LEADERSHIP COMPETENCIES FOR PUBLIC HEALTH PRACTICE IN CANADA

ORGANIZATIONAL READINESS ASSESSMENT TOOL

December 2015

The *Organizational Readiness to Change Assessment* (ORCA) (Helfrich et al., 2009) is an Open Access tool that has been adapted with permission for use by the Leadership Competencies for Public Health Practice in Canada Project. As steward of the adapted tool CHNC respectfully requests that users inform CHNC of its use, any local adaptations made, and psychometric properties measured.

Community Health Nurses of Canada
Community Health Nurses of Canada (CHNC) is a national organization for community health registered nurses to advance practice and to improve the health of Canadians. CHNC represents the voices of community health nurses; advances practice excellence; creates opportunities for partnerships across sectors and networks; strengthens community health nursing leadership; advocates for healthy public policy to address social and environmental determinants of health; and promotes a publicly funded, not for profit system for (community) health. CHNC is an associate member of the Canadian Nurses Association (CNA).

Acknowledgements

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Organizational Readiness Assessment Tool

INSTRUCTIONS FOR ADMINISTRATION OF THE

ORCA FOR LEADERSHIP COMPETENCIES

The Organizational Readiness to Change Assessment (ORCA) was developed by the Ischemic Heart Disease Quality Enhancement Research Initiative of the Veterans Health Administration. For more information contact Christian Helfrich, christian.helfrich@va.gov or 206-277-1655. The ORCA has been adapted for use in the Leadership Competencies for Public Health Practice in Canada with the assistance and permission of C. Helfrich.

For access to the tool and any questions please contact Ann Manning at ed.chnc@gmail.com.

Survey administrator considerations:

You may add to the organization identifier – should you want to assess readiness by department, by discipline, by district office site, etc. Do not ask for personal identification.

You may however want to capture some demographic data that will help with analysis of results; job role, seniority, and sex are some characteristics that influence adoption of innovations (e.g., professional designation (MD, RN, RD, etc.); job role (front-line, supervisor, clinical specialist); number of years with organization (<5, 5-10, 11-15, etc.); and sex (M, F). Be aware that collecting more information than you need will not be helpful or ethical.

If the terminology used in the survey needs to be clarified, you are free to do so – for example, "senior administration" may not mean the same thing in every organization. You may want to change that term to be more specific – for example, executive team; senior management.

You may want to do a series of assessments: baseline, 6 months, one year, etc. if you want to see the trends in competencies uptake in your organization, department, etc.

Note: The number of respondents taking part in the survey will increase the reliability of the results. For example, the best results will be achieved with a minimum of 35 respondents.

To familiarize yourself with the theory behind this tool, please review the following article:

Rycroft-Malone, J. (2004). The PARIHS Framework—A framework for guiding the implementation of evidence-based practice. *Journal of Nursing Care Quality, 19*(4), 297-304.

Instructions:

Ask participants to complete the survey from their own perspective. Remind them <u>not</u> to consult others in the organization, department, etc. There are no right or wrong answers; this survey seeks personal opinions. The survey can be completed in hard copy or electronically.

Scoring the survey:

<u>For each scale</u>, calculate the sum of all scores in that scale and divide by the number of items comprising that scale to get an average scale score value of 1-5. These data will provide the highest level overview of the key factors in the adoption of the competencies: evidence, context, and facilitation assessment.
- Evidence Scale: Items 1 - 9
- Context Scale: Items 10 - 32
- Facilitation Scale: Items 33 - 71

<u>For each subscale</u>, calculate the sum of all scores in that subscale and divide by the number of items in that subscale to get an average subscale score value of 1-5. These data will provide a less detailed look at the factors that comprise each scale to assess where action needs to be taken to enhance competency uptake.
- Evidence Subscales: Evidence (Items 1-2); Research (3-5); Practice-Based Experience (6-9)
- Context Subscales: Culture (Administration Items 10-12, Staff 13-16); Leadership (17-20); Measurement (21-24); Readiness (25-28); and Resources (29-32)
- Facilitation Subscales: Administration (Items 33-36); Champion (37-40); Role (41-44); Implementation (45-48); Plan (49-52); Communication (53-56); Progress (57-60); Resources (61-66); Evaluation (67-71)

<u>For each item</u>, calculate the sum of all scores for that item and divide by the number of scores provided for that item to get an average score value of 1-5. These data will provide the most granular details for each of the 71 items in the ORCA tool.

Analyzing the results:

For each scale and subscale, consider the average scale/subscale score value and determine if the result shows high (4-5), moderate (3), or low (1-2) performance. For deeper analysis, examine the average scores for each item to assess the elements that comprise the subscale.

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It is at this stage that you might want to conduct focus groups to review the results and generate their own recommendations for action. Determine what actions can be taken to improve the uptake of the competencies and make recommendations to the organization, department, etc.

Psychometric qualities: If you have a measurement specialist available, additional detailed analyses can be conducted (e.g., factor analysis, Cronbach's alpha, etc.)

