

## Tilburg University

### Implementing evidence-based practice in social work

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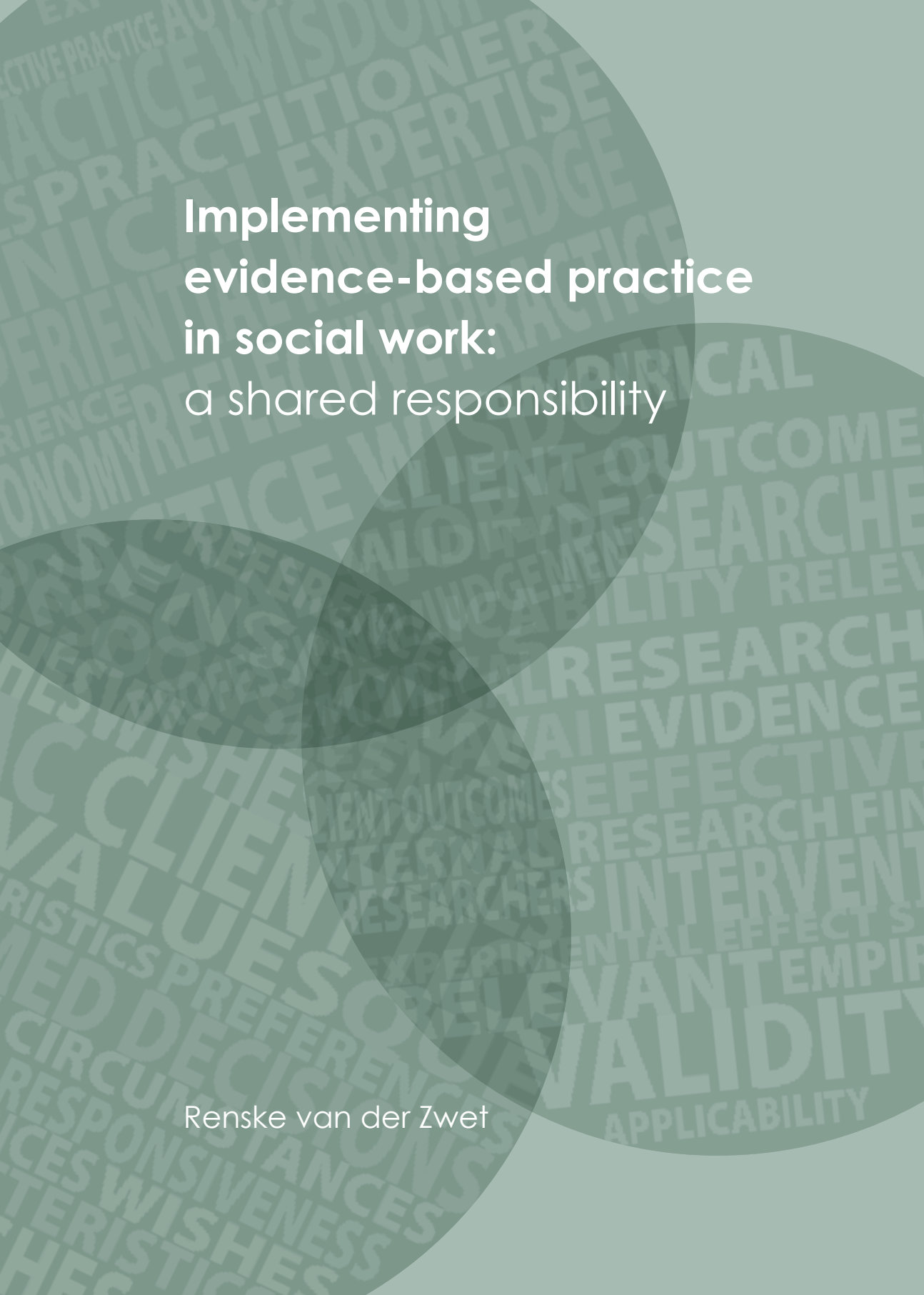
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**Implementing  
evidence-based practice  
in social work:  
a shared responsibility**

Renske van der Zwet

**Implementing  
evidence-based practice  
in social work:**  
a shared responsibility

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# **Implementing evidence-based practice in social work: a shared responsibility**

## **Proefschrift**

ter verkrijging van de graad van doctor aan Tilburg University  
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in het openbaar te verdedigen ten overstaan van een  
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*“Eigenwijsheid mag, maar je moet ook wel kritisch reflecteren op je eigen eigenwijsheid”*

*“ You are allowed to be stubborn, but you need to also reflect critically on your own stubbornness”*

(Staff, R10)





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# **CHAPTER 1**

General introduction

Stel U eens even goed voor: *maatschappelijk werk is werk onder mensen, die in sociale nood zijn, welke nood nimmer geïsoleerd kan gezien worden van hun gehele menszijn, dat ook van hun psychische leven, maar daar onlosmakelijk mee verweven is. Het instrument voor dat werk is — we zagen dat straks reeds — de tussenmenselijke relatie. Daarnaast: De psychologie is de wetenschap van de menselijke ziel en de tussenmenselijke relatie.*

Wanneer wij de psychologie als een der voornaamste hulpwetenschappen voor ons maatschappelijk werk afwijzen, doen wij als de arts die zou zeggen: „het is een prettige en nuttige bezigheid aan de genezing van zieken mee te werken, maar de anatomie en de physiologie, de structuur en de functionering van het menselijk lichaam interesseren me niet, ik kan daar wel buiten, op ervaring en intuïtie komt het aan.”

Zulk een dokter is geen dokter maar een kwakzalver. Nu weten wij wel, dit beeld is niet volmaakt, temeer daar de medische wetenschap die van het maatschappelijk werk zeker een eeuw vooruit is. Daarom zullen wij het nu nog niet wagen de maatschappelijk werker die niet met de psychologie overweg kan, een kwakzalver te noemen. Maar wel hebben wij de neiging dit te doen wanneer hij de psychologie principieel afwijst en zouden wij op iedere maatschappelijke werker een beroep willen doen er aan mee te werken dat deze wetenschap, toegepast op het maatschappelijk werk, zich verder ontwikkelt en dat talloze fouten die nu nog in het werk gemaakt worden, voorkomen worden.

Try to imagine the following: *social work is work among people who are in social need, and this need can never be seen as isolated from their complete human existence, including their mental being, but is intricately interwoven with it. The tool for that work is — as we already mentioned earlier — the interhuman relationship. Also: The psychology is the science of the human soul and the interhuman relationship.*

If we reject psychology as one of the major auxiliary sciences for our social work, we act just like the medical doctor that would say: “it is a pleasant and useful occupation to contribute to curing ill people, but the anatomy and physiology, the structure and the functioning of the human body are of no interest to me, I can do without those, it all depends on experience and intuition.”

Such a doctor is no doctor but a charlatan. Of course we know that this image is not perfect, also because medical science is more than a century ahead of the study of social work. That is why we will not yet risk calling the social worker who is unable to deal with psychology a charlatan. But we do feel an urge to do so when he rejects psychology out of principle and we would like to appeal to all social workers to contribute to the further development of this science, applied to social work, and to prevent the numerous mistakes that are still being made, in the future. (Kamphuis, 1948, p. 82).

Social workers are often at the forefront, working directly with clients and their families, providing a wide range of social work services established to address human needs and remedy their problem. Social work practice is a problem-solving process in which practitioner and client work together to address three questions: (1) What are the nature and circumstances of the problem? (2) What is the appropriate course of action to resolve the problem? (3) What, if any, change has occurred that is relevant to adjusting or shifting the course of action and understanding the outcome? Under ideal circumstances, social workers take decisions with an attitude of open inquiry in order to discover, together with the client, new sources of knowledge relevant to the decision. These discoveries are based on multiple sources of information. Research evidence represents one type of knowledge that is related to this complex decision-making process.

There is general agreement that using research knowledge to guide decision-making in social work practice is both beneficial and ethical. Although research knowledge will never be complete due to the vast, changing, and complex environments in which human services are provided, there remains an imperative to strengthen connections between research findings and practice to achieve the best client outcomes (Plath, 2013). In fact, as early as 1917, in her classic book *Social casework*, Mary Richmond acknowledged the importance of utilizing research to guide practice (Richmond, 1917; Rubin, 2015). In the Netherlands, Marie Kamphuis advocated the utilization and development of scientific knowledge in social work as early as 1948, as demonstrated in the quotation of her work (see p. 10) that outlines the importance of not relying solely on experience and intuition. Marie Kamphuis is quoted here because she advocates the use of science in social work. However, throughout history, the calls for making social work more scientific have had less impact than their proponents had envisioned (Rubin, 2015). Studies continually indicate that social workers rarely utilize research findings to guide their practice, preferring instead to rely on the judgment of respected colleagues, agency traditions, professional consensus, and the authority of esteemed 'experts', consultants and supervisors (Rubin & Parrish, 2007). Authors also keep expressing their concerns about the large gap between what is known and what is done (Bhattacharyya, Reeves, & Zwarenstein, 2009; Fixsen, Blase, Friedman, & Wallace, 2009; Manuel, Mullen, Fang, Bellamy & Bledsoe, 2009; Mullen, Bledsoe, & Bellamy, 2008). As research results are not sufficiently being used to impact social work practice, there are concerns that these have not provided the intended benefits for clients.

This gap between research and practice is found not only in social work, but it is a concern throughout the human and health care services (Bhattacharyya, Reeves, & Zwarenstein, 2009; Mullen et al., 2008; Wehrens, 2013). In the mid-1990s Sackett and his colleagues developed Evidence-based Medicine (EBM) as a way to bridge this gap between practice and research through stimulating: "the integration of (1) best research evidence with (2) clinical expertise and (3) patient values" (Sackett, Straus, Richardson, Rosenberg, & Haynes., 2000, p. 1). Consistent with the emphasis on the integration of these three elements, the EBM process involves five steps (Sackett et al., 2000):

1. Convert one's need for information into an answerable question.
2. Locate the best clinical evidence to answer that question.

3. Critically appraise that evidence in terms of its validity, clinical significance, and usefulness.
4. Integrate this critical appraisal of research evidence with one's clinical expertise and the patient's values and circumstances.
5. Evaluate one's effectiveness and efficiency in undertaking the four previous steps and strive for self-improvement.

EBM was designed to help medical professionals make better-informed, conscientious, explicit and judicious decisions. Over the years EBM spread to other fields such as education, psychology and social work, where it was called evidence-based practice (EBP). Although there is no standard or universally accepted meaning of EBP in social work, the dominant view is that EBP is a decision-making process that emanates from evidence-based medicine (EBM) (Sackett et al., 2000). However, differing ideas prevail among researchers, practitioners, educators, funders and policymakers about what working according to EBP is (Gambrill, 2011; Gray, Joy, Plath, & Webb, 2015; Mullen et al., 2008; Wike et al., 2014). EBP can take different forms and is continually evolving. Descriptions of EBP in social work literature differ greatly, ranging from those referring to EBP as the implementation of evidence-based practices (EBPs) or empirically supported interventions, to those stressing that EBP is a decision-making process. As the starting point of this thesis, the perspective is the dominant view that EBP is a decision-making process that emanates from EBM, which involves "the integration of best research evidence with clinical expertise and patient values" (Sackett et al., 2000, p. 1). In essence, this entails the individual practitioner defining a practice question, searching for evidence to answer the question, critically appraising the evidence, integrating evidence with clinical expertise and client values in deciding on practice interventions and subsequently evaluating this process and outcomes.

### **EBP as a solution?**

Since its introduction at the turn of the millennium EBP has generated much debate on its value for social work practice. On the one hand, proponents argue in favour of EBP to be pursued, as they believe there are several potential benefits of EBP for the social work profession (Plath, 2017). First, a compelling argument for EBP is that there is an ethical responsibility to provide the most effective services possible to the individuals and groups that social workers engage with (Gambrill, 2011). As Gray (2001: in Gambrill, 2011, p. 31) notes, "when we do not use evidence in practice, important failures in decision-making occur: 1) ineffective interventions are introduced; 2) interventions that do more harm than good are introduced; 3) interventions that do more good than harm are not introduced; and 4) interventions that are ineffective or do more harm than good are not discontinued". EBP thus enhances the quality of decisions concerning social work services to clients. For example, Pignotti and Thyer (2009) reported that social workers in the US still promote services such as Critical Incident Stress Debriefing although studies show that it has no effects, or as some studies show, may even be harmful. Second, using evidence to inform practice enhances the credibility and accountability of social work services to clients,

funding bodies, and the public, who directly and indirectly support organizations through donations and taxes. Third, when EBP includes monitoring outcomes and contributing to the knowledge base, the body of information on the impact of social work interventions increases. Fourth, EBP can enhance professionalism in social work organizations through the development of a research culture and critically reflective practice.

On the other hand, opponents argue there are also several arguments against EBP (Mullen & Streiner, 2004). Some of these arguments result from misperceptions of EBP. Critics of EBP typically ignore two of the three fundamental elements of EBP and focus narrowly on the first element of the decision-making process, the search for the best available evidence. For example, they argue that EBP is a 'cookbook' practice, replacing professional judgment with recipe-like, manualized procedures. However, rather than depreciating expertise, EBP explicitly builds it into the equation. Another misperception is that EBP ignores clients' values, preferences and circumstances. However, just as the professional's expertise cannot be disregarded, neither can the client's wishes. EBP has also been criticized on philosophical grounds. Webb (2001) argues that an evidence-based, rational model of decision-making does not match the realities of individualized, contextualized practice, especially nonmedical practice, wherein problems are less well defined. Some critiques are based on methodological grounds, focusing on the limitations in the methodology of systematic reviews, such as meta-analysis, which provide the evidence for use in EBP (Pawson, 2002). Furthermore, some scholars hesitate to confirm that research evidence can guide practice, as they value practitioners' experience and judgement and emphasize learning from practice (Avby, Nilsen, & Abrandt Dahlgren, 2014; Mosson, Hasson, Wallin, & von Thiele Schwarz, 2017; Webb, 2001).

In the Netherlands EBP has also generated much (mostly academic) debate. These debates can also be conducted without referencing to EBP, but seem to be magnified by EBP. For example, some scholars have questioned the assumption that implementing (evidence-based) interventions will improve practice. They argue that common factors (such as a good relationship between the professional and the client) account for 30% of the outcome, while specific factors account for only 15 % of the outcome. Van Yperen, Veerman and Bijl (2017) conclude that the outcome of an intervention is determined by both common and specific factors and that focusing on the effectiveness of both interventions and common and specific factors is useful. However, De Vries (2017) argues that, although "there is no good argument against EBP, there is against the dominant role of interventions and specific factors". He proposes the common factors model as an alternative. Another (closely related) debate, introduced by Anneke Menger, focuses on 'who works' as opposed to 'what works'. Menger (2010) argues that there has been too much focus on the 'what works' question, disregarding the professional who conducts the intervention. She concludes that both the 'what works' and the 'who works' questions are important. While these ongoing debates are sometimes used to argue against EBP all together, they are also used to refine and develop the conceptualization of EBP.

Although the merits and value of EBP in social work are subject of an ongoing debate, EBP has become very influential and is now the dominant model for improving research utilization

in social work and narrowing the research-to-practice gap. Since the turn of the millennium social work scholars and educators have become more optimistic about EBP as a promising new solution for bringing practice and research together (Mullen et al., 2008; Rubin & Parrish, 2011). Proponents have welcomed EBP as an alternative to authority-based decision-making in which decisions are based on criteria such as consensus, anecdotal experience, or tradition (Gambrill, 2011). They believe that social workers wishing to improve the quality and efficiency of social work services will find support in research evidence (Gray, Joy, Plath, & Webb, 2013). EBP is increasingly emphasized, especially in English-speaking countries such as the United Kingdom, the United States, Canada and Australia. In fact, in the US, according to the NASW Code of Ethics it is an ethical duty to engage in all aspects of the EBP process model (Bender, Altschul, Yoder, Parrish, & Nickels, 2014). Furthermore, in many northern European countries, including the Netherlands, social workers are now increasingly being urged by policymakers to engage in EBP. Several government agencies, such as the Social Care Institute for Excellence in the United Kingdom and the National Board of Health and Welfare in Sweden, as well as global international networks such as the World Health Organization (WHO), even recommend implementation of the EBP process (Mosson et al., 2017). Thus, over the last decade, in many countries implementation of EBP in social work has been a policy priority for improving social work practice (Gray et al., 2013).

While EBP is considered an important strategy for improving social work practice, currently its use is limited (Avby et al., 2014; Bledsoe-Mansori et al., 2013; Mullen et al., 2008; Wike et al., 2014). This slow uptake of EBP in social work continues to lead to “a discrepancy between what research has demonstrated to be effective and what is actually found to be occurring in practice” (Mullen et al., 2008, p. 325). So EBP is not doing what it was designed to do: bring research and practice together in order to maximize opportunities to help clients and avoid harm. Understandably therefore, there is a growing interest in the processes involved in EBP implementation and in finding effective strategies for the implementation of EBP in social work practice (Gray et al., 2013; Manuel et al., 2009; Mullen et al., 2008; Plath, 2014). Until now however, little empirical research has been reported examining the implementation of EBP process in social work practice settings (Austin & Claassen, 2008; Gray et al., 2013; Manuel et al., 2009). Although the body of available empirical research is limited, a review of empirical studies on barriers to the implementation of EBP found that while the individual attitudes, skills, and knowledge of social workers play an important role in the uptake of EBP, there are also several organizational and structural barriers (Gray et al., 2013). In order to be able to improve EBP implementation in social work practice, more insight is needed in the factors supporting or impeding EBP implementation, as well as in the strategies that improve EBP implementation in social work practice. Therefore, the main aim of this thesis is *to explore the factors that support or impede EBP implementation in social work practice as well as the facilitative strategies that support EBP implementation in social work.*

## **Research utilization models**

There is an extensive body of literature concerning research utilization that could be used to find strategies to improve EBP implementation. In the last decades, several research utilization



models or frameworks explaining the research-practice gap have been developed. Three main models can be distinguished: 1) rationalistic linear models, 2) relationship models, and 3) systems or network models (Wehrens, 2013, p. 16). In *rationalistic linear models* knowledge is viewed as a product that is produced by researchers, which is then disseminated to and used by practitioners. In this research-into-practice perspective the main problem is the gap between research and practice, which is framed as a knowledge transfer problem. *Relationship models* recognize that interactions are required to increase research utilization. These interactive and incremental models primarily focus on the perceived gaps between the worlds of research and practice and the (sustained) interactions that are required to increase research utilization. Solutions from this approach are often framed as 'building bridges' or 'knowledge brokering'. *Systems or network models* aim to more broadly incorporate the complex structures and contexts in which these dialogues are embedded, shaped and organized. These kinds of models emphasize the contexts in which the interactions between research and practice take place.

A completely different approach, is the *co-production model* (Steens, Van Regenmortel, & Hermans, 2017). This model does not approach research and practice as two separate worlds, but instead, focuses on an understanding of evidence and evidence-use as a process. In line with this, Nutley, Walter and Davies distinguish two key frameworks: "*research into practice*, where evidence is external to the world of practitioners; and *research in practice*, where evidence generation and professional practice enjoy much more intimate involvement" (2003, p. 131-132). This research in practice approach to knowledge utilization was further developed by Nutley, Walter & Davies (2009) into a model for developing EBP, which is called the *organizational excellence model* (See Chapters 2 and 6). In this model, the key to research-informed practice lies within organizations: in their leadership, management, organizational structure and culture. Organizations are not merely using externally generated research findings but are also involved in local experimentation, evaluation, and practice development based on research facilitated through organizations working in partnership with universities and other research organizations (for example, an Academic Collaborative Centre (ACC)).

### **Diffusion of Innovations theory**

As EBP is a new approach to social work practice, valuable insights in EBP implementation can be gained from the extensive literature examining the implementation of innovations (Mullen et al., 2008). Implementation can be described as "a specific set of activities designed to put into practice an activity or program" (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005, p. 5). While several models have been proposed to describe the stages of an implementation process (Fixsen et al., 2005; Fleuren, Paulussen, Van Dommelen, & Van Buuren, 2014; Grol & Wensing, 2004), these all largely build on Roger's Diffusion of Innovations theory (Rogers, 2003). According to the Diffusion of Innovations theory there are five stages of implementation: 1) the knowledge stage, in which an awareness and understanding of the innovation develops; 2) the persuasion stage, in which a favourable or unfavourable attitude towards the innovation is formed; 3) the decision stage, in which the individual or organization decides whether to adopt or reject the

innovation; 4) the implementation stage, in which the innovation is put into practice; and 5) the confirmation stage, in which the innovation is integrated into routine practice. Each of these stages has potential barriers and facilitators that influence whether the desired change in each stage occurs and affect the transition from one stage to another. According to Rogers' Diffusion of innovations theory these potential barriers and facilitators can be divided into four main categories: 1) the characteristics of the innovation (e.g. complexity and clear procedures); 2) the characteristics of the potential user of the innovation (e.g. knowledge and self-efficacy); 3) the characteristics of the organization (e.g. staff turnover and financial resources); and 4) the nature of the communication. Other models and frameworks also include the characteristics of the socio-political context (e.g. legislation) (Fleuren et al., 2014; Grol & Wensing, 2004) and the characteristics of the patient/client (Grol & Wensing, 2004).

### **Setting: social work in the Netherlands**

In the Netherlands, social workers are professionals who are active in social and community work in a broad sense. Professionals employed in social welfare and social services organizations offer community work, social work, youth work, debt counselling, welfare assistance, shelter for the homeless, social work with the elderly, day care, and support for refugees and asylum seekers. As the Dutch government is cutting down social welfare and social services organizations' funding, organizations are confronted with reorganizations, reductions, and budget cuts. In addition, social workers in their daily professional practice are challenged by many social-political developments over the past 15 years, such as the introduction of the Social Support Act in 2007, the *Welzijn Nieuwe Stijl* programme in 2009, the emergence of *sociale wijkteams* and the new Act on Social Support in 2015. Amidst this continuous introduction of innovations, Dutch social work is faced with ongoing questions about the quality of social work and the professionalism of social workers (Van Pelt, Hutschemaekers, Slegers, & van Hattum, 2015; Van Lanen, 2013).

As in many other northern European countries, social workers in the Netherlands are increasingly being urged by policymakers to engage in EBP. As the Dutch government, local authorities, and funding bodies are demanding more accountability and effectiveness in social work, attention increases in EBP as a means of professionalization in social work (Steyaert, Van Den Biggelaar, & Peels, 2010). In addition, improving the quality of social work through improving social work education is considered a key challenge for the profession of social workers and the higher education system (Van Pelt et al., 2015). In 2008, the Dutch Ministry of Education, Culture and Science decided to fund a new Social Work Master (MSW)-programme to respond to the need for an education and experience level that exceeded the bachelor level (*HBO-raad/Vereniging Hogescholen*, 2006). This professional MSW-programme is offered by Universities of Applied Sciences (UASs) (called *Hogescholen* in Dutch) and aims to create new professionals who focus on the effectiveness of interventions and accountability of the profession (*HBO-raad/Vereniging Hogescholen*, 2006; Van Pelt, 2011).

Internationally, there are clear signs that social work as a profession is evolving towards an academic discipline. For example, the new global definition of social work covers the field of social work not only as a profession, but as an academic discipline as well.

Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing. (International Federation of Social Workers, 2014).

In several countries, among which the United States, Australia, Norway, Finland, Sweden and Belgium, social work is an academic discipline with an academic Master programme. However, this is not currently the case for the social work profession in the Netherlands, where social work lost its connection with the university since the elimination of the university education discipline of andragogy in the mid-1980s, after which social work no longer was an academic discipline in the Netherlands. However, there have been some signs of re-institutionalising social work as an academic discipline over in the past two decades. The lack of academic research tradition has been partly compensated by the establishment of a chair in Community building (at Erasmus University Rotterdam), a chair in Foundations of social work (at the University for Humanistic Studies Utrecht), and a chair in Social work (at Tilburg University) (Gezondheidsraad, 2014). The academic level of social work was also encouraged by the establishment of approximately 40 research professorships at Universities of Applied Sciences (Gezondheidsraad, 2014; Spierts, 2014). These professorships greatly encourage research into issues concerning social work, including a number of PhD placements.

### **Aim of this thesis**

While there is much literature on EBP and *why* it is (or isn't) important for social work, less literature exists concerning the question *how* EBP can be implemented in day to day social work practice. Little empirical research has been reported examining the implementation of EBP in social work practice settings (Austin & Claassen, 2008; Gray et al., 2013; Manuel et al., 2009). More specifically, a review conducted in 2010 found only 11 empirical studies that examined strategies, interventions, or processes designed to promote EBP uptake in social work, together with the identification of factors that facilitated or impeded these processes (Gray et al., 2013). Therefore the main aim of this thesis is to contribute to the growing body of empirical research on EBP implementation in social work, by exploring the factors that support or impede EBP implementation in social work practice and further developing our understanding of how implementation of evidence-based practice in social work practice can be improved.

To reach this aim we formulated the following research objective:

- To explore the factors supporting or impeding EBP implementation as well as the facilitative strategies that support EBP implementation in Dutch social work.

To answer the main objective the following research questions will be addressed in this thesis:

- What is known about the factors supporting or impeding EBP implementation in social work practice?
- What are Dutch social workers' views and attitudes towards EBP and to what extent do they engage in EBP?
- Are practicing social workers currently enrolled in Social Work Master (MSW)-programmes (MSW students) more oriented towards the evidence-based practice (EBP) process and more engaged in it than practicing social workers who are not currently enrolled in MSW-programmes?
- What are the views and attitudes towards EBP of both social workers and staff working in a Dutch social work organization that recently committed to introducing an EBP approach?
- How is EBP being implemented in a Dutch social work organization that recently committed to introducing an EBP approach? What are the factors supporting or impeding EBP implementation, as well as the facilitative strategies that support EBP implementation?

### **Outline of this thesis**

Chapter 2 starts with a brief review of the meaning of EBP and two of the most common misconceptions related to EBP, followed by an overview of the international literature on barriers and facilitators to EBP implementation. Next we discuss to what extent these barriers and facilitators are likely to be applicable to the Netherlands. In Chapter 3 a quantitative study assessing social workers' orientation toward the EBP process and implementation of the EBP process is reported. Chapter 4 describes the outcomes of a quantitative study comparing MSW students' and social workers' orientations toward and engagement in the EBP process. In Chapter 5 we report on a Dutch case study on the views and attitudes towards EBP in a social work organization where executive management recently committed to EBP. Chapter 6 describes how EBP is implemented in the same Dutch case study organization and identifies the impacting factors and facilitative strategies. In Chapter 7 we summarize and discuss the results of previous chapters, in relation to existing empirical and theoretical research. We reflect on the strengths and limitations of this thesis and consider implications for practice and further research. As this thesis is based on published journal papers, some repetition across chapters is inevitable.

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## CHAPTER 2

# Towards an interactive approach to evidence-based practice in social work in the Netherlands.

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## **ABSTRACT**

Thus far there have been few attempts to implement evidence-based practice in social work in the Netherlands. In this article we address the question why evidence-based practice is not adopted and implemented by social workers. We discuss to what extent the facilitating factors and barriers, identified in literature study, are applicable to the Netherlands. A lack of research skills and suspicion on the side of the social professional seem to be the most important barriers to the adoption and implementation of evidence-based practice in the Netherlands. However, it has become clear that we cannot hold only the social professional responsible for the implementation of evidence-based practice as the employing social work organizations, policymakers and researchers are also important actors in the process of successfully implementing of evidence-based practice. An interactive approach to evidence-based practice with better collaboration between researcher and social professional appears to be a prerequisite for improvement.

## INTRODUCTION

After the year 2000 a discussion started in the Netherlands on evidence-based practice (EBP) in social work. Both those opposed and in favour debated the applicability and desirability of evidence-based practice in social work. Proponents claim that the production and use of more scientific knowledge will improve the quality and effectiveness of practice (Garretsen, Rodenburg & Bongers, 2003; Hermans, 2005; Steyaert, Van Den Biggelaar & Peels, 2010a). Opponents argue that a narrow approach to evidence-based practice in social work is not really possible because an experimental design in the social sector is problematic (Potting, Sniekers, Lamers & Reverda, 2010; Van Reekum, 2008). Despite growing attention to evidence-based practice in social work, hardly any examples of (attempts of) evidence-based practice in the Netherlands are known (Garretsen et al., 2003).

Evidence-based practice (EBP) derived from evidence-based medicine (EBM) that emerged in Canada in the nineteen-nineties. EBM was designed to bridge the gap between practice and research through stimulating: “the integration of best research evidence with clinical expertise and patient values” (Straus, Richardson, Glasziou & Haynes, 2005, p. 1). In other words, EBM had to stimulate medical doctors to make better use of available knowledge from academic research when taking decisions relating to the treatment of their patients. Over the years EBM spread to other fields such as health care and social care, where it was called EBP.

