The Impact of Worker Values on Client Outcomes within a Drug Treatment Service

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Abstract

Background: Little attention has been paid to understanding the impact of values, attributes and characteristics of drugs workers on therapeutic relationships and treatment outcomes. Interaction of values with other variables is considered to be of importance since values play a role in determining attitudes and behaviours. This exploratory study investigates the impact of drug workers' personal values on client outcomes within a drug treatment service.

Methods: 8 drug workers and 58 clients were recruited at a UK charity working with problematic drug users who are also socially excluded. Drug workers completed a validated questionnaire (Schwartz, 1992) to elicit their personal values. Client outcomes were assessed using the Christo Inventory for Substance Misuse Services (Christo et al., 2000). The relationship between client outcomes and worker values were analysed using Spearman's rank test of association.

Results: Drug workers prioritising stimulation, self-direction and hedonism value types experienced more positive client outcomes compared with those prioritising security, conformity, benevolence, tradition and universalism types. The value types associated with positive outcomes fall within Schwartz's 'openness to change' superordinate dimension, whereas those related to more negative outcomes fall within the 'conservation' dimension.

Conclusion: The study suggests that drug workers' personal values may have a significant impact upon client outcomes in the treatment of substance misuse. Reasons for this finding are explored, as are limitations of this study and suggestions for future research.

Despite the substantial proportion of drugs agencies' funding allocated to human resources, little attention has been paid to the important contribution that drug workers bring to the treatment of those experiencing problematic drug use. The focus of research thus far has tended toward examining models or styles of treatment. Yet, given the complex issues usually associated with problem drug users, drug worker attributes including skills, values, beliefs and adaptability are likely to have some effect in the outcome of treatments.

One area where attention has been paid to the contribution of the worker is in the impact of the 'therapeutic alliance' (e.g. Luborsky et al., 1995; Belding et al., 1997; Connors et al., 2000; Joe et al., 2001), conceptualised as the degree to which the therapist and client develop a positive, collaborative relationship (Bordin, 1979; Horvarth, 2001). Within drug treatment settings it is generally accepted that establishing a therapeutic alliance is important, not least because of the difficulties of engaging and retaining clients in treatment (Simpson et al., 1997; Gossop et al., 1999). This view is supported by research that finds that establishing the alliance early on is a "consistent predictor of engagement and retention in drug treatment" (Meier et al., 2005: 313).

Despite the importance of retention as a prerequisite for positive treatment outcomes, few studies follow the course of the alliance throughout treatment to completion. Furthermore,

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research investigating the association between therapeutic alliance and treatment outcomes beyond the effect of retention has thus far produced inconsistent results (Fenton et al., 2001; Joe et al., 2001). This leads some, such as Meier et al. (2005), to call for more research to examine both the relationship between the therapeutic alliance and client outcomes, and the determinants of the alliance. Meier et al. acknowledge that little is currently known about the attributes, characteristics and values that underpin the establishment of a therapeutic alliance and subsequently their role in supporting positive treatment outcomes.

Studies investigating determinants of the alliance tend to focus on client pre-treatment characteristics (Connors et al., 2000), and although some investigating the personal qualities of the therapist and alliance attributes now appear in the literature, the evidence has yet to converge meaningfully. In the field of psychotherapy, for example, Hersoug et al. (2001) note that studies into therapist characteristics, such as background and experience, have generated variable results into the impact of these on the working alliance. Their work finds that experience, training, and professional skills have no significant effect on the alliance, nor does similarity in personal characteristics. Patients' perceptions of values similarity, however, appear to influence their perceptions of the working alliance and the authors conclude that values may therefore have an impact on the alliance and its outcome.

The lack of convincing evidence in support of the effectiveness of the therapeutic alliance may be because of missing intervening variables as Meier et al. (2005) suggest, or it may be because of events occurring outside the alliance itself. Hersoug et al.'s (2001) study suggests that an exploration of the impact of drug workers' values may add to our understanding of the quality of the treatment of problematic drug use. Values are considered a determinant of attitudes and behaviour (Schwartz, 1992). As internalised personal guidelines about how individuals conduct their life, values have a role in shaping behaviour and, as a consequence, impact upon an individual's relationships with others. This research starts to explore the relationship between the personal value priorities of drug workers and the outcomes for those receiving treatment.

