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Levelising as a Quality Management Tool

Denise Lynn Gaskin

University of Tennessee - Knoxville

To the Graduate Council:

I am submitting herewith a dissertation written by Denise Lynn Gaskin entitled "Levelising as a Quality Management Tool." I have examined the final electronic copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Education.

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John Peters, Major Professor

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We have read this dissertation and recommend its acceptance:

Trena Paulus, Ernest Brewer, Diana Moyer

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Accepted for the Council:
Carolyn R. Hodges

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Levelising as a Quality Management Tool

A Dissertation
Presented for the
Doctor of Philosophy Degree
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Denise Lynn Gaskin
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Abstract

Behavioral health organizations have new requirements to participate in quality improvement practices, thus prompting the need to proactively improve service delivery. A behavioral health team in western North Carolina embraced Levelising as a quality improvement tool. Levelising is an aspect of reflective practice that engages participants in multiple perspectives on ways of practicing. In this study, I used DATA-DATA, an action research model developed by Peters (2004), to reflect on and study an aspect of my practice as quality management director.

I taped recorded team meetings, conducted interviews, and wrote about my observations in a reflexive journal. Outside rater-observers listened to the audio recorded meetings and rated the levels in the Levelising model engaged in by participants. Their ratings, along with my journal notes, addressed the first research question, "What levels in the Levelising model did participants engage during the study?"

In the interviews, participants described their use of Levelising as a continuous quality improvement (CQI) tool and their experiences of the meetings. The interview transcript data, along with my journal notes, addressed the second and third research questions: "What difference did Levelising make in participants' development of a CQI project?" and "What was each participant's experience of the meetings?"

The study's findings from the multiple strategies are discussed in terms of six points: (1) the levels in Levelising; (2) improvements in consumer care; (3) improvements in team functioning and relationships; (4) change resistance; (5) reflection on practice; and (6) the roles of teaching and facilitating. The rater-observers and I

observed the team primarily engaged in levels 1 and 2 of the Levelising model: pre-

reflection and reflection respectively. The team reported an improvement in consumer

care when they created a structured meeting, implemented team agreements, and

reviewed each consumer daily. Initially, the team did not want to change an aspect of its

practice, and had to overcome this resistance. In spite of early resistance, participants

described that slowing the process for reflection in order to inquire into others'

perspectives improved team functioning and resulted in a positive change in their

practice.

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Chapter I: Introduction

Background

Since the 1990's, the general public and those paying for services have expected

behavioral health providers to understand and participate in activities that assess and

improve the quality of the services they deliver. Service providers in past years enjoyed

unquestioned authority in a fee-for-service model beyond the call of accountability or the

expectation of technological expertise in their self-monitoring and reporting. However,

two factors have shifted the quality assurance landscape for behavioral health providers:

payors or those who authorize and pay services on behalf of eligible recipients, now

demand specific performance outcomes, and empowered consumers have learned to

define and assess quality of care they receive.

In addition, a third factor has increased the accountability and expectations of

behavioral health service providers: the privatization of behavioral health care. In North

Carolina, where I work, privatization has led to increased monitoring from federal, state

and local agencies who focus on the quality of service delivery through examination of

medical record documentation. Furthermore, there has been a significant shift in the

language used to describe quality services in behavioral health organizations. Behavioral

health researchers and authors, Troy and Shueman (2000) say that before 1990 quality

management was referred to as "quality assurance" and behavioral health was called

"mental health." This language shift mirrors a United States socioeconomic trend through

which a heightened call for accountability and a demand for efficiency have required

behavioral health organizations to change the way they provide care to those in need of

their services. For instance, instead of a single episode of quality assurance such as a periodic audit, the current practice is now to manage quality over time and view it as an essential tool that improves overall practice. The clinician is no longer the only person determining successful treatment outcomes.

Despite these changes to the overall approach to quality assurance, outside agencies and payors continue to administer external audits on behavioral health organizations while some organizations devote resources to their own internal monitoring in accordance with compliance plans. Previous notions of in-house quality assurance have given way in the past few years to a focus on total quality management. Troy and Shuman (2000) list three types of service monitoring that now guide agency efforts toward total quality management: (1) consumer satisfaction, (2) external monitoring, and (3) internal monitoring for quality of care.

Consumer satisfaction concerns itself solely with the consumer's perspective about the quality of the care that he or she has received. This perspective may not match the agency's perspective; however, it is important for an agency to know how its consumers perceive its service delivery. Another perspective of quality service delivery is conducted through both external and internal monitoring. External monitoring is often performed by individuals who represent an outside stakeholder and given the responsibility to monitor a specific set of performance expectations. Internal monitoring is similar to external monitoring in that specific performance measures are established and graded; however, internal monitoring is usually performed by the agency's own employees.

Typical organizational quality care strategies involve a total quality management program (TQM) where activities are focused on improving an organization's services and products. TQM includes continuous quality improvement (CQI), which is generally viewed as a prospective process, and quality assurance (QA), a retrospective practice. Behavioral health organizations, including my employer, Meridian Behavioral Health Services (Meridian), are required to understand issues related to quality of care and provide performance outcome measures to payors and managers of state, federal, and private funds. Troy and Shuman (2000) write "Historically, the level of sophistication of quality assessment and improvement activities associated with health services delivery has been low" (p. 7). As consumers have become more educated and, thus, more empowered with knowledge about service delivery options, their expectations of quality from their service providers have increased accordingly.

Meridian, like many behavioral health organizations with limited financial and personnel resources, has not been able to commit sufficient resources to implementing sophisticated quality assessment and improvement activities. Such a situation is problematic to, among other things, sustainability of TQM practices. I surmise that an effective quality management strategy for Meridian could involve supporting direct service staff in developing a formal reflective practice within the current scope of practice. I thought this strategy could support a team to think critically about an aspect of its practice that could be improved in real time. I engaged in a formal study of this practical theory with direct service staff who already works as a team in one program, to determine if such an approach could make a positive contribution to Meridian's TQM program.

This mixed methods study implements both quantitative and qualitative methods. The purpose of this research study is to improve my own practice as Quality Management Director. I sought alternate approaches to teaching CQI that could result in practice improvements. The research experience generated quantitative data as outside raters observed the use of Levelising by the selected team. Qualitative data collection methods allowed participants to describe experiences of the use of Levelising as a CQI tool.

Levelising, an aspect of reflective practice, was chosen as a tool to support a selected Meridian team in improvement of its practice. Levelising was chosen because it could support a team in assuming different points of view as it reflected on its practice. Reflective practice is a process of identifying assumptions associated with practice, theorizing about how these assumptions are associated with practice, and acting on the practice on the basis of the theory. Levelising is defined by Peters and Ragland (2005) as a systematic approach to reflective practice consisting of four different points of view described as levels 1-4 that individuals or groups can take when there is a need to understand and change some aspect of practice. Ragland (2006) says "By positioning myself in different ways, I can access different perspectives, each of which illuminates some facets of the experience while obscuring others" (p. 167). Levelising is not a hierarchical process, but a perspective.

This action research study uses the DATA-DATA model developed by Peters and Armstrong (1998). Reason and Bradbury (2001) define action research as a "participatory, democratic process concerned with developing practical knowing in the pursuit of worthwhile human purposes, grounded in a participatory worldview" (p. 1). A participatory worldview seeks to bring together action and reflection and theory and

practice. This approach pursues practical solutions to issues that are of concern to individuals and their communities.

This action research was situated at my place of employment and involved examination of my own practice in real time. A direct care team also examined an aspect of its practice while engaged in actual, real-time practice. Coghlan (2007) writes, "issues of organizational concern, such as systems improvement, organizational learning, and management of change are suitable subjects for action research, since (a) they are real events which must be managed in real time, (b) they provide opportunities for both effective action and learning, (c) they can contribute to the development of theory of what really goes on in organizations" (p. 294). The action research approach enables me to improve an aspect of my practice while also enabling a team to improve its practice.

I chose the DATA-DATA research model because it provides a framework of action and reflection allowing exploration of my current practice, reflection on my practical theories, and engagement in a formal study of my practice. DATA-DATA has been used in other action research studies including Osborne (2003), Brickey (2001), Naujock (2002), and Merrill (2002). Each researcher used this framework to engage in a study of his or her own practice alongside participants.

DATA-DATA contains eight cyclic phases of action and reflection (Peters, 2004). Appendix A contains a detailed description of each phase of the DATA-DATA model. In the first DATA cycle (Describe, Analyze, Theorize, and Act) the practitioner examines a current practice. This phase includes development of a practical theory while continually revising the theory as practice is examined. The practitioner can complete this phase of the DATA-DATA cycle and not conduct a formal study. If the practitioner chooses to

study his or her practical theory, a second cycle of DATA-DATA provides the methodology for evaluation including the stages Design, Analyze, Theorize, and Act.

This dissertation contains five chapters. Chapter one includes an introduction and the first four phases of DATA-DATA. Chapter two includes the first stage in the second DATA cycle "Describe". The second stage called "Analyze" is included in chapter three and "Theorize" in chapter four. The final stage in the model is "Act" and includes chapter five. I begin with the first phase of DATA-DATA: Description of Practice.

Description of Practice

Meridian is a non-profit organization providing behavioral health services to children, youth, and adults in the mountains of western North Carolina. Meridian is responsible for providing quality care to consumers. What constitutes quality care is uniquely and sometimes contradictorily defined by multiple stakeholders including the payor (Medicaid, Medicare, state, and private insurance companies), oversight agencies such as the North Carolina Department of Health and Human Services, local service monitors, accreditation agencies as well as the consumer.

The practice of observing and improving the quality of care combines a mixed approach of CQI and quality assurance. Within a total quality management program, CQI focuses on process improvement whereas quality assurance develops standards and performs periodic reviews of these standards. Figure 1 illustrates the differences between CQI and quality assurance activities. CQI involves team activities that promote quality improvement. Multiple stakeholders act in proactive ways to build quality in service delivery on a daily basis with activities that are planned and performed by staff in the field.

CQI: **QA:**

Multiple stakeholders   Facility review for
quality
Ongoing training   Retrospective review
Continuous & systematic   Compliance oriented
Prescriptive audit   Code of conduct
Program planning   External regulation
Focus on improvement   Episodic audit
Participatory   Sole expert
Proactive   "Fixing" problems
Team Performance   Ancillary
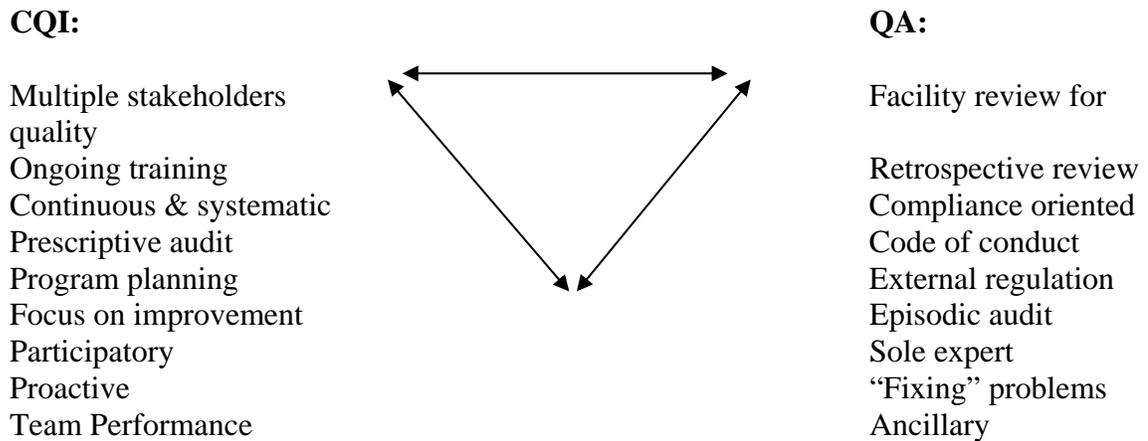
Figure 1. Total Quality Management Design.

Since CQI is proactive, a specific aspect of practice could be changed producing

more desirable outcomes by both the service delivery system and service recipient.

External pressure can motivate quality improvement to improve practice as a team

decides on an aspect of practice to change. CQI is different from quality assurance in its

ability to voluntarily select improvement processes.

Quality assurance (QA) activities such as onsite facility reviews, retrospective

reviews, compliance plans, codes of conduct, external standards, and audits measure a

degree of compliance. In a QA environment pre-identified experts set accountability

goals through prescriptive auditing. External audits and pre-determined standards often

initiate quality assurance. Meeting external standards requires a significant amount of

agency resources leaving fewer resources for CQI. An over-reliance on quality assurance

at the detriment of CQI has created a reactive culture at Meridian.

Gardner (1999) posits, "Quality improvement practitioners are unanimous in their

declaration that inspection alone is not a reliable quality improvement technique" (p. 12).

Inspection assumes problems can be solved by analyzing them into known elements.

Shotter (2005) says this kind of problem solving finds a pattern or order, hypothesizes the agency responsible for it, finds evidence, enshrines it in a theory, produces actions, and manipulates the actions to be advantageous. The solution is often a result of action after minimal reflection.

Current work practices have mitigated the ability to create a space for collective reflection, and learning. Laiken (2002) says the general tendency is to view time spent on specific task completion as the only legitimate form of work. This habit forms a struggle between action and reflection. Action is defined as any activity that includes working toward some outcome or product. Reflection is the process of thinking about action leading to an improvement in the outcome or product through new understanding, insight, or belief.

Quality assurance focuses on actions because it checks, audits, and performs retrospective reviews. For instance, an action plan develops from the quality assurance review process and leads to more action usually in the form of an official corrective action plan. This approach does not support transformational changes in practice as the changes themselves do not arise through carefully considered reflective processes. Workers simply fix what is wrong or missing with little regard to the pre-existing systems or processes that led to the initial error. Often, staff receives news of corrective action plans as revelations of error with emphasis on the person who failed instead of flaws in the general system.

Conversely, CQI embraces reflection in its process improvement strategies and demands an improvement in work practice through a study of design. CQI eliminates systemic error so that permanent change occurs. Deming taught that eighty-five to ninety-

five percent of all work place mistakes and errors are the result of faulty processes (Walton, 1986). Yet when errors are made the instinct is to identify a person to blame for the mistake and take action against that individual rather than examine the process.

A total quality management practice should involve both action and reflection in an interactive dynamic. Neither practice is superior to the other as long as both processes seek to understand systemic issues and not just individual performance. Meridian has historically been focused on quality assurance but seeks to achieve total quality management through a balance of QA and CQI.

Analysis of Practice

After providing a rich description of my practice I engaged in the next stage of DATA-DATA in order to analyze my practice. Analysis includes examining why an aspect of one's practice is the way it is. In my practice as TQM Director I understand QA to be the dominant practice at Meridian for four reasons: (1) established work patterns; (2) challenging economic factors; (3) insufficient training; and (4) fluctuating staffing patterns.

Meridian was fully operational when external auditors mandated TQM practices. However, established work patterns and a focus on action instead of reflection provided limited time for in-depth problem exploration and resolution required in a CQI process. Also, direct care staff is often resistant to outside evaluators examining service delivery. Direct care staff often view quality assurance as something to endure. According to Troy and Shuman (2000) quality assurance has been seen as "something imposed on service providers by people who not only were outsiders of the service delivery process, but also had little understanding of it. The roles of both entities were viewed, in essence, as

wholly antagonistic to the truly valued role of the mental health professional: autonomously to provide psychotherapy" (p. 11). Many direct care providers view accountability as potentially damaging to the therapeutic process, a violation of consumer confidentiality, preclusion to building effective relationships, and a threat to implementation of therapeutic goals.

Economic factors related to constraints, productivity requirements, and increased administrative burden provide a second reason for a QA focus. Meridian staff has struggled to complete daily work requirements, spending a modest amount of time engaged in thinking about improvements to work practices. As staff focus on doing the work rather than reflecting on what they are doing, they engage in what Gardner (1999) calls suboptimization: becoming more efficient at performing the wrong tasks. Responding to problems in this manner perpetuates a technical rational problem solving mentality described by Schon (1983). Technical-rationality is an approach to solving problems by applying theory and technique to a problem that is already clearly defined. Quality assurance activities identify a problem and request corrections without full understanding of the causes of the problem thus perpetuating a technical-rational problem solving approach.

A third reason for the focus on QA is that Meridian employees have not engaged in extensive CQI training. A job requirement of the employee annual performance appraisal is to participate in one CQI project during the course of the year. The performance appraisal exemplifies the discrepancy between an ideal (espoused theory) that is in conflict with practice (theory in use). Argyris and Schon (1974) uses the phrases espoused theory and theory in use when describing the integration of thought and action.

In other words, the discrepancy involves the problem of studying one's practice versus engaging in practice. A theory in use is how a person practices his or her profession and an espoused theory is what the person tells another about how he or she practices.

An ideal CQI environment should provide a consistent theory in use and espoused theory. This can be achieved through sponsorship of professional learning opportunities that build the necessary skills to critically examine and change work practices while holding employees accountable for process improvement activity. Instead Meridian's staff constantly attends to the strident demands of QA. A training program should include tools that allow staff to reflect on how to improve the quality of existing work practices in order to create change that is effective, pervasive, and enduring. Levesque et al. (2001) recommend using information, resources, inspiration and assistance during quality improvement training to keep staff from becoming "apathetic, resistant or frustrated" (p. 143). The CQI facilitator should support a team in developing a quality practice through training, skill building, accountability, and relationship development.

I identified fluctuating staffing patterns as the fourth reason for a QA focus. In the first two years, Meridian grew from 25 to over 200 employees only to decrease to 120 employees by the third year. With this degree of staff changes, supervisors had to focus on teaching required administrative rules, compliance policies and service delivery expectations. It was difficult to meet the agency's productivity standards and income projections with a high staff turn-over rate. Teaching CQI concepts during the new employee orientation was discontinued in May 2006 because new staff needed to provide direct care service as soon as possible, the CQI training was theoretical, and new staff lacked a practical context for applying CQI.

