

2015

Mental Health Therapists' Attitudes on Adoption of Evidence-Based Practices and Organizational Culture

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Walden University

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Jennifer Guerguis

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Walden University

2015

Abstract

Mental Health Therapists' Attitudes on Adoption of Evidence-Based Practices and
Organizational Culture

by

Jennifer Guerguis

MA, Chapman University, 2006

BA, University of California Irvine, 2003

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

May 2015

Abstract

Evidence-based practice (EBP) in mental health was initiated in the United States due to state legislation. The EBP implementation process is complex due to multiple factors related to organizational culture. Mental health agencies implementing EBP processes can expect significant personnel changes due to higher turnover rates, which may have a negative effect on the quality of services. The purpose of this study was to investigate the relationship between providers' attitudes toward the adoption of EBPs and organizational culture. The theoretical framework for this study was organizational culture theory and the Denison organizational culture model. This correlational and predictive study examined the relationship between the domains behind 112 provider attitudes as measured by the Evidence-Based Practice Attitude Scale and the multiple traits of organizational culture as measured by the Denison Organizational Culture Survey. A Pearson correlation was conducted in order to determine whether there were significant relationships prior to conducting a standard multiple regression and a stepwise multiple regression analysis. This study found a significant relationship between the mission trait and general provider attitudes and between the involvement trait and organizational support. The stepwise regression analysis found the mission trait to be a predictor of general provider attitudes. The standard regression analysis found the involvement trait to be a predictor of organizational support. Having this new insight could help managers make adjustments that may help providers be receptive to EBP adoption and ultimately may help in decreasing an organization's turnover. A more stable work environment may be conducive to the provision of higher quality services, leading to social change.

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Dedication

I dedicate this dissertation to my loving husband, Kirlos Guerguis, for being by my side through this entire journey, which has been a very rigorous process that I would have not been able to complete if I did not have him beside me. His words of encouragement as we both worked toward our doctorate degrees were extremely powerful in order to keep me pushing forward. I love my husband very much, and taking on such a journey together is one of the most wonderful experiences any couple can go through. I also dedicate this dissertation to my parents, Mario and Dina Sandoval, for instilling the importance of hard work and higher education. My parents went through some difficult times as immigrants, and no words can express my thankfulness for their sacrifices. I also want to thank my younger siblings, Michelle and Mario Sandoval, as they have been cheering me on through this long process. I would also like to thank the rest of my family and friends, as they offered me much encouragement through the completion of this dissertation.

Acknowledgements

I would like to give a special thanks to my committee for supporting me through this process. This project would not be possible without their hard work and efforts. I would especially like to thank Dr. Matthew Fearington, my chair, for providing me with the guidance and encouragement to complete this dissertation. I appreciate the guidance my second committee member, Dr. Ray William London, and URR committee member, Dr. John Schmidt, provided during the completion of this dissertation.

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Chapter 1: Introduction to the Study

Introduction

This study examined the relationship between organizational culture and mental health therapists' attitudes toward the implementation of evidence-based practices (EBPs) in several nonprofit community mental health organizations located in Los Angeles County. An EBP is defined as an empirically tested intervention and procedure (Aarons, Sommerfeld, & Walrath-Greene, 2009). An EBP can also be described as a way of formalizing the principles that clinicians have worked on mastering over time (Rodrigues, 2000). EBPs came out of a paradigm in the medical field, evidence-based medicine (EBM), which requires physicians to evaluate evidence from clinical research (EBM Working Group, 1992).

The push for EBPs in mental health came out of concern that interventions in mental health did not reflect consideration of outcomes and effectiveness (Regehr, Stem, & Shlonsky, 2007; Rieckmann, Bergmann, & Rasplica, 2011). In 1999, the U.S. Surgeon General's report on mental health warned the public and mental health policy makers about the gap that existed between science and practice (Ganju, 2003; Goldman et al., 2001). Policy makers took note of this report, and mental health commissioners recognized that there was a need for public mental health to focus on quality and accountability (Ganju, 2003). State mandates for the adoption of EBPs came out as a result, as this approach offered a means to provide both quality and accountability in community mental health settings (Beidas et al., 2013; Ganju, 2003; Goldman et al.,

2001; Rieckmann, Bergmann, et al., 2011; Rieckmann, Kovas, Cassidy, & McCarty, 2011;).

Background

There has been more attention to the development and implementation of EBPs in the last 10 years (Rugs, Hills, Moore, & Peters, 2011). The implementation of EBPs was a solution to the need for both quality and accountability in mental health settings (Ganju, 2003; Goldman et al., 2001). State mandates for the adoption of EBPs came out because of this need for quality and accountability (Ganju, 2003; Goldman et al., 2001). Each state started to pass EBP legislative mandates, with Oregon as the first state to do so (Rieckmann, Bergmann, et al., 2011). The Oregon law states that up to 75% of behavioral health services have to be accounted for by an EBP (Rieckmann, Bergmann, et al., 2011). These mandates started the EBP implementation process throughout the United States. This legislative trend renders this research study relevant in assisting mental health organizations in their EBP implementation process.

The EBP implementation process can be considered an organizational change, so organizational culture is an important factor when implementing an EBP due to how the staff's acceptance of change affects this implementation process (Aarons & Sawitzky, 2006b; Aarons, Sommerfeld, Hecht, Silovsky, & Chaffin, 2009; Austin & Claassen, 2008). Rashid, Sambasivan, and Rahman (2004) found in their study that there was an association between the overall attitude toward organizational change and organizational culture and that the X^2 value was 82.764; this is why organizational culture was one of the variables selected for this study. Learning about an organization's culture offers great

insight as to why some factors work the way they do, such as why change can be a difficult process or why employees leave an organization, as discussed in Schein's organizational culture theory (OCT; Schein, 2010). OCT has been used to look at the culture of an organization, and this approach is relevant to mental health organizations, where a therapist's expectations and perceptions are affected by the culture of the organization (Glisson et al., 2008).

Recent research has shown that organizational culture is associated with mental health therapists' attitudes toward the adoption of EBPs (Aarons, Glisson, et al., 2012; Aarons & Sawitzky, 2006b; Aarons, Sommerfeld, & Walrath-Greene, 2009; Aarons, Wells, Zagursky, Fettes, & Palinkas, 2009). The current research has shown how therapists who work in a more constructive culture, which is more humanistic and supportive, are more likely to adopt an EBP (Aarons & Sawitzky, 2006b; Aarons, Glisson, et al., 2012). These results show how understanding different factors of organizational culture could provide insight during the EBP implementation process because managers could make necessary changes to their organization once they know the type of culture that contributes to providers being more likely to adopt an EBP.

The gap in the current research on organizational culture and therapists' attitudes toward the adoption of EBPs relates to the presence of other organizational factors that may contribute to this relationship that have not been incorporated (Aarons, Glisson, et al., 2012; Aarons & Sawitzky, 2006b; Aarons, Sommerfeld, & Walrath-Greene, 2009; Aarons, Wells, Zagursky, Fettes, & Palinkas, 2009). It could be helpful to expand on this current research by taking it a step further and including multiple traits of organizational

culture such as adaptability, mission, involvement, and consistency (Denison & Mishra, 1995), which have not been studied directly with mental health therapists' attitudes toward the adoption of EBPs.

Problem Statement

Research has indicated that a consistent mental health workforce with lower turnover rates plays an important role in the provision of higher quality services (Aarons & Sawitzky, 2006a; Woltmann et al., 2008). The problem is the existence of an inconsistent U.S. mental health workforce, with high turnover rates ranging from 25%-50% per year (Woltmann et al., 2008). A mental health agency that is going through the implementation process of EBPs can expect a significant change in personnel, and having higher turnover rates has hindered this implementation process (Aarons & Sawitzky, 2006a; Woltmann et al., 2008). The goal is to implement EBPs in a mental health organization while minimizing turnover in the workforce in order to maintain high-quality services.

Purpose of the Study

The purpose of this study was to investigate the relationship between mental health therapists' attitudes toward the adoption of EBPs, which are empirically tested interventions and procedures (Aarons, Sommerfeld, & Walrath-Greene, 2009), and organizational culture. If this study exhibited a relationship between organizational culture and therapists' attitudes toward the adoption of EBPs, this finding can be an important factor to consider during the implementation of an EBP. This insight could help managers during the EBP implementation process and, as a result, possibly create a

more stable work environment that is conducive to the provision of higher quality services.

This study is important because insights as to how an organization's culture relates to therapists' attitudes can help organizations make necessary adjustments during the implementation process of EBPs. Previous research examined the relationship between providers' attitudes toward the adoption of EBPs and organizational culture (Aarons, Glisson, et al., 2012; Aarons & Sawitzky, 2006b). This study expanded on current research by incorporating more detailed components of providers' attitudes toward EBP adoption that are more current with recent changes, as the study's research variables take into account the fact that EBPs are being mandated. This research study used organizational culture variables that were not used in previous research conducted in this area of EBP adoption. The ultimate goal was to offer organizations new insights that may assist with a successful EBP implementation process, because a successful implementation process could be instrumental in offering more effective services to clients and their families.

Nature of the Study

This study investigated the relationship between organizational culture and provider attitudes toward the adoption of EBPs through surveys and statistical analyses to determine the relationship between these variables. This was a correlational and predictive study that examined the relationship between the multiple traits of organizational culture (adaptability orientation, involvement orientation, mission orientation, and consistency orientation) and the different domains behind provider

attitudes (requirements, appeal, openness, divergence, limitations, fit, monitoring, balance, burden, job security, organizational support, and feedback). This study used a quantitative research design that included the Evidence-Based Practice Attitude Scale-50 (EBPAS-50) and Denison Organizational Culture Survey (DOCS), two instruments that were part of the online survey.

Denison and Neale developed and validated the DOCS based on over 25 years of research (Denison Consulting, 2014). The DOCS was used in this study in order to measure four organizational traits: adaptability, mission, involvement, and consistency. The adaptability trait was measured with the creating change, customer focus, and organizational learning indexes. The mission trait was measured with the strategic direction and intent, goals and objectives, and vision indexes. The involvement trait was measured with the empowerment, team orientation, and capability development indexes. The consistency trait was measured with the core values, agreement, and coordination and integration indexes (Denison & Mishra, 1995). This study also expanded on current research by using the new EBPAS-50, which was expanded by its original developer in order to include more current components, which meant adding eight new scales (limitations, fit, monitoring, balance, burden, job security, organizational support, and feedback) to the original four scales (requirements, appeal, openness, divergence) from the EBPAS (Aarons, Cafri, Lugo, & Sawitzky, 2010). These new scales were included in this study in order to add to the current research in this area. The EBPAS-50 and DOCS are discussed in Chapter 3.

A survey research method was appropriate for the research questions because it made it possible to provide a quantitative description of the attitudes of the population by looking at a sample from this population (Creswell, 2009). Online surveys were administered to therapists employed by the agencies belonging to the Association of Community Human Service Agencies (ACHSA) by sending a link in a mass e-mail to the entire sample. Reminder e-mails were sent to the entire sample throughout the data collection process. Survey Monkey was used to distribute the survey to the therapists of the various mental health organizations. More details about the research design are provided in Chapter 3.

Regression analyses were used to examine the predictive relationships of each independent variable while controlling for the effects of the other independent variables. The objective was to understand how organizational traits could predict general and specific domains of provider attitudes toward the adoption of EBPs. The results delivered the strength of each independent variable (mission, involvement, consistency, and adaptability), which allowed for the determination of significant or nonsignificant predictors of domains of provider attitudes toward EBP adoption. The confounding variables, which were age, job role, length of time performing the role, and length of time working for the organization, were included in the multiple regression analysis. A multiple regression was conducted to determine the predictive value of the traits of mission, involvement, consistency, and adaptability. Each dependent variable was regressed on all four predictors simultaneously.

Research Questions and Hypotheses

To address the recognized research gaps, three primary research questions were raised, with a total of six associated hypotheses. The research questions and respective hypotheses were as follows:

Research Question 1: Are perceived levels of organizational culture traits (adaptability orientation, involvement orientation, mission orientation, and consistency orientation) significantly related to general domains of provider attitudes toward the adoption of EBPs (requirements, appeal, openness, divergence, limitations, fit, monitoring, balance, burden, job security, organizational support, and feedback)?

Hypothesis 1:

H_01 : Perceived levels of the adaptability trait as measured by the composite score of creating change, customer focus, and organizational learning indexes in the DOCS within an organization's culture are not significantly related to general provider attitudes toward the adoption of EBPs.

H_11 : Perceived levels of the adaptability trait as measured by the composite score of creating change, customer focus, and organizational learning indexes in the DOCS within an organization's culture are significantly related to general provider attitudes toward the adoption of EBPs.

Hypothesis 2:

H_02 : Perceived levels of the involvement trait as measured by the composite score of empowerment, team orientation, and capability development indexes in the

DOCS within an organization's culture are not significantly related to general provider attitudes toward the adoption of EBPs.

H₁2: Perceived levels of the involvement trait as measured by the composite score of empowerment, team orientation, and capability development indexes in the DOCS within an organization's culture are significantly related to general provider attitudes toward the adoption of EBPs.

Hypothesis 3:

H₀3: Perceived levels of the mission trait as measured by the composite score of strategic direction and intent, goals and objectives, and vision indexes in the DOCS within an organization's culture are not significantly related to general provider attitudes toward the adoption of EBPs.

H₁3: Perceived levels of the mission trait as measured by the composite score of strategic direction and intent, goals and objectives, and vision indexes in the DOCS within an organization's culture are significantly related to general provider attitudes toward the adoption of EBPs.

Hypothesis 4:

H₀4: Perceived levels of the consistency trait as measured by the composite score of core values, agreement, and coordination and integration indexes in the DOCS within an organization's culture are not significantly related to general provider attitudes toward the adoption of EBPs.