Values and value systems

A major contribution to our understanding of the nature and structure of value systems has come from Schwartz (1992; 1996) whose work provides the theoretical basis for this research. Schwartz's values theory differs from previous work in the values field because it explains the relationship between values and motivational goals, and because it provides a framework for exploring values-related behaviour (Rohan, 2000; Stackman, Pinder and Connor, 2000). The framework is found to be reliable in over fifty nations around the world (Schwartz & Bardi, 2001; Spini, 2003).

Schwartz (1992: 4) defines values as "concepts or beliefs [which] pertain to desirable end-states of behaviours, transcend specific situations, guide selection or evaluation of behaviour or events [and] are ordered by relative importance". He argues that values express motivational concerns or goals, representing the "needs of individuals as biological organisms; requisites of coordinated social interaction; and survival and welfare needs of groups" (p.4). Values are cognitive representations of these requirements, and form motivational goals for individuals and groups.

Schwartz identified two higher-order and conflicting motivational dimensions that give structure to the value system: 'openness to change' versus 'conservation'; and 'self-enhancement' versus 'self-transcendence'. The first dimension "arrays values in terms of the

extent to which they motivate people to follow their own intellectual and emotional interests in unpredictable and uncertain directions versus to preserve the status quo and certainty it provides in relationships with close others, institutions and traditions" (Schwartz, 1992: 43), while the second dimension arrays values relating to the conflict between motivation to enhance or transcend selfish concerns. By investigating the spatial relationships between values, Schwartz identified ten distinct motivational types arranged along these two dimensions in a continuum, each of which comprises a number of individual values (see Fig. 1).

People differ from each other in the extent to which they favour certain value types over others. Prioritising one value type necessarily means de-prioritising or rejecting its opposite value such that "the structure of relationships among the value types is based on oppositions between motivational goals that tend to be mutually exclusive" (Schwartz, 1992: 22). Value polarity is revealed in the structure, in that the opposite of any value type on the model is its antithesis. If the value system of an individual, for example, prioritises 'conformity' and 'tradition' value types, then the model suggests that those aligned in opposition to these – values associated with 'hedonism' – will not be important to that person, and may well be viewed with antagonism. At the same time, the value types adjacent to those prioritized are broadly compatible. Thus, the value types 'security' and 'benevolence' which lie adjacent to those of 'conformity and tradition' will be compatible, but as the distance increases away from the prioritised value type so compatibility will decrease.

The contiguous nature of the value types reveals an important relationship between value priorities and behaviour. Schwartz found correlations between opposing value types and propensity for or against behaviours including interpersonal cooperation, voting behaviour and willingness to engage with outsider groups (Schwartz, 1996). Cooperation, for example, is positively correlated with the value types of 'benevolence' and 'universalism', and negatively correlated with the opposing value of 'power', while there was little correlation with those value types falling between these two poles. Similar patterns, but with different polarities, were revealed in each of the studies, and again in more recent work (Bardi & Schwartz, 2003), leading to the conclusion that values play a significant role in triggering a behavioural response only when an action or behaviour is promotive of values that are either held strongly or are antagonistic for the person concerned. Where an action or behaviour is promotive of values that are neither prioritised nor rejected by the individual then there is little or no relationship between values and the action or behaviour.

The notion that certain value priorities may be associated with certain behavioural preferences presents an interesting question regarding the role of values in the relationship between drug workers and clients: do the value priorities of drug workers affect the outcomes of such an alliance? The focus of this study is to explore this question. Should drug worker value priorities have an effect on client treatment outcomes, then this may be because of one or more of a number of factors. It may be that value priorities are linked to drug worker behaviours and actions that result in certain outcomes. Alternatively, it may be that certain value priorities in drug workers are more or less congruent with those of their clients, or with the style and approach of the employing organisation. While such questions are ultimately important, the first requirement for a programme of research is to explore the links between drug worker values and client outcomes, and to test the measures used to investigate the issue. This research begins this process.

Methods

Context

The Drugs & Homeless Initiative (DHI) is a UK social care agency. It offers services for people with complex needs around drug and alcohol use, with particular regard for those who are socially excluded as a result of poor housing, lack of employable skills etc. (DHI, 2004). Services include needle and syringe exchange, shared care, structured day care, counselling, housing support, training, education and social activities. While each service differs, contact time tends to equalize; the most intensive services such as structured day care are of the shortest duration, while supported housing – the least intensive service – is of the longest duration. Excepting low threshold services, the relationship between drug worker and client at DHI is based on a case management approach.

