Competence-based management: the preparation of the assessment process conducted by nurses at an inpatient unit

Gestão por competências: preparo do processo avaliativo pelos enfermeiros de uma unidade de internação

Gestión por competencias: preparación del proceso evaluativo por enfermeros de una unidad de internación

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ABSTRACT

Objective: To understand the preparation of the evaluation process of nursing technicians and assistants by nurses at an adult inpatient care unit, from the competence-based management perspective.

Method: Descriptive and qualitative study, developed with 13 nurses at a university hospital. The data were collected between May and June of 2017, through semi-structured interviews, and were submitted to thematic content analysis.

Results: Two categories emerged: competence-based management, a new model of evaluation; and, evaluation process, a trajectory to be discussed.

Conclusion: Planning the evaluation throughout the year in periodic meetings about the subject is important to the preparation of the evaluation process. Furthermore, the previous knowledge of evaluation mishaps subsidizes the nurse in the organization of the evaluation.

Keywords: Nursing assessment. Employee performance appraisal. Professional competence.

RESUMO

Objetivo: Compreender como ocorre o preparo do processo avaliativo dos técnicos e auxiliares de enfermagem pelos enfermeiros de uma unidade de internação clínica adulto, na perspectiva da gestão por competências.

Método: Estudo descritivo, qualitativo, desenvolvido com 13 enfermeiros de um hospital universitário. Os dados coletados entre maio e junho de 2017, por meio de entrevistas semiestruturadas, foram submetidos à análise de conteúdo temática.

Resultados: Emergiram duas categorias: gestão por competências, um novo modelo de avaliação; e, processo avaliativo, uma trajetória a ser discutida.

Conclusão: O planejamento da avaliação ao longo do ano por meio de reuniões periódicas sobre a temática é importante para o preparo do processo avaliativo. Além disso, o conhecimento prévio dos percalços avaliativos subsidia o enfermeiro na organização da avaliação.

Palavras-chave: Avaliação em enfermagem. Avaliação de desempenho profissional. Competência profissional.

RESUMEN

Objetivo: Comprender como ocurre la preparación del proceso evaluativo de los técnicos y auxiliares de enfermería de una unidad de internación clínica adulta, en la perspectiva de la gestión por competencias.

Método: Estudio descriptivo, cualitativo, desarrollado con 13 enfermeros de un hospital universitario. Se sometieron los datos, recogidos entre mayo y junio de 2017, a través de entrevistas semiestructuradas, a un análisis de contenido temático.

Resultados: Emergieron dos categorías: gestión por competencias, un nuevo modelo de evaluación; y proceso evaluativo, una trayectoria a debatirse.

Conclusión: La planificación de la evaluación a lo largo del año, a través de reuniones periódicas sobre la temática, es importante para la preparación del proceso evaluativo. Además, el conocimiento anterior de los percances evaluativos subsidia al enfermero en la organización de la evaluación.

Palabras clave: Evaluación en enfermería. Evaluación del rendimiento de empleados. Competencia profesional.

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■ INTRODUCTION

The evaluation of the worker has been discussed since the beginning of the scientific administration, carried out by Taylor and Fayol, however in the context in which we live, marked by frequent changes, technological advances and appreciation of knowledge, a new direction in the models of people management and, consequently, in the evaluative practices becomes indispensable. This alignment has been even adopted by the Hospital where the present study was developed, with the recent implementation of the competency-based management (CM), which emerged with the purpose of maximizing the performance of professionals, teams, and leadership, identifying and developing individuals' competencies, improving the organizational effectiveness, and, first, implementing a conversation between manager and employee[1].

The Competency-based Management influences the organizations to compose an integrative vision of the evaluation processes as an important management tool in the search of a thread that propitiates activities convergent to the idealized purposes, therefore it consists in the connection between the acts of planning and monitoring[2]. When the evaluative process is not planned or is inefficient, several consequences can incur, such as the approach that does not consider the trajectory from the last evaluation performed. At the time of the evaluation, the evaluator needs to be prepared for the approach, considering the necessary tools in accordance with the objectives of the evaluation process in the hospital. The frequency with which the evaluation is performed should also be observed, since a long interval between evaluations may impact the evaluation and the judgment criteria of the evaluator in relation to the performance of the worker[3].