Presenting the results:

If you used an Excel™ spreadsheet to do the scoring calculations, it will be easy to create Powerpoint™ charts and slides that illustrate organizational strengths and weaknesses with regard to the scales (Evidence, Context, and Facilitation) that measure opinion about the readiness of the organization (or, for instance, professional group, operational unit) to adopt the Leadership Competencies for Public Health Practice in Canada. By using a more granular analysis by subscale and item, the implementation team will be able to focus its action plans to target its activities.

Presenting the results of the survey to a variety of stakeholders will allow the organization's administration team, groups of professionals, and operational units to consider their options for improving awareness of the leadership competencies and for taking action to support their adoption into practice and policy (knowledge translation).

References

Helfrich, C.D., Li, Y-F., Sharpe, N.D., & Sales, A.E. (2009). Organizational readiness to change assessment (ORCA): Development of an instrument based on the Promoting Action on Research in Health Services (PARIHS) framework. *Implementation Science, 4*:38. doi: 10.1186/1748-5908-4-38. Available from: http://www.implementationscience.com/content/4/1/38

Hagedorn, H.J., & Heideman, P.W. (2010). The relationship between baseline Organizational Readiness to Change Assessment subscale scores and implementation of hepatitis prevention services in substance use disorders treatment clinics: A case study. *Implementation Science, 5*:46. doi: 10.1186/1748-5908-5-46. Available from: http://www.implementationscience.com/content/5/1/46

National Collaborating Centre for Methods and Tools. (2013). *Organizational readiness to change assessment (ORCA) tool.* Hamilton, ON: McMaster University. Available from: www.nccmt.ca/registry/view/eng/187.html

Vollman, A.R., & Strudsholm, T. (2013). *Leadership Competencies for Public Health Practice in Canada: Organizational readiness.* St. John's, NL: Community Health Nurses of Canada. See www.chnc.ca, Environmental Scan – Appendix B [https://www.chnc.ca/documents/LCPHPC_Project-EnvironmentalScan_Sep2014Final.pdf].

ORCA FOR LEADERSHIP COMPETENCIES [1]

Name of Organization: _____

I.   Evidence Assessment

Goal: Leadership competencies for public health practice in Canada will be adopted by employers.

1. Based on your assessment of the evidence basis for the above statement, please rate the **strength of the evidence** in your opinion, on a scale of 1 to 5, where 1 is very weak evidence and 5 is very strong evidence:

very weak	weak	neither weak nor strong	strong	very strong
1	2	3	4	5

2. Now, rate **the strength of the evidence** basis for this statement based on how you think respected public health experts in your institution feel about the strength of the evidence, on a 1 to 5 scale:

very weak	weak	neither weak nor strong	strong	very strong
1	2	3	4	5

For each of the following statements, please rate the strength of <u>your agreement</u> with the statement from 1 (strongly disagree) to 5 (strongly agree).

The leadership competencies:	strongly disagree	disagree	neither agree nor disagree	agree	strongly agree
3. are supported by scientific evidence from public health in Canada	1	2	3	4	5
4. are supported by scientific evidence from other health care systems	1	2	3	4	5
5. should be effective, based on current scientific knowledge	1	2	3	4	5

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[1] *The Organizational Readiness to Change Assessment (ORCA) has been adapted for use in the Leadership Competencies for Public Health Practice in Canada with the assistance and permission of C. Helfrich.*

The leadership competencies:	strongly disagree	disagree	neither agree nor disagree	agree	strongly agree
6. are supported by **practice-based** experience in public health	1	2	3	4	5
7. are supported by **practice-based** experience in other health care systems	1	2	3	4	5
8. conform to the opinions of **practice-based** experts in this public health setting	1	2	3	4	5
9. have not been attempted in this public health setting	1	2	3	4	5

II. Context Assessment

For each of the following statements, please indicate how <u>frequently you have observed</u> the following sets of behaviours, from 1 (very infrequently) to 5 (very frequently).

How frequently have you observed **senior administrators**:	Very infrequently	Infrequently	Neither frequently nor infrequently	Frequently	Very frequently
10. reward innovation and creativity to promote population health and advance equity	1	2	3	4	5
11. solicit opinions of staff regarding decisions about public health services	1	2	3	4	5
12. seek ways to improve public knowledge and increase public participation to reduce inequity	1	2	3	4	5

How frequently have you observed **staff members**:	Very infrequently	Infrequently	Neither frequently nor infrequently	Frequently	Very frequently
13. exhibit a sense of personal responsibility for improving population health	1	2	3	4	5
14. cooperate to maintain and improve effectiveness of public health services	1	2	3	4	5
15. be willing to innovate and/or experiment to improve programs and policies	1	2	3	4	5
16. be receptive to change in public health processes	1	2	3	4	5

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How frequently have you observed senior administrators:	Very infrequently	Infrequently	Neither frequently nor infrequently	Frequently	Very frequently
17. provide effective management for continuous quality improvement	1	2	3	4	5
18. clearly define areas of responsibility and authority for departmental managers, supervisors and staff	1	2	3	4	5
19. promote team building to solve problems	1	2	3	4	5
20. promote communication among programs and units	1	2	3	4	5

