Published in final edited form as:

West J Nurs Res. 2006 December ; 28(8): 955–973.

Exit Interview-Consultation for Research Validation and Dissemination

Queen Utley-Smith, EdD, RN [Assistant Professor of Nursing]¹, Donald Bailey, PhD, RN [Assistant Professor of Nursing]¹, Natalie Ammarell, PhD [Research Associate]¹, Kirsten Corazzini, PhD [Assistant Professor of Nursing]¹, Cathleen S. Colón-Emeric, MD, MHSc [Assistant Professor of Medicine]², Deborah Lekan-Rutledge, RN, MSN [Clinical Associate of Nursing]¹, Mary L. Piven, PhD, RN [Post-Doctoral Fellow]¹, and Ruth A. Anderson, PhD, RN, FAAN [Associate Professor of Nursing]¹

¹ *Duke University School of Nursing DUMC P.O. Box 3322 Durham NC 27710 Phone: 919 286-5617 ext 233 Fax: 919 416-4729*

² *Department of Medicine, Division of Geriatrics, Duke University Medical Center. Box 3003 DUMC Durham, NC, 27710. Phone: (919) 660-7517 Fax: (919) 684-8569*

Abstract

Dissemination of research findings to practice and maintaining rigor and validity in qualitative research is a continuing challenge for nurse researchers. Using three nursing home case studies as examples, we describe how exit interview-consultation was used as: (1) a validation strategy, and; (2) as a rapid research dissemination tool that is particularly useful for nursing systems research. Through an exit interview–consultation method, researchers validated inferences made from qualitative and quantitative data collected in three comprehensive nursing home case studies that examined nursing management practices. This exit interview-consultation strategy extends the traditional member check approach by providing confirmation at the individual and organizational level. We examined how using the exit interview-consultation strategy can potentially assist nursing home organizations to increase their capacity for improving operations. Benefits from research participation are often indirect; this study's results suggest that exit interview-consultation can provide direct and immediate benefits to organizations and individuals.

queen.utleysmith@duke.edu

chip.bailey@duke.edu

natalie.ammarell@duke.edu

kirsten.corazzini@duke.edu

colon001@mc.duke.edu

deborah.lekan-rutledge@duke.edu

piven001@mc.duke.edu

ruth.anderson@duke.edu

Ruth Anderson is the PI for the larger multi-method nursing management practice study, developer of the research study's concept and design, including the design of the exit interview-consultation, responsible for study supervision, drafting of manuscript and critical revisions.

Natalie Ammarell is a field researcher with expertise in organizational development, involved in data acquisition, analysis and interpretation.

Donald Bailey is a co-investigator on the study and brings expertise in nursing and gerontology, participated in acquisition, analysis, interpretation of data, drafting of the manuscript and critical revisions.

Cathleen Colón-Emeric is the MD co-investigator on the study and is an expert geriatrician, assisting in acquisition, analysis, interpretation of data and revisions of the manuscript.

Kirsten Corazzini is a co-investigator contributing expertise as a social gerontologist, involved in acquisition, analysis and interpretation of data and revisions of the manuscript.

Deborah Lekan-Rutledge is a field researcher and nurse clinical specialist, involved in acquisition, analysis, interpretation of data and revisions of the manuscript.

Mary L. Piven is a post doctoral student, co-investigator who brings expertise in nursing and mental health, involved in acquisition, analysis and interpretation of data and revisions of the manuscript.

Queen Utley-Smith is co-investigator bringing years of geriatric nursing experience to the research team, involved in acquisition, analysis, interpretation of data, conceptualization of the idea for the manuscript, drafting and critical revisions.

Keywords

exit interview-consultation; member check; research dissemination; validity; nursing homes

Exit Interview-Consultation for Research Validation and Dissemination

In any research design, rigor, credibility and confirmability are concerns. In this paper, we examine the exit interview-consultation, used as a research validation and dissemination strategy in a multiple-method comparative case study. Using three nursing homes as examples, we show how the exit interview-consultation is a unique mechanism for: (1) confirming research findings through a unique application of the “member check” strategy, and; (2) providing immediate dissemination of findings about the organization's performance and capacity for improvement. The exit interview-consultation refers to structured group and individual sessions conducted with study participants at the end of each case study. Exit interview-consultation facilitated member check, validation of our inferences and our explanations for how we arrived at conclusions. We found that the exit interview-consultation offers an extension to the common use of member check, which is normally done to verify findings at the individual level (Miles & Huberman, 1994). Exit interview-consultation broadened the application of member check by corroborating findings at individual and organizational levels. Study participants were able to validate whether inferences and conclusions about the organization's management practices, processes and interrelationships captured the fundamental nature of the organization. The exit interview-consultation strategy is particularly relevant to nursing systems research because of its emphasis on organizations.