If the nurse who evaluates does not have reliable information about the professional evaluated, it will culminate in pointing out errors and failures based only on the recollection of recent events or those that most disturb or please them, a condition described as a recency effect[4]. Another mishap mentioned in the literature is the trap based on the central tendency, in which the evaluator classifies all the people evaluated as average[4]. It should also be highlighted, based on the authors' professional experience, situations in which the evaluating nurse classifies all the team members as excellent to avoid confrontation and contestation while the evaluating nurse from another shift of the same unit does not proceed in the same way. Such outcomes lead to dissatisfaction among the teams and, consequently, trivialize the evaluation process.

In the specialized literature, there are important indications about evaluation in health organizations as a resource that provides indicators of improvement and adequacy of care provided to patients and it has been a tool for change, which can be used to identify deficiencies and provide professional development policies[5-7]. The evaluation interferes in the overall performance of an institution and it is necessary to consider that an adequate evaluation system can have repercussion on the motivation of the workers and consequently on the care to the patients[3]. At the institutional level, the evaluation process of the workers also makes it possible to review techniques, objectives, work processes, and human resources policies. However, reflections are necessary, both from the managers and from the levels of care, in order to develop the profile desired by the institution and for the managerial training based on the reality of each institution.

The nursing professionals constitute a large contingent of the workers in health institutions. As evaluators, the nurses must have theoretical and practical knowledge of the evaluation method used by the institution since their admission, and it is important that the institution provides them, especially the new recruits, guidance on the goals, the expectations, and the desired standards[3]. This is a fundamental requirement for the adequate preparation of the evaluation. The result of this stage will depend on how the nurse organizes the evaluation, the interpretation of the situational diagnosis of the team, the technique adopted by the conductor and the way it was planned.

Since the evaluation implies in the continuous examination of the activities performed by the people evaluated throughout the year, the occurrence of this condition became one of the reasons for the implantation of the CM in the institution researched. Therefore, there were concerns related to the preparation of the evaluation process by the nurses from this new perspective regarding finding strategies that could assist in the planning and organization of the evaluation, and contribute to the review and maintenance of the CM not only in the unit investigated but in the hospital as a whole. Thus, the following research question was defined: How are the nurses of a clinical hospitalization unit organizing the evaluation process from a competency-based management perspective? This study presupposes contributions in the nurses' organization regarding the evaluation process and subsidies that allow both managers and nurses to reflect on the organization of the evaluation process. This study aimed to understand how the preparation of the evaluation process of the nursing technicians and the nursing assistants of an inpatient unit occurs, from the perspective of the competency-based management.

■ METHOD

This is a descriptive study with a qualitative approach carried out in a university hospital in the south of Brazil, which serves patients from the Unified Health System (SUS – Sistema Único de Saúde), insured and non-insured individuals, totaling 842 beds, 6,083 workers, and 388 teachers[1]. The present study was developed in one of the adult hospitalization units with 45 beds, where 44 nursing technicians and/or assistants and 15 nurses work. To participate in the study, all the nurses were invited, through personal and face-to-face contact of the researchers, adopting, at least, one evaluation of the nursing technicians or assistants at the hospital as an inclusion criterion, and withdrawals for various reasons during the data collection as an exclusion criterion. The sample was consolidated with 13 participants, as two nurses were on leave at the time of collection and their substitutes did not meet the inclusion criteria. It should be highlighted that the researchers were not part of the professional staff of the unit where the study took place. Eventual contact between the researchers and the participants happened due to their participation in the meetings of the respective clinical hospitalization area.

The information was collected through semi-structured interviews, with questions about the understanding of the CM, the nurse's organization to carry out the evaluation of the nursing technicians and assistants, such as the planning of the evaluation moment, the easiness and/or difficulties found in the new evaluation model and what influences the evaluation interview. The interviews were recorded in audio, with an approximate duration of 15-20 minutes, carried out between May and June 2017, and they occurred in a conference room of the unit with a privacy guarantee to the participant. The project included a pilot plan that did not integrate the research sample, with four members of the core of the studies to which the researchers are linked.

