

A deep dive into an intensive feedback intervention

Generating insights and hypotheses

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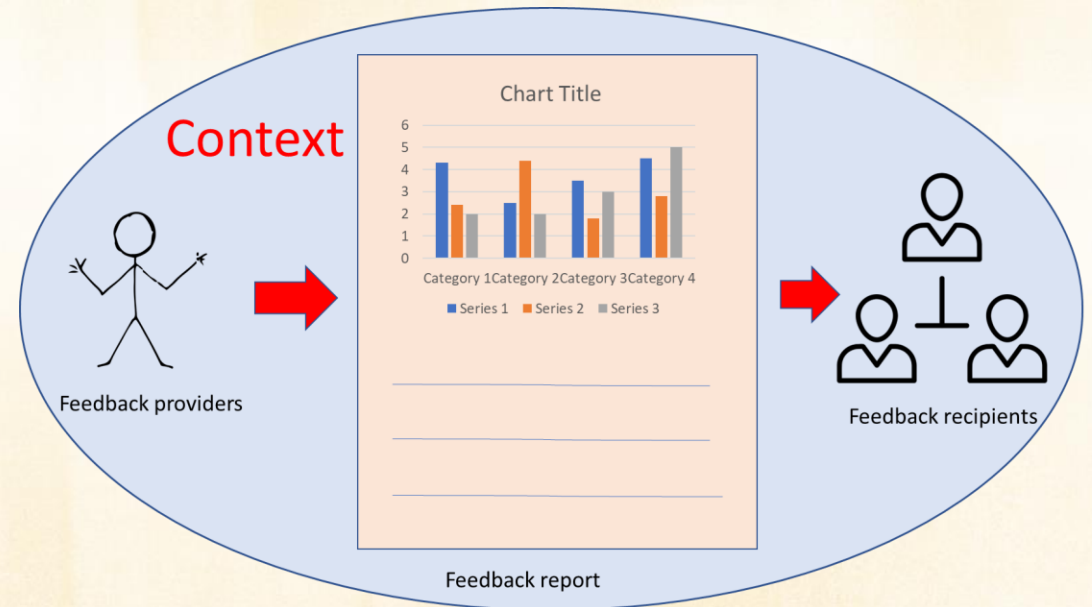


Theory beyond the feedback report

Insights from theory and systematic review

- Source of feedback matters
- Format and length of report matters
- Characteristics of recipients probably matter
- Complexity of the innovation/EBP probably matters
- **Context matters**

Scope of theory in feedback interventions



Feedback is a “double-edged sword”

Some feedback interventions produce negative findings

- Actions taken after feedback go in the “wrong” direction
- Related to context in which we deliver feedback
- Psychological safety is critical
 - Is it “okay” to get feedback that I perceive as negative?
 - Will I be judged negatively?

Kluger AN, DeNisi A. Feedback Interventions: Toward the Understanding of a Double-Edged Sword. *Curr Dir Psychol Sci.* 1998;7(3):67-72. doi:10.1111/1467-8721.ep10772989

Feedback Interventions: Toward the Understanding of a Double-Edged Sword

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The DICE study

- 13-month feedback intervention in 4 long term care settings in Edmonton, Alberta, Canada 2008-9
 - I'll discuss data from 2 long term care facilities with a total of 6 units
 - Feedback and data collection were at the unit level
 - Feedback reports were distributed by hand every month to all staff throughout the facility
 - Surveys every other month to understand feedback report distribution and reactions
 - Surveys conducted at the beginning and end of the intervention period to measure context
 - Leadership, Culture and Evaluation sub-scales



Key variables

Variable	Perceived better =1	Perceived better = 0
Gender	89%	92%
English first language	67%	75%
Age (categories)	48%	66%
Experience on present unit	4.8 yrs (std. dev. 4.05)	5.4 yrs (std. dev. 5.3)
Leadership subscale	4.17 (.30)	4.00 (.27)
Culture subscale	4.06 (.23)	3.96 (.26)
Evaluation subscale	3.75 (.34)	3.57 (.33)



Comparing two outcomes

Perceives their unit is doing better

	Odds Ratio	Std. Err.	LCI	UCI
Gender	0.43	0.33	0.10	1.95
English first language	0.56	0.39	0.15	2.17
Age (categories)	0.96	0.14	0.72	1.27
Experience on present unit	0.99	0.07	0.85	1.15
Leadership subscale	259.42	598.22	2.83	23816.35
Culture subscale	0.09	0.04	0.04	0.20
Evaluation subscale	0.20	0.56	0.00	43.00
Regression constant	0.00	0.00	0.00	0.07

Intends to assess how many of next 10 patients

	Coefficient	Robust std. err	t	P>t
Read more than half of report	1.47	0.96	1.53	0.19
Perceives unit doing better	-0.88	0.11	-8.33	0.00
Gender	0.96	1.42	0.67	0.53
English first language	-0.63	0.75	-0.84	0.44
Age (categories)	-0.20	0.12	-1.7	0.15
Experience on present unit	0.14	0.03	5.17	0.00
Leadership subscale	1.60	4.14	0.39	0.72
Culture subscale	-1.40	2.60	-0.54	0.61
Evaluation subscale	-0.02	4.26	-0.01	1.00
Regression constant	4.37	3.08	1.42	0.22



Take away points

- Even in a small sample, unit leadership and culture appear to have effects on perception of whether the unit is doing better than others
- This appears to affect intent to take action (in this case, assess pain)
 - No significant effect of leadership or culture in this regression
- These findings appear to support theoretical propositions related to effect of leadership, culture and perception of whether the feedback is positive or negative
 - More research is indicated