How could Meridian engage in CQI activity that will not strain current practices or remove staff from productive activity for lengthy periods? To prevent employees from becoming frustrated, the CQI activity must produce positive changes in a relatively short period of time. Ayers et al. (2005) showed that "projects should produce results quickly, as rapid progress toward relevant goals engendered a sense of ownership in both process and outcome" (p. 243). Busy staff lacks incentive to adopt or sustain practice changes unless they perceive them as relevant. The challenge I faced in my role as TQM Director was how to engage Meridian staff in CQI practices that do not remove them from direct care work for lengthy periods yet still provides them with adequate training.

A Practical Theory

Once a practitioner has an understanding of his or her practice, he or she may decide to change it. This process begins with the development of a practical theory, the first "Theorize" in the DATA-DATA research model. The practitioner proposes an idea for change based on what is known from describing, analyzing and theorizing about an aspect of practice. My practical theory is that Meridian could shift from a dominant culture of technical rational problem solving (QA) to a proactive, process improvement culture (CQI) through teaching and supporting CQI and reflective practice within the scope of the employee's current work. Troy and Shuman (2000) say "more effective quality management programs succeed because of their ability to truly integrate quality assessment and improvement activities into service delivery" (p. 11). The goal is to create ongoing quality improvement practices that do not remove employees from their work for long periods of time.

I developed a plan to teach and coach a CQI project involving one Meridian team with a focus on the process of Levelising. I selected a team that had not previously engaged in a formal CQI project. In Levelising, the practitioner examines a situation or problem through seeing how he or she is looking at the problem or situation. It is a form of reflective practice. Levelising and CQI have at least one feature in common: both assist individuals in examining ways of looking at and responding to a situation allowing a change in response or practice. CQI and Levelising differ in two critical ways.

CQI, led by Deming in the 1950s, uses models like Plan/Do/Study/Act (Walton, 1986). The purpose of Plan/Do/Study/Act (PDSA) is to clearly establish the functional or causal relationship between changes in behavior (interventions on system performance) and the impact on outcomes. The first step in the model is to study a process and decide what changes might lead to improvements (Plan stage). Step two tests an idea to see if it is an improvement, preferably on a small scale (Do stage). Step three (Study stage) observes the change to see if the desired outcomes were achieved, and the last step (Act stage) seeks to understand what was learned. In Figure 2 the PDSA steps are represented as a circle with outside arrows indicating a circuitous process. This figure is a visual
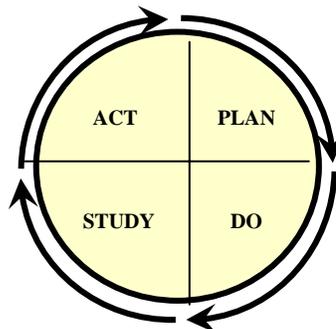
Figure 2. Plan/Do/Study/Act Model.

interpretation of Deming's original model. All steps can be repeated at the plan stage, which asks if the present situation or process is satisfactory or can it be improved further.

CQI focuses on process improvement; however, its primary concern is problem resolution, a fact aligning it more with QA. Levelising is not used for problem solving and is not a QA activity. It is an approach for seeing a situation from multiple viewpoints. Levelising allows a practitioner to engage in what Schon (1983) calls problem *setting*, not problem solving. This distinction reveals an important process whereby a practitioner engages in the study of practice rather than in the testing of a theory. A practice can be complicated and present unique challenges to the practitioner that can only be solved if he or she makes sense of an uncertain situation that initially made no sense. The way to sense making is through naming and framing: processes found in the stages of the Levelising model.

Levelising begins to diverge from traditional CQI when it seeks to fully understand a problem through naming and framing. The divergence occurs because CQI remains focused primarily on the issue to be solved, and not on how a practitioner is viewing the situation. Solutions to problems can be complex and not lend themselves to simple problem identification and resolution. My experience is that how a person is *viewing* the problem or issue can sometimes *be* the problem and potentially prohibit a path to resolution. A practitioner's pausing and noticing how he or she is viewing the situation can lead to new solutions that would not have been possible if the view had remained the same. Levelising is a way to identify a problem in that it creates a new way of seeing a situation. But how does Levelising achieve new views?

Levelising is characterized by four levels that transition a practitioner from a state of unconscious knowing to openness of others' frames of awareness. In level 1 of the model (pre-reflective being) the practitioner is caught up in his or her practice and may not be aware of structural inadequacies or deficiencies in his or her ways of perceiving. This level is primarily a subjective experience of the world. Awareness is directed outward to others rather than inward. This kind of knowing is not a result of conscious decision-making. The practitioner is engaged in practice and would not necessarily be able to describe his or her practice from an objective position. Argyris and Schon (1974) refer to this level as "single loop learning" where the practitioner maintains a field of constancy (p. 19). Single loop learning allows individuals to avoid continual investment in those activities that are highly predictable. With a level 1 engagement there is evidence of activities such as turn taking, defending a position, ignoring others' statements, asserting beliefs and perceptions, talking as if there is only one objective truth, or asking closed-ended questions.

At level 2, reflective being, the practitioner not only retains his or her relationship to the practice but also seeks "to understand that relationship" (Peters & Ragland, 2005, p. 4). The practitioner thinks about his or her actions and seeks to understand him or herself and descriptively capture the history. A level 2 experience can occur when something unexpected or surprising occurs or in response to a prompt from others. Awareness usually develops first in retrospect on already completed actions. From this perspective, a practitioner can reflect on actions in the moment of acting or afterwards. A relationship to the practice is retained along with examination of the practice.

Level 2 explores explicit or stated knowledge. A practitioner expresses what may have previously been tacit knowledge: knowing something but being unable to describe it. The practitioner reflects *on* actions or reflects while *in* action. Reflecting *on* action is the discussion of an event or conversation that has already occurred. Reflecting *in* action occurs as one is engaged in practice. Both reflecting on action and reflecting in action constitute a Level 2 experience.

The practitioner using the PDSA model of CQI can remain in levels 1 and 2 throughout each stage of the quality improvement model. The practitioner can identify a problem and reflect on it individually or within a group. Results could be considered successful as long as the outcomes for process improvement were met and the team was satisfied.

At level 3, framing, practitioners become aware that they are operating from a conceptual framework thus revealing their world view. As practitioners step back to notice their framework, new frames are revealed that were previously not in view. Awareness of new views has the power to change participants' practices if they reexamine their world view. Individuals can thereby create new opportunities for change.

Level 3 includes any vocalization of beliefs or values as a product of individual and/or group experiences. Level 3 awareness can be compared to "double-loop learning" described by Argyris and Schon (1974). Single-loop learning described earlier relates to level 1 because it does not involve new learning but is invested in maintaining existing processes. Double-loop learning begins to change the field of constancy through questioning existing practice or theories in use. This questioning provides an opportunity

to change a theory in use especially in circumstances where the practitioner becomes open to other theories in use.

At level 4, theorizing, the practitioner has the ability to inquire into others' conceptual frameworks, a state allowing and expanding his or her ability to choose among multiple frames. The practitioner develops knowledge of his or her practice and role within the practice. This ability is important if the practitioner chooses to improve or change something about his or her practice. The practitioner begins to think about frames or demonstrates openness to frames and realizes that language itself is a frame for how a person experiences the world. Thus, the practitioner thinks about thinking, critically examines what others think, considers how he or she and others' theories shape how the group may be experiencing the world, and perhaps constructs new theories.

A level 4 practice could include imagining other points of view. This activity is what Wittgenstein (1953) calls "deconstruction" or arresting or interrupting the spontaneous or unselfconscious flow of our everyday talk in order to see other possibilities. Words such as "think of," "suppose," or "imagine" help lead a group toward the consideration of other frames. Level 4 explores a frame horizontally by recognizing the view of each of the group members and vertically as a group explores a topic in greater depth.

The PDSA model could be accomplished if a group was engaged in levels 1 and 2 of the Levelising model. This type of CQI is more aligned with traditional problem solving approaches because a "practitioner's frames determine their strategies of attention and thereby set the directions in which they will try to change the situation, the values which will shape their practice" (Schon, 1983, p. 309). When a practitioner is unaware of

his or her frame for roles or problems, there is little ability to choose among frames. The frame doesn't construct a practitioner's reality; it simply *is* his or her reality. A more traditional type of problem solving, like PDSA, can be more efficient than combining it with a model like Levelising. However, a practice involving Levelising could support staff in developing a meaningful quality improvement plan through new understanding of the issues or problems confronting their practice, reflection on these issues as a team, and creation of an opening for new views.

If PDSA occurs mainly in levels 1 and 2, what would happen if I facilitated not only these levels, but also levels 3 and 4, concurrent with PDSA? I believe a team that engages in all four levels stands to improve its practice. Peters and Ragland (2005) say there is a "prevailing tendency to jump to possible solutions for situations that have not been adequately articulated" (p. 7). Therefore, "levelising holds that one can only become aware of their own actions from a level removed from those actions" (p. 7). A team of practitioners could work though each stage of the PDSA model as members simultaneously and individually considers how they are viewing the process. By doing so, they become better able to view others' frames through their own willingness to be influenced.

My plan is to assist participants in developing a CQI project idea by traversing the stages of PDSA using the Levelising model. Participants could explore multiple assumptions and underlying values providing opportunities to make more informed choices at each stage of PDSA. The use of Levelising during implementation of CQI could provide participants a project that is thoughtful, detailed, and fully supported by the team: a result of careful reflection of personal and group views and values.

Plan of Action

At the end of the first phase of DATA-DATA is the Act stage. In this stage, a practitioner determines if the practical theory is worthy of action. I met with the selected team twice a month for six months. In the first three months I facilitated a conversation about CQI including the stages of the PDSA model while simultaneously facilitating a discussion about Levelising. These meetings were primarily didactic with me positioned as the teacher and with the participant as learner. By the fourth month, participants were engaged in reflecting on project ideas as they identified what aspect of their practice to change. In the fifth and sixth months, I supported participants as they examined how to implement the selected project, measure outcomes, and decide if the change should or could be sustained and implemented.

With each step in the CQI process, I encouraged participants to use Levelising to achieve greater understanding of perceptions and beliefs. The participants had the ability to choose the types of project outcomes. When I use the word "outcomes" in this section I am referring to the types of outcomes that participants aim to achieve as a result of their CQI initiative. There are three types of CQI outcomes: cognitive, behavioral, and/or clinical. Meridian is accredited by the Council on Accreditation (COA, 2001). In COA's General Standard 2.7.01 the organization, in each of its programs and on an ongoing basis, is required to measure service outcomes and the achievement of service goals for all persons served. CQI outcomes include at least one of the following: (a) change in clinical status; (b) change in functional status; (c) health, welfare, and safety; (d) permanency of life situation; and (e) another quality of life indicator of the organization's choice.

Cognitive and behavioral CQI outcomes refer to changes that can be identified and measured in staff or with consumers. The goal of CQI is to create positive changes in professional practice through behavioral and cognitive outcomes that produce improved consumer clinical outcomes and effective service delivery. Staff behavioral CQI outcomes include job satisfaction, empowerment, organizational citizenship behaviors (initiating volunteer activities), participation on teams, and demonstration of leadership. Clinical CQI outcomes refer exclusively to changes with consumers including reports of improvement in psychiatric symptoms or changes in symptom status. Consumer behavioral CQI outcomes include improved self-care that results in general physical health improvement and a positive clinical outcome.

Summary

The regulatory environment supports a culture of QA yet increased expectations from payors, accreditors, auditors, and consumers demand a focus on process improvement leading to improved service delivery. Several factors within Meridian contribute to an over-emphasis on QA. These factors include external auditing demands, economic stressors, insufficient training, and fluctuations in staffing patterns. A shift towards a more proactive culture is needed if Meridian wants to align itself with emerging quality improvement expectations. I proposed this shift could occur through facilitating CQI and the Levelising model within the scope of the employee's daily practice, a remediation that did not require employee removal from practice for days of formal training. I engaged in a formal study of this change to my practice. The design, procedures and type of analysis used to study the use of Levelising as a CQI tool are presented in chapter two.

Chapter II: Design, Procedures and Analysis

Introduction

The first steps in DATA-DATA conclude with the Plan of Action. This stage allowed me to design a formal study evaluating my practical theory and plan of action. My theory is Levelising could be a helpful tool as a team develops a CQI project. Three research questions emerged from this inquiry.

Research Questions

I wanted to know which levels of Levelising participants engaged in during the study. I also wanted to know if the use of Levelising as a CQI tool resulted in an effective and meaningful experience for participants. Three research questions emerged from this inquiry:

1. At what levels in the Levelising model did participants engage during the study?
2. What difference did Levelising make in the participants' development of a CQI project?
3. What was each participant's experience of the meetings?

Philosophical Foundations

I employed an instrumental case study methodology based on a subjective ontology and rooted in constructivism as the theoretical paradigm. In constructivism individuals seek understanding of the world in which they live and work. Meanings are subjective and contain multiple realities based on individual experiences of certain objects or things. The goal of this type of research, according to Creswell (1998), is to "rely as much as possible on the participants' view of the situation being studied" (p. 8). The questions used in this type of study are kept broad so that participants construct their own meaning of a situation. The role of the researcher is to listen carefully to what the

participant is describing and to recognize his or her own background or bias that shapes his or her interpretations.

Crotty (1998) identifies several assumptions within constructivism. First "meanings are constructed by people as they engage with the world they are interpreting" (p. 9). Qualitative researchers use open-ended questions so that participants can express their unique views unencumbered by researcher influence. Secondly, in the constructivist worldview, "humans engage with the world and make sense of it based on historical and social perspective" (p. 9). We are born and educated in a culture where meaning is taught to us. And third, "the basic generation of meaning is always social, arising in and out of interaction with a human community" (p. 9). The researcher generates meaning through inductive processes from data collected in the field. The epistemological assumption in case study research is that the "researcher attempts to lessen the distance between himself or herself and that being researched" (Creswell, 1998, p. 75). The distance between researcher and researched is minimal in this study due to me being fully employed by the organization studied.

The methodology used in this research is an instrumental case study of a bounded system using multiple data collection strategies. Stake (1995) says that an instrumental case study researcher begins with "a research question, a puzzlement, a need for general understanding, and feel that we may get insight into the question by studying a particular case" (p. 3). My plan was to inform and increase the competence of my own practice as a TQM director while supporting participants in improving an aspect of their own practice. I also intended to report any improvements in my practice or the participants' practices.

Participants

I initially selected two teams that met criteria I established prior to the study. Criteria for team selection were based on the following: (1) all members agreed to voluntarily participate; (2) participants were expected to remain continually employed for the duration of the study; (3) members agreed to participate in 12 meetings; (4) participants agreed to the meetings being audio-recorded; (5) participants agreed to work towards developing a CQI project within six months; and (6) participants agreed to being interviewed at the end of the study.

I discussed my research project with the leader of the two teams in separate meetings. One team was about to experience a significant restructuring. In light of the potential changes involved in this restructuring, I did not choose this team and instead chose the Haywood ACTT (Assertive Community Treatment Team). The ACTT included seven full time staff members and one part-time staff who provide treatment services to Meridian consumers. Participants have various educational experiences ranging from a high school diploma to undergraduate and graduate degrees in a human service field. ACTT is an intensive outpatient treatment program for consumers with persistent and chronic mental illness. It is considered a best practice model of care by the North Carolina Division of Mental Health. ACTT consumers have themselves experienced a mental health crisis and/or hospitalization and currently exhibit a need for an intensive level of support. One of the goals of the ACTT model is to reduce re-hospitalization through effective crisis management.

The ACTT included a psychiatrist, psychiatric nurse, two trained therapists with graduate degrees, two peer counselors, a community support worker, and a program

assistant. The team psychiatrist is a part-time member of this team and did not participate in all CQI meetings; however, he signed the participant consent form and was available to the team as a consultant.

Team members voluntarily agreed to participate in this study and signed participant consent forms (see Appendix B). Institutional Review Board approval was obtained from the University of Tennessee. The Leadership Team required a full review of the research proposal by the Meridian Clients' Rights Committee. Following review and approval by the Clients' Rights Committee, the Leadership Team granted permission for this research. This research occurred during regular business hours and was considered a part of the ACTT's work day. No stipends or special privileges were awarded.

Timeline

Team meetings began in August 2006 and concluded by January 2007. Individual and team interviews were completed by March 2007. The rater observers began reviewing audio tapes in February 2007 and concluded in August 2007. Once the interview data had been collected I began thematic analysis. I used the data sets to draw conclusions and discuss findings as I answered my three research questions. See Appendix C for the study's timeline.

Data Collection

This study used multiple data collection methods including audio taped team meetings, individual and group interview data, observations from my reflexive journal, and results from my bracketing interview. Each data collection strategy is described below.

Audio Taped Meetings. Each one-hour team meeting was audio-taped. The purpose of the tape-recorded meetings was to determine the existence of each of the levels in the Levelising model. The 12 meetings produced over 12 hours of audiotape. The rater-observers scored the entire contents of nine meeting tapes: a total of 443 minutes or 7.38 hours. The audio recording equipment was placed in the center of the meeting room and was visible by all participants.

Interviews. The team interview was initially designed to occur following the completion of the individual interviews. I did not follow my original research design of the team interview due to the team's request as well as my belief that I had reached data saturation. After completing the six month study on January 30, 2007, the team requested I return in one month to begin the interviews. On March 6, 2007, I returned to the ACTT morning meeting to discuss what participants had accomplished since January 30. I did not tape record this meeting.

Upon completion of the team meetings, I conducted an individual interview with each of the seven participants and one group interview. Each individual interview was audio taped. For the team interview, I used an unstructured, phenomenological question asking about the experience of each participant in order to answer the second and third research questions: "What difference did Levelising make in participants' development of a CQI project?" and "What was each participant's experience of the meetings?"