From the full transcripts of the interviews, the publications were submitted to the thematic content analysis, and three stages were performed consisting of pre-analysis (transcription, constitution of the *corpus* and reading of the interviews), material exploration (upload of the material to the NVivo® version 11 software, classification of data and incorporation of information) and treatment of the results obtained and interpretation (articulation of the inferences and interpretation of the data, and the theoretical referential resumption)[8]. Consequently, the classification of the data obtained for achieving comprehension of the text was performed, cutting it into registration units, through the organization of significant expressions or words. Sub-sequently, the classification and incorporation of the information that generated the following categories occurred: competency-based management, a new evaluation model; and, evaluation process, a trajectory to be discussed.

Given that the CM is a process that emerged in the study scenario to promote and support the actions of people management, based on the set of knowledge, skills, and attitudes defined for each function, it is also worth mentioning the CM involvement with the identification, development and application of skills in the day to day work, qualifying the activities of all the institution's workers[1].

The research from the master's dissertation of the Postgraduate Program in Nursing of the Universidade Federal do Rio Grande do Sul[9] was registered in Plataforma Brasil and was submitted to the Research Ethics Committee of the hospital that served as field of research, where was approved under the registration of Certificate of Presentation for Ethical Appreciation (CAAE - Certificado de Apresentação para Apreciação Ética) number 65898617.4.0000.5327 on April 27, 2017. For the development of the study, the prerogatives announced in the Resolution 466/2012 of the National Health Council were considered[10]. Before the interview, the Free and Informed Consent Term was delivered to each participant, which was read and signed. The interviews were coded as E1, E2, E3 [...] to ensure anonymity, and the increasing number corresponded to the interviews chronological ordering.

It should be also clarified that the validation of the statements that were part of the body of the research report was carried out. In order to do so, a list of the selected statements was sent by e-mail to all the study participants, and the consent was obtained for their publication.

■ RESULTS AND DISCUSSION

Regarding the characterization of the participants, the age of the interviewees ranged from 29 to 55 years old, with the female gender predominating. As for titration, there were four with a *stricto sensu* (master's degree) training, seven with a *lato sensu* training (specialists), and only two with a bachelor's degree in nursing. The total time worked as a nurse was between four and 32 years, and the working time in the institution ranged from 10 months to 31 years. Nine participants had already performed more than 20 evaluations, two between 11 and 20 evaluations, and two between six and 10 evaluations of technicians or nursing assistants in the institution. The evaluations conducted were considered since the participants entered the institution, even though the previous evaluation model was different from the current one.

The results of the interviews originated the following thematic categories: competency-based management, a new evaluation model; and evaluation process, a trajectory to be discussed

Competency-based management, a new evaluation model

Competence is the combination of knowledge, skills and attitudes, and the application of these skills at work generates the professional performance[5-7]. This idea permeated the speeches of the participants:

The competency-based management came so that we were able to punctuate behaviors, attitudes and the technical performance of the employee in the unit. (E1)

Focus on the employee's knowledge, skills, and attitudes. (E3)

It is important to highlight that the nurses' understanding of the competencies required by the institution for each employee is essential to be successful in the evaluation process and, obviously, in the work routine. It is assumed that the evaluation, when based on the principles of the CM, can favor the development of a link of mutual trust between the evaluator and the evaluated, thus facilitating the coexistence at work. However, it is not a matter of mending conflicts, but rather of solving them.

Understanding the concept of competence is essential to consolidate management in this perspective. The nurses answered that the CM seemed to define in a more specific way the competencies of each function within the hospital, besides being a way of evaluating what they call the "means of work" of the nursing technicians and assistants, in addition of being a way of learning at work, always focusing on the patient, as shown in the following manifestations:

It is a process that we use to evaluate the employee, in short, and their means of work. (E3)

It is the way we must educate at work and work with the employee. (E5)

I think it is an evaluation model that ended up defining, sort of compiling more skills that technicians have in certain areas. (E9)

The notion of incident, communication, and services, being understood as the one that demands mobilization of the resources to solve different situations[7], was mentioned by the nurses, although in a more colloquial way, referring to the ability to relate to unforeseen events that arise in the interviewees' daily lives. When mentioning the ability to work with the internal and external public, the interviewees were referring to the notion of services. The competence that professionals have of understanding the needs of the patients and the people they work with starts to be the center of the care to be developed by the collaborator[7]. Thus, the implications for the development of knowledge, skills, and attitudes such as the demand of work situations in dynamic environments become unpredictable.

