

The Research Capacity study: NGO services report

November 2021

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for the non government alcohol and other drugs sector in NSW. We represent close to 100 organisational members that provide a broad range of alcohol and other drugs services, including health promotion and harm reduction, early intervention, treatment and continuing care programs. Together, we work to reduce the harms related to alcohol and other drugs use across the NSW community.

Mail PO Box 1266 Potts Point NSW 1335
Tel 02 81131311
Fax 02 9690 0727
Email admin@nada.org.au
Web www.nada.org.au

ABOUT NADA

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ABOUT DACRIN

NSW Drug and Alcohol Clinical Research and Improvement Network (DACRIN) is a collaborative network of AOD services engaged in clinical research. DACRIN was formed to enhance research capacity and productivity across the AOD sector; collaboration between AOD services; clinician and consumer engagement in research; and access to research support and resources.



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PROJECT STEERING COMMITTEE

Robert Stirling, NADA
Suzie Hudson, NADA
Rosemaree Miller, NADA
Libby Topp and Sarah Hutchinson, DACRIN
Joanne Ross, NSW Ministry of Health
Rachel Deacon, South Eastern Sydney LHD
Emily Deans, Youth Solutions
Carolyn Day, University of Sydney
Robert Graham, Western Sydney LHD
Mary Harrod and Charles Henderson, NUAA

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NADA acknowledges the traditional custodians of country throughout NSW and ACT. Our office is built upon the ancestral lands of the Gadigal people of the Eora nation. We recognise, respect and value the deep and continuing connection of Aboriginal and Torres Strait Islander people to land, community, and culture. We pay our respect to Elders past, present and future.

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Network of Alcohol and other Drugs Agencies (NADA)

PO Box 1266, Gadigal Country, Potts Point 1335

p: (02) 9698 8669

w: www.nada.org.au/

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GLOSSARY OF TERMS

AOD	Alcohol and Other Drug
DACRIN	NSW Drug and Alcohol Clinical Research and Improvement Network
LHD	Local Health District
IQR	Interquartile range
NADA	Network of Alcohol and other Drugs Agencies
NGO	Non Government
RCC tool	Research Capacity and Culture (RCC) tool
REDCap	Research Electronic Data Capture

INTRODUCTION

Building research capacity can be defined as the deliberate and strategic deployment of resources, such as training, support, or funding, to enhance the capacity of individuals, teams, and organisations to perform and engage in research that will result in meaningful social impact (Condell & Begley, 2007; Pager et al., 2012). Past research has identified several barriers to building research capacity in the allied health professions (e.g., Pager et al., 2012). To date, the degree to which workers in the NSW AOD service sector face these same barriers is unknown. Anecdotal reports also suggest that there is limited research capacity in the NSW AOD service sector; however, it is presently unclear if or how these potential barriers are attenuated by other factors which enable or motivate the building of research capacity.

In 2020, the Network of Alcohol and other Drugs Agencies (NADA) partnered with the NSW Drug and Alcohol Clinical Research and Improvement Network (DACRIN) and the Centre for Alcohol and other Drugs, NSW Ministry of Health, to investigate the research capacity of the AOD service sector in NSW and identify any differences between research capacity in government and NGO services.

The aims of the Research Capacity project were to assess the baseline research capacity of the NSW AOD service sector and identify the main barriers to, enablers of and motivators for the conduct of research activities by AOD service providers in NSW. The following report will focus on the data collected from NGO services and will answer the below research questions:

1. What is the baseline research capacity of staff from NGO services?
2. What are the barriers and motivators for conducting research at NGO services?

METHODS

Participants

Two hundred and forty-two individuals (65 males) completed the survey for the Research Capacity project. All participants were staff working with AOD services based in NSW, Australia. One hundred and ten individuals (45.5%) identified that they worked with an NGO service and are the focus of this report. All participants provided consent for the use of their data for research purposes, and ethics approval for the Research Capacity project was granted by the Sydney LHD Human Research Ethics Committee RPAH (2020/ETH02301).

Materials and data collection

The survey consisted of demographic questions and the Research Capacity and Culture (RCC) tool. Demographic questions included age (years), gender and the LHD in which the participant's AOD service was located. The RCC tool is a 51-item scale that includes a series of statements that index research capacity at the organisation, team, and individual levels (Holden et al., 2012). Scores are calculated separately for organisational, team and individual research capacity, and represent the median rating of items included in each of the three RCC subscales (range 1-10).