H₁4: Perceived levels of the consistency trait as measured by the composite score of core values, agreement, and coordination and integration indexes in the

DOCS within an organization's culture are significantly related to general provider attitudes toward the adoption of EBPs.

Research Question 2: Is the adaptability culture trait significantly related to the requirements domain?

Hypothesis 5:

H₀5: Perceived levels of the adaptability trait as measured by the composite score of creating change, customer focus, and organizational learning indexes in the DOCS within an organization's culture are not significantly related to the requirements domain of provider attitudes toward the adoption of EBPs.

H₁5: Perceived levels of the adaptability trait as measured by the composite score of creating change, customer focus, and organizational learning indexes in the DOCS within an organization's culture are significantly related to the requirements domain of provider attitudes toward the adoption of EBPs.

Research Question 3: Is the involvement culture trait significantly related to the organizational support domain?

Hypothesis 6:

H₀6: Perceived levels of the involvement trait as measured by the composite score of empowerment, team orientation, and capability development indexes in the DOCS within an organization's culture are not significantly related to the organizational support domain of provider attitudes toward the adoption of EBPs.

*H*₁₆: Perceived levels of the involvement trait as measured by the composite score of empowerment, team orientation, and capability development indexes in the DOCS within an organization's culture are significantly related to the organizational support domain of provider attitudes toward the adoption of EBPs.

Understanding the relationship between the adaptability culture trait and the requirement domain can offer useful information to managers during the implementation process, as the adaptability trait measures how the culture of the organization adapts to change and the requirement scale measures providers' attitudes toward the fact that EBPs are required in their organization. These two variables were selected over the others because the government mandates on EBPs play a major role on the implementation process, and knowing how that factor relates to how adaptable the organization is to change can be valuable. Understanding the relationship between the involvement culture trait and the organizational support domain could also offer useful information to managers during the implementation process, as the involvement trait measures how the culture of the organization empowers employees and the organizational support scale measures how providers feel about how supportive their organization is during the EBP adoption process. These two variables were selected as well due to the importance of organizational support during the EBP implementation process, and because seeing how it relates to the involvement trait can be more beneficial than other relationships because managers can make immediate changes in how involved they are during this process. Past research has found a significant relationship between organizational culture and

provider attitudes toward the adoption of EBPs (Aarons, Glisson, et al., 2012; Aarons & Sawitzky, 2006), so it was expected that in this study there would be a significant relationship between traits of organizational culture and provider attitudes toward adoption of EBPs. These hypotheses went into greater depth as to the specific relationships between the multiple traits of organizational culture and specific domains of provider attitudes, so they helped to expand current research.

Theoretical and Conceptual Framework

Organizational culture theory (OCT) and the Denison organizational culture model (DOCM) constituted the theoretical framework for the current study. OCT can be applied when looking at the specific research on therapists' acceptance of the implementation of EBPs in an organization due to the fact that this implementation changes the organization's culture. Applying OCT to human services is fairly new in organizational research (Glisson et al., 2008). OCT conceptualizes the connection of culture with therapist behavior and attitudes as essential to understanding the organizational obstacles to the implementation of new practice models (Glisson et al., 2008). OCT came out of organizational theory, which has evolved in the last 30 years and has become more helpful to managers in recent years (McKinley, 2010).

Denison and Mishra (1995) developed a model of organizational culture and effectiveness that included the following organizational culture traits: involvement, consistency, adaptability, and mission. The Organizational Culture Survey (OCS) was developed to assess whether an organization possesses these traits. Organizational culture traits could be useful predictors of effectiveness and performance. Involvement

and adaptability are useful traits that help in measuring openness, flexibility, and responsiveness (Denison & Mishra, 1995), which are useful variables when measuring therapists' attitudes toward the adoption of EBPs. These theories are discussed further in Chapter 2.

Definitions of Terms

The terms used in this study are operationally defined below:

Adaptability trait: The adaptability trait refers to an organization recognizing the demands of the environment in order to make the necessary internal changes that will assist in growth and development (Denison & Mishra, 1995).

Appeal factor: The appeal factor refers to “the extent to which the provider would adopt an EBP if it were intuitively appealing, could be used correctly, or was being used by colleagues who were happy with it” (Aarons et al., 2010, p. 358).

Consistency trait: The consistency trait is defined as having a consensus of core values within the organization (Denison & Mishra, 1995).

Culture: Schein (1990) defined culture as follows:

- (a) a pattern of basic assumptions, (b) invented, discovered, or developed by a given group, (c) as it learns to cope with its problems of external adaptation and internal integration, (d) that has worked well enough to be considered valid and, therefore (e) is to be taught to new members as the (f) correct way to perceive, think, and feel in relation to those problems. (p. 111)

Divergence factor: The divergence factor refers to “the extent to which the provider perceives EBPs as not clinically useful and less important than clinical experience” (Aarons et al., 2010, p. 358).

Evidence-based practice: An evidence-based practice (EBP) is defined as an empirically tested intervention and procedure (Aarons, Sommerfeld, & Walrath-Greene, 2009).

Involvement trait: The involvement trait includes empowerment, teamwork, and capability development, which entail exposing employees to new roles and responsibilities (Denison & Mishra, 1995).

Mission trait: The mission trait refers to the direction in which an organization is heading, which includes goals and objectives, vision, and strategic direction (Denison & Mishra, 1995).

Openness factor: The openness factor refers “to the extent to which the provider is generally open to trying new interventions and would be willing to try or use more structured or manualized interventions” (Aarons et al., 2010, p. 358).

Organizational culture: Schein (1983) defined organizational culture as follows:

The pattern of basic assumptions that a given group has invented, discovered, or developed in learning to cope with its problems of external adaptation and internal integration—a pattern of assumptions that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems. (p. 14)

Requirements factor: The requirements factor refers to the extent to which the provider would adopt an EBP if an agency, supervisor, or state required it (Aarons et al., 2010, p. 358).

Significance of the Research

This study enhances knowledge in the area of organizational culture and provider attitudes toward EBP adoption. It provides insight as to what cultural factors affect the implementation process of EBPs and as a result may assist multiple organizations trying to implement an EBP. An organization's leaders can learn to make necessary adjustments during this process in order to increase providers' acceptance of EBPs. This study has implications for social change in the mental health field, as the successful implementation of an EBP can improve the quality of care provided to patients in various communities. EBPs are currently being implemented in mental health organizations, and this research may enhance and ease the implementation process such that providers are more open to EBP adoption. Positive provider attitudes toward EBP adoption may also assist in decreasing an organization's turnover, which is a current issue among mental health organizations. Ultimately, patients could benefit from having consistent providers throughout their treatment at a specific clinic instead of having multiple providers because of higher turnover.

Assumptions

This study involved various assumptions, one being that the providers surveyed provided information about the mental health organization's internal culture. The second assumption was that providers provided information about their attitudes toward the

adoption of EBPs within their organization. Receiving completed surveys depended on providers answering questions related to organizational culture and provider attitudes toward EBP adoption. The third assumption was that the providers were not afraid to answer honestly about their attitudes toward EBP adoption. The informed consent emphasized confidentiality in order to assist in eliciting honest answers, as fear of retaliation might have hindered honest answers on such a topic.

The fourth assumption was that the providers had sufficient knowledge about the organization's culture in order to provide meaningful information. A provider who has been part of an organization for a longer period may have more knowledge about the organization's culture, so there was an assumption that every participant had sufficient knowledge. The fifth assumption was that the providers had enough insight to provide accurate information about the organization's culture. The final assumption was related to the instruments selected for this study, in that there was an assumption that the measures included were accurate measures of the constructs. The measures are discussed further in Chapter 3.

Limitations

This study was limited to an examination of certain mental health professionals' attitudes toward the adoption of EBPs and organizational culture in community mental health nonprofit organizations. It was a limitation to have a sample that was primarily composed of master's level, nonlicensed mental health therapists. There might have been a minimal number of doctoral-level therapists and licensed mental health therapists due to the type of organizations that were a part of this study, as community mental health

agencies hire primarily master's-level interns. Another limitation was that the sample came from one type of mental health organization, which was community mental health organizations contracted by the Los Angeles Department of Mental Health. This may have been a limitation because the results may not generalize to all mental health organizations, as mental health organizations vary in size, location, and revenue. Another limitation was having limited resources and time, which affected the validity of the research because this study only used surveys as the data collection method and did not incorporate other data collection methods that could have offered more robust results.

Summary

There has been more attention to the development and implementation of EBPs in the last 10 years (Rugs et al., 2011). The focus of this study was the relationship between mental health therapists' attitudes toward the implementation of an EBP and organizational culture. The DOCS (Denison & Mishra, 1995) and the EBPAS-50 (Aarons, 2010) were the two instruments used for data collection. Even though there was literature in this area, there was a need to provide a more detailed assessment of the relationship between the four traits of organizational culture (i.e., mission, consistency, adaptability, and involvement) and the factors measuring respondents' attitudes toward the adoption of EBPs. There is a more detailed description of the research design in Chapter 3.

Chapter 2 includes a literature review expanding on the theories of organizational culture and the background of EBPs, which includes current research on provider attitudes toward the adoption of EBPs. Organizational change, resistance to change, and

the relationship between organizational culture and organizational change are discussed in Chapter 2. Chapter 3 includes the research design and methodology that were used to further expand the relationship between organizational culture and provider attitudes toward EBP adoption. Sampling procedures, data collection, instrumentation, and data analysis are discussed in detail in Chapter 3. Chapter 4 includes a thorough review of this study's results. Chapter 5 includes the interpretation of the findings, limitations of the study, recommendations, implications, and conclusions.

Chapter 2: Literature Review

Introduction

The purpose of this study was to investigate the relationship between mental health therapists' attitudes toward the adoption of evidence-based practices (EBPs) and organizational culture. In this chapter, I examine findings and conclusions of peer-reviewed research in this area and theories related to such variables. This study's literature review includes the following topics: the relevance of organizational culture, traits of organizational culture, EBP research, factors and significance of provider attitudes toward EBP adoption, and the relationship between providers' attitudes toward the implementation of EBPs and organizational culture.

Literature Search Strategy

The overall literature research strategy was to conduct an analysis of peer-reviewed research that had been conducted in the area of organizational culture and EBP implementation. The literature search included peer-reviewed journals accessible through Walden University EBSCO database, which included PsycARTICLES, PsycINFO, Business Source Complete, Emerald Management Journals, and Academic Search Complete. The key search terms were *organizational culture*, *organizational traits*, *evidence-based practices* or *EBPs*, *implementation of EBPs*, *organizational culture and EBPs*, and *organizational theories*. There were some search inquires that included more specific filters that allowed for peer-reviewed articles in the last 5 years. There were other useful online search engines that were used during the search process, such as

Google Scholar and PubMed, which were linked to the Walden University Library and allowed direct access to full-text articles.

Theoretical Foundation

Organizational Culture Theory

Pettigrew first used *organizational culture* as a term in the literature in 1979 (Scott et al., 2003). However, as far back as 1952, Jacques had been studying culture in a factory (Scott et al., 2003), even though the exact term *organizational culture* was not used in that particular study. Early organizational theory focused on the effectiveness of industrial production methods, which helped guide administration, and this theory continues to influence organizational practices (Glisson et al., 2008). Glisson et al. (2008) discussed an assumption of “classic organizational theory,” which is that workers do not work efficiently if a leader is not tightly directing them to do their work. In contrast to this assumption, some public and private organizations that have tried to control their workers with the aim of improving effectiveness have experienced the opposite result (Glisson et al., 2008). Thus, if mental health providers participating in this study perceived their supervisors as trying to control them through the implementation of EBPs, then there was a chance that these attitudes would negatively affect the EBP implementation process.

The study of organizations is grounded in various theories and paradigms, such as human relations theory, social systems approaches, social psychology, and social anthropology (Scott, Mannion, Davies, & Marshall, 2003). Schein (1993) was one of the first researchers to expand on these various theories and paradigms. Schein discussed the

effect of the Hawthorne studies, which helped show how the simple act of observing workers created a positive change where morale and productivity improved because workers were getting more attention. The most interesting characteristics were revealed in the process of trying to change the system (Schein, 1993). Schein (1988) stated,

Culture is a learned product of group experience, there will be a culture wherever there is a group, in the sense of a set of people who share common experiences over a period of time ... most organizations differentiate themselves over time into many sub-groups. (p. 12)

Schein (1988) discussed how subcultures help determine the level of innovation that functions within the organization. Innovation implies change, and studying subcultures in this research offers insight into the relationship between these subcultures and provider attitudes toward EBP implementation, which is a type of organizational change.

Schein's (1983) research on organizational culture laid the foundation for organizational culture theory. According to Schein, culture manifests in three levels, which are observable artifacts, values, and fundamental assumptions. Learning about an organization's culture offers great insight as to why some factors work the way they do, such as why change can be a difficult process or why employees leave (Schein, 2010). Much of the research on organizational culture has been conducted in corporate-style organizations, but it has been shown to be valuable when applied in healthcare settings due to potentially improving outcomes for both the provider and the patient (Bellot, 2011). The process of deciphering an organization's culture is complex and should be

guided by the purpose of the research (Schein, 2010). Schein (1990) proposed the question of how an abstract concept such as culture could be measured using surveys.

Current researchers, such as Denison and Mishra (1995), have expanded Schein's research on organizational culture. Survey research has become an acceptable form of measuring organizational culture (Denison & Mishra, 1995), and this study used surveys as a means of measuring organizational culture. The Denison organizational culture model was chosen for this study due to the connection between organizational culture and organizational effectiveness. The Denison model allows organizational leaders to assess areas of strength and weakness that are affecting performance (Denison Consulting, 2014). Another reason why the Denison organizational culture model was chosen for this study over other models is that it "is one of the most common models for identifying strengths and weaknesses in organizations" (Lavafan & Soltani, 2014, p. 1292).