The notion of communication is expressed in the need to prepare the collaborator for the work to be performed, as it was said. This communication, inserted in the evaluations by competencies, comes from the orientation and clarification of the institution's objectives, norms, and values, providing the professional evaluated with a better understanding of the work execution, which may affect the quality of patient care.

Regarding the evaluation of nursing technicians or assistants through the CM, it was possible to perceive some divergence between the participants' opinions regarding the applicability of the appraisal software. There were reports of difficulties in the handling of the tool, as it is expressed in the following section:

I think we had a little trouble because the system was very new, not everyone was able to [...] have an understanding. (E1)

This past year was more difficult because we did not manage the system, [...] because it [evaluation] is much more complex than the other one. (E13)

However, it was also pointed out in the interviews that the new system is easier to handle, which benefited the evaluative moment:

As for the system, I found it quite smooth. Very easy, very clear, [...] very self-explanatory. (E4)

It was easy to handle the system, and I thought it was better than the other one we had. (E9)

It is understandable that there are divergences in adhering to something new, since the modification in the systems of an institution alters the workers' daily routines, which may generate apprehension, anxieties and affect the individual psychologically and, consequently, it may reflect in resistance. Regarding this aspect, there is also the idea

that changes can cause agitations within the teams, which makes the work cease to be a sequence of planned actions, no longer being possible to rely on the simple repetition of information to reach the learning[7]. On the other hand, it is observed that the changes can also stimulate interest in knowing and building new competencies.

For the interviewees, the modification in the evaluation software did not cover items that nurses consider important in the appraisal of workers. The field for recording notes is now only visualized by the person who performs the annotation and not by everyone who has a leadership profile, as it was in the previous system. The importance of access to the visualization of this field is emphasized so that the evaluation is more reliable, avoiding, therefore, possible errors and predilections in the evaluation process. In addition, the explanatory inclusion of the evaluation items in the system resulted in the ambiguity of understanding, making it even more difficult for the evaluator to understand the competencies desired by the institution.

However, despite the difficulties, there was mention of the easiness provided by the new system, such as a greater number of resources compared to the old one, which brought advantages and simplified the evaluation of nursing technicians and assistants by nurses from the CM perspective. The following statements are noteworthy:

The competency-based management, I think it made it easier, it is clearer, it is more succinct. (E3)

This current evaluation is more diluted and it is easier to evaluate a person. (E13)

It was understood that the CM leads to an evaluation with a better flow in its execution. Given the ambiguous content of the evaluative items, their presence in the software makes the evaluation more accessible and punctual, reducing the search time of information that only appeared in non-computerized means, facilitating the evaluation moment.

Based on the assumption that the system can facilitate or hinder the operationalization of the evaluation process, knowledge about the specificities of the evaluation software used by the institution subsidizes a more adequate assessment in line with the characteristics of the organization.

The nursing professionals work in an environment in permanent transformation, however, everyone has their pace of adaptation to what is new. Therefore, the managers must prepare the team, enabling them to incorporate the changes that arise in their daily lives. Considering that the implementation of a new evaluation system in hospital

institutions involves efforts and attitudes from both managers and employees, the role of the leaders of each sector is fundamental in this process.

Evaluation process, a trajectory to be discussed

Assuming responsibilities, such as the worker's CM, making assertive decisions, and preparing the evaluative process are embedded in the work context of the nurse and, when these processes can be shared with professionals of the same category, it becomes easier. The results indicate that the evaluation of nursing technicians and assistants is planned to occur in the presence of two nurses or more:

Usually, the assessment of the technicians is not done by a single nurse, it is done by two nurses or more. (E1)

We never do it alone, we always ask for help from other colleagues, as we work as a team, there are more nurses, we talk before. (E3)

It is usually the nurses on duty who do the assessment and sit together because it is the nurses who accompany the employee throughout the year. (E8)

The evaluative moment tends to be an apprehensive occasion for the evaluator, for this reason, the act of evaluating in pairs, besides sharing the overload that this moment can bring to the leader, it also contributes to demythologize the assumption of the people evaluated that the judgment on their professional profile holds the evaluator's personal and unilateral opinion.