I listened to each interviewee with the intention of understanding his or her experience of the meetings. The use of phenomenological questions allowed me to capture changes and ambiguities in the conversation. The interviews were a natural

experience because of my prior familiarity with each person and the amount of time I spent supporting the team in the development of its CQI project.

I informed each participant that the individual interview would be limited to 30 minutes, would be conducted in a quiet place that afforded him or her privacy, and would be tape recorded and transcribed at a later time. I assured each participant that his or her individual identity would not be revealed in any of the written materials I produced. I also assured participants that any reference to the individuals would be as either "he" or "she" or the number assigned to the participant (participant 1, 2, 3, 4, 5, 6 or 7).

The phenomenological interview is described by Pollio, Henley, and Thompson (1997) as an "almost inevitable procedure for attaining a rigorous and significant description of the world of everyday human experience as it is lived and described by specific individuals in specific circumstances" (p. 28). I chose to use the phenomenological interview because I wanted to understand the experience of Levelising as a CQI tool. I did not seek to validate a theory, instead I began with a question: "I wonder what the experience of participants would be if I facilitated a CQI process using Levelising?"

The ingredients of a successful phenomenological interview include voluntary participation and general researcher questioning that invites a person to talk about his or her experiences. Pollio, Graves, and Arfken (2005) say this type of question "not only gives the participant a possibility of talking about significant issues, it also allows him or her to select the incidents to be discussed" (p. 257). Unlike a structured interview, this type of interview is a flow of dialogue controlled by the participant. The researcher's role is to ensure that the participant explores each subject in depth. Yet, while this occurs, the

researcher must remain open and respectful of what the participant is describing. The researcher assists the participant in talking about what is important to him or her, not what is important to the researcher. The participant leads the conversation with the researcher following.

Following the structural recommendations of phenomenological interviewing, I asked each of the ACTT members to select their interview location. I placed the tape recording equipment on the table and arranged the chairs so that I was facing the participant with a table between us. I began each meeting by describing the individual interview protocol including a reminder to the participant that I would be tape recording the interview. I discussed the purpose of conducting individual interviews and asked the participant if he or she had any questions about this process before we began.

Once the tape recording began, I spent the first few minutes of each individual interview reviewing the research project goals. I did not use a pre-written speech for the project review; however, in general I described the study's purpose of using Levelising to develop a CQI project. One of the transcribed interviews is included below as an example of what I said before asking the participant to describe his or her experiences. The background description below was transcribed from the last interview I conducted and was slightly less than two minutes in length.

> So, the way this interview is structured, this is a phenomenological interview. And I just want to go back and quickly review the whole intent of the project which was to develop a CQI project using the Levelising model and reflective practice as tools in the development of that. And to review and go over again the whole Levelising process which is the 4 levels. Level 1 meaning I'm just sitting here involved in this meeting but I'm not really thinking about it. I'm in it. I'm not one step removed thinking about it. Level 2 being now I'm pulling back a little bit thinking about and reflecting on what other people are saying. And that is more of a reflective state. What's called level 3 I begin to think about what are my

theories. What are my theories about what's being said or what are my theories in general about what I think and what I bring to this. Then level 4 is you begin to say I wonder what someone else thinks? I wonder what someone else's theories about this are. As I open myself up to asking what other people's theories might be, then I literally open myself to being influenced by other people's thoughts and theories and processes. And I might eventually change mine, or I might not. But at least now I'm aware of what I believe on a different level. So, that's what we used to develop your CQI project, so my question of you is this: what was YOUR experience of using Levelising and reflective practice in the development of your CQI project?

The purpose of using a background description before asking the phenomenological question was to frame the interview in order to lead the participant in describing his or her experience of *this* phenomenon.

Personal Reflexive Journal. The purpose of a reflexive journal, according to Kleinsasser (2000), is to have documentation that allows a researcher to think about personal and theoretical commitments and to make these visible and open to critical examination of the research process. My journal contained observations of the team meetings and included both subjective and objective information such as member participation, seating arrangements, meeting interruptions, and attendance. I also described how participations were contributing to the conversation. I included in my journal the non-verbal interchange between participants and any physical behavior such as members turning towards one another, gestures or laughter. My journal contained meeting details including the type of CQI and Levelising facilitation provided in each meeting, email messages between participants and me, and meeting notes. This material provided an archive of interactions, communications and project activities used in data analysis.

Data Analysis. Case study research described by Stake (1995) uses a detailed description of the case and the setting. This study provided a rich description of the setting through multiple data collection strategies as I sought to understand if Levelising was an effective tool for development of a CQI project at Meridian. I used phenomenological analysis of the interview data. Outside rater-observers scored frequency counts for types of levels engaged in by team members during the meetings.

Audio taped meetings. I chose three outside rater-observers to listen and score nine audio tapes of the ACTT meetings. The use of outside rater-observers was modeled after the Alderton (2000) study. The rater-observers listened to the entire audio tape of the nine meetings. These meetings contained 443 minutes of audio-taped conversation that was used by the rater-observers to identify the levels in the Levelising model. This data was used to answer the first research question: "What levels in the Levelising Model did participants engage in during the study?" There were a total of 12 meetings; however, one meeting was not tape recorded (meeting five), and two meetings were used for training with the rater-observers (meetings one and nine). The meetings that were scored by the rater-observers were meetings two, three, four, six, seven, eight, ten, eleven, and twelve.

In order for the rater-observers to score the same number of levels for each meeting, I identified specific segments within each tape. The nine tapes contained 148 pre-established segments of conversation. The rater-observers scored each segment as level 1, 2, 3, or 4. They were instructed to select the predominant level engaged in by participants for each segment. The maximum number of times any of the levels could have been chosen was 444. With the rater-observer data set, one rater did not score three

segments, thereby making his total segment score 145. The rater did not indicate on his scoring sheet why the segments were left blank. Two rater-observers each scored 148 segments of tape. The combined scores for the three raters therefore equaled 441.

The segments of conversation, which varied in length from one to six minutes, contained a single thread or topic of conversation. I gave each segment a brief description. In an Excel spreadsheet, I placed the brief description of the segment in the left hand column with a blank column to the right for the rater-observers to mark which level in the Levelising model they observed was predominantly engaged in by the participants. A different spreadsheet with identified segments was used for each of the nine tapes. The spreadsheets were sent to me when the rater-observers had completed scoring.

The rater-observers I selected had knowledge of Levelising and reflective practice. In order to ensure that the rater-observers were consistent in how they scored each of the segments, I provided each with an additional four hours of instruction. Two of the rater-observers are former students of the collaborative learning program at the University of Tennessee and one is a current student in collaborative learning. All three have completed graduate coursework on reflective practice and the Levelising model. By choosing raters who had previous training in Levelising, I anticipated an inter-rater reliability greater than 80%, based on the results of the Alderton (2000) study which showed a comparable inter-rater agreement greater than 80%.

The training on Levelising occurred prior to raters reviewing the taped segments of conversation. Each rater signed a confidentiality agreement. See Appendix D for a copy of the Rater Observer Confidentiality Statement. Raters used a frequency count

form for this study to analyze the audio tapes of the meeting. My dissertation advisor and

I co-designed the form, which was edited by the rater-observers (see Appendix E:

Levelising Phases Definitions). This form is as a rating tool for frequency counts based

on operational definitions of Levelising. The definitions allowed the raters to listen for

evidence of each of the levels in Levelising. To achieve interrater reliability, the three

rater-observers listened to and rated segments of two audiotaped sessions of team

meetings that were not used as data for the study (tapes one and nine). Interrater

reliability agreement was greater than 90% for the initial training (tape nine) and greater

than 80% for the second tape used for training (tape one). The data from these meetings

was not used in final data analysis.

The form, "Levelising Phases Definitions", was developed using material on

Levelising described in publications from Peters and Armstrong (1998), Peters (2002),

Peters and Ragland (2005), and Ragland (2006). I defined and described each level in the

Levelising model with the above references as a guide. After completing the definitions

of each level, I added my personal experiences as examples. I presented this form during

the initial training with the outside rater-observers and my dissertation advisor. We

revised the form after initial scoring of the first training tape (meeting nine). The

revisions supported the rater-observers in understanding the differences among the levels

of the model. Revisions to the form were completed once the rater-observers

demonstrated greater than 80% inter-rater agreement.

Interviews. Each interview was audio taped and transcribed. Since a

phenomenological question was used in the interviews, a modified approach for data

analysis developed by Creswell (1998) and described by Moustakas (1994) was used.

The steps in this analysis are:

1. The researcher begins with a full description of his or her own experience of the phenomenon;
2. The researcher then finds statements in the interviews about how individuals are experiencing the topic;
3. The experiences are listed as significant statements (horizonalization of the data)
4. Each statement is treated as having equal worth;
5. The researcher develops a list of nonrepetitive, nonoverlapping statements;
6. These statements are grouped into "meaning units";
7. The researcher writes a description of the "textures" (textural description) of the experience, what happened, including verbatim examples;
8. The researcher then reflects on his or her own description and uses imaginative variation or structural description to seek all possible meanings and divergent perspectives, varying the frames of reference about the phenomenon and constructing a description of how the phenomenon was experienced;
9. The researcher then constructs an overall description of the meaning and the essence of the experience;
10. This process is followed first by the researcher's account of the experience and then for that of each participant.
11. A composite description is written (Creswell, 1998).

Word processing files were used for transcription, storage, and arranging of data. Tables were used to set apart descriptions of data.

After transcribing each interview, I cycled through several processes of relating the text to the whole. As I read and re-read the interview transcriptions, I looked for statements that stood out or summarized a point that the participant was making. These were labeled as meaning units. Meaning units with the same or similar connotation were grouped together in one theme. Statements with new content formed the kernels of new themes. When no new meaning units emerged, the themes were assessed for consistency and labeled.

Each participant described what stood out for him or her from his or her experiences of using Levelising as a CQI tool. I asked questions during each interview in order to better understand what the person was describing including statements or questions like "tell me more" or "what do you mean by that?" My primary role in the interview process was to allow the participant to talk as I listened in order to understand what was important to the person.

According to Pollio et al. (2005) the phenomenological interpretation process depends on a continuous process of relating a part of some text to the whole of that text. The part-to-whole process has two phases: the first involves transcribing the interview and noting specific parts that stand out. The parts that stand out are referred to as *meaning units* and serve as the basis for themes. The second phase of interpretation takes place after all the transcripts have been thematized. The interpreter considers whether the themes can be supported by individual texts and whether they offer a clear description of the phenomenon. The rationale for looking across interviews is not to produce generalizability but to improve interpretative vision.

In the transcription file the meaning units were placed next to the source of the actual transcribed conversation. The meaning units were written as a summary of the original transcribed statement and were labeled using the participants' words. Following this procedure for each of the seven interviews, a new data file was created merging all meaning units from the interviews. Each participant was assigned a number from 1-7 and each meaning unit belonging to the participant contained each participant's number. Numbering the meaning units allowed them to be sorted while not losing the participant's identity.

Each of the 94 meaning units was written on a three by five size index card. The cards were then shuffled and laid on a large surface. Next, I sorted like meaning units into themes through related words or phrases. I placed meaning units displaying similar words or phrases in a vertical line with the first card chosen at the top and each additional card underneath resulting in nine columns.

I created new columns until I assigned all the cards to one of the vertical groupings or themes. I further reduced the nine themes into two categories as some of the themes seemed to describe an aspect of one of the categories. The two categories and nine themes are presented in chapter three as evidentiary support for the second and third research questions.

The interview data provided answers to the second and third research questions: "What difference did Levelising make in the participants' development of a CQI project?" and "What was each participant's experience of the meetings?" The group interview also provided insight into these questions; however, it was not tape recorded and transcribed. The individual interview questions allowed participants to share their experiences of the meetings, thus capturing individual frames of reference and cultural experiences. I anticipated participants providing their experience of using Levelising and overall experiences of the meetings, therefore allowing me to answer the second and third research questions.

Personal Reflexive Journal. My journal contained notes of anything that seemed relevant during the course of the meetings and usable in data analysis. The journal entries also assisted me in identifying my personal biases during the study. In addition to my self-observations, I described my observations of what was occurring between group

members or between members and me. I also noted my observations of which levels of the Levelising model I believed participants to be engaged in. This data, presented in chapter three, was used in comparison to the rater-observers' observations of the levels in the Levelising model. Outside rater-observers rated nine of the 12 meetings. My journal contained observations on all 12 meetings. However, only the remaining meetings rated by the rater-observers (2, 3, 4, 6, 7, 8, 10, 11, and 12) were compared with my journal observations.

Ethical Considerations

As a member of Meridian's Leadership Team, I am jointly responsible for implementing the vision and mission of the organization at the second highest level, the Board of Directors being the highest. As TQM director, I am responsible for establishing a vision of CQI and QA. I am also responsible for the implementation of the compliance plan. Meridian's compliance plan is an agreed upon set of expectations that include both external and internal standards for delivery of quality care. The plan includes strategies for enforcement of these standards, and consequences if any standards fall outside acceptable limits of practice.

I served as TQM director and a member of the Leadership Team; thus, it became important that I acknowledge my supervisory role with the organization and the impact this could have on the team chosen for this study. I described these dual roles with the Meridian CQI and Clients' Rights Committees. Both committees provided recommendations for teams that might be willing to engage in this project. The selected teams were ones identified as being the least influenced by my dual roles. The teams also showed an interest in engaging in a CQI study over a six month period. The initial two

teams selected both reported to another member of the Leadership team and had no direct reporting relationship to me.

An additional ethical consideration was the potential identification of individual ACTT members through data collection and analysis. No personally identifying information was included in data analysis and reporting. Data conclusions and reporting either were disseminated in aggregate form or the information contained a number referring to team members as participant 1, 2, and so forth. I masked names of places and activities if necessary to protect sensitive information.

Validity Strategies

I was critically mindful of my roles and employed multiple validity strategies. Creswell (2003) recommends that qualitative researcher use several strategies to ensure valid and accurate data. I employed five validity strategies: (1) triangulation through multiple data sources; (2) researcher reflexivity through clarification of the personal bias I brought to this study; (3) prolonged engagement in the field; (4) a thick, rich description of the study, setting, and participants; and (5) peer debriefing or the use of an outside evaluator who is familiar with the research or phenomenon.

It is important that validity strategies are chosen based on two perspectives: the lens researchers choose and the researcher's paradigm. In quantitative studies, Creswell and Miller (2000) say the researcher is most concerned with specific inferences from test scores on psychometric instruments and the "internal and external validity of experimental and quasi-experimental designs" (p. 124). In contrast, instead of using a lens based on scores, instruments, or research designs, the qualitative researcher

acknowledges the views of people who conduct, participate in or read and review the study.

The second perspective used in determining validity strategies is the researcher's paradigm. The qualitative paradigm assumes that reality is socially constructed and is what participants perceive it to be. Within qualitative research, the researcher can take one of three paradigm assumptions: postpostivist consisting of rigorous methods and a systematic form of inquiry; a constructionist position based on interpretive, open-ended, and contextualized perspectives of reality; or a critical perspective which challenges the modern state and seeks to uncover hidden assumptions. I hold to a constructionist viewpoint; however, understanding different paradigms allowed me to examine my personal biases before and during the study.

Personal Bias Statement

I explored my personal bias through participating in a bracketing interview. Dr. Thomas Rhett Graves, associate professor in the Phenomenological Research Center at the University of Tennessee, conducted the bracketing interview. The interview lasted two hours, was audio-taped and was later transcribed and interpreted by me with review and comments by Dr. Graves. The purpose of the bracketing interview is to "help an investigator become aware of presuppositions" (Pollio et al., 2005, p. 255). It is a validity strategy that Creswell (2000) calls "researcher reflexivity" where a researcher self-discloses assumptions, beliefs, and biases.

A method for self-disclosure is to "bracket themselves out" through the description of personal experiences before or during the study (p. 126). LeCompte (2000) says that data analysis will not present a complete picture of that which has been studied

unless the researcher has identified sources of bias. It is a human quality to pay attention to and record data that makes sense or intrigues the person. Therefore it is important that the researcher be aware of the effects of both tacit and formative theory that create the "filter that admits relevant data and screens out what does not seem interesting--even if, in hindsight, it could have been useful" (p. 146). Tacit theories guide daily behavior, explain the past and predict the future. Formative theories also guide behavior, create explanations, and predict the future. However, they are more formal and are found in research situations. These theories often come from one's professional training.

This bracketing interview allowed critical self-reflection on my theoretical predispositions and preferences including an acknowledgment of my place in the context of what I wanted from this research. Creswell (1998) comments that a "phenomenological analysis requires the researcher to state his or her assumptions regarding the phenomenon under investigation and then bracket or suspend these preconceptions in order to fully understand the experience of the subject and not impose an a priori hypothesis on the experience" (p. 277).

This interview gave me the opportunity to be interviewed about *my* experiences of the study in much the same way I interviewed research participants. Reviewing the bracketing interview transcript revealed both my desire to conduct a quality research study as well as a strong sense of responsibility I felt to my employer to contribute something valuable to the agency and the selected team. I was also cognizant of the multiple roles I served with this insider action research study.

Chapter III: Results

Introduction

Chapter III presents the study's findings based on a thematic analysis of interview transcripts, outside rater-observers ratings of the levels in the Levelising model, and my reflexive journal notes. Rater-observer data and journal notes address the first research question: "At what levels in the Levelising model did participants engage during the study?" Themes identified in the interview transcripts, plus my journal entries, address the second and third research questions: "What difference did Levelising make in participants' development of a CQI project?" and "What was each participant's experience of the meetings?"

Question One Results

The data in Table 1 shows that over 90% of the segments in the nine tapes were rated as either level 1 or 2. Rater-observers identified level 1 219 times out of a possible 441 times (49.66%). They identified level 2 180 times (40.82%). Levels 3 and 4 were the third and fourth most frequently identified at 31 times (7.03%) and 11 times (2.49%) respectively. Table 1 shows the frequency counts and percentages for each of the nine tape recorded meetings. The table also shows the predominant level engaged in by participants in each meeting. Tapes 2, 3, 4, 10, 11, and 12 had a predominant level of 1: pre-reflective being. In tapes 6 and 7, the rater-observers rated level 2 (reflective) as the predominant level. Tape 8 showed only one frequency count difference between a predominant level of 1 or 2.

