PERFORMANCE APPRAISAL OF DECENTRALIZED PHARMACISTS

by

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ABSTRACT

A survey was conducted to examine how managers evaluate the competency of individual hospital pharmacists in a decentralized or satellite setting. Sixteen hospitals in the Western United States were surveyed on-site by the author. Sixteen managers and 40 staff pharmacists were interviewed.

The objectives of this study were: (a) to investigate the performance appraisal process used by the organization (including the type of evaluation tool used and frequency of performance appraisal), (b) to identify how the information is used by management, and (c) to examine management and employee expectations of the appraisal process.

The results of this study indicate that managers do the annual evaluation because it is required. Most managers do not use the performance appraisal for developmental purposes. Managers tend to perceive the entire process of the performance appraisal as more meaningful and reliable than do the pharmacists.

Fifty-six percent of the hospital pharmacies surveyed use the graphic rating scale type of appraisal instrument. This type of instrument is easy to develop and use, but
generally provides information on personality traits, rather than on actual performance. Thirty-eight percent of surveyed pharmacies use the performance standards type of appraisal.

Eighty percent of the pharmacists feel managers do not have enough contact with the pharmacist to accurately evaluate performance, while 56% of the managers believe there is sufficient contact to evaluate performance. Managers do the majority of pharmacist performance ratings, but both managers and pharmacists agree that peer pharmacists should rate other pharmacists' performance.

On the average, managers believe they give positive feedback to the pharmacists at least once a month, while pharmacists believe positive feedback occurs only once per year. A significant number of pharmacists do not know what is expected of them to improve their performance for the next appraisal.

Generally, the performance appraisal gravitates to the low side of the manager's priority list until attention is required to meet a mandated deadline.
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Finally, I would like to express my indebtedness to my wife, Susan, for countless hours spent editing this thesis. This study would not have been possible without her support and help.
CHAPTER I

INTRODUCTION

The concept of a decentralized, mobile pharmacy and satellite pharmacy has come into widespread use in hospital pharmacy practice over the last several years.¹ This new form of pharmacy practice is accompanied by a number of significant changes. The most visible change is the relocation of the pharmacist and the practice away from the central pharmacy to the patient care areas, with an accompanying loss of direct supervision by the pharmacy manager. The physical relocation has many advantages to the decentralized pharmacist. It allows the pharmacist to:

1. Be nearer the decision-making process.
2. Have increased professional interaction necessary for optimal patient care.
3. Decrease delivery time of drugs to patient care areas.
4. Become a visible member of the health care team.

However, along with these advantages of decentralized practice come a new set of problems. One problem relates to the difficulty managers have in adequately evaluating a pharmacist in a distant location performing functions
specific to a particular patient care area. In this situation, the manager is unable to directly observe and appraise performance; an indirect source of information must be used to rate the pharmacist's performance. Another problem surfaces when a pharmacist's performance is substandard and improvements need to be made. Identification of steps necessary to improve performance can elude the management staff. Because the management staff may not be involved with the daily routine of drug distribution, and may, therefore, be unfamiliar with the specific daily functions of the pharmacist, it may be difficult for the manager to provide suggestions to the pharmacist for performance level improvement.

**Statement of the Problem**

It can be argued that the most important determinate of the quality of pharmacy services offered in hospitals is the competence of the individual pharmacists involved in that practice. A baseline of competency is necessary for all pharmacists. For example, all pharmacists need to know enough pharmacokinetics to answer basic questions concerning general pharmacokinetics. In addition, hospital pharmacy practice has become increasingly specialized over the last several years; decentralized or satellite pharmacists are required to have specialized skills and knowledge specific to their specific area of practice. For example, a newborn intensive care phar-
The pharmacist needs specialized pharmacokinetic skills specific to neonates that are not required of pharmacists practicing in other areas. The overall result of this increase in specialization is that the skills needed for comprehensive pharmacy services can no longer be provided by one pharmacist. Each pharmacist has a combination of basic skills and specialized skills that are unique to the area of practice. Managers rarely work in patient care areas; thus, one can argue that decentralized or satellite pharmacists have developed skills not possessed by the pharmacy manager. Unfamiliarity with the individual pharmacist's skills and the loss of direct supervision have resulted in problems for the manager concerning evaluation of the pharmacist's performance. In this thesis, the investigator examines how managers evaluate the competence of individual hospital pharmacists in a decentralized or satellite setting with the associated loss of direct performance supervision.

Objectives of the Study

The manager must know who has performed well and who has performed poorly in order to make sound managerial decisions concerning human resource utilization. Managers cannot set guidelines for improving the performance of an employee without a system to accurately measure and monitor changes in that performance. There are many variables in performance appraisal systems that
affect the outcome of the process. Several of these variables are examined in this study. The objectives of this study are: (a) to describe the performance appraisal process used by the organization (including the type of evaluation tool used, frequency of performance appraisal, etc.), (b) to identify how management utilizes the information obtained, and (c) to examine management and employee expectations of the appraisal process.
CHAPTER II

REVIEW OF THE LITERATURE

The literature review consists of the general business literature concerning performance appraisal. In this chapter, the variables and goals of performance appraisal are discussed. The perception of the performance appraisal from both managers' and employees' perspectives is discussed. The various types of performance appraisal, including the advantages and limitations of each, are addressed. The discussion includes a description of which individual(s) should rate performance and how to minimize errors in rating. Finally, specific pharmacy literature pertaining to performance appraisal is reviewed.

Determinants of Performance

The performance of an individual in an organization is determined primarily by the individual's ability and motivation (see Figure 1). An individual can have all the required abilities to complete the required task, yet have poor performance due to lack of required skills, as in the case of a newly-hired employee who has had inadequate training for the job. Motivation can be
Figure 1. Determinants of performance.
greatly affected by management style. Mismatching manager styles with employee motivational needs can result in poorly-motivated employees.\(^3\) For example, a manager utilizing a highly autocratic style of management would be expected to have motivational problems with an employee who has a high need for autonomy. Employees who do not possess the required skills for acceptable work performance can be provided with additional training to upgrade their skills. The training might consist of formal education such as college courses or on-the-job training provided by the employer. An employee's performance can be improved by increasing either the ability or motivation to effectively perform one's job.

Many jobs have outputs that can easily be measured. The quantity produced is an indication of the individual's performance in the organization. For example, a factory worker who produces bolts can have performance directly measured by the number of bolts produced in a given period of time; e.g.,

\[
\text{performance} = \text{bolts produced/hour}.
\]

The manager can then evaluate all the employees using the number of bolts produced per hour as the yardstick in the performance appraisal. If the manager decides that 200 bolts/hour is the minimum acceptable performance level, then all employees who produce fewer than that can either be helped to improve their performance level or can be
terminated.

Many jobs have no such direct measurement of performance. A hospital pharmacist working in a decentralized or satellite setting of drug distribution is an example. The pharmacist's performance includes many activities that are difficult to measure, such as:

1. Accuracy in filling medication orders.
2. Ability to discover and correct physicians' prescription errors.
3. Ability to discover drug interactions.
4. Ability to distribute drugs in a timely fashion.
5. Ability to communicate with health professionals effectively.
6. Ability to solve problems quickly and efficiently.
7. Ability to answer drug-related questions.

One could attempt to outline and describe all of the dimensions of the pharmacist's job in order to develop a tool for assessing performance level. However, the number of dimensions required to adequately describe all aspects of the job would be cumbersome and impractical. A more efficient tool is needed; one with a workable number of dimensions that can still effectively differentiate various levels of performance.

The manager is not usually present to observe the pharmacist's performance in patient care areas because of
other required duties. Thus, managers must depend on other sources of information as the basis for evaluation of the pharmacists' performance. These "other" sources might include supervisors, peer pharmacists, nurses, physicians, patients, pharmacy students, or pharmacy technicians.

In summary, accurate evaluation of the hospital pharmacist's performance cannot be accomplished via direct measurement (such as the number of prescriptions dispensed per hour), or by examining a single criterion (such as number of medication errors). It requires that numerous criteria be evaluated. In addition, the pharmacist's performance is usually not directly observed by the manager. Thus, a system must be developed that seeks input on performance from the actual observers of that performance. Accurate descriptions of the pharmacist's job dimensions and appropriate selection of who is to rate that performance are key factors in assuring the accuracy of the performance appraisal.

**Goals of the Performance Appraisal**

The performance appraisal may be used for either evaluative or developmental purposes. The evaluative (or judgmental) purpose has as its focus past performance. The results of the evaluative function are usually used to make administrative personnel decisions; employees are often placed in a passive or reactive role of defending
their performance. If an organization uses the performance appraisal as an evaluative instrument to reward the highest performers with the highest pay raises, the tool must be accurate. Rewarding performance resulting from inaccurate measurements can have adverse implications for the organization.

The second major purpose of the performance appraisal is developmental in nature. Developmental appraisals are designed to directly improve performance or potential for performance by helping the employee identify areas where improvement is needed and identifying potential areas of growth. The success of the developmental evaluation depends upon the individual's motivation and the accuracy of the performance appraisal in identifying potential areas for growth. The focus of the developmental performance appraisal is not on past performance, but on improving future performance. The manager is not in the role of a judge, but is a counselor attempting to help and guide the employee in improving performance. In this context, the employee no longer reacts to the performance appraisal passively, but is actively involved in goal-setting and in determining areas and means for improving performance.

There is a basic conflict between the judgmental and developmental roles the manager must assume in performance appraisal. It is difficult for the employee to accept the
manager's suggestions for improving performance and for professional growth when the employee's past performance has just been criticized by that same manager. Positive outcomes of the performance appraisal may depend upon how effectively the role conflict is balanced by the manager. McGregor believes that managers feel uncomfortable when they are put in the position of "playing God" in the performance appraisal. It is not uncommon to discover resistance from managers who administer the performance appraisal. This resistance may be due to:

1. Dislike of the criticized subordinate.
2. Lack of skill in conducting a performance appraisal interview.
3. Lack of confidence in the validity of the performance appraisal instrument.

McGregor maintains that the conventional approach to performance appraisal, which requires that the manager pass judgment on the employee, is an ineffective personnel method because of the conflict it causes the manager in judging the personal worth of subordinates. Many managers are not in a position to directly observe performance. McGregor asserts that the employee should take an active role in goal setting and analyzing how well those goals have been met. Superiors can gain satisfaction in integrating the employee's personal goals with the needs of the organization in order for both to be served.
Differing Perceptions of the Performance Appraisal

The need for a periodic review of performance can be considered from the point of view of both the manager and the employee. Each can have specific needs and expectations. It is possible that the manager's needs and expectations are quite different from the employee's needs and expectations. One cannot help but wonder what the characteristics of a performance appraisal instrument would be that could meet both the needs of the employee and the manager.

Ross5 states that employees need to know how they are doing in their work because they are interested in knowing how they can grow and develop in their jobs and careers. Managers, on the other hand, need information about employee performance in order to make personnel decisions in areas such as promotions, salary adjustments, and terminations. Developmental performance appraisals tend to focus on the employee's needs. Cassica6 asserts that the objectives of any performance appraisal should include the following characteristics:

1. Assist and motivate employees in job performance.
2. Identify employee progress and growth in job performance.
3. Provide information to justify personnel decisions.
4. Document personnel events as they occur.
5. Identify weaknesses for the purpose of taking corrective action.

6. Insure that personnel management action and direction occur in the organization.

7. Provide a common perspective between managers and employees toward meeting departmental goals and objectives.

Coarse and Kubica\textsuperscript{7} state that a performance appraisal will have a higher chance of success if the purpose of the appraisal is well-defined. The appraisal instrument should match the organization's needs and it must be accurate. Course and Kubica maintain that the performance appraisal should be the basis for coordinating institutional, departmental, and individual objectives. Ideally, the performance appraisal should increase communication between the employee and manager because the manager and employee rarely take the time to communicate one-on-one. Other reasons offered by Course and Kubica to conduct the performance appraisal that may aid the employee include the following:

1. To motivate and assist pharmacists to improve performance.

2. To identify areas where specific training is needed.

3. To encourage pharmacists to work toward self-development.
Other reasons for conducting a performance appraisal that can directly aid the supervisors include the following:

1. To provide a record of progress and capabilities.
2. To help supervisors by providing a basis for salaries, rewards, and promotions.
3. To provide documentation if legal suits for unjustified termination result.