Member checks are a means of establishing credibility in qualitative studies by allowing participants to examine and critique findings and interpretations (Taylor & Bogdan, 1998). A number of qualitative researchers have asserted that member checks enhance the rigor of qualitative studies (Meadows, Verdi, & Crabtree, 2003). Lincoln and Guba (1985) described a comprehensive member check method, analogous to internal validity in a quantitative study, which approximates the member check we conducted in our exit interview-consultation. Unlike the Lincoln and Guba member check, our process incorporates private individual exit interview-consultations, and confirms both qualitative and quantitative findings. Benjamin Crabtree, one of our study's external consultants, introduced us to the exit interview-consultation as a way to disseminate research results for quality improvement.

Purpose

The purpose of this article is to demonstrate how exit interview-consultation can be used to: (1) assess and enhance study validity through member check, and; (2) provide specific information to study participants that they can use immediately for improving the organization's performance.

Study Context

To fully understand the foundation for the exit interview-consultation and its usefulness as a research validation and research dissemination strategy, we first provide a brief overview of the study processes. This paper references a multiple case study of nursing homes conducted by an interdisciplinary team with the research aims of describing relationship patterns and nursing management practices in nursing homes and their potential links to quality. We present three case examples to illustrate variety in the application and usefulness of the exit interview-consultation.

Over a 6-month period in each nursing home, we collected both qualitative and quantitative data, including structured interviews with residents, participant observation of staff as they worked, depth-interviews with staff, and document review. The University's Institutional Review Board approved comprehensive study protocols for the protection of participating residents, staff, and organizations. Table 1 details the number of participants involved in each type of data collection activity.

Complexity science served as the theoretical framework for the research study and therefore shaped the content and presentation of the exit interview-consultation. Complexity science offers an alternative way of looking at the world of long-term care that may lead to a rethinking about how people function within nursing homes, solve problems, get work done, and respond to changing conditions (McDaniel & Driebe, 2001). Because the framework is not central to our discussion of the exit interview-consultation method, we refer the reader elsewhere for more elaboration on the application of complexity science to nursing systems research (Anderson, Ammarell, Bailey, et al., 2005; Anderson, Corazzini, & McDaniel, 2004; Anderson, Crabtree, Steele, & McDaniel, 2005; Anderson, Issel, & McDaniel, 2003).

Procedure

Two trained field researchers established rapport in the first few weeks of each case study while making preliminary observations of staff, residents, and routines. Early in each case study, we conducted structured interviews of residents using the Resident Experience and Assessment of Life (REAL) survey, developed by Vital Research Incorporated (Uman et al., 2000), to quantitatively measure residents' perceptions of their experiences in six content areas: help and assistance; communication with staff; safety and security; autonomy and choice; companionship; food and environment. Individual residents' responses are averaged and the means reported to the nursing homes during the exit interview-consultation. In the presentation of results, the nursing home's scores were benchmarked against more than 11,000 residents in nursing homes across the country and against standards set by long-term care experts. Benchmarks and standard scores were provided by Vital Research Inc, the company that owns the rights to the REAL survey.

During the remainder of each case study, field researchers observed and shadowed staff as they did their work; including meetings, rounds and shift reports. All levels of staff were engaged in depth interviews, from nursing home administrators (NHA) to certified nursing assistants (CNA). Field notes and recorded interviews were later transcribed verbatim for analysis.

Data Coding and Analysis

The interdisciplinary research team of eight members, representing the disciplines of nursing, medicine, social work, organizational development and gerontology, met weekly to review progress, codes, and emerging themes. All data were coded by at least two team members using Atlas ti software (Research Talk Inc., 1999). Open coding was used to identify descriptions, consequences and staff explanations about management practices, work environment, and care processes. Then data were analyzed to identify higher order themes and stories related to relationship patterns and management practices in relation to quality of care.

Rigor

We used a series of activities, detailed in Table 2, to ensure rigor in our methods and validity of the findings. Primary among these strategies was the use of an interdisciplinary team with multiple perspectives, triangulation of multiple sources and types of data, multiple data collectors and analyzers, and external research consultants for independent critique, consultation and feedback. We used the traditional, individual-level member check throughout the study to verify emerging impressions, in particular, while engaged in direct observation

activities. Below we describe in detail our exit interview-consultation used to accomplish member checks at both the individual and organization levels.

