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The factors related to self-other agreement/disagreement in nursing competence assessment: Comparative and correlational study

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ABSTRACT

Background: While assessment made by nurses of themselves (self-assessment) and assessment made of them by others (other-assessment) provide unique and valuable information as to individual nurses' competence, the subjective nature of both assessments often causes a disagreement between them. This is problematic when educational interventions to foster nurses' competence are designed. However, the question of what factors contribute to the self-other disagreement in competence assessment has rarely been investigated in nursing.
Objectives: The aims of this study were to compare competence assessments made by nurses with that by others, and to investigate what types of demographic variables of nurses and others, and which personality traits of nurses were associated with the self-other agreement/disagreement in the competence assessment.
Design: A cross-sectional survey design.
Settings: Three hospitals in Japan.
Participants: A total of 1167 registered nurses, who were practising in these three hospitals, were invited to participate in the study. The inclusion criteria of the participants were as follows: 1) currently working in an inpatient department, and 2) directly involved in patient care.
Methods: The survey package included two sets of questionnaires: one for self-assessment and the other for other-assessment, each of which was accompanied by an ID number for matching. Collected data were analysed using a Wilcoxon signed-rank test to compare the scores on competence assessed by nurses and others, and using multiple regression to examine the relationships between the demographics, personality traits, and the degree of self-other disagreement.
Results: A total of 207 matched questionnaires were obtained. The results showed that the scores on the assessment made by others were statistically significantly higher than those made by nurses of themselves. Moreover, regression analysis suggested that the age of nurses (i.e., younger nurses) and that of others (i.e., older evaluators), and nurses' personality traits of conscientiousness and extraversion were statistically significantly related to the agreement in self-other competence assessment.
Conclusions: Nurse managers need to understand which factors contribute to self-other disagreement in competence assessment, and to identify a way to precipitate mutual agreement between them. By doing so, both nurses and managers can comprehend nurses' own strengths and weaknesses, and can determine educational needs and goals regarding nurses' competence development.

What is already known about the topic?

- Preceding studies have suggested that there is a difference in competence assessment made by nurses themselves and others.
- A number of sources have been discussed by researchers to understand the presence of the self-other disagreement, but the factors contributing to the self-other disagreement on competence assessment have rarely been examined in nursing.
- The self-other disagreement jeopardises the credibility of educational interventions, which are designed to foster nursing competence, as well as research findings, which rely on self-assessment.

What this paper adds

- The self-other (dis)agreement on nursing competence assessment may arise not only due to the personal characteristics of nurses (self), such as their ages and personality traits, but also due to the

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personal characteristics of others, such as their ages.
- To reduce the self-other disagreement, nurses and others need to develop abilities to assess nurses' competence, and share the results of their assessments in order to achieve mutual consensus.
- Agreement between self-other assessment of competence may be facilitated by peer review, which provides nurses with opportunities to develop assessment skills and allows them to reconstruct a realistic view of self after receiving feedback from others.

1. Introduction

Not only is assessing nursing competence important for evaluating the quality of care provided by nurses (Franklin and Melville, 2015), but it also serves as a tool to evaluate the effectiveness of educational interventions, which are designed to foster the development of nurses' competence (Kao et al., 2013). As such, competence assessment has been conducted widely in various clinical settings for managerial and educational purposes.

Two types of competence assessment are frequently used in nursing; one is self-assessment, and the other is assessment by others (Flinkman et al., 2017). Self-assessment is a process of critically reflecting on one's own progression in relation to goals and implicit/explicit practice standards by gathering evidence about one's performance, comparing the evidence with the desired goals or practice standards, and then identifying developmental needs to improve one's competence (Melrose, 2017; Sargeant et al., 2011). Thus, this type of assessment is considered as an essential component of lifelong learning, which sustains nurses' continuous professional development (Cowan et al., 2008). In contrast, the assessment by others (i.e., by supervisors or peers) is usually conducted as a part of a formal evaluation process, such as an annual review of nurses' performance, so as to evaluate the effectiveness of nurses' performance.