Since then there have been various attempts to implement EBP in the social sector in Western countries such as the United States, Canada, United Kingdom and Sweden. However, these attempts have so far not proved to be very successful (Mullen, Bledsoe & Bellamy, 2008; Proctor & Rosen, 2008; Regehr, Stern & Shlonsky, 2007). The knowledge available through scientific research is often not used by social professionals (Manuel, Mullen, Fang, Bellamy & Bledsoe, 2009; Mullen et al., 2008). A persistent gap remains between what research tells us that works and what happens in practice. This has created more attention in recent years for research into the EBP implementation process in these countries.

This article focuses on the question how it is possible that the original, broad concept of evidence-based practice has hardly been adopted and implemented by social professionals in the Netherlands. It contains both an overview of facilitating factors and barriers that are mentioned in international studies and a discussion of the question in how far these factors may also be in play in the Netherlands in the implementation process of evidence-based practice in social work. Although much has been discussed and written in the Netherlands over the last ten years on evidence-based practice, hardly any research has taken place into the implementation process of evidence-based practice. Therefore this article makes use of available results of international studies, obtained through extensive international literature research. On the basis of this research more insight can be gained into the factors that might impact on the dissemination and implementation of evidence-based practice in the Netherlands. This article ends with some suggestions for possible solutions to improve the implementation of evidence-based practice in Dutch social work practice. Before we focus on the implementation process

it is necessary to have a closer look at the original EBM concept by Sackett, Rosenberg, Gray, Haynes and Richardson (1996).

### **What is evidence-based practice?**

The term EBM was originally defined as follows: “the conscientious, explicit and judicious use of current evidence in making decisions about the care of individual patients” (Sackett et al., 1996, p. 71). One year later the first manual was published in which the five steps needed for EBM were described (see Table 1).

#### **Table 1: The five steps of EBM**

Step 1: converting the need for information (about prevention, diagnosis, prognosis, therapy, causation, etc.) into an answerable question.

Step 2: tracking down the best evidence with which to answer that question.

Step 3: critically appraising that evidence for its validity (closeness to the truth), impact (size of the effect), and applicability (usefulness in our clinical practice).

Step 4: integrating this critical appraisal with our clinical expertise and with our client’s unique biology, values, and circumstances.

Step 5: evaluating our effectiveness and efficiency in executing steps 1–4 and seeking ways to improve them both for the next time. (Straus et al., 2005, pp. 3–4)

In later definitions the founders of EBM emphasize that research evidence alone is not sufficient basis for a decision on best available treatment. The clinical expertise of the practitioner and the preferences and situation of the patient have to be taken into consideration as well. The original narrow definition of EBM was replaced by a broader one: “evidence-based medicine requires the integration of the best research evidence with our clinical expertise and our patient’s unique values and circumstances” (Sackett, Straus, Richardson, Rosenberg & Haynes, 2000). In this definition the founders also emphasize that practitioners need to weigh in the *best available* research in their decisions.

EBP (just like EBM in medicine) aims to encourage professionals in social work to make more use of research evidence. McNeece and Thyer (2004) provide a definition of EBP based on the later, broad definition of EBM as described by Sackett et al. (2000) (see Table 2).

#### **Table 2: The broad definition of evidence-based practice.**

Evidence-based practice is the integration of the best research evidence with clinical expertise and client values in making practice decisions:

- a. research evidence: relevant research from basic and applied scientific investigation, intervention research about outcomes and assessment measures;
- b. clinical expertise: the ability to use education, interpersonal skills and past experience to assess client functioning, environmental factors and to understand client values and preferences;
- c. client values: unique preferences, concerns and expectations of the client which must be integrated into practice decisions if they are to serve the client. (McNeece & Thyer, 2004, p. 9)

## **Misconceptions of evidence-based practice**

Earlier this year Gambrill (2011) pointed out that the description of evidence-based practice in much secondary literature deviates considerably from the broad EBP definition mentioned above. Often no mention is made of the five steps, causing readers to be only partially informed. For instance, a frequently used description of EBP is the Evidence-Based Practises (EBPs) approach. This approach emphasizes the effectiveness of social interventions and uses guidelines and/or protocols. In the intervention decision-making process it ignores the weighing in of the expertise of the professional and the preferences of the client. Thyer and Myers (2011) state that, when looking at the broad approach, labelling interventions as “evidence-based” is an inappropriate use of the term. For EBP is a process, a verb and not a noun, they explain.

In the Netherlands the descriptions of EBP in the social sector often do not apply the broad definition either (See for instance Van Ewijk, 2010; Potting et al., 2010; Scholte, 2010; Steyaert et al., 2010a; Steyaert, Van Den Biggelaar & Peels, 2010b). Often the five steps are not mentioned or not described in full. That there are various views on evidence-based practice and ideas on its implementation is not in itself an insurmountable problem, but if one is not aware of the differences in view, that is a problem (Bergmark & Lundström, 2010). The lack of clarity concerning the various views creates misunderstandings about evidence-based practice. Following are some examples from Dutch literature.

### ***Without studies with an experimental design evidence-based practice is impossible***

A frequent misunderstanding is that evidence-based practice depends on studies with an experimental design. This misunderstanding then leads to the assumption that EBP is not applicable in the social sector because experimental designs can only be used in a limited fashion in social interventions or in any case are hardly available for the time being. Potting et al. (2010) correctly state that evidence-based practice, in its narrow EBPs vision, is not possible or desirable in the social sector: “Ideally, EBP relies on “experimental” design studies of interventions to determine which intervention is the most effective. In the social field this is problematic” (p. 9). However, evidence-based practice does not depend upon experimental designs. The second step of EBP is tracking down the best available evidence. This means that when no experimental studies are available, the professional could make use of semi-experimental studies, non-experimental research, qualitative studies or expert opinions. So evidence-based practice is also possible without studies with an experimental design.

### ***Evidence-based practice limits professional autonomy***

Another frequently occurring misconception is that evidence-based practice limits professional autonomy. The core of evidence-based practice is to refrain from doing what demonstrably does not work as well or not at all, states Steyaert et al. (2010b), and this to a certain extent limits professional autonomy. They call it the disciplining character of evidence-based practice and in SOZIO (a journal for social and pedagogical professionals) they state the following:

The professional autonomy of a service provider is limited in situations in which effectiveness studies have demonstrated that specific social interventions are more effective than others. Moreover evidence-based practice is quite compelling, for it prefers all care providing action to be guided by the results of effect studies (Steyaert et al., 2010b, p. 17).

Where does this lead us? Steyaert et al. (2010b) (they do not provide a definition of evidence-based practice) seem to base themselves on a narrow definition of evidence-based practice with a focus on using the best available evidence from scientific research and placing the role of the professional in the background. However the broader definition emphasizes that evidence-based practice is a decision-making process that, in addition to best available evidence, takes into account the professional's expertise and the preferences of the client. That is, the professional decides on the basis of his experiential knowledge whether the evidence is relevant for his specific client. The broad approach does not limit the care provider's professional autonomy, but looks at care providers as the experts. In short, to avoid misconceptions it is important to explicitly state whether one bases oneself on a narrow or a broad definition of evidence-based practice.

In this article we base ourselves on the broad definition by McNeece and Thyer (2004) mentioned earlier. This approach considers evidence-based practice a process in which the professional decides which intervention to use based on best available evidence, personal expertise and client preferences. This approach to evidence-based practice therefore is not dependent on studies with an experimental design (as the narrow EBPs approach is) and does not limit professional autonomy as the narrow approach does. On the contrary, it acknowledges the professional expertise of care providers (See Hermans, 2005, for a critical analysis of the various approaches). Now that we have discussed some important misconceptions, we can continue to look at the various factors that impact on the implementation of evidence-based practice in the social sector.

### **Facilitating factors and barriers**

In recent years there has been increasing attention abroad for research into the utilization of research knowledge and the implementation of evidence-based practice in the social sector. Following is an overview of the most important facilitating factors and barriers, based on Rogers' Diffusion of innovations theory. This offers a convenient framework consisting of four factors that impact on the dissemination and implementation of an innovation. In this case the innovation is the process of evidence-based practice or the research knowledge and not the "evidence-based" social intervention (as for instance in Steyaert et al., 2010a).

#### ***Individual***

Of all the barriers mentioned in literature that hinder the implementation of evidence-based practice, barriers related to the individual professional are mentioned most frequently (Manuel

et al., 2009). Insufficient knowledge and skills of the professional are an obstacle (Bellamy, Bledsoe & Traube, 2006; Manuel et al., 2009; Morago, 2010; Osterling & Austin, 2008). Individual professionals' suspicious attitude towards evidence-based practice, research knowledge and researchers constitute another barrier (Bellamy et al., 2006; Manuel et al., 2009; Morago, 2010). Swedish research by Bergmark and Lundström (2002) for instance shows that many social professionals are afraid that scientific and formal knowledge will be detrimental to sincere interaction and contact between professional and client. They value practical knowledge more than scientific knowledge.

With regard to facilitating factors for successful implementation of evidence-based practice, staff recruitment, (in company) training, supervision and monitoring are essential (Manuel et al., 2009). Researchers emphasize that staff recruitment in particular may be a facilitating factor. Elements to pay attention to in selecting staff are academic education and experience, a willingness to learn and to intervene, among others. Osterling and Austin (2008) in their research also found a number of important staff characteristics: knowledge of research methods, a positive attitude towards research, an academic education, the capacity to think critically (eager to learn, open-minded, analytical, systematic) and a willingness to apply findings from research (even if they contradict earlier experiences).

### **Organization**

It is increasingly acknowledged that organizational and systemic factors also impact on the implementation process, while before there was an emphasis on the individual's attitude, behaviour and capacities and skills (Manuel et al., 2009). Literature shows that a lack of resources such as time and money is an important impediment to the implementation of evidence-based practice (Austin & Claassen, 2008; Bellamy et al., 2006; Manuel et al., 2009; Morago, 2010; Osterling & Austin, 2008). Limited professional autonomy to choose another intervention and a lack of management support also present barriers (Austin & Claassen, 2008; Bellamy et al., 2006; Manuel et al., 2009; Nutley, Walter & Davies, 2009; Osterling & Austin, 2008). As a consequence important facilitating factors for successful implementation are: sufficient organizational support (Manuel et al., 2009), participation and involvement of all stakeholders at all levels of the organization (Austin & Claassen, 2008) and strong leadership that prioritises the use of research findings (Osterling & Austin, 2008).

### **Innovation**

The (perceived) characteristics of the innovation also impact on the dissemination and the implementation. Rogers (2003) states that the level to which an innovation is perceived as consistent with existing values, with previous experiences and with the needs of potential "adopters", impacts on the speed with which the innovation spreads. An innovation that is inconsistent with existing values will not be adopted as quickly as an innovation that aligns with them. Rogers calls this the compatibility of the innovation. Evidence-based practice is not consistent with existing values and earlier experiences. Social professionals are not used to

searching knowledge from scientific research, they primarily rely on the advice of experienced colleagues and supervisors and personal experiences, relevant theory or authoritative texts (McNeece & Thyer, 2004).

In addition to compatibility, Rogers names four other characteristics: relative advantage (the level to which an innovation is perceived as better than what it replaces), complexity (the level to which an innovation is perceived as difficult to understand and to use), the trialability (the level to which it is possible to briefly try out the innovation), and the observability (the level to which the results of the innovation are visible to others) (Rogers, 2003).

Literature shows that the perceived lack of relative advantage and the perceived complexity of evidence-based practice are barriers for the dissemination and implementation of evidence-based practice (Bellamy et al., 2006; Manuel et al., 2009; Osterling & Austin, 2008). Professionals often find it difficult to decide which is the best evidence, for instance when different studies contradict each other. They often do not find the available research knowledge helpful and feel that it does not match the context of their local practice. In addition they often find that it is unclear how the available research knowledge should be applied in practice.

An important facilitating factor for successful implementation is the production of research knowledge that takes the context of local practice into account (Osterling & Austin, 2008).

### **Communication**

Rogers (2003) states that the way in which an innovation is being communicated also impacts on its dissemination and implementation. One barrier for instance is that most international literature on evidence-based practice does not provide sufficiently clear and transparent descriptions of the process. Readers are therefore deprived of complete information on evidence-based practice (Gambrill, 2011).

The way in which research findings are communicated also impacts on their dissemination and implementation. Traditionally evidence-based practice relies especially on the linear dissemination of research findings from researchers to professionals (by means of articles and databases). Usually general research findings have not yet been translated into concrete, specific action plans for utilization in practice, this is a barrier for the utilization of research findings (Osterling & Austin, 2008).

An important facilitating factor is the creation of stronger relationships and collaborations between research, policy and practice (Osterling & Austin, 2008). Osterling and Austin (2008) are convinced that "research can inform practice, just as practice can inform research" (p. 316) and therefore they propose a more equal and interactive relationship between research and practice. Manuel et al. (2009) likewise conclude that partnerships between social services providers and universities are needed to create user-friendly products that help to support the implementation of evidence-based practice in social service organizations.



## Evidence-based practice in the Netherlands

This part explores the question in how far the facilitating factors and barriers found in international studies possibly also impact on the dissemination and implementation of evidence-based practice in the Netherlands. Although further research is needed, it seems that insufficient knowledge and skills of individual professionals also present a barrier in the Netherlands for the implementation of evidence-based practice. For instance, professionals often find it hard to reflect on their own work and to describe why, how and with what result they do something (Potting et al., 2010). That social professionals' lack of specific research expertise is one of the main reasons for a lack of evidence-based practice in the Netherlands welfare sector, was already suggested in this journal almost ten years ago (Garretsen et al., 2003). In the Netherlands, social work is a Bachelor level education in Universities of Applied Sciences, so social work students have only limited research knowledge and skills. Recently some Masters' level social work education opportunities are being offered, in which more attention is being paid to research skills. However it is unlikely that these Masters' degrees will offer an adequate solution, for international literature states that insufficient research skills are also a barrier in countries (such as Sweden and the United States) where Social Work is an academic education.

The attitude of professionals with regard to evidence-based practice, research knowledge and researchers also seems to be a barrier in the Netherlands. They may be concerned that the results of the work are difficult to monitor or they may fear the results of effectiveness research (Garretsen et al., 2003). In addition, the social sector may have the impression that it is a matter of "doing the good work" in a general sense that does not include having to prove results (Garretsen et al., 2003). These barriers point towards a need to pay more attention to in-service schooling, education and training. It may also be supposed that in the Netherlands staff selection is an ever more essential (and difficult) prerequisite to warrant successful implementation of evidence-based practice.

Various organizational and systemic barriers also seem to influence the implementation of evidence-based practice in the Netherlands. Garretsen et al. (2003) state for instance that it is evident that the availability of resources plays a part. They explain that social work organizations as a rule do not spend part of their budget on the scientific foundation of their work and it is not expected of them either. At the same time organizations do not always have the opportunity to do what they want to due to all kinds of legal barriers (Garretsen et al., 2003). With respect to this, we need to also mention current austerity measures in social work that might possibly provide a barrier. Therefore it is very likely that in the Netherlands sufficient (financial) support from organizations and from government will be essential for the implementation of evidence-based practice.

With regard to (perceived) characteristics it seems that evidence-based practice is to a large extent not consistent with existing values and previous experiences in the Netherlands. The selection of a specific intervention usually takes place rather arbitrarily and is not based on solid analysis of the situation (Potting et al., 2010). The selection of an intervention is based on availability, previous experiences or a historical precedent. Moreover the intervention in itself is

usually the goal instead of a way to achieve the goal. This way of working is not consistent with evidence-based practice, in which professionals first think about the problem and the goal and subsequently look for the best intervention. Therefore the limited compatibility of evidence-based practice with current values and previous experiences seems to be a barrier.

This takes us to the final factor that seems to influence the dissemination of evidence-based practice in the Netherlands too: the way in which evidence-based practice is communicated. Earlier in this article we already concluded that in the Netherlands descriptions of evidence-based practice in the social sector often deviate from the broad definition and that the five steps are usually not mentioned or not presented in full. In addition the (paper) debate on evidence-based practice in the Netherlands seems to take place primarily among researchers. Van der Laan (2003, p. 6) stated that evidence-based practice needs to be embedded in the institution and the profession: "An important point is that evidence-based social work needs to connect somewhere. It is counterproductive if it only circulates in academic channels or disappears in the desk drawers of a practice institution". More interactive communication, both within academia and between academia and practice, on the essence of evidence-based practice and how to do it, seems to be an important condition.

Moreover in the Netherlands the dissemination of research findings seems to take place primarily on a linear basis (through articles and databases) and needs to shift to more interaction between research and practice on the implications of research findings for practice. Garretsen et al. (2003) are in favour of more collaboration between research and practice in the Netherlands and promote the Academic Collaborative Centres (ACCs), which are long-term collaborations between researchers and social services providers:

"Disposing of reviews or information from reviews and/or electronic databases undoubtedly is valuable, but it is certainly not sufficient. Knowledge obtained should also be put to use. [...]. More intensive collaboration between researchers and managers and professionals in the social sector seems useful. This may also contribute to one of the causes mentioned for insufficient evidence-based practice in the sector, namely the lack of sufficient specific research expertise of professionals."(p. 33).

Van der Laan (2007) is also in favour of collaboration between academia and practice and commits to a fruitful exchange between experience and evidence:

"From the point of view of practice, practice-based evidence or experience naturally take prime position and scientific proof is in the background. For what matters is "knowing how to act" in concrete and unique cases, against the background of general knowledge of groups and categories. From the academic perspective, obtaining methodologically controlled evidence comes first, but the operational

knowledge of experienced experts may serve as background. For instance for a realistic test of intervention opportunities in practice situations.” (p. 28)

Steyaert, Spierings and Autant Dorier (2011) even state that the traditional focus on promoting a more research-minded culture in social work practice needs to be complemented by a focus on promoting a more practice-minded culture in research institutions. This would mean for instance that researchers have a flexible and open attitude towards practice and try to learn as much as possible from professionals.

Recent years have shown increasing examples of attempts to promote collaboration between research and practice in the social sector. For instance the lectorates that aim to promote practice-based research in Universities of Applied Sciences and in addition look after the dissemination of knowledge into both education and practice. The six regional social support collaborative units (*Wmo-werkplaatsen*) provide an example of more collaboration between research and practice. Over three years these units select, develop and evaluate new social interventions in care and welfare. Researchers, policy makers, professionals, professors and students from Universities of Applied Sciences, social service providers, local authorities, housing corporations, volunteer organizations and interest organizations work together. Finally we also see examples of more interactive approaches within the activities of the Effective Youth interventions database of the Netherlands Youth institute and the Effective social interventions database of Movisie. The REIS groups for instance are regional collaboratives of social service providers with professional association *MOgroep* and knowledge institute Movisie. Over a period of four years they work together to map, implement and evaluate existing social interventions. The knowledge concerning these social interventions and their effectiveness are disseminated through the Effective social interventions database.

## CONCLUSION

This article discusses in how far the facilitating factors and barriers identified in international studies also impact on the implementation of evidence-based practice in the Netherlands. Consequently possible solutions to these barriers could be identified to promote the dissemination and implementation of evidence-based practice in the Netherlands.

This article argues the importance of continuously explicating which definition of evidence-based practice is being used. This may prevent misconceptions, such as the one that EBP is impossible without experimental designs and that evidence-based practice threatens professional autonomy. In addition, carefully formulating common names for the various approaches to evidence-based practice and using them consistently may help to avoid confusion and misconceptions in future.

Concerning the facilitating factors and barriers, a lack of research knowledge and skills and a certain suspicious attitude of the social professional seem to act as barriers to the dissemination and implementation of evidence-based practice in the Netherlands. Staff selection seems to be an essential possible solution for successful implementation. In addition it became clear that it is necessary to pay more attention to in-service schooling, education and training. At the same time it appears that the implementation of evidence-based practice does not solely depend on individual social professionals. Social services providing institutions, policymakers and researchers are important for the successful implementation of evidence-based practice. Organizational and systemic factors such as a lack of resources, but also the fact that it is not common in many organizations to commit available resources to the academic foundation for the work, limit the dissemination and implementation of evidence-based practice. Sufficient support from social services organizations and policymakers seem to be important facilitating factors. Insufficient compatibility of evidence-based practice with existing values and previous experiences of social professionals seem to also hinder implementation. In addition relying on the linear dissemination of research findings seems to be an important barrier. More interaction and collaboration between researcher and professional also appears to be a promising facilitating factor in the Netherlands.

The finding that increasing interaction between researcher and professional is an important facilitating factor for evidence-based practice does not only relate to the social sector but also to for instance the health and education sectors (Walter, Nutley & Davies, 2005). Since the utilization of research findings is unclear and complex (Nutley, Walter & Davies, 2003), if communication takes place as one-way traffic, it will obstruct the utilization of the research findings. The assumption is "that two-way flows of information are required so that researchers are better able to orient their work to users' needs and research users are enabled to adapt and negotiate research findings in the context of the use" (Nutley et al., 2009, p. 554). Interactive approaches may simply mean more space for discussion in presentations of the research findings, or local collaboration between researchers and professionals to test research findings, and even large-scale collaborations that support the connections between research and practice in the longer term.

This last approach might imply a considerable adaptation of the way of implementing evidence-based practice. What would such an interactive approach to evidence-based practice look like? Nutley et al. (2009) identified two conceptual models that could be seen as alternatives for the original 'research-based practitioner model'. In the embedded research model it is no longer the individual professional who searches for and uses research findings, but it is the manager or the policy maker at local or national level who translates research findings into processes, procedures and tools. In the 'organizational excellence model' social services providing organizations collaborate with universities and research institutions. These organizations are not only the users of research findings, but also the location for research.

An interactive approach to evidence-based practice in the Netherlands could be created through a combination of the 'embedded research model' and the 'organizational excellence model'. In this combined model social services organizations work together with universities and

Universities of Applied Sciences, and staff members are selected to conduct the evidence-based practice process together with researchers. As a first step social services organizations with sufficient support and organizational assistance for evidence-based practice have to be selected. These organizations then form structural collaborations with universities and Universities of Applied sciences. Consequently these social services organizations select staff members with sufficient research expertise and motivation to apply the five steps of evidence-based practice and conduct practice research together with the researchers. These staff members would also serve as knowledge brokers. Not only are they able to transfer their experience and knowledge of the evidence-based practice process to their colleagues, but they could also translate the research findings for their colleagues. In this way a model of evidence-based practice might emerge that offers a solution to the limited compatibility with current values and previous experiences.

Our overview shows that further research is needed to gain more insight into the various factors that impact on the implementation of evidence-based practice in the Netherlands. As yet we have insufficient knowledge of possible opportunities for promoting the implementation of evidence-based practice. Although an interactive approach seems promising, little is known as yet regarding the contribution of more interaction to the use of research knowledge.

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## CHAPTER 3

# Social workers' orientation toward the evidence-based practice process: a Dutch survey.

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## ABSTRACT

**Objectives:** This study assesses social workers' orientation toward the evidence-based practice (EBP) process and explores which specific variables (e.g. age) are associated.

**Methods:** Data were collected from 341 Dutch social workers through an online survey which included a Dutch translation of the EBP Process Assessment Scale (EBPPAS), along with 13 background/demographic questions.

**Results:** The overall level of orientation toward the EBP process is relatively low. Although respondents are slightly familiar with it and have slightly positive attitudes about it, their intentions to engage in it and their actual engagement are relatively low. Respondents who followed a course on the EBP process as a student are more oriented toward it than those who did not. Social workers under 29 are more familiar with the EBP process than those over 29.

**Conclusions:** We recommend educators to take a more active role in teaching the EBP process to students and social workers.

## INTRODUCTION

Since its introduction into the social work profession by Gambrill (1999) and Macdonald (1998), evidence-based practice (EBP) has become increasingly influential in social work, particularly in English-speaking countries such as the United Kingdom, the United States, Canada and Australia. Also, in many northern European countries, including the Netherlands, social workers are now increasingly being urged by policymakers to engage in EBP. For the last decade or so the Dutch government, local authorities, and funding bodies are demanding more accountability and effectiveness in social work, which has led to increasing attention for EBP as a means of professionalization in social work (Steyaert, Van Den Biggelaar, & Peels, 2010). In 2008, the Dutch Ministry of Health, Welfare, and Sport commissioned the five-year project Effective social interventions to improve the use of research knowledge in social work. This national project was launched by Movisie (the Netherlands Centre for Social Development) to encourage and facilitate the use of research knowledge in social work practice by making available at no cost information about the effectiveness of frequently used social interventions in an online database. Also in 2008, the Dutch Ministry of Education, Culture and Science decided to fund a new Master Social Work (MSW)-program for two Universities of Applied Sciences which aims to create new professionals who focus on the effectiveness of interventions and accountability of the profession (HBO-raad/Vereniging Hogescholen, 2006; Van Pelt, 2011).

Despite these initiatives of policymakers and educators to improve and facilitate EBP in social work, the extent of social work practitioner acceptance of and engagement in EBP is still cause for scepticism, based on the criticisms of social workers and scholars regarding the feasibility and usefulness of EBP in social work. For example, the *Nederlandse Vereniging van Maatschappelijk Werkers* ([NVMW], National Association of Social Workers) in its Professional Profile mentions that there is very little opportunity in the Netherlands to choose interventions with scientific evidence of their effectiveness, because a lot is still to be done in this field (NVMW, 2011). A similar conclusion was reached by Dutch researchers who had worked on a project starting with the intention of applying EBP in a study of the interventions used by community workers. They concluded that it seemed unlikely that social work in the Netherlands was ready for 'a strict method of accountability like EBP' (Potting, Sniekers, Lamers, & Reverda, 2010).

In a previous literature study we found that one of the major issues in the acceptance and the implementation of EBP in the Netherlands is the suspicious attitude (or sometimes even aversion) of social workers themselves (Van der Zwet, Beneken genaamd Kolmer, & Schalk, 2011). Another barrier we found was the inconsistent way EBP is used in Dutch literature. Descriptions are often not clear or transparent, which possibly leads to misperceptions of EBP (and possibly to misplaced criticism or distrust regarding EBP) and obstructs its adoption by social workers and organizations. Also a lack of research skills appeared to be an important barrier to the implementation of EBP in social work.

Recognizing that the EBP process can be successfully implemented in social work only if social workers believe it is both important and feasible, the current study assesses social workers'

views about the EBP process and implementation of the EBP process (Parrish & Rubin, 2012). It focuses on the extent to which Dutch social workers are familiar with the EBP process and feel capable of engaging in the EBP process, accept the EBP process, view that process as feasible, intend to engage in the EBP process, and actually engage in that process. Social workers' views about the EBP process and use of the EBP process have never been investigated in the Netherlands. The present study adds to the existing literature by assessing Dutch social workers' orientation towards the EBP process. Furthermore, this study explores whether specific variables (level of education, age, prior courses in EBP as a student and prior continuing education in EBP as a practitioner) are associated with the level of orientation towards the EBP process. Identifying such variables can be helpful in suggesting ways to improve practitioner acceptance and implementation of the EBP process (Rubin & Parrish, 2010). The rationale for investigating the differences in orientation towards the EBP process between the levels of education is the notion that social workers with a Master degree are perhaps more oriented towards the EBP process than those with only a Bachelor degree, as they are likely to have had (more) courses about research methods and EBP. The rationale for investigating the differences in orientation towards the EBP process between the different age groups is the notion that younger social workers, as they are more likely to have had courses in EBP as a student, are perhaps more oriented towards the EBP process than older social workers who were educated in the pre-EBP era. The notion that social workers with prior education in EBP are perhaps more oriented towards the EBP process than those without was the rationale for investigating this association. In the following two sections we will discuss which definition of EBP was adopted in this study and provide more information on the context of social work in the Netherlands.

### **Definition of EBP**

This study does not focus on "evidence-based practices"; instead, it focuses on the EBP process. Social work literature often fails to distinguish between EBP as a decision-making process and EBPs. Descriptions of EBP in social work literature differ greatly, ranging from the broad definition as envisioned by its originators to narrow, fragmented views (Gambrill, 2011; Gray, Joy, Plath, & Webb, 2013). Recently, several authors have therefore argued that it is important to distinguish the singular term, the EBP "process", from the plural term, "evidence-based practices" (or more correctly, empirically supported treatments or empirically supported interventions (ESIs)) (Parrish & Rubin, 2012; Thyer & Myers, 2011). The latter refer to interventions for which there is consistent scientific evidence showing that they improve client outcomes (Drake et al., 2001). In contrast, the EBP process has been defined by its founders as a process that involves 'the integration of best research evidence with clinical expertise and patient values' (Sackett, Straus, Richardson, Rosenberg, & Haynes, 2000, p. 1). This process involves five steps: (1) formulating an answerable practice question; (2) searching for the best research evidence; (3) critically appraising the research evidence; (4) selecting the best intervention after integrating the research evidence with clinical expertise and client characteristics, preferences, and values; and (5) evaluating practice decisions (Straus, Richardson, Glasziou, & Haynes, 2005). The EBP process acknowledges the importance of

both clinical expertise and client characteristics/values, along with the consideration of the best available evidence when making practice decisions (Rubin & Parrish, 2011).