Denison Organizational Culture Model

Denison and Mishra (1995) studied survey data and case studies in order to determine whether there is a relationship between effectiveness and organizational culture. Denison and Mishra's research highlighted the following four cultural traits: involvement, adaptability, mission, and consistency. These four traits are crucial components in the development of the DOCM (Denison & Mishra, 1995). "These include a culture that emphasizes empowerment and capability development (Involvement); a proclivity to adapt and stay close to the customer (Adaptability); a clearly articulated vision and strategic direction (Mission), and stable systems and interpersonal processes (Consistency)" (Denison Consulting, 2010, p. 1). The Denison

cultural traits can also help to guide organizational change and be used as predictors of effectiveness and performance (Denison, Haaland, & Goelzer, 2003; Denison & Mishra, 1995; Yilmaz & Ergun, 2008). These four cultural traits can also be used to analyze return-on-assets and sales growth (Denison & Mishra, 1995; Yilmaz & Ergun, 2008). The DOCM was chosen for this study because these four cultural traits serve as a guide for organizations going through organizational change. The DOCM was also chosen because it is a newer research model that measures constructs specific to organizational change, which were studied in combination with provider attitudes toward EBP adoption.

Another benefit of using the Denison model was that a survey tool that has been validated in numerous organizations existed to measure the DOCM (Denison Consulting, 2014). Denison and Neale developed and validated the Denison Organizational Culture Survey (DOCS) based on over 25 years of research that included over 5,000 organizations (Denison Consulting, 2014). Various research studies have used the DOCS as an instrument to measure organizational culture (Denison, Haaland, & Goelzer, 2003, 2004; Denison, Lief, & Ward, 2004; Fey & Denison, 2003; Yilmaz & Ergun, 2008). Alternative organizational culture models have been used in existing research, and these models are discussed later in this review. However, the other organizational culture models have used different components of organizational culture that are not as relevant to the topic of EBP adoption.

Denison, Lief, and Ward (2004) applied the DOCM to compare family-owned organizations with nonfamily businesses and found that family firms had a more positive culture because they had connected core values. A subsequent research study by Fey and

Denison (2003) in Russia was conducted to investigate whether the DOCM could be applied outside the United States. Russia was the target country due to the distinct differences between the nations, as Russia's communist era still had an effect on organizations where there were set subcultures that relied on adaptability and flexibility (Fey & Denison, 2003). Fey and Denison found that the DOCM could be successfully applied outside the United States, and this helped in strengthening the DOCM as a model.

In an additional research study, Denison, Haaland, and Goelzer (2004) compared Asia to the rest of the world. The results were surprising because they did not find a significant difference in the four organizational culture traits, but they did note that there was a difference in how nations expressed these traits (Denison, Haaland, & Goelzer, 2004). Even though the four organizational culture traits would be similar in Asia compared to the United States, the authors discussed how they could be expressed differently. For example, empowerment can be an important quality in different nations but it does not necessarily have the same meaning (Denison, Haaland, & Goelzer, 2004). Denison, Haaland, and Goelzer (2004) presented a specific example in which a Citibank executive working abroad tried to empower his team by telling his employees to stop saluting him, which insulted them; they continued to see the difference in rank as more important than working at the same level.

Lastly, Denison, Haaland, and Goelzer (2003) conducted a corporate culture comparison among various regions around the world and found common cultural traits that support a general framework of organizational culture. The authors questioned whether this research was enough to go against past research findings that showed

cultural differences, such as the work of Hofstede (1983), who found cultural differences among various nations because of differences in values. Denison, Haaland, and Goelzer discussed how their research indicated common cultural traits but the differences found in past research may be due to these traits being expressed differently in various nations. Hofstede (1983) did not take into account how cultural traits may be expressed differently around the world, which is why his results showed cultural differences and newer research, such as Denison's, has shown common cultural traits.

Organizational Culture and Organizational Effectiveness

Organizational culture has been used as a variable in various research studies in order to study its relationship to firm effectiveness (Fey & Denison, 2003; Yilmaz & Ergun, 2008). Schein (2010) discussed various reasons for the importance of assessing culture in an organization, such as management gaining crucial insight that helps with organizational effectiveness. Another study by Pirayeh, Mahdavi, and Nematpour (2011) found how organizational culture traits from the Denison model correlated to organizational effectiveness.

Gordon and DiTomaso (1992) discussed the connection between a strong corporate culture and corporate performance. Their study indicated that having a strong culture led to greater performance (Gordon & DiTomaso, 1992). Different cultural models have different ways of defining a strong culture, and in this study the Denison model was used to determine whether there is a relationship between organizational cultural factors and provider attitudes toward EBP adoption. Altaf (2012) defined *effectiveness* as the ability of an organization to achieve its intended goals. The

organizations that were part of this study had set goals of implementing EBPs successfully. Organizational culture can increase effectiveness by increasing productivity, commitment, and profits (Altaf, 2012). The commitment component was important in this study because the therapists' commitment to the EBPs might play a role in the implementation process.

Yilmaz and Ergun (2008) conducted a study that assessed the relationship between organizational culture and firm effectiveness. This study examined the four organizational culture traits—involvement, consistency, adaptability, and mission—in relation to firm effectiveness. The results indicated that mission was the most significant trait promoting firm effectiveness (Yilmaz & Ergun, 2008). Yilmaz and Ergun also found that the adaptability and consistency traits were the two traits to influence the development of new products the most. These results make sense because adaptability shows the organization being flexible to change, which is part of adopting new products. Consistency includes an organization's core values, which influence how open employees are to accepting a new product. In this study, EBP implementation would be considered organizational change, and adaptability was an important component to analyze in order to determine whether the organization could adapt to change.

Literature Review Related to Key Variables

The study examined the relationship between mental health provider attitudes toward the adoption of EBPs and organizational culture. A brief background on each key topic was included as part of this review. The key topics that were included in this review were EBP history, EBPs in mental health, organizational change, resistance to

change, the relationship between organizational culture and organizational change, EBP implementation, attitudes toward EBP adoption, and studies that included both organizational culture and attitudes toward EBP adoption.

History of Evidence-Based Practice

EBP has roots in evidence-based medicine (EBM), which was a paradigm in the medical field that required physicians to evaluate evidence from clinical research (EBM Working Group, 1992). Satterfield et al. (2009) discussed how the EBM movement followed the three-circle model of evidence-based clinical decisions, which included clinical expertise, patient's preferences, and research evidence. Mullen and Streiner (2004) discussed how even though EBPs first emerged in health care, EBPs expanded quickly to behavioral health, education, and social work. EBPs were originally more prominent in the United Kingdom, Canada, and the United States but with time started to expand to northern European countries (Mullen & Streiner, 2004). The emphasis on EBP came out of concern that interventions in the social service arena did not include consideration of outcomes and effectiveness (Regehr, Stem, & Shlonsky, 2007; Rieckmann, Bergmann, & Rasplica, 2011). Professionals did not incorporate research findings into their practice in a timely manner, which was one of the main reasons that EBPs were created (Beidas & Kendall, 2010; Gambrill, 2011). Another reason for the creation of EBPs was that professionals did not implement treatments that would be helpful, and they did not stop treatments that were causing harm to patients (Gambrill, 2011).

The current model of EBPs being used in the psychology field was first introduced by the American Psychological Association (APA; Satterfield et al., 2009), which decides what is the “best available research” that should be used (DiMeo, Moore, & Lichtenstein, 2012, p. 342). APA created the Task Force on Promotion and Dissemination of Psychological Procedures in 1995, whose goal was to create the required criteria and treatment manuals for empirically supported treatments that met such criteria (Satterfield et al., 2009). Satterfield et al. (2009) explained how the main difference between APA and the EBM Working Group was that APA decided to focus only on research evidence, which meant choosing the treatments that had the best empirical support.

The APA was focusing only on empirically supported treatments back in 1995, and it took another 10 years before its focus transitioned to evidence-based practices (Satterfield et al., 2009). The APA started the process with empirically supported treatments, which included research support, and the APA took EBPs further, as an EBP is an approach and not a treatment (Bond, Drake, McHugo, Rapp, & Whitley, 2009). Satterfield et al. (2009) detailed how APA created the evidence-based task force in 2005 with the purpose of connecting psychology with the other health care occupations, which worked in combining various views from different practitioners, and the new definition of EBP expanded the original EBM three-circle model. Satterfield et al. (2009) emphasized how the authors made it clear that EBM is not a “cook book medicine” and the original EBM three-circle model had to be expanded because the original model did not include clear guidance on how to put the model into practice.

Evidence-Based Practices in Mental Health

The APA task force helped to lay the foundation for the creation of EBPs in psychology (Satterfield et al., 2009), which spread to the mental health industry as a whole (Ganju, 2003). The National Association of State Mental Health Program Directors conducted a survey on state mental health agencies, which showed that 49 states had begun using at least one EBP (Ganju, 2003). The adoption of EBPs from the 49 of the 50 states was the start of a widespread use of EBPs in mental health settings. In 1999, the U.S. Surgeon General's report on mental health warned the public and mental health policy makers about the gap that existed between science and practice (Ganju, 2003; Goldman et al., 2001). Because of this report, mental health commissioners identified the need for public mental health to focus on quality and accountability (Ganju, 2003). The implementation of EBPs was the solution to having both quality and accountability in mental health settings (Ganju, 2003; Goldman et al., 2001). Goldman et al. (2001) discussed how "quality" was getting positive outcomes with services that are cost effective and "accountability" was recording EBPs being carried out to fruition.

Organizational Change

The EBP implementation process led to significant changes to the organization's structure and process, which makes the implementation of an EBP an organizational change (Aarons, Sommerfeld, Hecht, Silovsky, & Chaffin, 2009). Austin and Claassen (2008) defined change in an organization as the adoption of a new idea, such as an EBP. During the EBP implementation process there might be organizational changes that affect employee attitudes and behavior, which can also affect the way that work is done (Aarons

& Sawitzky, 2006a). Thus, it is important to review research on organizational change in order to have a better understanding the role this concept has during the EBP implementation process. To understand the concept of organizational change there needs to be further discussion on the different types of change. The two major types of organizational change are administrative and technical (Austin & Claassen, 2008; Damanpour & Gopalakrishnan, 1998). Administrative change referred to change among the administrative processes and organizational structure and technical change referred to change among the products and services (Austin & Claassen, 2008; Damanpour & Gopalakrishnan, 1998). An EBP can be considered both types of change, since it can affect the type of product and services being offered by the organization and the implementation process itself can change the organizational structure.

Austin and Claassen (2008) also discussed how important it is assessing readiness for change in an organization. Austin and Claassen identify models that helped managers assess organizational readiness for change, such as the Horwath and Morrison's (2000) audit model, which was a model identified specifically for child welfare services that emphasize the importance of discussing the potential change with every party involved. Consultation in the early stages helps to engage employees, which reduces the level of resistance to change (Horwarth & Morrison, 2000). This connected to Denison's involvement cultural trait because it included such things as the organization empowering employees through the change process. The involvement trait also included the training component and there is research supporting how training helps to reduce resistance to change. A specific study supports this argument by incorporating qualitative research.

Gioia (2007) helped expand on quantitative research by adding a qualitative component, which helped show how organizational support helped to reduce resistance to EBPs.

Gioia applied an organizational change model, which discusses how training and support helped to reduce providers' uneasiness and hesitation about EBPs. Gioia's study interviewed therapists before the EBP training and six months after the EBPs were implemented and found how therapists were very confident about the EBPs they had been utilizing.

The degrees of change are a critical component of organizational change, which are minor and radical change (Austin & Claassen, 2008; Damanpour & Gopalakrishnan, 1998). Damanpour and Gopalakrishnan (1998) discussed how the theory of innovation radicalness helps to explain the various degrees of change that exist within organizational change. It was important to identify the type of change because this can affect how employees accept organizational change. Austin and Claassen (2008) also discussed how a minor change could be seen as a low risk change and a radical change as a high-risk change, which assists a manager when assessing the adoption of a future organizational change. When assessing employee attitudes towards the EBP implementation process, it was important to see at what level the employees rank the change process because if it was seen as a high-risk change there might be a higher level of resistance to change.

Resistance to Change Often Created by Management

Resistance to change can be a challenge during the EBP implementation process (Austin & Claassen, 2008). Employees resist change when they perceive it as a threat to their status or identity (Lawler & Bilson, 2004). This is why it was crucial that the

organization introduces a new EBP in a manner that is not perceived as a threat to the employees' status or identities. A more confident employee should feel less threatened with change because they would be comfortable with their identity, while a less confident employee would feel more threatened by change. Diamond (1996) discussed how higher levels of self-competence, self-confidence, and self-efficacy help lower individual's resistance to change. This was important to know because an organization that has the support from their leaders would most likely have employees with higher levels of self-competence, self-confidence, and self-efficacy, which then creates a more resilient organization (Diamond, 1996). On the other hand, Austin and Claassen (2008) discussed the opposite, where employees with lower levels of self-efficacy struggle with change because it was too much to ask of them when they have little confidence in their abilities. This information would assist supervisors during the EBP implementation process because certain employees may need additional assistance.

Organizational change can bring feelings of loss among employees because of their attachment to organizational structures and the introduction of change breaks this attachment (Diamond, 1996). Managers need to implement strategies to help employees through this process of grief when related to organizational change in order to help decrease resistance to change (Austin & Claassen, 2008; Diamond, 1996).

There also are individual differences that should be considered when looking at resistance to change because not all people adapt to change at the same rate. Rogers (2010) identified five categories in to regards adoption of innovation: innovators, early adopters, the early majority, the late majority, and laggards. Innovators are the curious

type of individual that are interested in new things (Aarons, 2005; Rogers 2010). Early adopters are more careful compared to innovators but are still open to try new things (Aarons, 2005; Rogers 2010). “Laggards” are the most cautious of all five and are not willing to try new things unless it is absolutely necessary (Aarons, 2005; Rogers 2010). It was important for managers to be aware of the laggards among their employees because these individuals would resist changing the most. Again, this was helpful information during the EBP implementation process.