Table 1. Rater-Observer Frequency Count and Predominant Level

Tape No. / No. of Segments in Tape	Level 1: Scores / Percentage	Level 2: Scores / Percentage	Level 3: Scores / Percentage	Level 4: Scores / Percentage	Total Segments/ Percentage	Pre-dominant Level
2 / 14	24 / 57%	18 / 43%	0 / 0	0 / 0	42 / 100%	1
3 / 16	27 / 56%	18 / 38%	2 / 4%	1 / 2%	48 / 100%	1
4 / 19	33 / 58%	20 / 35%	3 / 5%	1 / 2%	57 / 100%	1
6 / 8	9 / 39%	13 / 57%	1 / 4%	0 / 0	23* / 100%	2
7 / 21	21 / 34%	29 / 48%	7 / 11%	4 / 7%	61**/100%	2
8 / 25	29 / 39%	28 / 37%	14 / 19%	4 / 5%	75 / 100%	1
10 / 12	22 / 61%	14 / 39%	0 / 0	0 / 0	36 / 100%	1
11 / 15	22 / 49%	19 / 42%	3 / 7%	1 / 2%	45 / 100%	1
12 / 18	32 / 59%	21 / 39%	1 / 2%	0 / 0	54 / 100%	1
Totals / Percentages	**219 / 49.66%**	**180 / 40.82%**	**31 / 7.03%**	**11 / 2.49%**	**441 / 100%**	1

Notes:
Total Segment Ratings in 9 tapes: 441
2 rater-observers scored 148 segments each (2 x 148= 296)
1 rater-observer scored 145 segments.
*Rater-observer 1 did not score segment three on tape six.
**Rater-observer 1 did not score segments four and six on tape seven.

My observations were similar to the rater-observers with some discrepancy in meetings four, six and eight. In the first four meetings, I described participants as primarily engaged in level 1, with some level 2 engagement. I also observed the team engaged in level 3 during these same meetings. During meetings five and six, the team again engaged primarily in level 1, with occasional engagement in level 2. I observed levels 3 and level 4 in the seventh and eighth meetings when the team was generating CQI project ideas. I observed primarily level 1 in meetings 10 through 12 as the team focused on CQI implementation and data collection. Table 2 contains a comparison of raters' observations and the ratings indicated in my journal.

Table 2. Comparison of Rater-Observer levels and Reflexive Journal Scores

	Tape Number								
Ratings by Observers	**2**	**3**	**4**	**6**	**7**	**8**	**10**	**11**	**12**
Rater-Observers predominant level rating.	1	1	1	2	2	1	1	1	1
Reflexive journal predominant level rating.	1	1	2	1	2	2	1	1	1
Percentage Agreement	100%	100%	66%	66%	100%	66%	100%	100%	100%

Interview Results

The interview transcript analysis resulted in 94 meaning units (see Appendix F for a list of participant meaning units) that I developed into nine themes. I grouped these themes into two categories: CQI Process and Meeting Experiences. Category one, CQI Process, addressed research question two. Category two, Meeting Experiences, addressed research question three. The categories and themes are illustrated in Table 3.

The category, CQI Process, provided insight into the second research question: "What difference did Levelising make in the participants' development of a CQI project?" This category contained four themes: (1) improving team functioning; (2) developing a CQI project; (3) collecting data; and (4) consumer care. The second category, Meeting Experiences, contained five themes: (1) the Levelising material; (2) slowing the process; (3) overcoming resistance; (4) managing change; and (5) improving

Table 3. Categories and Themes

Category: CQI Process	**Category: Meeting Experiences**
Themes:	*Themes:*
Improve Team Functioning	The Levelising Material
Developing a CQI project	Overcoming Resistance
Collecting Data	Slowing the Process
Consumer Care	Managing Change
	Improving Communication

communication. The second category answered the third research question: "What was each participant's experience of the meetings?"

Question Two Results

This section describes each of the four themes that addressed the second research question: "What difference did Levelising make in the participants' development of a CQI project?" Participants described the difference Levelising made in how their team functioned, how they developed their CQI project including collecting data, and how consumer care has improved. The use of Levelising as a CQI development tool allowed this team to think critically about what changes would lead to improvements instead of choosing to correct a symptom of the problem. The team described how thinking critically about its practice led to increased team functioning, a successful CQI project, and improved consumer care.

Team Functioning. The theme, team functioning, includes meaning units through which participants described their team, including past and current team functioning and meeting structure and content. Meaning units were identified and selected when participants used or implied the word "team" in their comments. Participants described two primary results: changes in the meeting content have led to more focused conversation, and team members are holding one another accountable for the established team agreements.

By changing the content and structure of the morning meeting, the team addressed how to share leadership. Participant 7 said, "It [the morning meeting] feels so much better. I think people share that." The process resulted in the team taking ownership of

the meetings and not relying on the team leader to always conduct the meetings. "And one of my thoughts about it is I wanted the team to feel the responsibility for this [the team meeting], and I definitely feel that they have shared the responsibility for it." When the team changed its morning meeting structure, it chose to rotate the meeting facilitator. Each week a different team member assumed responsibility for leading the team through the agenda. Participant 7 said, "I love it. I don't feel totally responsible for it [the morning meeting] anymore." Participant 3, one of the quieter members of the team described what it was like for her to lead the ACTT for a week. "I was nervous, don't get me wrong. But the way it was structured, everything was in order, and it was easy to follow." She was referring to the meeting agenda that the team created.

The team agreements established by the sixth meeting included the following: (1) holding one another accountable to the team agreements; (2) keeping to the designated time period for meetings; (3) using Card-Ex (a written tracking tool for consumer monitoring) daily to document consumer care; (4) reviewing all consumers daily and weekly; and (5) improving documentation of consumer treatment. See Appendix G for a complete description of the ACTT's CQI project and team agreements. Participant 3 said "the structure is good. We get through the morning meeting a lot quicker but yet still get as much information as before without trailing off into stories. We are holding each other accountable for the agreements we have set."

Developing a CQI project. This theme included participant comments about their CQI project. I placed the meaning unit with the theme, CQI, when it described an aspect of CQI or the changes in the morning meeting. Participants' described the CQI process as helping their team to change an aspect of their practice. However, the stages of PDSA

were initially confusing for the participants. They grappled with understanding the concepts and instead wanted to rush ahead to the "Do" stage of the PDSA model.

By the end of the study, participant 1 said she understood "how a system is currently working and seeing how to improve it." She believed the team got off to a slow start, but when it developed the team agreements, established the morning meeting structure, and created expectations for members, it started to make a difference. When the team first began to use Card-Ex, a consumer tracking system, the morning meeting improved even more.

Participant 4 was initially confused about the process and said she wondered how talking about Levelising could lead to CQI project development.

> We didn't really know what we were doing or where we were going. And then it all fell into place. I began to understand what you were talking about. We then developed our CQI project and it allowed us to get input from everyone and get agreement. This CQI project has really helped our team.

Participant 2 commented, "I got why we were using the 1-4 levels. Because to give feedback and make that plan with the team, you couldn't sit back and just observe. You had to put your ideas in." This participant described how developing a CQI project involved input from every person, and required her team to critically examine their current practice.

> At first, we didn't really get how this [Levelising material] was going to work, but when we began to develop the CQI project everyone got very excited. We could see how it was going to make a difference. As a team we enjoyed this part more [the hands on].

Participant 2 said she wanted the CQI project to be longer. "I enjoyed it. How we came together and worked on it. We have implemented it." Her team worked together to improve an aspect of their practice.

Collecting Data. The theme, collecting data, included participants' experiences of collecting data during the "Act" stage of PDSA in order to examine it in the "Study" stage. Participants' measurable outcomes were based on the changes they made to their morning meeting. These outcomes included: (1) daily documentation on the Card-Ex system measured with a frequency count score at the end of each week for compliance to documentation standards; (2) a pass/fail monitoring of the use of the new morning agenda recorded monthly; and (3) increased sharing of consumer needs in the morning meeting measured by a weekly team vote using a scale of 1-10 with 10 reflecting a perfect score.

Participants collected data between the last team meeting and the interviews and used this information to determine if they should proceed with the last stage of the PDSA model. In the last stage, Act, after the data had been analyzed the team determined that the change in its practice was an improvement. They adopted the new practice as a permanent strategy.

At the conclusion of the study, however, participants expressed concern that they did not collect enough outcome data associated with their CQI changes. Participant 6 said he did not know how successful the data collection had been and that it "Seemed unimportant at the time [because] we were seeing the results [and therefore did not believe we had] to also keep the measurements. I know how important it is to keep and share the data. We need to do this weekly." Participant 2 wanted to find ways to share the outcome data in order to showcase the team's efforts and demonstrate its improved consumer care.

Consumer Care. In this theme participants described consumer care outcomes resulting from the changes in the morning meeting. The team improved how they

communicate, how they handle conflict among members, and how they create equitable

case load distribution.

In interviews, participants described how ACTT consumers benefited from these

changes. Participant 5 said the morning meeting was more satisfying because more

information about consumers was being shared.

> This is really important to me. We are going through each consumer daily. I feel
> like the consumer's needs are being addressed. That is more satisfying to me. On a
> more energetic or personal level, I feel like people are more engaged in the
> meeting. Because I feel like we aren't wandering through this aimlessly or
> waiting for someone to say something. We go thru the card-ex and if anyone has
> something to add about that person, they speak up when that person is called.

Participant 4 said "When it comes to the clients I think everyone is more in tune." She

said that even if she had not visited a consumer in two or three weeks, she had current

information about each consumer.

Previous to the morning meeting changes, only 50% of consumers were being

reviewed every day as compared to the new routine of a daily review of all consumers.

Participant 1 felt strongly that consumers were no longer "dropping through the cracks."

Participant 2 said she knew that every person was being reviewed because there was

documented evidence in the new Card-Ex system.

Participant 6 said "Better communication with each team member about each

client, instead of separate conversations about clients outside the team meeting" has led

to an improvement in consumer care. This multi-disciplinary team has also learned how

to discuss their differences in treatment recommendations. Participant 2 said that

engaging in Levelising while developing their CQI project has allowed the team to

become closer.

To make the meeting work, we have to be in sync in the morning. The people who disagree have to discuss it and share their viewpoint. This gives more information about that client and a better picture. Instead of just disagreeing, people are saying 'this is how I see this person' and discussing it and therefore giving more information about the client. And everybody is getting a better picture. It kind of opens us, and if we don't discuss why they are different, we don't really learn anything.

Another benefit to consumer care was how the team discussed and planned for case load distribution. Participant 4 said the team was doing a better job of sharing case loads through daily communication about consumer status. She said "I may have a lot on my plate and if something blows up, and then my team members know not to ask me [to add additional work to my schedule]." Unequal case load distribution in the past had led to resentment among team members.

Question Three Results

The second category, "Meeting Experiences", addressed the third research question: "What was each participant's experience of the meetings?" This category contained five themes: (1) the Levelising material; (2) slowing the process; (3) managing change; (4) overcoming resistance; and (5) improving communication. Participants' comments in these categories addressed the third research question: "What was each participant's experience of the meetings?"

The Levelising Material. The theme, Levelising, included participants' comments on what it was like to engage in Levelising as they developed their CQI project. Participants described Levelising as a helpful tool in changing the morning meeting. However, Levelising was described as initially difficult to understand because it was unfamiliar. Participant 1 said "It was hard to grasp the Levelising material." She had

trouble understanding "the idea of preconceived judgments about how I was viewing something and asking myself if I am being objective." The conversation on viewpoints occurred in an early meeting when describing level 4 (theorizing). My goal was to support participants in what Schon (1983) calls "frame awareness" through which participants become aware of their frames and "the possibility of alternative ways of framing the reality of his [or her] practice" (p. 310). However, participants met initial discussion about individual frames with silence.

Participant 4 had trouble understanding the material and grasping how the Levelising material related to CQI project development. She did not understand my expectations of the team until one of the last meetings when she said, "It all fell into place, and I began to understand what you were talking about." Participant 7 said the material felt "really out there and theoretical" and she did not know how to get herself "grounded" in it. She wondered why we were learning about Levelising and what it had to do with improving a process. "It's interesting because I certainly think we learned it because when you went over it just now [review of Levelising at the start of the individual interview], I got it. I was reminded." She believed her team eventually learned the levels in the Levelising model and engaged in reflection, framing and theorizing.

During interviews, participants volunteered ideas about how I could facilitate Levelising if I engaged with another team. Participants said that it would have been helpful to repeat the Levelising material before every meeting. Participant 6 commented, "each time we met we should have re-visited each of the steps in Levelising." He said at the beginning of the project he didn't realize "how powerful that [Levelising material] was going to be" and because the material and learning CQI was so difficult, he would

have liked to review it at every meeting. Participant 5 recommended that more structure be added to teaching Levelising. She said "I was just thinking that it might have been nice to slow down, go around in a circle and let each person talk about their experience and have people say what they are hearing the person say". With this turn-taking approach, every participant would be expected to practice active listening by stating what he or she heard another person say and by asking for confirmation.

Slowing the Process for Reflection. Participants' comments included in this theme described the process of slowing the conversation in order to reflect. Participants explained how helpful it was to slow the conversation. However, they also commented on how difficult it was for their team to slow down and allow for further inquiry. The meaning units in this theme refer to the conversational pace and the impact Levelising had on the team's ability to think, reflect and act in ongoing cycles. This theme distinguishes two key elements in the Levelising model: (1) being reflective and (2) being willing to listen to others with the intention of understanding another perspective.

The team's morning meeting structure was goal directed and time bound. The participants were accustomed to frequent interruptions in meetings in order to attend scheduled appointments. This team of seven serves an average of 55 consumers. The ACTT service expectation is that every consumer must receive a minimum of three visits per week. To accomplish this expectation, each staff must schedule 24 face-to-face treatment sessions each week. Given this high productivity standard, it is reasonable that the team would resist a process that required slowing down in order to be reflective and experience other perspectives. Participant 6 said it was a struggle to remain engaged in the discussion on the days I joined them.

However, participant 5 shared why slowing down resulted in a CQI project that

has endured.

> I think it's been helpful. The slowing down…breaking it down into micro pieces. I think it's also been a chance for individual frustrations about the meeting to emerge. It might not have happened otherwise. I definitely think it was worthwhile. I don't think we would have the morning meeting we have if it hadn't been for this process. I don't think the energy or motivation would have been there from the team. We might have had one team meeting about using Card-Ex [a tool for tracking consumer information] after the training. But I don't think we would have come up with the same result if we hadn't gone through this process with you.

In the individual interview, participant 7 gave support for the value in slowing down.

> What felt good about it is it [Levelising] slowed down the process. Slowing down the process is good and it gets away from fixing it. So, what-ever tool you use that slows down the process is good. What's good about reflective practice [Levelising] is it allows people to listen to one another, about what is going on for them. I'm sure there are other things out there that do similar things, but there is something good about encouraging people to talk about their experience.

Participants describe how valuable it was to not rush toward solutions before the problem

was fully understood. Before the CQI process began, participant 7 already had a project

idea she wanted the team to choose. However, she resisted talking about it at the first

couple of meetings so that the whole team could share ideas without being influenced by

her.

> I always had this agenda in my head about what changes we needed to make and what I thought needed to be happening. And for me I thought it was a *great* way for the team to come to some conclusions about changes that need to be made. Because I first struggled with imposing my thoughts on how this could be different. If I had done that before this work with you, I think this team would one, maybe stick with it a little bit but not later or two, question why we are changing it.

Participant 7 said that engaging in Levelising allowed the group to be "thoughtful about

it." Discussing a challenging issue allowed "people to talk about what the process was

like for them," revealing new information, and keeping them from a "fix it mode."

Participant 2 said she "liked how the team came together and worked on it." She also

indicated that the experience of the team developing ideas and noticing how it listened to

one another was more important than arriving at the project conclusion.

Managing Change. In this theme, participants described the change process.

Included in the theme were any meaning units in the thematic analysis that described the

sentiment of change. Meaning units describing the *results* of the change initiative were

included in other themes. Participant 7 said "Change is tough for people. So they find all

kinds of ways to sabotage it and to make it like it's not important." She also said that

change was difficult even when people saw that something needed to be changed and that

it would improve someone's life.

Participant 6 said that he felt "ambivalent towards change, resistant towards it."

He said he was overwhelmed with the work load and needs of the consumers. Once the

team initiated the change, he realized how much his resistance was based on the fact that

it was something new. Participant 2 said "I could tell in the beginning that people were

already on the defensive about it [engaging in change]." She explained that her team had

become accustomed to performing tasks a certain way. The intent of this project was to

support a team in thinking about an area of practice to which it was accustomed and

engaging in critical thinking about how that area could be changed. The team met with

initial resistance any requests to consider changing an aspect of its practice.

Overcoming Resistance. In the theme, overcoming resistance, participants

described their own resistance and what they observed as resistance from other team

members. They discussed resistance in terms of their own and others' behaviors and

language. Participant 6 described his own behavioral resistance from the beginning as "not paying attention, clock watching, and thinking about the client that I needed to get meds [medication] to by 11:00 a.m." Participant 2 said "I could tell in the beginning that people were already on the defensive about it [the CQI project and learning Levelising]." This participant described behaviors such as physical restlessness, and "eye rolling" in the first few meetings.

