Nursing peer review: the manager's role

VICKI GEORGE RN, PhD, FAAN 1 and BARB HAAG-HEITMAN RN, PhD, PHCNS-BC 2
1Consults, VMG Consults, Plainfield, NH and 2Healthcare Consultant and Adjunct Professor, Cardinal Stritch University, College of Nursing, Glendale, WI, USA

Introduction

Nursing is recognized as playing a central role in healthcare reform and resolving many of the long-standing healthcare issues in the USA (Robert Wood Johnson Foundation 2009). Peer review is one of the essential components of professional nursing practice that helps ensure the quality and safety of both the care provided and the care provider. Unfortunately, the description of the practice of meaningful peer review in nursing literature is missing. Over 20 years have passed since the first publication of American Nurses Association (ANA) Guidelines for Peer Review (American Nurses Association 1988) and yet the demonstration of a fully implemented evidence-based peer review process is not apparent in most environments. Until the nursing profession embraces the principles of peer review and implements a sustainable structure for peer review processes, nursing will not achieve significant and sustainable changes in quality and safety outcomes for patients, families and society. This article identifies the unique role of nursing management in promoting principled peer review processes for direct-care providers. It also discusses the development of peer review.

Aim This article explains the unique role of nurse managers in facilitating nursing peer review and clarifies the issues of ownership about peer review processes and performance evaluations.

Background The authors’ review of the literature and experiences as organizational consultants, found no examples of principled peer review using the authoritative American Nurses Association (ANA) Guidelines for Peer Review.

Evaluation The foundation for the work includes the author’s recently published book, which includes a literature review, research on nursing peer review along with the ANA Guidelines for Peer Review.

Key issues The distinction between the role of the manager in peer review and the role of the manager related to the annual performance evaluation is identified. The authors’ contemporary model of peer review is used to explore development of peer review for managers and practicing nurses.

Conclusions Key behaviours for nurse managers in facilitating peer review processes within a professional practice model are presented.

Implications for nursing management Peer review is an essential and often missing element of practice needed to achieve sustainable quality and safety nursing outcomes. Guidelines and principles for development are presented.

Keywords: annual performance evaluation, nurse manager peer review, nursing peer review, quality and safety

Accepted for publication: 14 December 2010
for nurse managers at all levels in an organized setting. The distinction between the role of the manager in peer review and the role of the manager related to the annual performance evaluation is identified.

**Peer review: why now?**

The primary purpose of peer review is to help ensure the quality of nursing care through the safe deliverance of standards of care and newly discovered evidence-based practices. There is increasing awareness that a majority of hospitals in the USA have significant safety and efficiency deficits (Wojcik 2009). These concerns remain even after years of scrutiny and recommendations from organizations such as The Joint Commission (TJC), the Institute of Medicine (IOM) and the Agency for Healthcare Research and Quality.

A recent report by the IOM (2010) identified nursing as the essential element to the patient safety equation. The IOM report noted that the quality of patient care is directly correlated to the degree to which hospital nurses are active and empowered participants in making decisions about patients’ individual plans of care. The vital role of nursing in the delivery of high-quality clinical care and patient satisfaction with care is also substantiated by Jha et al. (2008). The American Nurses Credentialing Center’s Magnet and Pathway to Excellence programmes (American Nurses Credentialing Center 2008a,b), also recognize the essential role of nursing peer review in the achievement of quality outcomes and require demonstration of peer review for nurses at all levels and in all organizational settings to meet their standards.

Nursing peer review is a critical component to addressing the variations and inadequacies in the quality of nursing care. Nursing needs to be proactive in its response to quality and safety issues as this data is increasingly being reported publicly. Quality in performance and self-regulation of the discipline are hallmarks of a mature profession, and peer review is the mechanism by which the professional is held accountable to society (Flanagan 1976). Therefore, a call to action around nursing peer review is essential at this time.

**Definition of peer review**

The first definition of nursing peer review was published by the ANA in 1988 and is still applicable today. This definition includes the following statements:

‘The American Nurses’ Association believes nurses bare primary responsibility and accountability for the quality of nursing care their clients receive. Standards of nursing practice provide a means for measuring the quality of nursing care a client receives. Each nurse is responsible for interpreting and implementing the standards of nursing practice. Likewise, each nurse must participate with other nurses in the decision-making process for evaluating nursing care… Peer review implies that the nursing care delivered by a group of nurses or an individual nurse is evaluated by individuals of the same rank or standing according to established standards of practice… Peer review is an organized effort whereby practicing professionals review the quality and appropriateness of services ordered or performed by their professional peers. Peer review in nursing is the process by which practicing registered nurses systematically access, monitor, and make judgments about the quality of nursing care provided by peers as measured against professional standards of practice’ (American Nurses Association 1988, p. 3).