## Social work in the Netherlands

In the Netherlands, social workers are professionals who are active in social and community work in a broad sense. Professionals employed in Social Welfare & Social Services organizations offer community work, social work, youth work, debt counselling, welfare assistance, shelter for the homeless, social work with the elderly, day care and support for refugees and asylum seekers. The National Association of Social Workers (NVMW) has a professional register, a professional code and disciplinary rules, however social workers are not required to register. Furthermore, as the Dutch government is cutting down on the funding of the Social Welfare & Social Services organizations, which are dependent on this funding, organizations are confronted with reorganizations, reductions and budget cuts. Because of this the flexible shell of young professionals decreases and the workforce in organizations is ageing.

Before 2009, social work education in the Netherlands had only Intermediate Vocational Education and Higher Vocational Education (Bachelor-level programs). Twelve of the 14 Bachelor-level programs have specific educational programs for *Maatschappelijk Werk en Dienstverlening* (Social work), *Sociaal Pedagogische Hulpverlening* (Social Educational Care Work), and *Culturele en Maatschappelijke vorming* (Cultural and Social Development), and two of them have broad Bachelor programs. The MSW-program was developed to respond to the need for a level of education and experience that exceeded the Bachelor-level (HBO-raad/Vereniging Hogescholen, 2006). The goal of the MSW-program is to improve the quality of professional practice (social practice development) through the professionalization of senior social workers (with at least three years of experience in practice)(Van Pelt, 2011). Now, there are four Universities of Applied Sciences in the Netherlands offering a MSW-program. As MSW-programs are relatively new in the Netherlands there are still only a few social workers with a MSW degree.

## METHOD

### Sample

A convenience sample was obtained (N=341) consisting of social workers employed in 22 social work organizations in various parts of the Netherlands. In 2012, a total of 61.500 professionals were working in Social Welfare and Social Services organizations in the Netherlands. We used two different strategies to approach respondents in order to try to maximize the response rate.

Our main strategy to find respondents was through the *MOgroep* (national sector association for Social Welfare & Social Services) as approximately 80% (577 organizations) of the Social Welfare & Social Services organizations is affiliated. Approximately 20% of the Dutch social work organizations is not a member of the *MOgroep*, therefore there is some bias associated with this recruitment strategy. As this is the largest professional body representing social

work organizations in the Netherlands, the *MOgroep* did, however, provide access to a large number of social work organizations and offered the most appropriate and accessible source of participants. The *MOgroep* announced the study by sending an e-mail to its social work organization members to invite CEO's to sign up their organizations for the study. A second strategy we used to get respondents was through *Verdiwel* (professional association of CEO's of Social Welfare & Social Services organizations). According to *Verdiwel's* policy officer K. Neefjes (personal communication, March, 13, 2014) approximately 50% of the national Social Welfare & Social Services turnover is represented by organizations affiliated to *Verdiwel*. Furthermore, most of the organizations that are affiliated are relatively large and most of them are early-adopters. As smaller organizations and laggards are mostly not affiliated, there is some bias associated with this recruitment strategy. *Verdiwel* sent an e-mail to its members (70 CEO's) to inform them about the study and to invite them to participate.

This resulted in 22 organizations agreeing to participate in the study (of which 16 were recruited via the *MOgroep*). CEO's were given three options for participation in order to encourage them and to maximize the response rate. Thirteen of the organizations provided the researchers with a list of e-mail addresses after which the researchers sent the 630 social workers an invitation including a personal link to the online survey. Due to privacy reasons six organizations were not willing to provide a list of e-mail addresses. In those cases, the organizations themselves sent an invitation directly to the social workers (338) which included an open link to the online survey provided by the researchers. To be able to monitor the response rate the organizations informed the researchers about the number of social workers they had invited. Three CEOs did not want to burden all of their social workers because they were under time pressure already. Instead the CEO's selected a few social workers and provided their e-mail addresses to the researchers. One organization randomly selected the participants (15), the other participants (9) were not randomly selected. The researchers sent the social workers (24) an invitation with a personal link to the online survey.

## Data collection

The survey was conducted online. There were two online follow-ups. The original EBP Process Assessment Scale (EBPPAS) (Rubin & Parrish, 2011), which includes five subscales and 45 items, was used to measure social workers' views about the EBP process and implementation of the EBP process. This scale is the first validated instrument to assess practitioners' views on the EBP process and was developed with the intention of measuring indicators of practitioner orientation towards the EBP process in both surveys and evaluative efforts (Parrish & Rubin, 2011). It was developed and validated in the US by Rubin & Parrish (2011) to specifically tap into practitioner (and student) views regarding the EBP *process* in contrast to evidence-based practices.

As reported by Rubin & Parrish (2011) the EBPPAS has an excellent internal consistency, with a reported Cronbach's  $\alpha$  coefficient of .94. The original EBPPAS includes five separate subscale constructs: (1) familiarity/self-efficacy with the EBP process (10 items), (2) attitudes towards the EBP process (14 items), (3) perceived feasibility of the EBP process (5 items), (4) intentions to

engage in the EBP process (8 items), and (5) actual self-reported EBP behaviors (8 items) (Rubin & Parrish, 2011). All 45 items are followed by a 5-point Likert scale and 10 of the items convey negative responses about EBP and are reverse scored. The 45 items can be added up to get a composite score assessing the extent to which social workers are oriented to the EBP process. Higher scores indicate a more favorable response in each section and for the overall scale. In the current study, however, we removed one item from the attitudes subscale because it had a negative Corrected Item-Total Correlation.

The questionnaire included the EBPPAS and 13 background/demographic questions. The EBPPAS (See: Rubin & Parrish, 2011) was translated into Dutch separately by the researcher (RvdZ) and a translator (with a master of arts [MA] in English Language and Literature and an MA in Translation Studies). They compared both translations and agreed upon the best translation. Because the researcher and translator did not find many differences between their translations they decided it was unnecessary to translate the questionnaire back to English to confirm a correct translation. As EBP is a loanword also used in the Dutch language, there were no problems translating it into Dutch. The background/demographic questions asked about self-reported familiarity with the EBP process, prior courses as a student in the EBP process, prior continuing education as a practitioner in the EBP process, age, gender, years of practice in social work, the number of employees working in their organization, field of practice, current position, years in current position, (highest level of) education, and years since earning that degree. The online survey was tested with a convenience sample of social workers in order to identify and address any problems. This study was not subject to an Institutional Review Board. In the Netherlands, only studies that are medical-scientific studies, and studies in which persons are subject to procedures and/or are imposed to a way of behaving need to be approved by the Dutch Medical Research Involving Human Subjects Act.

### **Data analysis**

The Statistical Package for Social Sciences (SPSS) 19.0 was used to run descriptive statistics and to assess internal consistency. Internal consistency was assessed using Cronbach's  $\alpha$ . To assess whether the sample was representative for the entire Dutch population of social workers with regard to age and gender we used One-sample  $\chi^2$  tests. Furthermore, as the self-reported familiarity was skewed positively to a large extent, we used a Mann-Whitney  $U$  test to compare the self-reported familiarity means of the respondents who completed the survey ( $N=341$ ) to the 192 non-respondents who started the survey, but did not complete it.

One-way between groups analyses of variance (ANOVA's) were conducted to examine the impact of the following four variables on the overall EBPPAS score: level of education, age, prior courses in EBP as a student and prior continuing education in EBP as a practitioner. We used one-way between groups ANOVA's to investigate the impact of age, prior courses in EBP as a student and prior continuing education in EBP as a practitioner on each of the five subscale scores. However, in some cases we needed to run a Welch test because the homogeneity of variance assumption was violated. To provide an indication of the magnitude of the effect an effect size

was calculated using  $\eta^2$  (.01 = small; .06= moderate; .14= large). To minimize the chance of a Type 1 error, we conducted post-hoc analyses using the Tukey HSD test and the Games-Howell post hoc procedure (in those cases where the homogeneity of variance assumption was not met).

## RESULTS

### Response rate and sample characteristics

Overall, 992 social workers were invited to participate in this study, 565 social workers started the questionnaire and 373 social workers completed the questionnaire. Since we wanted to examine practitioners' attitudes, we excluded the respondents who reported working in management or policy and research departments. This resulted in a sample of 341 social workers, providing a 34.4% response rate. The 341 social workers who completed the questionnaire also completed all scale items as it was not possible to skip questions.

Table 1 displays the background characteristics of the final sample used for the data analyses. The sample was primarily female (75.7%) and the mean age of the sample was 43 years. The largest proportion of respondents was 50 years of age or older (38.4%), 22.9% was 40-49 years old, 22.3% was 30-39 years old and only 16.4% was 29 or younger. The majority (86.8%) of the sample reported no familiarity or very little familiarity with EBP.

Only 10.9% of the social workers in the sample reported having taken courses in EBP as a student and an even smaller percentage of social workers (8.8%) reported having taken continuing education in EBP as a practitioner. Social workers in the survey sample reported a mean of 10 years in their current position and a mean of 14 years of practice in social work. The largest proportion of respondents worked with adults (54%,  $n=186$ ). Other respondents worked with youth (19%,  $n= 66$ ), specific vulnerable groups (12%,  $n= 42$ ), elderly (11%,  $n=38$ ) and other (3%,  $n=9$ ).

### Internal consistency

In the current study the internal consistency for the entire 45-item scale was excellent, with an Cronbach's  $\alpha$  coefficient of *initially* .917. The familiarity/self-efficacy subscale had an excellent  $\alpha$  of .92, and the intentions, and behavior subscales had good as above .80. The attitudes subscale *initially* had an  $\alpha$  of .77. The shorter perceived feasibility subscale had a lower  $\alpha$  of .68. However, as mentioned before, in the attitudes subscale we found that item 4 ("Practitioners who engage in the EBP process show greater concern for client well-being than practitioners who do not engage in EBP") had a negative Corrected Item-Total Correlation. This means this item was measuring something different from the scale as a whole. Therefore we decided to delete item 4 from the attitudes subscale. As shown in Table 2, this resulted in an improved Cronbach's  $\alpha$  coefficient of .816 for the attitudes subscale. The removal of item 4 also improved Cronbach's  $\alpha$  coefficient for the entire scale (.919).



**Table 1** Sample characteristics and background variables (N = 341)

	<b>M</b>	<b>SD</b>
Age	43.37	11.89
Years of practice in social work	14.32	10.30
Years in current position	10.23	8.99
	n	%
<b>Gender</b>		
Male	83	24.3
Female	258	75.7
<b>Age groups</b>		
<29	56	16.4
30-39	76	22.3
40-49	78	22.9
50 >	131	38.4
<b>Self-reported familiarity with EBP process</b>		
None	139	40.8
Very little	157	46.0
Quite a bit	45	13.2
<b>Prior courses as a student in EBP process</b>		
Yes	37	10.9
Don't know	64	18.8
No	240	70.4
<b>Prior continuing education in EBP process</b>		
Yes	30	8.8
Don't know	37	10.9
No	274	80.4
<b>Field of practice</b>		
Youth	66	19.4
Adults	186	54.5

Note. EBP = Evidence-Based Practice; SD= standard deviation.

**Table 2.** Coefficient  $\alpha$ , mean score, standard deviation and per-item mean for entire scale and subscales

Scale	Coefficient $\alpha$	Mean score	SD	Per-item mean
Orientation (44)	.919	128.11	17.08	2.9
Familiarity (10)	.916	30.89	6.87	3.1
Attitude (13)	.816	41.50	4.36	3.2
Feasibility (5)	.675	14.79	2.52	3.0
Intentions (8)	.907	22.46	5.32	2.8
Behavior (8)	.912	18.47	6.25	2.3

Note. SD = standard deviation. (N=341).

### Sample representativeness

As there is no national data available on all Social Welfare & Social Services organizations, we used data of the organizations that are affiliated to the *MOgroep* to assess the degree of representativeness. The participating organizations were located in 8 out of the 12 Dutch provinces (See Table 3). The four provinces in the north of the Netherlands were not represented in the sample. This might be explained by the fact that there are probably fewer organizations in these provinces, as only a small percentage of the *MOgroep* members is located in these four provinces (H. Bijker, personal communication, May, 15, 2014). Although social workers from the eight provinces in the sample may be unlike social workers from the three provinces that are not represented in the sample, we know of no reason to suppose that their attitudes towards and engagement in the EBP process should be different from those in the other four provinces. However, Table 3 shows that the relatively large organizations, with a large number of employees, are overrepresented, while the relatively small organizations are underrepresented. With regard to type of practice the organizations appear to be representative.

With regard to age and gender the sample was representative for the entire Dutch social worker population. The One-sample  $\chi^2$  test showed that there was no statistically significant difference ( $\chi^2= 5.1, p=.17$ ) in the proportion of respondents that fall into the various age categories of the sample (see Table 1) and the entire population of Dutch social workers (<29: 16.2%, 30-39: 20.6%, 40-49: 28.2%, >50: 35%). There was no statistically significant difference ( $\chi^2= 1.2, p=.27$ ) in the proportion of males and females of the sample (male: 25% male, female: 75%) and the entire population of Dutch social workers (male: 27%, female: 73%).

Furthermore, because the respondents are perhaps more familiar with the EBP process than the non-respondents we also compared the self-reported familiarity mean scores. The Mann-Whitney  $U$  test showed a significant difference in self-reported familiarity scores ( $Z= -2.69, p=.01$ ). Social workers who did complete the survey ( $n= 373$ ) had an average rank of 295.13, while non-respondents (who did not complete the survey) ( $n=192$ ) had an average rank of 259.43. This indicates that with regard to self-reported familiarity the sample is probably not representative for the larger social worker population.

**Table 3.** Profile of participating organizations and MOgroep members.

	Sample %	MOgroep members %
<b>Provinces</b>		
Drenthe	0	2.7
Flevoland	0	2.5
Friesland	0	3.6
Gelderland	9.1	13.3
Groningen	0	4.4
Limburg	9.1	4.8
Noord-Brabant	13.6	12.1
Noord-Holland	36.4	15.3
Overijssel	9.1	6.7
Utrecht	9.1	11.4
Zuid-Holland	9.1	20.8
Zeeland	4.5	2.5
<b>Number of employees</b>		
<51	36.4	61.5
51-100	27.3	16.7
101-200	22.7	10.4
>200	13.6	11.5
<b>Type of practice</b>		
Social welfare	63.6	69.3
Social services	22.7	19.8
Social care and shelter	4.6	6.4
Other	9.1	4.5

### Social workers' orientation towards the EBP process

The mean score for the entire scale was 128.11, which suggests a slightly lower per-item mean (2.9) than the midpoint of 3 (on a Likert scale of 1-5, higher scores reflect a more favorable response) (see Table 2). The standard deviation was 17.08, suggesting that the scale allows for detection of variability. The five subscales had per-item means ranging between 2.3 and 3.2, with the behavior subscale lowest (per-item mean= 2.3) and the attitudes subscale highest (per-item mean= 3.2). The attitudes subscale (per-item mean= 3.2) and the familiarity/self-efficacy subscale (per-item mean= 3.1) have higher per-item means compared to the intentions subscale (per-item mean= 2.8) and the behavior subscale (per-item mean= 2.3) (see Table 2). These results indicate that although the respondents are slightly familiar with the EBP process and have slightly positive attitudes about it, their intentions to engage in the EBP process and their actual engagement in the EBP process are relatively low. To benchmark Dutch social workers' orientation towards

the EBP process we compared our findings to a US study. Rubin & Parrish (2011) found a higher per-item (3.3) mean for the entire scale. Furthermore, in the US study the subscales had per-item means ranging between 2.9 and 3.5, with the behavior subscale lowest (per-item mean= 2.9) and the familiarity/self-efficacy subscale highest (per-item mean= 3.5).

Approximately 5% of the respondents (strongly) agreed with the question “I know how to skilfully apply the steps of the EBP process”, which is included in the familiarity/self-efficacy subscale. Approximately 50% of the respondents (strongly) agreed with the question “I understand how to evaluate the outcomes of my practice decisions” (familiarity/self-efficacy subscale). However, it is conceivable that this item was interpreted by some respondents to mean any type of practice evaluation (perhaps including unsystematic evaluations based on subjective judgements)(Parrish & Rubin, 2012). When asked whether they agreed that “EBP helps to improve clients’ outcomes” (attitudes subscale), approximately 32% of the respondents (strongly) agreed. Approximately 15% of the respondents (strongly) agrees that “The judgement of esteemed colleagues or supervisors offers a better basis than research evidence for improving practice effectiveness” (attitudes subscale). Approximately 7% of the respondents (strongly) agreed with the question “I have enough time to engage in the EBP process” (perceived feasibility subscale) and approximately 9% of the respondents (strongly) agreed with the question “I have enough access to the research literature to engage in EBP” (perceived feasibility subscale). Approximately 14% of the respondents reported that they “intend to read about research evidence to guide my practice decisions” often or very often and approximately 7% of the respondents reported that they “intend to engage in all steps of the EBP process” often or very often (intentions subscale). Approximately 11% of the respondents reported “reading about research evidence to guide my practice decisions” often or very often and approximately 1% of the respondents reported “engaging in all steps of the EBP process” often or very often (behavior subscale).

## Education

We found no statistically significant difference in overall EBPPAS scores between the five levels of education (see Table 4). We found a statistically significant difference in the familiarity/self-efficacy subscale scores for the five different levels of education [ $F(4,336)=2.5, p=.04$ ], but none on any of the other four subscales. Despite reaching statistical significance, the actual difference in mean scores between the groups was quite small. The effect size, calculated using  $\eta^2$ , was .03. The mean score on the familiarity/self-efficacy subscale for social workers with Intermediate Vocational Education ( $M= 34.09, SD= 4.20$ ) was significantly different from the mean score of social workers with Higher Vocational Education ( $M= 30.55, SD= 6.60$ ).

**Table 4.** Mean differences between different levels of education on scale and subscale scores.

	<b>IVE</b> <b>(n=34)</b> <b>M (SD)</b>	<b>HVE</b> <b>(n=259)</b> <b>M (SD)</b>	<b>HVE/Ma</b> <b>(n=16)</b> <b>M (SD)</b>	<b>AE/Ma</b> <b>(n=16)</b> <b>M (SD)</b>	<b>Other</b> <b>(n=16)</b> <b>M (SD)</b>	<b>F</b>	<b><math>\eta^2</math></b>
Familiarity	34.09 <sub>a</sub> (4.20)	30.55 <sub>a</sub> (6.60)	29.00 (9.30)	2.19 (11.05)	30.31 (6.58)	2.5*	.03
Attitude	40.71 (4.05)	41.44 (4.28)	42.31 (5.04)	44.25 (5.80)	40.56 (2.99)	2.2	.03
Feasibility	15.15 (2.83)	14.80 (2.41)	4.38 (2.19)	13.88 (3.98)	15.31 (1.89)	1.0	.01
Intentions	24.47 (5.33)	22.29 (4.91)	23.81 (6.90)	21.38 (6.97)	20.63 (7.19)	2.2	.03
Behavior	20.35 (7.02)	18.46 (5.95)	17.44 (7.12)	16.31 (6.75)	17.81 (7.64)	1.4	.01
Orientation	134.76 (16.94)	127.54 (15.95)	126.94 (22.60)	128.00 (25.55)	124.63 (17.90)	1.6	.02

Note. IVE= Intermediate Vocational Education. HVE= Higher Vocational Education. HVE/Ma = Higher Vocational Education/Master. AE/Ma= Academic Education/ Master; HSD= honest significant difference; SD= standard deviation. Means sharing a common subscript are statistically different at the .05 level according to the Tukey-HSD procedure.

\* $p < .05$

## Age

Respondents were divided into four groups according to their age (group 1: <29; group 2: 30-39; group 3: 40-49; group 4: 50 and above). There was a statistically significant difference in EBPPAS scores for the four age groups [ $F(3,337)=2.9, p=.04$ ] (see Table 5). Despite reaching statistical significance, the actual difference in mean scores between the groups was quite small. The effect size, calculated using eta squared, was .03. However, post-hoc comparisons using the Tukey HSD test did not indicate that the mean score of the groups was significantly different (See Table 5).

We found a statistically significant difference in the familiarity/self-efficacy subscale scores for the four different age groups [ $F(3,337)=3.6, p=.01$ ], but none on any of the other four subscales (See Table 5). Despite reaching statistical significance, the actual difference in mean scores between the groups was quite small. The effect size, calculated using  $\eta^2$ , was .03. The mean score on the familiarity/self-efficacy subscale for social workers under 29 (group 1) ( $M= 33.25, SD= 6.31$ ) was significantly different from the mean score of social workers between 40-49 (group 3) ( $M= 29.78, SD= 7.13$ ) and from the mean score of social workers of 50 and above (group 4) ( $M= 30.21, SD= 7.02$ ).

**Table 5.** Mean differences between age groups on scale and subscale scores

	<b>Group 1: &lt;29 (n=56)</b>	<b>Group 2: 30-39 (n=76)</b>	<b>Group 3: 40-49 (n=78)</b>	<b>Group 4: 50 &gt; (n=131)</b>		
	<b>M (SD)</b>	<b>M (SD)</b>	<b>M (SD)</b>	<b>M (SD)</b>	<b>F</b>	<b><math>\eta^2</math></b>
Familiarity	33.25 <sub>ab</sub> (6.31)	31.49 (6.36)	29.78 <sub>a</sub> (7.13)	30.21 <sub>b</sub> (7.02)	3.6*	.03
Attitude	42.16 (3.97)	41.76 (4.33)	41.50 (4.81)	41.06 (4.25)	0.9	.01
Feasibility	14.32 (2.90)	15.43 (2.53)	14.76 (2.52)	14.65 (2.28)	2.5	.02
Intentions	22.07 (4.64)	23.18 (5.05)	22.69 (5.94)	22.07 (5.36)	0.9	.01
Behavior	19.71 (5.63)	19.55 (6.35)	17.87 (6.33)	17.66 (6.29)	2.5	.02
Orientation	131.52 (6.70)	131.42 (7.37)	126.60 (8.22)	125.64 (5.98)	2.9*	.02

Note. HSD= honest significant difference; SD= standard deviation. Means sharing a common subscript are statistically different at the .05 level according to the Tukey-HSD procedure.

\* $p < .05$

### Courses on the EBP process as a student

We also investigated whether there was a difference in orientation towards the EBP process between social workers who reported having followed a course on the EBP process as a student (group 1), social workers who reported that they did not know whether they did (group 2), and social workers who reported not having followed a course on the EBP process as a student (group 3) (see Table 6). We found a statistically significant difference on the overall EBPPAS for the three groups [ $F(2,338)=12.17, p=.00$ ]. The actual difference in mean scores between the groups was moderate. The effect size, calculated using  $\eta^2$ , was .07. The mean score on the overall EBPPAS was significantly different for the social workers who reported having followed a course on the EBP process as a student (group 1) ( $M=139.76, SD=15.26$ ) compared to social workers who reported not having followed a course on the EBP process as a student (group 3) ( $M=125.74, SD=17.46$ ), and compared to social workers who reported that they did not know whether they did (group 2) ( $M=130.28, SD=13.39$ ).

Subscale analyses showed a statistically significant difference in the familiarity/self-efficacy subscale scores for the three groups [Welch's  $F(2,92.79)= 9.26, p=.00$ ] (see Table 6). Despite reaching statistical significance, the actual difference in mean scores between the groups was quite small. The effect size, calculated using  $\eta^2$ , was .04. The Games-Howell post hoc procedure indicated that the mean score on the familiarity/self-efficacy subscale for social workers who reported not having followed a course on the EBP process as a student (group 3) ( $M=30.06, SD= 7.32$ ) was significantly different from social workers who reported having followed a course on the EBP process as a student (group 1) ( $M= 34.27, SD= 5.72$ ) and from social workers who reported that they did not know whether they did (group 2) ( $M= 32.08, SD= 4.71$ ). There was also a statistically significant difference in the attitudes subscale scores for the three groups [ $F(2,338)=7.7, p=.00$ ] (see Table 6). Despite reaching statistical significance, the actual difference in mean scores between the groups was quite small. The effect size, calculated using  $\eta^2$ , was .04. Post-hoc comparisons indicated that the mean score on the attitudes subscale for social

workers who reported having followed a course on the EBP process as a student (group 1) ( $M=44.08$ ,  $SD=4.83$ ) was significantly different from social workers who reported that they did not know whether they did (group 2) ( $M=41.39$ ,  $SD=3.49$ ) and from social workers who reported not having followed a course on the EBP process as a student (group 3) ( $M=41.13$ ,  $SD=4.37$ ). There was no statistically significant difference in the perceived feasibility subscale scores for the three groups. The Welch test showed a statistically significant difference in the intentions subscale scores for the three groups [Welch's  $F(2,96.40)=9.69$ ,  $p=.00$ ] (see Table 6). Despite reaching statistical significance, the actual difference in mean scores between the groups was quite small. The effect size, calculated using  $\eta^2$ , was .03. Games-Howell post hoc procedure indicated that the mean score on the intentions subscale for social workers who reported having followed a course on the EBP process as a student (group 1) ( $M=25.05$ ,  $SD=3.57$ ) was significantly different from group 2 ( $M=22.63$ ,  $SD=4.70$ ) and from social workers who reported not having followed a course on the EBP process as a student (group 3) ( $M=22.02$ ,  $SD=5.59$ ). The Welch test showed a statistically significant difference at the  $p<.05$  level in the behavior subscale scores for the three groups [Welch's  $F(2,89.27)=11.63$ ,  $p=.00$ ] (see Table 6). The actual difference in mean scores between the groups was small-to-medium. The effect size, calculated using  $\eta^2$ , was .05. Games-Howell post hoc procedure indicated that the mean score on the behavior subscale for group 1 ( $M=22.32$ ,  $SD=5.18$ ) was significantly different from for group 2 ( $M=18.92$ ,  $SD=5.16$ ) and from group 3 ( $M=17.75$ ,  $SD=6.45$ ).

**Table 6.** Mean differences on scale and subscale scores for 'prior course in the EBP process as a student'

Prior courses as a student in EBP?	Group 1: Yes (n=37)	Group 2: Don't know (n=64)	Group 3: No (n=240)	F	$\eta^2$
	M (SD)	M (SD)	M (SD)		
Familiarity	34.27 <sub>a</sub> (5.72)	32.08 <sub>b</sub> (4.71)	30.06 <sub>ab</sub> (7.32)	9.26***	.04
Attitude	44.08 <sub>ab</sub> (4.83)	41.39 <sub>a</sub> (3.49)	41.13 <sub>b</sub> (4.37)	7.67***	.04
Feasibility	14.03 (3.11)	15.27 (2.20)	14.79 (2.48)	2.87	.02
Intentions	25.05 <sub>ab</sub> (3.57)	22.63 <sub>a</sub> (4.70)	22.02 <sub>b</sub> (5.59)	9.69***	.03
Behavior	22.32 <sub>ab</sub> (5.18)	18.92 <sub>a</sub> (5.16)	17.75 <sub>b</sub> (6.45)	11.63***	.05
Orientation	139.76 <sub>ab</sub> (5.26)	130.28 <sub>b</sub> (3.39)	125.74 <sub>a</sub> (7.46)	12.17***	.07

Note. EBP= Evidence-Based Practice. HSD= honest significant difference; SD= standard deviation. Means sharing a common subscript are statistically different at the .05 level according to the Tukey-HSD or the Games-Howell procedure.

\*\*\* $p<.001$

Given the finding that social workers under 29 (group 1) appeared to be more familiar with the EBP process than social workers over 40 (groups 3 and 4) and the finding that social workers who reported having followed a course on the EBP process as a student are more oriented towards the EBP process than social workers who did not, we wondered whether young social workers

were perhaps more familiar with the EBP process because they have had more prior exposure to EBP during their education than older social workers who have been educated in the pre-EBP era. We found that 28.5% of the social workers under 29 (group 1) in our sample reported having followed a course on the EBP process as a student, while this was only 10.5% of the social workers between 30-39 (group 2), 10.3% of the social workers between 40-49 (group 3) and even 3.8% of the social workers of 50 and above (group 4). These findings indicate that young social workers have indeed had more prior exposure to the EBP process during their education than older social workers.

### Continuing education as a practitioner

Finally, we investigated whether there was a difference in orientation towards the EBP process between social workers who reported having followed prior continuing education on the EBP process as a practitioner (group 1), social workers who reported that they did not know whether they did (group 2), and social workers who reported not having followed prior continuing education on the EBP process (group 3) (see Table 7). We found a statistically significant difference on the overall EBPPAS for the three groups [ $F(2, 338) = 3.6, p = .03$ ]. Despite reaching statistical significance, the actual difference in mean scores between the groups was quite small. The effect size, calculated using  $\eta^2$ , was .02. However, post-hoc comparisons using the Tukey HSD test did not indicate that the mean score of the groups was significantly different, although one of the pairs was a borderline case; group 1 ( $M = 134.60, SD = 17.19$ ) was almost significantly different from group 3 ( $M = 126.94, SD = 17.11$ ) ( $p = .05$ ).