Hayden states that "no single type of performance appraisal can satisfy the needs for evaluation of employees"; yet, management tends to use only one standard performance appraisal form with standard rating factors in order to evaluate a diversity of jobs. Often, these standard rating factors are "traits" that tend to focus more on personality assessment than on work performance. Examples of these traits include: initiative, attitude, appearance, and responsibility (see Appendix A for example of graphic rating scale). The standards usually found in "trait-type" evaluations are often general in nature in order to cover a wide variety of jobs for which the evaluation form is utilized. For example, the same performance appraisal tool may be used to evaluate pharmacists, nurses, and housekeepers. These types of evaluations have no performance standards to compare with the employee's specific job. Rather, general terms such as initiative are used to define performance. Supervisors end up evaluating the performance of employees against
rather superficial impressions that they have about the employee's job. The employee may or may not share these impressions, or may be unaware of them. Employees must know in advance the standards that describe the manager's expectations upon which they will be evaluated. 9

**Types of Performance Appraisal**

Major types of performance appraisal currently in use are described in this section. Advantages and limitations of each instrument are discussed10 and an assessment of the most appropriate instrument(s) for a decentralized or satellite pharmacy is undertaken.

The basis for comparison of an employee's performance can be a predetermined standard or the performance of other similar employees. If the performance is compared with other employees' work, then it is considered a relative standard and it is usually used for administrative purposes such as salary increases. If the performance is compared against a predetermined standard, it is considered an absolute standard and is usually used for employee development.

**Comparative Performance Appraisals**

Relative (or comparative) types of performance appraisal compare the appraisee against other appraisees on the performance dimension of interest. Four popular comparative procedures are straight ranking, alternate
ranking, paired comparisons, and forced distribution. These four types of comparative performance appraisals tend to focus on one global performance dimension which seeks to determine the employee's overall worth to the organization. A description of this global dimension follows,

... consider these people with respect to their overall competence, the effectiveness with which they perform their jobs, their proficiency, and their general overall value.11

**Ranking Appraisals**

Straight ranking is a performance appraisal that asks the appraiser to rank all employees from the best to the worst employee according to their overall worth to the organization. The evaluator is asked to identify the best performer, the next best, and so on, through all employees to the worst employee. Straight ranking forces the appraiser to rank everyone on a continuum. An example of this system is:

Rank of employees according to overall worth of the company: #1 = Sam Jones; #2 = Tom Smith; #3 = Ted Johnson, etc.

Alternate ranking is a variation of straight ranking. The appraiser is asked to rank the best and the worst employee from a list of names on the dimension being rated. These names are then crossed off the list and the appraiser then chooses the next "best" and "worst" employees from the list of individuals being rated. The procedure is
continued until everyone on the list has been rated. This technique will work only for small numbers of employees because of the time required to make multiple comparisons.

Paired comparisons are another variation of the straight ranking. The appraiser compares each employee being ranked with every other employee, one at a time. An employee's final standing is determined by how many times he is rated over other employees.

Advantages of ranking performance appraisals. Ranking appraisals are effective in obtaining agreement among raters on the order of employee performance ranking. Because the appraiser is forced to rank everyone in comparative types of performance appraisals, certain rating errors are diminished. These errors are frequently called "constant errors" because they are routinely made. The errors include leniency, central tendency, and strictness. Leniency errors are those in which the appraiser tends to rate all employees highly regardless of their actual performance. Strictness is the opposite of leniency; the appraiser tends to rate all employees harshly regardless of actual performance. Central tendency errors occur when the appraiser tends to rate most employees as average. In addition to decreasing some rating errors, comparative appraisals are very easy to use and develop.

Limitations of ranking appraisals. A major limita-
tion of any ranking system is that employees are usually ranked on only one performance dimension, but total effectiveness in an organization usually consists of many characteristics. Also, two or more appraisers may have different definitions of terms such as "overall effectiveness." Halo rating errors occur when the appraiser tends to extrapolate one good characteristic that the employee has to all categories being rated. Halo rating errors can play a major role in ranking types of performance appraisals.

A second limitation of ranking procedures is the difficulty of comparing individuals from two different areas of practice. For example, how would one compare the performance of the person ranked number two in the outpatient pharmacy to the person ranked number two in the Intravenous Center? A third limitation of ranking methods is that they do not offer opportunity to give the employee feedback. The ranking methods cannot be used for developmental purposes because they are usually based on such general dimensions that specific recommendations for improvements are difficult for the employee to identify. Thus, the employee does not understand how to improve performance for the next appraisal. Finally, since ranking methods focus on comparisons to other employees, highly personalized discussions about the relative merits of other closely-ranked employees is possible.
Forced Distribution Appraisals

Forced distribution is a comparative procedure that has some advantages over ranking appraisals. Specifically, forced distribution usually compares several different performance factors rather than one overall global dimension. The forced distribution is so named because it forces the appraisers to rank performance to fit a bell curve for all individuals being rated. Thus, certain errors such as leniency are avoided. Conversely, if all the individuals being rated happened to be high performers, the rater would be "forced" to select the lowest performance among the appraisees and give a correspondingly low rating to that individual.

Absolute Standards Performance Appraisals

Performance appraisals using absolute standards can be differentiated from comparative performance appraisals by two major qualitative factors. First, absolute standards evaluate the employee on written standards rather than against other employees. If all the employees are performing at an outstanding level, the manager is able to rate them accordingly, rather than being forced to rank one individual as the "worst," another as the second "worst," and so on. Secondly, several factors of overall performance are generally measured rather than a single global dimension. Among these types of performance
appraisals are weighted checklists, graphic rating scales, performance standards, management by objective (MBO), and behaviorally-anchored rating scales (BARS). Finally, absolute standards allow the manager to quantify results of the performance appraisal while the comparative types of performance appraisal only rank employees from the best to worst without indicating the difference in performance levels of the ranked employees.

**Weighted Checklist**

A weighted checklist is a list of various performance dimensions with a value given to each dimension. The rater usually does not know the weighting factor for each dimension. The rater indicates whether the employee does or does not exhibit the dimension being rated (Table 1). The appraisee's evaluation is determined by the manager by summing the scores of the items that have been checked multiplied by the weighted scale for each dimension. A final qualitative score for the performance appraisal is then provided to each employee.

**Limitations of weighted checklist appraisal.**

Weighted checklist performance appraisals require an "all-or-nothing" choice. Either the appraisee does or does not possess the performance dimension. There is no framework to evaluate the extent to which the criteria are met or the quality of the work performed. Additionally, the rater frequently does not know the weight given to each
Table 1
Weighted Checklist Illustration
(for Bake Shop Managers)

<table>
<thead>
<tr>
<th>Item</th>
<th>Scale Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occasionally buys competitor's products</td>
<td>6.8</td>
</tr>
<tr>
<td>Never consults with head salesperson when making out a bake order</td>
<td>1.4</td>
</tr>
<tr>
<td>Belongs to a local merchants' association</td>
<td>4.9</td>
</tr>
<tr>
<td>Criticizes employees unnecessarily</td>
<td>0.8</td>
</tr>
<tr>
<td>Window display is usually just fair</td>
<td>3.1</td>
</tr>
<tr>
<td>Enjoys contacting customers personally</td>
<td>7.4</td>
</tr>
<tr>
<td>Does not know how to figure costs of products</td>
<td>0.6</td>
</tr>
<tr>
<td>Lacks long-range viewpoint</td>
<td>3.5</td>
</tr>
<tr>
<td>Products are uniformly of high quality</td>
<td>8.5</td>
</tr>
<tr>
<td>Expects too much of employees</td>
<td>2.2</td>
</tr>
<tr>
<td>Weekly and monthly reports are sometimes inaccurate</td>
<td>4.2</td>
</tr>
<tr>
<td>Does not always give enough thought to bake orders</td>
<td>1.6</td>
</tr>
<tr>
<td>Occasionally runs a selling contest among salespersons</td>
<td>6.8</td>
</tr>
<tr>
<td>Baking in shop continues until 2:00 p.m. or later</td>
<td>8.2</td>
</tr>
<tr>
<td>Complains about employees but does not remedy the situation</td>
<td>0.9</td>
</tr>
<tr>
<td>Has originated one or more workable new formulas</td>
<td>6.4</td>
</tr>
</tbody>
</table>
Table 1 continued

<table>
<thead>
<tr>
<th>Item</th>
<th>Scale Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sometimes has an unreasonably large inventory of certain items</td>
<td>3.3</td>
</tr>
<tr>
<td>Employees enjoy working for manager</td>
<td>7.6</td>
</tr>
<tr>
<td>Does not delegate sufficient responsibility to others</td>
<td>2.8</td>
</tr>
<tr>
<td>Has accurately figured the cost of most products</td>
<td>7.8</td>
</tr>
<tr>
<td>Wishes to be &quot;just a baker&quot;</td>
<td>0.8</td>
</tr>
<tr>
<td>Shop is about average in cleanliness</td>
<td>4.4</td>
</tr>
<tr>
<td>Is tardy in making minor repairs in salesroom</td>
<td>1.9</td>
</tr>
<tr>
<td>Periodically samples products for quality</td>
<td>8.1</td>
</tr>
</tbody>
</table>

Note. Adapted from Knauft."
dimension. This not only results in mistrust of the instrument, but the rater is also unable to tell the employee which dimensions are critical to job performance. Finally, a separate checklist must be developed (and weighted) for employees with different job descriptions.

Advantages of weighted checklist. The evaluator is said to not rate performance, but merely to report it. According to Latham and Wesley, this will make performance appraisal less confrontational.

Quantitative Performance Appraisal

There are several methods that allow the rater to indicate a degree to which the performance dimension pertains to the employee. These quantitative methods are called conventional ratings (or graphic scales), performance standard ratings, and behaviorally-anchored rating scales.

Graphic rating scales (GRS). Conventional ratings are the most common form of appraisal technique. Several different factors are used to assess performance, each with a continuous scale. The extent to which the employee meets the criteria stated for each factor is plotted on the scale. Table 2 provides an illustration of this type of evaluation scale (Appendix A offers further examples). The number of items rated can be as few as 2 or 3 or as many as 25.

Limitations of conventional ratings. The major
Table 2
Graphic Rating Scale Illustration

<table>
<thead>
<tr>
<th>Item</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependability</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

1 = unacceptable  
2 = below average  
3 = average  
4 = above average  
5 = outstanding
disadvantage of the conventional rating is that personality traits are usually used as the dimension to be evaluated. Consequently, employees usually view this type of evaluation as very subjective. General traits such as dependability, initiative, and attitude are used. Often, a direct relationship between the traits being evaluated and actual performance cannot be demonstrated. Phrases that describe levels on the scale are unclear and are highly subject to different interpretations. Behavior that is "average" to one supervisor may be "above average" to an employee. The GRS tends to be evaluative in nature and the employee is usually uncertain as to how to improve performance. In court cases of contested terminations, the GRS is frequently ruled inadequate to defend the employer's actions.

Advantages of conventional ratings. The major advantage of conventional rating appraisals is that they are extremely easy to develop and use. The training required to prepare raters to use the instrument is minimal and the instruments are so widely used that a manager can easily find an example of one to adapt for the needs of the organization.

Performance Standards (Work Standards)

Performance standard appraisals are usually developed directly from job descriptions. Performance standard
appraisals are similar to graphic rating scales except that specific standards are used rather than general traits (Appendix B). This type of appraisal must have standards that are fair and easily understood. The work standards performance appraisal does supply the employee with a complete list of job duties. The use of work standards should make the appraisal less threatening than other more subjective types of performance reviews because the pharmacist knows the standards against which performance will be measured (i.e., number of errors).

Limitations of performance standards. The problem with work standards involves the difficulty in comparing individuals with different job descriptions. It is very difficult to compare two employees for salary raises when each was rated on completely different work standards. Comparing a decentralized pharmacist working in an oncology area to a pharmacist who makes intravenous solutions in a central pharmacy would be difficult. Another disadvantage of work standard types of appraisal is that these types of appraisal only evaluate performance. They have very limited use for developmental purposes.