**The role of the manager in peer review**

The ANA guidelines suggest a robust and dynamic practice focus for peer review that is carried out primarily by practicing direct-care nurses. This notion is in sharp contrast to the rather fixed and static processes that are traditionally used and labelled as peer review in most organizations. For example, many organizations conduct peer review only at the time of the annual performance review and erroneously place the authority for clinical peer review as a managerial responsibility rather than a direct-care nurse accountability. Fundamentally, nurse managers cannot directly improve clinical outcomes as they are not direct-care practitioners and therefore managers should not be held responsible for clinical peer review. A typically reported peer review process consists of the nurse manager collecting peer input on direct-care nurses performance from other direct-care nurses, summarizing and blinding the results, and then delivering the peer evaluation at the time of the annual performance review (Haag-Heitman & George 2011). The summarized statements taken from peer review feedback forms are frequently not valued by those receiving the feedback; neither is the feedback necessarily valid (Peiperi 2001). Managers performing peer review for clinical staff violates the ANA definition, as the manager is not a person of similar rank as the direct-care nurse (American Nurses Association 1988). Furthermore, a performance review...
on an annual basis does not allow for the frequent practice assessments of quality indicators, such as patient falls, skin integrity and restraint use, needed to improve clinical outcomes on a real-time basis. To facilitate nursing outcomes, peer review processes need to be developed to ensure nurse-to-nurse feedback on a frequent and timely basis. Frequent practice-focused feedback can identify and correct potential errors, remove system barriers and create a positive learning environment for all practitioners. Peer review done by direct-care nurses on direct care-nurses at the time the care is delivered can identify near-misses and can improve clinical outcomes (Rothschild 2006).

Understanding the objectives and distinctions between the annual performance review and peer review is important to ensure that both processes achieve their intended purposes. The annual performance review focuses on employees’ goal attainment and goal alignment to the organization while peer review focuses on quality of the care and professional practice outcomes. The annual performance review is within the scope of the manager role. A comparison of managerial responsibilities for performance evaluation and staff responsibilities for peer review is found in Table 1.

Management support for-direct care nurses in peer review

The nurse manager’s role in direct-care nurse peer review is not to perform the peer review but to support the peer review processes for all clinical nurses at all levels and in all settings. Managers perform a significant role in advancing quality and safety through rewarding dynamic, real-time practice improvements that focus the practitioner on the achievement of everyday clinical excellence in clinical nursing outcomes. The following professional manager behaviours define the distinctive role of nurse managers in supporting peer review for the direct care practitioner and include:

- Providing the necessary resources and protected time for staff to participate in peer review through their professional practice model;
- Engaging all staff in quality and safety initiatives at the point of care by translating and being transparent with all the quality, safety and cost data;
- Facilitating and coaching the professional as they develop the structures of peer-reviewed clinical advancement programs, credentialing and privileging;
- Supporting the growth of the profession by establishing performance reward and recognition programs that reinforce the goals of professional role actualization and practice advancement;
- Providing resources for staff and management education that are needed for effective peer review, including skilled communication, conflict management and negotiation; and
- Establishing a peer review process for all levels of management to ensure that all the previously described behaviours of the nurse manager are developed and measured.

In a report on employee engagement and labour relations, the manager’s role is to align the profession to the organization and remove systematic barriers (Tyler 2009). Nursing peer review should then be incorporated into the goals achievement, as reflected in the nursing strategic plan. The manager only gets directly involved with an employee and peer review activities when the clinical peer review group identifies a pattern of care deviations by the practitioner that needs management performance coaching. The manager can promote an engaged and productive workforce by constantly identifying and eliminating barriers to high performance in professional processes and rewarding and recognizing good practices.

Dimensions of contemporary peer review

The manager’s role is critical to helping facilitate the establishment of effective peer review structures and processes. To provide the transformational leadership necessary to support successful peer review implementation, each manager must be knowledgeable about the contemporary focuses of peer review and the associated

<table>
<thead>
<tr>
<th>Performance evaluation – manager roles</th>
<th>Peer review – direct-care nurses roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal and accomplishments</td>
<td>Evidence-based practice review and peer feedback</td>
</tr>
<tr>
<td>Attendance/staffing/workflow Issues</td>
<td>Credentialing and privileging</td>
</tr>
<tr>
<td>Human resource rules/regulations</td>
<td>Quality, safety and patient satisfaction outcomes</td>
</tr>
<tr>
<td>Regulatory requirements</td>
<td>Nurse Practice Act professional organization regulations</td>
</tr>
<tr>
<td>Behaviours of the organizations mission, vision and values, job description</td>
<td>Behaviours related to the Nursing Code of Ethics and the Professional Practice Mode</td>
</tr>
</tbody>
</table>
Role actualization

Role actualization focuses on defining the nurses’ role autonomy by continually amending and extending nursing knowledge and skills to promote effectiveness. Peer review activities for role actualization focus on fostering professional development, ensuring role competency for nurses, and professional credentialing and privileging for nurses at all levels of the organization (Haag-Heitman & George 2011). Decades of research inform us that developmentally, a nurse’s critical thinking, caring and collaboration practices vary along a novice to expert continuum (Benner 1984, Haag-Heitman 1999). Integrating peer feedback with the characteristics of practice related to the developmental stage of the nurse along the novice to expert framework will both facilitate role attainment and inform the profession about strategies that foster development of nurses beyond the beginner level.