The participants used words such as resistant, hesitant, afraid (of change), avoidant, close-minded and ambivalent. Participant 3 said learning something new was difficult. She said "I think it is human nature [to resist something new]. I think it's hard for everybody. It's something to be learned. You have to ask yourself, am I doing this right?" Participant 4 said she thought "participants could have been a little more open minded in the beginning" than what she observed. She said her team made comments such as "oh no, something else" referring to the introduction of the CQI process. She also commented "I'll be honest with you that in the beginning we were going to do it [engage in the CQI process], we wanted to do it. Did we feel like we had time? No." Participant 6 told me "You took on a very challenging team. For whatever reason you picked the Haywood ACTT, you did." He said their team was challenging because they were busy, always responding to consumer crisis, and tended to resist anything that represented a change in how they currently function as a team. Participant 5 said that because of the administrative expectations there was "resistance to slow down and do this today [engage in CQI and Levelising]."

One participant said "it wasn't you so much as it was taking the time to do it." Participant 2 said that her team did not handle change easily, especially when outsiders

wanted participants to do things differently. She thought I should have been frustrated with the team although I never showed it. I motivated her team and in the end the team responded positively to the project and created the new morning meeting structure.

The team openly discussed its resistance to the project and my attendance at their morning meeting as I led them through the Levelising process. I wrote in my journal, following the second meeting, "This meeting felt like pulling teeth to get participation. I felt like I wasn't making much progress with this team." By the third meeting, I was still speaking too frequently and needed to engage the team in discussion, but I was unsure how to do so.

Participant 6 acknowledged his personal resistance and offered suggestions for any future CQI projects I may conduct.

> If you attempt to do another ACT team, have them call and talk to us who have already been there. That may take some of the ambivalence and resistance away from the very beginning. See if I had somebody to call, if I had called someone and I could explain how resistant I was from the beginning: not paying attention, clock watching, and thinking about the client that I needed to get meds to by 11:00 a.m……I would have been more motivated to clear my mind, say this is going to be better.

This resistant behavior was apparent to the rest of the team. Participant 7 told me she was aware of members' resistance and had to remind them of their commitment to the study. She said "I do remember having to say to the team, a time or two, and finally said to them, look I put this out there [to voluntarily participate in this research study]. You guys signed up and I don't want to hear it."

During an individual interview, participant 6 told me that he considered himself to be "the hardest case on the team for change." He described himself as being ambivalent and resistant to changing anything with his team's process because he believed it was

already effective and efficient. During the interview, he apologized for being resistant

and behaving in ways that distracted other team members from being fully engaged in the

process.

Improving Communication. The theme of improved communication included

acquiring the skills to think more critically about process improvements, listening to one

another instead of rushing to solutions, improving relationships including handling

conflicts in more constructive ways, holding each other accountable to the team

agreements, and uncovering personal biases so that other opinions and frames had a

chance to be revealed. This was identified as a separate theme because the focus was on

communication practices in general.

Participants were skeptical if communication could be improved. Participant 7

said

> We have tried, this is history you don't have, a year ago or more we had folders to
> try to improve communication and for people [consumers] not to fall through the
> cracks. We had folders for everybody [each consumer]; it was something the team
> came up with to try, but we probably went to fix-it rather than a process like this.

Participants learned to listen to one another. Participant 6 said "one person doesn't walk

away from the meeting not feeling heard. You can start to pick up on that now."

Participant 5 said she found herself wanting to know what may be underneath a team

member's comments and asked: "I just heard you say this. Is this what you mean?"

Participant 3 said she was eager to be at the meetings every morning and to experience

how the team was changing as it listened more to one another. She also said "I enjoy

listening. I like listening to the tone and the words that people use."

Participant 6 said that he thought the team had good relationships at the start of

this study, but he was surprised at how much more the relationships grew.

> We have better communication with every one of your team. You think you have a good relationship to begin with, [but] to find out that you can take that relationship to a deeper level simply by being able to do your job better. And that comes from being able to listen and hear to get your point across and get someone else's point through to you by listening to what they are saying about the client.

This sentiment was echoed by participant 3 when she said "It [the morning meeting after using Levelising to develop the CQI project] works, it works really, really good. Everybody seems to be on the same page." Participant 4 said, "We all know what we are doing, and now we are all going in the same direction instead of being scatter brained." Participant 2 said she realized she needed to participate more by "Actually listening to what everyone is saying and start stepping in and stating my opinion instead of just sitting back and taking the notes. I could see the 1-4 levels and how I was going through them."

The team reported increasing communication and holding one another accountable to the meeting structure helped them manage inter-group conflict in more positive ways. Participant 2 described these aspects in the following statement.

> I think we talk a lot more about things, about our feelings regarding one another. If someone is upset, it gets discussed. This affects the whole team. In the past, the two people involved would just go off and talk about it. But it affects the whole team.

She described previous meetings when members disagreed and did not discuss matters openly yet everyone knew there was a conflict. Learning how to disagree seemed to be an important outcome for this team. The team learned to share consumer information that allowed multiple ways of viewing the same situation. For instance participant 6 mentioned that consumer "A" was not in crisis just because she had dyed her hair blond

yet participant 5 was concerned about the consumer's emotional stability.

I observed team members pausing and asking why each person believed the consumer was in (and not in) a crisis. These two team members, along with input from others, agreed upon a support strategy for the consumer. Previously, when participants disagreed with one another they would not discuss matters and would usually leave the morning meeting feeling frustrated and discounted. Having permission to share multiple points of views opened a space for team member conflicts to surface and serve as the basis for understanding another person's view.

Furthermore, team members described awareness of personal biases and the impact on team processes. Participant 6 talked about the value of someone sharing his or her view of a situation and others listening carefully to understand. This participant said that engaging in the Levelising process allowed him to ask questions from his team without feeling like he "was questioning someone's motives." Because this process encouraged asking into other opinions or statements, he felt he was given permission to be inquisitive and his questions would not be misinterpreted.

Participant 1 said that she thought the team grew from the experience of learning about Levelising: "The team learned to reflect back to other people. I think it was helpful to identify personal biases [in order to] look at the processes you're working on in a different way." Participants talked about taking the time to attempt to understand the view someone else held even if that view was vastly different from the one they individually held.

Participant 3 said listening to others talk about their opinions allowed her to have new experiences. She said that when she listens to other people talk she "Learn[s]

different ways of looking at things, different ways of interaction. What I see in you someone else may not see. It's good [this ability to see something new]. It's a good thing." The use of Levelising supported her by giving her the opportunity to hear people speak about what was important to them as they discussed their beliefs and ideas.

Summary

I used multiple data collection methods to answer the three research questions: (1) "At what Levels in the Levelising model did participants engage during the study?" (2) "What difference did Levelising make in the participants' development of a CQI project?" and (3) "What was each participant's experience of the meetings?" The rater-observers and observations from my reflexive journal showed that the team predominantly engaged in levels 1 and 2 during the meetings. Participants described the use of Levelising during CQI project development as initially difficult to understand but worth learning. The team had to overcome its natural resistance to slowing down communication in order to reflect on practice.

Participants described Levelising as an important tool in the development of their CQI project, one that assisted them in improving team functioning. The difference Levelising made is summarized in terms of the themes described above, including the following: (1) it increased quantity and quality of communication among team members; (2) it created a method for team members to share information about consumers when they disagreed about treatment plans; (3) provided a forum to listen; (4) allowed more thoughtful conversation about needed changes instead of rushing to a pre-reflective solution; and (5) supported the team in successful implementation of a CQI project.

Chapter IV: Discussion

Discussion of Findings

This chapter discusses the findings from chapter three in terms of my practical

theory, related theories, and research on quality management and reflective practice. The

discussion also draws on the results of my bracketing interview and notes from my

reflexive journal. The purpose of this research was to support TQM at Meridian through

engaging one team in a formal reflective practice. In my practical theory, I speculated

that reflection could lead to new insights of existing work practices and thereby generate

practice improvements. The findings are discussed in terms of six points: (1) the levels in

Levelising; (2) improvements in consumer care; (3) improvements in team functioning

and relationships; (4) change resistance; (5) reflection on practice; and (6) the roles of

teaching and facilitating.

The Levels in Levelising. Outside rater-observers and I observed the ACTT

primarily engaged in levels 1 and 2 of the Levelising model: pre-reflection and reflection

respectively. In pre-reflection, the individual or group engages in the process without

reflection on the conversation. In level 2, the individual or group begins to notice what is

happening in the conversation. The individual or group engages in the conversation, but

simultaneously reflects *on* and/or *in* the current conversation.

Even though the ACTT primarily engaged in levels 1 and 2, there were occasions

when the rater-observers and I determined they engaged in levels 3 and 4. In level 3, the

individual or group becomes aware of reflecting and becomes cognizant of operating

from within a conceptual framework. Individual windows on the world frame individual

points of view. This point of view obstructs other views just as a window in a building allows a person to gaze outside only in terms of what is allowed by the window frame. What is outside the frame is simply not available to the viewer. In a level 3 experience, a practitioner can step back and see that he or she is viewing a practice through a window, and he or she can begin to notice other windows containing other views.

The first three levels in Levelising allow the practitioner to describe and reflect on his or her own experiences and the context of his or her practice. At level 4, the practitioner begins to consider others' frames and demonstrates openness to other ways of viewing a practice. Peters and Ragland (2005) say that "Insofar as reflection is an intersubjective and interpersonal activity, to intentionally open oneself to the viewpoints of others is to increase the possibilities of knowing more than one can know on one's own" (p. 5). What was it about the ACTT's experiences that led to primary engagement in levels 1 and 2 with only occasional engagement in levels 3 and 4?

I believe there were several factors at work that kept the ACTT primarily engaged in levels 1 and 2 including the structure of the meetings, time constraints, and a focus on theory instead of practice. I joined the ACTT every other Tuesday from 8:30 until 9:30 a.m. At the start of each meeting, I greeted participants and engaged in a few minutes of casual conversation. Then I reviewed what we had accomplished during the previous meeting and the agenda for that day. There were typically 30-40 minutes remaining in the meeting after we completed the greetings and review. Meetings always concluded by 9:30 a.m. due to scheduled consumer appointments.

Furthermore, lack of time during each meeting may be a reason why participants did not frequently engage beyond a level 1 or 2. I noted in my journal the following:

"What I'm finding difficult right now is how to teach reflective practice and Levelising with this team knowing I can't do it like I was taught in class. I don't have that much time." Team members were cognizant of pending consumer appointments and often interrupted the conversation to ask what time it was. I noted in my journal that participants seemed "restless" and "frustrated" during the first few meetings. Action research dissertations from Osborne (2003), Alderton (2000), and Naujock (2002) described time to be a factor as teams formed and worked on improving relationships.

Other issues with time were reported by Dale, Boaden, Wilcox and McQuater (1997) in a TQM study of a manufacturing organization. Time was an issue when a work team needed to improve production. Employees preferred to hold CQI meetings during company time and not incur overtime in order to engage in improvement processes. However, there was a management perception that involvement in a quality team during regular working hours meant that the employee did not have enough work and consequently needed more work to do. Mauer (2005) describes the need for organizations to devote sufficient resources to change initiatives, including allowing employees to take time during their daily work to engage in CQI. Organizations cannot afford for improvement processes to halt service provision or production for very long. Mauer (2005) says taking time away from productivity must demonstrate an improvement for the organization in a short period of time or the organization is likely to restrict employee investment in improvement activities during working hours. My study provided employees the opportunity to engage in practice improvements while engaged in their daily work practices.

In addition to time constraints, I was also more focused on teaching theory instead of engaging the participants in examining their individual practices. I was operating from a belief that training in CQI theory should occur first. This belief system is supported by the CQI literature and related studies. For instance, according to a TQM survey study of 111 New Mexico organizations, initial and ongoing training was identified as greatly enhancing the chances of successful CQI implementation. In this study, Kassicieh and Yourstone (1998) identified three areas of training necessary for successful CQI implementation: (1) instruction in philosophy and principles of TQM; (2) skills training; and (3) interpersonal skills training to improve team problem solving.

In the first five meetings, I taught CQI theory and Levelising, sometimes interjecting exercises to stimulate a reflection on practice. For instance, in meeting two I used a traditional classroom lecture to teach the Levelising model and observed the team primarily engaged in pre-reflection or level 1. Thirty minutes into the meeting, I asked team members to participate in an exercise designed to shift from pre-reflection (level 1) to reflective being (level 2). Argyris and Schon (1974) used this exercise while teaching students how to construct a model of their theory-in-use. The goal is to produce data that helps the individual learn, to gain insight into the conditions that inhibit and facilitate growth, to provide information allowing the individual to improve practice, and to obtain assistance from others. I noted in my journal, "The team is struggling with noticing their practice and moving from level 1 to level 2. Even the conversation about their practice brings puzzled looks and silence. My language seems to be odd for them. They keep asking me what I mean."

I was primarily engaged in what Peters and Armstrong (1998) describe as type one and two teaching and learning. In type one teaching and learning the emphasis is on the teacher lecturing as information is transmitted from teacher to student. In type two teaching and learning, information is shared from teacher to student through lecture, but there is also engagement in exercises that encourage student discussion and reflection.

Type three teaching and learning emphasizes the role of the teacher as a member of the group. The teacher may still possess special knowledge of a subject but students have knowledge to contribute because the focus is on construction of new knowledge. This new knowledge does not exist in any one person, but emerges from joint creation. However, in these meetings, I positioned myself as the "expert" using didactic instruction or type one teaching and learning. An expert positioning is what Harre' and Langenhove (1999) call "deliberate positioning" where the focus is on achieving specific goals. Participants spoke only to ask questions when more information or clarification was needed. Since I was the "expert," the group accepted the information I provided and did not question it.

Action research studies show that a facilitator self-positioned as expert often creates reliance for direction and coaching. Researchers have noted that participants turn to the facilitator for ongoing instruction (Alderton, 2000; Brickey, 2001; and Naujock, 2002). The expert facilitator is not expected to co-construct knowledge but is instead self-positioned as the person with knowledge to transmit. During the ACTT meetings, I was frustrated with the team because of its over-reliance on me to lead the conversation: an over-reliance I had to admit was created by my self-positioning. Gaventa and Cornwall (2001) cite that the fate of individuals is often in the hands of people who position

themselves as experts and "who exercise power over others through their expertise" (p. 73). The role of action research, according to Gaventa and Cornwall, is to empower people through construction of their own knowledge in a process of action and reflection. My intention was to empower the ACTT to discover ways to improve an aspect of its practice, yet my self-positioning as expert prevented this from occurring during the first several meetings.

The team resisted my expert self-positioning in these first few meetings. I made note of their resistance in my journal, but at the time, I did not understand the source of their resistance. By the fourth meeting, I began to feel my own resistance towards the team and the project. An article by Miller (2004) discusses the parallel processes of resistance she experienced with students while instructing them in how to be effective facilitators. When she experienced the student's resistance, she "felt an overpowering need to 'fix it' for them, make it better somehow" (p. 386). Her tendency, like mine, was to focus more on tasks to complete instead of an inquiry into the resistance through dialogue. Miller said, "The anxiety was in fact so great, and yet so withheld, it had created a silent void, and both the students and I had responded to filling the void with content, rather than dealing with the anxiety directly" (p. 387). As Miller reflected on the situation, she was able to see how her anxiety about the work paralleled the students' anxiety about the work.

My resistance mirrored the team's resistance. My insecurities in how I was facilitating were generated by a focus on task completion. When the meetings became difficult, I stopped looking forward to them. The team became more silent and withholding-as I became increasingly at a loss as to what else to do. I suddenly became

aware of my resistance one Tuesday morning when I found myself hiking in the woods instead of driving to the fifth ACTT meeting. It was 8:00 a.m., and I was literally miles from the meeting location and dressed in hiking clothes. I arrived late to the meeting, without my tape recording equipment or materials.

While driving to the meeting, I had a sudden insight about what I was experiencing. My anxiety about my own performance was so great that I was resisting the team's resistance. Up to this point, my only recourse had been to increase the time I spent lecturing. It was at this meeting that I shared my resistance, anxiety, and fear with the team. As I engaged in naming and framing in the Levelising model, I unwittingly invited participants to do the same. This meeting was described by the participants, the outside rater-observers, and in my journal as a "turning point" from talking about to engaging in Levelising.

When I began to question what I do and how I think, I was able to see the frames that were governing my work. As McKee (2003) says "When we engage with our knowledge in this way [seeing how frames govern our work], making what feels natural and comfortable problematic, we have the beginning of authentic accountability to each other and to our clients" (p. 405). After the meeting with the ACTT I wrote in my journal:

> So I wonder what it is about *my* practice that led me to feel uncomfortable with the team's process. What is my focus on during the ACTT meeting? Am I inwardly focused or focused on the team members? Am I attending to the conversation and being in support of team members? Am I focused on my own performance and wanting to be helpful? Is my own performance anxiety interfering with the team's work?

I changed the way I was interacting with the ACTT during this pivotal meeting. My insight allowed me to shift from a type one and two teaching and learning to engagement in type three teaching and learning. It was during and after this meeting that the ACTT engaged more frequently in levels 3 and 4. I attribute this in part to changes in how I was facilitating the meetings.

Team members had said Levelising seemed theoretical and conceptual and that they did not know how it related to CQI. My attempts to further clarify the relationship between Levelising and CQI produced the same results: confusion and frustration. Wittgenstein (1953) says the meaning of a word is in its use. To understand what something is, we must engage with it. By focusing on theory in the first five meetings, I prevented participants from understanding Levelising through engagement in Levelising.

 At the sixth meeting, I reviewed the Levelising model with the team and focused on framing or level 3. I invited participants to return to the list of CQI project ideas generated in meeting five and to explore why these ideas were important for the person who suggested them. I did not lecture during this meeting, but instead invited participants to engage in a discussion of their project ideas. At one point, participant 7 talked about why she wanted the team to pursue her project idea (improving the morning meeting). In doing so, she shifted the team into a conversation where everyone shared his or her current experience of the morning meeting and the changes he or she wanted to implement.