Sample

All drug workers and clients were considered for inclusion in the study and participation was voluntary. To meet the requirements for inclusion, however, drug workers were required to have undertaken reliability training in the client outcome measure used at DHI, and to have a client caseload who were also willing to participate. Excluded from the study were any clients engaged with more than one service, or engaged concurrently with DHI and another provider. This ensured that only one set of drug worker values were related to the client outcomes. Inclusion of individual client data required the existence of both entry and exit CISS scores in order to make assessment possible.

Of a total of 27 employees within the organisation, including staff not eligible for inclusion, 15 drug workers expressed a willingness to participate and eight qualified, having met all requirements. After removing incomplete records and those of clients not giving consent, a total of 58 client data records were investigated. All clients included in this research had completed a service, in a planned or unplanned way, and the minimum length of engagement with DHI was 12 weeks.

Four male and four female drug workers participated. Two were under 40 years of age and six over forty. Five had been employed for less than one year and three employed for one year or more. Of the 58 client participants, 45 were male and 13 female.

Client outcomes

Client outcome information was gathered using data from completed Christo Inventory for Substance-misuse Services (CISS) forms (Christo et al., 2000). CISS is an outcome measurement tool which enables evaluation of change in the misuse of substances, related behaviours and circumstances by clients over an extended period of time. CISS is completed by drug workers either on the basis of direct client interviews or personal experience of their client supplemented by case notes (Christo et al., 2000). Ten items are measured, covering: social functioning; health status; HIV and sex risk behaviours; psychological health; engagement in occupation; criminal involvement; drug and alcohol use; support; compliance; and working relationships.

Drug workers score each client approximately every 30 days, and at a minimum on entry and exit from a service. Each item is scored on a three-point scale indicating the severity of the problem experienced in the last 30 days (0 = none, 1 = moderate, 2 = severe). For example, a client who has not engaged in any offending behaviour in that time would receive a score of zero; a client who has committed petty theft once would receive a score of one; a client who has committed regular *or* severe criminal acts would receive a score of two. CISS enables

drug workers and the organisation to evaluate how a client's substance use and lifestyle changes over time. For each item, a reduction in the severity score from entry to exit is considered a positive outcome, as is a zero score on entry that does not change (i.e. not problematic at both entry and exit). No change to a moderate or severe problem, or a change for the worse, is considered a negative outcome. Since only those clients that had engaged long enough to have both an entry and exit score were included (a minimum of three months), a relationship can be considered to have formed between the drug worker and client.

All staff are trained in the use of the CISS instrument. In 2003, a Cohen Kappa test statistic was applied to the collated data, calculating the proportion of agreement observed between drug workers scoring hypothetical client profiles in a CISS training workshop. The computation enables the proportion of agreement that occurs by chance to be considered and excluded, and the resulting value of Kappa was K=0.86 (Russell, 2004). Follow up training has been conducted each year to ensure that staff scores remain reliable. Furthermore, random client files are regularly checked for accuracy of reported outcomes against case notes and care plans. Together, these measures provide a degree of assurance that workers' scores are not over or under reported.

Drug worker personal values

Data on drugs workers' personal values were collected using the Schwartz (1992) Value Survey (SVS), a standardised validated questionnaire. The SVS presents 57 value items selected *a priori* to represent one of 10 motivationally distinct value types, defined as a set of values that can be combined conceptually into one meaningful description (see Table 1). Respondents were asked to rate the importance of each value item as "a guiding principle in my life" on a 9-point scale from 7 (of supreme importance) to –1 (opposed to my values). Background variables included in the SVS for the purpose of this research were age, gender and length of service.

Procedures

In order to avoid any ethical conflict, data gathering procedures were carried out by a researcher external to DHI, and data were disguised before analysis to ensure that no one data set could be traced to any individual. All participants were presented with the aims and procedures of the research programme, including an explanation of the anonymity arrangements, and were invited to express interest in involvement to the independent researcher.

The SVS was administered to all workers who had given consent to involvement in the study. In accordance with SVS procedure, participants were instructed first to select those value items from the list that they considered to be the most and the least desirable as guiding principals in their lives, and to score them at +7 and -1 respectively. They were then instructed to rate the remaining value items from 0 to + 6 according to levels of desirability. The combination of anchoring the extremes and rating the remainder provides greater differentiation and less end-piling than ratings alone (McCarthy & Schrum, 2000). Responses to the values survey were then standardised around the mean in order to adjust for individual differences in the use of rating scales, in accordance with recommended practice (Schwartz, 1992).

