



Measures of Organizational Readiness

(Compiled June, 2005)

Measurement instruments were reviewed that could be used to assess the readiness of organizations to implement evidence-based practices (EBPs). According to Lehman and colleagues (2002), organizational readiness for change represents the motivation and personality characteristics of program leaders and staff, the institutional resources, and the organizational climate that determine whether significant change is likely to occur in an organization. Therefore, assessing organizational readiness is critical in planning the implementation and dissemination of EBPs. These types of tools can assist in identifying organizations that are more readily able to undertake implementation, in measuring change during implementation, and in identifying areas where consultation, technical assistance, or other organizational/system support may be needed.

The following table illustrates seven measures that have been designed to assess organizational readiness for implementation of evidence-based practices in substance abuse, mental health, and health care; and the related construct of “innovation” in business. The first three measures (Lehman et al., 2002; Hoagwood, 2005; Sharp et al., 2003) were developed specifically to assess readiness for implementation of EBPs. The remaining instruments were developed to assess readiness as one construct among other closely related organizational or system factors hypothesized to influence capacity to implement EBPs or to innovate in problem solving or quality improvement.

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Purpose/Description	Domains	Psychometrics
1. Organizational Readiness to Change (Lehman, Greener, & Simpson, 2002)		
<p>Developed for use in substance abuse treatment organizations to assess the readiness of an organization to implement EBPs. Also useful for assessing effectiveness of technology transfer, differential effectiveness, and reasons for failure to adopt an innovation</p> <p>115 Likert-type scaled items</p> <p>Two versions for directors and staff</p> <p>Instrument is named the <i>TCU Survey of Organizational Functioning</i></p>	<p>18 content domains in the following area:</p> <ul style="list-style-type: none"> • Motivational readiness (perceived need for improvement, training needs, pressure for change) • Institutional resources (office, staffing, training, resources, computer access, electronic communication) • Staff attributes (value placed on professional growth, efficacy, willingness and ability to influence co-workers, and adaptability) • Organizational climate (clarity of mission and goals, staff cohesiveness, staff autonomy, openness of communication, level of stress, openness to change) 	<p>Reliability - 10-11 of the 18 scales had coefficient alphas greater than .70 for directors and staff. Reliability at the program level was greater with 13 out of 18 scales having alphas greater than .70.</p> <p>Level of agreement between directors and staff ranged from $r = .30$ to $.71$</p>
2. Dimensions of Organizational Readiness (Hoagwood, 2005)		
<p>State planning tool designed to identify stakeholder beliefs and attitudes about organizational processes. Developed to assess children's mental health agencies readiness for implementing EBPs.</p> <p>32 Likert-type scaled items</p> <p>Instrument administered to families-consumers, treatment developers-researchers, clinicians, administrators</p> <p>Instrument is named the <i>Dimensions of Organizational Readiness (DOOR)</i>.</p>	<p>Six domains correspond to aspects of evidence-based treatments delivered in a mental health service setting:</p> <ul style="list-style-type: none"> • Invention characteristics • Practitioner characteristics • Client characteristics • Service delivery characteristics • Service agency characteristics • Service system characteristics 	<p>Preliminary analyses were conducted to examine differences among respondent types in ratings of reported importance of the various domains. Results of an ANOVA showed a main effect for Domain and an interaction effect for Domain by Profession.</p>
3. Organizational Readiness for Evidence-based Health Care Interventions (Sharp, Sales, & Pineros, 2003)		
<p>Developed to evaluate the readiness of health care teams within the Veterans Administration system to implement evidence-based medicine.</p> <p>77 Likert-type scaled items</p>	<ul style="list-style-type: none"> • Evidence assessment (extent and source of evidence) • Context assessment (culture, leadership, measurement, readiness for change) • Facilitation assessment (roles and styles, communication, resources, plans) 	<p>The authors evaluated the organizational readiness of health care teams within the Veterans Integrated Service network, and concluded that results provided a valid assessment of readiness for evidence-based readiness. However, no psychometric information available at this time.</p>