Management by Objectives

Management by objectives is a style of management developed by Drucker\textsuperscript{17} in the 1960s. The MBO process involves four basic steps. The first is the definition of
goals by the superior and subordinate. The second step consists of the subordinate attempting to accomplish the goals. The third step is to evaluate how well the goals have been met, and the final step is to set new goals for subsequent time periods. Because MBO sets unique standards for each employee, the appraisal process consists of evaluating how well the goals have been obtained and what new goals have been set for the coming year. The determining factors in the success of MBO appear to be: (a) definition of clear-cut, reasonably difficult goals; (b) genuine participation in goal setting; (c) adequate feedback on performance; and (d) peer competition. MBO is generally used for developmental, rather than evaluative, purposes.

Limitations of MBO. One disadvantage of MBO is that it is difficult to distribute rewards equitably because goals are individualized, and because the subordinate plays an important part in the evaluation process. Another common complaint about MBO is that goals are set without any information given on how to attain them. An argument used against the MBO type of appraisal is that its focus is on results and often ignores the methods used to achieve those goals. A "results at any price" philosophy can develop, which rewards behaviors that can be harmful to the organization in the long run, but which may facilitate short-term goal attainment. For example,
extremely punitive personnel practices could eventually lead to long-term problems such as employee dissatisfaction, but short-term goals might be accomplished by using these punitive practices.

**Advantages of MBO appraisal.** MBO provides for clear expectations because the goals are precisely defined. This type of appraisal also allows for feedback to the employee by allowing the pharmacist to measure his or her progress. MBO can also increase the commitment to goal accomplishment. This goal-setting provides an opportunity for the pharmacist to discover the superior's priorities and allows the pharmacist the opportunity to negotiate priorities during the goal-setting process. If the MBO appraisal is conducted correctly, the process of appraisal should be more rewarding than conventional appraisals. The emphasis of MBO appraisals is on results rather than personality so the pharmacy manager should become more of a coach and less of a judge.

**Behaviorally-Anchored Rating Scales**

Behaviorally-anchored rating scales are designed as behaviorally-based performance appraisal tools. These scales are constructed by identifying critical incidents of effective and ineffective job performance. There is a set of scales for each major job dimension. Placed on the scales are a set of anchors or statements defining
performance on the particular job dimension. The anchors are brief statements of actual worker behavior that illustrate degrees of performance ranging from unacceptable performance to outstanding performance for a particular job dimension (Figure 2). To rate an employee's performance, the rater reads the list of anchors to find the statement most typical of the ratee's performance. This process is followed for each job dimension.

**Limitations of BARS.** BARS require a great deal of time to develop. They are developed through a series of small group discussions between superiors and subordinates in which critical incidents of performance (examples of outstandingly successful and unsuccessful employee performance) are collected and analyzed. These incidents are then condensed into several major dimensions to be measured and weighted for performance. A scale for each dimension is then developed for performance rating from extremely poor to extremely good performance. Subordinate participation in the development of BARS is critical to its success. A disadvantage of BARS is that certain things such as attitude and leadership cannot be measured reliably.

**Advantages of BARS.** BARS are potentially useful for employee development and for new employee orientation
**Performance**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely good</td>
<td>Checker expected to look for mismarked and unmarked items by knowing prices.</td>
</tr>
<tr>
<td>Good</td>
<td>Can expect checker to be aware of items that constantly fluctuate in price.</td>
</tr>
<tr>
<td></td>
<td>Can expect checker to know various can sizes.</td>
</tr>
<tr>
<td>Slightly good</td>
<td>When in doubt, this checker should ask the other clerk if item is taxable.</td>
</tr>
<tr>
<td></td>
<td>Checker can be expected to verify with another checker a discrepancy between the shelf and the marked price before ringing the item up.</td>
</tr>
<tr>
<td>Neither poor nor</td>
<td>Checker can be expected to check out a customer with 15 items when operating the quick check.</td>
</tr>
<tr>
<td>good</td>
<td></td>
</tr>
<tr>
<td>Slightly poor</td>
<td>Checker expected to ask the customer the price of an item that he or she does not know.</td>
</tr>
<tr>
<td></td>
<td>Checker may be expected to linger in long conversations with customers or other checkers during the daily course of personal relationships.</td>
</tr>
<tr>
<td>Poor</td>
<td>In order to take a break, this checker can be expected to block off the checkstand with customers in line.</td>
</tr>
<tr>
<td>Extremely poor</td>
<td></td>
</tr>
</tbody>
</table>

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Figure 2. Behaviorally-anchored rating scale illustration (developed for grocery clerks). Adapted from Fogli, Hulin, and Blood.
because they point out behaviors that are highly valued in the organization. Oleen\(^2^3\) states that the advantages of BARS include:

1. Eliminates subjective bias of evaluator.
2. Lowers interrater variability.
3. Provides a written description of acceptable performance.

The advantage of BARS is that the anchors specifically define acceptable and unacceptable and the "results at any price" philosophy of MBO can be avoided. BARS are reported to be more valid and reliable than graphic rating scales because the behaviors comprising the scale are stated clearly and unambiguously in terms of real performance examples.

**Summary of Types of Performance Appraisals**

There are many different types of performance appraisal instruments from which the manager may choose. Some are easier to develop and use than others, but the information gained from these appraisals is less reliable and more subjective in nature. Conventional rating scales have many limitations. Halo errors, leniency, strictness, and central tendency errors can all occur. Often these types of appraisals focus on the employee's personality rather than on real performance behavior. Graphic rating scales are generally overutilized due to their ease of
development and use. Checklist and forced choice types of appraisal require tremendous developmental efforts. MBO is primarily a developmental tool. It sets unique standards for each individual. The instruments that are the most useful in pharmacy practice appear to be performance standards, MBO, and BARS. The other types of performance appraisal are either too unreliable, lack validation, or are too difficult to develop and use.

**Who Should Perform the Assessment of Performance?**

Once the performance appraisal has been developed, it must be decided who will perform the assessment of performance. The people doing the actual evaluation profoundly affect the overall outcome of the performance appraisal. The manager can either motivate the employee being evaluated and increase the employee's performance level for the coming year, or the employee can be demotivated, with the evaluation having a negative impact on performance. In the decentralized hospital pharmacy setting, there are five prospective choices for carrying out the employee rating: (a) the supervisor, (b) the employee, (c) peers, (d) subordinates, or (e) some combination of the above. The qualifications the rater should possess include:

1. Being in a position to observe the employee's performance.
2. Being able to determine whether that performance is satisfactory.

3. Being aware of the expectations of the job.

In a decentralized pharmacy setting, only peer pharmacists, immediate supervisors, and possibly some medical and nursing staff are in a position to observe and rate the employee's performance. Knowledge of job expectations and determination of satisfactory performance levels are skills raters acquire through training provided by management. In the ensuing section, the questions of who should rate pharmacists and how the organization can minimize rating errors through training will be addressed.

**Supervisor Appraisal**

Barrett concludes that an employee's evaluation often depends upon how the supervisor thinks the work should be accomplished, rather than how it is actually completed by the employee. If supervisors do not regularly work in the practice area, they may have preconceived ideas of how the work should be accomplished that differs from how the work is actually performed by the employee. Odiorne conducted a paired interview study with supervisors and subordinates and discovered that the subordinates were aware of only 70% of the expectations on which they were being evaluated. Latham reported that supervisory ratings are frequently loaded with bias and subjectivity and are neither as reliable nor
as valid as peer review. Alternative sources of performance evaluation are needed when the supervisor does not regularly see the employee on the job.

**Self-Appraisal**

Self-appraisals tend to force the employee to focus on what is expected on the job.\(^{28}\) Self-appraisals may clarify differences of opinion between the manager and the employee. Self-appraisals are especially useful in situations where employees are not working under the direct supervision of the manager because these employees may have more information about their own behavior than does any other person. The supervisor learns how the employee perceives the job responsibilities and priorities via the self-appraisal. Finally, self-appraisals can stimulate employee development because the employee is asked to focus on strengths and weaknesses and to set goals for improvement in the future.

There are several disadvantages to self-appraisals. Some employees are more comfortable with the traditional supervisory appraisal. There are contradictory studies concerning whether self-ratings tend to exceed or are lower than ratings given by supervisors. Some studies indicate that self-ratings tend to be higher than supervisory ratings, while other studies indicate that self-ratings tend to be lower than supervisory ratings.\(^ {29,30}\) Teel\(^ {28}\) recommends that supervisory and
self-ratings be combined into one evaluation with equal weight given to each rating.

Peer Appraisal

Peer appraisals have been shown to be consistently reliable.\textsuperscript{31} This reliability is a result of the daily interactions among peers that can provide a comprehensive view of the employee's performance. Also, peer reviews allow for a number of independent judgments of the employee. Some potential problems with peer review are that friendships or personality conflicts can affect the outcome. If sufficient numbers of ratings are obtained, these two factors should be minimized.

Subordinate Appraisal

Subordinate appraisal can be of value under the right circumstances. Maloney and Hinrichs\textsuperscript{32} developed a program at Exxon called "Rate Your Supervisor." The program supplied supervisors with a listing of how they were rated by their subordinates and how other supervisors were rated by their subordinates. The results of the study showed the following:

1. Twenty-five percent of the subordinates reported they had seen lasting changes in their supervisor;
2. Eighty-eight percent of the supervisors reported they had attempted to change their behavior as a result of the study; and
3. Sixty percent of the supervisors and subordinates felt that productivity had increased as a result of the program.

Subordinate ratings give the supervisor the subordinates' viewpoint and increase teamwork if supervisors try to improve their performance based on the input from their subordinates. They can also be used to identify supervisors who have exceptional management skills. Subordinate ratings can be threatening to both supervisors and subordinates; some management styles such as "the autocratic manager" do not lend themselves to this system. Anonymity also needs to be maintained if the subordinate is to feel free to provide potentially negative feedback; obviously, subordinate ratings will not work if there is only one subordinate to provide the feedback.

A combination of the above appraisers can maximize the advantages of each of the above systems for employee appraisals. For example, a combination appraisal system using both self-evaluation and peer review would maximize the input or information management receives about the staff pharmacist's perceptions of self and peers. The primary consideration is to select the individual who can best observe the performance of the ratee on a regular basis.
Minimizing Rating Errors in Appraisals

The ability to evaluate performance may not be an inherited skill; it is probably an acquired skill that requires training. Wesley and associates\textsuperscript{33} demonstrated that knowledge of the common rating errors was not sufficient to change rating behavior. Wesley and co-workers further found that only an intensive workshop concentrating on observing and rating videotaped individuals resulted in rating behavior changes. The workshop participants were given immediate feedback on the accuracy of their ratings.

At the present time, few organizations provide training that will reduce rating errors in evaluations. Surveys indicate that 50\% of the companies with appraisal programs provide no training for the appraisers.\textsuperscript{34} It is fair to say that without comprehensive and ongoing training programs, the appraisal process will be less than fully effective. Even the most carefully constructed appraisal instrument will not prevent rating errors from occurring, but when one considers that graphic scale appraisals are the most common form of appraisal, many rating errors are possible. Graphic ratings tend to evaluate traits such as initiative and cooperativeness, which usually provide for wide interpretations. Rating errors such as leniency, central tendency, and strictness will occur frequently without some form of rater training.
After evaluation skills are acquired, it may be necessary to reinforce learning behaviors of the rater in order to avoid personal bias as much as possible.

**Frequency of Performance Appraisal**

The frequency of the performance appraisal is directly tied to the expectations management has of the appraisal. If the major purpose of the appraisal is evaluative and the results are mostly used for salary adjustments, annual appraisal is probably adequate.

If the appraisal attempts any developmental goals for the employee, an argument can be made that the developmental aspect of the appraisal should be separated from the evaluative portion.\(^6\) Performance appraisals are sometimes designed to achieve too many goals: (a) salary increases, (b) improving performance, (c) judging, (d) counseling, and (e) developing future performance. The timing of the appraisal and the employee's perception of the entire process can determine the outcome.

Placing too much emphasis on completing all employees' appraisals immediately prior to the annual salary adjustment can prevent effective communication with any individual employee. The supervisor may be more concerned with completing all the required paperwork than with spending quality time on developmental plans for each individual employee.

The employee may react defensively to negative
criticism received during the appraisal and not hear the positive aspects of the appraisal. The employees may react so strongly to supervisor's evaluative portion of the appraisal that they may not accept the supervisor's help in developing plans for improving performance.