Change within an organization has a better likelihood of succeeding if the new idea fits the set norms and organization processes, such as an EBP that was a better match to a provider’s treatment style (Aarons & Palinkas, 2007; Aarons, Wells, Zagursky, Fettes, & Palinkas, 2009). The EBP fit plays a crucial role because Aarons, Wells, Zagursky, Fettes, and Palinkas (2009) found how important it was for the provider to see the relevance of the specific type of EBP, such as the provider being able to see how the new EBP would relate to the needs of the patients that they serve. Finding the right fit when implementing a specific type of EBP was vital because certain organizations would have a stronger emphasis on following set core values, so an EBP that clashes with these values would most likely not be easily accepted.

Relationship Between Organizational Culture and Organizational Change

Since EBP implementation was considered an organizational change, it was important to look at existing research on organizational culture and organizational change. Rashid, Sambasivan, and Rahman (2004) found a direct positive relationship between organizational culture and organizational change, which was why organizational

culture was one of the variables selected for this study. Brazil, Wakefield, Cloutier, Tennen, and Hall (2010) discussed the importance of considering an organization's culture before implementing any type of change strategy because it would be counterproductive if it does not align with the organizational culture. Leaders are encouraged to be sensitive to an organization's culture before they start implementing any type of organizational change, so for this reason an assessment of the organization's culture was recommended to make sure that the new changes are aligned to the culture (Brazil et al., 2010). This study looked to see if there was a relationship between the organization's culture and provider attitudes toward EBP adoption, which was the first step in finding out if the organization's culture was aligned to the new changes, but further research is needed.

Organizational culture has different components and there was much research on such components, such as proficiency, rigidity, and resistance (Glisson et al., 2008; Patterson-Silver Wolf, Dulmus, & Maguin, 2012). This study expanded on previous research because offered insight on the relationship between specific components of organizational culture, that are different from the components in current research, and providers' attitudes towards EBP adoption, which was a type of organizational change. Getting more insight on therapists' attitudes through the implementation process played a vital role in future EBP implementation in hopes of reducing the rigidity and resistance that can exist with organizational change.

Another important area to study in relation to organizational culture and resistance to change was finding which characteristics within an organization can help

facilitate this change. Mitchell and Pattison (2012) found the following three items to be related to organizational culture: “flexibility and support for staff members to explore and develop innovative practice; encouragement of information sharing and regular reflection on practice, and an open and cooperative approach to problem solving; and professional development and ongoing learning mechanisms” (p. 51). Research studies throughout the years have associated these organizational characteristics with innovation (Glisson et al., 2008; Mitchell & Pattison, 2012). Thus, an organization that has these characteristics has a better chance of implementing change. Another study by Pirayeh, Mahdavi, and Nematpour (2011) found high scores in the empowerment and strategic orientation dimensions but low scores in customer focus and creating change. These were intriguing findings since it would seem natural to expect that empowered employees would also be motivated in creating change, but this helps show how it cannot be automatically assumed that an empowered employee would support organizational change.

Evidence-Based Practices Implementation

There are specific challenges faced during the EBP implementation process in state mental health agencies. Consequently, it was important to know what these challenges are ahead of time so that they can be addressed effectively. Ganju (2003) identified the following main challenges that are often faced during the EBP implementation in a state mental health system: (a) certain EBPs not being eligible for reimbursement, (b) clinicians not having the proper training, (c) clients not being aware of the advantages offered by EBPs, (d) EBPs being seen as a threat to the organizational structure, (e) policies and regulations not supporting EBP implementation, (f) rapid

turnover, and (g) gaps in advocacy for EBPs. Mental health commissioners from each state have worked in addressing these challenges when implementing an EBP in state mental health systems (Ganju, 2003). There was research that has looked at ways to beat these challenges. For example, Torrey, Bond, McHugo, and Swain (2012) looked at EBP implementation in community mental health, and their findings can be applied during the implementation process. The study found a correlation between a successful EBP implementation and active leaders that are involved with their employees during the implementation process (Torrey et al., 2012). This information can be useful during the EBP implementation process and evaluating the providers' attitude towards their leaders' involvement can help provide useful feedback to the organization's managers.

Rieckmann, Bergmann, and Rasplica (2011) indicated that the biggest challenges in implementation, such as providers' acceptance and buy-in the change (Aarons, 2004), came out of EBP mandates. Rieckmann, Bergmann et al. discussed how Oregon was "the first state to pass a legislative mandate for EBPs, Senate Bill 267 (SB 267), which is now formally known as Oregon Revised Statute 182.525 (ORS 182.525)" (p. 28). This Bill was effective July 2005, which mandated that 25% of the state's behavioral health services be identified as EBPs and this figure went up to 75% in 2011 (Rieckmann, Bergmann, et al., 2011). The implementation process was crucial because poor implementation of an EBP can be misinterpreted as an ineffective EBP (Aarons & Palinkas, 2007). The EBP itself may be effective but may not be successful in a specific organization that lacks the proper preparation during the implementation process, so conducting research on EBP implementation can be very useful prior to starting the entire

process. In reality, some organizations may skip this crucial research stage due to the EBP mandates and managers feeling the pressure to meet these expectations by a set timeframe (Aarons & Palinkas, 2007).

Staff shortages were an important issue related to EBP implementation. Garland et al. (2013) stated “workforce shortages may worsen if more people are able to access care due to recent policy initiatives to (a) expand health care coverage, and (b) achieve parity for mental health care relative to physical health care” (p. 10). Staff shortages may affect the quality of care being provided to clients (Garland et al., 2013) and the idea of implementing EBPs was to improve quality of care, so managers would be struggling with finding a balance during the implementation process. It was difficult implementing new EBPs in an organization that are trying to provide services to a larger number of clients and the research would find out how these changes affect providers’ attitudes towards this EBP implementation process.

Staff turnover can affect the outcomes of service and the quality of care (Aarons, Sommerfeld, Hecht, Silovsky, & Chaffin, 2009). There were high turnover rates in different health fields such as nursing and social work, which have been tied to job satisfaction (Buchan, 2012). Job satisfaction was found to be significantly correlated to EBP beliefs and organizational culture, so an individual that had a positive belief about EBP adoption was more likely to have higher job satisfaction (Melnik, Fineout-Overholt, Giggelman, & Cruz, 2010). This was important because by strengthening an organization’s culture about EBPs and improving employee’s beliefs that they can implement EBPs may help in increasing their job satisfaction, which may help with

reducing staff turnover (Melnyk et al., 2010). Another factor affecting staff turnover was loyalty to the organization, since employees that have been with an organization for a longer period are less likely to leave (Chenot, Benton, & Kim, 2009). A manager can utilize this information to their benefit during the EBP implementation process in order to help reduce staff turnover. The implementation process of EBPs has significantly increased staff turnover in community mental health organizations (Woltmann et al., 2008), but there is greater staff retention when EBP implementation is accompanied with fidelity monitoring, which is supportive consultation (Aarons, Sommerfeld, Hecht, Silovsky, & Chaffin, 2009). As a result, a way of countering staff turnover during EBP implementation can be organizational support, which includes “fairness, supervisor support, and organizational rewards and job conditions” (Aarons, Sommerfeld, & Walrath-Greene, 2009, p. 3). Aarons, Sommerfeld, and Walrath-Greene (2009) found that organizations that provided more organizational support lead to more positive attitudes towards EBP adoption. This study looked at the organizational support variable in order to see if there is a relationship.

Attitudes Toward Evidence-Based Practice Adoption

Aarons was one of the leading researchers in the field of provider attitudes toward EBP adoption and he conducted several research studies that use this variable in comparison with various variables, such as organizational culture (Aarons, 2005; Aarons, Glisson, et al., 2012). Aarons (2005) found that there was a relationship between organizational characteristics and provider attitudes toward EBP adoption. The different types of mental health agencies had a varying range of provider attitudes toward EBPs,

for example, providers in a wraparound agency, which is an “integrated, multi-agency, community-based planning process” (LACDCFS, 2009, para. 1) had more positive attitudes compared to a case management program (coordination of services agency; Aarons, 2005). These findings suggest that the type of agency or program needs to be considered during the EBP implementation process. The agencies included in this study have a wraparound program.

Another interesting finding was that providers in a high stress environment were found to be less likely to adopt an EBP mandated by the state or agency (Aarons, Glisson, et al., 2012). Aarons, Glisson, et al. (2012) defined a high stress environment as one that “is characterized by employee perceptions that they are emotionally exhausted from their work, overloaded in their work, and unable to get the necessary things done” (p. 67). Therefore, there would be a need for additional implementation methods in high stress environments that should be aimed at reducing emotional exhaustion and role overload (Aarons, Glisson, et al., 2012). Additional implementation methods could help in reducing providers’ stress levels because providers may stop seeing a required EBP as another stressor.

Aarons, Glisson, et al. (2012) also found that more experienced clinicians had a more negative attitude towards adopting EBPs, which tends to be a consistent finding throughout the years of research on this topic (Aarons, 2004; Aarons, 2005; Aarons, Hurlburt, & Horwitz, 2011). Aarons (2004) found interns to have a more positive attitude towards EBP adoption compared to mental health therapists that had more experience. One possible explanation for this finding can be that recent graduates are

more comfortable with technology and most training for EBPs utilizes technology (Beidas & Kendall, 2010). Another explanation can be that more experienced clinicians are more set in the treatment modalities that they use, and they would be more likely in adopting an EBP that fits their treatment modality (Stewart, Stirman, & Chambless, 2012). The agencies that are implementing EBPs such as the ones studied have more interns as their staff, so because existing research supports the idea that interns are more open to EBP adoption, the results of the study were more likely to show the staff being more open to adopting EBPs.

Stahmer and Aarons (2009) looked to see if there would be a difference between early intervention providers treating autism spectrum disorders and public mental health providers when it came to attitudes toward EBP adoption. Stahmer and Aarons found that early intervention providers had a more favorable attitude toward EBP adoption but these results only show their willingness to try new methods. It did not mean that they had support from the organization to implement the EBPs successfully. It is important that staff has the proper training and support during the EBP implementation process (Aarons, Sommerfeld, Hecht, Silovsky, & Chaffin, 2009; Rieckmann, Bergmann, & Rasplica, 2011). Another important factor affecting provider attitudes toward the adoption of EBPs was that there are EBPs that require more training and this may be seen as a negative, especially if the providers do not have the proper organizational support (Aarons & Palinkas, 2007).

There was research that has evaluated more specific type of agencies. For example, Staudt and Williams-Hayes (2011) examined Child Advocacy Center

clinicians' attitudes toward EBPs and treatment handbooks. The researchers found positive attitudes toward EBP implementation and suggest future outcome research in these types of mental health settings (Staudt & Williams-Hayes, 2011). The EBP that was utilized the most in this study was trauma focused cognitive-behavioral therapy, so the authors also suggest further research on different EBPs (Staudt & Williams-Hayes, 2011).

Provider attitudes toward EBP adoption also plays a role in the choices providers make that can affect EBP implementation. For instance, Nelson, Shanley, Funderburk, and Bard (2012) found that providers that had a negative attitude towards EBPs were less likely to utilize consultation resources. These consultation resources were available for added support and, if not used, then the provider may not be applying the EBPs properly (Nelson et al., 2012). Improving providers' attitudes toward EBPs was crucial in the implementation and sustainability of EBPs in community-based mental health organizations (Nelson et al., 2012).

Organizational Culture and Provider Attitudes Toward EBP Adoption

There was existing research that has incorporated organizational culture and provider attitudes toward EBP adoption. Aarons and Sawitzky (2006a) discussed how previous research has found organizational culture having an effect on work attitudes and, as a result, it affects turnover rates. Certain facets of organizational culture can be used as a predictor for staff turnover in community mental health organizations (Aarons & Sawitzky, 2006a). This was a crucial finding because gaining insight on organizational culture can help reduce staff turnover, which can also help the EBP

implementation process. Aarons and Sawitzky (2006b) found a relationship between organizational culture and provider attitudes toward EBP adoption. Aarons and Sawitzky (2006b) discussed how the type of organizational culture can either help or hinder organizational change, such as EBP implementation, depending on the cultures' values towards innovation.

Aarons, Glisson, et al. (2012) conducted the most recent study on mental health provider attitudes toward EBP adoption in relation to organizational social context, which included organizational culture, climate, and work attitudes. The three organizational culture components utilized were rigidity, resistance, and proficiency (Aarons, Glisson, et al., 2012). Aarons, Glisson, et al. (2012) found a positive relationship between a proficient culture (being up to date with current information and being effective in their work) and the overall score of provider attitudes toward EBP adoption. There was no significant relationship between the structure (child and adult or only child services) of the organization and provider attitudes toward EBPs, but there was a significant relationship between the type of agency (nonprofit, for profit, or public) and three variables measuring provider attitudes toward EBP adoption (Total, Appeal and Openness; Aarons, Glisson, et al., 2012, p. 73). Aarons, Glisson, et al. (2012) discussed

How the appeal score assesses the extent to which the provider would adopt an EBP if it were intuitively appealing ... the openness score indicates the extent to which the provider is generally open to trying new interventions and would be willing to try or use more structured or manualized interventions. (p. 65)

The study expanded on this existing research by adding new cultural variables that are part of the Denison Organizational Culture Model.

Gap in the Literature

This literature review included the existing research on the Denison Organizational Culture Model, which was applied in multiple settings, but not in a mental health setting. This study helped close this gap in current research by understanding the EBP implementation process in relation to the Denison organizational cultural traits in a mental health agency. Present research on this topic of attitudes toward EBP adoption has been conceptualized through different organizational culture models, but not the Denison Model. The Denison organizational culture model was the most appropriate model for this study due to the connection between organizational culture and organizational effectiveness. The Denison organizational culture model was chosen for this study over other models because it had been implemented in over 5000 companies in the last 20 years (Denison Consulting, 2014) in order to serve as a guide for organizational change. Another reason why the Denison organizational culture model was chosen for this study over other models is that it “is one of the most common models for identifying strengths and weaknesses in organizations” (Lavafan & Soltani, 2014, p. 1292).