For client outcomes, CISS scores were entered into the data set after they had been scored simply as '1' for a positive outcome and '0' a negative outcome. Measures relating to support, compliance and working relationship were excluded as they do not relate to the

severity of the client's drug misuse and related behaviours. The scores from the seven domains included were combined to give an overall outcome. For the purposes of analysis, no change or an increased score from entry to exit was treated as a negative outcome, while a reduced score from entry to exit was treated as a positive outcome. The external researcher anonymously matched client CISS scores to relevant drug worker values, and these were used to explore associations. Descriptive data analyses and non-parametric tests of association were conducted for each variable, and Spearman's Rank order calculation was used to examine correlations.

Table 1: Schwartz's Universal Value Types and the value items selected to represent them (source: Schwartz 1992)

Motivational Value Type	Value Items included
Self Direction (Independent thought and action)	Freedom, self respect, creativity, independent, choosing own goals, curious
Stimulation (Need for variety and stimulation)	An exciting life, a varied life, daring
Hedonism (Pleasure or sensuous gratification for oneself)	Pleasure, enjoying life, self indulgent
Achievement (Personal success through demonstrating competence according to social standards)	Ambitious, influential, capable, intelligent, successful
Power (Attainment of social status and prestige, and control or dominance over people and resources)	Social power, wealth, social recognition, authority, preserving my public image
Security (Safety, harmony and stability of society, of relationships and of self)	Sense of belonging, social order, national security, reciprocation of favours, family security, healthy, clean
Conformity (Restraint of actions, inclinations and impulses likely to upset others and violate social expectations or norms)	Politeness, self-discipline, honouring of parents and elders, obedient
Tradition (Respect, commitment and acceptance of the customs and ideas that one's culture or religion impose on the individual)	Respect for tradition, moderate, humble, accepting my portion in life, devout
Benevolence (Preservation and enhancement of the welfare of people with whom one is in frequent personal contact)	A spiritual life, meaning in life, mature love, true friendship, loyal, honest, helpful, responsible, forgiving
Universalism (Understanding, appreciation and protection for the welfare of all people and for nature)	Equality, inner harmony, a world at peace, unity with nature, wisdom, a world of beauty, social justice, broadminded, protecting the environment.

Findings

Client outcomes

Of the 58 client participants, 57% demonstrated an improvement in their drug using, lifestyle and related circumstances over time, as demonstrated by a reduction in their CISS score from entry to exit. 43% of the client participants showed either an increase (N=18) or no change (N=7) in CISS scores, and were thus treated as a negative client outcome. While most drug workers' clients showed a mixture of positive and negative change in their CISS scores, some drug workers had better outcomes than others. One obtained a positive outcome in CISS scores for all client participants from entry to exit, while three obtained positive outcomes in over half their clients. Another drug worker obtained a negative outcome in all client participants' CISS scores, while two obtained negative outcomes in over two thirds of their clients. One obtained an equal balance between the two outcomes. There was no discernable pattern between client outcomes and length of service, gender or age of drug worker participants.

Drug workers' personal values

There were some broad similarities in the value profiles of all drug worker participants in this study, with a general tendency for priorities to centre around 'self-transcendence' and 'openness to change' higher order values, and a corresponding rejection of those values falling within the 'conservation' and 'self-enhancement' higher order values. An exception was the value type 'security', which was more usually held as a moderately desirable value. The value type 'power' in particular, was viewed as being opposed to the values of drug worker participants, while 'benevolence' was rated as highly desirable by all but two drug workers.

Tests of Association: client outcomes and worker values

Results of Spearman's rank correlation coefficient to establish associations between worker values and client outcomes are shown in Table 2.

Worker Values and Client Outcomes: Negative Correlations

The personal value of 'conformity' shows a statistically significant negative correlation with client outcomes (-0.62). This means that where conformity is rated as highly important by the worker, there was a negative client outcome (i.e. problem severity increased over time). The value 'security' was also strongly associated with negative client outcomes (-0.87). Other value types showing significant, but weaker, correlations with negative client outcomes when rated highly include 'tradition' (-0.32), 'benevolence' (-0.32) and 'universalism' (-0.27). It should be noted that the opposite also applied for each of these correlations: where any of the above values were rated low, there was a positive client outcome.