**Review of the Pharmacy Literature**

The pharmacy literature concerning the use of performance appraisals in pharmacy practice is sparse. A review of the pharmacy literature pertaining to evaluating pharmacists in an institutional setting was conducted. In particular, literature pertaining to the appraisal instrument used, who conducted the evaluation, who rated the pharmacist's performance, and the purpose of the performance appraisal was examined. The pharmacist working in a decentralized or satellite setting poses a difficult problem for the manager. In these circumstances, the employee's performance is usually in the patient care areas of the hospital, rather than in the central pharmacy where administrative offices are located. Very little supervision of the pharmacist is possible under these particular circumstances.

Schwartz\(^2\) asserts that employees will view the appraisal as fair if they know why they are being appraised, how they are being judged, and how the appraisal will be used. He describes seven appraisal systems that he believes evaluate who the employee is,
rather than what the employee accomplishes. These systems appraise individual traits such as dependability, initiative, job knowledge, loyalty, and leadership; however, the appraisals do not clearly show how these traits contribute to results. Schwartz argues that MBO would be less punitive and anxiety-provoking than other types of performance appraisals because pharmacists evaluate themselves against goals that they have set. Schwartz believes that MBO is advantageous over conventional graphic rating scale methods of appraisal for the following reasons:

1. Standards for appraisals are individualized;
2. The manager can be more of a coach than a judge;
3. Pharmacists should be more motivated to accomplish their own goals; rather than goals that are set for them;
4. MBO allows the manager to focus on results, rather than on personality traits.

The limitations described by Schwartz for the MBO include:

1. MBO will work only if it is consistent with the manager's management style;
2. Emphasis on individual goals can cause problems in interpersonal and group cooperation;
3. MBO is difficult to use in comparing individuals for salary increases since each individual has different goals;
4. Too much emphasis on measurable goals may overshadow equally important unmeasurable factors;
5. Goals can be set too low;
6. Goals can become outmoded before the next appraisal.

Coarse and Kubica\(^7\) state that "attempts at evaluating the performance of pharmacists in organized health care settings have been particularly sparse." They give five reasons why traditional appraisals have failed in evaluating professionals:

1. Appraisals are too subjective;
2. Standards of performance are not well-defined;
3. Traditional systems do not measure results; often they only measure effort expended;
4. Conventional techniques have focused on nonprofessionals and are inappropriate for pharmacists;
5. Conventional techniques are too general to accurately measure the performance of specialists.

Each type of appraisal possesses inherent strengths and weaknesses, but purposes of successful appraisals will match the goals of the organization, as well as the manager's style of management.

Coarse and Kubica\(^7\) argue that the MBO style of appraisal is attractive for its adaptability to the professional environment and that it works best with a participatory style of management. MBO should increase
employee motivation through participation in setting goals. Other advantages mentioned for MBO are that the results orientation of MBO should decrease subjectivity and help identify training needs.

Coarse and Kubica⁷ maintain that there are alternatives to wage increases for rewarding performance. These include: (a) added responsibility, (b) promotion, (c) faculty appointments, and (d) attendance at professional conferences. These authors acknowledge that MBO requires a great time commitment; but they believe it is time well spent. One argument used against MBO is that it focuses only on results, not on how the results are obtained.

Hanna and Sobeck³⁵ describe a performance appraisal system for hospital pharmacists in an acute care facility based on clearly-defined responsibilities and performance criteria. They believe that from a supervisory perspective, the system allows the supervisor to separate work performance from the employee's personality. The system aids in identifying strengths and weaknesses that should make it easier for the supervisor to coach the employee. Employees benefit by knowing exactly how they will be evaluated.

Lewis¹⁶ describes how job descriptions can be used in employee evaluations. The position job description becomes the basis for preparing the job-related job description. Related tasks are grouped into major
classifications called domains. The domains become the basis for the performance appraisal by being converted to performance standards. When an employee is hired, the position description should define the job expectations.

Employee involvement in the development of the performance criteria is essential. This involvement allows employees to become "vested" and they themselves are best able to determine what performance outcomes should be expected to receive an acceptable appraisal. Lewis\textsuperscript{16} describes a system that directly ties the size of the merit increase to ratings on the performance appraisal.

Grussing and Silzer\textsuperscript{36} describe the development of a BARS for pharmacy practice. Thirty-four pharmacists were selected to participate in workshops for the purpose of writing about critical incidents of effective and ineffective performance. Participants were representatives from the hospital, the community and clinical practice, as well as externship and clerkship preceptors, clinical instructors, and faculty members. The critical incidents were recollections of actual practice incidents. The participants produced 805 critical incidents that were related to performance and to personal characteristics such as human relations. The critical incidents were categorized into 17 dimensions: 11 performance and 6 personal (see Table 3). The incidents were then given
Table 3
Appraisal Dimensions for Pharmacists

<table>
<thead>
<tr>
<th>Dimension Type</th>
<th>Appraisal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Performance</strong></td>
<td>1. Selecting drug products and ingredients.</td>
</tr>
<tr>
<td></td>
<td>2. Compounding prescriptions.</td>
</tr>
<tr>
<td></td>
<td>3. Dispensing prescriptions.</td>
</tr>
<tr>
<td></td>
<td>4. Monitoring and evaluating therapy.</td>
</tr>
<tr>
<td></td>
<td>5. Communicating with patients about prescription drugs.</td>
</tr>
<tr>
<td></td>
<td>6. Communicating with patients on selection of over-the-counter drugs and medical/surgical devices.</td>
</tr>
<tr>
<td></td>
<td>7. Communicating with health care professionals.</td>
</tr>
<tr>
<td></td>
<td>8. Managing general pharmacy operations.</td>
</tr>
<tr>
<td></td>
<td>11. Maintaining professional and ethical standards.</td>
</tr>
<tr>
<td><strong>Personal</strong></td>
<td>1. Human relations.</td>
</tr>
<tr>
<td></td>
<td>2. Organizing and planning.</td>
</tr>
<tr>
<td></td>
<td>3. Decision making and judgment.</td>
</tr>
<tr>
<td></td>
<td>4. Independence/assertiveness.</td>
</tr>
<tr>
<td></td>
<td>5. Teaching and supervising others.</td>
</tr>
</tbody>
</table>

Note. Adapted from Grussing and Silzer.36
back to the pharmacists to rate the importance of each incident on a scale of one to seven to the practice of pharmacy. The pharmacists were asked to sort the various incidents into the 17 dimensions and to distribute 150 points among the 17 dimensions. The performance dimensions related to dispensing and communicating with patients about prescription drugs were seen as the most important. The two management dimensions (managing general pharmacy operations and managing pharmacy personnel) were seen as least important. The human relations dimension was seen as most important of the six personal dimensions, while independence, assertiveness, teaching, and supervising others were seen as least important. The dimensions identified by Grussing and Silzer\textsuperscript{39} provide specific items that can be evaluated, rather than the nonspecific "traits" used in most conventional evaluations. If the manager needs to identify performance dimensions to evaluate on a performance appraisal, then the dimensions of Grussing and Silzer could be used. Also, the dimensions are items the pharmacists felt were critical to acceptable performance. Grussing and Silzer\textsuperscript{36} relate that preceptors report they are more confident and believe their evaluations are more objective and accurate since they began using the BARS instrument. This researcher also believes that BARS should minimize the halo and leniency rating errors that
are anchored in critical practice incidents.

Employee evaluations can be formalized by introducing a new appraisal method with little thought given to whether or not the appraisal is valid. Brumback and Howell\textsuperscript{37} state that hospitals need methods that have been demonstrated through research to be valid measures of job performance. In many instances, the validity of a new method has either been ignored or presumed, rather than demonstrated. One of the purposes of the present study was to examine the types of appraisal systems currently being used and to discover if any of the systems have been validated.

Brumback and Howell\textsuperscript{37} describe a method that combines a checklist of items for rating performance on specific duties using a 20-point graphic scale. The subjects were federally-employed pharmacists working for the United States Public Health Service. The checklists were abstracts from written reports of critical incidents of performance describing performance of various professional patient care-related duties of staff pharmacists. The checklists were mailed to supervisors of commissioned corps personnel (63\% were pharmacists) and each supervisor then rated the subordinate's performance. Checklists were used on 160 pharmacists. The same checklist was then sent to five to seven officers (73\% were pharmacists) who worked with the pharmacist being rated. As a result of
the peer review validity checks of the supervisors' rating, 15 of the 34 items on the original checklist were retained. These 15 items were:

1. Maintains an alert and informed rapport with professional staff concerning therapeutic information;

2. Ensures that antidotal trays are maintained after use;

3. Maintains professional rapport with patients;

4. Checks each prescription for accuracy and completeness, such as dosage, name, and age of patient;

5. Follows schedule in inspecting drug stocks at nursing units, clinics, and satellite facilities;

6. Takes timely actions to maintain stocks at a proper level.

7. Consults with prescriber and/or nurse concerning the patient and treatment when indicated;

8. Keeps formularies at each station properly updated;

9. Carries out protective measures to prevent cross-contamination between nursing units by items returned to the pharmacy for later reissue;

10. Visually inspects each drug dispensed for quality as to deterioration;

11. Places all appropriate quality control information
and initials on the prescription;
12. Drug dosage formulations made from basic investigational drugs are potent and stable;
13. Exercises quality control checks on each ingredient used in bulk compounding;
14. Maintains the proper control records on all compounding and packaging operations;
15. Follows prescribed sterile techniques in the handling of drugs.

The items have been ranked in order of the degree to which they differentiated between the most and least effective pharmacists. The most differentiating items are at the top of the list. There is also a list of 19 items that were found to not differentiate between effective and ineffective performance. Again, specific items or skills to be evaluated are clearly defined in this study. Although these 15 job dimensions may not be valid for every pharmacy, they can, at least, provide a general direction after which the director may model the organization's appraisal instrument.

Peer Review

Milewski and McKercher believe there are a number of theoretical advantages to peer review. Because a large number of people are involved in peer review, the individual bias inherent with other reviews should be minimized. The increased number of evaluators should also
provide a more comprehensive evaluation of the employee. Peer review should have more of an impact on the employee since they are completed by workers who have more of a chance to see the day-to-day performance. Peer performance evaluation (PPE) could also increase job satisfaction by allowing the pharmacist a say in a traditional managerial function.

Milewski and McKercher measured job satisfaction among 35 staff pharmacists in three hospitals before and after they participated in PPE. Five facets that directly related to intrinsic reward and communication were used on the questionnaire. Two weeks after completion of the pretest job satisfaction questionnaire, PPE forms were distributed by the director of pharmacy. Six months later, another job satisfaction survey was sent to the pharmacists.

Results of the analysis of five facets of job satisfaction showed that two facets demonstrated statistically significant improvement. These were "intrinsic reward importance" and "contact with others." The intrinsic reward importance related to the following:

1. Importance to you for having chances to learn new things;

2. Importance to you for having chances to accomplish something worthwhile;

3. Importance to you for having the chance to do
something that makes you feel good about yourself as a person;

The "contact with others" category related to the following:

1. Frequency with which you have to cooperate directly with other people in order for you to do your job;

2. Frequency with which your organization requires you to meet or check with other people in your organization.

In summary, the study of Milewski and McKercher\textsuperscript{38} indicates that peer review may have improved certain aspects of job satisfaction. Limitations of the study should not be ignored. The short study period and supervisory changes were not controlled. Still, PPE offers a workable alternative to current supervisory methods of appraisal. Under certain conditions, PPE may be the only option available to appraise pharmacists if the supervisor has little or no contact with the pharmacist, such as in the decentralized setting.

Miller\textsuperscript{39} describes a peer review system of evaluation used at Ohio State University. The evaluation describes five major dimensions to be appraised:

1. Professional practice skills;
2. Communication skills;
3. Educational skills;
4. Management skills;

5. Personal characteristics.

For each of these, specific criteria were developed to define that major performance responsibility. Pharmacists evaluated themselves, as did a group of peer pharmacists. The assistant director then reviewed the appraisal with the pharmacist. The peer evaluation consisted of both objective and subjective information about the pharmacist's skills in the five basic areas.