**Table 7.** Mean differences on scale and subscale scores for 'prior continuing education in the EBP process as a practitioner'

Prior continuing education in EBP?	Group 1: Yes (n=30) M (SD)	Group 2: Don't know (n=37) M (SD)	Group 3: No (n=274) M (SD)	F	$\eta^2$
Familiarity	32.00 (5.05)	31.68 (6.07)	30.67 (7.14)	8	.00
Attitude	43.80 <sub>a</sub> (5.52)	42.16 (4.04)	41.16 <sub>a</sub> (4.18)	5.6**	.03
Feasibility	14.73 (2.84)	15.19 (2.03)	14.75 (2.54)	5	.00
Intentions	23.73 (4.77)	22.86 (4.20)	22.27 (5.50)	1.1	.01
Behavior	20.33 (5.99)	19.68 (5.93)	18.10 (6.29)	2.5	.01
Orientation	134.60 (7.19)	131.57 (5.50)	126.94 (7.11)	3.6*	.02

Note. EBP= Evidence-Based Practice. HSD= honest significant difference; SD= standard deviation. Means sharing a common subscript are statistically different at the .05 level according to the Tukey-HSD procedure.

\* $p < .05$ . \*\*  $p < .01$ .

Subscale analyses showed a statistically significant difference in the attitudes subscale scores for the three groups [ $F(2,338) = 5.6, p = .00$ ] (see Table 7). Despite reaching statistical significance, the actual difference in mean scores between the groups was quite small. The effect size, calculated using  $\eta^2$ , was .03. Post-hoc comparisons indicated that the mean score on the attitudes subscale



for social workers who reported having followed prior continuing education on the EBP process as a practitioner (group 1) ( $M= 43.80, SD= 5.52$ ) was significantly different from social workers who reported not having followed prior continuing education on the EBP process (group 3) ( $M= 41.16, SD= 4.18$ ). Group 2 ( $M=42.16, SD= 4.04$ ) did not differ significantly from group 1 or from group 3. We found no statistically significant difference on any of the other four subscales (familiarity/self-efficacy, perceived feasibility, intentions and behavior) for the three groups.

## DISCUSSION AND APPLICATIONS TO SOCIAL WORK

This is the first study in the Netherlands to measure the levels of social workers' orientation towards the EBP process and implementation of the EBP process. The primary finding of this survey is that, despite initiatives by policymakers and educators to improve EBP, Dutch social workers in this sample have a relatively low overall orientation towards the EBP process. They are slightly familiar with the EBP process and have slightly positive attitudes about it, but their intentions to engage in the EBP process and their actual engagement are relatively low. When comparing the results of this Dutch study to a US study (Rubin & Parrish, 2011), Dutch social workers have a lower overall orientation towards the EBP process than respondents from the US. In both studies the behavior subscale had the lowest score of the five subscales, but the US study had a higher per-item mean (2.9) on the behavior subscale than the Dutch study (2.3). These results are not surprising, as the US sample was obtained from both social workers and students from four areas that were selected because they had prestigious graduate social work education programs that integrated EBP into the curriculum. Social work educators in the US have been optimistic for a longer time than those in the Netherlands about the usefulness of EBP. This optimism has resulted in the initiation of innovative approaches in various places in the US to educate students in the EBP process and provide continuing education on the EBP process to social workers (Rubin & Parrish, 2010). Also, a number of American graduate social work programs have adopted EBP as their unifying conceptual framework (Thyer & Myers, 2011). To our knowledge there have been no similar initiatives to educate students in the EBP process in the Netherlands. Moreover, because the MSW-program in the Netherlands is new and thus there are only a few social workers with a Master degree yet, the Dutch sample contained only 16 social workers with a Master degree.

This study also explored whether specific variables were associated with the level of orientation towards the EBP process, as these variables can be helpful in suggesting ways to improve practitioner acceptance and implementation of the EBP process. The strongest effect size (the effect size was medium) was identified in a comparison of social workers who reported having followed a course on the EBP process as a student with those who reported not having followed a course on the EBP process as a student: the former are more positively oriented towards the EBP process than the latter. Furthermore, their actual engagement in the EBP process is higher (the effect size was small-to-medium). They are also more familiar with the EBP process, have more positive attitudes about it and their intentions to engage in the EBP process

are higher, however these differences were not large. We found no difference with regard to their perceived feasibility of implementing EBP in the real world.

Furthermore, we found that social workers under 29 were more familiar with the EBP process than social workers over 40, although this difference was not large. Given this finding, and the finding that the largest percentage of social workers that followed a course on the EBP process as a student was found in the youngest age group, we believe it is likely that young social workers are more familiar with the EBP process because they have had more prior exposure to EBP during their education than older social workers. Furthermore, social workers who reported having prior continuing education on the EBP process as a practitioner have more positive attitudes about the EBP process than social workers who reported not having followed prior continuing education on the EBP process, although this difference was not large. We found no statistically significant difference in the overall orientation towards the EBP process between the five levels of education. However, in four of the five groups the number of respondents was low since most social workers in our sample had a Bachelor degree (Higher Vocational Education). This may have affected this result. As mentioned before, the low number of social workers with a MSW degree in the sample is not surprising, because only a few social workers have a MSW degree. An unexpected and interesting finding was that social workers with Intermediate Vocational Education were more familiar with the EBP process than social workers with Higher Vocational Education, although this difference was small. It is difficult to explain why this is the case. It might be that there is a difference in the extent to which EBP is taught in Intermediate Vocational Education and Higher Vocational Education. Another explanation could be the occurrence of self-selection bias, as social workers with Intermediate Vocational Education may have been more inclined to not respond to the survey, if they were not familiar with EBP, than social workers with Higher Vocational Education. However, since it is not clear why this finding emerged, additional research is needed to explain and interpret this effect.

There are certain limitations to be considered in interpreting our findings. We were able to obtain a relatively large total number of respondents ( $N=341$ ), providing a 34% response rate, because we used two different strategies to approach respondents. However, it should be taken into account that the findings are based on only 0.5% of a total population of 61500 social professionals. Furthermore, the results may be limited by a self-selection bias as we were not able to draw a random study sample because we were not given direct access to the members lists of the *MOgroep* and *Verdiwel*. Although the sample was representative for the entire Dutch population of social workers with regard to age and gender, it is conceivable that organizations that agreed to participate in the study and respondents may have been more oriented to the EBP process than non-responders. This concern is underscored to some extent by our finding that the group of social workers who did complete the survey was more familiar with the EBP process than the group of social workers who did not complete the survey. This suggests that the sample is probably not representative for the larger practitioner population with regard to self-reported familiarity and that the Dutch population of social workers is probably less familiar with the EBP process than the social workers in the sample.

However, despite the aforementioned limitations this study provides preliminary evidence that Dutch social workers are not much oriented towards the EBP process, and suggests implications for social work education, practice and research. In discussing these implications it is important that we acknowledge our caution in generalizing our findings to the entire population of Dutch social workers. Our sample was probably more familiar with the EBP process than the entire population of Dutch social workers. Furthermore, in our sample large organizations were overrepresented and small organizations were underrepresented, therefore the findings are most applicable to large organizations.

As only 11% of the respondents reported “reading about research evidence to guide my practice decisions” often or very often and approximately 1% of the respondents reported “engaging in all steps of the EBP process” often or very often, there is a need for improvement. Although it might be considered encouraging that approximately 32% of the respondents (strongly) agreed that “EBP helps to improve clients’ outcomes”, only approximately 5% of the respondents (strongly) agreed with the question “I know how to skilfully apply the steps of the EBP process”. Our results show that having followed courses in EBP is associated with a higher overall level of orientation towards the EBP process. Social workers who followed courses in EBP were more familiar with EBP, had more positive attitudes about it, had more intentions to engage with the EBP process, and were more engaged with the process. Therefore, we recommend Universities of Applied Sciences (and Universities) to take a more active role in teaching students (both Bachelor and Master) and social workers the principles of the EBP process. Educators should be aware however that there was no difference in the perceived feasibility of implementing EBP in the real world. The results from this survey show that social workers see insufficient time and lack of access to research literature as barriers to EBP implementation in practice. Educators should address these feasibility issues, for example by teaching methods for finding evidence efficiently. In addition, respondents’ scepticism about the feasibility of implementing EBP in practice may be an accurate assessment of the barriers that hamper EBP implementation. This is underscored by findings from a review of empirical studies examining the implementation of evidence-based practice (EBP) in the human services literature that identified several barriers to EBP implementation, such as inadequate agency resources dedicated to EBP, lack of time and access to research evidence (Gray et al., 2013). Addressing these barriers in practice might improve the perceived feasibility to engage in the EBP process and also improve EBP implementation.

In the meantime, current efforts to improve EBP implementation may want to focus especially on social workers who are already familiar with the EBP process. Our study suggests that social workers who followed courses in EBP as a student and social workers under 29 tend to be more familiar with the EBP process. Familiarity, as measured by the EBPPAS, is an indication of social workers’ self-efficacy in using the EBP process. Bender et al. (2013) have argued that it is possible that higher self-efficacy in the ability to use the EBP process will lead to successful implementations of the EBP process. In other words, social workers who feel more confident in their knowledge of the EBP process, may be better equipped to apply it in practice. Therefore, it is encouraging that both social workers who followed courses in EBP as a student and social

workers under 29 have greater familiarity in the EBP process. However, as mentioned before, the flexible shell of young professionals decreases and the workforce of organizations is ageing. Therefore, it might be useful for social work organizations' HR departments to take this into consideration. For example, when they are hiring new staff they might want to select social workers who are familiar with the EBP process.

In order to evaluate the impact of these efforts, it would be interesting to repeat this study in the future and use the findings of the current study for comparison. Future studies should aim to enhance methodological rigor through random sampling and monitoring of reasons for nonresponse to overcome the threats to external validity inherent in this initial study. Furthermore, social work research should assess Dutch MSW students' level of orientation towards the EBP process. Given the aim of the MSW-program to create new professionals that focus on the effectiveness of interventions and accountability of the profession, it is conceivable that MSW students are more oriented towards EBP than for example social workers with only a Bachelor's degree. Therefore, we recommend that future research be directed at Universities of Applied Sciences to investigate to what extent MSW students are actually being educated in the EBP process, and to evaluate the impact of the MSW-programs (preferably with a pretest-posttest design) on MSW students' orientation towards the EBP process.

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## **CHAPTER 4**

# Exploring MSW students' and social workers' orientation toward the evidence-based practice process.

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## ABSTRACT

**Background:** The aim of this exploratory study was to assess whether practicing social workers currently enrolled in Master Social Work (MSW) programs (hereafter referred to as MSW students) were more oriented to the evidence-based practice (EBP) process and more engaged in it than practicing social workers who are not currently enrolled in MSW-programs (hereafter referred to as social workers) in the Netherlands.

**Methods:** Data were collected from MSW students (n= 32) and from social workers (n= 341) using the EBP Process Assessment Scale.

**Results:** MSW students reported a stronger orientation toward the EBP process, more positive attitudes toward EBP, more familiarity with EBP and more intentions to engage in EBP than social workers did, however, they were less positive about the feasibility of implementing EBP in practice.

**Conclusions:** These preliminary results suggest that there are grounds for optimism about MSW students' acceptance of and engagement in the EBP process. Implications for social work education are discussed.

## INTRODUCTION

From the start of the 21<sup>st</sup> century, the Dutch government, local authorities, and funding bodies have been demanding more accountability and effectiveness in social work, leading to increasing attention for EBP as a means of professionalization in social work (Steyaert, Van Den Biggelaar, & Peels, 2010). In 2008, a professional Master Social Work (MSW) program for universities of applied sciences (UASs) (*Hogescholen*) was funded by the Dutch government to deliver professionals who focus on the effectiveness of interventions and accountability of the profession (Van Pelt, Hutschemaekers, Slegers, & van Hattum, 2015). The new professional MSW-program is a two-year part-time degree program for practicing social workers (who remain working in practice during the program). Currently three UASs in the Netherlands offer the new MSW-program and one UAS offers a Master Healthcare and Social Work. This study explores the orientation towards the EBP process of social workers currently enrolled in the MSW-program in the Netherlands. In order to contextualize this study we first provide a brief description of social work education and the MSW-program, social work practice and EBP in the Netherlands.

The MSW-program responded to the need for a level of education and experience that exceeded the higher professional education level. Before 2008, social work education in the Netherlands existed of intermediate professional education, higher professional education and one professional Master Healthcare and Social Work. Unlike other countries, the Netherlands has no MSW-program offered by research universities. The Dutch professional Master programs at institutions are comparable to the Swiss and German situation in which UASs (institutions for higher professional education) are also allowed to offer part-time Masters for experienced professionals (Van Pelt et al., 2015).

In the Netherlands, social workers are active in social and community work in a broad sense. Professionals employed in social welfare and social services organizations offer community work, social work, youth work, debt counselling, welfare assistance, shelter for the homeless, social work with the elderly, day care and support for refugees and asylum seekers. The *Nederlandse Vereniging van Maatschappelijk Werkers* ([NVMW] National Association of Social Workers) has a professional register, a professional code and disciplinary rules, but social workers are not obliged to register.

The perspective taken in this study is the mainstream view that EBP is a decision-making process that emanates from evidence-based medicine (EBM) (Sackett, Straus, Richardson, Rosenberg, & Haynes, 2000; Gray, Joy, Plath, & Webb, 2014). The EBP process has been defined by its founders as a process that involves 'the integration of best research evidence with clinical expertise and patient values' (Sackett et al., 2000, p. 1). The process involves five steps: (1) formulating an answerable practice question; (2) searching for the best research evidence; (3) critically appraising the research evidence; (4) selecting the best intervention after integrating the research evidence with clinical expertise and client characteristics, preferences, and values; and (5) evaluating practice decisions (Straus, Richardson, Glasziou, & Haynes, 2005).

The introduction of EBP in social work has generated considerable debate about the merits and feasibility of EBP in social work practice. Some critique is based on epistemological and methodological grounds (Avby, Nilsen, and Abrandt Dahlgren, 2014). Arguments also used against EBP: (a) it denigrates professional expertise, (b) it ignores clients' values, preferences and circumstances, (c) it promotes a "cookbook" approach to practice (Rubin & Parrish, 2007). Mullen and Streiner (2004) have labeled these objections as misperceptions of EBP and indicate that the EBP process explicitly builds professional expertise and clients' wishes into the equation. Another objection to EBP is based on the limited availability of evidence in some areas of practice, although proponents argue that practitioners can nevertheless use the best available evidence and process cautiously, and monitor outcomes (Moriarty & Manthorpe, 2016; Mullen & Streiner, 2004).

The field of social work has struggled to define and implement the EBP process (Traube, Pohle, & Barley, 2012). Several authors have recently argued that it is important to distinguish the singular term EBP "process" from the plural term "evidence-based practices" (or more correctly, empirically supported treatments or empirically supported interventions [ESIs]) (Parrish & Rubin, 2012). The latter refer to interventions for which there is consistent scientific evidence showing that they improve client outcomes. In contrast, the EBP process has been defined by its founders as a process that involves 'the integration of best research evidence with clinical expertise and patient values' (Sackett et al., 2000, p. 1). The EBP process acknowledges the importance of both clinical expertise and client characteristics/values, along with the consideration of the best available evidence when making practice decisions (Rubin & Parrish, 2011). This study does not focus on "evidence-based practices", but solely on the EBP process. This is considered to be more suitable in practice situations, because it allows for flexibility in considering the best available research evidence within the complexities encountered in the practice setting, such as varied client characteristics and presenting issues, agency contexts, and practitioner expertise (Bender, Altschul, Yoder, Parrish, & Nickels, 2014; Jaynes, 2014).

Prior research shows however that there are ample grounds for scepticism about the extent of Dutch social work practitioner acceptance of and engagement in the EBP process (Van der Zwet, Beneken genaamd Kolmer, & Schalk, 2014). In a previous literature study we found that social workers' lack of research skills and suspicious attitude (or sometimes even aversion) towards EBP seem to be the most important barriers to the adoption and implementation of EBP in the Netherlands (Van der Zwet, Beneken genaamd Kolmer, & Schalk, 2011).

Acknowledging that the EBP process can only be successfully implemented in social work if practitioners believe it is both important and feasible, the current exploratory study assesses whether social workers currently enrolled in the MSW-program (hereafter referred to as MSW students) are more oriented to the EBP process and are more engaged in the EBP process than social workers who are not currently enrolled (hereafter referred to as social workers). The MSW-program aims to create professionals who focus on the effectiveness of interventions. Since a

significant part of the MSW-program consists of research methods courses, it is conceivable that MSW students are more likely to accept and engage in the EBP process than social workers. Furthermore, it is likely that social workers, generally only with higher professional education, did not have research methods courses in their educational programs. Also, it is likely that their educational programs did not focus on the effectiveness of interventions as the use of EBP is a recent paradigm shift.

To the authors' knowledge, MSW students' views about the EBP process and use of the EBP process have never been studied in the Netherlands. In the US, however, MSW students' views about and use of the EBP process were assessed in a study that tested the effects of integrating EBP process material into a research curriculum for MSW students (Bender et al., 2014). Another US study (Mathiesen & Hohman, 2013) compared Bachelor and Master students enrolled in a social work school that added EBP to the curriculum. The current research builds on this prior research by assessing the orientation toward the EBP process of MSW students and comparing their orientation toward the EBP process to that of social workers. Identifying differences between these two groups in orientation toward and engagement in the EBP process can be helpful in suggesting ways to improve implementation of the EBP process.

The primary aim of this exploratory study was to answer the following two questions: (1) How do MSW students compare with social workers with regard to their orientation to the EBP process? (2) How often do MSW students and social workers engage in the EBP process?

### **The MSW-program**

The goal of the MSW-program is to improve the quality of professional practice through the professionalization of experienced social workers (Van Pelt et al., 2015). Social workers who earned their MSW degree are expected to have thorough expertise regarding content, knowledge of interventions and intervention development, and a professional judgment of quality of social work practice. Also, MSW qualified workers should distinguish themselves from social workers with higher professional education, by critically reflecting on everyday practice and examining whether there are more suitable and better interventions (Diekman, Hoijtink, & van Pelt, 2013). While the EBP process is not mentioned explicitly in the goal and content of the MSW-program curriculum, the curriculum does share some communalities with the EBP process. Both EBP and the MSW-program emphasize the need for the student or practitioner to find and apply scientific evidence to specific situations. Furthermore, MSW students practice skills for evaluating social work practice and programs by conducting practice research in their own social work practice, based on a model for systematic knowledge development.

## METHOD

### Sample

The study sample was drawn from practicing social workers enrolled in the four MSW-programs in the Netherlands and from practicing social workers currently employed in 22 social work organizations throughout the Netherlands. The sample of MSW students was obtained through the four UASs with a MSW-program. In the school year 2012-2013, 179 students were enrolled in an MSW-program. In order to improve response rates the researchers decided to both administer the survey in class and send out a digital survey by e-mail. The researcher requested the students to either fill in the paper survey in class or to fill in the digital survey at a more convenient time. Three UASs gave permission to distribute the survey in class and one UAS sent out the digital survey by e-mail. We used two strategies to approach social workers in order to maximize response rate: through the *MOgroep* (national sector association for social welfare and social services) and *Verdiwel* (professional association of CEOs of social welfare and social services organizations) (See: Van der Zwet et al., 2014).

### Data collection

All surveys (paper, digital and online) included a cover letter describing the research and informing them of the confidential nature of their participation as well as of the importance of their participation. For both social workers and students the original EBP Process Assessment Scale (EBPPAS) (Rubin & Parrish, 2011) was used to measure their views about the EBP process and implementation of the EBP process. This scale was developed and validated in the US by Rubin and Parrish (2011) to specifically tap into practitioner (and student) views regarding the EBP process (in contrast to evidence-based practices).

As reported by Rubin and Parrish (2011) the EBPPAS has an excellent internal consistency, with a Cronbach's  $\alpha$  coefficient reported of .94. The original EBPPAS includes five separate subscale constructs: (1) familiarity/self-efficacy with the EBP process (10 items), (2) attitudes toward the EBP process (14 items), (3) perceived feasibility to engage in the EBP process (5 items), (4) intentions to engage in the EBP process (8 items), and (5) actual self-reported EBP behaviors (8 items). The original EBPPAS includes 45 items that follow a 5-point Likert scale and 10 of the items convey negative responses about EBP and are reverse scored. The 45 items can be added up to get a composite score assessing the extent to which social workers are oriented to the EBP process. Higher scores indicate a more favorable response in each section and for the overall scale.

In the current study, however, two items were not included in the analysis. We removed item 4 ("Practitioners who engage in the EBP process show greater concern for client well-being than practitioners who do not engage in EBP") from the attitudes subscale because it had a negative Corrected Item-Total Correlation. This meant the item was measuring something different from the scale as a whole. Furthermore, in the current study, item 5 from the intentions subscale was omitted in the MSW students survey due to a mistake. Therefore this item was not included in the analysis. In the current study, the internal consistency for the entire 43-item scale was

excellent, with a Cronbach's  $\alpha$  coefficient of .93. Our version demonstrated adequate reliability across subscales, including as for familiarity/self-efficacy (.92), attitudes (.81) (without item 4), perceived feasibility (.68), intentions (.90) (without item 5), behaviors (.92).

Both social workers' and MSW students' surveys included the EBPPAS and respectively 13 and 12 background/demographic questions (for example age, gender and self-reported familiarity with the EBP process). The EBPPAS (see Rubin & Parrish, 2011) was translated into Dutch separately by the researcher (RvdZ) and a professional translator (See: Van der Zwet et al., 2014). The online, digital and paper surveys were all tested with a convenience sample of social workers or students in order to identify and address possible problems.

This study was not subject to an institutional review board. In the Netherlands, the Central Committee on Research Involving Human Subject (CCMO, n.d.) indicates that only medical/scientific studies and studies in which persons are subject to procedures and/or are imposed to a way of behaving need to be approved by the Dutch Medical Research Involving Human Subjects Act (WMO).

## Data analysis

Data analysis was conducted using SPSS version 19. Descriptive statistics are presented to provide an overview of the sample characteristics.

To assess whether the subsample of social workers was representative for the entire Dutch population of social workers with regard to age and gender, we used one-sample  $\chi^2$  tests. Furthermore, as the self-reported familiarity was skewed positively to a large extent, we used a Mann-Whitney  $U$  test to compare the self-reported familiarity means of social workers who completed the survey ( $n= 341$ ) to 192 non-respondents who started the survey but did not complete it. To assess whether the subsample of MSW students was representative for the entire population of MSW students with regard to enrolment in the four UASs, age and gender, we used one-sample  $\chi^2$  tests.

Independent  $t$  tests were used to compare social workers' and MSW students' mean age and years of practice in social work. To compare the two groups regarding the frequency of the other sample characteristics (such as gender, age groups) we used  $\chi^2$  tests of independence. We used independent-samples  $t$ -tests to compare the mean scores of the two groups on the five subscales as well as on the overall score. For all  $t$  tests examining group differences, an effect size using eta squared ( $\eta^2$ ) was also calculated to provide an indication of the magnitude of the effect. The guidelines for interpreting the  $\eta^2$  values are: .01= small effect, .06 = moderate effect, .14= large effect (Cohen, 1988). The following formula was used to calculate  $\eta^2$ :  $t^2 / t^2 + (N1+N2-2)$ .

To compare social workers and MSW students regarding the frequency of the eight behavioral items from the behaviors scale we used  $\chi^2$  tests of independence. To simplify this analysis, the five-point scale was collapsed into two categories; very often/often versus the less frequent categories (never, rarely, some of the time).

## RESULTS

### Response rate and sample characteristics

Overall, 992 social workers were invited to participate in this study, 565 social workers started the questionnaire and 373 social workers completed the questionnaire. Since we wanted to examine practitioners' attitudes, we excluded 32 respondents who reported working in management or policy and research departments. This resulted in a sample of 341 social workers (373 minus 32), providing a 34.4% response rate (341/992). The 341 social workers who completed the questionnaire also completed all scale items as it was not possible to skip questions. Overall, 179 MSW students were invited to participate in the study, 68 of whom returned the survey. 14 MSW students who had not completed all the questions were excluded (68 minus 14= 54). Furthermore, we excluded 22 respondents who reported working as nurses (Master Healthcare and Social Work), as social work educators or in management or policy departments (54 minus 22). This resulted in a sample of 32 MSW students, providing a 17.9 % response rate (32/179).

The sample characteristics for the social workers and MSW students in this study are presented in Table 1. There was no statistically significant difference between the proportion of males and females in the social workers sample and in the MSW students sample. There was a statistically significant difference ( $t(371) = 4.8, p < .001$ ) in the mean age of the social workers sample ( $M = 43.4, SD = 11.9$ ), as compared with the MSW students ( $M = 35.8, SD = 8.3$ ). This was a moderate effect ( $\eta^2 = .06$ ). The one-sample  $\chi^2$  test showed a statistically significant difference ( $\chi^2 = 13.19, df = 3, p < .01$ ) in the proportion of respondents in the various age categories of the social workers sample and the MSW students sample (see Table 1). The proportion of social workers in the <29 category is significantly smaller than the proportion of MSW students in the <29 category and the proportion of social workers in the >50 category is significantly larger than the proportion of MSW students in the >50 category. Furthermore, there was a statistically significant difference ( $t(371) = 3.0, p < .01$ ) in the mean 'years of practice in social work' of the social workers sample ( $M = 14.3, SD = 10.3$ ), as compared with the MSW students ( $M = 11.0, SD = 5.4$ ). However, this effect was small ( $\eta^2 = .02$ ). While all MSW students had a higher vocational education degree, only 80 % of the social workers did. The largest proportion of social work respondents worked with adults ( $n = 186, 54\%$ ), while the largest proportion of MSW students worked with youth ( $n = 13, 40.6\%$ ).

### Sample representativeness

With regard to age and gender the subsample of social workers was representative for the entire Dutch social worker population (61,500). The one-sample  $\chi^2$  test showed no statistically significant difference ( $\chi^2 = 5.1, df = 3, p = .17$ ) in the proportion of respondents in the various age categories of the sample (see Table 1) and the entire population of Dutch social workers (<29: 16.2%, 30-39: 20.6%, 40-49: 28.2%, >50: 35%). There was no statistically significant difference ( $\chi^2 = 1.2, p = .27$ ) in the proportion of males and females of the sample (male: 25%, female: 75%) and the entire population of Dutch social workers (male: 27%, female: 73%).



**Table 1.** Sample characteristics and background variables, for social workers and MSW students.

Characteristics	Social workers (n=341)		MSW students (n=32)		t	$\eta^2$
	M	SD	M	SD		
Age	43.37	11.89	35.77	8.30	4.80***	.06
Years of practice in social work	14.32	10.30	10.97	5.37	3.04**	.02
	n	%	n	%	$\chi^2$	
Gender						
Male	83	24.3	10	31.3	0.75	
Female	258	75.7	22	68.8		
Age groups						
<29	56 <sub>a</sub>	16.4	11 <sub>a</sub>	34.4	13.19**	
30-39	76	22.3	10	31.3		
40-49	78	22.9	8	25.0		
50 >	131 <sub>b</sub>	38.4	3 <sub>b</sub>	9.4		
Highest degree <sup>a</sup>						
Intermediate Vocational Education	34	10	0	0		
Higher Vocational Education	275	80.6	32	100		
Master	16	4.7	0	0		
Other	16	4.7	0	0		
Field of practice <sup>a</sup>						
Youth	66	9.4	13	40.6		
Adults	186	54.5	5	15.6		
Elderly	38	11.1	1	3.1		
Specific vulnerable groups	42	12.3	3	9.4		
Other	9	2.6	10	31.3		

Note: <sup>a</sup>Highest degree and field of practice had too many cells with an expected frequency less than 5 to report non-parametric statistics. Frequencies sharing common subscript differ significantly from each other at the .05 level.

\*\* $p < .01$ ; \*\*\* $p < .001$ .

Furthermore, the respondents are perhaps more likely to be familiar with the EBP process than the non-respondents, as it is conceivable that potential respondents who are familiar with the subject of the survey are more likely to respond than potential respondents who are not familiar with the subject of the survey. Therefore we also compared the self-reported familiarity mean scores. The Mann-Whitney U test showed a significant difference in self-reported familiarity scores ( $Z = -2.69, p = .01$ ). Social workers who did complete the survey ( $n = 373$ ) had an average

score of 295.13, while non-respondents (who did not complete the survey, but did answer the first question regarding self-reported familiarity) ( $n= 192$ ) had an average score of 259.43. This indicates that with regard to self-reported familiarity the sample was probably not representative for the larger social worker population.

In order to assess the degree of representativeness of the subsample of MSW students we asked the four UASs to provide us with information about the number, gender and age of students enrolled in the program. The one-sample  $\chi^2$  test showed that there was a statistically significant difference ( $\chi^2 = 19.37$ ,  $df = 3$ ,  $p < .001$ ) between the proportion of respondents that were enrolled in the various UASs of the sample and the entire population of MSW students (see Table 2). There was no statistically significant difference ( $t(209) = 1.89$ ,  $p = .06$ ) in the mean age of the MSW students sample ( $M = 35.77$ ,  $SD = 8.30$ ), as compared with the mean age of the entire population of MSW students ( $M = 39.16$ ,  $SD = 9.52$ ). There was no statistically significant difference ( $\chi^2 = 0.06$ ,  $df = 1$ ,  $p = .81$ ) in the proportion of males and females of the sample (male: 31.3%, female: 68.7%) and the entire population of MSW students (male: 27.4%, female: 72.6%). Therefore, with regard to age and gender the sample of MSW students was representative of the larger population of MSW students.