Online and paper versions of the survey were available for participants to complete. Participants from NGO services completed the survey online or in paper form. Study invitations were disseminated to AOD staff from NGO services via email. The online and paper versions of the survey contained the same questions in the same order. The online survey was programmed with Research Electronic Data Capture (REDCap; Harris et al., 2009, 2019). All survey data, including that from paper surveys, was entered into and managed with the REDCap platform hosted by the University of Sydney. On average, across the full sample the online survey took participants approximately 16 minutes to complete.

Data analysis

Demographic items and data from the RCC tool were analysed using jamovi (The jamovi project, 2021). Counts and percentages were calculated for all demographic questions, apart from age. The median and interquartile range was computed to represent the age of the NGO services sample. RCC scores were calculated separately for the organisation, team and individual subscales using medians, in line with the scoring method of Holden

et al. (2012). Lastly, counts and percentages were calculated for the checklist and demographic items of the individual RCC subscale.

RESULTS

Participant characteristics

The median age of participants from NGO services was 47 years ($IQR=21.00$). Most participants from NGO services were female ($n=76$, 69.1%). Almost half of the NGO sample reported holding postgraduate qualifications¹ ($n=53$, 48.2%), while the highest qualification held by the remaining participants were either undergraduate degrees ($n=35$, 31.8%) or certificates ($n=22$, 20.0%). Close to 20% of NGO participants were also currently engaged in study for a higher degree or other professional development ($n=21$, 19.1%).

Over 50% of NGO participants were employed by specialist AOD services ($n=65$, 59.1%). The remaining staff worked with AOD programs or services within a larger organisation with several different services, including an AOD specific service ($n=45$, 40.9%). Sixty-seven NGO participants were employed in an AOD-only position (60.9%), while 43 worked in a combined AOD and mental health position (39.1%). Most NGO participants worked for AOD services in Sydney metropolitan regions ($n=65$, 59.1%), with the remaining participants being employed by rural or regional AOD services ($n=45$, 40.9%).

Many NGO participants identified as client-facing staff ($n=70$, 63.6%) and approximately 11% were employed in senior management roles ($n=12$, 10.9%), such as organisation/service managers and executive positions (see Table 1). The most common current job roles reported by participants were AOD worker or counsellor ($n=37$, 33.6%), followed by team leader/manager with or without clinical duties ($n=12$, 10.9%) and psychologist (9.1%).

Table 1. Current job roles of the NGO services sample. All percentages are reported to 1 decimal place.

Current job role, n (%)	NGO services ($n=110$)
AOD worker	19 (17.3)
AOD counsellor	18 (16.4)
Psychologist	10 (9.1)
Team Leader/Manager (coordination role without client/clinical duties)	9 (8.1)
Executive/CEO/Director	7 (6.4)
Nurse	6 (5.5)
Other frontline worker ¹	5 (4.5)
Organisation/Service Manager	5 (4.5)
Case manager/worker	5 (4.5)
Health Promotion Officer	4 (3.6)
Team Leader/Manager (with client/clinical duties)	3 (2.7)
Youth Worker	3 (2.7)
Outreach/Aftercare worker	3 (2.7)
Research Officer	3 (2.7)
Educator/Trainer	3 (2.7)
Other job role ²	7 (5.5)

¹ Includes positions such as social, mental health, residential support workers

² Includes positions in areas such as administration, business/finance, IT/systems and quality/compliance

¹ Includes Doctorate and Master qualifications

Research capacity

What is the baseline research capacity of staff from NGO services?

All 110 NGO participants completed the organisational RCC subscale, while 96 (87.3%) also completed the team and individual RCC subscales. Median scores for the three RCC subscales are shown in Figure 1. RCC scores were analysed with a one-way (RCC subscale: organisational, team, individual) Friedman analysis of variance test. The main effect of RCC subscale reached significance, $\chi^2(2) = 24.48, p < .001$. As can be seen in Figure 1, participants reported significantly higher levels of organisational research capacity in comparison to team- or individual-level research capacity (Durbin-Conover pair-wise comparisons, both $ps < .001$).