Table 2: Correlation Matrices to Show the Association Between Worker Values and Client Outcomes AND Intra-Value Associations (Workers, N=8: Clients, N=58)

		1	2	3	4	5	6	7	8	9	10	11
1	Client Outcome	1.00	-0.62**	-0.32*	-0.32**	-0.27*	0.57**	0.73**	0.54**	0.01	0.11	-0.87**
2	Conformity		1.00	0.57**	0.24	0.57**	-0.61**	-0.41**	-0.76**	-0.23	-0.75**	0.59**
3	Tradition			1.00	0.14	0.15	-0.57**	-0.36**	-0.54**	-0.25	-0.65**	0.33**
4	Benevolence				1.00	0.06	-0.33**	-0.27*	-0.06	-0.68**	-0.06	0.29*
5	Universalism					1.00	-0.77**	-0.61**	-0.26*	-0.29*	-0.34**	0.53**
6	Self Direction						1.00	0.89**	0.45**	0.37**	0.33**	-0.81**
7	Stimulation							1.00	0.26*	0.25*	0.05	-0.87**
8	Hedonism								1.00	-0.31*	0.39**	-0.63**
9	Achievement									1.00	0.45**	0.04
10	Power										1.00	-0.02
11	Security											1.00

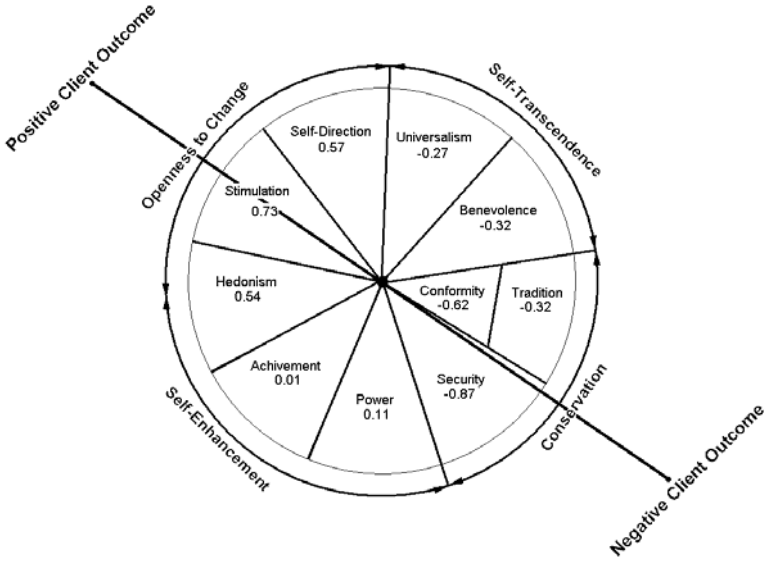
** Correlation is significant at the .01 level (2-tailed).
* Correlation is significant at the .05 level (2-tailed).

Worker Values and Client Outcomes: Positive Correlations

Three value types showed strong positive correlations with client outcomes, meaning that they are associated with problems reducing over time. These are 'self-direction' (0.57), 'stimulation' (0.73), and 'hedonism' (0.54). Again, the opposite also applied, in that where these values were rated as unimportant to the worker, the outcome and correlation was negative. Only the value types 'achievement' (0.01) and 'power' (0.11) were not shown to be significantly statistically correlated with client outcome.

Table 2 also shows that the intra-value correlations are broadly consistent with the correlations between values and clients outcomes; those values arrayed furthest away from one another in Schwartz's theoretical model of relations among motivational types of values tend to be negatively correlated, and those adjacent tend to be positively correlated. Minor exceptions may reflect individual variation or may be a result of the small sample size. Overall, however, the intra-value correlations give support the finding that there are statistically significant associations between values and outcomes, as well as the validity of the measure at a case study level.

Figure 1: Individual key worker values to client outcome correlations plotted against Schwartz's Theoretical model of relations among motivational types of values (adapted from Schwartz, 1992).



The numerical values are taken from Spearman's rank correlation co-efficient test of association, and demonstrate the strength of relationship between client outcomes and worker values.

Overlaying findings on the Schwartz model

When the tests of association between the drug worker values to client outcomes data was transferred from Table 3 and plotted against Schwartz's (1992) model, a clear pattern emerges (See Fig. 1).