In summary, the pharmacy literature is not comprehensive concerning performance appraisal of pharmacists, but it can provide the pharmacy director with valuable information. Grussing and Silzer\textsuperscript{35} and Brumback and Howell\textsuperscript{37} all described a validated list of performance dimensions that was more specific to pharmacists than the generalized traits currently in high use with graphic rating scales. Other authors argue for the use of the performance appraisal for more developmental purposes to motivate the pharmacist, rather than its most common use as an evaluative process. The pharmacy literature does not appear to describe any special types of appraisal specific to the recent introduction of decentralization. In particular, literature specific to evaluating clinical skills of the decentralized pharmacist is lacking. Peer review may offer some hope of more adequately appraising
hospital pharmacists practicing in a decentralized or satellite setting.
CHAPTER III

METHODOLOGY

The sample for this study included pharmacy managers and hospital pharmacists from 16 hospitals using a decentralized or satellite drug distribution system. Hospitals with less than 200 beds were excluded from the study. The American Hospital Association (AHA) directory of hospitals in the United States was used to screen potential site hospitals in the geographic areas the author could easily access. The pharmacy director of each hospital listed in the AHA directory was contacted by telephone to screen for possible inclusion in the study.

Each hospital selected had pharmacy services that required the pharmacist to work in an area away from the central pharmacy, with at least 50% of the working day spent in patient care areas away from the direct supervision by pharmacy management.

Hospitals with fewer than two full-time equivalent pharmacists working in a decentralized setting were excluded from the study. Hospitals that had been using a decentralized drug distribution system for less than a year were also excluded. Staff pharmacists who had not received at least one performance appraisal and pharmacy
directors with less than 1 year's experience with the performance appraisal system at their institution were excluded from the study.

All pharmacy directors whose pharmacy met the above study inclusion criteria were invited to participate in the study. All invited agreed to participate. The hospitals were in the San Francisco Bay Area (5), the Sacramento, California area (2), the Portland, Oregon area (6), and the Salt Lake City, Utah area (3).

Selection of Participants

Each participating pharmacy director was asked to identify the management person responsible for conducting performance appraisals of the decentralized or satellite pharmacists. The person identified participated in the study. After the interview with each of these people was completed, each was asked to provide a list of decentralized pharmacists working that particular day. If possible, the first and third persons on the list were interviewed. The manager occasionally chose the staff pharmacists to be interviewed in order to minimize disruption of routines. If it was not possible to interview at least 2 pharmacists in person, all pharmacists working the day shift on that particular day were sent a mail-in survey to complete. Data from 16 managers and 40 staff pharmacists were collected.
**Instrument**

The data collection instrument was a coded survey developed by the researcher. Separate surveys were given to managers and pharmacists, but the questions on each were identical, except for questions that pertained to the manager only such as those about general demographics. The instrument was intended for use in an in-person interview, but a mail-in survey was developed for use when time was not available to complete the interview in person. The instruments were pilot tested for ambiguous phrases in a small group of nonparticipating pharmacists prior to the actual study. All respondents were assured of confidentiality and anonymity.

The managers' interviews also included a tour of the pharmacy and its medication distribution system to verify that the institution met the study criteria. Two hospitals were excluded from the study as a result of the interview and observations made during the on-site visits. One hospital was excluded because decentralization had occurred in the prior 9 months, and one hospital was excluded because it was a centralized pharmacy.

**Interviews**

Interviews were conducted individually with both pharmacy managers and decentralized or satellite pharmacists. All interviews were conducted by the researcher. The manager was interviewed first. The interview was
conducted in his or her office. Whenever possible, the decentralized pharmacists were interviewed in isolated areas such as a waiting room to allow the participant to concentrate on the interview. In some instances, it was necessary to conduct the interview while accompanying the pharmacist as he or she worked. The average length of time spent interviewing managers was 50-75 minutes (excluding the pharmacy tour). The average time spent interviewing staff pharmacists was 30-45 minutes.

The manager's survey included such demographic data as hospital size, size of pharmacy staff, pharmacy services offered, and formal organizational structure.

**Methodological Limitations**

Attitude and belief measurements are frequently thought of as unscientific. Although such measurements have an arbitrary basis for comparison, such data can describe traits or beliefs on a relative scale (i.e., person A is relatively more dissatisfied with salary than person B). While the measurement of data such as attitude is more interpretive than the "hard sciences" data, it is still possible to obtain data that can be useful for descriptive or explanatory purposes. In addition, there may be sampling problems and nonresponse to the survey. There are also advantages and disadvantages to personal interviews and mail surveys which will be addressed in an ensuing section.
**Sampling Problems**

With most surveys, the question is frequently asked, "Does the sample represent the population?" In this study, the pharmacist's availability occasionally affected participation in the study. If a pharmacist was too busy to participate in the interview, the next available pharmacist was asked to complete the survey. Also, the pharmacy manager would occasionally choose the pharmacist to be interviewed, maintaining that this particular pharmacist would probably have more time to complete the study. It is possible that this occasional nonrandom sampling could have skewed the results of the survey towards either the better pharmacist or the pharmacist with whom the manager had a better working relationship. If this sampling error did affect the results, one would expect the answers given by the hospital pharmacists to be similar to those given by the managers. In fact, the data showed many statistically different responses.

**Nonresponse**

The term nonresponse refers to individuals included in the sample who did not respond to the survey. A certain bias is associated with nonresponders which can prevent the results from being representative of the intended population. Babbie states that if only 5-10% of the individuals respond to the survey, the sample will have little or no relationship to the intended popula-
tion. Conversely, if most of those selected provide data, then the sample estimates are very good. Virtually all individuals contacted for the in-person surveys agreed to participate and 58% of the mail surveys were returned completed for an overall response rate of 84%.

**Personal Interviews**

There are several advantages to in-person interviews. Longer interviews can be conducted and rapport and confidence-building are possible. Also, higher response rates usually occur with in-person interviews when compared with mail-in surveys. Additionally, the interviewer can clarify any confusion with survey questions.

The disadvantage of the personal interview is that it is more costly and time consuming, which, in turn, limits the size of the sample obtained. The interviewer's personal bias can cause a response from the respondent. Having the interviewer maintain a neutral role and following the question wording exactly is critical to the success of survey research. In this study, only one interviewer was utilized.

**Mail Surveys**

People who have a particular interest in the subject of the research are more likely to return mail questionnaires. The lower the response rate, the higher the bias.
Since the response rate in this study was 58%, and 50-60% response rates are generally considered good, the above-mentioned bias should be relatively minimal. Often open-ended questions do not produce useful information in surveys. Mail surveys assume that a questionnaire item denotes exactly the same thing to every respondent. In fact, different individuals can have different interpretations of the same word. The wording of the questionnaire becomes important in such possible interpretations. The survey utilized in this study was developed by the investigator and was not validated. Finally, mail surveys can have an increased number of "don't know" responses due to confusion regarding the survey itself.

Data Analysis

The data were analyzed at the University of Utah Computer Center, utilizing the Statistical Package for the Social Sciences. After the survey was administered, results were coded for data entry. Most scores utilized a 7-point scale; however, "yes/no" responses were possible. Statistical analysis included descriptive statistics (means, standard deviations and ranges) and chi-square analysis (corrected by Cramer's V) to compare the managers' responses to the those of the employees. The level of statistical confidence was set at $p < .05$. 
Fifteen of the 16 managers and 24 of the 40 staff pharmacists completed the survey in person. One manager completed a mail-in survey and 16 of 28 pharmacists completed mail-in surveys (57% response rate). One mail-in survey was discarded because it was not adequately completed. Two hospitals were excluded from the study after the tour of the pharmacy because they failed to meet the study criteria. One hospital had been decentralized for less than 1 year and the other hospital did not have decentralized pharmacy services.

Why the Organization Did the Annual Evaluation of Pharmacists

When managers were asked why they conducted annual evaluations (more than one response was possible), 81% (13/16) indicated that they did the annual evaluation because it was required by the personnel department. Fifty percent (8/16) of the managers indicated they did the performance appraisal to provide feedback to the pharmacist. Thirty-four percent (5/16) of the managers stated they did the performance appraisal so the pharmacist's performance could be evaluated. Sixty percent (10/16) of
the managers indicated that they did not look forward to doing the annual evaluation. Fifty percent (8/16) of the managers indicated that results of the performance appraisal were not tied to salary increases. The pharmacists' perceptions of why the annual evaluation was done were very similar. Sixty-seven percent (24/35) believed the manager did the performance appraisal because it was required. Thirty-eight percent (13/35) believed the manager did the performance appraisal to evaluate performance. Twenty-nine percent (10/35) of the pharmacists felt that managers did the performance appraisal in order to give positive feedback to the pharmacists (Table 4).

Further, the survey indicated that both employees (97% [29/30]) and managers (92% [11/12]) believed that positive feedback was given to the employee during the annual evaluation.

Although the data were not subjected to statistical analysis, it appeared from the discussions with pharmacists that individual goals were rarely set during the annual evaluation. Furthermore, pharmacists indicated that when goals were set during the annual evaluation, there was little follow-up to insure that progress was being made toward completing those goals. It appears that professional growth was not a reason that managers did performance appraisals. Eighty-eight percent (14/16) of
Table 4  
Reasons for Conducting the Performance Appraisal

<table>
<thead>
<tr>
<th>Response</th>
<th>Required</th>
<th>To Provide Positive Feedback</th>
<th>To Evaluate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managers (n = 16)</td>
<td>81%</td>
<td>50%</td>
<td>31%</td>
</tr>
<tr>
<td>Pharmacists (n = 35)</td>
<td>67%</td>
<td>29%</td>
<td>31%</td>
</tr>
</tbody>
</table>

Note. More than one response was possible.
the managers believed that the pharmacists knew what was expected of them in order to improve their performance level for the next performance appraisal. Perhaps this explains why little or no time was spent during the evaluation session setting goals for improved performance. Thirty-three percent (13/39) of the employees indicated that they had no idea what was expected of them in order to improve their performance for the next performance appraisal.

One might expect the manager to do the annual evaluation to motivate the pharmacists to more productive levels of performance. However, only 53% (8/15) of the managers believed the performance appraisal motivates, while 67% (25/37) of the employees believed the performance appraisal motivates. Forty-five percent of managers and employees felt that a poor rating motivates, while 40% felt that a poor rating demotivates.

In summary, managers did not look forward to doing the annual evaluation and most managers did the annual evaluation because it was required. Most managers did not use the performance appraisal for developmental purposes, but 50% did the annual evaluation to provide positive feedback to the pharmacist. Using the performance appraisal to provide negative feedback was much less popular.

Pharmacists were evenly divided about looking forward
to the annual evaluation and the majority felt managers
gave the performance appraisal because it was required.
Pharmacists also felt that managers gave the performance
appraisal to provide positive feedback and evaluate
performance. A significant portion of pharmacists did not
know what was expected of them to improve their per­
formance for the next appraisal. More pharmacists than
managers felt the performance appraisal motivates.

Who Rated the Pharmacists' Performance

Table 5 presents responses regarding who rated the
pharmacists' performance and who was identified by
managers and pharmacists as being the person that should
rate pharmacists' performance. Fifty percent of all
pharmacists had their current performance rated by the
pharmacy directors. Twenty-five percent of the assistant
directors rated the pharmacists' performance, 18% of the
supervisors rated the pharmacists' performance, and 7% of
the peer pharmacists rated performance.

The data revealed a significant discrepancy between
managers and employees regarding who should rate the
pharmacist's performance. Table 5 indicates that 43%
(23/54) of the pharmacists felt that peers should rate
their performance, 24% (13/54) felt the assistant
directors should rate them, and 20% (11/54) thought the
supervisors should rate performance. Thirty-three percent
(5/15) of the managers believed in peer ratings, 33%
Table 5
Individuals Who Rated the Pharmacists' Performance

<table>
<thead>
<tr>
<th>Rater</th>
<th>Currently, who rates the pharmacist's performance?</th>
<th>Ideally, who should rate the pharmacist's performance?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Managers (n=15)  Pharmacists (n=54)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Director     Assistant Director  Supervisor  Peer  Director     Assistant Director  Supervisor  Peer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>50%          25%                  18%                 7%                  6.7%          33.0%          33.0%          33.0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>25%          18%                  7%                  6.7%          33.0%          33.0%          33.0%          33.0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18%          7%                   6.7%          33.0%          33.0%          33.0%          33.0%          33.0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7%           6.7%                 33.0%          33.0%          33.0%          33.0%          33.0%          33.0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>65%          20.0%               43.0%          33.0%          33.0%          33.0%          33.0%          33.0%</td>
</tr>
</tbody>
</table>

Managers (n=15) | Pharmacists (n=54)
believed that supervisors should rate employees, and 27% (4/15) felt that the assistant director should rate the pharmacist's performance. Curiously, only 2% (1/54) of the pharmacists and 7% (1/15) of the managers believed the manager should rate the pharmacist's performance despite the fact that 50% of the directors did currently rate pharmacists' performance. Additionally, the most frequently mentioned method given by both directors and pharmacists to improve the performance appraisal process was to provide for peer review. Seventy-one percent of the pharmacists and 53% of the managers wanted peer review. In summary, managers did the majority of pharmacist rating, while both pharmacists and managers felt that peers should rate pharmacists' performance.