Organisational RCC scores. Median scores and the number of valid and unsure responses for each organisational RCC item can be found in Table 2. The highest scoring items for organisational research capacity involved the promotion of evidence-based clinical practice, organisational planning guided by evidence, support of research by senior managers and involvement in research activities related to practice (see Table 2). The organisational planning and evidence-based clinical practice prompted the lowest percentage of unsure responses for the organisational RCC subscale. Organisational RCC scores were lowest for support with career pathways in research and analysis software for research (see Table 2). Interestingly, the items that elicited the highest number of unsure responses were both related to career pathways: support of applications for research scholarships/degrees (19.1%) and access to external funding for research (20.0%).

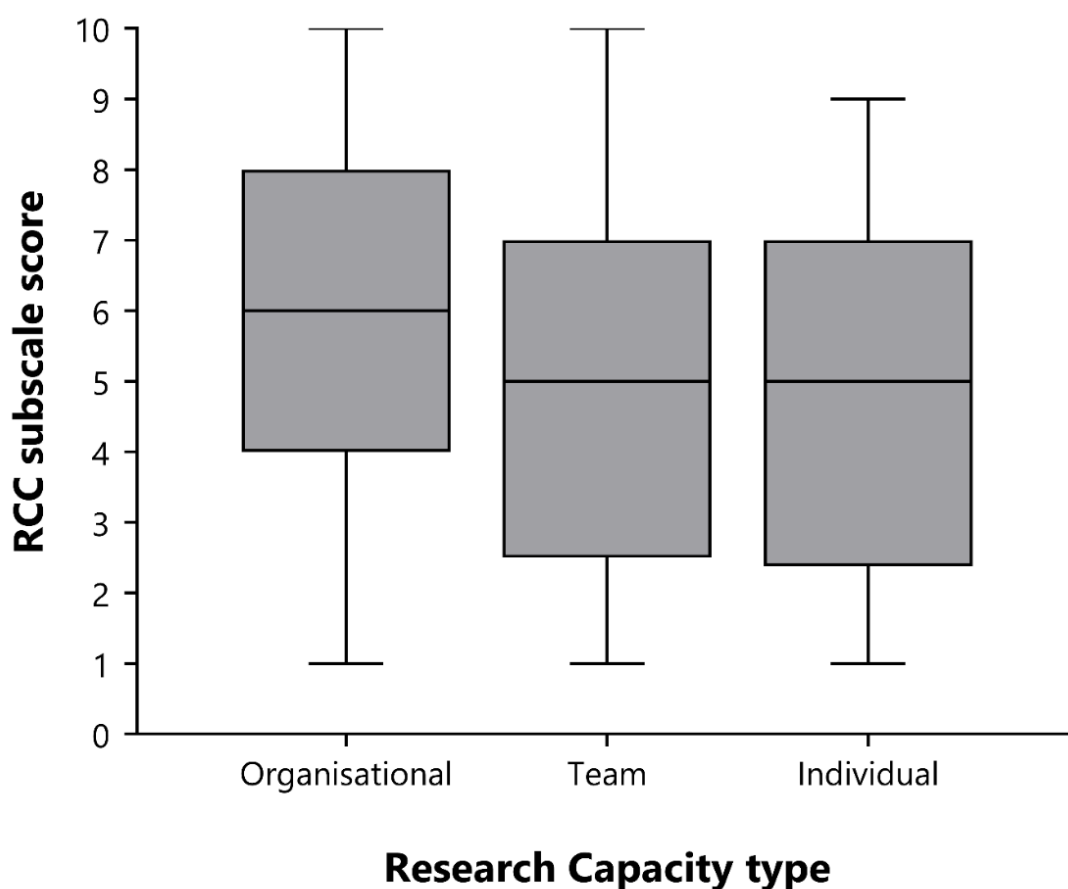


Figure 1. Box and whisker plots of medians, IQRs and ranges for the organisational, team and individual RCC scores of the NGO service sample. Higher RCC scores indicate higher levels of research capacity.