The strategy of asking colleagues or bosses to analyze the performance together and to consider the experiences of each worker provides a better understanding on the part of the employee and comprises, in a more balanced way, the vision on the competencies desired by the institution[11]. On the other hand, it is also necessary to consider that the presence of two or more evaluators can generate discomfort on the person evaluated, and an important ethical question, possibly suggesting a conformation of harassment in labor relations.

As for the organization of the evaluative moment, the nurse analyzes whether there was success in achieving the idealized goals and reflects on those who failed during this period[12], performing this step collectively enables nurses with a feeling of greater security to make an assessment about the performance of the nursing technician or assistant. The importance of the preparation and direct supervision of the activities carried out by the subordinates to

organize the evaluative moment and to make possible a more reliable opinion is highlighted.

Regarding the planning of the nursing technicians or assistants' evaluation, the interviewees reported the preparation of a schedule and subsequent communication to the people evaluated, generally one week before the beginning of the evaluations. It is assumed that the prior communication of the date when the evaluation will occur reduces the anxiety and expectation generated about the evaluation moment, so that the literature[11] indicates that nurses must communicate two to three weeks in advance to the people evaluated before the moment of the evaluation interview.

At the time of the appointment, the nurse should be aware about some relevant details regarding the logistics, such as scheduling at times that do not coincide with those in which the professionals are involved in many activities, nor during the breaks, or at the end of the work shift, to avoid poorly conducted evaluations. The duration of the evaluative moment also needs to be adequate so that any differences in perception between the evaluator and the evaluated can be debated.

The time availability for the evaluative interview makes the dialogue among those involved easier and provides both the detailing of the evaluation criteria and the provision of an assertive feedback. In addition, a time free from agitation facilitates the argumentation about the assigned score, providing a confidence spirit to the work team.

The work environment of the adult clinical hospitalization unit involves a series of patient care actions, routines, and activities to be carried out by nurses and nursing technicians or assistants who, depending on the complexity of the patient, make everyday life calm or agitated. In addition, the demand for procedures related to the work process compromises the concentration of the evaluator and the person evaluated. This is an anxiety generator, so carrying out the assessment during the work shift configures an onerous activity for those involved.

Leading is not a simple task and requires constant training and in-depth knowledge of management strategies, hence the importance of being able to expand competencies and leadership skills by demonstrating the nurse's readiness to perform the assessment[13].

As the CM is considered one of the instruments that enables the leader to practice their capacity as educator, consultant, mentor, and adviser of the work team, t becomes important to have adequate preparation and time to do it. Another aspect to be considered and that influences the organization of the evaluation moment is where the evaluation will take place. The manifestations of the participants of the research on this theme follow:

We could have a more restricted room, which did not have other accesses like that, to sit and talk, an airy room... it could be in a slightly more adapted environment. (E8)

It is tacit that being interrupted during an assessment raises doubts as to the confidentiality of that moment. For this reason, having a suitable place enhances the sense of security of those involved and reduces the tension, allowing the evaluator and the evaluated professional to be more comfortable during the evaluation interview.

The data demonstrate that providing an appropriate environment for the evaluative interview, with satisfactory air conditioning and access only to those involved, would be paramount to carry out the evaluations. In a contemporary perspective of evaluation, its concept and application are inserted in complex and dynamic circumstances that permeate the nurses' routine, highlighting the role of the evaluator and the evaluated, the methods used, the expected results, the proposed objectives and the feedbacks to be provided[14]. Therefore, conducting the evaluative interview in a suitable place demonstrates consideration to the collaborator.

At the evaluation moment, it is essential that effective communication occurs between those involved, seeking to ensure adequate understanding of the considerations addressed. In order to do so, it is necessary to have an adequate and interruption-free environment so that the evaluation does not become a moment that may cause embarrassment to those involved.

In the leadership of the work process, the nurse is expected to measure the demands of the professional practice and the skills of the nursing professional. Given this, the nurse has the possibility of acting as a socio-political being, articulating the different knowledge and attributions, and contributing to the strengthening of the profession and the class itself[15].