The DOCM was also chosen because it was a newer research model that measured constructs specific to organizational change, which studied in combination with provider attitudes toward EBP adoption. This research study may help inform the implementation of EBP in community mental health organizations, which can help the

organizations and the clients being served by each of these mental health organizations because a successful EBP implementation may improve the overall quality of care (Aarons, Cafri, Lugo, & Sawitzky, 2012; DiMeo, Moore, & Lichtenstein, 2012). These organizations need to implement necessary changes that can help with EBP adoption and sustainability.

It was important to study the relationship between organizational culture and provider attitudes towards EBP adoption because it helped provide helpful information to mental health managers that they can apply during the EBP implementation process. The information that this study offered was to find if there was a significant relationship between organizational culture factors and specific components of provider attitudes towards EBP adoption. Mental health managers can then make the necessary adjustments that can help have a successful EBP implementation.

Summary

This literature review covered an overview on organizational culture, which included key researchers such as Schein (1990) and Denison and Mishra (1995). This review also included a thorough analysis on existing research on the Denison Organizational Culture Model, which was the theoretical framework for this study. A history of EBPs and organizational change was provided as background since an EBP was considered a type of organizational change and the background of EBPs helped to give insight as to why providers may resist this change. Research studies on provider attitudes toward EBP adoption were reviewed in connection to this study. There was existing research that has studied organizational culture and including an analysis of this

research helped reach the gap in the literature. Research studies that looked at both organizational culture and provider attitudes toward EBP adoption were included to see what the current research has found in this area. Finally, there was a discussion on the gap in the literature, which discussed how new organizational culture variables would help expand on EBP implementation research.

In Chapter 3, there is a thorough review of this study's methodology. The methodology section includes areas such as procedures, data collection, instrumentation, population, sample, and data analysis. The instrumentation section in Chapter 3 includes a more thorough review of the specific instruments that were utilized in this study. Chapter 4 includes a thorough review of this study's results. Chapter 5 includes the interpretation of the findings, limitations of the study, recommendations, implications, and conclusions.

Chapter 3: Research Method

Introduction

The purpose of this study was to examine the relationship between organizational culture and mental health therapists' attitudes toward the adoption of evidence-based practices (EBPs) in nonprofit community mental health organizations. This chapter contains a review of the methods used to test the research questions and hypotheses presented in Chapter 1. This chapter also addresses research design, methodology, threats to validity, and ethical procedures. The methodology section addresses population and sample, procedures, instrumentation, data collection, and data analysis.

Research Design

A correlational, quantitative survey design was used to examine the relationship between the traits of organizational culture and provider attitudes toward EBP adoption. A quantitative design that used a survey research methodology was appropriate for this study because it made it possible to investigate the relationship between an outcome variable and various predictor variables. A correlational design permitted the determination of what, if any, relationship existed between traits of organizational culture and provider attitudes toward EBP adoption. A correlational design was selected over a true experimental design because it was more practical in not having a random selection of subjects and there existed no need for a control group, as there was no manipulation of variables. The one downside of a correlational approach is that causality cannot be assumed. A correlational design allowed for participants' anonymity and did not involve the patient population. Participants were not asked to provide their names, and an

identification number was assigned instead, which guaranteed participants' anonymity. The survey method permitted a rapid data collection process, as it permitted instruments to be distributed at one time and there was no need to contact participants in person. Another benefit of the survey research method, other than being versatile and efficient, was sample generalizability, which also depends on the breath of the data collection. For this study, the survey method helped in gathering data from mental health therapists regarding their attitudes toward EBP adoption. This data provided some insights that can help, in part, in understanding how therapists may feel about EBP adoption, but a larger sample will be needed in future studies in order to have a more accurate, representative picture.

Methodology

Population and Sample

The population for this study consisted of approximately 3,000 nonmanagerial staff within 86 nonprofit community mental health agencies in Los Angeles County. The employees included in this study were licensed and nonlicensed mental health therapists who included marriage and family therapists, licensed clinical social workers, marriage and family therapist interns, registered master social workers, psychologists, and psychological assistants. This study did not include employees in managerial positions for two separate reasons: (a) they might not answer truthfully due to perceived obligation to the organization and (b) the study measured provider attitudes toward EBP adoption, which are different from the attitudes of a supervisor or manager who does not have direct patient contact. Managers do not work with clients or patients and were removed

from the new model. There were no restrictions regarding gender and ethnicity for study participation. The age of participation was restricted to at least 18 years old, which should not have been an issue due to the level of education needed by providers. Demographic information was collected for this study, including age, job role, length of time performing the role, and length of time working for the organization. These variables were explored as possible confounding variables before the main hypotheses were tested for this study.

Per a priori power analysis provided by G*Power 3.1.7 (Faul, Erdfelder, Buchner, & Lang, 2009), in order to achieve sufficient statistical power (.80), a medium effect size (.50), and a 5% Type I error rate ($\alpha = .05$), a total sample of 102 participants was required. Thus, having at least 102 participants in this study helped to increase the likelihood that the relationships found were not false positives and there was enough confidence when making these conclusions. If this sample size had not been attained, the chances that the findings were accurate would have decreased, and this was a limitation to the study. Cohen (1962) discussed that “when all tests, major and peripheral, are considered, the power means for small, medium, and large effects are .20, .50, and .83, respectively” (p. 151). Cohen also discussed how choosing a 5% Type I error level rate meant that the power would be 95% or higher. These parameters established by Cohen have become the standard in the field in order to find a medium effect size in research (Cohen, 1962, 1990, 1992; Faul et al., 2009). I gathered data from 86 nonprofit community mental health agencies in Los Angeles County area in order to meet the minimum sample size of 102 to reach a medium effect.

Procedures and Data Collection

The Association of Community Human Service Agencies (ACHSA) agreed to participate in this study by sending an e-mail communication invitation to its 86 members, which consist of nonprofit mental health organizations in Los Angeles County. The invitation e-mail explained that participation was voluntary and not a job requirement. There was a note explaining the potential benefits of participating without the organization having access to responses. The e-mail invitation included a summary of the study and an electronic link to the survey, which was maintained by a web survey development cloud-based company, SurveyMonkey. SurveyMonkey uses SSL encryption and multimachine backup to keep data secure:

Secure Sockets Layer (SSL) and Transport Layer Security (TLS) technology (successor technology to SSL) protect communications by using both server authentication and data encryption. This ensures that user data in transit is safe, secure, and available only to intended recipients. (SurveyMonkey, 2014, para. 3)

Participation was voluntary, and there was no type of compensation for participation. The participants were informed about the measures that were taken to protect their rights, such as confidentiality. Informed consent was available online, which covered the participants' rights to ask questions about the nature of the study and its purpose, design, intent, and goals. The informed consent also included the requirements, risks, and benefits of participating in the study. The informed consent document is included in Appendix A.

Participants completed two surveys, The Denison Organizational Culture Survey (DOCS) and The Evidence-Based Practice Attitude Scale-50 (EBPAS-50). The DOCS asks participants about their perception of their organization's internal culture. The EBPAS-50 asks participants to rate their attitudes toward EBP adoption. Participants' demographics were collected in order to control for potential confounding variables, such as the length of time with the organization.

The instruments were available online as the link to the SurveyMonkey website was distributed, and I sent reminder e-mails as needed, as participants were asked to respond to the surveys within 2 weeks of the initial e-mail. The surveys took approximately 15 to 20 minutes to complete, with 110 survey questions on the two instruments, and could be completed from work. I received the responses, and the managers had no access to the participants' responses. Electronic submissions eliminated the need for paper surveys to be mailed out and allowed for immediate receipt of surveys. This type of data collection allowed me to assign identification numbers in place of actual names, as there was no face-to-face contact. The managers did not have access to the data and were not aware of who responded to the survey.

One negative aspect of the survey was that participants were not able to alter their responses once submitted. Another negative aspect was that participants had to complete the survey in one session, which led to incomplete surveys. I had the choice of eliminating these issues by allowing participants to log out and return to the survey at another time, but this could have affected the data, as the instruments were designed to be answered in one sitting and without participants taking extra time to analyze their

answers. So, for this study, participants completed the surveys in one sitting, and the invitation letter explained the estimated time this process took in order for participants to plan accordingly for the 15 to 20 minutes they would need to complete the survey. When all the surveys were received, the data were statistically analyzed, as explained further in the data analysis section.

Instrumentation

The DOCS and the EBPAS-50 were the surveys used in this study in order to measure the traits of organizational culture and provider attitudes toward EBP adoption in mental health organizations. Demographic questions were added at the end of the surveys, which was included in Appendix B.

Denison Organizational Culture Survey

The Denison Organizational Culture Survey (DOCS) was developed by Denison and Neale based on over 25 years of research and practice in organizational settings (Denison Consulting, 2014). The items for this instrument were created in order to investigate those aspects of culture that have been linked to organizational effectiveness (Denison & Mishra, 1995). The DOCS consisted of four cultural traits, which are involvement, consistency, adaptability, and mission. Each of these four traits consisted of three indexes that included five items that are rated using a 5-point Likert scale for a total of 60 items (Denison Consulting, 2014).

The indices for involvement included empowerment, team orientation, and capability development. “Organizations that value (1) individual authority and employee initiatives, (2) working cooperatively toward common goals, and (3) the development of

employee skills are theorized to score high on this trait” (Yilmaz & Ergun, 2008, p. 292). A profile scored high on the involvement trait “helped organizations to attain internal integration of resources by creating a sense of ownership and responsibility” (Yilmaz & Ergun, 2008, p. 292). The indices for consistency included core values, agreement, coordination, and integration. Core values refer to having a “shared set of values which create a sense of identity and a clear set of expectations” (Denison, 2000, p. 356). Agreement referred to being able to reach an agreement on critical issues and being able to settle differences (Denison, 2000). Coordination and integration referred to being able to work together in order to achieve common goals (Denison, 2000). The indices for adaptability included creating change (create adaptive ways to prepare for change), customer focus (understands customer needs and can anticipate future needs), and organizational learning (receive, translate, and interpret the environmental signals into opportunities for innovation; Denison, 2000, p. 356). The indices for mission included strategic direction and intent (helps show the organization’s purpose and makes it clear how everyone can contribute on the industry), goals and objectives (having clear goals and objectives helped to provide a clear direction in employee’s work), and vision (a shared view of a desired future state that provides guidance and direction; Denison, 2000, p. 357).

Reliability of the DOCS traits and indexes scales was based on internal consistency estimates from a sample of 35,474 respondents, which came out of 160 organizations. Denison Consulting (2014) stated the following:

The scales of the DOCS have been examined using both reliability analysis and confirmatory factor analysis. Coefficient alphas range from .70 to .86 for the 12 indexes and from .87 to .92 for the 4 traits, indicating scientifically acceptable levels of consistency within scales. (p. 1)

Denison Consulting (2014) established the following reliability scores for the DOCS cultural traits: the mission trait (0.92); the involvement trait (0.89); the consistency trait (0.88) and the adaptability trait (0.87). These were high reliability scores demonstrating that each cultural trait being measured by the DOCS was reliable. An alpha that ranges from .7 through .9 was good and a range of .6 - .7 was acceptable and from .5 - .6 was poor but anything lower was not acceptable (Cronbach, 1951). Denison Consulting (2014) used factor analysis and structural equation modeling to establish that the DOCS has acceptable levels of convergent and discriminant validity. “Correlations between 160 organizations’ culture scores and respondents’ mean ratings of their organizations’ sales growth, market share, profitability, quality of products and services, and new product development ranged from .10 to .50 (mean $r = .32$)” (Denison Consulting, 2014, p. 1). Lawry (2002) found significant correlations between culture indices and organizational effectiveness measures, such as customer satisfaction, sales growth, and gross margin.

Denison Consulting provided the researcher with a scoring manual that was utilized when scoring and calculating the meaning of the results. The DOCS produced ordinal data with each response scored on a 5-point Likert scale. There was reverse scoring for negative responses identified by the manual. An index score was calculated

by taking the raw average of the five line items for that index. Denison Consulting also offered one or two circumplexes that compared the study's index scores to their normative benchmark of 931 organizations. Permission was granted to use the DOCS on April 9, 2012 in an e-mail communication from Denison's consulting data manager, which was found in Appendix C.

Evidence-Based Practice Attitude Scale-50

The second instrument used in this study was the Evidence-Based Practice Attitude Scale-50 (EBPAS-50), which was expanded from the original EBPAS-15. Aarons, Cafri, et al. (2012a) expanded the Evidence-Based Practice Attitude Scale (EBPAS) from the original 15 items to 50 items, which enhanced the current knowledge on provider attitudes towards EBP adoption. The twelve domains are requirements, appeal, openness, divergence, limitations, fit, monitoring, balance, burden, job security, organizational support, and feedback (Aarons, Cafri, et al., 2012). The EBPAS-50 was a 50-item, self-report measure of provider attitudes toward EBP adoption, comprising of 12 domains, with moderate to large factor loadings (factor analysis) and fair to excellent internal consistency reliabilities (Aarons, Cafri, et al., 2012). Factor loadings helped explain the degree each variable was related to each factor, so having large factor loadings offered meaning and interpretation (Dien, Beal, & Berg, 2005). Aarons, Cafri, et al. (2012) established the following reliability scores for the 12 EBPAS-50 scales: requirements (.90); appeal (.80); openness (.78); divergence (.59); limitations (.92); fit (.88); monitoring (.87); balance (.79); burden (.77); job security (.82); organizational support (.85) and feedback (.82). Cronbach's alpha was a tool used to assess reliability of

scales in psychometric tests and helped show internal consistency (Cronbach, 1951). An alpha that ranged from .7 through .9 was good and a range of .6 - .7 was acceptable and from .5 - .6 was poor but anything lower was not acceptable (Cronbach, 1951).