Table 2. *Median and IQR of RCC scores for organisational research capacity (n=110). Higher RCC scores indicate higher levels of research capacity. For each RCC item, the number of valid responses and the number (percentage) of unsure responses is also shown.*

Organisational RCC subscale items	n	Median	IQR	Unsure, n (%)
i) Has adequate resources to support staff research training	101	5.00	4.00	9 (8.2)
ii) Has funds, equipment or admin to support research activities	98	4.00	4.75	12 (10.9)
iii) Has a plan or policy for research development	94	6.00	5.00	16 (14.5)
iv) Has senior managers that support research	100	8.00	3.25	10 (9.1)
v) Ensures staff career pathways are available in research	94	4.00	4.00	16 (14.5)
vi) Ensures organisation planning is guided by evidence	106	8.00	3.00	4 (3.6)
vii) Has consumers involved in research	95	6.00	4.00	15 (13.6)
viii) Accesses external funding for research	88	6.00	5.00	22 (20.0)
ix) Promotes clinical practice based on evidence	107	9.00	3.00	3 (2.7)
x) Encourages research activities relevant to practice	99	8.00	4.00	11 (10.0)
xi) Has software programs for analysing research data	92	4.00	6.00	18 (16.4)
xii) Has mechanisms to monitor research quality	91	5.00	5.00	19 (17.3)
xii) Has identified experts accessible for research advice	94	6.00	5.00	16 (14.5)
xiv) Supports a multi-disciplinary approach to research	94	7.00	3.00	16 (14.5)
xv) Has regular forums/bulletins to present research findings	104	4.50	5.00	6 (5.5)
xvi) Engages external partners (e.g., universities) in research	99	7.00	6.00	11 (10.0)
xvii) Supports applications for research scholarships/degrees	89	5.00	5.00	21 (19.1)
xviii) Supports the peer-reviewed publication of research	91	6.00	4.00	19 (17.3)

Team RCC scores. Median scores and the number of valid and unsure responses for each team-level RCC item can be found in Table 3. Research capacity was highest for items indexing if team leaders supported research or whether planning was guided by evidence (Table 3). These two items also each garnered the second-lowest number of unsure responses (7.3%). Team RCC scores were lowest for items indexing access to resources to support research activities or support related to team-level planning, quality monitoring and mentoring for research (Table 3). Like the pattern of unsure responses to the organisation RCC subscale, for team research capacity the highest number of unsure responses were found for the items indexing support with applications for research scholarships/degrees and applying for external research funding (Table 2).

Individual RCC scores. Median scores and the number of valid and unsure responses for each individual-level RCC item can be found in Table 4. NGO participants scored the highest levels of individual research capacity for collecting data (e.g., surveys, interviews) and finding relevant research literature (Table 4). Finding relevant literature also led to the smallest number of unsure responses across the entire RCC tool. The lowest levels of individual research capacity were found for securing research funding, submitting ethics applications, writing for peer-review journals, and providing advice to less experienced researchers (Table 4). These four RCC items also prompted the highest numbers of unsure responses, along with writing a research protocol (10 to 12%).

Table 3. *Median and IQR of RCC scores for team research capacity (n=96). Higher RCC scores indicate higher levels of research capacity. For each RCC item, the number of valid responses and the number (percentage) of unsure responses is also shown.*

Team RCC subscale items	n	Median	IQR	Unsure, n (%)
i) Has adequate resources to support staff research training	90	4.50	4.00	6 (6.3)
ii) Has funds, equipment or admin to support research activities	87	3.00	5.00	9 (9.4)
iii) Does team level planning for research development	85	3.00	3.00	11 (11.5)
iv) Ensures staff involvement in developing that plan	88	5.00	5.00	8 (8.3)
v) Has team leaders that support research	89	7.00	4.00	7 (7.3)
vi) Provides opportunities to get involved in research	87	5.00	5.00	9 (9.4)
vii) Does planning that is guided by evidence	89	7.00	3.00	7 (7.3)
viii) Has consumer involvement in research activities/planning	84	6.00	3.25	12 (12.5)
ix) Has applied for external funding for research	79	5.00	6.50	17 (17.7)
x) Conducts research activities relevant to practice	83	6.00	5.50	13 (13.5)
xi) Supports applications for research scholarships/degrees	78	3.50	5.00	18 (18.8)
xii) Has mechanisms to monitor research quality	80	3.00	5.00	16 (16.7)
xiii) Has identified experts accessible for research advice	85	5.00	6.00	11 (11.5)
xiv) Disseminates research results at research forums/seminars	85	4.00	5.00	11 (11.5)
xv) Supports a multi-disciplinary approach to research	87	6.00	4.00	9 (9.4)
xvi) Has incentives & support for mentoring activities	88	3.00	5.00	8 (8.3)
xvii) Has external partners (e.g., universities) engaged in research	83	4.00	5.00	13 (13.5)
xviii) Supports peer-reviewed publication of research	81	6.00	4.00	15 (15.6)
xix) Has software available to support research activities	83	3.00	5.00	13 (13.5)