Participant 7 talked about her frustration with her fellow team members and the ways they were communicating with one another. Team members began to ask her why she was frustrated with the way they communicated, and I prompted her to ask the team

how they believed the team *should be* communicating. My intention was to support the team in noticing their *practical theory* as contrasted to their *practice in action*. My journal notes showed this team engaged in level 2 and level 3 primarily because they were asking into one another's comments and intentionally exploring others' beliefs about roles and styles of communication.

Participant 7 said that she was frustrated with the team because she was continually in the lead position. She wanted to share the leadership responsibilities with others. In my journal, I noted, "I talked for the first 20 minutes about the synthesis of material up to this point. The remainder of the meeting, team members were primarily speaking with minimal prompts from me." This was a noticeable shift in member and facilitator participation.

At the eighth meeting, I talked for the first few minutes about the CQI project ideas and prompted the team to select one idea and begin the next stage of the PDSA model called Do (implementation of a project idea). The team chose to change the morning meeting. I asked the team, "What is your current view of the morning meeting?" They talked animatedly about how well they were doing as a team and how successful they were in preventing consumer hospitalization. Several members spoke with great interest on a theme I called in my journal, "We are doing fine and don't need to change anything".

I was surprised by the conversation because the team was not prone to animated or excessive talking. I listened to them for 30 minutes before asking, "What do you believe to be your vision as a team?" The team met this question with puzzlement and asked me to explain what I meant. I shared my observations that the team was focusing

on crisis management. After revealing my observations, I asked participants to validate or refute my comments. Participant 7 said "I own [know] that I have an emergency services background and that is what I bring to this team. But to say that is all we do [crisis response]…my experience is that people are not in crisis. No calls on the pager. Our consumers are doing okay. We are doing something right." Team members continued offering observations about how the team was functioning during the morning meeting.

I asked participant 7, "How does your 'practical theory' show up in the morning meeting?" A discussion ensued about the difference between the stated goals and current practice of the morning meeting. After the meeting, I wrote, "I took a risk in sharing my observations with the team and challenging them to look at their espoused [practical] theory and theory in action. I noticed a difference between the two and challenged the team to examine the situation and reach their own conclusions." I was worried that I had inserted too much of my own observations at a time when I needed to focus on facilitating the team's process.

The remaining meetings (10-12) focused on the next steps in the PDSA model, Study and Act with participants engaging primarily in levels 1 and 2. I wrote in my journal, "At this stage there is more focus on the CQI project, outcomes, and the morning meeting. The education and experiences of the Levelising model are still evident in the way team members speak in the meeting: asking back, checking in, and asking for clarification." I shifted into predominantly a facilitator role in the last three meetings as the team designed and implemented its CQI project.

Improvements in Consumer Care. The ACTT expressed satisfaction with the changes to the morning meeting and the resulting improvements in consumer care

through implementation of their CQI project. Participants reported an improvement in consumer care occurred when the ACTT implemented a new focus and agenda for the morning meeting and improved communication and relationships. This improvement in consumer care was defined and described by ACTT. In my initial practical theory in chapter one, I described how engagement in Levelising to develop a CQI project would allow a team to explore its practice in new ways. This focus on practice could result in improved clinical outcomes.

How did consumer care improve when the ACTT changed the structure of the morning meeting? This improvement occurred because every consumer was now being reviewed daily. The daily review of every consumer and his or her goals has allowed the team to be more person-centered. According to Gardner and Nudler (1999) "Quality is built into programs and services when we learn who people are, what outcomes they want in their lives, and then design services and supports accordingly" (p. 37). A focus on the person who is served will generate outcomes that respond to each person's unique needs.

Improvements in Team Functioning and Relationships. In participant interviews, staff described how the changes to the meeting have also led to an improvement in how the team communicates. The team described how it learned to share views and discuss treatment ideas in ways that fostered dialogue, not arguments. Participants slowed the conversations, asked into others' perspectives, and shared frustrations and challenges. For a multi-disciplinary team it was essential that differing views of consumer care be routinely shared to create a unified treatment strategy.

The team reported that relationships improved when it asked questions, expressed sincere opinions, invited others to give feedback, and experimented with new behaviors.

In order to engage in this way, the team found it necessary to slow the process for individual and group reflection. This effort was not about slowing the conversational pace, but rather, adding something that resulted in the conversation's deceleration. Reflection made a difference. An individual or team may slow the process for reflection and engage in critical thinking on frames to uncover blind spots.

Opening new frames can provide an individual or team the opportunity to change an aspect of practice. The individual or team can simply recognize others' frames or choose to adopt a new frame. McKee (2003) says that a practitioner can be "passionately committed to our own world, and simultaneously, passionately interested in other words (p. 3)." This type of dialogic engagement with our ways of knowing "not only makes us more accountable to our colleagues and clients, but also keeps us open to discovering new phenomena that are incongruent with our habitual ways of looking" (p. 3). Others help us see what we cannot see in ourselves and thereby create openness to new views.

Change Resistance. A barrier to successful CQI implementation is the reluctance on the part of the practitioner to adopt new work practices. Levesque et al. (2001) found that CQI can be viewed as a threat to professional autonomy. Professionals often viewed CQI as a violation of consumer confidentiality. My role as CQI facilitator is to support teams in overcoming resistance and motivate them to engage in the change process. Teams often meet the request with resistance when asked to voluntarily identify some aspect of practice to change. If team members possess little to no motivation to engage in the change process, the CQI initiative will likely fail.

In an article examining how physicians engaged in a CQI change process, Levesque et al. (2001) found that even with increased external pressure to implement

quality improvement initiatives, individual enthusiasm for CQI may be on the decline. In a quasi-qualitative study of TQM in the service industry, resistance to change was apparent in many organizations. Huq (2005) says, "Propensity to resistance was expressed through resentment about management's approach, doubts and uncertainty, and fear that employees may be working their way out of their jobs" (p. 461). Resistance can occur for a variety of reasons, effectively obstructing change.

A model developed by DiClemente and Prochaska in the Levesque et al. (1982) study measured individual and organizational readiness for change. Their five stage model includes the first stage labeled "precontemplation" where individuals are resistant to change and do not plan to implement any change in the next six months. The "contemplation" stage is less resistant to the idea of change, but an overestimation of the cons or costs of changing results in participant ambivalence. In the third stage, "preparation", an individual or organization decides to take action within the next 30 days, and makes small steps toward the stated goal. In the fourth stage, "action", the individual engages in new behaviors. Finally, in the fifth stage, "maintenance," the individual has been able to sustain the action for at least six months.

The frequency and intensity of QA activity at Meridian has created a general fatigue for change. This fatigue could suffice as a principal reason for the team's resistance; however, the ACTT's response to change is typified in the DiClemente and Prochaska stages of change model. When I began working with the ACTT, there was written agreement to participate in this study. I believed participants were in the preparation stage because of these agreements. Participants were likely at different phases

in the stage of change model. This possibility could be one explanation for the resistance and ambivalence I described in my bracketing interview and my journal.

In my journal, I described the ACTT to be in the contemplation stage of change in the first four to five meetings. To create successful change outcomes, a facilitator should meet an individual or team at its identified stage of change. For those in the contemplation stage, Levesque et al. (2001) recommends the use of "self-reevaluation: considering how one's identity, happiness, and success can be enhanced by adoption of CQI" (p. 141). Self-reevaluation involves reflection on the current situation and imagination of a different way of working. Meeting a team at its identified stage of change, or what is called stage-matched interventions, reduces resistance, stress, and the time needed to implement change by accelerating movement toward the action stage.

I talked about the team's resistance in my bracketing interview. For the participants, the CQI project appeared as just another monitoring event. My role was to support the team in seeing this process as a way to gain power and control over its practice through self-selection of an improvement process. I wondered what kept this team engaged with me when it was feeling frustrated and confused. A member of the team during her interview gave me one reason why the team continued to work with me in this study despite its resistance.

> Because I think you want the best for this team too. I mean you were doing your educational program and needed help with…. but I trusted that whatever you were doing was about team and something about processing that….and I imagine that you have been real thoughtful about all of that and probably spent years being thoughtful about how that looked. I trusted that even if I didn't really understand up front what we would be doing, I didn't think you would do something with us that would be meaningless.

This declaration of trust was unexpected. I was constantly mindful of the time commitment this team had made to the research project, and I wanted to ensure that the results of the project were valuable to the participants, to the agency, and to my research study.

Reflection on Practice. A root cause of TQM failure is the inability of a group to change the way it reflects on and views its practice. Senge (1999) says there is a need to change the most basic ways of thinking through identification of different frames or perspectives and the recognition of what one currently assumes and believes about one's practice. Instruction in CQI principles alone does not support individuals and groups in frame identification. A study in the early 1990's of hundreds of corporate TQM programs showed nearly two-thirds of them failed because they did not produce expected results.

Schon (1983) says real-world problems are messy because they present themselves as puzzling, troubling, and uncertain. In order to convert a problematic situation into a well-formed problem for CQI, the practitioner must make sense of a situation that does not easily lend itself to being understood. The practitioner needs to initially engage in the process of problem *setting,* not problem *solving*. If the practitioner operates from a technical rational viewpoint, the initial focus will be on problem solving to the detriment of problem setting. Problem setting supports the practitioner in two ways: by *naming* the things that need attending to and *framing* the context in which they need to be attended.

Conflicting paradigms of professional practice can cause difficulty in defining a problem because individual specialties may identify different problems based on practitioner frames of the situation. McKee (2003) believes that listening to one another

with a willingness to reflect on one's frames of mind and selective filters leads to the ability of a multi-disciplinary team to put together respective areas of expertise, like pieces to a puzzle, to construct a complex formulation of a situation.

I asked the team, during the CQI project idea development phase, to tell me what aspect of practice was limiting practitioners from being the best they could be. This question produced a list of eight items including the following: too much paperwork, inadequate training, a lack of shared meeting minutes with the whole group, too much informal sharing of information, lack of data tracking for consumer care, infrequency of client contact, rigidity of deadlines, and struggles with the use of electronic tools for documentation. After the group generated this list, I asked the team to inquire of each person what he or she meant by each item contributed.

Through a deep inquiry into what was limiting each practitioner from optimal practice, we highlighted a common problem: displeasure with how we shared consumer information each morning. The participants engaged primarily in level 2 during this meeting (five); however, the rater-observers scored the team as engaged in level 3 (framing) in three segments of this meeting and level 4 (theorizing) once. I noted in my journal that the team was engaged in level 3 within the first 15 minutes of the conversation. After this observation, I determined that the team predominantly engaged in level 2 for the remainder of the meeting.

My goal was to entice the ACTT to look outside its frames and engage in a more critical review of its thoughts by becoming curious about something that might exist on the margins of its understanding. I believed it would be helpful if the team could recognize that what it knew was only a perspective, a limited view. Noticing that we have

a frame and choosing to look outside it can help us discover the limits of our frame and open the possibility of establishing an altered frame.

The Roles of Teaching and Learning. This last discussion point describes my awareness of roles as teacher and facilitator. In my bracketing interview, I described my sensitivity to participating in differing roles. As I interacted with the team, I paid careful attention to times when the roles changed. For instance, during one of the meetings a participant asked me a question related to service delivery. I shifted into my role as Leadership Team member to answer her question only to revert back to the role of facilitator a few minutes later when I reviewed the goals of the project and prepared the team for that day's activities.

In an article about insider action research, Coghlan (2007) discusses the challenges faced by individuals who direct action research in their own organizations. In trying to sustain a full organizational membership role and the research perspective simultaneously, researchers are likely to encounter role conflict and "find themselves caught between loyalty tugs, behavioral claims and identification dilemmas" (p. 297). The action researcher must have the ability to manage dual roles and organizational politics in order to be successful.

I was also aware of the power differential with this team in each of the roles I assumed. As a facilitator, I emphasized and fostered active listening, questioning, and action. The action researcher conducting research within his or her place of employment needs to be politically astute, including having the ability to be self-critical about political strategies and tactics of employing them. There are two strategies that support the insider researcher: performing (being active in the change process), and backstaging (having

skills at intervening in the cultural systems through justifying, influencing, negotiating, and so on). Because the researcher has a pre-understanding of the organization's culture, he or she is able to work in ways that maintain awareness of the political conditions without compromising the project or his or her own career.

The issue with power differential and assuming multiple roles became apparent to me when the ACTT was developing ideas for its CQI project. I found it challenging to encourage staff to direct their own programmatic change during the CQI project while I remained in a position of political austerity. In my journal, I discussed the struggle between performing and backstaging: "My position at Meridian seems somewhat awkward for me and I'm not sure if the group experiences the same thing. I want to be vulnerable with the group but am finding that it's hard for me to be this vulnerable when I'm usually in the role as expert within the context of my position." I wanted participants to choose their own CQI project, yet I had insider knowledge of administration's expectations for CQI projects.

In my bracketing interview, I described my heightened self-awareness as I was observing what I was saying and how I was saying it. I often left meetings feeling like I had done most of the work for the team that day. I was hyper-aware of how I was facilitating CQI. After the second meeting I wrote in my journal:

> I notice in myself a strong desire to get to the outcomes as quickly as possible. I am afraid that folks will get bored, won't want to participate, or not enjoy this process. I am also aware of my fears and insecurities as someone attempting to support this team and make a difference for them.

I reflected on the words I was using especially when I referred to making a difference "for them", as if I was responsible for the team's outcomes. I wanted to get to the action

stage and was uncomfortable with slowing down in order to understand my own world

view.

It was interesting to reflect on the parallel process of the participants' struggles as

they developed their CQI project and my struggle with having patience in facilitating

CQI and Levelising. This difficulty was an example of how I was influencing participant

behavior through my own unexamined processes. I wanted to get to the "Do" stage of the

PDSA model sooner than the team actually did. My impatience could be one of the

reasons that participants primarily engaged in levels 1 and 2.

In addition to rushing towards the "Do" stage, I also missed opportunities to listen

deeply to participants because of my heightened awareness of my performance as

researcher, facilitator, and administrator, as well as the over-reliance on type one teaching

and learning. I was not able to fully support participants in examination of the roles they

were playing, including how they were framing situations and viewing their relationships.

I wrote in my journal:

> I do think, though, that constantly being in a state of having to watch myself is
> incredibly difficult. I am much happier in more of a flow state, you know, where
> I'm working or doing something where I completely lose myself in it.

When my attention was diverted to studying myself, I was not wholly present with the

team and the conversation.

Coghlan says that self-awareness is natural for researchers engaged in study at

their own organization.

> At the same time as action researchers are engaging in the project or core action
> research cycles, they need to be diagnosing, planning, taking action and
> evaluating about how the action research project itself is going and what they are
> learning. They need to be continually inquiring into each of the four main steps,

> asking how these steps are being conducted and how they are consistent with each other and, so, shaping how the subsequent steps are conducted. (p. 299)

My self-awareness was a necessary part of my roles as facilitator, researcher and administrator. Before the bracketing interview, I had not reflected on the mental and emotional energy that would be required in serving in multiple roles. It was an exhausting experience. The interview allowed me to reflect on why the research process felt so burdensome, why I felt so exhausted, and why I missed opportunities to focus outward on the participants.

Summary

The ACTT primarily engaged in levels 1 and 2 of the Levelising model during the six month study, but rater-observers and I on occasion observed the ACTT in levels 3 and 4. I theorized that a team would need to explore beyond a level 1 engagement in order to reflect on work practices that could lead to careful identification of a problem: not rushing to a solution when the problem was not yet well-formed. Participants perceived the use of Levelising as a CQI tool as an effective strategy in developing their CQI project. My findings indicated that time constraints, a focus on productivity and the type of teaching and learning I used were factors that limited engagement beyond levels 1 and 2. Additional findings indicated that consumer care improved following the changes to the morning meeting because of a daily focus on consumer goals. Another reason for improved consumer care was related to improvements in team functioning. Relationships among team members improved as participants learned more effective ways to listen to different perspectives and sought to understand others' perspectives.

Engaging in a change initiative meant identifying and overcoming a resistance to change. It was important as a facilitator that I meet the team at its self-identified stage of change and support them in engaging in action. Many CQI initiatives fail because teams do not produce expected results. A facilitator can increase the chances for successful CQI initiatives if he or she supports the participants in slowing the process for reflection, thereby engaging in problem *setting*, rather than rushing to problem resolution.

The findings in this chapter were not unexpected; however, I was unaware of how critical these findings were to successful CQI implementation. In particular, I found the role I played as facilitator to have a much stronger impact on the team's engagement in the levels of the Levelising model than I initially predicted. I served in multiple roles and was sensitive to each one. I found it challenging to conduct an action research project at my place of employment while simultaneously observing each unique role: administrator, facilitator, and researcher. I had to be mindful of issues with power and politics as I navigated each role.

Chapter V: Summary and Conclusions

Summary

This chapter summarizes the study's findings, including my reflections on the findings in terms of my practice and the study's contributions to my practical theory. I also provide implications to the fields of reflective practice and TQM. I "turn back" to my practice better informed with more insight and changed by my experiences. My motivation in conducting this research was to explore, at my place of employment, a new way of facilitating CQI that could lead to improvement in my professional practice. I planned to facilitate the CQI process with one Meridian direct service team as it engaged in Levelising.

I examined my practical theory through a formal study of the changes to my practice. I wanted to know if facilitating CQI, in conjunction with Levelising, resulted in an effective and meaningful experience for participants. Three research questions guided my inquiry: (1) "At what levels in the Levelising model did participants engage during the study?" (2) "What difference did Levelising make in the participants' development of a CQI project?" and (3) "What was each participant's experience of the meetings?"

I employed a case study design using both quantitative and qualitative data collection methods. The outside rater-observers used frequency counts to indicate their perceptions of participants' engagement in the levels in Levelising. This quantitative data provided insight into the first research question. Participants described their experiences of the use of Levelising as a CQI tool and also described their experiences of the meetings. This qualitative data provided insight into the second and third research

questions. Observations from my reflexive journal and the bracketing interview added to the rater-observer and interview data.