The three value types positively correlated with client outcomes at a statistically significant level lie adjacent to one another on Schwartz' model of the structural relations of value types. These value types form a contiguous region that centres round the 'openness to change' higher-order value type. Likewise, the five value types where statistically significant negative correlations were found in relation to client outcomes also form a contiguous region. This time, however, the region occupied centres around the higher order value of 'conservation', with particularly strong negative correlations for the security and conformity value types.

The value with the strongest positive correlation, 'stimulation', is most spatially distant from the value type with the strongest negative correlation, 'security'. This finding is consistent with Schwartz's (1992) theory. Overall, the closer the personal values of the drug worker centre on the value type stimulation, within the openness to change higher order dimension, the more positive the client outcome.

Discussion

The aim of this research is to explore the relationship between drug worker values and client outcomes in order to establish the extent to which larger and fuller studies might be appropriate, and to test the methods for their usefulness. In this section, we explore the findings as reported before discussing some limitations of the study and suggestions for future research.

The findings indicate a relationship between the personal value priorities of drug workers and client outcomes. Drug workers whose personal value priorities centre on the motivational value type 'stimulation', and in the overall direction of 'openness to change', experience more positive client outcomes, while drug workers whose personal value priorities centre on the motivational value type 'security', in the overall direction of 'conservation', experience more negative client outcomes. In accordance with values theory, we explore three potential explanations: the result of value driven behaviours in drug workers; the result of value similarity between drug workers and clients; and the result of value similarity between drug workers and their organisation.

Drug worker values and outcomes

Drug workers whose personal value priorities centre on the higher order value type of 'openness to change' may be better suited to working with drug users because they are motivated to approach their work in different ways to those whose values centre on 'conservation'. Schwartz (1992:43) states that those who hold openness to change personal values are motivated to "follow their own intellectual and emotional interests in unpredictable and uncertain directions". In contrast, those who hold the opposing conservation values are motivated to "preserve the status quo and the certainty in provides in relationships with close others, institutions, and traditions". It may be that drug workers who deviate from prescribed treatment methods are successful because they follow their own intuition and, by being open to change, are less likely to hold stereotypical views of clients, so that their needs are considered more openly and solutions developed that are attuned to the individual. Put simply, those who are motivated by openness to change value types may be more effective at tailoring responses to individual client needs.

Horvarth (2001) found that an open, flexible stance was a consistent theme across much of the therapeutic alliance literature. Clients present for treatment with some kind of change agenda – and one must assume that even where clients wish to continue drug taking, they at least aspire to change from risky drug taking behaviours to safer ones – so drug workers who are flexible and can change their approach to match the changing situation that clients experience through treatment, are more able to maintain congruence with the client, one of the defining features of the therapeutic alliance (Hersoug et al., 2001; Meier et al. 2005).

Value similarity between client and drug workers

An alternative explanation is that drug workers whose values centre on openness to change higher order value types match more closely the typical value priorities of clients: there is better value fit between drug worker and client. Studies of interpersonal and intergroup relationships cite value congruity as a factor in the development of a relationship (e.g. Kerckhoff & Davis, 1962; Schneider, 1987).

Interestingly, the value profile of drug workers shown to have good treatment outcomes is similar to the description of dance club drug users in the UK found by Measham, Aldridge and Parker (2001), who found that dance club drug users had a profile similar to problem drug

users. While, unlike problem drug users, they reject using high dependency drugs such as heroin and crack, they were found to be highly drug experienced with a preference for risk-taking, and for seeking stimulation and hedonistic social activities during 'time-out' from work.

Value congruity between drug worker and client may help explain the counter-intuitive finding that self-transcendence value priorities were not associated with successful outcomes. The self-transcendence higher order value type express goals related to others and a concern for their welfare. One might expect these values and goals to be associated with a person-centred approach and qualities identified by researchers as being conducive to forming an alliance early in treatment (Horvarth & Greenberg, 1994; Grafanaki & McLeod, 1995). It may be that drug workers holding self-transcendence values are able to form a therapeutic alliance and so promote early retention in treatment, but are less able to assist clients to progress toward unproblematic drug use and associated behaviours. Two studies have found that high initial alliance may be related to poor outcome and premature termination (Joyce & Piper, 1998; Florsheim et al., 2000). Together, these could help explain the inconsistent research results reported with regard to the relationship of the alliance and treatment outcomes over and above the effect of retention (Fenton et al, 2001; Joe et al. 2001), and provides support to the suggestion that the alliance is more an indicator of good treatment progress and client satisfaction than it is a predictor of positive outcomes (Belding et al., 1997). As change occurs for the client, it may be that such workers less able to support the client to independence, perhaps through over-concern their welfare or through risk aversion.