Table 4. *Median and IQR of RCC scores for individual research capacity (n=96). Higher RCC scores indicate higher levels of research capacity. For each RCC item, the number of valid responses and the number (percentage) of unsure responses is also shown.*

Individual RCC subscale tool	n	Median	IQR	Unsure, n (%)
i) Finding relevant literature	94	7.00	3.00	2 (2.1)
ii) Critically reviewing the literature	92	6.00	4.00	4 (4.2)
iii) Using a computer referencing system (e.g., Endnote)	88	5.00	5.00	8 (8.3)
iv) Writing a research protocol	86	4.00	4.00	10 (10.4)
v) Securing research funding	85	3.00	4.00	11 (11.5)
vi) Submitting an ethics application	85	3.00	4.00	11 (11.5)
vii) Designing questionnaires	88	6.00	4.00	8 (8.3)
viii) Collecting data e.g., surveys, interviews	90	7.00	3.00	6 (6.3)
ix) Using computer data management systems	87	6.00	4.50	9 (9.4)
x) Analysing qualitative research data	89	5.00	5.00	7 (7.3)
xi) Analysing quantitative research data	89	5.00	5.00	7 (7.3)
xii) Writing a research report	87	5.00	4.00	9 (9.4)
xiii) Writing for publication in peer-reviewed journals	86	3.00	4.00	10 (10.4)
xiv) Providing advice to less experienced researchers	85	3.00	4.00	11 (11.5)

What are the barriers and motivators for conducting research at NGO services?

The data of 96 NGO participants who completed the individual RCC subscale were available to calculate descriptive statistics for the barrier and motivator checklist items (see Figure 2 and Figure 3).

The three most common barriers to conducting research for NGO participants were other work roles taking priority (75.0%), a lack of time for research (61.5%) and a lack of funds for research (47.9%; Figure 2). Approximately one-third of the NGO sample also separately nominated a lack of suitable backfill (29.2%), access to equipment (32.3%), administrative support (31.3%), software (35.4%), and skills for research (29.2%) as barriers to conducting research. Desire for work/life balance was another commonly cited barrier to conducting research for NGO participants (31.3%; Figure 2). Other barriers to research mentioned by NGO participants included expectations about what is needed to conduct research, lack of opportunity, lack of research partners, complex clients, research not a part of role and needing to conduct research outside of their current job role.