**Table 2.** Profile of participating MSW students in sample and total population of MSW students.

	Sample ( $n=32$ )		Total population of MSW students ( $n=179$ )		$\chi^2$	
	$n$	%	$n$	%		
Universities of applied sciences						
Amsterdam University of Applied Sciences	12 <sub>a</sub>	37.5	29 <sub>a</sub>	16.2	19.37***	
HAN University of Applied Sciences	14 <sub>b</sub>	43.8	42 <sub>b</sub>	23.5		
Hanze University of Applied sciences	2 <sub>c</sub>	6.2	49 <sub>c</sub>	27.3		
Saxion University of Applied Sciences	4 <sub>d</sub>	12.5	59 <sub>d</sub>	33.0		
Gender						
Male	10	31.3	49	27.4	0.06	
Female	22	68.7	130	72.6		
	$M$	$SD$	$M$	$SD$	$t$	$\eta^2$
Age	35.77	8.30	39.16	9.52	1.89	.006

Note: Frequencies sharing common subscript differ significantly from each other at the .05 level.

\*\*\*  $p < .001$ .

### Social workers' and MSW students' orientation toward the EBP process

Independent  $t$  tests were conducted to compare the two groups on each of the five subscales (self-efficacy, attitudes, perceived feasibility, intentions and behaviors) as well as the overall scale score (orientation toward EBP). There were significant differences in scores on each of the five

subscales as well as on the overall scale score for social workers and MSW students (see Table 3). The MSW students ( $M = 3.59, SD = 0.41$ ) had significantly higher scores on orientation toward the EBP process than the social workers ( $M = 2.92, SD = 0.39$ ),  $t(371) = -9.35, p < .001$ . The effect size, calculated using  $\eta^2$ , was large ( $\eta^2 = .19$ ). The MSW students ( $M = 3.67, SD = 0.43$ ) reported significantly higher scores on attitudes toward the EBP process than the social workers ( $M = 3.19, SD = 0.34$ ),  $t(371) = -7.55, p < .001$ . The magnitude of the effect was moderate-to-large ( $\eta^2 = .13$ ). The MSW students ( $M = 3.71, SD = 0.50$ ) reported significantly higher scores on intentions to engage in the EBP process than the social workers ( $M = 2.83, SD = 0.67$ ),  $t(371) = -7.27, p < .001$ . The effect size was moderate-to-large ( $\eta^2 = .13$ ). The MSW students ( $M = 3.36, SD = 0.59$ ) reported significantly higher scores on the behaviors subscale than the social workers ( $M = 2.31, SD = 0.78$ ),  $t(371) = -9.30, p < .001$ . The effect size was moderate-to-large ( $\eta^2 = .13$ ). The MSW students ( $M = 3.76, SD = 0.58$ ) reported significantly higher scores of familiarity/self-efficacy with the EBP process than the social workers ( $M = 3.09, SD = 0.69$ ),  $t(371) = -5.34, p < .001$ . However, this was a moderate effect ( $\eta^2 = .07$ ). The MSW students ( $M = 3.24, SD = 0.63$ ) reported lower feasibility ratings than the social workers ( $M = 3.96, SD = 0.50$ ),  $t(371) = -2.99, p < .01$ . However, this was a small effect ( $\eta^2 = .02$ ).

**Table 3.** Coefficient  $\alpha$ , Mean Score, Standard Deviation and per-item mean on Entire Scale and Subscales, for social workers and MSW students ( $n=373$ )

	$\alpha$	Social workers ( $n=341$ )		MSW students ( $n=32$ )		$t$	$\eta^2$
		$M$	$SD$	$M$	$SD$		
Orientation toward EBP (43)	.93	2.92	0.39	3.59	0.41	-9.35***	.19
Familiarity/Self-efficacy (10)	.92	3.09	0.69	3.76	0.58	-5.34***	.07
Attitudes (13)	.81	3.19	0.34	3.67	0.43	-7.55***	.13
Perceived feasibility (5)	.68	3.96	0.50	3.24	0.63	-2.99**	.02
Intentions (7)	.90	2.83	0.67	3.71	0.50	-7.27***	.13
Behaviors (8)	.92	2.31	0.78	3.36	0.59	-9.30***	.13

Note. EBP= Evidence-Based Practice.

\*\* $p < .01$ .\*\*\*  $p < .001$ .

### Social workers' and MSW students' engagement in the ebp process

The EBPPAS behaviors subscale assesses seven behaviors related to the EBP process, followed by a question focusing on the implementation of all steps of the EBP process. These items and a comparison of the frequency ("very often" or "often") with which social workers and MSW students engage in these behaviors are displayed in Table 4. As shown in the table MSW students tended to report "reading about research evidence to guide their practice decisions" (75 %) more frequently than social workers (10.6 %),  $\chi^2 = 85.29, df = 1, p < .001$ . MSW students also tended to report "reading research-based practice guidelines to guide practice decisions" (68.8 %) more frequently than social workers (12 %),  $\chi^2 = 63.08, df = 1, p < .001$ . Approximately 59.4 percent of the MSW students reported "using the Internet to search for the best research

evidence to guide practice decisions" often or very often as opposed to 12.3 percent of the social workers,  $\chi^2 = 43.98$ ,  $df = 1$ ,  $p = .001$ . Approximately 78 percent of MSW students reported evaluating their practice often or very often (as compared with 40.5 percent of social workers),  $\chi^2 = 15.37$ ,  $df = 1$ ,  $p < .001$ . However, this item may have been interpreted by some respondents to mean any type of practice evaluation (perhaps including unsystematic evaluations based on subjective judgments) (Parrish & Rubin, 2012). Approximately 43.8 percent of the MSW students reported "involving clients in deciding whether they will receive an intervention by the research evidence" often or very often as opposed to 10.6 percent of the social workers,  $\chi^2 = 24.98$ ,  $df = 1$ ,  $p < .001$ . Approximately 37.5 percent of the MSW students reported "informing clients of the degree of research evidence supporting alternative intervention options" often or very often as opposed to 8.8 percent of the social workers,  $\chi^2 = 21.33$ ,  $df = 1$ ,  $p < .001$ . Approximately 25 percent of the MSW students reported implementing all steps of the EBP process often or very often (as compared with 1.2 percent of social workers),  $\chi^2 = 45.96$ ,  $df = 1$ ,  $p < .001$ . Approximately 21.9 percent of the MSW students reported "relying on research evidence as the best guide for making practice decisions" often or very often as opposed to 8.8 percent of the social workers,  $\chi^2 = 4.23$ ,  $df = 1$ ,  $p < .05$ .

**Table 4.** Cross-tabulation of 'often or very often' responses to behavioral scale items, for social workers and MSW students.

Response	Social workers (n=341)		MSW students (n=32)		$\chi^2$
	n	%	n	%	
I use the Internet to search for the best research evidence to guide my practice decisions	42	12.3	19	59.4	43.98***
I read about research evidence to guide my practice decisions	36	10.6	24	75	85.29***
I read research-based practice guidelines to guide my practice decisions	41	12	22	68.8	63.08***
I rely on research evidence as the best guide for making practice decisions	30	8.8	7	21.9	4.23*
I inform clients of the degree of research evidence supporting alternative intervention options	30	8.8	12	37.5	21.33***
I involve clients in deciding whether they will receive an intervention supported by the research evidence	36	10.6	14	43.8	24.98***
I evaluate the outcomes of my practice decisions	138	40.5	25	78.1	15.37***
I engage in all steps of the EBP process	4	1.2	8	25.0	45.96***

Note. EBP= Evidence-Based Practice.

\*  $p < .01$ ; \*\*\*  $p < .001$ .

## DISCUSSION AND APPLICATIONS TO SOCIAL WORK

This was the first exploratory study in the Netherlands to compare MSW students' and social workers' orientations towards and engagement in the EBP process. It found that MSW students in our sample were more strongly oriented toward the EBP process than social workers. This significant effect was large. Furthermore, MSW students also had more positive attitudes toward EBP than social workers, more intentions to engage in the EBP process and actually engaged more in the EBP process (all with a medium-to-large effect). MSW students also were more familiar with the EBP process than social workers (moderate effect). However, MSW students were less positive about the feasibility of implementing EBP in practice than social workers, although the effect size was small. These results are encouraging as they indicate that the MSW students in our sample are more likely to adopt and implement EBP. However, research into the implementation of EBP has found that while the attitudes, skills and knowledge of practitioners play an important role in the uptake of EBP, significant barriers to EBP implementation exist that are beyond the control of individual practitioners (Gray et al., 2013). Additional barriers are related to the research environment, agency culture, and allocation of resources to staffing, supervision, library resources, information technology, and training in organizations. Social work organizations and policy makers need to address these barriers also in order to improve EBP implementation.

Nevertheless it is encouraging that 75 percent of the MSW students in our sample reported that they read research evidence to guide practice decisions "often or very often", as opposed to 10.6 percent of the social workers. Furthermore, it is also encouraging that 21.9 percent of MSW students reported "relying on research evidence as the best guide for making practice decisions" often or very often as opposed to 8.8 percent of social workers and that approximately 25 percent of MSW students reported implementing all steps of the EBP process often or very often as opposed to 1.2 percent of social workers. However, in light of the low percentage of MSW students that reported "relying on research evidence as the best guide for making practice decisions" often or very often and the low percentage that reported implementing all steps of the EBP process often or very often, one could also see a need for improvement.

There are certain limitations to be considered in interpreting our findings. We were able to obtain a relatively large total number of social workers ( $n= 341$ ), providing a 34% response rate. However, it should be taken into account that the findings are based on only 0.5% of a total population of 61,500 social professionals. Furthermore, the results may be limited by a self-selection bias as we were not able to draw a random study sample. Although the sample was representative for the entire Dutch population of social workers with regard to age and gender, it is conceivable that organizations that agreed to participate in the study and respondents may have been more oriented to the EBP process than non-respondents. The findings of the sample of MSW students may be limited by a self-selection bias as well as we did not draw a random study sample. Although we were able to base our findings on 17.9 % of the total population of 179 MSW students, it is conceivable that the MSW students who responded were more oriented

to the EBP process than non-respondents. Furthermore, as with all surveys, there is a potential social desirability bias.

Although it is not possible to make generalized claims based on this study because of these limitations, the study's findings are nevertheless suggestive of some important issues for social work practice, education and research. In order to be able to generalize the findings it is important to repeat this study in the future with a larger and randomized sample of MSW students. With regard to social work practice, we found that the MSW students in our sample are more strongly oriented toward the EBP process than social workers. Therefore, we suggest policymakers to consider focusing on MSW level social workers when developing future initiatives to improve the implementation of the EBP process in practice. Also, the results signal a need for providing EBP-related training and continuing education for social workers. Furthermore, social work organizations should be aware that the MSW students in our sample were less positive about the feasibility of implementing EBP in practice than social workers. It may be that social workers enrolled in the MSW-program, in conducting practice research in their own social work practice and trying to find and apply scientific evidence to specific situations (as part of their program), are more aware of feasibility issues than social workers. In order to improve EBP implementation, social work organizations may want to address these feasibility issues, as this may result in greater intentions for using the EBP process after graduation.

With regard to social work education we found that the MSW students in our sample are more positively oriented toward the EBP process. This might be considered a surprising finding because the EBP process is not explicitly part of the MSW curriculum, although it does emphasize the need for the student to find and apply scientific evidence to specific situations. However, our results are consistent with the results of a quasi-experimental examination of integrating EBP process materials into an existing MSW-program evaluation curriculum. This US study showed that both the EBP process and the traditional program evaluation curriculum led to increased familiarity and increased positive attitudes toward and engagement in EBP, although the EBP process curriculum was associated with an increased sense of EBP-related familiarity more than the traditional program evaluation curriculum (Bender et al., 2014). Furthermore, another US study (Mathiesen & Hohman, 2013) which compared Bachelor and Master students enrolled in a social work school that added EBP to the curriculum, found that Master students rated their knowledge and use of EBP significantly higher than Bachelor students. These findings indicate that explicitly integrating the EBP process, through assignments that require the students to follow the steps of the process, may enhance students' familiarity significantly. As we did not use a pre-posttest design we do not know whether the MSW-program caused the stronger orientation toward the EBP process. It is possible that students who enrolled in the program were already more open to EBP to begin with. Future research should therefore seek to evaluate the influence of the MSW-program in changing the knowledge, attitudes, and competencies of students with regard to the EBP process using a pre-posttest design. In addition, as the MSW students were less positive about the feasibility of implementing EBP in practice, these studies should not only assess whether these MSW-programs still have effects once students are

graduated, but should also investigate the barriers to EBP implementation. The question about the feasibility of EBP implementation in practice became the focus of a later qualitative study that explores the barriers to EBP implementation in a Dutch social work organization.

Nevertheless, it is conceivable that the MSW-program did improve Dutch MSW students' orientation to the EBP process, as Bender et al.'s findings suggest that students' knowledge and perceptions of EBP are shifting during the process of being educated about scientific evidence as part of their MSW-programs. However, the low percentages of MSW students who reported "relying on research evidence as the best guide for making practice decisions" often or very often and who reported implementing all steps of the EBP process often or very often, might also indicate a need for improvement of the MSW-program. Therefore, in light of the findings of Bender et al. and Mathiesen and Hohman, we suggest UASs to add components to the MSW curriculum that explicitly emphasize the EBP process. Educators may want to include materials and assignments focusing on conceptualizing and applying the EBP process in social work practice, and more specifically education on methods for formulating EBP questions, searching literature, appraising validity of evidence, and assimilating evidence into agency and program environments. In addition, social work educators should be aware that our findings show that MSW students were less positive about the feasibility of implementing EBP in practice than social workers. Educators may want to address these feasibility issues by teaching MSW students how to solve the barriers related to the integration of research and practice.

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# CHAPTER 5

## Views and attitudes towards evidence-based practice in a Dutch social work organization.

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## ABSTRACT

**Background:** This case study explores the views and attitudes towards evidence-based practice (EBP) of social workers and staff working in a social work organization that recently committed to EBP.

**Methods:** Qualitative data were gathered from semi-structured interviews with 10 staff members and 12 social workers.

**Results:** Confusion about the meaning of EBP was a major theme and it was conceptualized in several different ways. Some respondents perceived EBP as using interventions for which there is scientific evidence that it is effective (EBPs), other's used a broader conceptualization that, besides scientific evidence, also takes into account professional expertise and/or client circumstances (EBP process). A strong preference for the EBP process as opposed to EBPs was another major theme.

**Conclusions:** The results suggest that organizations preparing for EBP implementation will need to increase both staff's and social workers' understanding of EBP by providing a clear explanation of the difference between EBPs and the EBP process.

# INTRODUCTION

Evidence-based practice (EBP) is the dominant model for improving research utilization in social work. In many northern European countries EBP is increasingly emphasized in social work. Yet, there is less agreement about what EBP means in practice and how it is best promoted (Avby, Nilsen, Abrandt Dahlgren, 2014; Nutley, Walter, & Davies, 2009). Subsequently, the current use of EBP in social work practice is limited (Avby et al., 2014; Mullen, Bledsoe, & Bellamy, 2008). This explains the growing interest for finding effective strategies for the dissemination, adoption and implementation of EBP in social work practice (Gray, Joy, Plath, & Webb, 2013; Mullen et al., 2008; Plath, 2014).

This study explores the views and attitudes towards EBP of social workers and staff working in a social work organization. Most research into EBP implementation in social work to date has focused solely on the views and attitudes of social workers on EBP, as the EBP process can only be successfully implemented in social work if social workers believe it is both important and feasible. Recently, however, the importance of a supportive organizational context that is reflected at all levels from (executive) management to social workers is increasingly recognized as an important factor that facilitates EBP implementation (Gray et al., 2013; Mosson, Hasson, Wallin, & von Thiele Schwarz, 2017; Plath, 2013). Therefore, the current research moves beyond exploring only social workers' views and attitudes and also includes the perspectives of executive, management, research and specialist staff.

This is the first empirical research study in the Netherlands into the views and attitudes towards EBP across a whole social work organization. This study is part of a larger study that examines how EBP was implemented and which factors supported and impeded EBP implementation. The study was carried out in a Dutch social work organization that recently committed to introducing an EBP approach, and looks at how EBP is defined and viewed by social workers and staff to explore ways to improve EBP implementation.

## Background research and literature

Although there is no standard or universally accepted meaning of EBP in social work, the dominant view is that EBP is a decision-making process that emanates from evidence-based medicine (EBM) (Sackett, Straus, Richardson, Rosenberg, & Haynes., 2000; Gray, Joy, Plath, & Webb, 2014). The EBP process was defined by its founders as a process that involves 'the integration of best research evidence with clinical expertise and patient values' (Sackett et al., 2000, p. 1). The EBP process is typically described as involving five steps: (1) formulating an answerable practice question; (2) searching for the best research evidence; (3) critically appraising the research evidence; (4) selecting the best intervention after integrating the research evidence with clinical expertise and client characteristics, preferences, and values; and (5) evaluating practice decisions (Straus, Richardson, Glasziou, & Haynes, 2005; Gambrill, 2011; Parrish & Rubin, 2012; Plath, 2014). However, there is confusion among researchers, practitioners, educators, funders and

policymakers about what EBP is (Gray, Joy, Plath, & Webb, 2015; Mullen et al., 2008; Wike et al., 2014). Unfortunately, social work literature often fails to distinguish between EBP as a decision-making process and evidence-based practices (EBPs). Several authors have recently argued the importance of distinguishing the term EBP 'process' from the term 'evidence-based practices'(EBPs) (Gambrill, 2011; Jaynes, 2014). Although related to the EBP process, EBPs refer to specific interventions for which there is consistent scientific evidence showing that they improve client outcomes (Mullen et al., 2008; Wike et al., 2014). EBPs are also known as empirically supported interventions (ESIs) or empirically supported treatments (ESTs) (Parrish & Rubin, 2012). In other words, EBP is a process practitioners can use when making practice decisions about which intervention to use, that might result in the use of an EBP or ESI (as a product)(Mullen, 2016).

Recent research shows that EBP implementation is far more likely to be successful if it is introduced in a supportive organizational context reflected at all levels from (executive) management to social workers (Gray et al., 2013; Mosson et al., 2017; Plath, 2013). Several studies identified managerial level support, EBP supervision, dedicated EBP resources, and assistance in drawing practice implications from research evidence as important facilitators of EBP implementation. Accordingly, it is increasingly recognized that considerable responsibility for EBP implementation lies with (executive) management and that EBP implementation should not be seen as solely the responsibility of social workers (Gray et al., 2013; Mosson et al., 2017; Plath, 2013). However, much of the research into EBP implementation in social work to date focused solely on the views and attitudes of social workers on EBP (Abrefa-Gyan, 2016; Iovu, Goian, & Runcan, 2015; Plath, 2014; Pope, Rollins, Chaumba, & Risler, 2011).

The current study explores the views and attitudes towards EBP of both social workers and staff working in a social work organization that recently committed to introducing an EBP approach. Doing so, this study contributes to the existing literature on the factors that support and impede EBP implementation. Furthermore, providing more insight in the way EBP is understood and viewed across all levels of the organization might be helpful in suggesting ways to improve EBP implementation in social work.

## **METHODOLOGY**

Case study research is well suited to examining EBP implementation within a social work organization. Case studies have generally been used to describe implementation processes and organizational issues as they are suitable in situations in which 'the phenomenon under study is not readily distinguishable from its context' (Yin, 2003: 4). The unit of analysis for this case study is a Dutch social work organization providing a range of services to adults and families. It employs about 120 social workers and 15 executive, management, research and specialist staff. This organization is considered an 'exemplary case' because of its overt commitment to engage more in EBP, which is quite unique in the Netherlands (Yin, 2003: 13). The strategic plan of the case study organization states:

... as a service providing organization [we] will work more evidence-based in order to position the profession well and to defend it against future local administration budget cuts. Social professionals need to be more and more accountable. Therefore professional conduct needs to be based on the best available knowledge concerning efficiency and effectiveness.

The executive management of the organization recently directed attention and resources towards improving the research capacity of the organization. In 2013 a Research and Development department was put in place and two researchers were appointed. Also, in 2015 when the data for this study was collected, an ACC was initiated for Social Work (the first for Social Work in the Netherlands). ACCs are long-term collaborations between universities, care and welfare organizations and other organizations (Garretsen, Bongers, & Rosenburg, 2005). ACCs intend to develop scientific knowledge and to initiate innovation in care and welfare services. Collaboration takes place in a long-term research programme, jointly established by the university and the care and welfare organizations involved. The participant organization has only recently committed to introducing an EBP approach and is still in the early stages of EBP implementation. Part of the motivation for the organization to participate in this research was to discover ways to enhance the EBP implementation process.

### **Data collection and analysis**

The researcher visited several branches of the social work organization and attended and observed a staff meeting to gain a better understanding of the organization. In order to explore views and attitudes towards EBP across the whole organization, the researcher conducted interviews with social workers and executive, management, research and specialist staff. A semi-structured question format with mostly open questions was developed for the in-depth interviews (See Table 1). In order to avoid influencing the way respondents talk about EBP during the interview, the question concerning the respondents' preferred definition of EBP was placed last. Respondents were shown both the EBP process and the EBP's definition (according to the current literature) and were asked to select and to explain their choice. One pilot interview with a staff member of another social work organization was conducted to test and develop the question format. Participants were prompted to clarify and expand on their responses and to describe their own experiences. Open questions and prompts were used to encourage participants to elaborate upon their views and experiences of EBP. To verify that the respondents' descriptions were interpreted correctly, statements were summarized during the interviews.

**Table 1.** Areas covered in the semi-structured question format

- Meaning of EBP
- Attitude toward EBP
- Benefits and drawbacks of EBP
- Preferred definition of EBP

Eleven staff members were invited to participate in individual interviews because of their involvement with EBP implementation. Ten of the staff members agreed to be interviewed: one CEO, three line managers, one Professionalization and Innovation staff member, one work supervisor, two research staff members and two HRM staff members, all with higher education degrees (See Table 2). The face-to-face interviews took place at the head office.

**Table 2.** Background characteristics of respondents

Characteristics	Staff (n=10)	Social workers (n=12)
Mean age	43	43
Gender		
Male	3 (30%)	3 (25%)
Female	7 (70%)	9 (75%)
Age groups		
<29	1 (10%)	1 (8%)
30-39	3 (30%)	5 (42%)
40-49	4 (40%)	3 (25%)
50 >	2 (20%)	3 (25%)
Highest degree		
Higher Vocational Education	4 (40%)	11 (92%)
Master	6 (60%)	1 (8%)

A purposive sample of social workers was selected in order to achieve maximal variety with regard to urban and regional areas, levels of education, social workers who are and are not also team leaders and social workers who were recently trained in a specific intervention or not. Additionally, a stratified purposeful sample was selected with regard to gender, using a list of all social workers provided by HRM. Twenty social workers were invited to participate in individual interviews. Thirteen agreed to be interviewed and twelve interviews took place. From the eight non-responding social workers seven were 50 years or older. This selective nonresponse resulted in a slight underrepresentation of the 50 years or older and a slight overrepresentation of the 30-39 year social workers in the sample compared to the total population of social workers working in the case study organization. All participants had at least higher vocational education (all– Social Work and Social Services), and one also had a Master degree (See Table 2). Nine face-to-face interviews took place at the head office, four face-to-face interviews at three other branches.

The leading author conducted all 22 interviews, completing reflective notes after each interview to capture initial themes and emerging ideas. Interviews took between 40 and 80 minutes, in Dutch, were audio-recorded and later fully transcribed. The researcher listened to



all audio-recordings while reading the transcripts, in order to check the transcripts for accuracy, followed by member checks by participants. The original statements included in this article were translated by a professional translator and the leading author.

Transcripts of interviews were entered into the MAXQDA 12.0 software package for qualitative data analysis. A thematic analysis, a method for identifying, analysing, and reporting themes within data was conducted following the six phases identified by Braun & Clarke (2006). First, an initial structure of the following five broad code categories was established a priori in line with the research aims and the semi-structured question format; meaning of EBP, attitude towards EBP, benefits of EBP, drawbacks of EBP and the preferred definition of EBP. Second, initial codes regarding the research aims were generated from the data. Third, the codes were analysed and sorted into potential themes and subthemes. Fourth, the themes and subthemes were reviewed and refined by re-reading the original data until themes and subthemes could be clearly defined and named. Fifth, detailed reading and re-reading of transcripts and an active search for alternative examples and disconfirming data took place to enhance validity and ensure that a range of perspectives were included in the analysis. This resulted in the presentation of the findings in the Results section.

### **Ethical considerations**

Both the participant organization and the university with which the researcher is associated are currently collaborating in the Academic Collaborative Center Social Work (ACCSW). The current independent study is part of the research programme of the ACCSW. The CEO signed consent for the organization to participate. All respondents received written and verbal information about the study, after which they gave written or verbal consent. This study was not subject to an institutional review board. In the Netherlands, the Central Committee on Research Involving Human Subjects (CCMO, n.d.) indicates that only medical/scientific studies, and studies in which persons are subject to procedures and/or are imposed to a way of behaving, need to be approved by the Dutch Medical Research Involving Human Subjects Act (WMO). This study adheres to the (Dutch) code for scientific integrity (VSNU) and the Code of ethics for research in the social and behavioural sciences involving human participants as accepted by the deans of social sciences in the Netherlands (2016).

## **RESULTS**

### **Understandings of EBP**

Confusion about EBP was the dominant theme throughout the interviews with both staff and social workers. Respondents used the term inconsistently, sometimes referring to a process of decision-making and sometimes to specific EBPs. Also, when asked what EBP meant to them, respondents mentioned they were unsure or confused about the meaning of EBP. Common responses included:

But you know, as we are talking, I'm beginning to see more and more that I think: actually I'm not so sure what evidence-based practice really is! (Social worker, R16)

It is confusing. I'm confused myself, but I also notice it in discussions with others. (Staff, R4)

When asked to describe what EBP meant to them, respondents conceptualized it in a number of different ways. The most common responses were statements such as 'using approaches that have been proven to work' or 'using interventions or methods that are based on scientific research', conveying the view that EBP is about using interventions for which there is scientific evidence that it is effective (EBPs). The following are typical responses:

To me evidence-based work means that it has been researched, scientifically, that a specific method is useful (Social worker, R19)

Evidence-based work means that you work according to a method that has a demonstrable specific effect. (Staff, R3)

These comments illustrate that respondents regard EBP as a product.

However, other responses conveyed the view that EBP is a process that involves making decisions about whether or not to use an intervention based on scientific research. Respondents talked about how EBP is about more than using interventions or methods that are based on scientific research:

Evidence-based work is about more than just scientifically validated methods or approaches. The professional's experience or intuition needs to be included in the concept. [...] The professional uses knowledge, methods, intuition in the interaction with the client to determine again and again what works, to do what is needed. (Staff, R10)

Evidence-based work to me means taking an evidence-based method that has been researched and proven. And, depending on the situation, you decide which method is suitable for the situation that you are working in [...] Evidence-based work is, to my mind, that you look much closer at what it is this client really needs? And that you do that much more consciously. (Social worker, R11)

These comments illustrate respondents' awareness of EBP as a process in which decisions about using a specific intervention are based on both scientific evidence, professional expertise and/or client circumstances.

Other responses reflected understandings of EBP that do not resemble either of the two common definitions. These were comments such as ‘if something works well, you just have to go on doing it; or ‘delivering proof that something works, through reports of conversations, intervision, supervision’.

EBP was also understood to mean practice research in order to find out whether the intervention works or not and whether it needs improvement.

That you decide what does and doesn't work on the basis of empirical research in practice. And then establish methods founded on this. So you decide on the basis of research how to apply a method in the future or whether it has to be adapted. (Staff, R2)

I think [EBP] is a growth model. That you design an intervention in several steps. You execute it twenty times, then you analyse it. Then you improve on it and you execute the improved intervention another twenty times to see if the results get better. So it is a circle between designing a tool, analysing it and continuing to develop the tool. (Staff, R1)

So EBP was also regarded as a process of ongoing development of an intervention based on practice research.

### **Perceived benefits of EBP**

The respondents identified a broad range of benefits of EBP: a) quality improvement of social work, b) strengthening the individual professional identity of social workers c) job satisfaction, d) enhancing the profile of the organization, and e) improving the organization's accountability to funders.

Quality improvement of social work and the improved outcomes for clients is a major theme for the organization. EBP was perceived to improve the quality of care delivered to clients, as it involves using the best available research evidence and critical reflection on whether a particular method is the most appropriate method for a particular client.

I think it also contributes to intervision with colleagues. You can question one another really critically: why do you use this method with a specific client? I think it really means something for the quality of care (Social worker, R11)

If you take into account the best available research findings, then I think it will certainly improve the quality of care... that eventually you will really be able to offer better assistance to people, to citizens. (Staff, R8)

EBP was also perceived as a way of strengthening the individual professional identity of social workers and the position of the Social Work profession.

If you want to be taken seriously, and do your work properly... Then [EBP] is something really important. Of course you can't just do something. Then anyone could be a social worker. That you know what you are doing, and why you do it, and based on what. (Social worker, R14)

The moment you know that what you are doing has also been proven, I think it can be really supporting your identity and your self-confidence as a professional. (Staff, R8)

EBP was thus regarded as a quality assurance providing credibility for the work undertaken by social workers. Also, it provides a rationale for the care provided which enables social workers to account for what they are doing.