Value similarity between drug workers and DHI

A third explanation for the findings may be found in the fit between the drug worker and the DHI. Value congruity has been found to be a significant factor in supplementary person-organisation fit, when the characteristics of the person – personality, values, goals and attitudes – are similar to others in the same environment (Kristof, 1996). A number of studies have associated person-organisation values fit with job satisfaction, organisational commitment, and motivation (e.g. Chatman, 1991; Posner, 1992). It may be that drug workers are more effective in their work when their own value priorities are congruent with those promoted by the organisation in which they are employed.

DHI places importance on client self-reliance and change, and this emphasis on independence and associated empowerment is reflected in the charity's flat organisational structure, devolved decision-making processes, and staff job descriptions. The values of this organisation would seem to focus around 'openness to change', in particular the 'self-direction' and 'stimulation' values. Employees holding values along this same dimension are therefore likely to experience value congruence, so may be more productive simply because they are comfortable being guided in their working life by these values, unlike those with conflicting values, such as 'conservation' 'security' and 'conformity'. As Finegan (2000:150) puts it: "an individual who values orderliness and cautiousness is likely to shrink in an environment that encourages experimentation and creativity. In all likelihood, the result of placing people in situations at odds with their personal values will not be positive for either the employee or the organization. Not only could employee's well-being be at risk but it is also possible that they would be less devoted to the organization and possibly less productive". Within the context of a more hierarchical management structure it might be the case that a different set of values, congruent with the host organisation, are associated with positive client outcomes.

Limitations and suggestions for further research

This research explores the relationship between drug workers' personal values and performance outcomes. The chosen method and the measures selected for use in this context are appropriate, and it is encouraging that the method worked in a single case, so represents a useful first step in testing its feasibility in a robust and structured way. There are a number of limitations, discussed below with suggestions for further research.

The study was carried out with a relatively small sample within one drug service organisation, which limits the confidence that can be placed on the findings and the extent to which implications may be drawn. Replication of this study across larger populations and drug service settings would improve confidence in the findings and therefore the implications for practice and policy that may arise.

A particular issue arising from the small sample size is the effect on the internal validity of the data. There are a small number of weak intra-value associations between value types where a stronger association might be expected, such as between 'power' and 'benevolence'. These are likely to be explained by individual variation within a general pattern of value associations that would be removed with larger sample sizes. The value types 'achievement' and 'power' were not found to be correlated with client outcome. One explanation for this may be that these value types are not associated with behaviours that are either positive or negative for client outcomes. Alternatively, the value types themselves may be under-reported as a consequence of social desirability. In a study exploring the issue of social desirability and values, Schwartz et al. (1997) report that some people may match their value priorities to those considered important in their social environment, although they state – as one might expect – that social desirability is a greater influence in those to whom the value type 'conformity' is important. A larger sample size would help to minimise the effect of individual variation in the findings.

The size of the study and its exploratory nature limit the extent to which other potential variations can be explored, including moderating influences of drug worker characteristics including age, gender and length of service. While no relationship was found with such characteristics in this research, a larger study would provide more reliable data on this and other questions that arise. It would be useful, for example, to compare outcomes on each of the seven items of the CISS outcome measurement tool in order to see if value priorities of drug workers had variable effects on each of these. Furthermore, value profiles were sought only from drugs workers, and not from their clients. Such an extension to the research was considered premature until a relationship between drug worker value priorities and client outcomes had been shown. Following this study, however, it would be appropriate to investigate concurrently the value priorities of clients as this would allow the possible explanation of value matching to be explored more fully. Similarly, studies that included exploration of values promoted in drug service organisations might illuminate the role of complimentary person-organisation fit.

Conclusion

The study is a first step in a larger research programme, the first requirement of which is to explore the links between drug worker values and client outcomes, and to test the measures used to investigate the issue. In spite of the limitations of the sample in this exploratory work, it does suggest the measures employed have shown a link and that further work would serve

to develop a deeper understanding of this important aspect of the treatment of problematic drug use.

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