One possible reason that peer pharmacist rating was not used more frequently is that managers fear that pharmacists might tend to overrate the performance levels of their peers. In fact, when managers who did provide peer rating of pharmacists were asked if pharmacists tended to over- or underrate the performance level of other pharmacists, 57% indicated that pharmacists tend to underrate the performance level of their peers.

When managers and pharmacists were asked what type of rating errors occurred with the current raters, the answers were similar. Both managers and employees felt that the most common rating error was the halo effect.
The rating errors identified second and third were leniency and central tendency, respectively. Neither managers nor pharmacists believed negative leniency was of any significance. In short, those individuals currently doing the rating (managers) probably committed rating errors that inflated the overall rating of the pharmacists and resulted in an overrating of the performance level.

**Individual who Conducts the Evaluation Interview**

Sixty percent of all pharmacists' evaluations (the actual interview itself) were conducted by the director, 30% by the assistant director, and 10% by supervisors. This means that the actual session when the manager discussed the employee's performance was conducted by the director 60% of the time. Seventy percent of the managers and pharmacists agreed that decentralization had made the performance appraisal more difficult to do.

**Frequency of the Performance Appraisal**

The data indicated that the performance appraisal was usually done once a year. Furthermore, most evaluations for the entire pharmacy were "batched" at the same time each year. This translates into the manager being required to complete all evaluations at the same time once a year.
Types of Appraisal Instruments Used to Evaluate Performance

Fifty-six percent of the hospital pharmacies surveyed used the graphic rating scale. Thirty-eight percent used the performance standard, while 6% used the management by objectives format. Fifty percent of the hospitals surveyed had the pharmacists complete a self-rating as part of the performance appraisal process. Pharmacists then compared their own ratings against those they received from others.

Sixty percent of employees believed managers weighted (or assessed a relatively greater importance to) certain parts of the evaluation more heavily than others, while 76% of the managers stated they did not weigh parts of the performance appraisal (chi-square = 3.6; df = 1.0; p = 0.056). Simply, this means that pharmacists and managers disagree on the mechanics of the performance appraisal. Pharmacists believe managers do weigh certain parts of the performance appraisal more heavily than others. For example, the category of dependability might be more heavily weighted than the category of personal appearance. Both staff pharmacists and managers (65%) agreed that the performance appraisal was not given a total point score (i.e., "Your score on the evaluation was 92 points out of a total of 100 points.") that determined the overall evaluation.
Managers' and Employees' Expectations of The Performance Appraisal

Managers generally believed that the performance appraisal was more useful, more satisfying, more accurate, and that pharmacists had a higher motivational level than did the pharmacists themselves. Although not all differences were statistically significant, it is interesting that the managers' scores were always higher than the pharmacists' scores (Table 6). Managers generally believed that after the completion of the performance appraisal that pharmacists' knew how to improve their performance level for the next appraisal, while pharmacists were less convinced (Table 7).

Eighty percent of the pharmacists felt managers did not have enough contact with the pharmacists to accurately evaluate performance, while 56% of the managers believed there was sufficient contact to evaluate performance (chi-square = 6.8; df = 1.; p = 0.009). Managers tended to believe they gave positive feedback more often than pharmacists believed they did (Table 8).

On the average, managers believed they gave positive feedback at least once a month, while pharmacists believed that positive feedback occurred only once per year, usually during the annual evaluation. Supervisors believed even more strongly than managers that positive feedback was given more frequently than perceived by the pharmacists (chi-square = 11.1; df = 4.0; p = 0.026).
Table 6
 Summary of Mean Scores

<table>
<thead>
<tr>
<th></th>
<th>Usefulness</th>
<th>Satisfying</th>
<th>Accuracy</th>
<th>Motivational Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacist</td>
<td>4.2</td>
<td>4.1</td>
<td>3.8</td>
<td>4.8</td>
</tr>
<tr>
<td>Manager</td>
<td>5.1</td>
<td>4.3</td>
<td>4.1</td>
<td>5.5</td>
</tr>
</tbody>
</table>

Note. Scale = 1-7, with 7 being the highest possible score.

Table 7
 Responses to Question: Do You Know How to Improve Your Performance Level for the Next Appraisal?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacists (n = 39)</td>
<td>67%</td>
<td>33%</td>
</tr>
<tr>
<td>Managers (n = 16)</td>
<td>88%</td>
<td>12%</td>
</tr>
</tbody>
</table>

Note. Chi-square = 2.5; df = 1.0; p = 0.12.
Table 8

Responses to Question: How Often is Positive Feedback Given to the Pharmacist?

<table>
<thead>
<tr>
<th></th>
<th>Pharmacists (n=39)</th>
<th>Managers (n=16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>0%</td>
<td>7%</td>
</tr>
<tr>
<td>Weekly</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Monthly</td>
<td>14%</td>
<td>29%</td>
</tr>
<tr>
<td>Quarterly</td>
<td>28%</td>
<td>39%</td>
</tr>
<tr>
<td>Yearly</td>
<td>39%</td>
<td>21%</td>
</tr>
</tbody>
</table>
Managers and supervisors perceived that negative feedback was also given more often than pharmacists perceived (Table 9). On the average, managers felt they gave negative feedback once per month, while pharmacists felt negative feedback was given only once per year (Table 10).

One hundred percent of the managers believed that incidents of positive performance were cited during the actual appraisal interview. For example, "Sam, you did 'X' particularly well this year." A statistically significant portion of the pharmacists disagreed with this assessment (Table 11).

Managers also tended to believe that supervisors did a better job of informing the manager about problems with work and personnel than the pharmacists believed the supervisor did.

In summary, managers tended to perceive the entire process of the performance appraisal as more meaningful and reliable than did the pharmacists. Managers also believed that positive feedback and negative feedback were given more frequently than the pharmacists believed. Managers also believed they had adequate contact with the pharmacists while the pharmacists would have liked more contact. Managers felt they could adequately appraise pharmacists' performance, while staff pharmacists felt the managers did not interact with the pharmacists often
Table 9
Responses to Question: How Often is Negative Feedback Given to Pharmacists?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Pharmacists (n=39)</th>
<th>Managers (n=16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>0%</td>
<td>7%</td>
</tr>
<tr>
<td>Weekly</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Monthly</td>
<td>14%</td>
<td>29%</td>
</tr>
<tr>
<td>Quarterly</td>
<td>28%</td>
<td>29%</td>
</tr>
<tr>
<td>Yearly</td>
<td>39%</td>
<td>21%</td>
</tr>
</tbody>
</table>
Table 10

Responses to Question: Are Incidents of Positive Performance Cited During the Appraisal?

<table>
<thead>
<tr>
<th></th>
<th>Pharmacists (n=39)</th>
<th>Managers (n=15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>74%</td>
<td>100%</td>
</tr>
<tr>
<td>No</td>
<td>26%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Note. Chi-square = 4.7; df = 1.0; p = 0.03.

Table 11

Responses to Question: Are Incidents of Negative Performance Cited During the Appraisal Interview?

<table>
<thead>
<tr>
<th></th>
<th>Pharmacists (n=39)</th>
<th>Managers (n=15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>62%</td>
<td>38%</td>
</tr>
<tr>
<td>No</td>
<td>80%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Note. Chi-square = 1.7; df = 1.0; p = 0.19.
enough to accurately evaluate the pharmacists' performance. Managers also believed that specific incidents of positive and negative performance were cited during the actual performance appraisal interview, while a significant portion of pharmacists disagreed.

**Type of Information Manager Was Looking for in the Performance Appraisal**

An analysis of the type of information sought by the manager requires an examination of the prevailing performance appraisal instrument in use. From Table 12, one can see that the performance appraisal instrument most frequently used was the graphic rating scale. An example of the graphic rating scale can be reviewed in Appendix A. The dimensions used for rating the pharmacist's performance may include any of the following: quality of work, quantity of work, work habits, personal relations, personal attributes, technical competency, supervisory ability, cooperation, leadership, vision, dependability, communication, job knowledge, responsibility, adaptability, appearance, and initiative.

If these dimensions are separated into those indicating final results by the pharmacist and those assessing personality of the pharmacist, it appears that the majority of the dimensions evaluate personality traits of the pharmacist. Nine institutions used the GRS in this study. The percent of instruments addressing each of the
Table 12  
Type of Performance Instrument Utilized  
(n = 16)

<table>
<thead>
<tr>
<th>Type of Instrument</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graphic Rating Scale</td>
<td>9</td>
<td>56%</td>
</tr>
<tr>
<td>Performance Standard</td>
<td>6</td>
<td>38%</td>
</tr>
<tr>
<td>Management by Objectives</td>
<td>1</td>
<td>6%</td>
</tr>
</tbody>
</table>
dimensions is presented in Table 13. In summary, the GRS type of performance appraisal appears to rate "who" the pharmacist is rather than "what" the pharmacist actually accomplishes.

An example of the performance standards performance appraisal can be seen in Appendix B. Examples of rated dimensions using the performance standard type of instrument are:

1. Interprets all physician medication orders;
2. Provides 24-hour supply of medications;
3. Checks unit dose filled by technicians;
4. Contacts physician to clarify orders;
5. Logs accurate patient information including diagnosis;
6. Works with nursing personnel to order intravenous solutions;
7. Accurately logs intravenous solutions on patient profiles and types labels.

It is apparent that the performance standards instrument is significantly different from the GRS instrument. The performance standard performance appraisal concentrates exclusively on results achieved, rather than personality of the pharmacist. The performance standard instrument tends to be highly specific.

An example from this study of a management by objectives appraisal instrument can be reviewed in
Table 13
Percentage of Instruments Surveyed that Cited Various Performance Dimensions

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Results Oriented</strong></td>
<td></td>
</tr>
<tr>
<td>Quantity of work</td>
<td>78%</td>
</tr>
<tr>
<td>Quality of work</td>
<td>66%</td>
</tr>
<tr>
<td>Technical competency</td>
<td>22%</td>
</tr>
<tr>
<td><strong>Personality Oriented</strong></td>
<td></td>
</tr>
<tr>
<td>Initiative</td>
<td>78%</td>
</tr>
<tr>
<td>Dependability</td>
<td>78%</td>
</tr>
<tr>
<td>Personal relations</td>
<td>78%</td>
</tr>
<tr>
<td>Cooperation</td>
<td>56%</td>
</tr>
<tr>
<td>Responsibility</td>
<td>56%</td>
</tr>
<tr>
<td>Work habits</td>
<td>56%</td>
</tr>
<tr>
<td>Personal attributes</td>
<td>44%</td>
</tr>
<tr>
<td>Supervisory ability</td>
<td>34%</td>
</tr>
<tr>
<td>Vision</td>
<td>22%</td>
</tr>
<tr>
<td>Adaptability</td>
<td>22%</td>
</tr>
<tr>
<td>Appearance</td>
<td>22%</td>
</tr>
</tbody>
</table>
Appendix C. The performance appraisal for the MBO can be divided into the following categories:

1. Have objectives from the last appraisal been accomplished?
2. Set new objectives for the next appraisal?
3. How will the new objectives be accomplished?

Again, the emphasis of the MBO instrument is on results achieved, rather than on the personality of the employee.