Job satisfaction was another theme, as providing care that has been proven to be effective gives social workers energy and confidence.

I think it's also a positive way of working by linking with things that work, that it can give you energy on the work floor. That it makes the work simply more fun and therefore it's a more pleasant way of working. (Social worker, R20)

That it's good for social workers, that it is founded... [...] I think that's an advantage. It provides confidence, I think, with the staff. A kind of confirmation. (Social worker, R14)

Securing the identity of the organization and improving its accountability towards funders, were also regarded as two benefits of EBP. When asked about the benefits of EBP common responses included: 'enhancing the profile of the organization and improving accountability towards funders, for instance a municipality' and 'it is also a responsibility towards those who commission our work'.

### **Perceived drawbacks of EBP**

The drawbacks reported by our respondents are: restriction of professional autonomy, limits in tailoring to client circumstances, overestimation of the value of the intervention, no room left for innovation and experimentation, requires extra time and financial resources, the difficulty of translating evidence into practice.

The most common drawback identified by respondents is the restriction of their professional autonomy. Respondents expressed concerns that EBP might prohibit them from using their own practice wisdom as they would be obliged to use EBPs.

A situation could arise where as a professional you feel that this method will not be working with this client, but it is evidence-based, so I'll do it anyway. (Social worker, R19)

That a social worker becomes almost afraid to consider alternatives. That might be the right one in a specific situation. (Staff, R3)

Some respondents also worried that their professional autonomy would be limited by EBP because of the need for adherence to standardized EBPs. Respondents indicated that they preferred to work in a more eclectic way (using elements of various interventions) instead of strictly adhering to a manual.

That I would not be allowed to do it my way anymore, but can only use interventions. And I already stumble there a little because I am not so keen on really strictly following the manual when working with people. But then I would be obliged to work according to a format and a formula and interventions, also in a specific way, because otherwise they are no longer evidence-based. (Social worker, R18)

I do feel that an eclectic way of working, taking a little bit of everything, that this, at least in my life and my practice, has been most effective. And not just one way of looking. (Staff, R4)

Limitations in tailoring to client circumstances was another theme. Respondents were worried that EBP would prevent them from tailoring their response to the specific context and circumstances of the client because of the need for strict adherence to standardized EBPs.

If you were to have a template of what works, then that is good to have, but it doesn't mean that it can be applied to everyone. No, because then I wonder if you still see the individual. (Social worker, R17)

That you try to capture too much in protocols,... you can exaggerate there, I'd say. That you have less consideration for the specific situation. (Staff, R7)

Another drawback identified by the respondents was that EBP overestimates the value of the intervention. Respondents feel that the nature and strength of the relationship between the professional and the client are more relevant to client outcomes than the use of specific interventions.

I feel that the method you use in itself is not the most decisive for successful care provision, but the relationship you develop with your client needs to be successful (Social worker, R18)

Over the years I have seen a lot of things come by and think: 'yes, sure, this will be the new magic potion'. But mostly it is about getting in touch with people and whether you hit it off. You can be ever so skilful, but if there is no click, you will get nowhere in trying to work towards changes with people. (Staff, R4)

Another drawback identified by respondents was that EBP might leave no room for innovation and experimentation.

Could it not stand in the way of innovation if you keep it closed like this? (Staff, R3)

Perhaps there would be no more room to experiment, if you base everything on that it has to be evidence-based. (Social worker, R19)

These comments illustrate that respondents worry that EBP would hinder innovation as it might prohibit them from using interventions that are not evidence-based.

The extra time and financial resources needed for EBP were identified as another drawback. Respondents worried for example that engaging in EBP would add to their normal workload and associated EBP with the need for more registration and record keeping.

A final drawback identified by respondents was the difficulty of translating evidence into practice. Respondents talked for instance about how research evidence needs to be critically appraised and that research evidence needs careful translation into practice as it is never applicable one on one.

You can study everything and prove anything and the drawback is: how to remain critical? That you don't blindly follow something that might not be right. You can think: it has been researched so it must be right, but it's not that simple. That certainly is a disadvantage. (Social worker, R21)

I think you should always, no matter what you are researching, be very careful what you do with it. And what it means in practice. Knowledge changes day by day. And practice is something quite different from what paper says. But I think you should get out the best and use that. So the knowledge you achieve from research and the way it works in practice, is never one-on-one. That is a disadvantage. (Staff, R2)

### **Attitudes towards EBP**

Participants were asked how important they feel it is for the organization to engage more in EBP. Ambiguity about EBP was a common theme throughout the responses. Although respondents felt it was important for the organization to engage more in EBP, they were simultaneously critical about how EBP should be implemented.

Yes, I think [EBP] is important, it is good for the organization, that you can explain to partners what you do. [...] I feel there is also a flipside. When I look at my style of working, then I'll choose a little bit of everything. And I'll make it into some kind of mix, but I can't say: 'I work according to this or that method'. That can be a drawback, if you conclude that you should apply a specific approach. Yes, well that wouldn't work in my case. (Social worker, R13)

If we are going to work according to a method, I would really like that. Because I would like us to do something not just at random, but proven: 'Does that method work and why?' But it should match the practice. So it has to be a feasible method. (Staff, R9)

Respondents felt that on the one hand the organization would benefit from EBP as it would improve the quality of care and would make accountability easier. On the other hand they were sceptical about EBP out of a concern about the applicability of standardized EBPs in practice situations and a preference for a more eclectic way of working instead of strictly adhering to guidelines or manuals.

### **EBPs versus EBP process definition**

A strong preference for the EBP process as opposed to EBPs was identified as a major theme. At the end of the interview the participants were asked which definition they preferred: the 'process' definition or the 'evidence-based practices' (EBPs) definition. Both social workers and staff (n=19) generally preferred the 'process' definition over the EBPs definition. Common responses included,

Well, I thought that this [EBPs definition] was it, I hope that this ['process' definition] is it. For me that would be a world of difference. (Social worker, R18)

As I always saw it, it is this [EBPs definition]. But this ['process' definition] I find much more desirable. (Staff, R9)

These comments illustrate that although respondents first thought EBP was about using EBPs, they actually preferred the 'process' definition.

Respondents identified suitability in social work practice situations as an important theme. They considered the process definition more appropriate in practice situations and therefore more desirable.

When you look at this ['process' definition], that you really wish to integrate it and use research evidence, but also especially ... the professional's preference and expertise, what the client feels about it. That is of course what we want. We don't want just a nice evidence-based method, but we want something that is really suitable. (Staff, R9)

With this ['process' definition] you really get closer, I think, to the everyday complexity. So I think you get a more optimal fit between the research available, what the professional does with it, and vice versa the client, that it becomes more of a triangular relationship in which you can deliver the best, that is really tailor-made work. (Staff, R2)

Respondents emphasized that the EBP process allows for taking into account the clients' circumstances as well as professional expertise, in order to ensure that interventions are tailored to the specific context and circumstances of the client. Vice versa, some respondents expressed the view that the EBPs definition was not suitable for social work practice.

Because this ['process' definition] can simply be applied in social work and the second description [EBPs definition] cannot. For here you really consider the living conditions ... of the client and the context. That is really the strength of social work, that you have that. And that simply gets lost in the second definition. (Staff, R7)

To me that explains the resistance against the narrow definition of 'evidence-based practice is applying a scientifically proven effective intervention'. This description does not fit in social work. (Staff, R10)

Thus, while the EBP process definition was regarded as suitable in social work practice situations, the EBPs definition was not. Respondents also mentioned that because of its unsuitability there is resistance or aversion against the EBPs definition.

In contrast to these views, three respondents preferred the EBPs definition. They felt the 'process' definition was too complicated and confusing. One respondent explained his preference for the EBPs definition as follows:

I think this one [EBPs definition]. Here ['process' definition] I give up right away, this is already such a complex sentence. But that [EBPs definition] I get, I simply think that's it. (Social worker, R19)

## DISCUSSION

This qualitative study aimed to explore the views and attitudes towards evidence-based practice (EBP) of social workers and staff working in a social work organization in which executive management recently committed to EBP. The responses showed that there was much confusion about the meaning of EBP among social workers and staff and that they conceptualized it in a number of different ways. The interviews also revealed an ambiguous attitude towards EBP. Although respondents felt it was important for the organization to engage more in EBP, they were simultaneously critical about how EBP should be implemented. Common concerns were that EBPs would restrict professional autonomy and would prevent social workers from tailoring their response to specific contexts and circumstances. At the end of the interview the majority of respondents reported that they preferred the process definition over the EBPs definition. They regarded the EBP process to be more suitable in social work practice situations as it allows for taking into account clients' circumstances and professional expertise. These findings and their implications are discussed below.



To our knowledge this is one of the few studies that, instead of focusing only on social workers' views, has explored the views on EBP of both social workers and staff within a social work organization. The findings show that both social workers and staff in the case study organization were confused about the meaning of EBP. Social workers' lack of clarity about the meaning of EBP is consistent with the findings of several other studies (Grady et al., 2017; Gray et al., 2013; Gray et al., 2015). With regard to staff's confusion about the meaning of EBP we only know of one recent Swedish study that found that managers in older people care services were uncertain about the meaning of EBP (Mosson et al., 2017). Whereas Mosson et al. specifically examined managers' perceptions and understandings of EBP, the organizational perspective in our study shows not only confusion among managers, but also among executive, research and specialist staff. Although our study was not designed to examine differences between social workers and staff, the results of our study illustrate the importance of examining the perspectives of both social workers and staff.

Our finding is important, as confusion about the meaning of EBP acts as a barrier to EBP implementation. We therefore suggest there is a need to train and educate both staff and social workers in order to improve their knowledge and understanding of EBP. Moreover, given the increasing recognition that the role of line managers is crucial in the implementation process (Mosson et al., 2017), organizations may want to focus in particular on improving line managers' knowledge and understanding of EBP.

Furthermore, our findings underscore that it is crucial to reduce the confusion about the difference between the EBP process and EBPs to limit misconceptions and scepticism towards EBP as they may obstruct EBP implementation (see also: Avby et al., 2014; Fisher, 2014; Mosson et al., 2017; Wike et al., 2014). Because respondents equated EBP with the use of EBPs, they were concerned that it would restrict their professional autonomy and limit sensitive responsiveness to unique client circumstances. Clarification of EBP as a decision-making process that includes professional expertise and client preferences might alleviate some of these concerns and lead to more positive attitudes towards EBP. There is thus a clear need to improve the knowledge and understanding of what the EBP process is and how it is different from EBPs in order to improve the acceptance of EBP. This also indicates the crucial responsibility of social work researchers and educators to provide clear and accurate descriptions of EBP.

Moreover, organizations that want to implement EBP need to consider implementing the EBP process as respondents felt that the EBP process was more suitable in social work practice situations than the use of EBPs. The process definition is strongly supported by literature and is considered by many to be a better fit with practice situations than EBPs (Jaynes, 2014). Also, the EBP process appears to be more acceptable to many practitioners as it allows for flexibility in considering the best available research evidence within the complexity encountered in the practice setting, including diverse client characteristics, agency contexts, and practitioner expertise (Bender et al., 2014). Furthermore, several agencies, such as the Social Care Institute for Excellence in the UK and the National Board of Health and Welfare in Sweden recommend implementation of the EBP process (Mosson et al., 2016). While agreement on implementing the EBP process approach is likely to improve EBP implementation, it should be noted that of course the EBP process does not

exclude the use of EBPs. Engaging in the EBP decision-making process might result in the use of a specific EBP if it fits in with professional expertise and client preferences. Therefore, there is still a need to address concerns about how strict adherence to standardized EBPs limits professional autonomy and sensitive responsiveness to unique client circumstances.

These findings contribute to the body of knowledge on factors influencing the successful implementation of EBP in social work organizations, but need to be viewed in light of the limitations associated with this particular study. Although this case study approach has provided an in-depth description of how staff and social workers within the real life context of a social work organization are viewing EBP, the results are not generalizable to all social work organizations. The findings are limited to organizations with mainly social workers and staff with higher vocational or university education. The potential risk of a biased selection of respondents also needs to be acknowledged, as this selection was made through consultation with the research staff of the organization. Furthermore, the results may be biased as respondents who agreed to participate are perhaps more familiar with EBP and view research as more important than respondents who did not participate.

Several questions emerging from these findings became the focus of further analysis of the case study data. These include: How and to what extent is EBP implemented? Given both the confusion about the meaning of EBP and the different conceptualizations of EBP in the organization it is likely that EBP is not (consistently) implemented. What are the facilitating factors and barriers that influence EBP implementation in the organization? What is needed in future to improve the use of EBP?

## **Conclusion**

The case study has shown how staff and social workers within a social work organization are struggling to make sense of EBP. Our findings revealed there was much confusion about the meaning of EBP among both social workers and staff, and EBP was conceptualized in several different ways. While the most common responses conveyed the view that EBP is about using interventions for which there is scientific evidence that they are effective (EBPs), other responses conveyed the view that EBP is about taking into account professional expertise and/or client circumstances in addition to research knowledge (EBP process). Although respondents felt it was important for the organization to engage more in EBP, they were simultaneously critical about how EBP should be implemented. When provided with both definitions, the majority of the respondents preferred the 'process' definition over the EBPs definition. They regarded the EBP process as more suitable for social work practice than EBPs as it takes into account clients' circumstances and professionals' expertise. These findings have implications for the way in which organizations and the social work profession approach the implementation of EBP. A critical first step for organizations attempting to implement EBP is to improve both social workers' and staff's knowledge and understanding of the clear distinction between EBPs and the original EBP process. Second, organizations may want to consider agreement on implementation of the EBP process, while remaining aware that engaging in the EBP process might also involve implementing EBPs.

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## **CHAPTER 6**

# Implementing evidence-based practice in a Dutch social work organization: a shared responsibility

Submitted as:

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## ABSTRACT

**Background:** This paper reports on a case study research exploring the factors that support and impede implementation of evidence-based practice (EBP) in a Dutch social work organization where executive management recently committed to EBP.

**Methods:** Qualitative data were gathered from semi-structured interviews with 10 staff members and 12 social workers. This is the first study using the Organizational model for EBP implementation, which was recently developed by Plath (2013, 2014) as a framework for organizational analysis in preparing for an EBP implementation process.

**Results:** In the case study organization, EBP occurs predominantly at the organizational level. R&D staff takes responsibility for the key steps of gathering, appraising and translating research insights into practice activities, whilst social workers are primarily involved in implementing tools, interventions and programmes. R&D is also involved in the internal evaluation of interventions and programmes in order to support ongoing practice development.

**Conclusions:** Several factors affecting EBP implementation and facilitative strategies have been identified. Most of these are congruent with the Organizational model for EBP implementation, with the exception of two impacting factors (negative attitudes about EBP and an organizational culture that values and encourages innovation and learning) and one facilitative strategy (research partnerships). These findings were used to further develop the model.



# INTRODUCTION

Finding effective strategies for the dissemination, adoption and implementation of EBP in social work practice has gained interest over the last decade (Gray, Joy, Plath, & Webb, 2013; Mullen et al., 2008; Plath, 2014). Despite its wide embrace in social work in many English-speaking and northern European countries, there is less consensus regarding the actual meaning of EBP in practice and how it is best promoted (Avby, Nilsen, Abrandt Dahlgren, 2014; Nutley, Walter, & Davies, 2009). Although EBP is considered an important strategy for improving social work practice, currently its use is limited (Avby et al., 2014; Bledsoe-Mansori et al., 2013; Mullen, Bledsoe, & Bellamy, 2008; Wike et al., 2014). EBP is not doing what it was designed to do: bring research and practice together in order to maximize opportunities to help clients and avoid harm.

This paper reports on a case study research exploring the factors that support and impede EBP implementation in a Dutch social work organization where executive management recently committed to EBP. This study builds on findings of a previous study relating to the same organizational case study which provided more insight in the views and attitudes toward EBP within the organization (Van der Zwet et al., under review). In the current study the organizational model for EBP implementation is used to identify the organizational features, external factors, and facilitative strategies that influence EBP implementation. This model was recently developed by Plath (2013, 2014) as a framework for organizational analysis in preparing for an EBP implementation process. This is the first study that applied Plath's model. The findings reported in this paper elaborate on this model by identifying two additional internal factors and one additional facilitative strategy.

## Background research and literature

Confusion exists among researchers, practitioners, educators, funders and policymakers about what EBP is (Gray, Joy, Plath, & Webb, 2015; Mullen et al., 2008; Wike et al., 2014). Although the dominant view is that EBP is a decision-making process that involves 'the integration of best research evidence with clinical expertise and patient values' (Sackett et al., 2000, p. 1), EBP is also often seen as a product that refers to the use of empirically supported interventions (ESIs) or evidence-based practices (EBPs) (Mullen et al., 2008; Wike et al., 2014). The EBP decision-making process is typically described in five steps: (1) formulating an answerable practice question; (2) searching for the best research evidence; (3) critically appraising the research evidence; (4) selecting the best intervention after integrating the research evidence with clinical expertise and client characteristics, preferences, and values; and (5) evaluating practice decisions (Mullen et al., 2008; Plath, 2014; Sackett et al., 2000). Although related to the EBP process, EBPs refer to specific interventions that include consistent scientific evidence showing that they improve client outcomes. In other words, EBP is a process practitioners can use when making practice decisions about which intervention to use, that might result in the use of an EBP or ESI (Gray et al., 2015; Mullen et al., 2008).

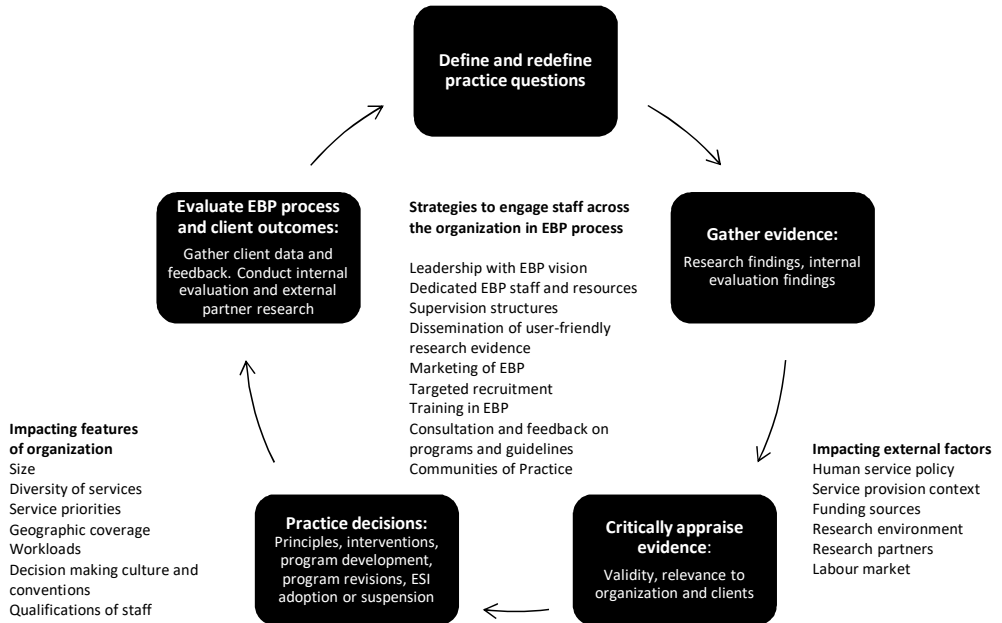
Since organizational and systemic factors play an important role in the EBP implementation process, several scholars have argued that there is a need to move beyond individual models and to locate EBP in a systemic, organizational model (Gray et al., 2013, 2015; Nutley et al., 2009; Plath, 2013). The 'research-based practitioner model' is often the default model associated with EBP. It assumes that individual practitioners have a role and responsibility to identify and remain abreast of the latest research developments, which are then used to inform their daily professional activities. Nutley et al. (2009) argue that this individual model has limitations, as social workers typically have little time to find and read research and limited autonomy to change their practice in light of research. In their review of ways to improve research use in social care, Nutley et al. (2009) identified two alternative models for developing EBP: the 'embedded research' model and the 'organizational excellence' model. The first model embeds research in systems, processes, and standards (e.g., national or local policies, procedures, and tools) and rarely allows for direct engagement of practitioners with research findings. Research insights are translated into practice activities by those in national and/or local policy and service management roles (intermediaries). This means there is no direct connection between research and frontline practice. The second relates to practices adopted at an organizational level to support and enhance research-informed practice. In this model, the key to research-informed practice lies within organizations: their leadership, management, organizational structure and culture. Organizations are not merely using externally generated research findings but are also involved in local experimentation, evaluation, and practice development based on research facilitated through organizations working in partnership with universities and other research organizations.

The need to locate EBP in a systemic, organizational model is supported by the findings of a review of research on barriers and facilitators to implementation of EBP in human services (Gray et al., 2013). Skills and knowledge as well as attitudes of individual practitioners were found to act as barriers, but significant organizational barriers to EBP implementation existed beyond the control of individual practitioners, such as inadequate agency resources (inadequate time for practitioners to engage in EBP), inadequate organizational culture (a lack of critical questioning), and lack of supervision (no guidance or support by supervisors). To successfully implement EBP these organizational barriers need to be tackled at an organizational level.

Building on previous research into the barriers and facilitators to EBP implementation in the human services, Plath (2013, 2014) recently developed an Organizational model for EBP implementation as an alternative to the individual five-step EBP model (See Figure 1). This model does not exclude individual decision-making but recognizes that it is influenced by the systemic and organizational context in which it occurs. Furthermore, rather than a five-step linear process of decision-making, this model offers a cyclic five-step EBP model that captures the process of ongoing practice question identification, evidence gathering, critical appraisal, decision-making in the light of new evidence, evaluation of practice and programmes and programme modification as organizations develop and refine interventions and improve client outcomes. Plath (2013) expanded the model by including the organizational features, external factors,

and facilitative strategies identified as influencing the EBP implementation process in the same organizational case study.

**Figure 1.** Organizational model for EBP implementation (Source: reproduced by permission of Taylor & Francis Ltd from Plath (2013).



The current study aims to contribute to existing literature on factors that support and impede EBP implementation. The specific research questions were: (1) How is EBP implemented in the organization? (2) What are the factors that support or impede EBP implementation? (3) What are facilitative strategies to improve EBP implementation? Providing more insight in the factors that support and impede EBP implementation, as well as strategies to improve EBP implementation, might help in suggesting ways to improve EBP implementation in social work.

## METHODOLOGY

Case study research is well suited to examine EBP implementation within a social work organization. Case studies have generally been used to describe implementation processes and organizational issues as they are suitable in situations in which 'the phenomenon under study is not readily distinguishable from its context' (Yin, 2003: 4). The unit of analysis for this case study is a Dutch social work organization providing a range of services to adults and families in parenting, grief counselling, relationships and divorce, and debt counselling. It employs around 120 social workers

and 15 executive, management, research and specialist staff. This organization is considered an 'exemplary case' because of its explicit commitment to engage more in EBP, which is quite unique in the Netherlands (Yin, 2003:13). The strategic plan of the case study organization states:

... as a service providing organization [we] will work more evidence-based in order to position the profession well and to defend it against future local administration budget cuts. Social professionals need to be more and more accountable. Therefore professional conduct needs to be based on the best available knowledge concerning efficiency and effectiveness.

The executive management of the organization decided to direct attention and resources towards improving the research capacity of the organization. In 2013 a Research and Development (R&D) department was put in place and two researchers were appointed. In 2015 when the data for this study was collected, an Academic Collaborative Centre (ACC) was initiated for Social Work (the first for Social Work in the Netherlands). ACCs are long-term collaborations between universities, care and welfare organizations and other organizations (Garretsen, Bongers, & Rosenberg, 2005; Steens, Van Regenmortel, & Hermans, 2017). ACCs aim to develop scientific knowledge and to initiate innovation in care and welfare services. The participant organization recently committed to introducing an EBP approach and is still in the early stages of EBP implementation. By participating in this research the organization endeavoured to discover ways to enhance EBP implementation process. This method section is based to a large extent on a previous publication reporting findings relating to the same organizational case study (Van der Zwet et al., under review).

### **Data collection and analysis**

The researcher visited several branches of the social work organization and observed a staff meeting to gain a better understanding of the organization. In order to explore the factors that support and impede EBP across the whole organization, the researcher conducted interviews with social workers (n=12) and staff (n=10) from different parts of the organization. A semi-structured question format with mostly open questions was developed for the in-depth interviews (See Table 1). One pilot interview with a staff member of another social work organization was conducted to test and develop the question format. Participants were prompted to clarify and expand on their responses and to describe their own experiences. Open questions and prompts were used to encourage participants to elaborate upon their views and experiences of EBP. To verify the correct interpretation of respondents' descriptions statements were summarized during the interviews.

#### **Table 1** Areas covered in the semi-structured question format

- Current use of EBP
- Factors that support and impede EBP implementation
- What is needed in the future to improve the use of EBP?

Eleven staff members involved in EBP implementation were invited to participate in individual interviews. Ten of them agreed to be interviewed: one CEO, three line managers, one Professionalization and Innovation staff member, one work supervisor, two R&D staff members and two HRM staff members, all with higher education degrees (See Table 2). The face-to-face interviews took place at the head office.

**Table 2** Background characteristics of respondents.

<b>Characteristics</b>	<b>Staff (n=10)</b>	<b>Social workers (n=12)</b>
<b>Mean age</b>	<b>43</b>	<b>43</b>
Gender		
Male	3 (30%)	3 (25%)
Female	7 (70%)	9 (75%)
Age groups		
<29	1 (10%)	1 (8%)
30-39	3 (30%)	5 (42%)
40-49	4 (40%)	3 (25%)
50 >	2 (20%)	3 (25%)
Highest degree		
Higher Vocational Education	4 (40%)	11 (92%)
Master	6 (60%)	1 (8%)

A purposive sample of social workers was selected in order to achieve maximal variation with regard to urban and regional areas, gender, levels of education, social workers who are and are not also team leaders and social workers who were recently trained in a specific intervention or not (Patton, 2002). Twenty social workers were invited to participate in individual interviews. Thirteen agreed to be interviewed and twelve interviews took place. Of the eight non-responding social workers seven were 50 years or older. This selective nonresponse resulted in a slight underrepresentation of the 50 years or older and a slight overrepresentation of the 30-39 years old social workers in the sample compared to the total population of social workers working in the case study organization. All participants had at least higher vocational education (all Social Work and Social Services), and one also had a Master degree (See Table 2). Nine face-to-face interviews took place at the head office, four face-to-face interviews at three other branches.

The leading author conducted all 22 interviews, completing reflective notes after each interview to capture initial themes and emerging ideas. Audio-recorded interviews took between 40 and 80 minutes, in Dutch, and later were fully transcribed. The researcher listened to the audio-recordings while reading the transcripts to check the transcripts for accuracy, followed by member checks by participants. The original statements included in this article were translated by a professional translator and the leading author.

Transcripts of interviews were entered into the MAXQDA 12.0 software package for qualitative data analysis. We conducted a hybrid approach to thematic analysis, combining an inductive and a deductive approach (Fereday and Muir-Cochrane, 2006). An initial structure of the following four broad code categories was established a priori in line with the research aims and the semi-structured question format: current use of EBP, factors that support EBP implementation, factors that impede EBP implementation, what is needed to improve EBP implementation. Then, initial codes regarding the research aims were generated from the data guided by these four code categories. These initial codes were analysed and sorted into potential themes and subthemes. Next a deductive approach was applied, which involved using the Organizational model for EBP implementation, as developed by Plath (2013), to identify internal and external features impacting on the organization and strategies to facilitate EBP implementation. Detailed reading and re-reading of transcripts and an active search for alternative examples and disconfirming data were applied to enhance validity and ensure that a range of perspectives were included in the analysis and presentation of findings (Patton, 2002).

### **Ethical considerations**

Both the participant organization and the university with which the researcher is associated are currently collaborating in the Academic Collaborative Centre Social Work (ACCSW). The current independent study is part of the research programme of the ACCSW. The CEO signed consent for the organization to participate. All respondents received written and verbal information about the study, after which they gave written or verbal consent. This study was not subject to an institutional review board. In the Netherlands, the Central Committee on Research Involving Human Subjects (CCMO, n.d.) states that only medical/scientific studies, and studies in which persons are subject to procedures and/or are imposed to a way of behaving, need to be approved by the Dutch Medical Research Involving Human Subjects Act (WMO). This study adheres to the (Dutch) code for scientific integrity (VSNU) and the Code of ethics for research in the social and behavioural sciences involving human participants as accepted by the deans of social sciences in the Netherlands (2016).

## **RESULTS**

### **Current use of EBP in the organization**

Interviews with staff and social workers clearly indicated that EBP implementation is still in its early stages and that it is used only on a modest scale.