Chapter IV discussed six points based on the findings from chapter III. The discussion points included: (1) the levels in Levelising; (2) improvements in consumer care; (3) improvements in team functioning and relationships; (4) change resistance; (5) reflection on practice; and (6) the roles of teaching and facilitating. The findings indicate that levels 1 and 2 were the predominant levels engaged in by participants with evidence of occasional levels 3 and 4. Participants described changes to the morning meeting, a situation leading to improved communication. As the morning meeting structure and communication improved, participants said consumer care also improved. There was resistance from participants throughout the CQI project; however, the ACTT overcame its resistance to create a change in the morning meeting and has sustained its efforts.

Conclusions

The following conclusions are based on the research findings and discussion: (1) Levelising can be learned; (2) Levelising contributes to more effective interpersonal communication; (3) facilitator actions impact learning; (4) environmental factors affect Levelising; and (5) action research requires balancing multiple perspectives.

Levelising can be learned. The rater-observers' ratings and my reflexive journal notes indicate that participants engaged in Levelising: primarily in levels 1 and 2, and occasionally in levels 3 and 4. The conclusion that Levelising can be learned is based on the rater-observer data and my journal observations, as well as on the results of interviews with participants. Not only did participants engage in levelising, they were able to describe and discuss levels and levelising and the practical benefits of engaging

in the process. Participants also described Levelising as initially difficult to learn; however, they said they understood the different levels in Levelising by the study's conclusion. I believe participants learned to Levelise because they slowed the conversation in order to create a space for reflection. When participants were able to reflect on their conversation, they became open to other points of view that led to new understanding. Participants described how valuable it was to listen to one another and try to understand another person's perspective.

Levelising contributes to more effective interpersonal communication. ACTT engaged in more effective communication that improved team functioning and that resulted in improved consumer care. The participants described that Levelising improved the team's ability to effectively communicate by slowing the conversation and encouraging reflection and inquiry into others' perspectives. Inquiry into others' perspectives is critically important in order for a multi-disciplinary team to share differing treatment opinions and agree on a unified treatment strategy to provide good quality of care.

As participants learned more effective communication, these skills influenced how they interacted with consumers. According to Law, King, MacKinnon, and Russell (1999), "A service provider in a person-centered environment is expected to have strong facilitation, negotiation, communication, and problem-solving skills (p. 91)." The service provider must be able to step away from the roles as "expert" and "doer" and must possess the ability to negotiate. This kind of negotiation requires the ability to reflect-in-action not only in terms of the person's response to the consumer but also in terms of the service team and personal perspectives.

Negotiation includes all aspects of service delivery and builds on effective communication skills. Negotiation includes understanding others' perspectives, an openness to changing one's perspective, and a willingness to adopt another person's suggestion. Levelising provided the ACTT with a tool to effectively negotiate differences in opinions. By the study's conclusion, the team reported that the use of Levelising supported them in improving its relationships, a situation resulting in improved consumer care.

Facilitator actions impact learning. The facilitator's impact to learning occurred in terms of participants' engagement in the levels of the Levelising model. Successful implementation of the CQI model depended on sufficient training; however, engagement in Levelising during the meetings was more important. For the participants, Levelising was a new practice that interrupted routine practices. It introduced to the group new ways of acting that had to be learned. When a facilitator focuses on type one teaching and learning, he or she expects theory to be learned first then translated to practice. There is room for all three types of teaching and learning, but the facilitator must determine when to transmit information through lecture and when to engage the participant directly with his or her practice.

My frame included a belief that I was ultimately responsible for CQI and its effective implementation and that I must accomplish this task with minimal sacrifice from others. This frame perpetuates what Senge (1999) calls the "hero-leader": a single person orchestrating change single-handedly. Leadership capacity must be developed and shared with all members of an organization to create lasting change.

My style has not supported the development of leaders throughout the organization, but has instead historically hoarded the responsibility and controlled processes. My sense of responsibility could be considered a form of control. This reflection on my practice has been difficult and I continue to be sensitive to my controlling tendencies through my continual engagement with co-workers in change initiatives.

Environmental factors affect Levelising. Environmental factors also affected the levels that participants engaged in during the study. These factors included constraints on time, the lapsed time between CQI meetings, the culture of production, and a general resistance to change. These factors influenced the facilitator's actions and limited the ability of the team to engage beyond levels 1 and 2.

I speculate that a longer meeting time with fewer days between meetings might create an environment more conducive to levels 3 and 4. At each meeting, I spent a minimum of 15 minutes reviewing what was discussed at the last meeting so that participants could focus on CQI and Levelising and engage with the process planned for that day. This timeframe left a maximum of 45 minutes to engage in conversation to develop a CQI project.

In addition to time limits and lapsed time between CQI meetings, the ACTT had to meet weekly productivity standards. Productivity standards are necessary to ensure financial viability of the service. Meridian requires the team to provide a minimum amount of direct service activity that can be billed to the payor such as Medicaid, Medicare and private insurance. The income the team generates can allow it to continue

to offer the service. Meridian's Leadership Team outlines and monitors these expectations.

In addition to financial expectations, there are also service expectations. According to the state's service definition, every ACTT consumer must receive a minimum of 20 minutes of face-to-face service by the ACTT, a minimum of three times per week. If the ACTT does not consistently provide this level of care to its consumers, the service would be in jeopardy. Performance monitoring and financial audits check the duration and frequency of service delivery on a routine basis.

The pressure to perform creates a stressful environment. This kind of environment does not support practitioner engagement in reflection and process improvements. Participants continually commented about how difficult it was to "slow the process" in order to reflect and to think about improvement processes. The ACTT reported that changing an aspect of its practice was difficult. I concluded the difficulty stemmed from: resisting the reflection process, being reluctant to identify an area of practice to improve, being at different stages of readiness to change, and experiencing a level of comfort with the status quo.

Action research requires balancing multiple perspectives. This action research was conducted at my place of employment. I served in several roles during the study including CQI facilitator, agency administrator, and co-researcher with the ACT team. To be effective in each role, I needed to understand the perspective of that role. Coghlan (2007) says the manager-researcher needs to engage in rigorous introspection and reflection on experience in order to expose underlying assumptions and un-reflected action. However, I found it difficult to balance multiple perspectives. I often questioned

how I was facilitating the CQI process and worried that I was not being an effective facilitator.

I attributed my insecurity to heightened sensitivity of each of my roles. I was engaged in constant self evaluation while simultaneously evaluating the team's progress. This hyper-vigilance was exhausting. In order to overcome my growing anxiousness, I had to take a risk and share some of my perspectives with the team. Through naming my frustrations with the participants, they were able to talk about their frustrations with the process, the material, the meetings, each other, and me.

Implications

I discuss implications from two perspectives: practice and research. Practice implications include changes I would make to my practice as a result of the study's findings and what I would recommend for other CQI facilitators. Research implications include what I would change about this research study and my recommendations for additional research on Levelising and CQI.

Practice Implications. There are several aspects I would change about my practice as a CQI facilitator. First, I would discuss with a team what is involved in change and ask it to rate itself on individual and team readiness to change. I would talk openly about resistance to change as a natural group process. This discussion could lead to a team identifying itself unready to engage in a change process. My role as facilitator would be to meet the team at its self-identified stage of change.

Changes to my practice could include engaging participants in a discussion of their experiences instead of teaching Levelising and CQI. I could spend more time exploring participants' frames by beginning with their practice rather than theory. I could

accomplish this process through the use of exercises that are designed to encourage reflection on practice. I would ask participants to share more about what they finds challenging or limiting about their practices. I would demonstrate this process with the team by sharing what I found challenging or limiting about my own practice.

The process could be helped if participants understood what would be required of them in order to engage in the Levelising process. One way to experience what is required of each level in Levelising is for the facilitator to "stop the music" more frequently and show participants what they are doing while in the practice of doing it. If participants had the opportunity to engage in thinking about their current practice before talking about the stages of the PDSA model, they might be less resistant to change.

I have four recommendations for other CQI facilitators. These recommendations are the same as ones I have for my own practice: (1) evaluate the environmental factors affecting the team; (2) discuss the team's readiness to change; (3) begin with participants' experiences and not theory; and (4) be sensitive to requirements of the action-researcher when he or she is serving multiple roles. An effective facilitator should know the environmental factors and discuss these openly with the team. These factors could preclude the successful implementation of a CQI initiative.

Engaging in change is difficult and often met with resistance under the best of circumstances. The second recommendation is that the CQI facilitator should have a conversation about change and inquire into the team's willingness to engage in a change initiative. The facilitator may find that the team is at a different stage of change than anticipated. The facilitator would need to adjust his or her strategies for CQI implementation or decide that the team is unready to engage in a change process. Even if

the team is unready to engage in a change, the facilitator could still work with the team by meeting it at its readiness to change and support it in getting to the next stage in the stages of change model.

My third recommendation to other CQI facilitators is to begin with participants' work experiences. The facilitator should limit how much he or she speaks during the meetings and allow the participants to engage with one another and the facilitator. This type of engagement would lead to a focus on practice instead of theory. Engaging in Levelising and reflective practice takes time, practice, and skill- including both individual and group skill. The group needs to be fully informed of the process in order to engage in Levelising; however, the facilitator must be especially skilled in understanding when to insert theory and when to support the team in engagement in practice. The facilitator can achieve this level of discernment if he or she engages in authentic relationship with the team, demonstrating the levels in the Levelising model through sharing his or her insights, insecurities, anxiety, and awareness.

Conducting action research at his or her place of employment will require the facilitator to serve in multiple roles as researcher, facilitator, and agency administrator. The facilitator must be able to manage dual roles and organizational politics including issues with power. Managing multiple roles requires finesse and patience.

Action researchers need to simultaneously diagnose, plan, take action and evaluate the action project itself while thinking about they are learning. This amount of focus can be overwhelming and can lead to an over emphasis on personal performance that increases the researcher's anxiety. This anxiety can be managed through self awareness and finding a knowledgeable and trusted person outside the research site who

is willing to listen, and allow the researcher to reflect on his or her experiences. This reflection could lead to increased awareness of frames and the ability of the practitioner researcher to create new frames that facilitate different practice outcomes.

Research implications. In this section I describe how I would change the research methodology. First of all, I would conduct this research over a three-month period instead of six months. This change would require meeting with the team every week instead of every two weeks. I found it difficult to re-engage with the study participants when meeting only every two weeks. I had to spend at least 15 minutes at the start of each meeting reviewing what the team discussed in the last meeting. This practice left a maximum of 45 minutes to engage in Levelising and project improvement activities. I would also increase the length of each session to two hours. A three month study with weekly two hour meetings would generate results sooner and thus provide motivation for the team to continue engagement in the change process and might reduce resistance.

I would also change some aspects of the participant interviews. I would ask participants to describe their perceptions of individual and team engagement in the different levels in the Levelising model. I wonder how participants' experiences of the levels in the Levelising model would compare to the outside rater-observers and my observations recorded in my journal.

In another study, I would conduct a group interview of the rater-observers following their scoring of the tape-recorded meetings. I would ask the rater-observers about *their* experiences of listening to the tape recorded meetings and their experiences of using the frequency count ratings to determine the levels in the Levelising model. As I reviewed the rater-observers ratings, I wondered what the experience was like for them as

they rated each segment of the tapes. I wondered if they could provide qualitative data about the experience of using the Levelising instrument and the experience of listening to the tape-recorded meetings.

Closing Reflection

The DATA-DATA model provided an opportunity to examine an aspect of my practice as I engaged a team in examination of an aspect of their practice. Levelising is a comprehensive approach to guiding reflective practice that allows both the participants and facilitator to attain multiple perspectives on ways of practicing. A theory of practice guides the practitioner whether or not he or she is aware of it. What the practitioner does in practice constitutes his or her theory-in-use. Attaining congruence between a practical theory and theory-in-use can lead to effective professional practice.

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Appendices

Appendix A: DATA-DATA Model

DATA-DATA PHASE	GUIDANCE	QUESTIONS
DATA-DATA: **Describe**	Describe the area of practice that the practitioner wants to improve and the situation in which the practice occurs, without judgments or reasoning.	WHAT is occurring in my practice? What is the situation I would like to explore?
D**A**TA-DATA: **Analyze**	Identify the underlying assumptions that have contributed to the present area of concern or interest and the reason for the concern or interest.	WHAT is going on in my practice and WHY?
DA**T**A-DATA: **Theorize**	Formulate a practical theory for alternate ways to approach the area of interest or concern and the questions that will guide inquiry.	WHAT are possible solutions to address my area of concern or problem in my practice? WHY am selecting a particular approach?
DAT**A**-DATA: **Act**	Act on the basis of this practical theory.	WHAT do I wish to find out? What are my research objectives?
DATA-**D**ATA: **Design**	Design or identify the method and procedures for collecting data.	HOW can I find out the answers to my research objectives?
DATA-D**A**TA: **Analyze**	Analyze and reflect on the data collected.	WHAT did the data reveal about my practice?
DATA-DA**T**A: **Theorize**	Refine the practical theory.	WHAT do the findings mean in terms of my practice?
DATA-DAT**A**: **Act**	Reviewing what was learned, modify one's practice or disregard the findings; determine if another cycle of DATA-DATA should be implemented.	Upon reflection of the findings and their implications what have I learned? WILL I take action to cycle through DATA-DATA again?

Appendix B: Consent Statement

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Office of Research
Research Compliance Services
Meridian Behavioral Health Services (Meridian)
Reflective Practice as a Quality Management Tool

</div>

INTRODUCTION
You are invited to participate in a research study. The purpose of this study is to investigate whether on-the-job training in a particular form of reflective practice called "Levelising" will lead to employees' adoption of more reflective practices as they engage in Continuous Quality Improvement (CQI) processes. Reflective practice can occur at several levels of perspective taking, and assessment of employees' reflective practices can be made at one or more of these levels. The objectives of the study are:

1. Following training in reflective practice, at what levels do participants engage in reflective practice?
2. What difference does reflection at one or more levels make in the participants' development of a CQI project?
3. What is the nature of participants' experiences in the training sessions?

The results of this study should contribute to the literature in Total Quality Management (TQM), CQI and reflective practice. Practical results should accrue to the participants' and researcher's work situations, as active participation in the training activity is intended to result in improved work performance.

INFORMATION ABOUT PARTICIPANTS' INVOLVEMENT IN THE STUDY
Twelve regularly scheduled meetings, one hour in duration each, will be audiotaped. These meetings will occur over a six month period of time and involve Meridian's Assertive Community Treatment Team in Haywood County. During the meetings, the researcher will teach general quality management concepts and a CQI model focusing on the use of Levelising as the team develops a CQI project. After general instruction in TQM, CQI and Levelising, the researcher will assist the team in identifying and narrowing project ideas to the selection of one project, defining how to measure project outcomes, and deciding if the change should be sustained and implemented. With each step in this CQI process, the researcher will encourage participants to use Levelising to create greater understanding of his or her own perceptions and values.

The meeting audiotapes will be used by outside, trained raters to measure the amount of engagement of the team in the different levels of the Levelising Model (an aspect of reflective practice). In addition, each participant will be interviewed by the researcher in both an individual and one group interview at the end of the study with the goal of understanding the experiences of each participant and the team as a whole.

RISKS

The purpose and content of the meeting is not confidential or potentially harmful. To avoid this risk, all real names will be replaced with pseudonyms or random numbers to protect the identity of all participants. Results of the study will be shared at your request.

BENEFITS
Results from the study may lead to a greater understanding of quality management and reflective practice processes of small groups.

CONFIDENTIALITY
Data will be stored securely in a locked filing cabinet in the researcher's office at Meridian. Following transcription, all audiotapes will be destroyed. No reference will be made in oral or written reports which could link participants to the study.

CONTACT INFORMATION
If you have questions at any time about the study or the procedures, (or you experience adverse effects as a result of participating in this study,) you may contact the researcher, Denise Gaskin at 154 Medical Park Loop, Sylva, NC 28779, and 828-631-3973 x1448. If you have questions about your rights as a participant, contact University of Tennessee Research Compliance Services of the Office of Research at (865) 974-3466.

PARTICIPATION
Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at anytime without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data collection is completed your data will be returned to you or destroyed.

CONSENT
I have read the above information. I have received a copy of this form. I agree to participate in this study.

Participant's signature _____ Date _____

Investigator's signature _____ Date _____

Appendix C: Timeline

Anticipated Date of Completion	Activity/Event
April 5, 2006	Meet with my dissertation committee to review dissertation proposal.
April-May 2006	Make revision in dissertation proposal based on committee feedback.
May-June 2006	Obtain University of Tennessee IRB approval.
May-June 2006	Obtain Meridian's Client's Rights Committee approval of this case study research at the organization.
June 2006	Select the team for participation and obtain signed consent forms for all team participants.
August 2006	Begin the research study.
August 2006 – February 2007	Meet semi-monthly with team, audiotape all 12 meetings. Keep a journal recording my observations of the team at each of the 12 meetings.
January-February 2007	Develop the Levelising Rating Form.
January 2007	Recruit three raters with reflective practice experience and train them in Levelising and the Levelising Rating Form. Get signed confidentiality statements from all three rates.
March 2007	Participate in a bracketing interview with a trained professional in order to gain awareness of my personal bias.
February 2007	After recording all 12 sessions, select the 9 meetings and make three copies of each meeting (9 hours total) for the rater observers to review. The rater observers will begin to review the taped segments.
March 2007	Schedule and complete interviews with each team participant. Interviews will be no longer than 30 minutes each and will be audio recorded, transcribed, and analyzed for content.
April 30, 2007	Conduct the team interview after all individual interviews are completed.
August 2007	All data collection completed.
March 2007- October 2007	Write dissertation and prepare for dissertation defense with committee. Defense scheduled for October 30, 2007.