Exit Interview-Consultation Planning Process

The planning process for the exit interview-consultation included: (1) advance preparation assignments and tasks; (2) the planning retreat; (3) post-retreat assignments and tasks, and; (4) a follow-up planning team meeting to review and finalize the content of the exit interview-consultation and practice potential scenarios for how the information might be received by the study participants. In advance of the planning retreat, each team member read all study transcripts, making notes about relationship patterns among individuals and groups, management practices that were working (or not), and staff perceptions of the management practices and leader behaviors. In addition, each research team member was assigned one or more nursing home manager or staff member and was to describe, from the data, that particular person's management practices, strengths, and areas for improvement. One team member was assigned to review the REAL data.

During the planning retreat, the research team discussed the data, synthesized impressions and developed a broad outline for the information that would be presented to the nursing home participants. The end goal of the retreat was to articulate an overall picture of the relationship patterns within the organization and a summary of management strengths and weaknesses at the organizational and individual levels. Following the retreat, research team members finalized the actual content for presentation at the exit interview-consultation. For example, the principal investigator developed the main body of the group presentation, the social worker and geriatrician completed the presentation of the REAL findings, and the organizational development specialist and others finalized the content of the individual sessions with management and staff. After completion of these tasks, the team met again to review and finalize the content of the presentation. At this point, the designated presenters practiced the actual presentation and other team members asked questions, attempting to anticipate the response of study participants. Through this process, we were prepared for various ways the discussion with participants might evolve.

Exit Interview-Consultation

The exit interview-consultation at each nursing home consisted of a group session where administrators, middle managers and other staff heard the formal presentation of results and recommendations for improvement. A facilitated discussion followed where participants were asked to verify summative findings and discuss recommendations. The NHA selected the time for the exit interview-consultation and determined who would attend. We encouraged the administrator to invite all managers and key staff. Through the NHA, we extended invitations to all managers and staff to have an individual session with us (approximately 30 minutes), where we would discuss their results in private. We were informed prior to our planning retreat, which managers/staff requested individual exit interview-consultations.

While the exit interview-consultation could be accomplished by as few as two team members, usually about six research team members attended and participated in all aspects of the group presentation. One or more research team members recorded field notes during the formal session. The presentation generally took the following form: (1) an introduction including "first and lasting impressions" and "views from the top and bottom" of the organization; (2) a brief overview of methods; (3) the REAL results; (4) a discussion of management practices that were and were not working and why, along with an overview of relationship and communication patterns; (5) recommendations for improvement; (6) a facilitated discussion to generate new ideas for improvement, and; (7) a member check discussion.

At the beginning of the group presentation, the PI oriented the group to the member check process, preparing them for questions at the end when we would ask them to react to the descriptions, explanations, and conclusions made about the case. The introduction was brief and included characteristics of the organization that we identified early in the data collection period that remained consistent and apparent throughout our six months, such as “friendly facility” or a “clean facility.” In the discussion of views from the top, we summarized what we saw as the dominant themes related to upper managers, such as “clear commitment to improvement,” or “profit-oriented.” In views from the bottom, we presented summative impressions of frontline staff, such as “positive interactions with residents/families.” We briefly described our methods, in particular describing the range of staff we observed or interviewed. Scores from the REAL at each nursing home were presented and compared against national benchmarks and standards. We also distributed a color booklet containing the presentation slides and graphs of the REAL results. Each person attending the presentation received a copy and we left several copies with the NHA to distribute later. At the end of the group session, participants were asked if what they heard represented an accurate assessment of their nursing home. A research team member facilitated this member check discussion and a discussion of recommendations for improvement.

The second portion of the exit interview-consultation consisted of the individual consultations, which were recorded for later transcription. Exit interview-consultations for individual staff members were conducted in private offices and led by one research team member although usually one or two additional team members were present and participated in the discussion. In these private individual exit interview-consultations, participants were asked again if what they heard represented an accurate assessment of the nursing home and themselves.

Although individual exit interview-consultations were held after the group session, giving participants the benefit of understanding the broader organizational findings, in one case study, the individual exit interview-consultations were conducted before the group session to accommodate the facility's schedule. Individual exit interview-consultations were informal and confidential. In advance, research team members prepared notes for each person with bullet points to facilitate discussion of “positives” and “suggestions.” In the first case, we found that individuals wanted copies of these bullet points, which we gave them, and this became the practice in subsequent cases.

Exit Interview-Consultation Case Examples

Below we describe how member check and dissemination of findings, the two main goals of the exit interview-consultation, occurred in each of three nursing homes with differing needs. We describe first the three nursing homes and the staff members that attended the exit interview-consultation.