I think we are really trying. It is still early days, but the outlines are becoming clearer. And they are also being fleshed out. (Staff, R1)

In the organization evidence-based practice is still very modest. It is not yet a full-fledged way of working in the organization. (Staff, R10)

When asked to describe how EBP is used in the organization, respondents identified a range of different examples. The most common examples were specific standardized interventions or programmes that are used throughout the organization, yet respondents were often unsure about the actual research evidence on the effectiveness of the interventions or programmes. Typical responses were:

Years ago we started with Solutions oriented work and now we work with the Social Network Strategy. Frankly I have no idea whether that has been proved effective... (Staff, R9)

This Solutions oriented work, or working according to the Social Network Strategy. I'm not sure if it has been scientifically proved, but I think it might be. (Social worker, R13)

Respondents talked about how the Research & Development (R&D) staff and the management of the organization decide on the adoption of specific interventions while taking into account existing research evidence. A R&D staff member describes her role in making decisions about interventions as follows:

[...] That we [R&D] are involved in decision-making on interventions, yes or no. So we can influence policy from a research perspective. (Staff, R7)

Or as a social worker explained:

The organization is obstinate enough to do what they also think is needed. Of course they want to be able to relate it to scientific research. [...] The big issues are decided by the organization, eventually by the Management Team that is responsible for it. (Social worker, R13)

Although most EBP decision-making occurred at organizational level, some examples of EBP decision-making also occurred at individual practitioner or team level. The following are two instances of social workers describing how they individually use research evidence to inform practice decisions:

For instance, not so long ago I met with a client who suffered a lot of loss in his life. And immediately I think, that is the way I operate: there has been research into this. Things have been proven to work in a specific way with this target group. And then I'll include it in a conversation with someone. [...] So not just intuitively, but also based on science, of specific knowledge in a field, that develops over the years. (Social worker, R21)

If it concerns more vulnerable matters. For instance topics in sexology that you want to start addressing, I do look at research in more detail. Like: how does it work and why? And then I'll check whether it has been proven. Because I notice that sexology clients are really vulnerable in languages. It supports me, that I can motivate why I am asking a question. I do need research and proof for this every now and then. (Social worker, R15)

One example related to a team staying informed by national guidelines, that had been established by scientists and practice experts, in order to use evidence to inform practice:

Group work for instance, where you notice that they check the guidelines from the Netherlands Youth institute, and when something is being developed it will be used as a basis. (Staff, R8)

Respondents also talked about how the R&D staff searches for and gathers external research evidence and translates research insights into practice activities. A R&D staff member describes her role in translating evidence into practice as follows:

We collect all kinds of research taking place and see what it means for practice. We translate it to help workers use it in approaches and methodologies. (Staff, R7)

R&D staff is also involved in the internal evaluation of interventions and projects in order to support ongoing practice development.

The researchers are being involved in policy development. They are there in the Management Team. So if there is a proposal like: let's do a project and youth care workers will all have to do this and this, that a researcher is present who can say: 'Let me help to look at task clarification, and perhaps I can also develop a list of indicators so that in six months we can check to see whether what you are dreaming up now is based on something'. (Staff, R1)

The case study organization also collaborates with the local university and local university of applied sciences (UAS) in collaborative research in order to conduct evaluation of programmes. One example of a collaborative research programme is the collaboration of the R&D staff with a local university in a three-year research project investigating the effectiveness of Social Network Strategy (SNS) (a programme recently implemented throughout the organization).

### **Factors impacting on EBP implementation**

The internal factors impeding EBP implementation reported by our respondents are a shortage of qualified staff, confusion about the meaning of EBP, negative attitudes about EBP, a preference



for experiential knowledge instead of research knowledge, a culture of crisis-driven practice, lack of time, a heavy workload and competing priorities. Internal factors promoting EBP implementation were also identified; an organizational culture that is open to innovation and an organizational culture that values and encourages learning. Furthermore, two external barriers to EBP implementation were identified: all the recent national and local changes in social work policy that create turbulence in the organization, and limited funding sources.

Respondents identified the confusion regarding the meaning of EBP among both social workers and staff and the lack of a shared definition and vision as internal factors hindering EBP implementation.

A choice was made for research, but what evidence-based really means ... that we've never discussed together. [...] I think that is not clear for everyone. (Staff, R8)

The negative attitudes of staff and social workers to EBP were also identified as a barrier. Resistance or aversion against the EBPs definition was identified as hindering EBP implementation.

The word evidence-based practice causes resistance. (Staff, R1)

Until a year ago I thought that evidence-based practice was this [EBPs]. As in the narrow definition. And when many people have that idea, that doesn't help. Because then you won't even give it a try. (Staff, R7)

A decision-making culture that prefers experiential knowledge instead of research knowledge was also regarded as a barrier. The staff and social workers tend to prefer their own experiential knowledge or consult their colleagues, instead of looking for research knowledge in books, websites or by consulting R&D staff. The following are typical responses:

I think that in our profession we have quite a lot of stubborn people, with their own ideas about everything. That people say: 'You can say all of that. And I'm sure there is proof, that is good. But I have my own very good approaches and ideas, so I'll do it my way first.' (Social worker, R20)

Of course I also have a stubborn nature, so I guess that also contributes, in the sense that I will just do what I think is best for the client, despite everything the books say. (Social worker, R14)

The decision-making culture of quickly responding to crises without taking the time for critical reflection is also found to impede EBP implementation.

That we don't take time to even ask the effectiveness question. So our culture has an 'I improvise and continue running' attitude, That is the biggest impediment. (Staff, R1)

A shortage of qualified staff (both social workers and staff) with the skills to define practice questions and critically appraise research was also identified as a barrier.

The lack of skills, not just with social workers, but also with staff. [...] The research perspective, so to speak. And being able to weigh research and knowledge. Being able to judge, but also to detect a practice question. (Staff, R8)

The organization's innovation culture is mostly perceived as a facilitating factor to EBP implementation.

The fact that we are an organization that wants to be innovative. So constantly looking for opportunities. (Staff, R5)

We try to lead in quality. People know us to be. We want to stay in the market, so if someone says: 'We want you to work with evidenced methods', then we will. (Social worker, R18)

However, when the organization's openness to innovation leads to implementing different innovations at the same time it may also hinder EBP implementation.

Sometimes I feel that staff and management are really at a high speed, but do not always realize that you need time to learn. I've told it to them once: 'Watch out. If you ask too many things from people at once, you'll lose quite a lot of time and energy, but it won't sink in. You'll have to start all over again half a year later.' [...] You could say that is the handicap of a head start. (Staff, R4)

An organizational culture that values and encourages learning was regarded as a facilitator to EBP implementation. Respondents talked about being encouraged and facilitated to enrol in continuing education with a budget for training. Some of them also mentioned that the case study organization requires social workers to register at the professional register of the *Nederlandse Vereniging van Maatschappelijk Werkers* ([NVMW] National Association of Social Workers), even when registration is not mandatory.

We are obliged to register at 'Registerplein'. [...] and they provide professional reading materials and you are obliged to know the professional code and work with specific standards and values. (Social worker, R21)

We really want people with a certain senior level, policy is aimed at that. So when you start working here, even if you've just graduated, then you are expected to develop a specific seniority at short notice. This includes professional development, and the profile of competencies is based on it as well. People are offered a lot of things in this respect, but selection is also based on it. (Staff, R8)

A lack of time for both social workers and staff and a heavy caseload and competing priorities are also identified as barriers to EBP implementation.

Time and space. Both social workers, managers and researchers. It just takes a lot of time if you want to do it well. And especially social workers are really busy. Yes, everyone is busy but social workers have a really heavy caseload, especially nowadays. (Staff, R8)

The organization is slightly contradictory in this. They say: 'Of course you will get time and space', but on the other hand the caseload remains. So that makes it difficult to negotiate. Do I give priority to my own development in evidence-based practice, or do I choose to work with the client? (Social worker, R22)

External factors outside of the organization also impact on EBP implementation. Respondents identified the recent national and local changes in social work policy as a barrier to EBP implementation. Times are turbulent due to the many changes in the organization since the introduction of the new *WMO* (Social Support Act) in 2015.

Current social developments, in the field of wellbeing everything is changing around, it is incredible how tasks have increased with the decentralisation. A lot of things have to be developed to meet the decentralisation tasks, so that is really an impediment. You don't have much room to focus on evidence-based practice, although I feel that you need it now, in times like these. (Staff, R8)

A lack of financial resources is another factor impeding EBP implementation. Although the organization backs its commitment to EBP with dedicated resources such as R&D staff, these are limited since Dutch government is cutting the budgets of social welfare and social services organizations.

### **Strategies to facilitate EBP implementation**

Based on their understanding of what has been and could be done within the organization to facilitate EBP implementation, respondents identified strategies to facilitate EBP implementation. These included strong leadership and a commitment to research, a shared definition and vision of EBP, and marketing of EBP to reduce the aversion to it, qualified and dedicated research staff,

research partnerships, targeted recruitment, improving qualifications of social workers, training in EBP and supervision. Respondents spoke about strong leadership and commitment to research as strategies to facilitate EBP implementation:

Our CEO is strongly committed to research, so that is a facilitating factor. [...] Exactly because he did start waving that flag, it is a facilitating factor. (Staff, R1)

Creation of a shared EBP definition and vision was also identified as a strategy that contributes to EBP implementation.

It is convenient to use the same term, or at least the same meaning to it [EBP] throughout the organization. To make it clear and unambiguous. Because then you can define your goals, you can define your strategy, you can define your vision. (Social worker, R17)

That we share a vision as management team and staff, on how important we find it. And not that one says A and another says B and a third says C and that eventually the people who do the work suffer, because they don't know what is expected of them. (Staff, R2)

Marketing of research evidence and EBP in order to reduce the resistance or aversion to EBP among social workers and staff was identified as another necessary facilitating strategy.

So then I keep calling: 'This comes from the UAS lectorate, they found it in research.' So meanwhile the district social teams also begin to understand that such a lectorate can help them too. So what they [social workers] need is to know that those researchers are around the corner and can really do useful stuff. (Staff, R1)

It [EBP] also encounters resistance. Just saying the word, it makes you fall behind with some people. So you need to do something. It is a point you need to work at. (Staff, R10)

Furthermore, R&D staff was identified as an important strategy to facilitate EBP implementation. Respondents related to the benefits of having a qualified research staff dedicated to defining practice questions, searching and appraising evidence and translating it into practice. Also, they appreciated that the R&D staff is able to understand local practice questions and produce relevant and usable research findings.

I like having our own research department, so I can rely on us being able to and doing something with research findings. A familiar feeling of: they will understand

the question, they will know what kind of solution or answers or help I'm looking for. Yes, something that is really helpful in practice. (Staff, R9)

You simply need people who do this, translators. Researchers with skills to judge research and detect and translate practice questions. We are special as an organization in that respect, that we have this kind of people. (Staff, R8)

Engaging with social workers in order to stay in contact with local practice was recognized as an important task of R&D staff, but because of a lack of time and resources this was under pressure.

Precisely in order to invite that question from practice, you need to connect with all the social workers employed here. And I notice that, because we are so busy, that is the kind of task that we miss out on. Although I really think that it should be our most important task, keeping the connection with practice. (Staff, R8)

In addition to their responsibility for the key steps of question identification, evidence gathering, critical appraisal, and translating evidence to practice, R&D staff were also regarded as key drivers of EBP implementation.

We're doing well with the research department. So there is real attention for [EBP]. That there are people who will continue to explicitly put these things on the agenda, that it continues to get attention. (Staff, R5)

The external research networks and university-agency partnerships were identified as another strategy to improve EBP implementation, as they provide extra research capacity and offer useful tools for practice.

The collaboration with the UAS is important because we can stimulate each other to conduct empirical research. So there's mutual gain with regard to manpower. Students and graduates get to work here. (Staff, R2)

In the UAS we closely collaborate with the lectorate and that lectorate continues to provide tools that we can put to use in the district social teams. (Staff, R1)

Improving the qualifications of social workers was also identified as a strategy to enhance EBP implementation in the organization. One example is the grant for the Master Social Work programme that facilitates continuing education:

Something that also works well, is the existence of a Master scholarship. So doing a Master study is stimulated. That is how you get people in your organization that are more research-minded. (Staff, R8)

There were also examples of targeted recruitment, as the organization is actively seeking to hire staff with a different educational background than Social Work in order to acquire people with specific knowledge and skills.

So now we also get people who studied for instance social psychology and found themselves in youth care. So the monoculture of a social work background becomes wider. Now we also have colleagues who studied applied psychology, and have a little more methodological expertise. (Staff, R1)

The need for EBP training in order to improve qualifications of social workers and staff was identified as a potential strategy to enhance EBP implementation. There was an example of a course to teach social workers how to use SNS in trainings. But there were no examples of trainings to improve knowledge and understanding of EBP.

Supervision was identified as another potential strategy to enhance EBP implementation. There were examples of management supervising social workers in introducing SNS throughout the organization:

Of course we as managers are also responsible again when agreements have been made for the use of interventions or approaches or methods, to make sure that these are actually implemented. (Staff, R5)

However, respondents also identified a need for management and work supervisors to make EBP a point of interest in meetings with social workers. Respondents feel that currently this is not being done sufficiently:

I think it would be good to pay more attention to it in supervision. And eventually also in your conversation with your manager. (Social worker, R22)

## DISCUSSION

This study investigated EBP implementation, the factors supporting or impeding EBP implementation and the strategies to improve EBP implementation from the perspectives of social workers and staff in different parts of the organization. The findings show that EBP implementation is in its early stages and that EBP decision-making occurs predominantly at the organizational level. Findings regarding the factors that support and impede EBP implementation in this organization, as well as strategies to improve EBP implementation, support prior research in social work. These findings and their implications are discussed below.

The findings reflect an organizational approach to EBP implementation that resembles the Organizational EBP model as developed by Plath (2014). While there are some examples

of individual social workers using research to guide practice, EBP predominantly occurs at the organizational level. In the case study organization, R&D staff and management together take decisions about the organization-wide adoption of specific (standardized) interventions or programmes while taking into account existing research evidence. Moreover, R&D staff have a crucial role in the key steps of gathering, appraising and translating research insights into practice activities, whilst social workers are primarily involved in implementing tools, methods and interventions. R&D staff is also involved in the internal evaluation of interventions and projects in order to support ongoing practice development. This is facilitated through collaboration with universities and UAS. Interestingly, EBP implementation in the case study organization appears to reflect primarily a mix of the 'organizational excellence model' and the 'embedded research model', while the 'research-based practitioner model' is used to a lesser degree. According to Nutley et al. (2009) blending of the models is likely to be required, as it is assumed that selectively combining all three models will provide synergies. However, a combination of models is also likely to produce tensions. For example, when decisions to adopt standardized interventions are made on an organizational level, individual practitioners may feel constrained to tailor to the particular circumstances of clients. Therefore it is crucial that individual practitioners have the professional autonomy to decide whether a specific standardized intervention with a strong evidence base is suitable for an individual client.

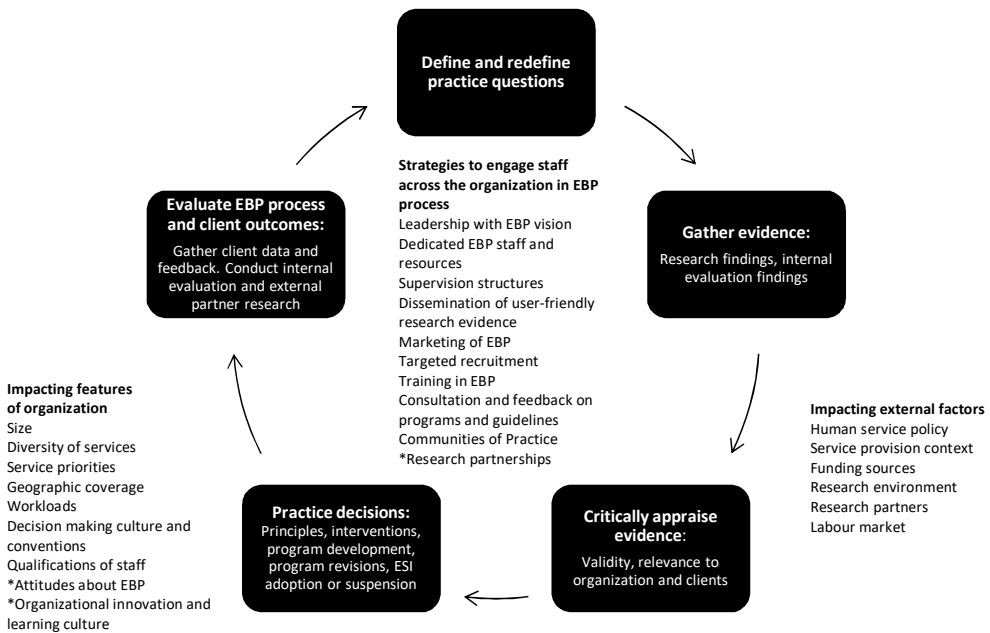
Although the findings from this case study are mostly in line with the Organizational model for EBP implementation, they also suggest that the model could be further developed. We identified two additional impacting factors and one facilitative strategy in our case study that should be included in the Organizational model for EBP implementation. The first additional impacting factor concerns the attitudes about EBP among staff and social workers. Negative attitudes about EBP have been identified as a barrier to EBP implementation in previous literature (Gray et al., 2013; Wike et al., 2014). The second additional impacting factor concerns the organizational innovation and learning culture. Previous literature suggests that human services organizations with organizational cultures characterized by innovation and learning may be more likely to adopt EBP (Wike et al., 2014).

Furthermore, we suggest that external research partnerships should be included in the model as a strategy to improve EBP implementation. The case study revealed that partnering with the local university and local UAS in collaborative research programmes provided resources to build research capacity and translate evidence into practice. Thus, although research partners are already included in the model as an impacting external factor, our findings suggest that it should be included as a facilitative strategy as well. Moreover, the potential to enhance EBP through partnerships between human service organizations and universities has been recognized in several studies (Bellamy et al., 2008, Bledsoe-Mansori et al., 2013, Collins-Camargo, 2007). Future research should seek to evaluate the influence of the ACC as it was too early to tell during this study how the ACC affected EBP implementation.

This is the first study in the Netherlands exploring EBP implementation in a social work organization and identifying the factors that support and impede it. The findings contribute to

the existing literature on the factors that support and impede EBP implementation, but need to be viewed in light of the limitations associated with this particular study. As only one organizational setting was examined, the results may be useful for organizations in similar circumstances, but perhaps less useful for others. However, the research has identified two internal factors and one facilitative strategy that further develop the Organizational model for EBP implementation by Plath (2013), which organizations can use when preparing for EBP implementation (See Figure 2).

**Figure 2** Organizational model for EBP implementation. Adapted from Plath (2013). Adaptations are marked with an asterisk.



**Conclusion**

The case study provides insights into EBP implementation in action from the perspectives of social workers and staff in different parts of the organization. The findings illustrate that the implementation of EBP is not solely the responsibility of social workers, but a shared responsibility of social workers and staff throughout the organization. The findings also confirm that a systemic, organizational EBP approach, such as the Organizational EBP model (Plath, 2014) is a better fit and therefore more relevant in social work practice than the individual five-step decision making process. This suggests that, although much of the literature on the topic aligns EBP with the individual five-step decision making process, organizations attempting to implement EBP might need to consider an organizational approach to EBP given the many organizational barriers to be overcome. Furthermore, this case study research strengthened and further developed the Organizational model for EBP implementation by adding two additional impacting factors and one facilitative strategy.



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# **CHAPTER 7**

General discussion

## BACKGROUND

Social workers are often at the forefront, working directly with clients and their families, providing a wide range of social work services established to address human needs and remediate their problems. The importance of better utilizing research to guide social work practice has been acknowledged for over a century. Unfortunately, social workers often underutilize available research knowledge. Currently, the evidence-based practice (EBP) process model (EBP process) - comprising more than the sole implementation of evidence-based practices (EBPs) - is seen as a promising approach to bridge the gap between research and practice. In line with the dominant view on EBP, in this thesis we define EBP as a decision-making process that involves “the integration of best research evidence with clinical expertise and patient values” (Sackett et al., 2000, p. 1). However, so far, despite the increasing attention for EBP in social work, research shows that social work practitioners are still not engaged in EBP. Understandably, there is a growing interest in the processes involved in EBP implementation and for finding effective strategies in the implementation of EBP in social work practice (Gray, Joy, Plath, & Webb, 2013; Manuel, Mullen, Fang, Bellamy & Bledsoe, 2009, Mullen, Bledsoe, & Bellamy, 2008; Plath, 2014). However, little empirical research has been reported examining the implementation of EBP in social work practice settings (Austin & Claassen, 2008; Gray et al., 2013; Manuel et al., 2009).

The overarching aim of this thesis is *to explore the factors that support or impede EBP implementation in social work practice as well as the facilitative strategies that support EBP implementation in social work*. This thesis presents the results of four studies. First, we reviewed the international literature on barriers and facilitators to EBP implementation (Chapter 2). In the second study we assessed social workers’ orientation toward the EBP process and implementation of the EBP process (Chapter 3). The third study focused on comparing Master Social Work (MSW) students’ and social workers’ orientations toward and engagement in the EBP process (Chapter 4). The fourth study explored social workers’ and staff’s views and attitudes towards EBP in a social work organization where executive management recently committed to EBP (Chapter 5) and explored their thoughts on the factors that support and impede implementation (Chapter 6).

In this last chapter, we first summarize the main findings of each Chapter, then we provide an overall reflection of the results of this thesis. In the second place, we outline the strengths and limitations of this thesis. Finally, we provide five recommendations for practice and considerations for future research.

## MAIN FINDINGS

Chapter 2 provides an overview of barriers and facilitators that are mentioned in international studies. In this study we used results of international studies and discussed to what extent these barriers and facilitators are likely to be applicable to the Netherlands. We found that there is a lack of clarity about the meaning of EBP. While some scholars refer to EBP as a process that

involves “the integration of the best research evidence with clinical expertise and client values in making practice decisions” (EBP process), others refer to EBP as the implementation of evidence-based practices or interventions (EBPs). Although the first definition is based on the original definition of the founders of the preceding term Evidence-based Medicine (EBM), a model widely used in the field of medicine, the latter definition is also frequently used. As the lack of clarity about these different meanings creates misunderstandings about EBP we argue it is important to make explicit which definition is being used. This may prevent misconceptions, such as that EBP is impossible without experimental effect studies or that evidence-based work threatens professional autonomy.

We used a framework developed by Rogers (2003) to describe the factors that impact on the dissemination and implementation of an innovation. This framework includes the following four factors: (1) characteristics of the individual (2) characteristics of the organization, (3) characteristics of the innovation itself, and (4) the nature of the communication. We found that most of the barriers in the literature relate to the individual professional, for instance a lack of research knowledge and skills and a suspicious attitude of the practitioner towards EBP. These factors seem to act as barriers in the Netherlands as well. Therefore, staff selection, education and training seem possible solutions to improve EBP implementation in the Netherlands. However, we found that there is increasing recognition that organizational and systemic factors (such as a lack of time and funding) also hinder EBP implementation. As these barriers seem to be in play in the Netherlands as well, it appears that sufficient support from social services organizations and policymakers is an important possible solution to improve EBP implementation. Furthermore, with regard to the innovation (EBP) itself, we found that insufficient compatibility of EBP with existing values and previous experiences of social workers also seem to hinder EBP implementation in the Netherlands. Finally, with regard to the nature of the communication, the reliance on the linear dissemination of research findings towards practice (that involves researchers producing evidence and professionals using it) was also found to act as a barrier. As this seemed to hinder EBP implementation in the Netherlands as well, more interaction and collaboration between practitioner and researcher was suggested as a possible solution to improve EBP implementation.

In Chapter 3, we assessed social workers’ orientation toward the evidence-based practice (EBP) process and engagement in the EBP process. Data were collected from 341 Dutch social workers through an online survey which included a Dutch translation of the EBP Process Assessment Scale (EBPPAS), along with 13 background/demographic questions. We found preliminary evidence that Dutch social workers are not much oriented toward the EBP process, as the Dutch social workers in our sample had a relatively low overall orientation toward the EBP process. They are slightly familiar with the EBP process and have slightly positive attitudes about it, but their intentions to engage in the EBP process and their actual engagement are relatively low. In addition, the results from this survey show that social workers see insufficient time and lack of access to research literature as barriers to EBP implementation in practice. Furthermore, this study also explored whether specific variables (such as age) were associated with the level of orientation toward the EBP process, as these variables can be helpful in suggesting ways

to improve practitioner acceptance and implementation of the EBP process. We found that social workers who reported having followed a course on the EBP process as a student were more positively oriented toward the EBP process than those who reported not having followed a course on the EBP process as a student. Likewise, social workers who reported having prior continuing education on the EBP process as a practitioner had more positive attitudes about the EBP process than social workers who reported not having followed prior continuing education on the EBP process. Furthermore, we found that social workers under 29 were more familiar with the EBP process than social workers over 40. We found no differences in the overall orientation towards the EBP process between the five levels of education. An unexpected and interesting finding was that social workers with Intermediate Vocational Education were more familiar with the EBP process than social workers with Higher Vocational Education.

Chapter 4 describes the outcomes of a study comparing MSW students' and social workers' orientations toward and engagement in the EBP process. Data were collected from MSW students ( $n= 32$ ) and from social workers ( $n= 341$ ) using the EBP Process Assessment Scale. The results were encouraging as they provided initial support for the assumption that MSW students are more likely to adopt and implement EBP. MSW students in our sample were significantly more oriented toward the EBP process than social workers. The effect size, calculated using  $\eta^2$ , was large ( $\eta^2 = .19$ ). MSW students also had more positive attitudes toward EBP than social workers, more intentions to engage in the EBP process, and actually engaged more in the EBP process (all with a medium to large effect). MSW students also were more familiar with the EBP process than social workers (moderate effect). However, MSW students were less positive about the feasibility of implementing EBP in practice than social workers, although the effect size was small. It was encouraging to find that 75 percent of the MSW students in our sample reported that they read research evidence to guide practice decisions "often or very often", as opposed to 10.6 percent of the social workers. Also an encouraging finding was that 21.9 percent of MSW students reported "relying on research evidence as the best guide for making practice decisions" often or very often as opposed to 8.8 percent of social workers and that approximately 25 percent of MSW students reported implementing all steps of the EBP process often or very often as opposed to 1.2 percent of social workers. However, in light of the low percentage of MSW students that reported "relying on research evidence as the best guide for making practice decisions" often or very often, and the low percentage that reported implementing all steps of the EBP process often or very often, one could also see a need for improvement.

In Chapter 5 we explored the views and attitudes towards evidence-based practice (EBP) of social workers and staff working in a social work organization in which executive management recently committed to EBP. Qualitative data were gathered through semi-structured interviews with 10 staff members and 12 social workers. Findings revealed that confusion about the meaning of EBP was a major issue. Both social workers and staff mentioned they were unsure or confused about the meaning of EBP. Furthermore, they conceptualized EBP in a number of different ways. While the most common responses conveyed the view that EBP is about using interventions for which there is scientific evidence that they are effective (EBPs), other responses



conveyed the view that EBP is about taking into account professional expertise and/or client circumstances in addition to research knowledge (EBP process). Although respondents felt it was important for the organization to engage more in EBP, they were simultaneously critical about how EBP should be implemented. A strong preference for the EBP process as opposed to EBPs was identified as another major theme. When provided with both definitions, the majority of the respondents preferred the 'process' definition over the 'EBPs' definition. They regarded the EBP process as more suitable for social work practice than EBPs as they felt that EBPs would restrict professional autonomy and would prevent social workers from tailoring their response to the specific context and circumstances.

After the exploration of the views and attitudes towards EBP of social workers and staff in Chapter 5, the impacting factors and facilitative strategies were investigated in the same Dutch case study organization in Chapter 6. Qualitative data were gathered through semi-structured interviews with 10 staff members and 12 social workers. The Organizational model for EBP implementation, that was developed by Plath (2013, 2014), was used to identify the internal and external impacting factors, and facilitative strategies that influence EBP implementation. The Organizational model for EBP implementation provides a framework for organizational analysis that organizations can use in preparing for an EBP implementation process. The findings showed that EBP implementation was in its early stages and that EBP decision-making occurred predominantly at the organizational level. Several impacting factors and facilitative strategies were identified. Most of these were congruent with the Organizational model for EBP implementation, with the exception of one impeding factor (negative attitudes about EBP), one supporting factor (an organizational culture that values and encourages innovation and learning), and one facilitative strategy (research partnerships). These findings were used to further develop the model. The case study showed that different facilitative strategies are required to create a supportive organizational context, including strong leadership with EBP vision and commitment to research, a qualified and dedicated research staff, and EBP supervision. These findings suggest that the implementation of EBP is not solely the responsibility of social workers, but a shared responsibility of social workers and staff throughout the organization. The findings also confirmed that a systemic, organizational EBP approach, such as the Organizational EBP model (Plath, 2014) is a better fit and therefore more relevant in social work practice than the individual five-step decision making process.

