aptitude and ability of the nurse to perform the desired skill. Third, observational learning enables the nurse to replicate a behavior they witness others performing; mimicking a new practice or behavior allows the nurse to begin incorporating into their own practice. Fourth, reinforcements allow the nurse to understand their internal response to a new behavior, the influence of external responses, and the likelihood that they will continue this new practice going forward. Fifth, expectations are the consequences and outcomes the nurse anticipates before they fully engage in the behavior. Finally, self-efficacy is the confidence of the nurse in their ability to perform this behavior.

Communication is an essential skill in nursing, and it is vital to both patient care and working as a team to provide optimum safe care. Fear of offending the other party, fear of retaliation, and fear of damaging relationships contribute to lack of confidence in this skill. Competence in giving feedback is key to sharing information in a way that is clearly heard and understood by the recipient. In her editorial, Laskowski-Jones (2018) stated that giving constructive feedback is foundational to mentoring

relationships and is a key piece of the peer review process. She shared that feedback can be motivational when done right. However, harsh and insensitive feedback will create barriers and hurt feelings. Even with the best of intentions, poor delivery will contribute to lack of mutual trust between the two individuals and can result in a work environment that is not psychologically safe.

Just as nursing students practice their clinical skills to ensure practice standards are upheld, nurses also need to practice their communication skills to ensure they are communicating effectively with their peers and maintaining mutual respect and purpose. Whether this is in a formalized simulation activity, such as in this study, or identifying a trusted peer they can practice conversations with, continued practice and experience will facilitate these crucial conversations. Feedback givers will feel they said exactly what they wanted to convey, and receivers will come away from the conversation understanding what practice changes they need to make. No party will feel upset, guilty, or frustrated, and they will be able to work effectively as a team to provide high-quality patient care.

Implications for Practice

The results of this study highlight that communication is a skill, and nurses need more educational support in order to come proficient in this. A trend found across all studies from the literature review was that nurses are initially uncomfortable giving one another constructive feedback, and this was evident during this study. This study demonstrated that education and practice giving feedback did lead to increased nursing comfort and competence in giving feedback, nurses clearly would benefit from education on how to give meaningful feedback as well as participate in crucial conversations.

Nurse managers are the gatekeepers to practice changes and maintaining quality in their respective areas. This includes creating and supporting a work environment that both values and facilitates peer review. George and Haag-Heitman (2011) explained that managers need to provide the resources for their staff to participate in effective peer review, and also give them the protected time to do so. Additionally, nurse managers must include their staff in quality and safety work, and this will need go hand-in-hand with giving their staff the knowledge and time to do effective peer review. Encouraging this transparency will allow the nursing staff to effectively review one another as well as engage in their own practice. Nurse managers play a vital role in ensuring that nursing staff engage in NPR, and are also skilled to do so.

During preceptor or mentoring relationships, feedback is often shared as the new employee learns and grows in their new role. Often during new employee orientation, the relationship between the

preceptor and the new employee lays the foundation for the peer relationship that will develop. This is an opportunity to set the expectation of frequent peer feedback throughout the year, not only during performance evaluations, as staff will be accustomed to this practice early on in their employment. However, if preceptors are not adequately prepared to give this feedback to their new colleagues, they will be ill-equipped to have meaningful conversations about performance and patient care. This is essential, too, as healthcare organizations continue to employ agency nursing staff; the experience of travel nurses differs from the experience of those permanently employed in a healthcare organization, and it is especially challenging to ensure that the travel nursing staff are meeting the practice standards of the current organization. Holding peers accountable to policies and best practices is essential to ensuring that travel nursing staff acculturate and assimilate to the new environment.

Effective peer review and constructive feedback facilitate improved employee engagement. When nurses effectually influence their workplace and their colleagues by holding them accountable to practice expectations as well as patient outcomes, they are engaged in their work. To engage staff meaningfully organizations must also give them opportunities to develop and finesse their communication skills, especially as they discuss meaningful feedback with their peers.