Sweet Dell is a suburban 120 bed non-profit, religious affiliated facility with residents who were primarily high socio-economic, elderly, and Caucasian. At Sweet Dell, 15 managers and staff attended the presentation. These include: the NHA; Director of Nursing (DON); Chief Financial Officer (CFO); Nurse Supervisor; Staff Development Nurse; Human Resources Manager; Assistant to the NHA; a floor nurse; a volunteer; and the Directors of Quality Improvement (QA), Social Work (SW), Activities, Maintenance, Food Services, and Environmental Services. Twelve received individual exit interview-consultations.

Safe Harbor is a 180-bed facility that was part of a corporate owned, for-profit chain with middle to lower socioeconomic residents of African American and Caucasian descent. Sixteen managers and staff attended the group presentation, including: the NHA; Assistant NHA; DON; Assistant DON; SW; Nurse Supervisor; Behavioral Unit Director; two Minimum Data Set Nurses; Occupational Therapist; Staff Development Nurse; and the Directors of Activities,

Maintenance, Admissions, Medical Records, and Environmental Services. Five managers received individual sessions.

Windy Lane is a 100-bed facility that was also part of a corporation-owned nursing home chain. The corporation, however, was smaller and more regionally centered than the corporation that owned Safe Harbor. The residents tended to be low to middle income and largely Caucasian. Eleven managers and staff attended the group presentation, including: the interim NHA; DON; corporate DON (interim consultant role); SW; Minimum Data Set Nurse; and Directors of Activities, Rehabilitation, Medical Records, Maintenance, Environmental Services, and Food Services. Six attendees also received individual exit interview-consultations.

Member Check

Following the large group presentation at each case study nursing home, a research team member facilitated the group in a discussion of the findings with the intent that we would gain confirmation or disconfirmation of our findings and explanations. In addition, we revisited the member check discussions with individuals in the private exit interview-consultations. Across the three cases, affirmative feedback given during the group and individual sessions confirmed that the research team's findings were congruent with the perceptions of the participants. Some examples of comments from each of the case nursing homes are presented below.

In Sweet Dell, for example, the CFO asked the PI where we saw the organization on a continuum between a traditional top-down model and a staff empowerment model. He immediately answered the question himself by saying that he thought we told them they were way over here (indicating the top-down model); the team confirmed the message. He agreed with our assessment and noted that they wanted to be at the other end of the spectrum. The following field note further captures this confirmation.

Field note: I [Field Researcher] observed body language and facial expressions during the presentation and noted that there were a lot of up and down nods that seemed to indicate resonance with the findings. At the end of the formal exit interview-consultation, the PI asked the CFO if he had any questions or thoughts about the group presentation. He said he felt like we described the nursing home well.

In the individual exit interview-consultations at Sweet Dell, several mid-level managers shared their frustration with the “triangle” of top-level managers (referring to our description of relationship patterns) and expressed some satisfaction that we had identified this group and suggested that its members could reach out to help develop the mid-level managers. The following field note further captures evidence of member check confirmations.

Field note of session with Assistant to the NHA: She resonated with our finding that things get decided in meetings but then nothing happens. She stated that she “really appreciated the [booklet] and the professionalism of the presentation.”

Field note of session with SW: She said that she thought we “hit it on the nail.” She said, “I felt validated – that I was not thinking way off base with things. It also made me feel better about the direction that we’ve been putting in place...”

Field note of session with Environmental Director: [She] said that she felt as though we captured the facility but that we had “sugar-coated” things. She was concerned that because of this, the NHA would not understand the recommendations and the areas for change.

The results of our quantitative data, from the REAL survey, were more controversial for Sweet Dell participants. In the group discussion and individual sessions, managers asked a number of questions; they were both surprised and concerned that they scored below the benchmark for the activities program and for spending time with residents.

Field note of session with NHA: [She] mentioned that the lower scores were of concern for the Activities Director. [She] said that everything needs to be looked at, even the activities program.

Field note of session with QA: “[I] was surprised...that activities scored low. I think that the Activities Director was upset that she scored low.”

Clinical managers placed the REAL findings about “spending time with residents” in context, not seeing the results as surprising.

Field note of session with SW: [She] stated that she was not really surprised by the [REAL] findings, particularly by the residents' comments [wanting staff to spend more time with them], “...depends on what time of day you ask those questions. If the numbers were really alarming,” she would be concerned.

Field note of session with DON: “This is right; that with 30 people on one hall, it's hard [to spend time with the residents].”