One hundred percent of the managers interviewed felt that a "pat on the back" was important to the pharmacist. Pharmacists agreed that it was important to receive recognition for successful accomplishment of work. Fifty-three percent of the managers surveyed believed that a good rating on the performance appraisal motivates the pharmacist, while 40% believed that a poor rating demotivates. It appears that managers are more inclined to provide positive feedback, rather than negative feedback, to the pharmacist.

In summary, it appears that managers utilizing the GRS instrument are more interested in evaluating the personality of the employee than in specific outcomes or results of the pharmacist's behavior. Managers using the performance standards instrument and MBO instrument appear to be more interested in identifying specific outcomes of the pharmacist's behavior than in the personality of the
pharmacist. Managers tend to be more inclined to provide positive feedback, rather than negative feedback.
CHAPTER V

DISCUSSION AND RECOMMENDATIONS

The purpose of the performance appraisal should be to evaluate the performance of the pharmacist and to aid the pharmacist in improving performance. One of the attractive features promised by a decentralized approach to hospital pharmacy services is increasing the clinical role of the pharmacist. Little effort has been made to develop a performance appraisal tool that is adapted to the special circumstances created by this type of pharmacy practice. For the performance appraisal process to be meaningful and valuable to the organization and to the employee, the tool used should provide accurate, reliable information that is pertinent to the employee's on-the-job performance.

Unfortunately, as indicated by the results of this study, most managers choose performance appraisal tools that are easy to use and provide information on the employee's personality traits, rather than on actual performance. The most often used performance appraisal is the graphic rating scale. Although there is no general agreement about which personality traits contribute to successful performance, the same five or six traits
traits are used on most GRS tools. The GRS is an indefensible performance appraisal tool for evaluating decentralized pharmacists.

The three types of performance appraisals that have usefulness to decentralized/satellite pharmacies are performance standards, BARS, and MBO. Performance standards are mainly used as an evaluative instrument, while MBO is used primarily for developmental purposes. BARS can be used for both evaluative and developmental reasons.

Performance standard types of performance appraisals can be easily developed by using the job description as the basis for the major job dimensions to be evaluated. The pharmacy literature also contains job dimensions that have been validated for differentiating effective and ineffective job performances. The manager then has available an evaluative instrument that is easy to use and appraises specific job-related dimensions. The disadvantage of the performance standard is that it has no real developmental aspects. The performance standards could be effective for newly-hired graduates who need to have specific skills evaluated and monitored. The performance standards performance appraisal has no real place in evaluating pharmacists who have been performing at an acceptable level for several years.

For the "journeyman" pharmacist, the manager should
not be attempting to evaluate the same skills year after year if the pharmacist is performing acceptably. The emphasis should become one of motivating the pharmacist toward professional growth and job satisfaction. The developmental aspects of MBOs could be used for this type of pharmacist.

If the manager desires an instrument that not only evaluates performance, but also helps the pharmacist understand what types of behaviors are highly regarded, a behaviorally-anchored rating type of appraisal should be used. Grussing and Silzer\textsuperscript{36} and Brumback and Howell\textsuperscript{37} have validated certain dimensions to be appraised; this could be the starting point for the manager. The disadvantage of the behaviorally-anchored rating is that it requires a lot of time to properly develop and requires an agreement between manager and employee on the dimensions critical to acceptable performance.

Rewarding good performance should be the cornerstone of any evaluation process. There may be instances, such as when union contracts are involved, in which the manager cannot monetarily reward performance, so alternative rewards such as paid educational leaves, added responsibilities, and promotions must be used. The bottom line is that managers need to find an accurate method for judging performance to use as a measuring stick for rewards.
It would make more sense to evaluate performance on the employee's anniversary date (of hire), rather than "batching" all of the employee performance appraisals together. The manager is frequently rushed to complete the entire department's performance appraisals by a fiscal deadline, so little time is available for setting individual employee goals. The manager cannot help but feel that completing the required appraisals on schedule is the real goal, rather than providing a problem-solving session for each employee. An argument could be made to separate the evaluative and developmental aspects of the performance appraisals into two sessions. For instance, the manager could do the evaluative performance appraisal on the employee's anniversary date and the developmental appraisal 6 months later. This separation of appraisals would allow the manager to concentrate on individual goals for the pharmacist during the developmental appraisal without concentrating on the negative aspects of the evaluative appraisal.

The ideal appraiser, one who observes and evaluates performance totally objectively, probably does not exist. Everyone has their own personal biases that influence how they judge people. Because human judgment must be used to evaluate performance, criteria need to be developed to define the most appropriate appraiser of performance. According to Haynes,\textsuperscript{13} these criteria are: (a) oppor-
tunity to observe; (b) ability to judge; and (c) point of view.

Peer review appears to have appeal both to managers and pharmacists. If both managers and pharmacists would rather have peer review, then why is it not being used more frequently? One possible reason is that managers do not want to deal with the additional paperwork and time requirements generated by peer review. To do a thorough peer review, the manager would probably need to have at least five or six peer pharmacists rate the pharmacist being evaluated, then compile results into an overall summary. The manager would be required to insure that all raters understand how to use the rating instrument and how to avoid rating errors. A training course for the employees would be necessary. All these requirements would add paperwork and time commitments to a task viewed as unpleasant by the manager.

It might also be valuable to use nonpharmacy personnel who have contact with the pharmacist as alternate raters. Nurses, physicians, and even patients could be used to evaluate specific skills that the pharmacist might exhibit in contact with these people. These alternate raters should not complete an overall evaluation of the pharmacist, but they could be used to fill in gaps where the pharmacist's performance cannot be observed by other pharmacists. A combination of peer,
supervisory, and alternate rater reviews could offer the best possible rating of pharmacists in a decentralized setting.

This study and the literature clearly indicate that peer review, accompanied by some form of rater training should replace the current practice of the manager rating the decentralized pharmacist.

The manager needs to maintain an open and direct line of communication with pharmacists in order to insure efficient pharmacy practice; yet, it appears that many managers only spend time individually with their pharmacists once yearly, usually during the annual evaluation. The results from this study indicate that staff pharmacists disagree significantly with managers on the quantity and quality of feedback pharmacists receive from management. Staff pharmacists would like to have more direct contact with management and would like specific suggestions for improving performance. Managers seem satisfied with the amount of time currently being spent interacting with pharmacists.

In summary, the key to effective human resource management is to motivate employees to higher levels of performance by encouraging professional growth and development. This survey indicates that little attention is focused on growth and development. Managers need to provide the climate for professional growth by clearly
defining the role of the pharmacist through performance expectations that include specific clinical skills and by giving positive feedback when the expectations are met or exceeded. The survey indicates that pharmacists are dissatisfied with the quantity and specificity of feedback received from management. This survey also indicates that managers need to devote more time and energy to developing a performance appraisal instrument that accurately assesses performance in the decentralized setting. The majority of pharmacies surveyed were utilizing an indefensible performance appraisal instrument. The ideal tool would rate specific behaviors that reflect successful performance as a clinical pharmacist, rather than rating more generalized traits such as initiative. The performance appraisal should identify areas that need improvement and the manager should play a significant role in assisting pharmacists in developing skills and abilities. The unique circumstances of a decentralized pharmacy require that the manager learn new methods of managing pharmacists to effectively facilitate their growth and development.

Generally, the performance appraisal gravitates to the low side of the manager's priority list until attention is required in order to meet a mandated deadline. Performance appraisal systems seem to be similar to seatbelts. Most people believe they are
necessary, but they do not like to use them. The results of this study indicate that management has, indeed, neglected to properly "use" performance appraisals.
APPENDIX A

SAMPLE GRAPHIC RATING SCALE PERFORMANCE

APPRAISAL INSTRUMENT
Instructions: Consider each trait individually and circle the appropriate rating. The numbers across the top right, indicate a normal distribution group of 24 employees. Use these as guides only.

1. Analytical Ability: Ability to think through problems, evaluate data, and draw conclusions.

2. Development of Personnel: Ability to select and appraise people, apportion work, and delegate authority training.

3. Vision: Ability to conceive new ideas, see and consider future possibilities, flexibility of thinking.

4. Leadership: Ability to inspire and influence others, effectiveness in motivating people.

5. Cooperation: Ability to work harmoniously with others and to promote good will.


8. Communication: Ability to express self orally and in writing, articulation, convey ideas.
Recommendations of Immediate Supervisor:

____________________________________________________________________

____________________________________________________________________

Subsequent Supervisor Recommendations:

____________________________________________________________________

____________________________________________________________________

Employee Comments:

____________________________________________________________________

____________________________________________________________________

I have read this appraisal and discussed it with my supervisor:

____________________________________________________________________

Employee Signature

Evaluated by:

Signature

Points: __________

Note. Adapted from instruments and scales obtained from institutions during data collection.
APPENDIX B

SAMPLE PERFORMANCE STANDARDS PERFORMANCE APPRAISAL INSTRUMENT
**Part I**

Employee Name ____________________________

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

Position Title: **Staff Pharmacist**

Reviewer Name ____________________________

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

Position Title of Reviewer ____________________________

Relation to Employee ____________________________

Report Based On:

- [ ] Daily Contact
- [ ] Frequent Observation
- [ ] Infrequent Observation
- [ ] Other (Identify)

**Part II**

**Rating Scale**

<table>
<thead>
<tr>
<th>Performance</th>
<th>Rating</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully meets expectations</td>
<td>Fully competent</td>
<td>3</td>
</tr>
<tr>
<td>Far exceeds expectations</td>
<td>Outstanding</td>
<td>5</td>
</tr>
<tr>
<td>Exceeds expectations</td>
<td>Superior</td>
<td>4</td>
</tr>
<tr>
<td>Some improvement needed</td>
<td>Fair</td>
<td>2</td>
</tr>
<tr>
<td>Significant improvement required</td>
<td>Unsatisfactory</td>
<td>1</td>
</tr>
</tbody>
</table>

**Weighting Scale**

<table>
<thead>
<tr>
<th>Weight Factor</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most Critical</td>
<td>3</td>
</tr>
<tr>
<td>Important</td>
<td>2</td>
</tr>
<tr>
<td>Supportive</td>
<td>1</td>
</tr>
<tr>
<td>Principal Accountabilities</td>
<td>Weight Point Value</td>
</tr>
<tr>
<td>----------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td><strong>Dispensing/Distribution</strong></td>
<td>3</td>
</tr>
<tr>
<td>Assures accuracy in preparation of products, records, labels, and documentation in accordance with state and federal rules and regulations and hospital policy.</td>
<td></td>
</tr>
<tr>
<td>Prioritizes and coordinates workload in a timely manner. Handles stat and emergency requests effectively.</td>
<td></td>
</tr>
<tr>
<td>Provides coordination of dispensing and distribution activities with nursing and pharmacy and provides timely follow-through.</td>
<td></td>
</tr>
<tr>
<td>Assists Inventory Control Technician to assure adequate stocks are on hand. Utilizes procedures to control waste.</td>
<td></td>
</tr>
<tr>
<td>Assures sterile technique is applied by staff in procedures in a consistent manner.</td>
<td></td>
</tr>
<tr>
<td>Demonstrates satisfactory performance and adaptability in practice areas (i.e., Optician dispensing and unit dose, etc.)</td>
<td></td>
</tr>
<tr>
<td>Principal Accountabilities</td>
<td>Weight Point Value</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Leadership, Direction and Problem Solving</td>
<td>3</td>
</tr>
<tr>
<td>Demonstrates leadership and direction of staff in establishing priorities and organizing work when assigned shift accountability.</td>
<td></td>
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<tr>
<td>Assures effective and efficient management of resources by the staff.</td>
<td></td>
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<tr>
<td>Accepts direction from others.</td>
<td></td>
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<tr>
<td>Applies problem resolution and intervention processes effectively.</td>
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<tr>
<td>Refers problems to a higher level authority when necessary in an appropriate and timely manner.</td>
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</tr>
<tr>
<td>Clinical Services</td>
<td>2</td>
</tr>
<tr>
<td>Participates in planning, coordination, and performance of patient and public education. Provides professional education inservices presentations or articles.</td>
<td></td>
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<tr>
<td>Contributes to case evaluation, including chart reviews, audits, patient care rounds, or interdisciplinary team activities.</td>
<td></td>
</tr>
<tr>
<td>Principal Accountabilities</td>
<td>Weight Point Value</td>
</tr>
<tr>
<td>----------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td><strong>Clinical Services continued</strong></td>
<td>2</td>
</tr>
</tbody>
</table>

- Effectively utilizes drug information resources in providing patient care.
- Contributes recommendations and input to the Pharmacy and Therapeutics Committee in regard to formulary product selection and policy implementation.
- Demonstrates knowledge and awareness of current pharmacy practice. Provides specific evaluation and follow-up of medication orders and initiates corrective actions when necessary. Documents clinical service activities in accordance with established procedures.