Limitations

The most significant limitation of this study was the low sample size. Despite active recruitment over several weeks, by the end of July 2022 there were no participants. After the IRB was edited to include nursing in non-direct care positions, more interest was generated and four sessions were held to include staff in both direct and non-direct patient care. Further, at the time of this study, several events in the hospital that were ongoing, including annual performance evaluations, annual competencies and other education requirements, and mandatory staff meetings. Finding volunteers willing to contribute more of their time was difficult.

Another limitation is that nursing leaders and clinical experts such as clinical specialists were included in this study. As they are in positions of power compared to direct care staff, this could result in a confounding variable as these participants may have chosen to reflect on their interactions with staff rather than interactions with peers. This was mitigated during the education session and also in the verbiage of the pre- and post-surveys as it was clearly stated that this study was to examine peer review. The participants were specifically asked to reflect on recent interactions with their peers, as well, not the

staff that report to them. Further, nursing leaders also participated in peer feedback during their own performance evaluation; thus this practice is not exclusive to direct care staff.

Conclusion

Education and simulation lead to increased confidence of nurses in giving constructive feedback. As organizations continue to utilize peer performance feedback, they must also adequately prepare their staff to engage in this practice. Participating in peer feedback must also begin from the beginning of employment in the organization, as this will ensure that NPR is knit into the culture. Preparing preceptors and experienced nurses to role model this practice will also encourage others to contribute.

Giving constructive feedback comes with a cost. One must consider the consequences of giving feedback – will it result in the desired outcome? Will the receiver accept the message the way it was intended? Will the relationship between the giver and receiver be damaged? Education in this skill may prevent feedback from being fruitlessly inflated to buffer potential discomfort, and the true meaning of the message will be delivered more effectively. As organizations continue to onboard staff – both regular employees and agency resources – nurses will be prepared to assume responsibility for ensuring their peers perform to the hospital standards.

NPR demonstrates its relationship to nursing engagement through improved professional practice, improved patient safety, and institutional improvement through meaningful changes identified through the NPR process. Giving thoughtful and meaningful constructive feedback is challenging, and if not done well will not result in desired behavior or practice changes. Opportunities to give constructive feedback are numerous in nursing, and learning the communication skills needed to give feedback will prepare nurses at all skill levels to employ this action.

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Tables

Table 1

Demographic characteristics of sample

Characteristic	*n* (%)
Gender	
Male	*2* (12.5%)
Female	*14* (87.5%)
Non-binary / third gender	*0* (0%)
Prefer not to say	*0* (0%)
Age	
20-29	*3* (18.8%)
30-39	*4* (25.0%)
40-49	*6* (37.5%)
50-59	*3* (18.8)
60+	*0* (0%)
Ethnicity	
Caucasian	*12* (75.0%)
African-American	*0* (0%)
Latino / Hispanic	*0* (0%)
Asian	*3* (18.8%
Native American / Indigenous	*0* (0%)
Native Hawaiian or Pacific Islander	*0* (0%)
Two or more	*1* (6.3%)
Other / unknown	*0* (0%)
Prefer not to say	*0* (0%)
Highest level of Nursing education	
RN diploma program	*1* (6.3%)
LPN	*1* (6.3%)
ADN	*0* (0%)
BSN	*5* (31.3%)
MSN	*7* (43.8%)
DNP or PhD	*2* (12.5%)
Years worked as a nurse (LPN or RN)	
0-10	*9* (56.3%)
11-20	*5* (31.3)
21-30	*2* (12.5%)
31-40	*0* (0%)
41+	*0* (0%)
Years worked at UK HealthCare (any position)	
0-10	*13* (81.3%)
11-20	*2* (12.5%)
21-30	*1* (6.3%)
31-40	*0* (0%)
41+	*0* (0%)
Years worked on current unit (any position)	
0-11 months	*4* (25.0%)
1-5 years	*9* (56.3%)
6-10 years	*3* (18.8%)
11-20 years	*0* (0%)
21 years +	*0* (0%)

Table 2

Comparison of overall SCAM score and Likert items focused on giving constructive feedback, pre- and post-survey (n=13)