The 12 new factors represented distinct dimensions of mental health and social service provider attitudes toward EBP adoption (Aarons, Cafri, et al., 2012, p. 1). Previous research studies, which utilized the original four factors, suggested adequate internal consistency as Cronbach's alpha total scale ranging from .77 to .79, subscales ranging from .66 to .93 (Aarons, 2004; Aarons et al., 2010). Construct validity was supported by factor analyses in prior scale development studies for the EBPAS-15 (Aarons, 2004; Aarons et al., 2010). Convergent validity was suggested by studies that have associated EBPAS and culture and climate (Aarons & Sawitzky, 2006) and leadership (Aarons, 2006). Aarons and Sawitzky (2006) utilized the EBPAS-15 and the Children's Service Survey, which came out of the Organizational Culture Inventory. The organizational components that their study focused on were constructive and defensive cultures, which they compared with four domains of provider attitudes toward EBP adoption (Aarons & Sawitzky, 2006). These two separate studies found a relationship between provider attitudes toward EBP adoption and culture and climate, and leadership, which helped show convergent validity since the variables were actually related.

Aarons, Cafri, et al. (2012) expanded the original EBPAS-15 due to recent changes that would affect provider attitudes toward the adoption of EBPs. Health care services changed due to policy modifications under the Patient Protection and Affordable Care Act, which have started to change the culture of mental health organizations because

of the requirement component (Aarons, Glisson, et al., 2012; Aarons, Hurlburt, & Horwitz, 2011). The new EBAS-50 included new scales that incorporated these recent policy and environmental changes, such as requirements and organizational support (Aarons, Cafri, et al., 2012), which were variables that are analyzed in this study in hopes to see if there was a significant relationship between them. This research study helped to offer new insights to EBP implementation in community mental health organizations, which helped the organization, do necessary changes that can help with EBP adoption and sustainability.

Aarons, Glisson, et al. (2012) performed the most recent research on provider attitudes toward EBP adoption; the instruments utilized were the EBPAS-15 and the Organization Social Context tool, which measured organizational culture, climate, and work attitudes. The existing research on EBPs has not utilized the EBPAS-50 because it was a new tool, but according to Aarons, Cafri, et al. (2012) it has similar psychometrics than the original EBPAS-15. This study used this new tool in order to enhance the current knowledge on provider attitudes toward EBP adoption.

The EBPAS-50 author provided the researcher with scoring instructions, which state that the score for each subscale was created by computing a mean score for each set of items that load on a given subscale. Items from subscale 4 (Divergence), subscale 5 (Limitations), subscale 7 (Monitoring), subscale 8 (Competence) and subscale 9 (Burden) must be reverse scored and the subscale score recomputed. After the reverse scoring was completed, then a mean of the scale scores may be computed to yield the mean score for

the total EBPAS-50 Item Score. Permission was granted to use the EBPAS-50 on August 29, 2012 in an e-mail communication from the author, which was found in Appendix C.

Data Analysis

The Statistical Package for Social Science (SPSS) version 21 was used for hypothesis testing and descriptive statistics. Pearson's correlations provided information about directional correlations between each variable. Each hypothesis was tested using the chi-square test of independence with a significance level of .05, which was the significance level accepted for social sciences. A chi-square test of independence used frequency data from the sample to assess if there was a significant relationship between two variables (Gravetter & Wallnau, 2009, p. 618). Since a chi-squared test of independence assesses if there was a significant relationship between two variables as opposed to a Pearson's correlation that would only demonstrate a relationship, it can be utilized to test the variables that are correlated, and it is not necessary to test the variables that are not correlated.

Regression analyses were used to examine the predictive relationships of each independent variable, while controlling for the effects of the other independent variables. The objective was to understand how organizational traits can predict general and specific domains of provider attitudes towards the adoption of EBPs. The results delivered the strength of each independent variable (Mission, Involvement, Consistency, and Adaptability), which allowed for the determination of significant or non-significant predictors of domains of provider attitudes towards EBP adoption. The confounding variables, which were age, job role, length of time performing their role, and length of

time working for the organization, were included in the multiple regression analysis. A multiple regression was conducted to determine the predictive value of the traits of Mission, Involvement, Consistency, and Adaptability. Each dependent variable was regressed on all four predictors simultaneously which was described in the following multiple regression equation: $Y = a + b_1X_1 + b_2X_2 + b_3X_3 + b_4X_4$ where X_1 equals Mission, X_2 equals Involvement, X_3 equals Consistency, and X_4 equals Adaptability.

Research Questions and Hypotheses

To address the recognized research gaps three primary research questions were raised and a total of six associated hypotheses. The following was the research questions with the respective hypotheses listed with them:

Research Question 1: Are perceived levels of organizational culture traits (adaptability orientation, involvement orientation, mission orientation, and consistency orientation) significantly related to general domains of provider attitudes toward the adoption of EBPs (requirements, appeal, openness, divergence, limitations, fit, monitoring, balance, burden, job security, organizational support, and feedback)?

Hypothesis 1:

H_01 : Perceived levels of the adaptability trait as measured by the composite score of creating change, customer focus, and organizational learning indexes in the DOCS within an organization's culture are not significantly related to general provider attitudes toward the adoption of EBPs.

H_11 : Perceived levels of the adaptability trait as measured by the composite score of creating change, customer focus, and organizational learning indexes in the

DOCS within an organization's culture are significantly related to general provider attitudes toward the adoption of EBPs.

Hypothesis 2:

H_02 : Perceived levels of the involvement trait as measured by the composite score of empowerment, team orientation, and capability development indexes in the DOCS within an organization's culture are not significantly related to general provider attitudes toward the adoption of EBPs.

H_12 : Perceived levels of the involvement trait as measured by the composite score of empowerment, team orientation, and capability development indexes in the DOCS within an organization's culture are significantly related to general provider attitudes toward the adoption of EBPs.

Hypothesis 3:

H_03 : Perceived levels of the mission trait as measured by the composite score of strategic direction and intent, goals and objectives, and vision indexes in the DOCS within an organization's culture are not significantly related to general provider attitudes toward the adoption of EBPs.

H_13 : Perceived levels of the mission trait as measured by the composite score of strategic direction and intent, goals and objectives, and vision indexes in the DOCS within an organization's culture are significantly related to general provider attitudes toward the adoption of EBPs.

Hypothesis 4:

H_04 : Perceived levels of the consistency trait as measured by the composite score of core values, agreement, and coordination and integration indexes in the DOCS within an organization's culture are not significantly related to general provider attitudes toward the adoption of EBPs.

H_14 : Perceived levels of the consistency trait as measured by the composite score of core values, agreement, and coordination and integration indexes in the DOCS within an organization's culture are significantly related to general provider attitudes toward the adoption of EBPs.

Research Question 2: Is the adaptability culture trait significantly related to the requirements domain?

Hypothesis 5:

H_05 : Perceived levels of the adaptability trait as measured by the composite score of creating change, customer focus, and organizational learning indexes in the DOCS within an organization's culture are not significantly related to the requirements domain of provider attitudes toward the adoption of EBPs.

H_15 : Perceived levels of the adaptability trait as measured by the composite score of creating change, customer focus, and organizational learning indexes in the DOCS within an organization's culture are significantly related to the requirements domain of provider attitudes toward the adoption of EBPs.

Research Question 3: Is the involvement culture trait significantly related to the organizational support domain?

Hypothesis 6:

H_06 : Perceived levels of the involvement trait as measured by the composite score of empowerment, team orientation, and capability development indexes in the DOCS within an organization's culture are not significantly related to the organizational support domain of provider attitudes toward the adoption of EBPs.

H_16 : Perceived levels of the involvement trait as measured by the composite score of empowerment, team orientation, and capability development indexes in the DOCS within an organization's culture are significantly related to the organizational support domain of provider attitudes toward the adoption of EBPs.

Understanding the relationship between the adaptability culture trait and the requirement domain can offer useful information to managers during the implementation process since the adaptability trait was measuring how the culture of the organization adapts to change and the requirement scale was measuring the providers' attitudes toward the fact that EBPs are required in their organization. These two variables were selected over the others because the government mandates on EBPs plays a major role on the implementation process and knowing how that factor relates to how adaptable the organization was to change can be valuable. Understanding the relationship between the involvement culture trait and the organizational support domain can also offer useful information to managers during the implementation process since the involvement trait was measuring how the culture of the organization empowers their employees and the

organizational support scale measures how providers feel about how supportive their organization has been during the EBP adoption process. These two variables were selected as well due to the importance of organizational support during the EBP implementation process and being able to see how it relates to the involvement trait can be more beneficial than other relationships because managers can make immediate changes to how involved they are during this process. Past research has found a significant relationship between organizational culture and provider attitudes towards the adoption of EBPs (Aarons, Glisson, et al., 2012; Aarons & Sawitzky, 2006), so it was expected that in this study there was a significant relationship between traits of organizational culture and provider attitudes towards adoption of EBPs. These hypotheses go more in depth as to the specific relationship between the multiple traits of organizational culture and specific domains of provider attitudes, so they helped expand current research.

Threats to Validity

Internal Validity

A threat to internal validity can be when the variation in the dependent variable may be attributable to other causes and not the independent variable. This study investigated a relationship between two variables and it was important to have internal validity in order to conclude if there is such a relationship and the results are not attributed to other causes. This study took into account confounding variables that may influence the dependent variables, which in this study were the providers' attitudes toward EBP adoption. The independent variables may not be the only variables

influencing the providers' attitudes. The possible confounding variables were age, current job role, length of time in current job role, and length of time working for the organization. In order to address these potential threats to internal validity, there was a regression analysis of these possible confounding variables.

Another threat to internal validity was the nature of the study because this may lead to participants not answering truthfully. Participants may want to answer more favorably as they may fear retaliation, even though this was addressed in the informed consent, it does not guarantee 100% honest responses. Another threat to internal validity could be the assumption that the instruments were perfect, which is not the case.

External Validity

External validity was referring to the confidence that the study's results can be applied to other groups. The question was to see if the sample for this study was representative of the population. This sample included licensed and non-licensed mental health therapists that were primarily Master's level and there were a minimal number of doctoral level clinicians due to the type of organizations. An area to consider for the sample was that it was coming from one type of mental health organization, which was community mental health organizations contracted by the Los Angeles Department of Mental Health. This sample can be applied to other similar groups but may not be representative of the private sector.

Ethical Procedures

A description of the research study was provided to the Walden University IRB prior to starting the data collection. After IRB approval, the researcher began to arrange

and coordinate data collection with the various mental health organizations. The surveys were electronically distributed and they included informed consent. Participants were informed that the study could possibly reveal attitudes that they may not wish to disclose and can withdraw from the study at any time. Participation was voluntary, it was up to the employee's discretion, and all research was conducted in accordance with the American Psychological Association Ethical Principles of Psychologists and Code of Conduct. There was no type of coercion utilized for recruitment of participants and they could withdraw at any time. I received the surveys and the managers had no access to the participants' responses. The managers were not able to identify which participants completed the surveys in order to protect the participants' anonymity. Participants were not asked to provide their names and SurveyMonkey assigned an identification number. More details were given under the procedures section and consent form in Appendix A.

Summary

This study made use of a quantitative design in order to have a better understanding of the relationship between traits of organizational culture and domains of provider attitudes toward EBP adoption in community mental health organizations. Participants for this study were licensed and nonlicensed mental health therapists, which included marriage and family therapists and clinical social workers. The DOCS and EBPAS-50 were the two surveys utilized for data collection and this chapter reviewed both surveys in detail as they are shown to have good reliability and validity measures. The data collection, data analysis, and procedures were reviewed. Threats to validity and efforts to minimize these threats were discussed. The efforts in maintaining participants'

confidentiality were also discussed. In Chapter 4, there is a thorough review of the study's results to include data collection, demographic characteristics, descriptive statistics, analysis of confounding variables, and data analysis based on the research questions. Chapter 5 includes the interpretation of the findings, limitations of the study, recommendations, implications, and conclusions.

Chapter 4: Results

Introduction

The purpose of this study was to examine the relationship between organizational culture traits and mental health providers' attitudes toward the adoption of evidence-based practices (EBPs). This study addressed three research questions and six hypotheses. Research Question 1 asked whether perceived levels of organizational culture traits had a significant relationship to general domains of provider attitudes toward the adoption of EBPs. Research Question 2 asked whether the adaptability culture trait was significantly related to the requirements domain. Research Question 3 asked whether the involvement culture trait was significantly related to the organizational support domain. The first four hypotheses addressed the relationship between the four organizational culture traits (adaptability, involvement, mission, and consistency) and general provider attitudes toward the adoption of EBPs. Hypothesis 5 addressed the relationship between the adaptability trait and the requirements domain of provider attitudes toward the adoption of EBPs. This chapter presents the results of the study.

Data Collection

The Association of Community Human Service Agencies (ACHSA) sent an e-mail communication invitation to its members, which consist of 87 nonprofit community mental health organizations in Los Angeles County (ACHSA, 2015). Instead of going directly through specific agencies, ACHSA sent this study's survey link to its 87 member agencies. The period for the data collection was 20 weeks, and three reminder e-mails were sent to potential participants after 4 weeks, 10 weeks, and 18 weeks. There was a

need to use three reminder e-mails because there were bursts of responses, which slowed down after time passed. The minimum sample size was 102 participants, and after the 20-week period, there were 112 responses. The length of time for data collection was longer than anticipated, but there were no changes made to the data collection process originally approved by IRB, so there were no discrepancies in the data collection.

