

# Italian Survey of Organizational Functioning and Readiness for Change: A Cross-Cultural Transfer of Treatment Assessment Strategies

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## Key Words

Drug treatment programs · Outpatients clinics and therapeutic communities for drug addicts · Organizational readiness to change · Transnational research · Programm directors and staff survey

## Abstract

To better understand why some drug abuse treatment programs are more effective than others, USA research about organizational functioning and its role in the provision of treatment services was extended through a study of a delivery system in another country. The Texas Christian University (TCU) organizational functioning and readiness for change instrument (ORC) was translated into Italian and administered to 405 treatment program directors and staff from both public and private sectors in the Veneto Region of Northern Italy. Results indicated that the psychometric properties of the ORC in the USA and Italy are consistent. Some general differences in staff attributes were found between USA and Italian programs, but organizational climates were remarkably similar.

## Introduction

Drug abuse treatment programs have unique organizational attributes that provide a foundation for therapeutic processes designed to improve client functioning. Organizational research in the USA has now begun to focus on program and clinical management in service delivery processes and their role in improving treatment effectiveness [1, 2]. Clearly, some programs do a better job than others at engaging and retaining clients [3, 4] thereby achieving the goals of reducing drug use and criminal behavior, and improving psychosocial functioning. Recently, research in the USA has begun to examine relationships between organizational functioning and client performance using the TCU survey for assessing organizational functioning and readiness for change (ORC) [5]. To further develop a better understanding about organizational functioning and its role in the provision of treatment services, research has now been extended abroad through a study of programs in Veneto Region, Northern Italy [6, 7].

The Texas Christian University (TCU) organizational functioning and readiness for change (ORC) instrument

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has been tested in the USA and shown to have generally good psychometric properties, including construct validity [5]. To date, it has been used with more than 3,000 substance abuse treatment program staff in the USA to recognize functional barriers to organizational change and technology transfer, and to identify areas for organizational enhancement. The ORC is emerging as an effective, evidence-based measure for understanding program attributes that contribute to therapeutic process and outcomes in USA treatment programs. This assessment includes 18 scales that cover major domains of motivation, resources, staff attributes, and climate. *Motivational* factors include program needs, training needs, and pressures for change, while program *resources* are evaluated in regard to office facilities, staffing, training, computer equipment, and e-communications. Organizational dynamics include scales on *staff attributes* (growth, efficacy, influence, and adaptability) and *climate* (mission, cohesion, autonomy, communication, stress, and flexibility for change). In addition to these scales, the instrument also includes sets of items comprising four indices (training satisfaction, training exposure, training utilization – individual level and program level).

The primary goal of this study was to test the cross-cultural transfer of treatment assessment strategies developed in the USA at TCU, and to examine similarities and differences between profiles of organizational functioning in regards to service delivery in the USA and Italy. As part of a National Institute on Drug Abuse (NIDA) initiative to establish linkages through international research collaborations, the specific aims of this investigation were to translate, administer, and test the reliability and application of new assessments for organizational functioning in an Italian sample of drug abuse treatment professionals. Program directors and staff members from service centers in Local Health Authority areas (drawn from the network of public and private services) in the region surrounding Venice completed the Italian version of the TCU survey of organizational functioning and readiness for change. Organizational factors in both public and private treatment agencies in the Veneto region of Northern Italy were examined in an attempt to assist the Italian health ministry to identify organizational enhancements. Extending the use of the USA ORC into Northern Italy allowed for a cross-cultural study of organizational functioning.

## Methods

### *Translation*

The ORC was initially translated from English to Italian by two professionals fluent in English. They had expertise in addictions, and were currently working with program staff and patients in the Veneto Region of Italy. Subsequently, a professor teaching Italian at a USA university independently back translated the Italian version into English while simultaneously translating the original English version into Italian. Several concepts needing further discussion were identified. A face-to-face meeting was then held with the Italian professionals, the professor, and several USA experts in addiction treatment and programming. Agreement about concepts and item content was obtained at this meeting, and the final version of the Italian ORC was adopted for use in the Veneto region of Italy.

