

# Appraisals

## Reducing the psychological impact on participants

Appraisals are now firmly a fundamental part of NHS life. Despite their vital contribution to effective performance at both an individual and an organisational level, they are often seen as having no valuable purpose, often no more than a quick chat, possibly even a tick box exercise and all too commonly as a negative, control-orientated process. What is clear, is that the value of an appraisal is fundamentally linked to the perceptions arising about it or within it and the impact it has the on the individuals concerned. Get it right and it can deliver enhanced performance and sustained individual growth. Get it wrong and it can destroy morale, cause frustration and undermine the very performance it is designed to enhance.

If appraisal is to be successful we need to be clear of its true purpose for the individual, their patients, the department and the organisation. Appraisal in isolation of clear goals, objectives, standards & measures at an organisational, departmental and personal level is essentially worthless, as without meaningful markers what is can the appraiser appraise? More importantly, lack of clear goals may cause significant psychological distress to the appraisee who feels they are being "criticised" or "judged" against invisible standards or things they did not know they had to do.

### Greater objectivity improves appraisal performance

A variety of tools have been developed to help improve the quality of appraisal and particularly objectivity when assessing performance. However, it is also worth remembering that these too come with limitations which may, if not handled appropriately, have their own negative psychological effect on the appraisee:-

**Well designed 360 feedback tools which give useful information to help improve performance**

### 360 degree feedback

Well designed 360 feedback tools which give useful information to help improve performance can make appraisal and self reflection a more successful process. These tools are particularly useful where concerns are being mooted but perhaps not

actively voiced. Systems using broad, single questions such as "Is he a good leader" or "Is he a good team player" are to be avoided as they are highly subjective and offer no practical learning benefit to the appraisee. A score of "only sometimes" gives little insight into how a person may improve or indeed where the problem actually lies, if indeed there is one and so tend to incite poor reactions from the person being appraised.

### Patient satisfaction surveys

Well designed patient satisfaction surveys can offer a great deal. However, in an organisation where many people are wired to want to help and always do their best for others less than perfect results can often have a devastating effect on morale and psychological wellbeing. It is one thing having your appraiser discuss your bedside manner but another completely for 30 patients to tell you it is not what you think it is. Furthermore, 1 poor result alongside 29 perfect ones can cause certain types of people to overly focus on the negative aspects, requiring the feedback process to be handled with sensitivity and a good working knowledge of how different people might respond.

### Audit data

Data such as number of patients seen in outpatients, number of operations, mortality and morbidity collected as a service is necessary to make appraisal meaningful. Recognise, however, that it is easy for someone to be below average when data is collected at a local level and therefore the ability to compare with national data or norms is essential to prevent unnecessary psychological distress. A good appraiser will take ownership along with the team in acquiring robust, meaningful, appropriate audit data which allows effective improvement in performance.

### Recognition of difference is vital

If appraisal is to be successful and not cause frustration or inappropriate distress to the appraisee the appraiser must recognise that he and the appraisee are not the same person. All of us see life through a pair of tinted glasses – the glasses we wear being dependent on our internal wiring as to what is important to us. This means two different people can witness the same event and take away too different meanings.

For example, two people witness the police dealing with a road traffic accident. The 1st

person's wiring means they like structure and process, they like risks to be reduced and if evidence exists, for this to be collected and utilised. This person comments on how well organised the police are in diverting the traffic and how efficient and detailed they are in collecting their evidence. In his mind the police involved in this incident are good at their job. The other person has not noticed this aspect and instead is really angry at the poor quality of policing. In his mind the police should have been much more empathetic and comforting to the people involved in the incident. Imagine now if these two individuals were formal appraisers.

When not considered carefully, appraisal is done from the appraiser's own world. We all naturally like and have empathy with people who see the world in the same way we do. We find they do things in the way we like, communicate in a way we understand and recognise the same things as us as important. Without careful reflection we immediately think that people who are not like us are not performing as well or are as good at their job. Without significant insight we are likely to appraise people from our world "prescribing" activities to make them more like us. This can be significantly detrimental to the appraisal process and have a significant psychological impact on the appraisee.

**A good appraiser will step into the appraisee's shoes when facilitating the appraisal discussion**

A good appraiser will step into the appraisee's shoes when facilitating the appraisal discussion but also knows when it is important to help the appraisee understand how their internal wiring might place limitations on their performance or result in them being seen in a certain way by colleagues and patients alike.

Finally the appraiser's own wiring can hamper the appraisal. If an appraiser is wired to want to help and support others they will find it difficult to tell someone they are not doing something well, perhaps instead smoothing things over so as to avoid what they might see as conflict. Although apparently good at the time, the appraiser



is likely to suffer sustained anguish that they did not deal with the problem adequately even though they preserved the relationship.

### Learning through examples

Let's look at these psychological challenges in more detail by understanding the potential negative impacts of Steve appraising Peter. Steve is an Orthopaedic Surgeon. He is regarded as a higher flyer and is the youngest Clinical Director the Surgery Department has had. He is a very proactive individual, who dislikes bureaucracy, makes decisions quickly and then fights for them. His communications are always direct and to the point and he often leaves colleagues with the impression that he has not really listened to what they have to say. Peter is a paediatric surgeon. He is an incredibly friendly individual who likes being part of the wider paediatric team where everyone gets on very well. He tends to shy away from his surgical colleagues who he finds somewhat over assertive and often not as caring as he feels they should be.