The sample for this study included licensed and nonlicensed mental health therapists who are primarily master's level; the sample also had a small number of doctoral-level clinicians. Descriptive statistics are included in the results section, which contains a detailed description of the sample. The sample was taken from community mental health organizations and is representative of these types of agencies but may not be representative of the private sector. The possible confounding variables used in this study were age, current job role, length of time in current job role, and length of time working for the organization. These confounding variables are discussed in detail in the results section.

Demographic Characteristics

A total of 112 participants completed the survey. Demographic characteristics are presented in Table 1. Table 1 includes the frequency and percentage for each variable, which includes participant age, job position, job role tenure, and tenure with the organization. The majority of the sample was in the 31-40 age group, which represented 42.9% of the sample. Licensed marriage and family therapists represented 45.5% of the sample. The majority of the providers, 50%, had worked in their job roles for 6 years or

more. The length of time with the organization was more evenly distributed, with the range of 3 to 5 years with the organization being the highest at 36.6%.

Table 1

Demographic Characteristics (n = 112)

Variable	Frequency	Percent
Age		
18–30	6	5.4%
31–40	48	42.9%
41–50	36	32.1%
51 and over	22	19.6%
Job position		
Marriage & Family Therapist Intern	27	24.1%
Registered Masters Social Worker	10	8.9%
Licensed Marriage & Family Therapist	51	45.5%
Licensed Clinical Social Worker	17	15.2%
Psychological Assistant	3	2.7%
Psychologist	4	3.6%
Job role tenure		
Less than 1 year	14	12.5%
1 to 2 years	14	12.5%
3 to 5 years	28	25.0%
6 years or more	56	50.0%
Tenure with organization		
Less than 1 year	20	17.9%
1 to 2 years	18	16.1%
3 to 5 years	41	36.6%
6 years or more	33	29.5%

Descriptive Statistics

Descriptive statistics for the variables are presented in Table 2. Table 2 displays the means and standard deviations for the variables included in the six hypotheses, which

are the general domains of provider attitudes toward the adoption of EBPs, involvement culture trait, consistency culture trait, adaptability culture trait, mission culture trait, and the organizational support domain of provider attitudes toward the adoption of EBPs.

Table 2

Descriptive Statistics: Means and Standard Deviations of Variables

Variables	<i>M (SD)</i>	<i>n = 112</i>
General EBP attitude	2.22 (.27)	
Involvement	3.26 (.67)	
Consistency	3.20 (.63)	
Adaptability	3.05 (.65)	
Mission	3.23 (.69)	
Organizational support	2.84 (.80)	
Requirements domain	2.64 (.97)	

DOCS Percentile Results

The data manager from Denison Consulting created a Circumplex report, as shown in Figure 1, from the DOCS data that were collected for this study. The circumplex report shows the results for the 12 indexes, which are represented in percentiles (Denison Consulting, 2012). The percentiles are a comparison of this study's organizations' performance to Denison's global database organizations (Denison Consulting, 2012). The circumplex demonstrates that the organizations that participated in this study scored at the 46th percentile in core values, which means that they scored higher than 46% of the organizations in the global database on that index. Denison Consulting (2012) stated that the DOCS measures culture and that "having values and systems that produce some level of consistency are critical for all organizations—regardless of what they do or where they do it" (p. 12).

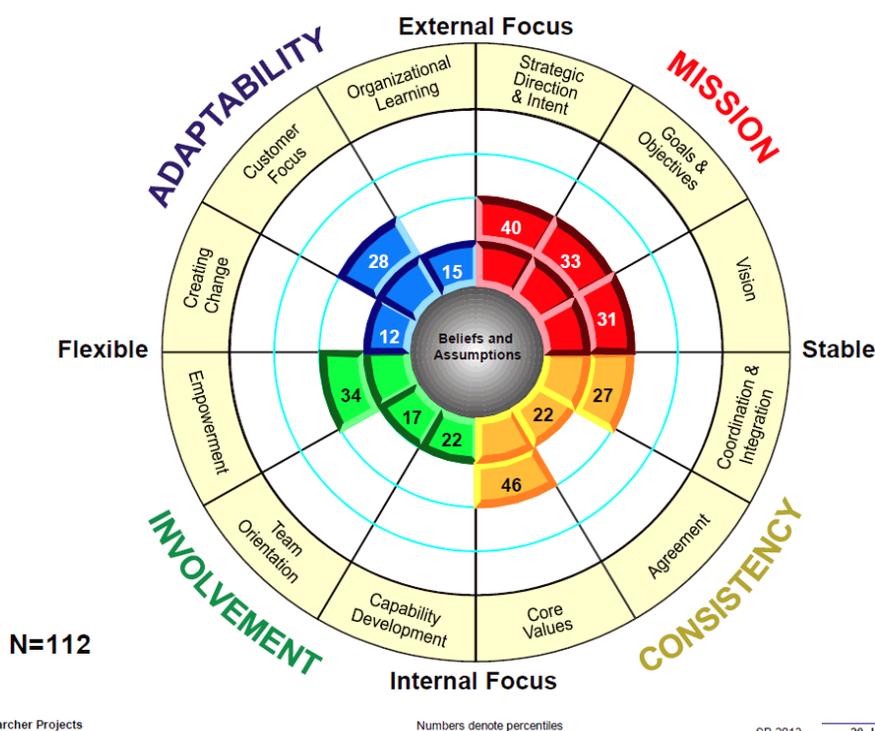


Figure 1. Denison Consulting circumplex report. Adapted from Denison Consulting. Copyright 2015 by Dan Denison. Adapted with permission (Appendix C).

Analysis of Confounding Variables

This study includes an analysis of potential confounding variables that included age, job position, job role tenure, and tenure with the organization. The first four hypotheses were developed to test the significance of the relationship between each organizational culture trait and the general provider attitudes toward the adoption of EBPs, so it would be helpful to know whether there are significant relationships between the potential confounding variables and provider attitudes. A Pearson correlation was conducted between each potential confounding variable and the general provider attitude variable. Age was significantly correlated with general provider attitudes ($p = .026$), and the results of the test were statistically significant, $r(112) = .210, p < .05$. Job role tenure

was significantly correlated with general provider attitudes ($p = .038$), and the results of the test were statistically significant, $r(112) = -.196, p < .05$. It is a negative relationship, which means that general provider attitudes decrease with job role tenure. There was no significant correlation found between job position and general provider attitudes. There was no significant correlation found between tenure with the organization and general provider attitudes.

Data Analysis

Research Question 1

A Pearson correlation was conducted between each independent variable and the dependent variable in order to determine whether there was a significant correlation between the predictor variables and the dependent variable. This was helpful information prior to conducting the multiple regression analysis because it provided preliminary correlation information that helped in choosing the most appropriate regression analysis. The mission trait was significantly correlated with general provider attitudes ($p = .028$). The results of the test were statistically significant, $r(112) = .207, p < .05$. There was no other significant correlation found between the three remaining independent variables and the dependent variable, which supports what the stepwise multiple regression analysis found.

The first four hypotheses examined in this study discussed the predictive relationship between organizational culture traits and general provider attitudes. A standard multiple regression and a stepwise multiple regression analysis was conducted in order to determine the predictive value of the independent variables, which are the

traits of adaptability, involvement, mission, and consistency. The dependent variable, which consists of the general provider attitudes toward the adoption of EBPs was regressed on all four predictors simultaneously under the standard multiple regression analysis. The stepwise multiple regression analysis was also conducted because the predictor variables are entered one at a time and not all four predictors are necessarily included in the regression equation. The Pearson correlation had already found a significant relationship between the Mission trait and general provider attitudes, so it made sense to have each predictor variable entered one at a time, which helped to see if the Mission variable was a significant predictor of general provider attitudes.

The first four hypotheses under research question one predicted that the four organizational culture traits would predict general provider attitudes. Using the enter method as part of the standard multiple regression analysis it was found that the overall model was not significant, $F(4,107) = 1.37, p > .05, R = .22, R^2_{\text{Adjusted}} = .01$, with 4.9% of the variance in general provider attitudes accounted for by the model (mission, involvement, consistency, adaptability). The regression equation for predicting general provider attitudes was $\text{General Provider Attitudes} = .00088 \times \text{Mission} + .00047 \times \text{Involvement} + -.00018 \times \text{Consistency} + -.00036 \times \text{Adaptability} + 1.955$. The regression coefficients from the standard multiple regression analysis is detailed in Table 3 below, which shows how the mission, involvement, consistency, and adaptability traits were not significant predictors of general provider attitudes as predicted in the first four hypotheses.

Table 3

Regression Coefficients for General Provider Attitudes

Predictor	<i>B</i>	<i>SE</i>	β	<i>t</i>	<i>Sig.</i>
Mission	0.088	0.062	0.226	1.411	0.161
Involvement	0.047	0.068	0.118	0.694	0.489
Consistency	-0.018	0.089	-0.042	-0.206	0.838
Adaptability	-0.036	0.082	-0.088	-0.206	0.838

A stepwise multiple regression was conducted as well since all four predictor variables are added at once in the standard multiple regression and in the stepwise multiple regression the predictor variables are entered one at a time and not all four predictors are necessarily included in the regression equation. In step one of the analysis, the mission trait was added to the regression equation and it was significantly related to general provider attitudes $F(1,110) = 4.95, p < .05, R = .21, R^2_{\text{Adjusted}} = .03$, with 4.3% of the variance in general provider attitudes accounted by the mission trait. The involvement ($t = .442, p > .05$), consistency ($t = -.118, p > .05$), and adaptability ($t = -.365, p > .05$) predictor variables did not enter into the equation in step two of the analysis. The regression equation for predicting general provider attitudes was General Provider Attitudes = $.00081 \times \text{Mission} + 1.962$. The null hypothesis for Hypothesis 3 was rejected and the null hypothesis for Hypotheses 1, 2, and 4 was accepted.

Research Question 2

The second research question was asking if the adaptability culture trait was significantly related to the requirements domain with hypothesis five including the null and alternative hypotheses. A Pearson correlation was conducted in order to see if there

was a significant relationship between the two variables. The adaptability trait was not significantly correlated with the requirement domain ($p = .489$). The results of the test were not statistically significant, $r(112) = .066, p > .05$. A standard regression analysis was conducted in order to determine the predictive value of the independent variable (adaptability trait) towards the dependent variable (requirements domain). Using the enter method it was found that the overall model was not significant, $F(1,110) = .48, p > .05, R = .07, R^2_{\text{Adjusted}} = -.005$, with 0.4% of the variance in requirements domain accounted for by the model. The null hypothesis for Hypothesis 5 was confirmed.

Research Question 3

The third research question was asking if the involvement culture trait was significantly related to the organizational support domain with hypothesis six including the null and alternative hypotheses. A Pearson correlation was conducted in order to see if there was a significant relationship between these two variables. The involvement trait was significantly correlated with the organizational support domain ($p = .045$). The results of the test were statistically significant, $r(112) = .189, p < .05$. A standard regression analysis was conducted in order to determine the predictive value of the independent variable (involvement trait) towards the dependent variable (organizational support domain). Using the enter method it was found that the overall model was significant, $F(1,110) = 4.09, p < .05, R = .19, R^2_{\text{Adjusted}} = .027$, with 3.6% of the variance in organizational support domain accounted for by the model. The null hypothesis for Hypothesis 6 was rejected.

Summary

Three major research questions and six hypotheses concerning organizational culture traits and provider attitudes towards the adoption of EBPs were examined using correlation and regression analysis. This study was trying to determine if culture traits predicted general provider attitudes and specific provider attitude domains. The preliminary analysis of confounding variables shows that job role tenure and age were significantly correlated to general provider attitudes, which needs to be taken into account when running the multiple regression analysis. The Pearson correlations conducted in this study found one significant relationship between the Mission trait and general provider attitudes, which is what the stepwise multiple regression analysis found. The third null hypothesis was rejected when using the stepwise multiple regression analysis. The circumplex report helps to support these findings, since the Mission trait had the highest percentiles or the most colorful as Denison Consulting states that having more color is better (Denison Consulting, 2012).

The standard regression analysis did not find a significant relationship between the independent and dependent variables for the first five hypotheses. There was a significant relationship between the involvement culture trait and the organizational support domain. The sixth null hypothesis was rejected when using the standard multiple regression analysis. These results helped explain the connection between culture traits and provider attitudes towards the adoption of EBPs in community mental health organizations. Chapter 5 includes the interpretation of the findings, limitations of the study, recommendations, implications, and conclusions.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this study was to investigate the relationship between mental health providers' attitudes toward the adoption of EBPs and organizational culture. This study was conducted because insights into this relationship may assist mental health organizations with a successful EBP implementation process, which may enable them to offer services that are more effective to clients and their families. In this chapter, I present an interpretation of this study's findings, describe the limitations, discuss the implications for social change, and provide recommendations for further research.

The key findings of this study are that there was a significant relationship between the mission organizational culture trait and general provider attitudes when conducting the Pearson correlation and stepwise multiple regression analysis. There was a significant relationship between the involvement organizational culture trait and the organizational support domain when conducting a Pearson correlation and standard regression analysis. Two out of the six hypotheses from this study had their null hypothesis rejected, which were the third and sixth hypotheses. The other relationships that were studied were not found to be significant, which can also provide helpful information related to implementing EBPs.

Interpretation of the Findings

The DOCM was used as the theoretical framework for this study because the four cultural traits serve as a guide for organizations that are going through organizational change, which is what the EBP implementation process is considered. These four

cultural traits were studied in combination with provider attitudes toward EBP adoption. In this study, I looked at six hypotheses, with the first four focusing on the relationship between the four cultural traits and general provider attitudes toward EBP adoption. The fifth hypothesis addressed the relationship between the adaptability culture trait and the requirement domain. The sixth hypothesis concerned the relationship between the involvement culture trait and the organizational support domain.

