## SUMMARY OF ARTICLE



MILLER, C., CARDINAL, L. & GLICK, W. (1997). RETROSPECTIVE REPORTS IN ORGANIZATIONAL RESEARCH: A REEXAMINATION OF RECENT EVIDENCE. ACADEMY OF MANAGEMENT JOURNAL, 40(1), 189-204.

Main topic

**Inaccuracy of retrospective reporting** (e.g. informant fallibility)

Reexamination of evidence based on Golden data ('92)

Conclusions /
Suggestions /
Recommendations

Error in informant fallibility should be differentiated from error in measures. **Methodological issues** impact (e.g. weak instruments).

**Percent agreement's shortcomings** as an accuracy statistic. To consider:

- > inter-temporal reliability > (indirect) retrospective reliability
- > reliability index (Perreault & Leigh; adjustment for **change**, underlying probability)

**Questionnaire** methodology may result in **attenuation** due to measurement error. To consider:

- > complexity of assessing own organization strategy via Miles & Snow description
- > inter-rater agreement estimates

By using Glick et al.'s (1990, ref. (1)) measure, informant reliability not lower in retrospective than in non-retrospective reports.

> Use **valid and reliable measures with retrospective reporting.** This doesn't not support such fallibility in recalling the past as stated by Golden.

## To consider:

- > free reports (e.g. accuracy)
- > multiple informants
- > ask about simple facts / concrete events; don't ask about events from distant past
- > motivate informants and explain importance; minimize data collection duration and inconvenience
- > **statistical controls** for systemic forces of recall errors
- > retrospective reports not the only method in management studies toolbox

## **MYTHOUGHTS**



Key learnings

Research can get biased due to research design, not due to informant attributes.

Being **mindful** in **suggesting / adopting the use / abandonment** of study any protocols based on single study results without assessing how study design might affect such results.

Opinions, thoughts, interesting issues

**Interview** data could be seen as qualitative retrospective data.

How does **context** affect the results? Does the original study's hospital context have any impact in assessment? How does CEOs as informants impact assessment (informant variation)?

How to **develop** questionnaires (and other data collection methods) that are deep enough to enable rich data, but at the same time easy to answer?

In a case where **professional raters** are used in assessing behavior, f.ex., with a specific research instrument, long education might be needed.

Strengths / weaknesses

Clarifying statistical methods impact.

Effect sizes, N?