**Note.** Adapted from instruments and scales obtained from institutions during data collection.
APPENDIX C

SAMPLE MANAGEMENT BY OBJECTIVES PERFORMANCE APPRAISAL INSTRUMENT
<table>
<thead>
<tr>
<th>Priority</th>
<th>Objectives (list)</th>
<th>Start Date</th>
<th>Complete Date</th>
<th>Performance Standards</th>
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</thead>
<tbody>
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</tbody>
</table>

**Part 2**

Make comments on the results achieved for each of the objectives listed in Part 1.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Results</th>
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<tbody>
<tr>
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</tbody>
</table>

**Part 3**

How could the employee improve performance in the areas where performance is the strongest?

<p>| | |</p>
<table>
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</tbody>
</table>
Part 4

List specific plans for improvement.

<table>
<thead>
<tr>
<th>Planned Actions/Activities</th>
<th>Responsibilities</th>
<th>Date</th>
</tr>
</thead>
<tbody>
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</table>

Supervisor: Date:

______________________________

Next Higher Supervisor: Date:

______________________________

Note. Adapted from Schwartz.20
APPENDIX D

DATA COLLECTION INSTRUMENTS
Manager's Interview

I. Purpose(s) for which managers use performance appraisal.

1. How useful to you is the annual evaluation of pharmacists?

<table>
<thead>
<tr>
<th>Of no use</th>
<th>Very useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

2. Why do you do the evaluation or performance appraisal? Of these purposes, which are most important, and which are least important (rank for 1 (highest) to 7 (lowest)).

- guide for salary adjustment
- potential promotability
- to justify promotability
- to rank pharmacist(s)
- identify high and low performers
- identify potential problems
- opportunity to recognize good work
- other

II. Type of performance appraisal being used to evaluate pharmacist performance (obtain a copy of the instrument, if possible).

1. Who developed the current form for evaluating pharmacists?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. How long has the performance appraisal in its current form been used? What did you use prior to the current form and why did you switch? Is your current form an improvement from what was used previously? How would you improve the evaluation form?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________
________________________________________________________________________
3. Who rates the decentralized pharmacist’s performance? (check all that apply)

- Director
- Assistant Director
- Supervisor
- Pharmacist
- Interns
- Technicians
- Combination
- Other

4. Do the people doing the rating have any training specific to rating performance? If training is given, what type of training and how much is offered?

- 
- 
- 

5. How do you determine an overall evaluation of the pharmacist from the performance appraisal? Do you weight certain parts of the performance appraisal more heavily than other parts?

- 
- 
- 

6. Is an overall point score given for the performance appraisal?

- 
- 
- 

7. What role does the performance appraisal play in how you determine salary increases?

- 
- 
-
8. Is the performance appraisal you use for decentralized pharmacists different from the performance appraisal you use for centralized personnel?

9. Has decentralization made it easier or more difficult for you to do performance appraisals for your decentralized pharmacist(s)?

III. How satisfied managers are with the results of the performance appraisal.

1. How accurate do you think the performance appraisal is in rating your pharmacist(s)?

Subjective  
Objective

2. After all the annual performance appraisals are complete, in what percentage of them would you agree with the results?

   0%
   25%
   50%
   75%
   100%

3. Do you feel that some people doing the rating of performance commit consistent errors in how they rate performance? What kind of errors are made? Do you think these errors significantly affect the overall rating of the pharmacist?
4. If rating errors do occur, do you feel that training of the raters could increase the reliability of the ratings?

5. How many of the performance appraisals do you personally do?

6. Does the employee being rated do a self-rating as part of the performance appraisal?

7. After all the employee appraisals are complete, what percentage of employees' self-ratings disagree by more than one scoring level (i.e., average/above average) with his or her evaluation by others?

   - 0%
   - 25%
   - 50%
   - 75%
   - 100%

8. If the employees' self-ratings disagree by more than one scoring level with the rating given by others, would you say the employee usually overranks or underranks him or herself on the self-rating?
IV. Extent of pharmacist/manager contact.

1. Do you feel that you have enough contact with your decentralized pharmacists to rate them on a performance appraisal?
   
   ____ Yes  ____ No

2. If the above answer is no, then who do you feel is better able to rate their performance?

   ____ Assistant or associate director
   ____ Supervisor
   ____ Peer pharmacist
   ____ Pharmacy interns
   ____ Pharmacy technicians
   ____ Other

3. How frequently are you able to give positive feedback to individual pharmacists? Please describe this type of feedback?

   ____ Daily
   ____ Weekly
   ____ Monthly
   ____ Quarterly
   ____ Yearly

   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

4. How frequently do you think your supervisors give the individual pharmacists positive feedback?

   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

5. How frequently do you give negative feedback to individual pharmacists? Please describe the type of negative feedback.

   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
6. How frequently do you think your supervisors give negative feedback to individual pharmacists?

7. Do you normally cite specific incidents of positive performance during the performance appraisal?

   _____ Yes   _____ No

Do you normally cite specific incidents of negative performance during the performance appraisal?

   _____ Yes   _____ No

8. Do you often get feedback from individual pharmacists during the performance appraisal?

   _____ Yes   _____ No

How would you categorize this feedback?

   _____ Positive (i.e., trying to solve problems)

   _____ Negative (i.e., gripes)

9. Do you feel that staff pharmacists are comfortable in talking with you about any problems at work during the performance appraisal?

10. Do you feel that your supervisors adequately inform you about problems with personnel and distribution?

11. Would you like to have more direct contact with the decentralized pharmacists?
V. The process of doing performance appraisals.

1. How do you feel about the performance appraisal when you give it to your pharmacists? Is it something you do or do not look forward to doing?

2. Could you describe your overall level of satisfaction with the performance appraisal?

3. Do you feel that a good rating on a performance appraisal motivates the pharmacist to do better the next year?

4. Do you feel that a poor rating on a performance appraisal motivates or demotivates the pharmacist for the next year?

5. How would you describe the overall motivation level of your staff pharmacists? Are they highly motivated, unmotivated, or somewhere in between?
6. Do you feel that you normally learn any new and useful information after all the performance appraisals have been completed?

_____ Yes  _____ No

7. Do you feel that during most performance appraisals you are able to help the pharmacist understand how she or he can improve his/her performance level for the next appraisal?

_____ Yes  _____ No

8. Do you feel that professionals such as pharmacists should require a "pat on the back" regularly?

_____ Yes  _____ No
Employee Interview

I. Purposes for which employees think managers use performance appraisals.

1. How useful is this evaluation to you?

Of no use Very useful
1 2 3 4 5 6 7

How useful is this evaluation to management?

Of no use Very useful
1 2 3 4 5 6 7

2. Why do you think management does the evaluation or performance appraisal? Of these purposes, which are most important and which are least important to management? Rank from 1 (highest) to 7 (lowest).

guide for salary adjustment
potential promotability
to justify promotability
to rank pharmacist(s)
identify high and low performers
identify potential problems
opportunity to recognize good work
other

II. What type of performance appraisal is being used to evaluate the pharmacist's performance?

1. Who developed the current form for evaluating pharmacists?

2. How long has the performance appraisal in its current form been used? Is your current form an improvement over what was used previously? How would you improve the evaluation form?
3. Who rates the decentralized pharmacist's performance? (check all that apply)

_____ Director
_____ Assistant Director
_____ Supervisor
_____ Pharmacist
_____ Interns
_____ Technicians
_____ Combination
_____ Other

4. Do the people doing the rating have any training specifically in rating performance? If training is given, what type of training is it and how much is available?


Did you receive any training in giving or receiving a performance appraisal?


5. How do you think management determines an overall evaluation of the pharmacist from the performance appraisal? Do you think management weights certain parts of the appraisal more heavily than other parts?


6. Is an overall point score given for the performance appraisal? If so, please explain.


7. What role does the performance appraisal play in how you think management determines salary increases?


IV. How satisfied employees are with the results of the performance appraisal.

1. How accurate to you think the performance appraisal is in rating pharmacists?

Subjective | Objective
1 | 2 | 3 | 4 | 5 | 6 | 7

2. After all the annual performance appraisals are complete, with what percentage of the results would you agree?

| 0% | 50% | 100% |

3. Do you feel that some of the people doing the rating of performance commit consistent errors in how they rate performance? What type of errors are made? Do you think that these errors significantly affect the overall rating of the pharmacist?

________________________________________________________________________

________________________________________________________________________

4. If rating errors do occur, do you feel that training of the raters could increase the reliability of the ratings?

________________________________________________________________________

________________________________________________________________________

5. Who generally does your performance appraisal?

________________________________________________________________________

________________________________________________________________________

6. Does the employee being rated do a self-rating as part of the performance appraisal?

________________________________________________________________________

________________________________________________________________________
7. If you do a self-rating, what percentage of the time does your rating of yourself usually agree with how other employees rate you?

| 0% | 50% | 100% |

8. If your self-ratings disagree significantly with the ratings given you by others, would you say your self-rating usually overranks or underranks your performance?

IV. Extent of pharmacist/manager contact.

1. Do you feel that you have enough contact with your director for him or her to evaluate your performance?

   ____ Yes    ____ No

2. If the above answer is no, then whom do you feel would be better able to rate your performance?

   ____ Assistant or associate director
   ____ Supervisor
   ____ Peer pharmacist
   ____ Pharmacy interns
   ____ Pharmacy technicians
   ____ Other

3. How frequently do you get positive feedback from the pharmacy management? Please describe this type of feedback.

   ____ Daily
   ____ Weekly
   ____ Monthly
   ____ Quarterly
   ____ Yearly

________________________________________________________

________________________________________________________
4. How frequently do you think your supervisors give you positive feedback?

5. How frequently do you get negative feedback from your pharmacy management? Supervisor? Please describe the type of negative feedback.

6. Do you normally give feedback to your director (or other management, if director is not present) during the performance appraisal?

Is the feedback usually:

___ positive (i.e., trying to solve problem)
___ negative (i.e., gripes)

7. Do you feel comfortable talking with your director (or other management, if director is not available) about problems at work during your performance appraisal?

8. Do you feel that your supervisors do a good job of informing the pharmacy management about problems with personnel and distribution?

9. Do you feel the director should have more direct contact with the decentralized pharmacist?
10. Are specific incidents of positive performance cited during the performance appraisal?

___ Yes  ___ No

Are specific incidents of negative performance cited during the performance appraisal?

___ Yes  ___ No

V. Process of conducting performance appraisal.

1. How do you feel about the performance appraisal when you receive it? Is it something you do or do not look forward to doing?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Could you describe your overall level of satisfaction with the performance appraisal?

unsatisfied  very satisfied
0% 50% 100%

3. Do you feel that a good rating on a performance appraisal motivates the pharmacist to do a better job the next year?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. Do you feel that a poor rating on a performance appraisal motivates or demotivates the pharmacist for the next year?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
5. How would you describe the overall motivation level of the staff pharmacists? Are they highly motivated, unmotivated, or are they somewhere in between?

<table>
<thead>
<tr>
<th>Unmotivated</th>
<th>Highly motivated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
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<td>4</td>
<td>4</td>
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<td>5</td>
<td>3</td>
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<td>6</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>1</td>
</tr>
</tbody>
</table>

6. Would you like to receive recognition when you do a good job?

________________________
________________________
________________________

7. Do you feel that you learn any new and useful information after the performance appraisal is completed?

________________________
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________________________

8. Do you feel that after the performance appraisal is completed, you understand how you can improve your performance level for the next performance appraisal?

________________________
________________________
________________________

9. Do you appreciate getting a "pat on the back" regularly when you do a good job?

________________________
________________________
________________________

10. Do you feel that decentralization has made it easier or more difficult for your director (or other pharmacy management) to do your performance appraisal?

________________________
________________________
________________________


16 Lewis J: Consistency in job description, the interview


31 DeJung JE, Kaplan H: Some differential effects of race