Practice advancement

Practice advancement concentrates on using peer review to update and improve nursing practice using new knowledge, innovation and research. Achieving excellence in clinical outcomes often involves a critical analysis of current ineffective practices and changing traditional practices to evidence-based approaches. Peer review activities for practice advancement include ensuring that each nurse is consistently adhering to behaviours defined by role autonomy and accountability to improve all aspects of their care. Using peer review to critically review practice outcomes related to actual or ‘near miss’ adverse events is another practice advancement strategy.

Quality and safety

Quality and safety peer review, driven from the point of care, allows for development of the most effective nursing interventions individualized to the patient/family plan of care. Measurement of these real-time processes allows for peer-to-peer feedback among the direct care staff at the unit level.

Knowledge and application of the following contemporary peer review principles, based on the ANA guidelines (American Nurses Association 1988) helps ensure an evidence-based and consistent approach. These principles include:

- A peer is someone of the same rank.
- Peer review is practice focused.
- Feedback is timely, routine and a continuous expectation.
- Peer review fosters a continuous learning culture of patient safety and best practice.
- Feedback is not anonymous.
- Feedback incorporates the developmental stage of the nurse (Haag-Heitman & George 2011).

Written and standardized operating procedures for peer review need development and adoption by the direct-care staff and incorporation into the professional practice model bylaws (Haag-Heitman & George 2010).

Manager peer review

As professionals, nurse managers also need to define and implement peer review processes to ensure quality outcomes in their unique roles. Manager-to-manager feedback and problem solving can enhance the quality of management practice. Nurse managers in health-care environments hold dual roles: one relates to their position defined in the organizational hierarchy and the
other to their role as professionals in the discipline of nursing. As professionals, nurse managers must develop a nursing discipline specific and unique set of professional behaviours that are separate from those identified in their organizational job description. The focus of peer review for managers is different from the clinical staff and focuses on the unique manager role responsibilities for human and fiscal resources, employee satisfaction, system linkages and leadership behaviours.

Managers should also use the contemporary model of peer review in Figure 1 to design and align their peer review. Examples of areas for manager peer review, using the leadership behaviours that support direct-care nurses peer review as presented earlier in this article.

An example for the area of role actualization can include managers designing and performing peer review to assure that all nurse managers are providing protected time for staff to participate in peer review through their professional practice model.

In the area of practice advancement, managers might design a peer review process to determine if they are using evidence-based practices when establishing performance reward and recognition programmes to reinforce the goals of role actualization and clinical advancement.

Activities specific to quality and safety might involve managers using peer review to ensure that managers are engaging all staff in quality and safety initiatives at the point of care by translating and being transparent with all the quality, safety and cost data.

Helpful resources defining leadership competencies for development of additional peer review criteria are available in Nursing Administration: Scope and Standards of Practice (American Nurses Association 2009), AONE Guiding Principles of the Role of the Nurse Executive in Patient Safety (American Organization of Nurse Executives 2007), and the Magnet (2008) and Pathway to Excellence programme manuals (American Nurses Credentialing Center 2008a,b).

**Conclusion**

The concept of peer review remains a crucial and vital undeveloped portion of nursing’s professional development. The nurse manager’s role is critical to the development of principled peer review processes to ensure quality and safety. Traditional methods of quality monitoring by the manager and peer input at the time of the annual performance have not provided sustainable levels of excellence. Peer review is a way for each role in nursing to take authentic ownership of and accountability for their practice on a continuous basis. The importance of this work is illustrated in the words of Dr Timothy Porter-O’Grady: ‘in hospitals it is quite common to divorce the ownership of quality from those who deliver it… Reengagement and ownership of the quality of one’s work is the center-piece of obtaining and sustaining the quality and value of that work’ (Haag-Heitman & George 2011, p. vi).

Managers will play an essential role in helping facilitate direct-care nurses’ ownership of their practice outcomes. Shifting the process of clinical peer review to the practicing staff requires that all levels of nurse managers are committed, resilient, flexible, visionary and creative. This work and the development of management peer review will be challenging. The meaningful use of peer review at all levels of nursing will help close the gaps in quality and safety and ensure positive outcomes for patients, families and society. Assuring quality of the care and the care provider using peer review is a professional obligation. Nursing has well-defined and implemented many other aspects of professionalism. The time is now for nursing peer review!

**References**


American Nurses Credentialing Center (2008a) Application Manual Magnet Recognition Program. American Nurses Credentialing Center, Silver Spring, MD.

American Nurses Credentialing Center (2008b) Application Manual 2009: Pathway to Excellence Program. American Nurses Credentialing Center, Silver Spring, MD.