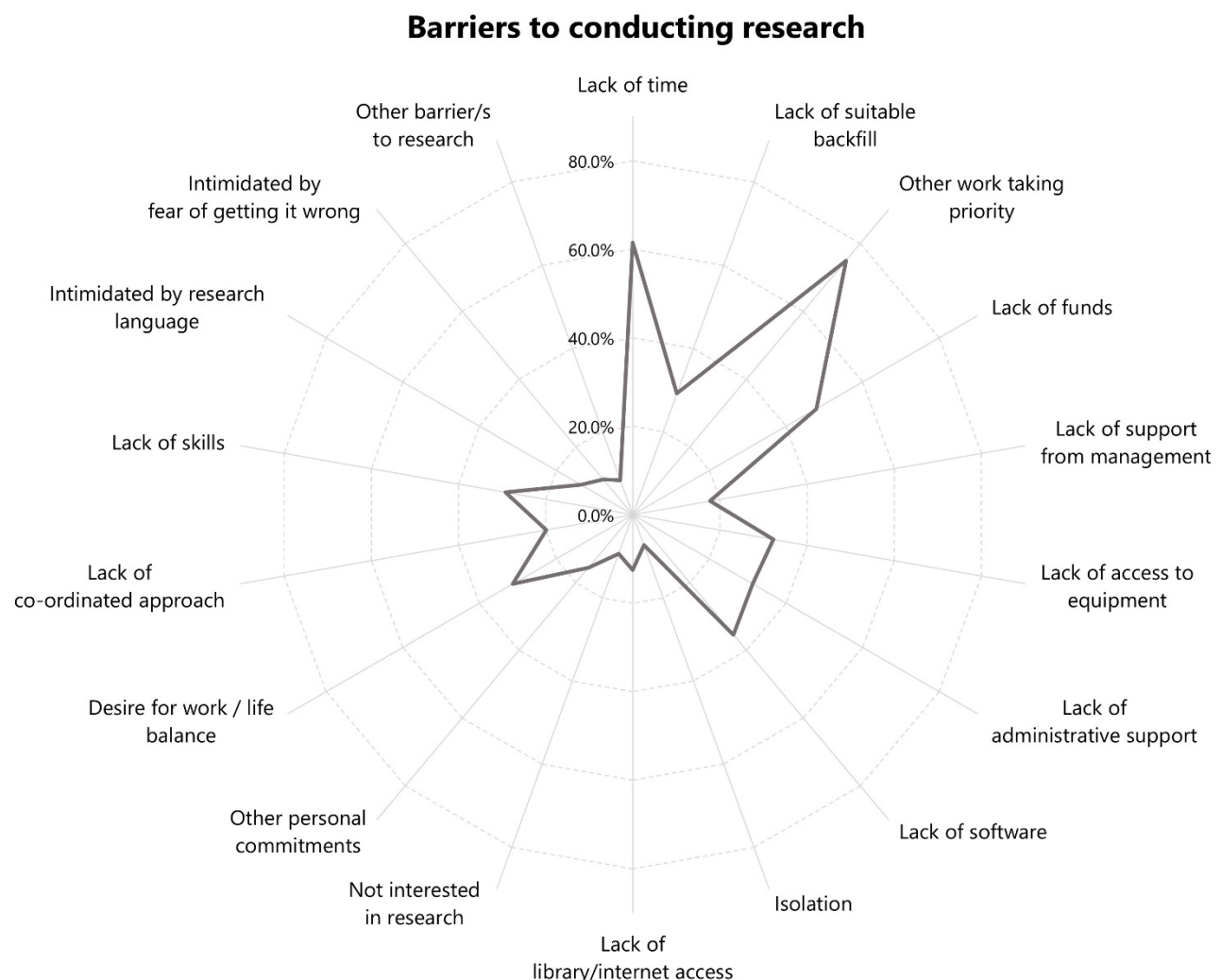


Figure 2. Radar graph summarising the percentage of participants from the NGO sample who selected each barrier included in the individual RCC subscale ($n=96$).

The two most common motivators for conducting research were to develop skills (63.5%) and researching a problem that needed changing (49.0%; Figure 3). Approximately 40% of NGO participants also nominated wanting to keep their brain stimulated (43.8%), increased credibility (42.7%), job satisfaction (37.5%) and career advancement (37.5%) as motivators for conducting research. Other motivators to conducting research mentioned by NGO participants included being able to deliver better treatment to clients, contributing to evidence-based practice in the AOD sector and identifying better strategies for organisational effectiveness (e.g., treatment, financial, marketing).