- Peter undertakes a multi-source feedback for his appraisal. He receives 12 responses from parents, most of which are lovely but 2 of which suggest he didn't get it right for those families because they wanted more time to discuss things. Steve (appraiser) says "your patient feedback is great and we never get enough time anyway" but Peter seems devastated by the response and rapidly withdraws during the rest of the appraisal discussion. Steve does not pick up on the clues that Peter is devastated, in fact he thinks his comment was appropriately very positive. Peter spends the next few weeks mulling over his multi-source feedback and how badly he has done.
- In feeding back further, Steve says "you need to be more in control and directive. Say 'no' when you need to and don't be afraid to delegate..." Peter is unclear where this information has come from. No concerns have been raised as far as he is aware. He feels confused and unclear if change is necessary. He feels that Steve thinks his way of approaching problems is better than his. He also wonders whether Steve is telling me all this because he does not really like me. Maybe none of the staff like me...

Article continues onto the next page >

## Medicology 360 Appraisal Tool

Medicology is currently in the final stages of creating a truly insightful 360 degree online tool with the following features:

- Completely simple, time saving, non-frustrating process
- Enables individuals to develop true, practical self-awareness
- Controls for the psychology of those providing feedback
- Saves considerable money (per person and on facilitators)
- Is completely consistent with the latest leadership models

Like everything we do, we won't rest until it is best in class. Consequently, we are looking for 3 Trusts who recognise the value of having the right tool and who will help us test and validate it. In return, you'll get the highest possible quality of tool for free.

Please express interest to Dr Sara Watkin, Medical Director by email on [sara@medicology.co.uk](mailto:sara@medicology.co.uk) or by phone to 01332 821260

medicology 360

medicology 

[www.medicology360.co.uk](http://www.medicology360.co.uk)

- Steve spends three quarters of the appraisal talking. When Peter does speak he often does not finish his sentence before Steve tells him what he would do and what Peter's objectives should be. Peter feels un-listened to and almost bullied into his actions. He certainly has no ownership of them. He will comply because he doesn't like to rock the boat with colleagues but is not truly committed to the actions not quite agreed.

The above example illustrates how important the underlying psychology of appraiser and appraisee is and how that can influence the experience of appraisal, the perceived outcome and the subsequent behaviour if this is not actively managed by the appraiser. Had Steve been feeding back to Steve or Peter to Peter, the exchanges would have been very different.

**The learning journey for appraisers**

Appraisers must develop a number of insights and skills if the appraisee is going to benefit positively from the appraisal process. Skills include, among other things, the ability to step into the appraisee's shoes, active listening, paraphrasing, advanced questioning and reframing problems to allow the appraisee to find their own solutions.

The no 1 key to a good appraisal is for the appraiser to put themselves firmly in the shoes of the appraisee and see the world from their point of you. To do this the

appraiser must actively observe the person they are appraising to fully understand what is important to that individual, how do they tick, how do they react and to what. A good appraiser constantly asks themselves "what do I want the appraisee to do as a result of this appraisal or this piece of information" e.g. acknowledge that his assertive behaviour may be seen by others as bullying and intimidation.

Once, as the appraiser, you are clear what it is you want the appraisee to do, ask yourself what does this specific individual need to "Think" and "Feel" in order to do this thing. When considering the "Think" and "Feel" ask yourself what would be important to the appraisee, not what is important to you, in getting this outcome. The answer to this will come from putting yourself in the appraisee's shoes but the true challenge to the appraiser is knowing what to look for, what that means in behavioural or wiring terms and how to use the information most purposefully.

A good appraiser recognises the importance of not trying to turn the appraisee into another version of them, which comes partly from a healthy respect for difference. In the above example Steve was trying to make Peter more like him rather than looking at the positive benefits Peter's behaviour brings to the team and organisational performance in general. The challenge for Steve, in this example, is that he probably doesn't even notice what he is doing or the impact it has, let alone having the self awareness and self control to manage his own internal feelings

whilst objectively delivering a performance enhancing appraisal for Peter. If that sounds unkind, ask a few people what repeated body language or mannerisms they notice in you and then ask yourself how many of them you are aware of at the time.

Finally an appraiser's internal wiring can make the appraisal unsuccessful if they fail to recognise how their own natural behaviours impact the appraisee. In the above example, Steve's need to take action and do things now meant he preferred to tell Peter what to do rather than allow Peter to reach his own solutions. This short-changes the learning process for Peter and is likely to only result in compliance with any personal development plan, not enthusiastic engagement. In conclusion, appraisal done well can have a significant impact on both individual and organisational performance. Without careful consideration by the appraiser of both their own and the appraisee's psychological wiring and without taking the time to see things from the appraisee's point of view, arising largely out of a simple lack of comprehensive appraisal training, the untrained appraiser has the potential to undermine the very performance appraisal is meant to enhance. What's more, they may never even notice.

**Author:**  
Dr Sara Watkin  
Medical Director, Medicology Ltd

## Core Skills in Appraisal Effectiveness

**Comprehensive, 1-day course on Appraisal Effectiveness**

**Programme Includes:**

- Key principles in organisational performance – where appraisal fits
- The role of appraisal in revalidation, recertification and relicensing
- Understanding psychology in appraisals – considering the individual
- Preparing for appraisals – continuous and immediate preparation
- Tying appraisals to departmental objectives and core priorities
- Building commitment & reducing negative reactions to appraisals
- Approaching poor performance appraisals positively and supportively
- Appraisal pitfalls and how to avoid them
- View More online...

**Upcoming dates & locations**

- 20th November 2009, London
- 13th January 2010, Manchester
- 3rd March 2010, London

View the full programme and book online at  
[www.medicology.co.uk/course13](http://www.medicology.co.uk/course13)

**Why not bring it in-house?**

- ✓ Tailor training to your specific issues
- ✓ Improve transfer of knowledge into practice
- ✓ Work on live challenges
- ✓ Highly cost-effective

To take this forward and to find out more contact Dean Kellogg on 01 232 831 261 or email him at [dean@medicology.co.uk](mailto:dean@medicology.co.uk)

**medicology**