The first key finding of the mission culture trait being significantly related to general provider attitudes helps to confirm and extend what past research has found, as discussed in detail during the literature review. No past study has examined the Denison culture traits and provider attitudes, but there has been research analyzing the Denison culture traits and other variables. Yilmaz and Ergun (2008) conducted a study on the relationship between organizational culture and firm effectiveness and found that mission was the most significant trait promoting firm effectiveness. These findings make sense when the components of the mission trait include the vision of the organization, goals and objectives, and the strategic direction and intent (Denison Consulting, 2012).

Past research has addressed organizational culture and EBP adoption provider attitudes; the findings of this study helped to confirm and extend this work. Aarons, Glisson, et al. (2012) found a positive relationship between a proficient culture (being up to date with current information and being effective in work) and the overall score for provider attitudes toward EBP adoption. This was one of Aarons's most recent studies concerning different types of organizational culture in relation to provider attitudes toward EBP adoption. A proficient culture has similarities to the description of the

mission trait, which was found to be the culture trait that was significantly related to provider attitudes. It seems that this study helps to extend Aarons's past research on EBP provider attitudes and organizational culture by adding more specific culture traits provided by Denison's model.

The second key finding is that there was a significant relationship between the involvement organizational culture trait and the organizational support domain. The involvement trait indexes include empowerment, team orientation, and capability development (Denison Consulting, 2012). It made sense to find a significant relationship between these two variables, as the organizational support domain relates to how providers may be more likely to adopt an EBP if they have support from their supervisor and organization during this process. The past research that this study helped to confirm had similar findings. The current research has shown how therapists who worked in a more constructive culture, which is more humanistic and supportive, were more likely to adopt an EBP (Aarons, Glisson, et al., 2012; Aarons & Sawitzky, 2006b). These two variables were selected because of the importance organizational support has during the EBP implementation process, and because the ability to see how it relates to the involvement trait can be more beneficial than understanding other relationships, given that managers can make immediate changes to how involved and supportive they are during this process. Managers in these mental health organizations will be able to see that there is a significant relationship between organizational support and involvement and will be encouraged to offer their providers the needed support during an EBP implementation process.

An interesting finding was that there was no significant relationship found between the adaptability culture trait and the requirement domain. The requirement domain relates to whether providers are more willing to adopt an EBP if their state, agency, and supervisor require it. The adaptability trait indexes include creating change, customer focus, and organizational learning (Denison Consulting, 2012). Aarons and Sawitzky (2006b) discussed how the type of organizational culture could either help or hinder an organizational change, such as EBP implementation, depending on the culture's values regarding innovation. The circumplex report created by Denison's team supports these findings, as it shows that the creating change index was the lowest (12), indicating that it was the weakest culture component in the organizations that participated in this study. This helps to demonstrate how the members of these organizations were not fond of creating change, and adopting an EBP is a type of change. This can be useful information for the agencies that participated in this study, as it can be applied to an effort to understand why the organization is not as open as it could be to creating change.

Limitations of the Study

One of the limitations listed in Chapter 1 did not end up being particularly significant once the study was conducted, as the largest number of participants were licensed therapists. It was thought that most of the participants might be interns and that this was a possible limitation, but the sample was primarily composed of licensed clinicians, with over 60% being a combination of licensed marriage and family therapists and licensed clinical social workers. The second largest group, at 24%, was composed of marriage and family therapist interns. The original limitation still stands with having a

small representation of psychologists and psychological assistants, at only 6.3%. This was a limitation, as the sample may not be representative of the entire mental health provider population.

Another limitation was that the members of the sample came from one type of mental health organization, which was community mental health organizations contracted by the Los Angeles Department of Mental Health. This was a limitation because the results may not generalize to all types of mental health organizations, which vary in size, location, or revenue. Another limitation involved limited resources and time, which limited this study to only using one type of data collection method. This study could have included multiple data collection methods if there had been more resources and time.

Recommendations for Further Research

The first recommendation for further research comes out of the first two limitations, which is to create a research study with a broader scope that includes a more representative sample of mental health providers and organizations. A study that includes other counties, states, and types of mental health organizations may be more successful in including a broader group of mental health providers. This type of expansion would also increase the sample size, which would lead to a stronger study. The second recommendation is to use various data collection methods to create a mixed-methods research study that would expand on this study by including interviews. The qualitative component is missing in this study and could add valuable information to help make sense of the findings.

The last recommendation also comes out of the last limitation since having limited time means cutting down on what the study can focus on. Future research could focus on other research questions that this study did not discuss, such as looking at the relationship between each cultural trait and each specific domain from the Evidence-Based Attitude Scale. This study only looked at the four culture traits in comparison with the general provider attitudes and two of the attitude domains with two of the culture traits. It would be interesting to find out if there are other significant relationships between the various variables because this could be helpful during the EBP implementation process.

Implications

Positive Social Change

This study looked to expand on current research that looked at therapists' attitudes towards the adoption of EBPs by taking it a step further and including traits of organizational culture such as adaptability, mission, involvement, and consistency. The current problem that mental health organizations are phasing is having an inconsistent workforce with high turnover rates (Woltmann et al., 2008). A mental health agency that was going through the implementation process of EBPs can expect a significant change in personnel and having higher turnover rates will hinder the implementation process (Aarons & Sawitzky, 2006a; Woltmann et al., 2008). The goal of this study was to help provide insights to mental health organizations that would lead to a successful EBP implementation, which may also include having less turnover in staff during this process of change.

This study did provide new knowledge in the area of organizational culture and provider attitudes of EBP adoption. The findings that were discussed can help provide insight as to what cultural factors affect the implementation process of EBPs. According to this study's results the culture trait that can be seen as a predictor to general provider attitudes to EBP adoption is the Mission trait. The other key findings discussed earlier such as having a significant relationship between the involvement organizational culture trait and the organizational support domain can be helpful to mental health managers so they can make necessary adjustments to the way they may be supporting their staff during the EBP implementation process. The Denison Circumplex report showed how the creating change index was the lowest number at a 12 and as mentioned earlier, this can be helpful for managers to know that their staff is not open in creating change so they can make the necessary adjustments.

These findings can assist multiple mental health organizations that are in the process of implementing an EBP. The adjustments that were mentioned can be done during this process in order to help increase providers' acceptance of EBP adoption. These study's findings has implications for positive social change in the mental health field as having a successful EBP implementation can improve the quality of care provided to patients in the various communities. This study's finding can potentially lead to a smoother process where providers are more open to EBP adoption, which may also help decrease an organization's turnover. Ultimately, clients and their families could benefit from having consistent providers throughout their treatment and by receiving effective services from an organization that is successful in their EBP implementation.

Conclusion

This study was conceptualized around the theoretical framework of organizational culture theory and DOCM. This study examined the relationship between the four traits of organizational culture as measured by the Denison Organizational Culture Survey and the different domains behind provider attitudes towards EBP adoption as measured by the Evidence-Based Practice Attitude Scale-50. This study's results found two significant relationships when conducting both correlation and regression analysis.

The first significant relationship was between the mission culture trait and general provider attitudes toward EBP adoption. The second significant relationship was between the involvement organizational culture trait and the organizational support domain. The other three culture traits were not found to have a significant relationship between the general provider attitudes. There was no significant relationship found between the adaptability culture trait and the requirement domain.

Managers of mental health organizations can utilize the findings from this study in different ways. They can see how an organization that has a strong mission may help providers be more open to adopting an EBP, so their efforts can be in creating a stronger mission if one does not exist already. The implementation of EBPs is considered a type of organizational change and it makes sense to see that an organization with a stronger mission would be more likely to have less resistance to this type of change. An organization with a strong mission has employees where their values would be more linked with the organization's vision. If implementing new EBPs is part of the

organization's goals and vision, then providers may be more willing to accept this change.

The other area managers can focus on is organizational support during the EBP implementation process since the results show how a culture with high involvement may increase the chances of providers adopting EBPs under this domain. Providers that perceive their organization providing them with the ongoing support, which includes trainings and supervision, are more likely in adopting an EBP. Therefore, it makes sense that an organization with high involvement would be an organization that would be more successful when trying to get the buy-in of an EBP. Ultimately, this study can create positive social change among various communities as mental health organizations can start making the above changes and as a result may have a successful EBP implementation that may improve the overall quality of care provided to clients and their families.

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Appendix A: Invitation to Participate/Consent Form

CONSENT FORM

You are invited to take part in a research study. This study looks at provider attitudes towards the adoption of Evidence-Based Practices (EBPs). This study also looks at organizational culture traits. The researcher will study the relationship of these two variables. The researcher is inviting mental health providers to be in the study. This form is part of a process called informed consent. It will allow you to understand this study before deciding whether to take part.

The individual conducting this study is Jennifer Guerguis. The researcher is a doctoral student at Walden University.

Background Information:

This study will find out if organizational culture traits are related to provider attitudes towards the adoption of EBPs.

Procedures:

If you agree to be in this study, you will be asked to complete the survey that begins on the next screen. This survey should require no more than 20 minutes of your time.

Voluntary Nature of the Study:

This study is voluntary. Everyone will respect your decision of whether or not you choose to be in the study. No one at your place of employment will treat you differently if you decide not to be in the study. If you decide to join the study now, you can still change your mind later. You may stop at any time.

Risks and Benefits of Being in the Study:

Being in this type of study involves minimal risks of minor discomforts. These discomforts can be encountered in daily life such as feeling fatigued. Being in this study would not pose risk to your safety or wellbeing. You may end your participation at any time if you experience stress or anxiety. You may refuse to answer any questions you consider too personal or stressful.

There are no short-term benefits to being part of this study. Your participation in this study might help your organization. This study may help leaders understand culture traits.

Payment:

There will be no compensation provided.

Privacy:

Your survey responses will be confidential. The researcher will not use your personal information outside of this research project. The researcher will not include your name. The researcher will not include anything else that could identify you in the study reports. Research records will be kept in a secured and password protected media storage. Only

the researcher, Jennifer Guerguis, and the survey developers will have access to the records. Your organization will receive a copy of the study outcome. The report will not have identifying information. Data will be kept for a period of at least 5 years, as required by the university.

Contacts and Questions:

You may ask any questions you have now. If you have questions later, you may contact the researcher. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Walden University's approval number for this study is 08-21-14-0229520 and it expires on August 20, 2015.

Please print or save this consent form for your records.

Statement of Consent:

I have read the above information and I feel I understand the study well enough to make a decision about my involvement. By clicking the link below, I understand that I am agreeing to the terms described above.

Appendix B: Demographic Questionnaire

Purpose: Demographic data helps the researcher explore possible confounding variables before the main hypotheses are tested for this study.

Directions: Please select the response that best answers each question.

1. Please select your corresponding age group:

18 – 30

31 – 40

41 – 50

51 and over

2. Please indicate your current position within the organization:

Marriage & Family Therapist Intern

Registered Masters Social Worker

Licensed Marriage & Family Therapist

Licensed Clinical Social Worker

Psychological Assistant

Psychologist

Other (please specify: _____)

3. Please specify the length of time that you have performed this job role:

Less than one year

1 to 2 years

3 to 5 years

6 years or more

4. Please specify the length of time that you have been employed with the organization.

Less than one year

1 to 2 years

3 to 5 years

6 years or more

Appendix C: Permission Granted for Use of Instruments and Copyrighted Figure

Subject : Denison survey items for research
Date : Mon, Apr 09, 2012 11:23 AM CDT
From : Ken Uehara
To : Jennifer Guerguis

Hello Jennifer, You can use the Denison Organizational Culture Survey free of charge for research purposes. We just ask for two things: First, a returned-copy of the terms of use (see attached). Second, to help us better understand your research, a 1-page description of your project. In the proposal, please address the following questions:

1. What is your main research topic?
2. When is your project to be completed?
3. In what country and industry are you conducting the research?
4. What is your sample?
5. Is this research part of a master's, Ph.D., or other certificate?

In addition, if you can include a brief bio of yourself it would be very helpful; we just like to get to know different researchers in the world that are using the model. Also, could you provide the name of the student? If it was a recent dissertation, I may have worked with her before. Once these two documents are received, we will send you the survey items and a data template (If you would like us to make one or two circumplexes that compare your index scores to our normative benchmark of 931 organizations. This will give you a percentile for each of the 12 indexes). Given the time it takes to create the custom circumplexes manually for researchers, we are only able to offer that we can create one or two circumplexes as a complementary service. Also, as a resource we have a wide-array of published articles on our website that can give further background on statistical validation, literature reviews, and methodology.

<http://www.denisonconsulting.com/resources.aspx>

If you have any questions, feel free to e-mail me or call me

Thanks!
Ken Uehara
Data Manager
Denison Consulting

Subject : RE: Terms of Use/Proposal
Date : Mon, Apr 23, 2012 04:42 PM CDT
From : Ken Uehara
To : Jennifer Guerguis

Hi Jennifer, Your research proposal looks interesting. Attached are the survey items and a data template for use if you would like us to benchmark your data to a database of 931 organizations.

If you have any questions, feel free to contact me. I am looking forward to seeing the results of your work.

Best,
Ken Uehara
Data Manager

Subject :RE: EBPAS 50 Permission
Date : Wed, Aug 29, 2012 12:58 PM CDT
From : Greg Aarons
To : Jennifer Guerguis

Dear Jennifer,

This email constitutes permission to use the EBPAS-50 in your dissertation research. I have attached a pdf of the EBPAS-50. I will be making available the scoring instructions for the measure and you will need this after your data are collected. Good luck with your research and in completing your PhD.

Best regards,
Gregory A. Aarons, Ph.D.
Professor of Psychiatry
University of California, San Diego

From: Ken Uehara
Date: Tue, Jan 20, 2015 at 6:34 AM
Subject: RE: Data collection complete
To: Jennifer Guerguis

Hi Jennifer,

The circumplex report of your data is attached. You have permission to use this report in your dissertation. I have also attached a "Getting Started Guide" to help you interpret the report. Please let me know if you have any questions.

Best,

Ken Uehara
Data Manager