### *Participants*

Directors and staff from 64 public sector addiction services programs and private sector therapeutic communities in the Veneto Region completed the Italian version of the survey of organizational functioning either on paper-and-pencil forms or electronically over the Internet. A total of 405 surveys were completed (with a response rate above 82%). There were 64 director and 341 staff versions completed. Analyses focused on the 341 staff ORCs. A comparison sample of 1,089 staff ORCs from 235 USA drug treatment programs was selected to examine similarities and differences between profiles of organizational functioning in the two countries. Differences between staffs in Italian treatment programs in both the private and public sectors were also examined.

### *Instrument*

Information about the history and development of the ORC is available in an earlier paper [5]. In general, the instrument evolved from an adaptation of items and scales from earlier TCU organizational climate research, and it was supplemented with new items encompassing additional domains and constructs. The USA version of the ORC included 129 items, and the final Italian translation had 128 items. One item that was not scored on any of the existing scales included a concept about treatment orientation that was not applicable and had no relevance within the existing treatment system in Northern Italy. This item was dropped from the final instrument. In either language, the self-administered survey can be completed in about 30 min. Both the USA and Italian versions include 18 scales that cover the major domains of motivation, resources, staff attributes, and climate, and four indices related to training. The scales are program needs, training needs, pressures for change, office facilities, staffing, training, computer equipment, e-communications, growth, efficacy, influence, adaptability, mission, cohesion, autonomy, communication, stress, and flexibility for change. Items on these 18 scales are scored on a 5-point Likert-type response continuum (1 = strongly disagree, 2 = disagree, 3 = uncertain, 4 = agree, and 5 = agree strongly). Training satisfaction, exposure, and utilization is assessed through four indices covering training satisfaction, exposure, individual-level utilization, and program-level utilization. The first index of training, satisfaction, uses this same Likert response continuum. Training exposure response categories include: 1 = none, 2 = 1, 3 = 2, 4 = 3, and 5 = 4 or more. Finally, the last two indices, individual- and program-level training utilization, uses: 1 = never, 2 = rarely, 3 = sometimes, 4 = a lot, and 5 = almost always.

### Design and Procedures

A detailed analysis was made of the Italian public and private sector drug abuse treatment system to identify and classify service delivery units. Organizational entities had to be pinpointed so that when organizational profiles were generated and returned upon completion of the survey the reports would have meaning and relevance for the particular services. The Veneto system is organized into Local Health Authorities that include one or more centers in which a designated group or equipe of professionals are responsible for delivering drug abuse treatment services. Staffs within each of the groups include doctors, nurses, psychologists, social workers, educational workers, administrative staff, and others. Once the groups or clinical units were identified, directors and staff with internet access (about 60% of the administrations) completed ORCs online through the website at the Institute of Behavioral Research (IBR) at TCU. Those without electronic access (approximately 40%) completed a paper-and-pencil form that was mailed to the IBR for scoring and incorporation into the data set. Responses were scored using a SAS (Copyright 2002–2003 by SAS Institute Inc., Cary, N.C., USA. All Rights Reserved) routine, and reports including tables and feed back profiles were automatically generated and returned to Italy for distribution. All procedures were reviewed by the TCU Institutional Review Board (IRB) for the protection of research subjects' rights. For Internet administrations, an information web page was presented to all subjects indicating that participation was voluntary. Consent was provided by clicking on a button indicating agreement to voluntary participation. Paper-and-pencil forms were accompanied by an information sheet that indicated passive voluntary consent to participation was granted by completing and returning an anonymous form (names were not part of either paper or electronic forms – only a program/clinical unit identifier was included for analyses and to group forms for generating feedback reports).

