Additional file 3

Table 1: Techniques applied to ensure trustworthiness of the study

Rigour criteria	Purpose	Techniques applied in this study
Credibility	*To ensure and impart to the reader supporting evidence that the results accurately represent what was studied[1]*	- Prolonged engagement in the setting by first author PV (visiting nursing homes for longitudinal oral health data collection from April 2022-February 2025) - Investigators had extensive knowledge of the nursing home setting, BelRAI LTCF instrument, oral health - Fieldnotes by team members (observers, focus group debriefing notes) - Debriefing sessions within research team - Member check with participants from each nursing home
Dependability	*To describe the study process in sufficient detail that the work could be repeated[1]*	- Interview guide added in Additional file 1 - Checklist for observation added in Additional file 2 - Member check provided in Additional file 3
Confirmability	*To ensure and communicate to the reader that the results are based on and reflective of the information gathered from the participants and not the interpretations or bias of the researcher[1]*	- Team discussions were organised on a regular basis. - Focus group data were triangulated with observational data. - Knowledge and attitude was objectively tested through online questionnaires. - The SWOT analysis was cross-checked with the debriefing sessions after focus groups, with independent summaries (by PV and FP) - The SWOT was cross-checked with the participants, based on the Synthesized Member Checking (SMC) method[2], see below
Transferability	*To provide detailed contextual information such that readers can determine whether the results are applicable to their or other situations[1]*	- Contextual information provided

Member check

Methods

The member check was based on the Synthesised Member Check by Birt et al. (2016)[2]. A summary of the synthesised data from the final analysis of the focus groups, accompanied by illustrative quotes, was first prepared. Participants were then invited via e-mail to participate in a member check. This e-mail explained that the results were preliminary, and participants were encouraged to influence the analysis by providing feedback, including disagreements or additional information.

The findings were presented through a LimeSurvey questionnaire divided into 5 sections: the strenghts of the OHS-interRAI, its weaknesses, the opportunities, and the threats to implementation, and final recommendations for implementation. For each section, participants were asked whether the findings aligned with their experiences, using three specific questions, as mentioned here for the strenghts.

- Do you agree with the strenghts of the OHS-interRAI as mentioned here? Yes/ No
  If 'No', please specify why.
- Are there, in your opinion, strengths that have not been included here? Yes/ No
  If 'Yes', please specify which additional strenghts you would include.
- In the text box below you can provide any feedback on the strengths of the OHS-interRAI or share any comments you would like to offer regarding its strenghts. If you have nothing to add on this topic, you can simply proceed to the next section.

Results

Of the 18 participants in the focus groups with the intervention groups, 15 received an invitation for the member check. Of these, 7 participants had taken part in the focus group discussions at both 3 months and 1 year. Five of them agreed with the findings and recommendations without any

comments, while one agreed with some brief comments. Of the 8 participants who attended a focus group only once, three provided feedback with brief comments. Six participants did not participate in the member check.

These brief comments in the free-text boxes reinforced the previous findings. In terms of *strenghts*, the clarity of the OHS-interRAI (1), the practicality of the CAPs (1), and the increased awareness among residents (1) were all validated. For *weaknesses*, it was confirmed that the CAP Referral to the dentist was indeed too frequently triggered (1). The *challenges* mentioned and confirmed in the open text boxes primarily concerned the inaccessibility of dental care due to dentists not visiting the nursing home (4), time constraints (2), and resistance from residents unwilling to undergo an oral health assessment (1).

Conclusion

The findings and recommendations of the research group were generally supported by the participants who responded during the member check, although the response rate was limited.

References

1. Johnson, J. L., Adkins, D., & Chauvin, S. (2020). **A Review of the Quality Indicators of Rigor in Qualitative Research**. *American Journal of Pharmaceutical Education*, ***84***(1), 138–146.
2. Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). **Member Checking: A Tool to Enhance Trustworthiness or Merely a Nod to Validation?** *Qualitative Health Research*, ***26***(13), 1802–1811.