	Pre-education *Mean* (SD)	Post-education *Mean* (SD)	*p*
SCAM Score (range 20-140)	*77.31* (12.16)	*69.69* (14.31)	0.07
I feel confident when I give constructive feedback to my peers.	*5.15* (0.90)	*5.77* (0.73)	0.03
I feel upset or discouraged when my peers give me feedback that is not positive.	*2.85* (1.35)	*2.77* (1.36)	0.90
Negative or constructive feedback means that I cannot do better.	*1.85* (1.14)	*1.69* (0.63)	0.67
I am afraid my peers will be mad or sad if I give them negative or constructive feedback.	*4.00* (1.16)	*3.46* (1.39)	0.32
I do not know how to give negative or constructive feedback without creating conflict	*3.15* (1.58)	*2.00* (1.16)	0.01
I believe that the only person who should give me feedback on my performance is my direct supervisor.	*2.08* (1.26)	*1.54* (0.52)	0.12
I am comfortable initiating a constructive conversation with my peers regarding their performance.	*5.08* (0.86)	*5.85* (0.90)	0.01

Table 3

Follow-up questions and responses from post-survey

Question	Response Themes	Frequency
What is one topic or item that you learned in this session?	Constructive feedback is valuable for growth	5
	Using STAR feedback model	3
	Using clear messaging	2
	Listen to the others	1
Describe a situation that occurred after your participation in the education session in which you gave or received feedback. What strategies or techniques did you utilize that you learned from your participation?	Gave feedback and offered help	4
	Assumed positive intent	1
	Listened to the other person	1
	Used STAR feedback model	1
What suggestions do you have for how nurses can increase their own comfort in giving constructive feedback to peers?	Practice and roleplaying	6
	Be self-aware and respectful	2
	Feedback is an opportunity for professional growth	1
	Ask questions	1