### Analyses

Coefficient alpha reliabilities were computed, and a principal components analysis was conducted on items in each scale to examine internal structures. Comparisons between USA and Italian staff responses, as well as public versus private programs in Italy were made through analysis of variance and contingency table analyses. Additionally, percentiles for Italian ORC scores were calculated for the 25th and 75th percentiles.

## Results

The majority of Italian staff participants were female. Public sector staffs were older and included more individuals trained in counseling or nursing. Private sector staffs had more formal education, served smaller case-loads, and had fewer years on the job (table 1).

Reliability for each of the 18 scales was calculated using Cronbach's alpha. Table 2 shows the results for both Italian and USA samples. For the Italian sample, 10 of the 18 scales had alphas at 0.70 or above, six were at 0.60 or higher, and two were below 0.60. Coefficients were at 0.70 or higher for 13 scales from the USA sample, four

**Table 1.** Italian sample description

	Subjects			
	private (n = 109)	public (n = 232)	private %	public %
Gender <sup>a</sup>				
Female	62	154	57	69
Male	46	70	43	31
Age, years <sup>b</sup>				
21–35	38	11	35	5
31–35	33	32	30	14
36–40	18	44	16	20
41–45	10	59	9	27
>45	10	76	9	34
Profession				
Addiction counselor <sup>c</sup>	32	105	29	45
Other counselor <sup>d</sup>	4	42	4	18
Education <sup>e</sup>	73	70	66	30
Voc. rehab. <sup>f</sup>	40	76	36	33
Nurse <sup>g</sup>	0	64	0	27
Psychologist <sup>h</sup>	31	44	28	19
Social worker <sup>i</sup>	26	58	23	25
Number of clients <sup>j</sup>				
1–10	9	7	9	3
11–20	43	11	41	5
21–30	39	2	37	1
31–40	13	1	12	1
>40	2	200	1	91
Years of experience <sup>k</sup>				
<1	12	6	11	3
1–3	32	23	29	10
3–5	22	28	20	12
>5	43	174	39	75

<sup>a</sup>  $\chi^2 = 4.12$ ,  $p = 0.043$ ; <sup>b</sup>  $\chi^2 = 83.80$ ,  $p = 0.0001$ ; <sup>c</sup>  $\chi^2 = 8.26$ ,  $p = 0.004$ ; <sup>d</sup>  $\chi^2 = 13.49$ ,  $p = 0.0002$ ; <sup>e</sup>  $\chi^2 = 39.50$ ,  $p = 0.0001$ ; <sup>f</sup>  $\chi^2 = 0.39$ ,  $p = 0.54$ ; <sup>g</sup>  $\chi^2 = 37.45$ ,  $p = 0.0001$ ; <sup>h</sup>  $\chi^2 = 3.60$ ,  $p = 0.058$ ; <sup>i</sup>  $\chi^2 = 0.08$ ,  $p = 0.77$ ; <sup>j</sup>  $\chi^2 = 247.08$ ,  $p = 0.0001$ ; <sup>k</sup>  $\chi^2 = 46.62$ ,  $p = 0.0001$ .

scales were between 0.60 and 0.70, and one was below 0.60. Table 2 also shows eigenvalues above 1.0 from a principal components analysis of items for each of the 18 scales. These values indicate the dimensionality of the scales. Unidimensionality is determined by a single eigenvalue greater than 1.0. Five of the Italian scales appeared to represent a single dimension. However, eight of the other scales had second eigenvalues that were near 1.0, with values ranging from 1.01 to 1.06.