At Safe Harbor, the PI's presentation of findings was particularly “hard hitting” about managers' over-reliance on rules and punishment. The PI asked the group if they recognized themselves. She allowed silence until the Assistant NHA finally spoke.

Assistant NHA: “We've all known this; there's really nothing new here. But it is good to have someone from the outside come and tell us. We understand that we need to appreciate staff more. We've made steps toward that.”

The following quote provides an example of an individual exit interview-consultation with a Safe Harbor unit manager, she confirmed the research team's explanation of why she was able to display positive management practices, while other managers were not able to do so in this work environment.

Field note of session with Behavioral Unit Director: “You know whenever anyone hears [about] their strengths it gives them a pat on the back.” But yeah that's pretty much me. I do have a lot of areas for improvement. But as far as pitching in and trying to work well with others, you've come pretty close. PI: “You are different than other managers—able to create a more positive work environment. We thought this might be due in part to your unit being a locked unit, where nobody wants to come. [This] may work well for you, because you're isolated and maybe they say, “just let them do whatever is working and leave them alone.” Unit Director: “I think a big part of it has to do with-like you said – the unit being smaller, secured or locked.”

Member check comments in Windy Lane took a different form than in the other cases because of the tremendous turnover that had occurred at this facility during the study. The managers were either interim or recently hired. We still received, however, confirmation of our findings.

Field note of group session: NHA “This is not a surprise to us. These issues are what we have identified as a team.”

In the individual sessions at Windy Lane, we further explored the participants' impressions of the study's results. All confirmed our findings and explanations.

Field note of session with SW: “In my humble opinion, you hit the nail on the head when you said the [new] administration acknowledged problems because when I got here [under the old administration]; it was certainly one of denial. The attitude was, I don't really want to recognize it.”

Field note of session with Environmental Director: “It sounded on target. It sounded right. I know we are in that mode right now and we are working on that...we have a lot more to do and to become a little more intense at what we should do.”

Field note of session with DON: “A lot of things that you identified in your study I saw when I came on. I came in [about three months ago] as the ADON so a lot of things you identified I saw. There were no systems in place, there was no accountability – no one accepted responsibility...for anything going on in the building.”

Research Dissemination

To address research dissemination, following the large group presentation at each nursing home, a research team member facilitated a discussion of how the findings may be applied for improving nursing home operations and quality of care. We also revisited the topic with individuals in the private exit interview-consultations. Particularly in individual sessions, we heard comments about how the findings would be used to improve management practices for the individual and for the organization as a whole. The following examples from Sweet Dell suggest that participants are thinking about actions to take based on the exit interview-consultation.

Field note of a follow-up visit to deliver a thank you gift to agency: I [Field Researcher] spoke with the DON. The DON said that the presentation had been “eye-opening” and... “very helpful.” She told me two days after our exit interview-consultation she had her performance review with the NHA. She said that she took to heart what we had said to her [about the lack of clarity between her role and some other managers]. She said she “put it all out there” with the NHA. She said that it had actually gone very well and once more commented that the exit day had been an eye-opener.

Field note from session with SW: [She indicated that] they could use the information and put it to good use. In particular, she believed they were at a point where things could become stuck. She indicated that our recommendations could help them move past that.

At Safe Harbor, examples of quotes suggest that participants benefit by receiving immediate feedback about positive management practices. Our intent in the exit interview-consultation was to reinforce behaviors that were positive to support continuation. This result is reflected in comments made by the Safe Harbor Assistant NHA.

Field note of session with Assistant NHA: “Of course it makes you feel good. I think most importantly, it makes me feel like I'm doing something and maybe other people were seeing it... It makes a big difference. And it makes me feel good that somebody sees that.”

The Assistant DON also expressed appreciation for feedback about positive behaviors. Even though we observed this reaction in all facilities, it was particularly evident in Safe Harbor.

Field note of session with Assistant DON: “That's good, makes me feel good. You know there are days that you feel like you're just not appreciated. You go home and say, why am I even there. So it is nice to hear.”

Additional comments from the Assistant NHA reflect his willingness to receive more personal feedback for improvement.

Field note of session with Assistant NHA: “Were there any negatives or anything on my part that I could work on? Something that somebody else would like to see me do—or do better?”

A quote from the Assistant NHA confirmed our approach of reinforcing positive behaviors in the exit interview-consultation.

Field note of session with Assistant NHA: “But also making recommendations in a positive way and not in a negative light it carries a lot more weight.”

In our presentation to Safe Harbor, we presented a fair amount of data indicating that some management practices were not working well. We sought feedback in the group session that

these findings reflected the participants' understanding and were received in a way that could lead to change.