Correlating the period in which the evaluations occur in the institution, the interviewees described that they usually organize themselves to carry out the evaluations during the last quarter of the year. They alleged a change in the behavior of the people evaluated in moments that precede the evaluation:

When they know they are going to have an evaluation, the impression they give is that they are "apple polishing", so that they become more dear, they treat the nurses better, the relationship between the team [...] Sometimes there was an intercurrence, it was not going to be possible to do that with someone today and it would linger there for another day and we would see that they were kind anxious because they wanted to have the evaluation soon. (E4)

Because evaluations usually take place during the same period of the year, the evaluator is inclined to pay more attention to the behaviors of the nursing technicians or assistants at that time. The attitudes presented by people emerge from the different models of socialization to which they have been subjected, thus incorporating the evaluation within the context of the institution and the evaluator's relationship with the evaluated becomes a way to develop improvements in the actions of each professional.

Behaviors such as those mentioned in the previous statement can influence the time of evaluation causing the effect of recency, which includes failures in the assessment in which only the recent attitudes of the workers are judged[4]. This type of evaluation error can be beneficial for the workers who always maintain the standard of work quality, and detrimental to workers who presented some undue attitude close to the period in which the evaluations occur. Knowing the behavior of the assessed and knowing how to recognize when they change their conduct becomes a foundation for a successful evaluation.

Fair evaluation, without recent memories compromising this moment, is paramount to the success of the assessment. Moreover, without a clear understanding of the evaluation process and the resources available at that time, the assessments may not contribute to improvements in practice[11]. And, still, conducting the evaluative interview without proper preparation makes it difficult to establish a fertile field for dialogue[16]. Thereby, the risk of compromising the scope of the purpose of the evaluation and the institutional purposes is faced.

Anxieties and insecurities are part of the evaluation process for both the evaluator and the evaluated due to the appreciative parameters used in the companies, which can lead to demotivation and, consequently, compromise the willingness to dedicate themselves to the work practice. In this sense, during the study, the concern of those who are evaluating not to distort the evaluations and to avoid that their feelings and attitudes of the person evaluated intervene in the evaluative moment emerged. Even unconsciously, the practitioner may present feelings that may influence the outcome of the evaluation, whether positive or negative.

By knowing in depth the appreciative techniques that the organization has and being aware of the common propensities that permeate the evaluation moment, the evaluator has in their hands an apparatus in their favor to develop strategies that reduce their desires and, consequently, minimize the impacts that this process generates in the people evaluated. In this logic, it is pointed out that when appropriating the evaluative process, the evaluator is instrumented to assist in the development of the competencies of the work team, in the improvement of individual behavior, as well as in the synergy between those involved in pursuit of a common purpose which, in the case of health institutions, is the quality of patient care.

In addition, based on the result of the appraisals, employees make comparisons among themselves, which may affect the sense of fairness, especially in cases that the valuation is tied to promotions and distinguished wages[17].

Regarding the preparation of the evaluation process, the interviewees reported apprehension in organizing the evaluation of the worker so that it does not result in segregation in the team nor provoke divergences:

An evaluation, I always say that it can change a person's life, you must be very careful during an evaluation because it is the moment you conquer your employee, whether you have your team or not, or lose it, so I consider this moment very important. (E6)

But it is that question, the evaluation ends up being judicious for your shift. Suddenly, some colleagues are not going to be so judgmental the next shift. And in truth, I am quite distressed to misjudge the technicians like that, because I will evaluate the way I think it should be, but in the context of the unity it becomes unfair sometimes. (E10)

Although the nurses do not have the same opinion about the person evaluated, they end up being less judgmental, perhaps to avoid confrontation and contestation with the nursing technician or assistant and among leaders of opposing shifts.

The data also report the fear of the evaluators in dismissing the leadership team and, consequently, affect the work routine, since some situations that occur throughout the evaluation process can influence the face-to-face moment of the evaluation. In addition, the dynamics of the organizations intervene in the recognition and understanding of bosses about the events that occur during the work activities, because the performance of the team is a product of the rational influence of the institution[18].

Another important aspect to observe is that differential treatment among team leaders induces low productivity and disinterest in the routine management activities. In this sense, the uncertainties about work and role may make it difficult to plan for future work, which impairs evaluations and, for this reason, it is important to review the context in which they happen[11].