How frequently have you observed senior administrators:	Very infrequently	Infrequently	Neither frequently nor infrequently	Frequently	Very frequently
21. provide staff with information on leadership performance measures and guidelines	1	2	3	4	5
22. establish clear goals for leadership processes and outcomes	1	2	3	4	5
23. provide staff members with feedback/data on effects leadership	1	2	3	4	5
24. hold staff members accountable for achieving results	1	2	3	4	5

How frequently have you observed opinion leaders in your organization:	Very infrequently	Infrequently	Neither frequently nor infrequently	Frequently	Very frequently
25. express belief that the current leadership practice can be improved	1	2	3	4	5
26. encourage and support changes in leadership practice to improve population health	1	2	3	4	5
27. demonstrate willingness to try new processes and protocols	1	2	3	4	5
28. work cooperatively with senior management to make appropriate changes	1	2	3	4	5

In general, when there is agreement that change needs to happen, how frequently have you/your colleagues had:	Very infrequently	Infrequently	Neither frequently nor infrequently	Frequently	Very frequently
29. the necessary budget support / financial resources	1	2	3	4	5
30. the necessary training support	1	2	3	4	5
31. the necessary facilities support	1	2	3	4	5
32. the necessary staffing support	1	2	3	4	5

III. Facilitation Assessment:

For each of the following statements, please rate the strength of <u>your agreement</u> with the statement from 1 (strongly disagree) to 5 (strongly agree).

Senior administration is likely to:	strongly disagree	disagree	neither agree nor disagree	agree	strongly agree
33. propose a competencies uptake project that is appropriate and feasible	1	2	3	4	5
34. provide clear goals for improvement in leadership	1	2	3	4	5
35. establish a project schedule and deliverables	1	2	3	4	5
36. designate a champion(s) for the project	1	2	3	4	5

A Project's Champion:	strongly disagree	disagree	neither agree nor disagree	agree	strongly agree
37. is likely to accept responsibility for the success of this project	1	2	3	4	5
38. will be given the authority to carry out the implementation	1	2	3	4	5
39. is considered a practice opinion leader	1	2	3	4	5
40. works well with the intervention team and providers	1	2	3	4	5

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Senior administration and staff opinion leaders are likely to:	strongly disagree	disagree	neither agree nor disagree	agree	strongly agree
41. agree on the goals for the adoption of the leadership competencies	1	2	3	4	5
42. be informed and involved in the adoption	1	2	3	4	5
43. agree on adequate resources to accomplish the adoption	1	2	3	4	5
44. set a high priority on the success of the adoption of the leadership competencies	1	2	3	4	5

The implementation team members:	strongly disagree	disagree	neither agree nor disagree	agree	strongly agree
45. share responsibility for the success of this project	1	2	3	4	5
46. have clearly defined roles and responsibilities	1	2	3	4	5
47. have release time or can accomplish adoption/uptake tasks within regular work load	1	2	3	4	5
48. have staff support and other resources required for the project	1	2	3	4	5

The implementation plan for this intervention:	strongly disagree	disagree	neither agree nor disagree	agree	strongly agree
49. identifies specific roles and responsibilities	1	2	3	4	5
50. clearly describes tasks and timelines	1	2	3	4	5
51. includes appropriate education	1	2	3	4	5
52. acknowledges staff input and opinions	1	2	3	4	5

Communication will be maintained through:	strongly disagree	disagree	neither agree nor disagree	agree	strongly agree
53. regular project meetings with the project champion and team members	1	2	3	4	5
54. involvement of human resource staff in project planning and implementation	1	2	3	4	5
55. regular feedback to senior administration on progress of project activities and resource needs	1	2	3	4	5
56. regular feedback to staff on the status of the adoption of leadership competencies	1	2	3	4	5

Progress of the project will be measured by:	strongly disagree	disagree	neither agree nor disagree	agree	strongly agree
57. collecting feedback from staff regarding the adoption of the leadership competencies	1	2	3	4	5
58. collecting feedback from staff regarding proposed/implemented changes	1	2	3	4	5
59. developing and distributing regular performance measures to staff	1	2	3	4	5
60. providing a forum for presentation/discussion of results and implications for continued uptake of the competencies	1	2	3	4	5

The following are available to make the selected plan work:	strongly disagree	disagree	neither agree nor disagree	agree	strongly agree
61. staff incentives	1	2	3	4	5
62. leadership information and resources	1	2	3	4	5
63. staff awareness/need	1	2	3	4	5
64. staff buy-in	1	2	3	4	5
65. intervention team	1	2	3	4	5
66. evaluation protocol	1	2	3	4	5

Plans for evaluation and improvement of this intervention will include:	strongly disagree	disagree	neither agree nor disagree	agree	strongly agree
67. periodic outcome measurement	1	2	3	4	5
68. staff participation/satisfaction survey	1	2	3	4	5
69. supervisor/middle management satisfaction survey	1	2	3	4	5
70. dissemination plan for performance measures	1	2	3	4	5
71. review of results by senior administration	1	2	3	4	5