Field note of group session: The Assistant NHA said that they understand that they need to appreciate staff more. The Maintenance Director said, "we've made steps toward that" and then talked about how on recent snow days they got pizza for the staff and thanked them for what they did.

In response to this, one of the research team members responded to reinforce our message that staff appreciation should be done regularly in simple ways for simple things.

Team member in group session: "I indicated to the managers that often, as [the PI] had said, just saying 'thank you' was good. You don't always have to give prizes and incentives to people. Just thank them." I had passed onto me this wisdom from a man whose wife, of many years, had just died – "she was so pleasant to live with." What more would one want to have said about them from their life partner?

Managers at Windy Lane talked in ways that indicated they planned to use the results of the REAL survey in improvement efforts. The Food Services Director, who had been with the agency for only 3 days, wanted rapid change and the corporate DON recognized the usefulness of the data.

Field note of session with Food Services Director: "I can tell you that things will get remedied very quickly...It's about customer service...we need to change the culture. It was negative. It's better now."

Field note of session with corporate DON: "I would like all of this information that you have especially the statistics to share with corporate."

A few days after the exit interview-consultation, the interim NHA at Windy Lane talked about how the findings would be used to improve the organization as a whole and the excitement that managers and staff continued to feel following the presentation. The following field note of an interaction with the NHA represents this dissemination and move toward improvement.

Field note: "We [Field Researcher and NHA] walked to our cars together and she [NHA] thanked me for our presentation. She told me the staff members were still talking about [the presentation] and that they were pleased and felt they got some ideas and things to act on."

Discussion

Using the exit interview-consultation at the close of each nursing home case study, we learned how the exit interview-consultation extends the application of member check validation from the individual level to the organization level. In addition, we found that exit interview-consultation serves as a useful mechanism for rapid dissemination of research findings to aid organizations in improvement efforts. We learned several lessons by examining our exit interview-consultation process that we discuss below as suggestions for improving the process.

In all three cases, we received overwhelming confirmation of the qualitative results. This is a reflection of the rigor of our protocols, and the extent to which the qualitative data allowed for rich description and explanation, through which participants were able to see detailed reflections of themselves, their relationships, and the nature of their organization. Prior to each exit interview-consultation, research team members prepared for potential disagreement or new interpretation of the findings by participants using the practice presentation and question and answer sessions described earlier. In the actual consultation with participants, if the member check had revealed factual errors, we would have corrected the data and findings. Any areas of disagreement about interpretations would have been explored with the participants. If

our findings had been disconfirmed during the exit interview-consultation, we would have immediately re-examined our research protocols and strategies for ensuring rigor.

The first lesson we learned was that the exit interview-consultation strategy might be quite useful in presenting quantitative results to participants. At Sweet Dell, for example, the participants were concerned about the residents' dissatisfaction with the activities program as measured by the REAL survey. The exit interview-consultation format gave us an opportunity to help them interpret the results. For example, the resident population at this nursing home was from higher socioeconomic level and likely held higher expectations for care than residents in benchmark nursing homes or perhaps the experts who set the standard scores. Another possibility is that the managers and staff at this nursing home held higher standards for themselves. The REAL results for Safe Harbor and Windy Lane had many more items with substandard scores, but those participants had almost no questions or comments about these. Through the exit interview-consultation process, Sweet Dell participants became aware that they might need to reassess their own impressions of the fit between their activities program and the desires of their residents. This discussion may not have occurred without the exit interview-consultation; they would have been left on their own to interpret the results. Because the REAL findings surprised the Sweet Dell participants, we revisited the quality of the quantitative data following the exit interview-consultation. All team members had previously received a 2.5-day intensive training session on the administration of the REAL survey and protocols were strictly followed to ensure reliability. We believed we had done what was possible to ensure reliable results.

The second lesson we learned concerned how to present negative findings in a constructive way. Sweet Dell's response to the REAL results actually caught us off guard. The results were quite positive, but being slightly low on a few items was very distressing to Sweet Dell participants. In retrospect, we recognized that we needed to be more cognizant of the dynamics of the organization in relation to the data. For example, our data told us that these managers and staff held high standards for themselves and many were very detail oriented-- in fact, this was one of the points of the presentation. This meant, however, that this group did not miss the "details" in the REAL results. It would have been preferable to anticipate this response. A corollary to this lesson was how we learned to present findings of adverse management practices in a positive way that would allow a facility to see potential for improvement, rather than simply a critical review. In an arena where organizational-level feedback is typically provided through the punitive lens of state and federal regulatory processes, our theory-driven research analysis gave us a means of providing critical feedback in a constructive manner. This has reinforced our use of the complexity science framework (Anderson, Crabtree, et al. 2005; McDaniel & Driebe, 2001) that focuses on an organization's ability to improve internal capacity regardless of the starting point.