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4. State Health Authority Yardstick (SHAY) (Finnerty, Rapp, Lynde, & Goldman, 2005)		
<p>Developed by the New York State Department of Mental Health to assess state infrastructure to support EBPs. The SHAY was developed in collaboration with the SAMHSA-CMHS funded National EBP Implementation Project.</p>	<p>Areas measured include:</p> <ul style="list-style-type: none"> • Planning for EBP implementation • Financing (adequacy, start-up, conversion) • Training (ongoing consultation and technical support, quality, infrastructure/sustainability, penetration) • Leadership (State commissioner and EBP leader) • Policy and regulations (SMHA and Non-SMHA agencies, EBP program standards) • Quality improvement (client outcomes, stakeholder support) 	<p>When administered in 7 states for 2 different EBPs, SHAY scores were highly correlated with measures of penetration of the EBP ($r=.40$) and average fidelity scores of the EBP programs implemented ($r= .62$).</p>
5. Measures used in the Innovation, Diffusion, and Adoption Research Project (IDARP) (Panzano, P.C., Seffrin, B., Chaney-Jones et al., 2005)		
<p>Developed for the Ohio Mental Health Department to assess factors and processes influencing the adoption of innovations by behavioral healthcare provider organizations and the longer term assimilation and impacts of innovations. Though the measures were not developed specifically to assess “readiness”, the constructs measured are closely related and were used in a range of organizations that were either adopting or considering adopting EBPs.</p> <p>Several assessment instruments, composed of open-ended and structured questions.</p> <p>Respondents are key decision makers, implementers, and community collaboratives.</p>	<p>Individual perceptions concerning:</p> <ul style="list-style-type: none"> • EBP attributes (risk, relative advantage, ease of use, trialability, complexity) • Adoption decision-making process • Strategies used to plan and implement EBPs • Outcomes • Organizational characteristics • Availability of organizational resources to support implementation • Attitudes toward change and organizational support for innovation and learning • Interagency relationships • Environmental variables 	<p>Measures were used with participants of 91 behavioral healthcare organizations that have adopted or considered adopting one or more of 4 EBPs, including cluster-based planning, Multisystemic Therapy, Ohio Medications Algorithm project, and Integrated Dual Disorder Treatment.</p> <p>Internal consistency for multi-item scales was found to be good to excellent ($\alpha=.70$ to $.90+$).</p>
6. General Organizational Index (GOI) (Lynne, D., Finnerty, M., & Boyle, P., 2005)		
<p>The GOI measures a set of organizational characteristics related to the capacity of organizations to implement and sustain EBPs.</p> <p>The measure was developed as part of the National EBP Implementation project, and it was intended to be used as a companion measure when</p>	<p>Domains measured are:</p> <ul style="list-style-type: none"> • Program philosophy • Eligibility/client identification • Penetration • Assessment • Individualized treatment plan • Individualized treatment • Training • Supervision 	<p>The GOI items were derived from clinical experience. The measure has undergone multiple revisions based upon feedback from a variety of sources.</p> <p>Early testing has shown inter-rater agreement = .94; that GOI scores increase over time, that the GOI</p>

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<p>assessing the fidelity of the 5 adult EBPs that are included in the national project. However, it contains several items used in measures specifically designed to assess readiness.</p> <p>Concrete measurable elements of the practice are rated on 12 Likert type items. Ratings are based on staff interviews, direct observation of interventions and team meetings, and review of charts.</p>	<ul style="list-style-type: none"> • Process monitoring • Outcome monitoring • Quality assurance • Client choice regarding service provision 	<p>scores are similar across various EBPs, and strong correlations between the GOI scores and EBP fidelity scores.</p>
<p>7. Organizational Climate Measure (Patterson, West, Shackleton et al., 2004)</p>		
<p>Developed in the context of manufacturing organizations to assess aspects of organizational climate that impact the effectiveness of organizations. The instrument is composed of 17 scales including one that is related to innovation and flexibility (constructs assessed in other measures of organizational readiness). The developers suggest that the scales may be used independently.</p> <p>The instrument was tested on managers and employees.</p>	<p>Constructs assessed in the Innovation and Flexibility scale:</p> <ul style="list-style-type: none"> • Acceptance of new ideas • Ability to respond to change • Identification of need for change • Flexibility in responding to changes needed in procedures • Support in developing new ideas • Orientation to improvement and innovation 	<p>The 17 scales had acceptable reliability and were factorially distinct and discriminated effectively between organizations</p>

References

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