While both assessments provide unique and valuable information as to individual nurses' competence, thus help in constructing a more complete picture of their strengths and the developmental needs (Craig and Hannum, 2006), the subjective nature of both assessments (Dolan, 2003) often causes a disagreement between them. This self-other disagreement is problematic. For instance, self-assessment has been used in many studies to investigate nurses' current levels of competence (Flinkman et al., 2017) as well as the factors related to it (Flinkman et al., 2017; Numminen et al., 2016; Takase et al., 2015b). However, there is a concern that what is measured in the studies really reflects the reality (or others' judgements) of their competence. The concern also extends to whether or not factors identified as facilitating competence development really serve as expected (or only boost their self-confidence). In addition, if nurses' and managers' competence assessments are not attuned, the provision of relevant and adequate interventions to promote nurses' competence becomes difficult (Numminen et al., 2015). Hence, it is important to understand how nurses perceive their performance compared with others, and what factors contribute to the self-other agreement/disagreement. Such understanding would help nursing researchers and managers deal with the self-other agreement/disagreement more effectively.

2. Background

Studies investigating the self-other agreement/disagreement in the assessment of nursing competence are scarce, and their findings are inconsistent and mixed. For example, Clinton et al. (2005) investigated degree and diploma graduates' competence rated by the graduates themselves and line-managers in the UK, and found that the ratings were almost compatible (although the differences were not statistically tested). In contrast, other studies reported that there were significant differences between these two ratings; either self-rating was higher than others' rating, or vice versa. For instance, studies conducted by Meretoja and Leino-Kilpi (2003) and by Numminen et al. (2015) in Finland showed that managers' (others') ratings of their staff nurses' competence were significantly higher than those made by the staff nurses (self), and the correlations between them were weak (r = 0.156–0.278) (Numminen et al., 2015). In contrast, other studies, conducted in Iran, Canada, Egypt, and Finland, showed that competence rated by nurses themselves (either staff nurses, head nurses, or students) was significantly higher than that rated by others (their supervisors, subordinates, or mentors/instructors) (Bahreini et al., 2011; Baxter and Norman, 2011; Gheith, 2017; Kajander-Unkuri et al., 2016). Irrespective of the direction of the difference, the majority of the studies suggested that others had different views from nurses themselves in regard to the competence of the latter. In other words, as Yammarino and Atwater (1997) stated nearly 20 years ago, it seems "we are not very good at evaluating ourselves or seeing ourselves as others see us" (p. 37).

Self-assessment of nursing competence is important, as it forms a critical component of continuous professional development (Cowan et al., 2008), and it impacts on their job behaviours (such as turnover intention and burnout) (Takase et al., 2015a). However, when it comes to evaluating nurses' competence levels and examining factors related to that development, self-assessment may jeopardise the credibility of the findings of studies if the assessment by self differs from that by others. The preceding studies pointed out that the self-other disagreement may frequently be observed in nursing competence assessment. However, there are only a handful of studies comparing the assessments by self and others; thus, more studies are needed to confirm the existence of such a phenomenon. In particular, findings in Asian countries are rarely available to the international academic community; thus, it is not certain if the self-other disagreement is an international phenomenon. In addition to a lack of studies, few nursing studies have identified either why this might occur or how we could address this discrepancy. This hinders the development of studies that endeavour to accurately capture the levels of nursing competence as well as the factors leading to competence development.

In an effort to identify factors which may impact on the self-other agreement/disagreement, literature in other academic fields was reviewed, and a number of factors have been identified. One of these factors is that different people use different types of information to assess their own performance (Fleenor et al., 2010; Schrader and Steiner, 1996). The use of different information occurs because people have different opportunities to observe a person's performance. Moreover, they weigh the dimensions of the observed performance differently, and develop their own unique perspectives about the person (Fleenor et al., 2010; Harris and Schaubroeck, 1988). Another source of self-other disagreement emanates is the different standards used by different people to judge a target person's performance (Schrader and Steiner, 1996). When people evaluate their own or someone else's performance, they do so by comparing the target person's performance with that of others, who serve as a benchmark or standard. Thus, an upward comparison may lead to a severe evaluation, while a downward comparison can lead to a lenient evaluation (Bounoua et al., 2012). Still another source of the disagreement is an individual's ego and the associated desire to preserve a positive self-image. Individuals tend to inflate their ratings in order to embrace positive self-views (Vazire and Carlson, 2011), and this often causes overrating of their competence as compared with others.

The last sources of the disagreement are attributed to the characteristics of employees themselves and others. A comprehensive meta-analysis conducted by Heidemeier and Moser (2009) showed that such characteristics as job types, and educational and cultural backgrounds of employees themselves were related to self-other disagreement in job performance rating. Ostroff et al. (2004) also found that employees' and others' sex, age, and race contributed to how they perceived themselves and how they were perceived by others, thereafter contributing to the disagreement in self-other ratings of performance. In addition to demographic characteristics, some studies suggest employees' personality