In the exit interview-consultation at Safe Harbor, we learned a third lesson, confirming the value of our usual practice of holding the group presentation prior to the individual session. We reversed this at Safe Harbor because of scheduling difficulties and found that the discussion following the group presentation was limited. Staff received individual sessions without the benefit of the organizational-level information from the group presentation. Safe Harbor participants, therefore, did not have the opportunity to provide a member check response to the organizational level data in private, limiting their ability to respond candidly to our conclusions. We recommend, therefore, holding the group presentation before individual exit interview-consultations. Our process diverges from Lincoln and Guba's (1985) suggestion to exclude individuals whose status might prohibit others from participating in the group session and to contact those individuals for separate interviews at another time. Organizational studies, common in nursing systems research, frequently address management practices and multi-level phenomena. Discussions can be fruitful among members from various levels of the

organization, when a facilitator manages group dynamics to create a safe environment. From this, we recognized the need to develop specific strategies for facilitating safe discussions among group members.

A final lesson learned was that our use of the exit interview-consultation as a means of rapid dissemination of results had the potential for practice improvement. As a response to participation in the exit interview-consultation, in all three nursing homes, we saw evidence of upper and middle level managers reassessing the organizational and individual management practices, while contemplating ideas for improving performance. Even at Windy Lane, where administrative turnover was high, participation in the exit interview-consultation by several recently hired managers showed promise in assisting to improve the organization's performance, by identifying and prioritizing problems within the organization. We plan to improve the process by adding some evidence-based strategies to the exit process. For example, research demonstrates that when managers make public statements, their commitment to follow through on those statements increases (Whyte, 1993). In the future, we will facilitate managers in verbalizing the ideas that they want to follow up on as a way to reinforce their commitment to those actions.

Of final note, the participation rates by managers in individual exit interview-consultation sessions varied in the three nursing homes. We believe that variance was due mainly to the quality of the top managers. The top manager in Sweet Dell, who was well respected by her staff, highly valued the research project and encouraged staff to participate in all aspects of the study, including the exit interview-consultation. Her leadership most likely accounted for the higher participation by managers in the exit interview-consultation. Safe Harbor and Windy Lane both experienced turnover in the NHA position during the case study and thus these managers might not have been as encouraging to staff.

Conclusion

Exit interview-consultation proved useful in three different nursing homes with different management practices and very different degrees of tenure among participants. In addition to providing member check validation and rapid dissemination of research findings, it stimulated new ideas within the organization for improvement. We also propose that the exit interview-consultation is feasible for research teams smaller than ours. At each facility our exit interview-consultation required about three hours. The research team split up and conducted individual sessions in teams of two or more, running two or three sessions concurrently. A smaller team could accomplish the same type of exit interview-consultation but would need more time to conduct the individual sessions, which would be consecutive rather than concurrent. We suggest a minimum of two research team members be involved in all aspects of the exit interview-consultation to ensure that findings are captured and to facilitate dialogue.

We presented the exit interview-consultation to NHAs and DONs as an incentive for their organization to participate in this research and a review of the data suggests that it provided benefits to the nursing home staff. Researchers are hard pressed to find ways to provide real benefit to organizations and individuals participating in research. Based on the findings from our case studies, the exit interview-consultation provides one such benefit.

Acknowledgements

Funded by NIH/NINR (2 R01 NR003178-04 A2, Anderson, PI) with support of the Trajectories of Aging and Care Center (NINR 1 P20NR07795-01, Clipp, PI), the Hartford Interdisciplinary Geriatric Research Center at Duke University (RAND/John A. Hartford Foundation 2001-0349; RAND Project HE546, Colon-Emeric, PI), the Claude A. Pepper Older American's Independence Center AG-11268, and a Paul A. Beeson Award (NIA AG024787), Colon-Emeric, PI). Partial support for Piven was provided by the National Institute of Aging grant AG000-29 to the Duke

University Center for Aging and Human Development (Cohen, PI) and for Bailey by the John A. Hartford Foundation BAGNC Scholar grant.