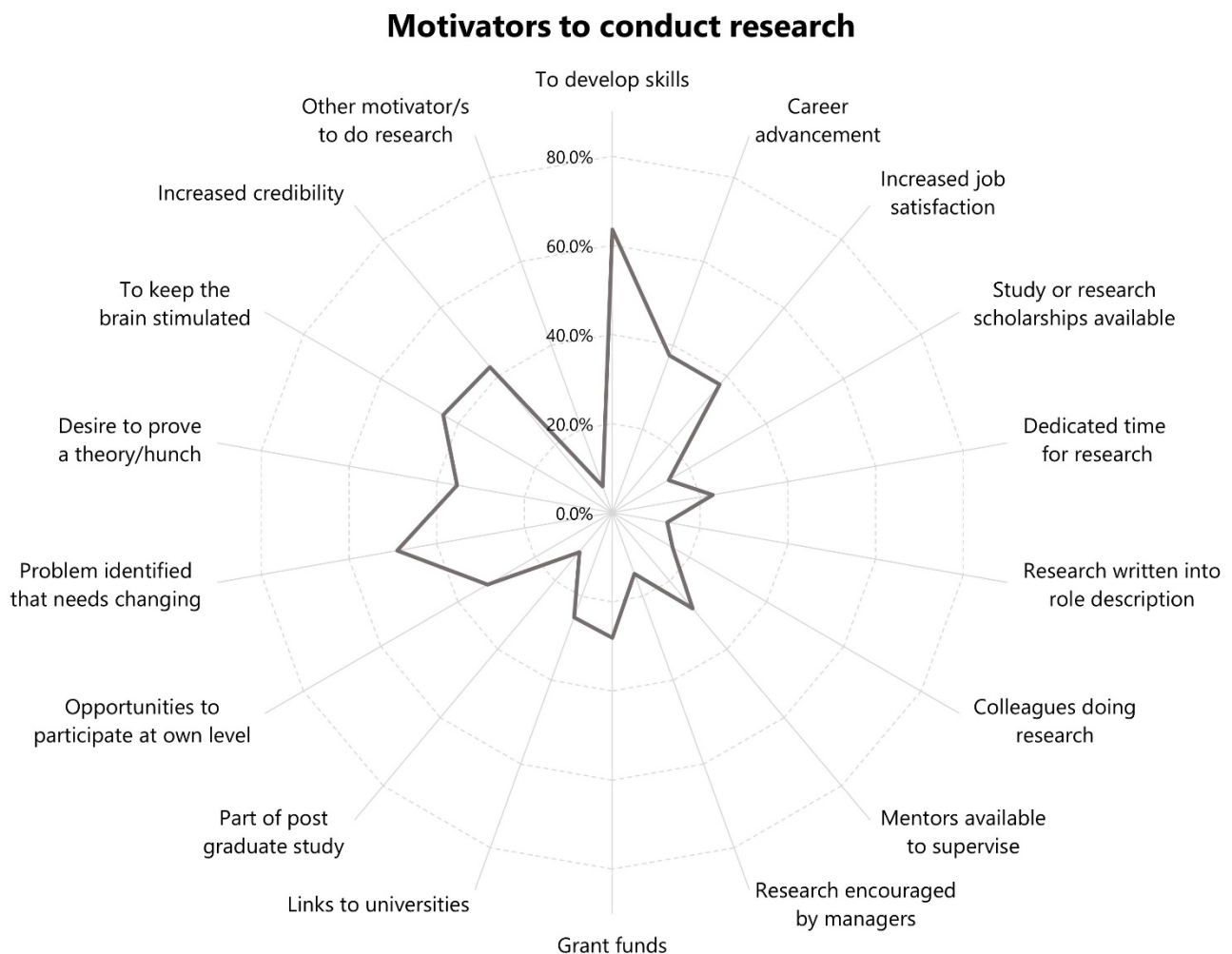


Figure 3. Radar graph summarising the percentage of participants from the NGO sample who selected each motivator included in the individual RCC subscale ($n=96$).

SUMMARY OF FINDINGS

The baseline research capacity of NGO participants was indexed by scores from the three subscales of the RCC tool. Demographic information collected at the same time as data for the RCC tool provided the overall characteristics of the NGO sample. NGO participants tended to report that their organisation's research capacity was greater than that of themselves or any teams they work with.

The support of research by senior managers and team leaders was one of the biggest contributors to organisational and team research capacity for NGO staff. Similarly, NGO staff also reported that organisational and team research capacity were enhanced by organisational and team planning guided by evidence. In relation to research capacity, NGO staff also cited promoting evidence-based clinical practice and involvement in practice-based research activities as important at their organisation. Areas of improvements in organisational and team research capacity nominated by NGO staff included being provided support with pursuing research as a career and access to resources for research (e.g., analysis software, quality monitoring, mentoring).

Individual NGO staff were most likely to report the highest levels of research capacity for data collection and navigating research literature. Areas of need identified for individual NGO staff included sourcing research funding, support with ethics processes, publishing in peer-review journals and mentoring less experienced researchers. The most common barriers to conducting research aligned with the findings for individual research capacity. In terms of barriers, these included a lack of access to funds, equipment and research skills. Other work roles taking priority over research was also the most common barrier nominated by NGO staff. Interestingly, the most common motivators for conducting research were driven by personal motivations, such as developing skills, researching a problem that needed changing and keeping their brains stimulated. Other common motivators were related to the NGO staffs' interest in increasing their credibility, job satisfaction and advancing in their career.

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