Figures

Figure 1

Education session agenda slide

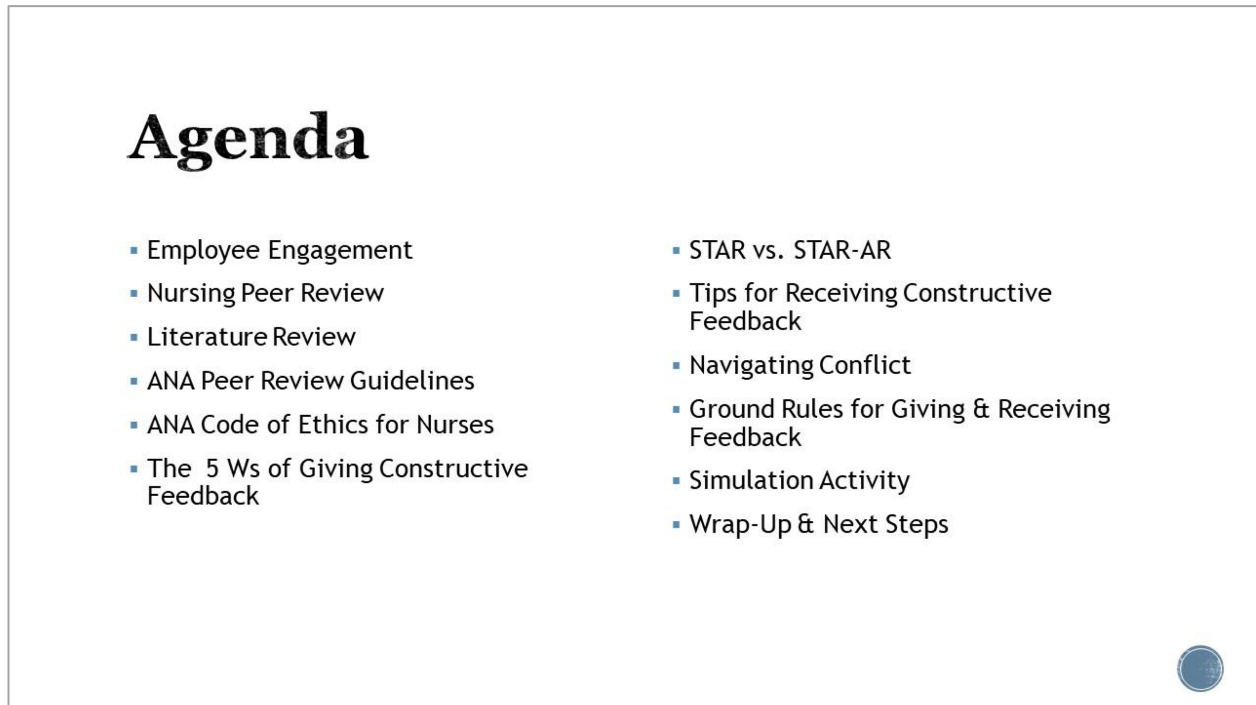

Figure 2

Scenario handout #1

Situation/Task

You are precepting a new nurse. She is on track in her orientation, and will be off orientation in two weeks. She is proficient in her skills and her charting. Her time management is very good, and she seems to be getting along with the rest of the nursing staff and the physicians. However, you notice that she doesn't follow the AIDET (Acknowledge, Introduce, Duration, Explanation, Thank) communication framework when she is providing patient care. She doesn't greet the patient or introduce herself, doesn't explain the tasks she is there to perform, and when she is done she just walks out the door. One of your patients speaks to you privately and says that your orientee seems impersonal, and while they know they are getting the care they need it doesn't feel compassionate. You need to discuss this situation with the new nurse.

Action

While discussing with your orientee, describe what actions or inactions you observe while she is performing patient care.

Result

Share with your orientee what her actions/inactions have resulted in for the patient.

Alternative Action

What could your orientee do differently to improve?

Alternative Result

What is the result of a different action or behavior?

Ground rules and guidelines for giving feedback

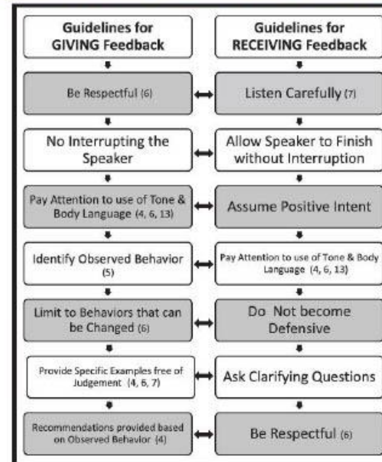

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Figure 3

Scenario handout #2

Situation/Task

You are a Nursing Care Tech (NCT) and you are receiving report from another NCT at change of shift. During bedside shift report, you notice a number of tasks have not been done on the previous shift. First, a new admission who came six hours ago doesn't have any suction set up in the room, and the patient has a trach in place. Second, another patient who is incontinent is laying in wet sheets, which seem to have dried in the periphery so it looks like they have been wet for a long time. Another patient still has their supper tray from the night before in their room. All the linen hampers are full, and trash is overflowing in several rooms. You bring this to the attention of the off-going NCT, and she agrees to help you complete these tasks, albeit reluctantly. You feel that this NCT often leaves you and your patients in this condition, but you have not discussed this with them before. You need to discuss this behavior with the NCT before bringing this to the manger.

Action

While discussing with your colleague, describe what actions or inactions you observe when you are receiving report.

Result

Share with your colleague what her actions/inactions have resulted in for the patients.

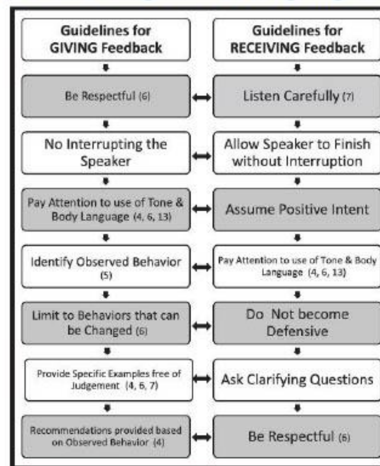
Alternative Action

What could your colleague do differently to improve?

Alternative Result

What is the result of a different action or behavior?

Ground rules and guidelines for giving feedback



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