Appendix D: Rater's Pledge of Confidentiality

Meridian Behavioral Health Services (Meridian)
Reflective Practice as a Quality Management Tool

Observer Rater's Pledge of Confidentiality

As a member of this project's research team in my role as an observer rater, I understand that I will be listening to audiotapes of confidential meetings. The information on these audiotapes has been revealed by research participants who participated in this project on good faith that any individual or team information on audiotapes would remain strictly confidential. I understand that I have a responsibility to honor this confidentially agreement. I hereby agree not to share any information in these audiotapes with anyone except the primary researcher of this project, her doctoral chair, or other members of this research team. Any violation of this agreement would constitute a serious breach of ethical standards, and I pledge not to do so.

_____   _____

 Observer Rater: Research Team Member   Date

Appendix E: Levelising Phases Definitions

As the observer-rater listens to the tape recorded meetings in this study, the goal is to identify if the topic is "mostly" level 1-4. A topic is defined as a series of conversation consisting of one subject matter such as "ideas for process improvement".

Level 1: Pre-Reflective Being in the World
Awareness is directed outward to others, rather than inward. This kind of knowing is not a result of conscious decision-making. At this level you are engaged in your practice and would find it difficult to articulate what you are doing. Our actions have bases, but for the most part not the result of conscious deliberation. We are "just doing it" and not stopping to think about what we are doing. Level I can be characterized by members of a group acting (speaking) and being (engagement) in such a way that it does not appear the group is demonstrating reflection but rather is engaged primarily in discussion and information sharing as shown in the examples below.

1. Discussion in a group on a topic where members make individual contributions.
    a. "Pop-Corning" or group members speaking one after the other without reflecting on the view of the person who spoke before him or her.
    b. Defending one's position: no awareness of values, beliefs, or the perceptions of others. Example: Person speaking is ignoring other's statements and continuing to assert his or her own beliefs or perceptions.
    c. Talking as if there is only one objective truth. Example: "Everyone knows that…."
    d. Statements that could lead to conflict or defensiveness. Example: "Let's talk about something else…" or "Not this again…"
    e. Closed ended questions: leading or directing questions

2. Giving Information in a non-reflective manner.
    a. Giving one's viewpoint. Example: "I think we should…" "I see it this way…"
    b. Giving advice. Example: "You should…"

Level 2: Reflective Being
This often occurs as a result of an unexpected or surprising occurrence or in response to a prompt from others as you consider your actions. This awareness usually develops first in retrospect as you become aware of already completed actions. From this perspective, you can reflect on your actions in the moment of acting and afterwards. You retain your relationship to the practice and choose to examine it at the same time.

1. Explicit knowledge or stated knowledge. At this level we are expressing what may have previously been tacit knowledge: knowing something but unable to describe what we know. At this level we are beginning to state what we know in a way that leads to reflection on what we say we know. As we do this we can reflect on our actions or reflect in our actions.

    a. Reflecting *on* action. Reflecting on action is discussion of an event or conversation that has already occurred. Example: "At our last meeting when we discussed CQI topics and you said…" or "Let's talk about what we did last time…"

    b. Reflecting *in* action. Reflection in action is commenting on what one is saying as one is saying it. Example: "As I think about what I'm saying or trying to say…" "Let me think about what I'm trying to say right now…"

2. Turning towards others and asking into what has been said. This is a conscious effort to fully understand what someone else in the group is trying to convey with his or her words.

    a. Open-ended questions, probing into statements and inviting others to speak.

    b. Asking into what others are saying: "Is this what you mean when you say…"

    c. Individuals in a group invite others to inquire into what they say and assumptions. Example: "Does this make sense?"

3. Reflection on Process

    a. Group or individual decides to analyze what is going on within the conversation. Example: "Here is what I see we are doing as a group…"

    b. Confusion or frustration is voiced by a member or members of the group. Example: "I'm confused about what you are saying. Could someone help me understand…"

    c. Suspension of assumptions. Example: "Here is what I'm thinking right now, but I want to check with others and make sure I understand this correctly…"

4. Conversational Pace and Structure

    a. Conversation slows down and responses from group members are not as automatic. There are fewer examples of individuals trying to "jump in to" at a pause in the conversation.

    b. The conversation involves deep listening and demonstration of this listening by incorporation of other's views and ideas into one's statements. Example: "As I listen to what you are saying, I wonder, do you consider…."

    c. Pauses between statements become more apparent.

    d. Silence becomes more frequent.

Level 3: Framing

You become aware of yourself reflecting on your actions or others become aware of you reflecting on your actions and you or others see that you are operating from within a conceptual framework. This is noticing how you are looking at what you are doing. It is any kind of expression that identifies a person's viewpoint or belief system. A vocalization of one's beliefs and values as a product of individual and/or group experiences although not necessarily labeling it as a belief or value.

    Example: "I'm beginning to notice how focused I am on crisis management."
    Example: "I am becoming more aware of how frustrated I get with these meetings that don't result in the completion of a task."

Example: "This is how I see it."
Example: "In our organization, we are consumer centered."
Example: "I experience our team as being really good at meeting consumer needs…"

Level 4: Theorizing

You begin to think about frames or demonstrate openness to frames and to realize, for example, that language itself is a frame for your experience of the world. You look around and see what others have to say about what is being said and done. You can think about thinking, critically examine what others think, consider how you and other's theories shape your experience of the world, and perhaps even construct new theories.

1. Imagining other points of view. This is what Wittgenstein (1953) calls "Deconstruction" or arresting or interrupting the spontaneous or unselfconscious flow of our everyday talk in order to see other possibilities. This is not actually seeing. Example: "Think of…" "Suppose…." "Imagine….")

2. Comparing and contrasting multiple points of view by comparing different individual's points of view or noticing that an individual or group has a different point of view.

3. Group begins questioning individual and group frames. Example: "Why do we see it this way and not another way"?

4. Deep conversation that explores a frame horizontally (recognizing the view of each of the group members) and vertically (group explores a topic in greater depth). Group members explore an idea or frame to a greater depth in order to deepen an understanding.
   Example: Group members ask for multiple perspectives on a topic such as "what are we doing as a team that results in our consumers who are in crisis getting most of our attention?" The intention with understanding multiple perspectives is to create new understanding so that a change could occur in how a group is performing a task. In this example, if there is a wide understanding of the reasons for why the group gives more attention to crisis, then the group could decide if they want to make a change in how they practice or what they pay attention to regarding consumer care. The group could ask the question: "is there something about the way we currently provide care to our consumers that results in those who are in crisis receiving the greatest attention"?

Observer Agreement Form
Levelising

	Tape 2	Tape 3	Tape 4	Tape 6	Tape 7	Tape 8	Tape 10	Tape 11	Tape 12
Level 1									
Discussion: turn taking, "pop-corning", fragmentation, information sharing, closed questions									
Level 2									
Explicit knowledge: reflecting in or reflecting on action. Turning towards others and asking into what someone is saying. Reflection of group process: group experiences confusion, suspends assumptions. Conversational structure: more silence, conversation slows down, group explores same topic together									
Level 3									
Vocalizing of beliefs or values Experience of an phenomenon Reflecting on reflecting Revelatory									
Level 4									
Demonstration of an openness to think about frames. Compare & contrast multiple points of view. Group questions individual & group frames. Deep conversation exploring a frame vertically and horizontally. Theorize about action.									

Appendix F: Participant Interviews

Participant Number	Comment by Participant	Theme Assigned
7	Our team likes the way WE do things and not always open to other ideas about changes.	Changes
7	Our team does not like change.	Changes
7	This was a great way for our team to decide about changes to make.	Changes
7	Everyone shares in leading our morning meetings now (this is a change).	Changes
4	The changes in the morning meetings set the tone for the rest of the day.	Changes
7	We have tried other ways to improve communication and this way worked where other ways did not.	Communication
6	We have much better communication with each team member.	Communication
5	Reflective Practice is overlooked in practice and I believe is an important tool in communication.	Communication
4	We each know what is currently happening with each consumer on our team.	Consumer Care
3	Everyone is well informed (now) about our consumers and current situations.	Consumer Care
7	No consumers are "falling through the cracks" anymore.	Consumer Care
4	Every ACT team should have this CQI experience.	CQI
3	I'm living the results of the CQI project.	CQI
1	Don't want to feel so rushed with CQI process.	CQI
2	I enjoy the process of CQI and not just getting to the results.	CQI
7	Because of this (CQI) process our team has shifted easier to the AM structure meeting changes.	CQI
7	I wondered how we were doing with using Reflective Practice with our CQI project development.	CQI
1	Want to see us do ongoing CQI projects.	CQI
6	Would have liked more hard copy material to read on my own.	CQI
5	Participating in the project was worthwhile.	CQI
7	I knew I had an agenda from the start and was careful with sharing it.	CQI
7	I struggled with not imposing my ideas on the team.	CQI
7	If we hadn't used this model, I don't think our project would have "stuck" like it has.	CQI
7	This was a great way for our team to decide about changes to make.	CQI
5	It's helpful for the trainer to meet the team right where they are; homework completed or not.	CQI
6	You showed up 100% present every time (said to researcher).	CQI
1	When we got to the team agreements the project began to make sense to people.	CQI
1	I wanted a different type of outcome than the other team members.	CQI
5	I like things to be structured.	CQI
7	I don't think our data collection was very strong.	Data Collection
6	We should be more diligent in collecting the data.	Data Collection
2	I want to collect more data on what we've improved.	Data Collection
2	I enjoy the process of CQI and not just getting to the results.	Data Collection

5	There was team resistance to this project.	Resistance
4	I was closed minded to this project at first.	Resistance
1	A lot of resistance in the first few meetings with non-verbal behavior.	Resistance
6	I was resistant to the project because I was selfish with my time.	Resistance
3	Our team was resistant initially.	Resistance
7	Our team was resistant to this process in the beginning.	Resistance
6	Ambivalent about the project early on. I was already busy.	Resistance
4	Participants could have been more open-minded in the beginning of this project.	Resistance
7	Reflective Practice allowed people to listen to one another.	RP and Levelising
7	I wondered how we were doing with using Reflective Practice with our CQI project development.	RP and Levelising
7	People were trying to compare Levelising and Reflective Practice to things they already knew about.	RP and Levelising
5	Reflective Practice is overlooked in practice and I believe is an important tool in communication.	RP and Levelising
1	Levelising material hard to understand.	RP and Levelising
1	Repeat the reflective and Levelising material.	RP and Levelising
6	Needed more review each time of Levelising.	RP and Levelising
7	At first the model felt "out there" and theoretical.	RP and Levelising
3	The language was hard to understand.	RP and Levelising
6	Would have liked more hard copy material to read on my own.	RP and Levelising
1	Helpful to identify personal biases.	RP and Levelising
6	Able to listen and get your point across as well as listen and get someone else's point.	RP and Levelising
5	People have different goals. It can be difficult to work together if you don't understand other's goals.	RP and Levelising
2	Our team is seeking to understand other's opinions.	RP and Levelising
4	We are doing a better job of sharing client case loads and helping one another out when things get hectic.	RP and Levelising
3	I like to learn about other ways of looking at things.	RP and Levelising
3	I enjoy having new experiences.	RP and Levelising
3	I enjoy learning new things.	RP and Levelising
4	First few meetings were confusing to me.	RP and Levelising
7	I imagine that you (researcher) were very thoughtful about this process.	RP and Levelising
7	Surprised to hear what other team members wanted.	RP and Levelising

7	This was a great way for our team to decide about changes to make.	RP and Levelising
6	We are using other processes parallel to this one and already engaging in reflection.	RP and Levelising
6	I think we are in level 4 as a team a lot.	RP and Levelising
5	Slowing down the process has helped us discuss our frustrations of the morning meeting.	Slowing the Process
5	Slowing down the conversation has helped us discuss our frustrations.	Slowing the Process
7	We didn't go directly to "fix it" but rather slowed down and listened to one another.	Slowing the Process
7	We didn't go directly to "fix it" but rather slowed down and listened to one another.	Slowing the Process
7	Surprised to hear what other team members wanted.	Slowing the Process
7	Because of this (CQI) process our team has shifted easier to the AM structure meeting changes.	Team Function
7	This process was a real shift for our team.	Team Function
7	It feels so much better with our team.	Team Function
3	Team members are supportive of one another.	Team Function
1	Our efficiency as a team has improved.	Team Function
2	Our team is handling conflict better.	Team Function
4	The team is pulling together and everyone is pulling their own weight.	Team Function
6	We have much better communication with each team member.	Team Function
2	Our team is seeking to understand other's opinions.	Team Function
4	We have really grown as a team.	Team Function
3	Our team works well together.	Team Function
2	Our team has grown closer.	Team Function
2	My work has become more efficient and I am less stressed.	Team Function
6	This is a challenging team.	Team Function
1	Staff turnover was an issue with investment in the process.	Team Function
2	Our team is action oriented.	Team Function
2	Our team does not like anything new.	Team Function
4	We are doing a better job of sharing client case loads and helping one another out when things get hectic.	Team Function
1	Client needs are being addressed and no one is "slipping through".	Team Function
5	We are all more updated on each client and the current status/needs.	Team Function
5	I am really interested in expanding how we discuss and explore treatment ideas for clients.	Team Function
5	I would like more time to go into client details during the morning meeting.	Team Function
6	Hard to admit that things can always be better.	Team Function

Appendix G: ACTT CQI Charter

TITLE: Haywood ACTT CQI Project

PURPOSE: To improve communication and efficiency of the morning ACTT meeting.

PROBLEM STATEMENT: ACTT members relay a common communication issue of how to efficiency track and share consumer information among all team members. Team members also express trouble with keeping up with consumer's goals on a daily basis. The morning meeting is currently disorganized with no structured format or agenda. Morning meeting tends to be more focused on urgent consumer needs and/or crisis situations and does not cover all consumers every morning.

OBJECTIVE: Create a more structured morning meeting that will result in improved communication that ultimately positively impacts consumer care and increases staff efficiency.

SCOPE: Revision of the morning meeting.

ROLES AND RESPONSIBILITIES:
Team Members: AW, GM, KP, AS, KB, LH, PS, MH (consultant). CQI Coach: DG

RESOURCES (non human): Card-Ex Cards, Agenda for team meetings, tracking form to measure outcome data

MILESTONES/MEASURES:
Project start date: 8/26/06
Planned project completion date: 2/15/07

How will we know if we are successful?
1. We will feel less rushed
2. We will review each consumer every morning
3. We will have increased awareness of the goals each consumer is working on (daily)
4. Team will voice increased satisfaction with the morning meeting
5. We will create an agenda and stick to it

What are the measurable benefits the project is targeted to deliver?
1. Increased focus on consumer goals
2. Increased time spent discussing and checking in around all consumers (and not just those with greater needs at the moment)
3. Greater team awareness of the needs and goals of each consumer on a daily basis
4. Increased team efficiency in morning meetings (less anxious, less rushed, more productive)

List of Outcomes Generated by Haywood ACTT:

Clinical	Functional	Personal	Outcome
X	X	X	1. Increase attention to consumer goals.
	X		2. Improve documentation of progress towards goals
	X	X	3. More efficient use of team time
	X		4. Increase attention to client contact (especially clients who are less demanding)
X	X		5. Improve tracking of medication issues
	X	X	6. Increase communication with/among staff
		X	7. Understand colleagues at a deeper level
	X		8. Increase team's organization
		X	9. Increase personal job satisfaction
X	X		10. Increase consumer needs with follow through
	X	X	11. Team shares in assisting with consumer needs to reduce one person's overload.
	X	X	12. Increase respect and trust for each team member
	X		13. Increase adherence to fidelity scale
	X	X	14. Increase ability to question/prioritize with team members
X		X	15. Greater consistency and care as experienced and expressed by consumers

Outcome Chosen by Consensus: #8 (above)
Outcome #8: Increase Team's Organization
Functional Outcome: The team's increased organization would result in consistency in following the morning agenda, improved documentation in Card-Ex, and improved sharing of client needs during the morning meetings.
Measurement of Outcome:
1. Card-Ex: Daily documentation on the Card-Ex for client contact or attempted appointment
   Measured by: Every Friday the meeting facilitator flips through Card-Ex to ensure notes have been written weekly for all consumer contact.
   How: A one page monthly calendar for February
2. Follow the morning agenda: this is a PASS/FAIL measurement recorded on the February calendar used for monitoring #1 above.
3. Increased sharing of consumer needs in the morning meeting. Document in Card-Ex
   Measured by: weekly voting by team giving a general score of (1-10) and documenting the score on the February calendar.
Team Agreements:
1. Hold one another accountable to the team agreements.
2. Keep to designated time period for the meetings
3. Use Card-Ex daily to document when all consumers have been seen or attempted to be seen
4. Needs of consumers get addressed daily and weekly (all consumers)
5. Improved documentation

Vita

Denise Lynn Gaskin was born in Noblesville, Indiana in 1966. She attended Westfield Washington School from kindergarten through high school and graduated in 1985. Denise received a full academic scholarship to Ball State University where she studied Exercise Science and Wellness with a minor in Counseling Psychology. She received her Bachelor of Science degree, with honors, in 1989. Upon completing her degree, she worked full time for a large hospital system in Indianapolis, Indiana as a Wellness Coordinator. During her employment, Denise became increasingly interested in continuing her studies of human behavior. Denise enrolled in Indiana University's Counseling Psychology Master of Science program at Indiana University Purdue University at Indianapolis. Denise completed her Master of Science degree in 1999. Denise continued to work in the health care field full time while attending school and also worked part-time as an experiential therapist on an outdoors ropes course.

Upon completion of her M.S. degree, Denise moved to the mountains of western North Carolina and continued to work in health care for the next several years. In 2003, Denise accepted a position with a behavioral health organization and was the director of a grant funded program serving children with serious behavioral and emotional disorders and their families. This program allowed Denise to work collaboratively with directors, supervisors and direct care staff. It was her involvement with multiple agencies in collaborative efforts that caused her to pursue creative ways that groups of people could engage in and solve problems. This curiosity led her to the Collaborative Learning program at the University of Tennessee. Denise continued to work full time while

enrolled in the doctorate program at the University of Tennessee and completed the

requirements for her Ph.D. in December 2007.