

Special article

# Using organizational assessment as a tool for program change<sup>☆</sup>

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## Abstract

Organizational functioning within substance abuse treatment organizations is important to the transfer of research innovations into practice. Programs should be performing well for new interventions to be implemented successfully. This study examined the characteristics of treatment programs that participated in an assessment and training workshop designed to improve organizational functioning. The workshop was attended by directors and clinical supervisors from 53 community-based treatment units in a single state in the Southwest. Logistic regression analysis was used to examine attributes related to program-level decisions to engage in a structured process for making organizational changes. Findings showed that programs with higher needs and pressures, more limited institutional resources, and poorer ratings on staff attributes and organizational climate were the most likely to engage in a change strategy. Furthermore, organizations with greater staff consensus (i.e., smaller standard deviations) on ratings of organizational climate were also more likely to engage in change. © 2007 Elsevier Inc. All rights reserved.

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## 1. Introduction

Organizational functioning in substance abuse treatment programs is important because of its links to program health and client engagement in the treatment process, including client and counselor rapport (e.g., Broome, Flynn, Knight, & Simpson, 2007; Greener, Joe, Simpson, Rowan-Szal, & Lehman, 2007; Lehman, Greener, & Simpson, 2002; Simpson, 2004). It is also a factor that deserves consideration by programs preparing to implement new treatment innovations in clinical practices (Simpson, 2002; Simpson & Dansereau, in press). Historically, a shortcoming in the research community has been the assumption that simply conducting treatment research and publishing it in journals

will lead to popular use by substance abuse treatment organizations (Backer, 2000). It is now clear that this is not enough. There is increasing agreement that organizational factors (e.g., stress, communication, and financial pressures) may be more important than how the materials are distributed in transferring research to practice (Backer, David, & Soucy, 1995; Simpson, 2002). Thus, it is first important to better understand a program's functional dynamics in order to transfer new treatment interventions and techniques more effectively.

Simpson (2002) observed that the key elements in program change involve training, adoption, implementation, and practice. As elaborated in the studies included in the present volume, these stages are influenced by staff perceptions of program needs and pressures, resources, staff attributes, and organizational climate. Poorly functioning organizations have less success in transferring technology. Therefore, changing the functioning of an organization is a means to increase the probability of innovation transfer.

One approach is to provide feedback on the functioning of the organization to those who are in the position to improve the situation. Feedback information, modeled on

<sup>☆</sup> More information (including intervention manuals and data collection instruments that can be downloaded without charge) is available at [www.ibr.tcu.edu](http://www.ibr.tcu.edu), and electronic mail can be sent to [ibr@tcu.edu](mailto:ibr@tcu.edu).

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concepts originally applied to machine systems (Hinrichs, 1996; Nadler, 1977), can be a motivating catalyst for change (Nadler, 1977) and help focus energy on solving specific problems (Born & Mathieu, 1996). Moreover, negative feedback that is viewed as accurate and unbiased can serve as a stressor that requires a response toward taking steps to resolve problems (McGrath, 1976). A feedback process commonly used in organizations is based on staff surveys, representing a summary of employee perceptions and attitudes (Born & Mathieu, 1996; Nelson & Quick, 1994; Nicholas, 1982). Indeed, it is helpful to include comparisons or norms involving similar organizations (Nadler, 1996). In the present study, feedback concerning organizational functioning was used with directors and clinical supervisors in the participating organizations expecting that they would respond by thinking of ways to make needed adjustments toward remedying the issues raised. *The Change Book* (Addiction Technology Transfer Centers, 2004) was used to help guide this process. Previous studies on technology transfer using these materials have been found to be effective (McCarty, Rieckmann, Green, Gallon, & Knudsen, 2004), and the steps presented in *The Change Book* appeared to be a viable strategy for improving organizational functioning. The present research focused on a method for improving organizational functioning in drug treatment programs.

With this goal in mind, a workshop was organized by a statewide association of treatment programs in the Southwest. Staff perceptions of program needs and functioning were assessed using the Texas Christian University (TCU) Organizational Readiness for Change (ORC) scale (Lehman et al., 2002). This was followed by an invitation from the association for programs to participate in a workshop designed to discuss findings from the ORC assessment and encourage positive organizational change in areas in which weaknesses were identified. Survey results (along with norms for other organizations) were presented in the context of treatment effectiveness evidence and the role of program functioning. It was anticipated that feedback would serve to motivate and help program staff and leaders in engaging their organizations in change.

It was of primary interest to evaluate this process with respect to which programs engaged and followed through with making plans for change. There were three main hypotheses: First, it was expected that mean scores on the ORC scales representing program motivations (i.e., needs and pressures) would be positively associated with responsiveness (Backer, 1995, 2000; Lehman et al., 2002; Simpson, 2004; Yahne & Miller, 1999). Second, it was expected that adequacy of functioning as indicated by the three remaining ORC scale domains (Program Resources, Organizational Climate, and Staff Attributes) would be related to responsiveness; that is, the directors and clinical supervisors attending the workshop should act on improving their programs after viewing their program profiles, particularly in areas in which their staff rated their programs

poorly (Kraut, 1996; Nadler, 1977). Third, organizations with more internally consistent staff ratings (i.e., smaller standard deviations) on the ORC Organizational Climate scale were expected to be more responsive than those with a diversity of staff opinions. Specifically, small standard deviations on ORC scales indicate greater similarity and uniformity of ratings from the staff and suggest higher agreement (consensus) about the state of the organization (Hause, 2001; Malamut, 2002). As such, organizations with staff who were in agreement about the state of their functioning should be more likely to be responsive and engage in change.

## 2. Method

### 2.1. Procedure

This study was conducted in collaboration with a state Association of Substance Abuse Programs (ASAP) and the Gulf Coast Addiction Technology Transfer Center (GCATTC). In October 2004, the ORC assessment was administered by GCATTC staff via the internet using PsychData (an online survey collection tool) to counseling staff of participating programs who were members of the ASAP. One month later, program directors and clinical supervisors representing the participating organizations were invited to attend a 2-day workshop entitled “TCU Model Training—Making it Real.” The goal of the workshop was to allow the participants to work with their own assessment information (feedback from the ORC scales) in developing treatment quality improvement plans for their respective organizations.

On the first day of the workshop, conceptual overview presentations of the TCU Treatment Process Model (Simpson, 2004) and the TCU Program Change Model (Simpson, 2002) were given. These lectures also included information about how the ORC data were collected and analyzed. These were followed by a presentation describing *The Change Book* (Addiction Technology Transfer Centers, 2004). Participants were then given personalized feedback consisting of ORC scores for their respective agencies, along with graphical representations of 25th and 75th percentile scores based on ORC scale administrations from previous studies. They were then encouraged to chart their organization’s data on these graphs to provide comparisons with other agencies.

On the second day, participants worked in groups of seven to nine members to develop quality improvement plans using the 10 steps presented in *The Change Book* as a guide. The compositions of the small groups varied; in most cases, all individuals from a program stayed together as part of a group. Each workgroup developed a composite list of problem areas, and a specific target was chosen to focus on in group practice exercises (e.g., stress and communication were popular topics). Next, the groups discussed possible

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