Table 3 shows mean scores for the 18 ORC scales from Italian and USA administrations, as well as scores representing the 25th and 75th percentiles derived from Italian responses. Overall, means for USA and Italy are very sim-

**Table 2.** Italian organizational readiness for change – psychometric properties

	Number of items	Alpha		Eigenvalues >1	
		Italy (n = 341)	USA (n = 1,089)	Italy (n = 341)	USA (n = 1,089)
Motivation for change					
Program needs	8	0.81	0.89	3.54	4.59
Training needs	8	0.80	0.87	3.50, 1.01	4.32
Pressures for change	7	0.65	0.70	2.42, 1.28	2.54, 1.33
Adequacy of resources					
Offices	4	0.78	0.70	2.10	2.12
Staffing	6	0.64	0.70	2.17, 1.22	2.42, 1.03
Training	4	0.60	0.62	1.70	1.88
Computer access	7	0.54	0.77	1.68, 1.42	2.98, 1.17
E-communications	4	0.77	0.74	2.05	2.26
Staff attributes					
Growth	5	0.73	0.66	1.96, 1.04	2.14, 1.14
Efficacy	5	0.61	0.67	1.46, 1.04	2.22, 1.13
Influence	6	0.70	0.79	1.69, 1.06	2.99
Adaptability	4	0.60	0.66	1.47, 1.02	2.02
Organizational climate					
Mission	5	0.80	0.72	2.44	2.47
Cohesion	6	0.87	0.87	3.43, 1.02	3.75
Autonomy	5	0.48	0.56	1.69, 1.04	1.86
Communication	5	0.74	0.81	1.81, 1.11	2.88
Stress	4	0.76	0.80	1.55, 1.04	2.52
Change	5	0.62	0.71	1.61, 1.23	2.36

**Table 3.** Organizational functioning scores – means and percentiles

	Italy (n = 341)			USA (n = 1,089)
	25th %ile	mean	75th %ile	mean
Motivation for change				
Program needs	30.0	34.6	40.0	32.1
Training needs	30.0	34.4	39.0	30.5
Pressures for change	27.0	30.3	34.0	30.8
Adequacy of resources				
Offices	23.0	30.3	38.0	32.6
Staffing	28.0	33.1	37.0	30.9
Training	28.0	32.9	38.0	34.2
Computer access	24.0	28.6	33.0	28.5
E-communications	20.0	27.9	35.0	25.1
Staff attributes				
Growth	26.0	31.6	38.0	35.1
Efficacy	34.0	37.3	40.0	39.8
Influence	28.0	32.1	36.0	35.5
Adaptability	33.0	35.4	40.0	38.0
Organizational climate				
Mission	30.0	33.9	40.0	35.0
Cohesion	30.0	35.1	42.0	33.9
Autonomy	30.0	34.7	38.0	34.8
Communication	28.0	31.4	36.0	32.0
Stress	28.0	33.8	40.0	33.0
Change	28.0	32.8	38.0	33.0

**Table 4.** Public versus private organizational functioning in Veneto, Italy

	Private (n = 109) M	Public (n = 232) M	F-test	p
Motivation for change				
Program needs	33.6	35.1	3.12	0.08
Training needs	34.3	34.4	0.02	0.90
Pressures for change	31.1	29.8	2.38	0.10
Adequacy of resources				
Offices	33.3	28.9	14.66	0.0002
Staffing	33.2	33.1	0.01	0.92
Training	31.8	33.4	3.00	0.09
Computer access	26.6	29.6	13.89	0.0002
E-communications	24.0	29.7	21.34	0.0001
Staff attributes				
Growth	30.1	32.3	6.32	0.02
Efficacy	37.5	37.3	0.07	0.80
Influence	33.2	31.6	5.21	0.03
Adaptability	33.5	36.3	19.66	0.0001
Organizational climate				
Mission	36.5	32.7	17.00	0.0001
Cohesion	39.3	33.1	40.57	0.0001
Autonomy	35.1	34.5	0.73	0.40
Communication	32.8	30.7	6.14	0.02
Stress	33.5	33.9	0.24	0.63
Change	33.0	32.4	0.75	0.39

ilar with slighter elevations in needs among Italian respondents. USA staff indicated lower levels of resources best characterized by more limited Internet/e-mail access and utilization, but yet somewhat higher levels of staff attributes. Finally, mean scores for public compared with private (table 4) show Italian staff differences in the areas of adequacy of resources and organizational climate. The private sector has generally better office resources and less computer access and e-communications, but yet more cohesion, and a better sense of mission. Adaptability was higher among the public sector.