REFERENCES

- Anderson RA, Ammarell N, Bailey D, Colon-Emeric C, Corazzini KN, Lekan-Rutledge, et al. The power of relationship for high quality long-term care. *Journal of Nursing Care Quality* 2005;20:103–106. [PubMed: 15839289]
- Anderson RA, Corazzini KN, McDaniel RR Jr. Complexity science and the dynamics of climate and communication: Reducing nursing home turnover. *The Gerontologist* 2004;44:378–388. [PubMed: 15197292]
- Anderson RA, Crabtree BF, Steele DJ, McDaniel RR. Case study research: The view from complexity science. *Qualitative Health Research* 2005;15(5):669–685. [PubMed: 15802542]
- Anderson RA, Issel LM, McDaniel RR Jr. Nursing homes as complex adaptive systems: Relationship between management practice and resident outcomes. *Nursing Research* 2003;52:12–21. [PubMed: 12552171]
- Crabtree, BF.; Miller, WL. Research practice settings: A case study approach. *Doing qualitative research*. In: Crabtree, BF.; Miller, WL., editors. Sage; Thousand Oaks, CA: 1999. p. 293-312.
- Lincoln, Y.; Guba, E. *Naturalistic inquiry*. Sage Publications; London: 1985.
- McDaniel, RR., Jr.; Driebe, D. *Complexity science and health care management*. 2. JAI Press; Stamford, CT: 2001.
- Meadows LM, Verdi AJ, Crabtree BF. Keeping up appearances: Using qualitative research to enhance knowledge of dental practice. *Journal of Dental Education* 2003;67:981–990. [PubMed: 14518836]
- Miles, MB.; Huberman, AM. *Qualitative data analysis*. 2nd. Sage; Thousand Oaks, CA: 1994.
- Research Talk Inc.. *Atlas.ti introductory work session materials pack*. Bohemia, NY: 1999.
- Taylor, SJ.; Bogdan, R. *Introduction to qualitative research methods*. John Wiley & Sons; New York: 1998.
- Uman, GC.; Hocevar, D.; Urman, H.; Young, R.; Hirsch, M.; Kohler, S. *Satisfaction surveys with the cognitively impaired population*. Springer Publishing Company; New York: 2000.
- Whyte G. Escalating commitment in individual and group decision-making: A prospect theory approach. *Organization Behavior and Human Decision Processes* 1993;54:430–455.
- Yin, RK. *Case study research: Design and methods*. 2nd. Sage; Thousand Oaks, CA: 1994.

Table 1
Number of Participants and Types of Data Collected by Nursing Home Pseudonym

Sweet Dell	Safe Harbor	Windy Lane
<ul style="list-style-type: none"> • 14 individuals shadowed • 29 individuals interviewed at least once • 98 individuals involved in direct observation • 91 documents reviewed • 110 REAL resident interviews 	<ul style="list-style-type: none"> • 26 individuals shadowed • 34 individuals interviewed at least once • 114 individuals involved in direct observation • 38 documents reviewed • 145 REAL resident interviews 	<ul style="list-style-type: none"> • 18 individuals shadowed • 24 individuals interviewed at least once • 97 individuals involved in direct observation • 11 documents reviewed • 102 REAL resident interviews

Table 2
Strategies for Assuring Rigor of the Case Study Design

CRITERIA ¹	STRATEGIES TO ASSURE THAT CRITERIA ARE MET ²
Confirmability — freedom from unrecognized researcher biases	<ul style="list-style-type: none"> • More than one data collector and analyzer served as a check and balance for each other • External consultants tasked to uncover assumptions and biases of research team and rival hypotheses or conclusions • Member checks to determine that reports reflected the realities of nursing home members
Dependability — the process of the study is consistent across setting	<ul style="list-style-type: none"> • Case study protocols were used so that data collectors and analysts utilized comparable procedures • A code book was developed to provide for consistency across data analyzers • The research team regularly made coding checks to assess level of agreement; disagreements were resolved through discussion and the code book updated. • An audit trail was established • External consultants charged to assess the connectedness of study to guiding conceptual framework
Credibility—concerned with the authenticity and plausibility, or truth value of the results	<ul style="list-style-type: none"> • Explicit search for disconfirming evidence was used • Triangulation of data from interviews with informants from different groups (e.g., NHA, DON, RNs, LVNs, CNAs) and from direct observations and relevant documents and records • Within-case and cross-case analyses were used to prevent premature conclusions • Member checks were used to determine that reports reflect the realities of nursing home members
Transferability—usefulness of results beyond the individual nursing homes in the study	<ul style="list-style-type: none"> • Theoretical replication is planned to reveal extent of transferability across nursing homes • Explicit criteria for the case selection provides for comparisons with other samples • Rich descriptions in the data allows judgments about potential transferability

¹ (Miles & Huberman, 1994)

² (Crabtree & Miller, 1999; Miles & Huberman; Yin, 2003)