The nurse's practical activity and the daily routine require constant knowledge and learning. Thus, to build a

genuine teamwork, it is important that the professionals who integrate it are valued and, moreover, the way that the leadership is exercised may influence the quality of the services offered by the institution.

It is worth remembering the multiplicity of situations that go through the work in the hospital environment, which can provoke anxiety in nurses, nursing technicians, and assistants. Conducting the evaluation in such circumstances is a challenge for the nurse, given the vulnerability in dealing with socio-professional relationships. Therefore, it is important that the evaluation is carried out by those who follow the performance of the evaluated professional throughout the year and that the evaluator is trained to have a more comprehensive view of the evaluation process. Thus, the leader will have the preparation and the security to act in the different situations that permeate the appreciation and will be able to coordinate and differentiate action strategies in face of the obstacles that arise.

Starting from the premise that the active participation of the evaluator and the evaluated in the elaboration of the CM demystifies the construction of this process, it facilitates the dialogue between the leader and the one being led, and makes the evaluation a propitious moment to develop and expand the competencies A relevant condition that contributes to a better result of the evaluative interviews is the frequent meetings on the evaluation process, however, it has been said that the meetings happened in smaller numbers than desired and, in certain shifts, it did not even occur:

Nothing has been done, no evaluation meeting since the last management so far. (E4)

We do not hold meetings or conversation circles specifically on competency management. (E5)

We have not had meetings. We had more time available before, so we could sit with the group and do it. (E12)

Encouraging meetings that deal with evaluation with all those involved in the process is essential to achieve the objectives of the assessment. Therefore, discussing the assessment helps the parties involved align organizational and personal goals and explore the strengths and weaknesses of each employee's and team's performance, thereby developing important skills in the professional practice[14].

Although the nurse presents arguments such as the unavailability of time due to the dynamics of daily activities, evaluation meetings are important to consolidate the evaluation process and to collectively build a learning plan

according to the work environment. In this logic, the leader and their subordinates need regular meetings, more than once a year, to evaluate the team's development and to have the time to overcome, if necessary, the obstacles in the group's performance[3].

The act of evaluating requires preparation and self-knowledge, otherwise, the perception of the competencies and weaknesses is impaired; therefore, a constant discussion about intentionality and the way in which the evaluation process is taking place is necessary[16]. Between one evaluative moment and another, it is important to have meetings to precisely find out about the work done and to plan. Organizing over time, even though it is hard, it is necessary, as doubts that nurses prefer to discuss in a group often arise, given the complexity of the evaluation process and the nursing work. Periodic meetings bring benefits to the team and have a positive impact on the scope of care [19]. Because they provide moments of systematic dialogue, they converge so that there is a joint organization of care actions and a respective enhancement of the administrative activities that permeate the nursing work context.

■ FINAL CONSIDERATIONS

In this study, it is possible to understand the nurses organization for the evaluation process, identify what influences the evaluation, and inquire about the nurses' understanding about the CM. The participants highlighted inconveniences and consequences that permeate the preparation of the evaluation process in the institution, as well as the main differences of the new system that make it easy and difficult the evaluation moment, thus achieving the objectives of the research.

It is important to observe that planning the evaluation throughout the year through regular meetings on the theme is important for the preparation of the evaluation process, not only in terms of best practices but in a way that promotes the involvement of all the team, giving them the opportunity to talk about the appraisal and institutional goals. Among the competencies of nurses, the promotion of health improvements and the different environments in which they work is included. However, it is necessary for the institution to equip leaders to carry out their responsibilities, as well as to promote strategies to raise awareness of the importance of team meetings, to break the vicious circle of justifications for not doing so. Moreover, the prior knowledge of the evaluation mishaps subsidizes the nurse in the preparation of the evaluation. It is emphasized that the nurses play a significant role in health institutions, and

it is important that they lead proposals and strategies that establish professional development objectives for nursing team members, considering the reality of the context in which they are inserted.

Regarding the limitations of the study, it is pointed out that it focuses on the nurses' point of view, therefore, the generation of new studies that allow knowing the nursing technicians' and assistants' opinion on the preparation of the evaluation is considered. The context of the field of study is another aspect to be considered since it is a public university hospital of quaternary care. It would be appropriate to investigate private network hospitals on the issues presented here.

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