Additional analyses were conducted to examine differences in scale score levels between electronic and paper versions, and these revealed no significant difference between methods of administration. Upon completion of the ORC, respondents were asked to provide additional comments and suggestions. Specifically they were asked to address the key strengths of their organization and current organizational challenges or weaknesses, and to offer any other further comments or suggestions. These were synthesized and they confirmed the rating scores for var-

ious scales. For example, positive cohesion scores were accompanied by written comments about cohesion being a strength as well as expressions of positive and cooperative working relationships.

## Discussion

The Italian version of the TCU ORC was psychometrically acceptable. Overall, the ORC appears to have good applicability and utility for use with staff from drug abuse treatment programs in Northern Italy. The cross-cultural comparison of profiles from the two countries revealed differences in staff attributes. The staffs of USA programs viewed themselves as having more training resources and control in their work environment, as measured by growth, efficacy, influence, and adaptability, than the Italians. Programs in the Veneto region had better cohesion, and staffing, but more program and training needs. Interestingly, the organizational climates between these two countries were essentially the same. There was an expectation that USA programs would have better Internet or electronic communication capabilities, but the converse occurred and the Italian staff reported higher levels of e-communication.

The Comparison of Public and Private Italian programs showed that staffs in the public sector viewed themselves as having more program resources, including training resources, computer access, and e-communication. They also were higher on scales measuring growth and adaptability, but lower on influence and cohesion. On the contrary, the Italian private sector was found to have more cohesiveness and influence. These differences when coupled with program performance as measured by client treatment progress and outcomes may help the Italian health ministry in its efforts to identify organizational enhancements that can target treatment improvements.

Findings suggest several organizational areas suitable for intervention. For example, activities geared toward sharing of knowledge and opinions may impact perceptions of influence among staffs in the public sector, and these same staffs may benefit from team building exercises. Repeated measures using the ORC in a longitudinal field data collection design can allow program directors and staff to monitor changes over time as macro-level (ministry) policies are modified, as well as when micro-level program practices are altered. The ORC, when used repeatedly over time is sensitive enough to detect changes. If used in this manner, particularly after organi-

zational interventions and exercises, it can offer evaluative information about efforts to change and improve the delivery of drug abuse treatment services.

Data were presented during an all day workshop by the authors in Venice, Italy with simultaneous translations both in English and Italian. Discussions and comments recognized the element of empowerment through the use of anonymous surveys such as the ORC. The survey offers a venue for program personnel who feel they have little influence, and presents a mechanism for staff to give their opinions about the organization in which they work. This particular aspect of the ORC as an assessment tool was viewed as a positive motivator in garnering participation. Future efforts to continue use of the Italian ORC as a tool for monitoring organizational functioning will further recognize the importance of empowerment when asking staff to anonymously rate their group and comment on what they see as the strengths and weaknesses of their organization.

Study limitations include those usually associated with restricted samples. Where results may generalize to the Veneto region, they may not necessarily be reflective of other regions in Italy. It should be noted that the Italian sample was more comprehensive in its coverage of a particular region, whereas the USA sample used in this paper was likely to be more broad and diverse and not comprehensive in its coverage of a single region. Recognizing a general lack of unidimensionality for some of the scales

in the Italian survey raises the possibility of some item language/wording differences that may have been introduced through translation.

In conclusion, drug abuse treatment staffs in Northern Italy have perceptions about their organizations that are exceptionally similar to those in the USA sample. Efforts to diffuse new technologies from the USA and bring science and research to practice were met openly. The project successfully extended assessments in a different culture and country outside of where these tools were first developed. An emerging USA survey, the ORC, was readily transferred into use in an Italian drug abuse treatment service delivery system demonstrating promising international applications.

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Copies of the Italian forms are available for free-download from [www.ibr.tcu.edu](http://www.ibr.tcu.edu).

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