## REFLECTION ON THE MAIN FINDINGS

The findings of this thesis show that both the overall orientation toward the EBP process and the actual engagement of Dutch social workers in the EBP process are relatively low (Chapter 3). When comparing these findings to two US surveys (Parrish & Rubin, 2012; Rubin & Parrish, 2011), Dutch social workers' overall orientation toward the EBP process and actual engagement in the EBP process are lower than those of social workers in the US. However, it should be noted that

this is not a surprising finding, as social work educators in the US have been optimistic about EBP for a longer time than those in the Netherlands, which in the US has led to the initiation of several approaches in various places in the US to educate students in the EBP process and provide continuing education to social workers. Furthermore, the respondents in the US surveys were all Master level social workers, whereas the Dutch respondents were mostly Bachelor level social workers. Unfortunately, we did not find any other surveys that were also done among Bachelor level social workers to compare our results with. As the EBPPAS scale we used is relatively new, it has not yet been widely used. However, we did find a recent Norwegian survey, which was conducted mainly among Bachelor level social workers (81% Bachelor level and 6% Master level) that found that Norwegian social workers are generally more positive than negative towards EBP (Ekeland, Bergem, & Myklebust, 2018). Unfortunately the results are difficult to compare as the Norwegian study did not use the EBPPAS scale.

Furthermore, the findings of this thesis show that EBP implementation is a complex process that is influenced by barriers and facilitators at various levels. Since Rogers' Diffusion of Innovations theory offers a suitable framework, we used it to integrate and interpret our findings. All barriers and facilitators found in the studies were initially divided in the four categories established by Rogers (2003), i.e., 1) the characteristics of the potential user of the innovation, 2) the characteristics of the organization, 3) the characteristics of the innovation and 4) the nature of the communication. However, as we were not able to categorize all barriers we also included 5) characteristics of the socio-political context, which is included as a category of impacting factors in the framework by Fleuren et al. (2014). Table 1 provides an overview of all important barriers and facilitators, based on the model of Rogers (2003) and the model of Fleuren et al. (2014)(See Table 1).

### **Individual level barriers and facilitators**

This thesis identified several barriers at the level of individual practitioners, such as a lack of understanding of what EBP means among social workers, and a negative, suspicious attitude towards EBP among both staff and social workers, inadequate research skills and knowledge and a preference for experiential knowledge instead of research knowledge. The abovementioned factors are in line with much of the literature on EBP implementation. In addition, we found that a lack of understanding of what EBP means among staff impedes EBP implementation. In line with our finding, a recent Swedish study found that managers in older people care services were uncertain about the meaning of EBP and were not very active in EBP Implementation (Mosson, Hasson, Wallin, & von Thiele Schwarz, 2017). Furthermore, the findings of this thesis show that the misconception that EBP is only about research evidence and selecting EBPs is likely to be responsible for some of the scepticism and resistance to the EBP approach, as was previously suggested by Thyer (2013). A recent study assessing attitudes towards EBPs appears to be mostly in line with this. It found that German social workers had negative attitudes towards a 'top-down' approach, requiring the use of EBPs (James, Lampe, Behnken, & Schulz, 2018). However, it should also be noted that they were mostly positive about EBPs if methods made sense, were appealing and they had received enough training to use the methods correctly.

**Table 1.** Summary of the main findings based on the models of Rogers (2003) and Fleuren et al. (2014)

**Individual factors**

- Barriers:
- Lack of understanding of EBP among social workers and staff
  - Negative or suspicious attitude towards EBP
  - Inadequate research knowledge and skills
  - Preference for experiential knowledge instead of research knowledge
- Facilitators:
- Having followed a course on the EBP process as a student
  - Having followed continuing education on the EBP process as a social worker
  - Being enrolled in a MSW-programme

**Organizational factors**

- Barriers:
- Inadequate resources dedicated to EBP (insufficient time, insufficient funding, lack of access to research literature)
  - Heavy workload and competing priorities
  - Shortage of qualified staff
  - A culture of crisis-driven practice
  - A decision making culture that prefers experiential knowledge
- Facilitators:
- An organizational culture that is open to innovation
  - An organizational culture that values and encourages learning
  - A shared definition and vision of EBP
  - Strong leadership and a commitment to research
  - Marketing of EBP to reduce aversion to it
  - Qualified and dedicated research staff
  - Targeted recruitment
  - Improving qualifications of social workers
  - Training in EBP
  - EBP supervision
  - Research partnerships

**Innovation factors**

- Barriers:
- Translating evidence into practice is complex
  - The reliance on an individual, linear approach to EBP
- Facilitators:
- Collaboration between research and practice
  - An organizational, cyclic approach to EBP

**Communication factors**

- Barriers:
- Lack of clear descriptions of EBP in much of Social Work literature
- Facilitators:
- Clear information about the EBP process and how it is different from EBPs

**Socio-political level factors**

- Barriers:
- The recent national and local changes in social work policy
  - The limited funding sources and austerity measures
- Facilitators:
- none

The findings on the individual level facilitators indicate that providing (continuing) education on the EBP process in Bachelor and Master level programmes is an important strategy for improving EBP implementation. We found that social workers who followed a course on the EBP process as a student and social workers who followed continuing education on the EBP process have more positive attitudes about EBP. Furthermore, we found that social workers enrolled in a MSW-programme are more familiar with EBP and have more positive attitudes toward EBP. These findings are in line with several studies that found that explicitly integrating the EBP process in the curriculum, through assignments that require the students to follow the steps of the process, may enhance students' familiarity significantly (Bender et al., 2014; Mathiesen & Hohman, 2013). Furthermore, several authors have previously recommended continuing education about the EBP process model as one approach to alleviate resistance to EBP among social work practitioners and encourage them to adopt the model (Bellamy, Bledsoe, & Traube, 2006; Parrish & Rubin, 2011). The recommendation to provide continuing education on the EBP process is further supported by preliminary evidence from a recent US pretest-posttest study evaluating the effectiveness of a continuing training education workshop on the EBP process model with social workers. It found that the views, knowledge, and self-reported behaviour of workshop participants became more favourable with regard to the EBP process (Parrish & Rubin, 2011). Moreover, a recent replication study appears to support that Parrish and Rubin's continuing education workshop in the EBP process is an effective means to train social workers in the EBP process (Gromoske & Berger, 2017).

### **Organizational level barriers and facilitators**

Consistent with recent reviews on barriers to implementation of EBP in social work organizations (Gray et al., 2013; Wike et al., 2014), this thesis finds that in addition to individual level barriers, there are also important organizational level barriers impeding EBP implementation. These include inadequate agency resources dedicated to EBP (time, funding), a heavy workload and competing priorities, a shortage of qualified staff, a culture of crisis-driven practice and a decision-making culture that prefers experiential knowledge instead of research knowledge (Chapters 3, 4, 6).

The findings on the organizational level facilitators indicate that creating a supportive organizational context that facilitates EBP implementation is an important strategy. We identified several facilitators of EBP implementation on the organizational level including strong leadership and a commitment to research, a shared definition and vision of EBP, and marketing of EBP to reduce the aversion to it, qualified and dedicated research staff, targeted recruitment, improving qualifications of social workers, training in EBP, supervision and research-practice partnerships. Our findings are in line with a recent review that showed that EBP is far more likely to be applied in organizational contexts where using research to inform practice is an intricate part of the organizational culture and where adequate networked support, resources, training, and supervision are available for social workers (Gray et al., 2013).

### **Barriers and facilitators on the level of the innovation**

There are also several characteristics of EBP itself that impede its implementation such as its perceived complexity (i.e. the difficulty of translating research evidence to practice). Consistent with this finding, previous reviews have identified the research environment as a barrier, reporting a lack of fit between the available evidence and the practice context (Gray et al., 2013; Wike et al., 2014). Furthermore, the findings of this thesis suggest that although much of the EBP literature aligns EBP with the individual five-step decision making process, and thus places the onus on the individual social worker to find and apply evidence, this individual approach to EBP has several limitations, as individual social workers generally lack time, knowledge and skills. This finding is in line with the argument made by Nutley, Walter & Davies (2009) that the original individual 'research-based practitioner model' has limitations as social workers typically have little time to find and read research and limited autonomy to change their practice in light of research.

The findings of this thesis suggest that, rather than relying solely on the original individual approach to EBP, there is a need to adapt EBP into a model that involves individual social workers as well as social work organizations and research organizations in the EBP process. Instead of expecting individual social workers to gather, appraise and translate research findings, management and R&D staff also have a crucial role in the key steps of gathering, appraising and translating research insights into practice activities. Furthermore, instead of relying on the linear process that involves researchers producing evidence and professionals using it, social work organizations and research organizations need to collaborate in the local production, utilization and adaptation of research findings. These findings are in line with prior literature on research utilization that increasingly recognizes the limitations of the original individual 'research-based practitioner model' and indicates that a combination of the 'organizational excellence model', the 'embedded research model' and the 'research-based practitioner model' model is likely to be required (Nutley et al., 2009).

### **Barriers and facilitators related to the nature of the communication of the innovation**

We also found barriers related to the nature of the communication of EBP. The lack of a clear description of EBP in much of the international and Dutch social work literature was found to impede EBP implementation. In much of the literature the EBP process definition is not used and the five-step process is not mentioned, leading users to not being fully informed about the difference between the EBP process and EBPs. This finding is in line with previous arguments by several authors that in much of the social work literature EBP is misrepresented as an approach that solely focuses on applying research evidence and EBPs (Thyer, 2013; Gambrill, 2011).

The findings of this thesis suggest that providing clear information about what the EBP process is and how it is different from EBPs will facilitate the uptake of EBP. This is in line with a recent study in the US examining social work practitioners' limited understanding and use of EBP which recommended that it is essential to increase the knowledge and skills with regard to EBP and EBPs, and to be clear about the definitions (Grady et al., 2018).

### **Socio-political level barriers**

We found two barriers on the socio-political level, i.e. the recent national and local changes in social work policy that create turbulence in organizations, the limited funding sources and austerity measures. Although these two barriers were not identified in recent reviews of EBP implementation in human services (Gray et al., 2013; Wike et al., 2014), funding sources and social work policy were included as impacting external factors in the Organizational model for EBP implementation as developed by Plath (2013).

### **Strategies to improve EBP implementation**

Of course, an improved understanding of the factors that support or impede EBP implementation is not an aim in itself, but stems from the desire to find ways to improve EBP implementation in social work practice. In general, when further interpreting these results Rogers' description of the different stages of implementation can be applied. The Diffusion of Innovations theory identifies five stages of implementation: 1) the knowledge stage, in which an awareness and understanding of the innovation develops; 2) the persuasion stage, in which a favourable or unfavourable attitude towards the innovation is formed; 3) the decision stage, in which the individual or organization decides whether to adopt or reject the innovation; 4) the implementation stage, in which the innovation is put into practice; and 5) the confirmation stage, in which the innovation is integrated into routine practice. This means that according to the Diffusion of Innovations theory potential users first need to understand the innovation and develop a positive attitude to it before they can decide to adopt it (or not).

Therefore, in line with the Diffusion of Innovations theory, we suggest that policymakers and social work organizations wishing to promote EBP adoption (and implementation) in social work first need to increase social workers' and staff's knowledge of EBP and improve their attitudes towards EBP. This requires clear information when communicating about EBP on what the EBP process is and how it is different from EBPs. In addition, Universities of Applied Sciences need to provide (continuing) education on the EBP process in Bachelor and Master level Social Work programmes. The importance of first increasing social workers knowledge of EBP is further underscored by a recent study among Israeli social work students that found that familiarity/self-efficacy is an important predictor for EBP behaviors (Shapira, Enosh & Havron, 2017).

Secondly, policymakers and social work organizations wishing to promote EBP adoption (and implementation) in social work need to facilitate the use of EBP by addressing the organizational barriers and creating a supportive organizational context. Although social workers have an important role in EBP implementation it is likely that only improving their knowledge and attitudes towards EBP is insufficient to improve EBP implementation, as we found that there are many organizational level barriers that impede the actual engagement in EBP (the implementation stage). Organizations wishing to implement will need to engage staff throughout the organization (such as managers, work supervisors, R&D staff members and HRM staff members) and ensure that adequate support (e.g. qualified and dedicated research staff), resources, training and supervision are available for both social workers and staff. This

likely requires additional resources from funders and policymakers. Recently, Shapira et al. also recommended that first the knowledge of social workers should be increased and only then the feasibility should be improved 'by creating a more EBP-friendly environment' (2017).

As a third step, rather than relying solely on an individual 'research-based practitioner model' there is a need to also move towards (a combination of) the 'organizational excellence model' and the 'embedded research model', such as the Organizational model for EBP implementation, adapted from Plath (2013) (See Chapter 6). The findings of this thesis suggest that although much of the EBP literature aligns EBP with the individual five-step decision making process, and thus places the onus on the individual social worker to find and apply evidence, this individualised approach to EBP has several limitations. Moving towards the 'organizational excellence model' by engaging in local partnerships between research and practice, can provide resources to build research capacity and translate evidence into practice. More specifically, research-practice partnerships between universities/UASs and social work organizations signify an important strategy for improving EBP implementation. The potential to enhance EBP through partnerships has not only been recognized in this study, but occurred in several studies (Bellamy, Bledsoe, Mullen, Fang & Manuel, 2008; Bledsoe-Mansori et al., 2013). For example, a study investigating a training-based collaborative agency-university partnership strategy found that research-partnerships are needed to not only enhance social workers' motivation to use EBP but also to provide the initial and ongoing training, assistance, and supervision needed for practitioners to successfully implement and use EBP efficiently in practice (Bledsoe-Mansori et al., 2013). The need to change and adapt the EBP model itself is further emphasized by insights from the Diffusion of Innovations theory. According to this theory the degree to which an innovation is changed or modified by a user in the process of its adoption and implementation (this concept is called re-invention by Rogers) is related to a higher degree of adoption and a higher degree of sustainability of an innovation.

In sum, a multilevel and multifaceted approach, that takes into account the various barriers and enhances the various facilitators to EBP, is likely to be needed in order to improve EBP implementation. While the findings in this thesis show that enhancing social workers' and staff's knowledge and attitudes towards EBP is a first necessary facilitative strategy to improve EBP implementation, we also found several important barriers at the level of the organization, the level of EBP itself, how EBP is communicated, and the socio-political context, that need to be addressed and overcome in order to improve EBP implementation. This suggests that EBP implementation requires the mobilization and commitment of many parties.

## **STRENGTHS AND LIMITATIONS**

In the studies reported in this thesis, multiple designs (quantitative and qualitative) and different methods (surveys and semi-structured interviews) were used. As the strengths and limitations of the individual studies were discussed in the chapters in question, the general (methodological) considerations of the overall thesis will be discussed below.

The main limitation of this thesis is that our focus on the perspectives of social workers and staff did not include the involvement of other stakeholders, such as clients, researchers and policymakers. As social workers and staff unarguably play an important role in EBP implementation, we decided to focus on their perspectives. However, as this thesis showed, utilizing evidence in practice with the ultimate goal of improving outcomes for clients is not solely the responsibility of social workers and staff in social work organizations. Future research should therefore involve other perspectives, including those of clients, researchers, and policymakers. We believe it is especially important to examine clients' views and attitudes towards EBP, as the dominant view of EBP involves a process in which the practitioner gathers and appraises the best current research evidence, and then makes informed decisions about practice interventions *with* individual clients. Unfortunately until now the perspective of the client has received little attention in EBP implementation research (Keuzenkamp, 2017).

The second limitation of this thesis is that most of the studies (Chapters 3, 4 and 5) primarily focused on the views and attitudes towards EBP, meaning the first two stages of implementation (knowledge and persuasion), while only the last study mostly involved the third stage of implementation (actual implementation, although still in its early stages). However, this may also be considered an important strength of the thesis, as the focus on the views and attitudes towards EBP increased our understanding of the barriers and facilitators impacting on EBP adoption. Unfortunately, as actual engagement in EBP is still rare in Dutch social work practice, it was not possible to study full EBP implementation or the last stage (continuation). Therefore future research in the same and/or other case study organization(s) is needed to examine whether or not and how EBP is still being implemented and what is needed to improve and continue EBP implementation. Future research should also focus on the actual engagement in the EBP process and how the five EBP steps are taken. Important questions are for instance, how to find the 'best available evidence', how to integrate the best research evidence with professional expertise and client values and how to integrate these three elements when they contradict each other?

A third limitation of this thesis is that we focused solely on the implementation of the EBP process instead of on the implementation of evidence-based practices or interventions (EBPs). Although different, they are also closely related. Therefore future research should focus on how the implementation of evidence-based practices or interventions can be improved. Roger's Diffusion of Innovations theory (which is much richer than represented in this thesis) can be used to describe how evidence-based practices spread through social work and find strategies to improve implementation. Dearing (2009), who reviewed Roger's Diffusion of Innovations theory, has identified seven concepts with potential to accelerate the implementation of evidence-based practices in the field of social work.

One of the main strengths of this thesis is the use of both quantitative and qualitative designs. The quantitative studies provided more insight in the degree to which social workers and MSW students were oriented toward EBP and also enabled us to explore possible associations with specific variables. The qualitative studies enabled us to open the black box of EBP implementation



in a social work organization by building a picture of EBP implementation in action from the perspectives of social workers and staff in different parts of the organization.

Another strength of this thesis concerns its relevance. The findings of this thesis have contributed to the discourse concerning one of the most central and controversial issues in social work today: the role of EBP. Although policymakers are increasingly demanding EBP be applied in social work practice, the extent to which EBP is suitable and feasible in social work practice has been the subject of much debate. In this thesis we showed that the successful implementation of EBP is dependent upon several factors. We found for example that the misconception that EBP is only about research evidence and selecting EBPs is likely to be responsible for some of the negative attitudes towards the EBP approach and that reducing the confusion about EBP and EBPs can limit misconceptions about EBP and alleviate some of the resistance to it. Furthermore, this thesis revealed that although enhancing social workers' and staff's knowledge and attitudes towards EBP is one important facilitative strategy to improve EBP implementation, several important barriers on the levels of the organization, EBP itself, how EBP is communicated, and the socio-political context exist that also need to be addressed and overcome in order to improve EBP implementation. In this way, we hope that we have contributed to an increased understanding of EBP as both a suitable and feasible innovation in social work practice.

A third strength of this thesis is its innovative character. First, this thesis has focused on EBP implementation in social work, which is still a relatively new topic for research, with few empirical studies examining EBP implementation. In fact, to our knowledge, this thesis contains the first study in the Netherlands to measure the levels of social workers' orientation towards the EBP process and implementation of the EBP process and the first empirical research study in the Netherlands examining EBP implementation in a social work organization. This thesis has thus added to the empirical knowledge base on EBP in Dutch social work. Furthermore, the innovativeness of this thesis can also be witnessed in its use of new instruments and frameworks, such as the EBPPAS (Chapters 3 and 4) and the Organizational model for EBP implementation (Chapter 6).

## RECOMMENDATIONS

Although it was not the focus of this thesis, before discussing our recommendations, there is an inevitable question that needs to be answered: *should* EBP be implemented in social work? We argue that, although the merits and value of EBP in social work is subject of an ongoing debate, EBP should be implemented. Although there is increasing attention for EBP, social work has only just begun to address the various challenges that accompany the move toward EBP. Nevertheless, it appears to be a promising approach to improve the utilization of evidence in practice and consequently improve outcomes for clients. However, it should be taken into account that the increasing attention for EBP derives from different motives. Funders and policymakers may increasingly demand EBP as a means to increase accountability and to cut

costs, creating an emphasis on EBPs and threatening a simplification of the body of thought behind EBP (Scholte, Hoijtink, Jagt, Van Nijnatten, 2008). Although this EBPs approach may appear simple and attractive, it is increasingly recognised that requiring the use of EBPs has its limits and will not be helpful in improving the quality of care for clients (Keuzenkamp, 2017; Scholte, 2016; Trappenburg, 2014). The social work profession shows an interest in the EBP process, motivated by using research evidence in order to improve outcomes for clients. With the latter motivation in mind, and with the emphasis on EBP as a process that involves the integration of best research evidence with professional expertise and client values, we believe that EBP should be implemented in social work and bring research and practice together in order to maximize opportunities to help clients and avoid harm. However, as EBP is still in its initial stages of development, we also recommend that we continue developing EBP itself. For example, although this thesis started with the assumption that EBP decision-making is undertaken by individual practitioners, we end this thesis with the recommendation to move away from this individual 'research-based practitioner model'. We believe policymakers, social work researchers and social workers wishing to implement EBP should continue improving the EBP process by moving towards (a combination of) the 'organizational excellence model' and the 'embedded research model'. Another important way of developing EBP itself is by using the academic debates, such as the discussion about the generic and the specific factors, to further develop EBP constructively, instead of using it as an argument against EBP.

This thesis has shown that making a reality of EBP in Dutch social work remains a major challenge. However, the findings can be used to improve the adoption and implementation of EBP in Dutch social work practice. Based on the insights gained in this thesis, we have formulated the following recommendations for social work research, practice, policy and education.

### **1. Be explicit about what EBP means (and how it is different from EBPs)**

This recommendation has several dimensions. The first dimension is that we need to be explicit about the differences between the EBP process and evidence-based practices (EBPs). EBP should not be conflated with or limited to the use of EBPs. These are two different, but closely related uses of the term: EBP as a noun or product and EBP as a verb or process. In other words, EBP is a process practitioners can use when making practice decisions about which intervention to use, that might result in the use of EBPs (as a product). There is much confusion and concern among scholars, educators, social workers, funders, and policymakers about whether EBP refers to using research evidence to complement or to replace professional expertise and client characteristics, preferences, and values. Clarification of EBP as a process that involves the integration of best research evidence with professional expertise and client values might alleviate some of these concerns. Therefore, we recommend that social work scholars and educators be clear regarding the differences between the EBP process and EBPs and provide clarity for social workers. Increasing the knowledge and understanding of what the EBP process is and how it is different from EBPs is likely to improve the acceptance of EBP. Furthermore, also funders and policymakers who are increasingly demanding social work organizations to engage in EBP need to acknowledge the difference between the EBP process and EBPs.

The second dimension follows from the first. When we start acknowledging the differences between the EBP process and EBPs, this also implies that we need to be explicit about what EBP means in specific cases. Descriptions of EBP in social work literature differ greatly, ranging from those referring to EBP as the implementation of EBPs, to those stressing that EBP is a decision-making process (EBP process). The different uses of the term EBP may perhaps not be the problem, but not being explicit about what EBP means in specific cases is. It is crucial that social work scholars who are writing about EBP are explicit about the meaning of EBP in order to avoid confusion and misconceptions.

## **2. Provide (continuing) education on the EBP process in Social Work programmes**

We recommend Universities of Applied Sciences (UASs) to take a more active role in teaching Bachelor and Master students the principles of the EBP process and evaluating the impact (preferably with a pretest-posttest design) on students' familiarity and orientation towards the EBP process using the EBPPAS. Preparing new and practicing social workers with the knowledge and skills to identify, assess, and apply research in practice is one valuable strategy for improving the use of EBP (Bellamy et al., 2013). Unfortunately, several studies of EBP education in Social work found that the integration of EBP content in social work education was limited and inconsistent and does not adequately prepare students to engage in EBP (Grady et al., 2018; Rubin & Parrish, 2007). Therefore, social work educators need to first assess how they are addressing content on the EBP process and EBPs in their Bachelor and Master programmes and then develop a plan to increase students' knowledge and skills with regard to the EBP process and EBPs. In addition, we recommend UASs to encourage and facilitate social work organizations to increase social workers' and staff's understanding of EBP and improve their attitudes towards EBP. Providing EBP training seems a useful first step for organizations seeking to implement EBP in social work practice (Bledsoe-Mansori et al., 2013).

## **3. Create a supportive organizational context**

Social work organizations that strive to strengthen their approaches towards finding and appraising evidence and using this evidence to inform practice should invest in creating a supportive organizational context. Policymakers should be aware that social work organizations are likely to need additional resources in order to invest in EBP support, training and supervision. Furthermore, organizations should use the Organizational model for EBP implementation (Chapter 6) while preparing for EBP implementation, as this framework will help assess the current conditions in the organization as well as the political, economic and social factors that influence the adoption and implementation of an EBP approach. Plath recently developed this model further in her book *Engaging human services with Evidence-Informed Practice* which is written primarily for managers and team leaders in social work organizations to assist them in planning for the implementation of an EBP approach (Plath, 2017). This practice guide and the findings of this thesis can be used to develop an organizational culture conducive to EBP.

Furthermore, we recommend social work organizations and researchers to conduct case study research or action research when using the Organizational model for EBP implementation, as the findings from different organizational settings might help to further develop it.

#### **4. Aim for research-practice partnerships**

While social workers need to be prepared to use research knowledge, researchers need to acknowledge that passive dissemination of research knowledge is ineffective. They should look for new ways to partner with social work practice to more actively share research knowledge. More specifically, they should aim for the creation of research-practice partnerships between universities/UASs and social work organizations as the potential value of such partnerships to close the research-practice gap through facilitating collaboration between policymakers, researchers and social workers has been widely acknowledged (Steens, Van Regenmortel, & Hermans, 2017). These efforts to bridge the gap between the 'two worlds' of research and practice will require social work organizations and social workers to become more research-minded and researchers to become more practice-minded. However, little research is available on how to structure and fund research-practice partnerships in order to reinforce the continuous use of EBP in social work organizations. Future research could develop and test a range of research-practice partnerships and examine if and how they improve EBP implementation as well as sustain EBP implementation over time. More specifically we suggest that future research should examine if and how EBP implementation may be enhanced by the Academic Collaborative Center Social Work (ACCSW) and whether it is structured and financed adequately to ensure sustained EBP implementation.

#### **5. Conduct empirical research into EBP implementation in social work**

Although the number of empirical studies examining EBP implementation in social work has increased in the past ten years, the body of available empirical research is still limited. We argue that overall more empirical research is needed to examine the implementation of EBP in social work practice settings. There are four areas that need specific attention. First, further research is needed to study the actual engagement in the EBP five-step decision-making process. This research should involve many perspectives, including those of clients, researchers and policymakers. Involving all stakeholders is important for identifying the various barriers and facilitators to EBP implementation. Second, further research is needed to monitor and evaluate the challenges and successes of sustaining EBP implementation in social work organizations. At the time of research, EBP implementation in the case study organization was still in its early stages. Future research is needed to explore the factors that support or impede continued EBP implementation and the facilitative strategies that support continued EBP implementation. It would be interesting for instance to examine whether the case study organization (Chapters 5 and 6) has been able to continue EBP implementation and which factors have supported or impeded sustained EBP implementation. Third, future studies examining EBP implementation should focus on the lack of agreement on what counts as evidence. Clearly, EBP hinges on gathering evidence, but there is much debate on what counts as evidence for practice in social

work. Plath (2017) has argued that it is fundamental to the implementation of EBP to answer two questions: (1) What is EBP? (2) What counts as evidence? While the first question was discussed extensively in this thesis, the second one was not. Perhaps the question of what counts as evidence did not come up because the studies in this thesis focused on the perspectives of social workers and staff. Maybe it would have if we had included social work researchers in our studies. In the fourth place, we recommend that future studies aiming to assess social workers' orientation toward the evidence-based practice (EBP) process use the EBPPAS in order to facilitate comparison of the findings.

## **GENERAL CONCLUSION**

This thesis has explored the factors that support or impede EBP implementation in Dutch social work practice. It showed that various barriers and facilitators at various levels impact on EBP implementation. These findings suggest that the greatest potential for improving EBP implementation in social work practice lies in a multilevel and multifaceted approach that targets social workers' and staff's knowledge and attitudes of EBP, organizational culture and context, and research-practice partnerships. Such a multilevel and multifaceted approach requires the mobilisation and commitment of many parties, including social workers, staff, educators, researchers, funders and policymakers. Therefore EBP implementation should no longer be seen as solely the responsibility of social workers, but as a shared responsibility.

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# Summary

## SUMMARY

The aim of this thesis is to explore the factors that support or impede EBP implementation in social work practice as well as the facilitative strategies that support EBP implementation in social work. In light of this aim we conducted four studies. First, we reviewed the international literature on barriers and facilitators to EBP implementation (Chapter 2). In the second study we assessed social workers' orientation toward the EBP process and implementation of the EBP process and explored which specific variables (e.g. age) are associated (Chapter 3). The third study focused on comparing Master Social Work (MSW) students' and social workers' orientations toward and engagement in the EBP process (Chapter 4). The fourth study explored social workers' and staff's views and attitudes towards EBP in a social work organization where executive management recently committed to EBP (Chapter 5) and explored their thoughts on the factors that support and impede implementation (Chapter 6).

**Chapter 1** contains the general introduction to this thesis. First the background and relevance of EBP in social work are considered. This is followed by the theoretical perspectives on research utilization and implementation. Finally the social work setting in the Netherlands is described.

Social workers are often at the forefront, working directly with clients and their families, providing a wide range of social work services established to address human needs and remedy their problems. There is general agreement that using research knowledge to guide decision-making in social work practice is both beneficial and ethical. The importance of better utilizing research to guide social work practice has been acknowledged for over a century. Unfortunately, social workers often underutilize available research knowledge. Currently, the evidence-based practice (EBP) process model (EBP process) - comprising more than simply the implementation of evidence-based practices (EBPs) - is seen as a promising approach to bridge the gap between research and practice. Although the merits and value of EBP in social work are subject of ongoing debate, EBP has become very influential and is now the dominant model for improving research utilization in social work and narrowing the research-to-practice gap. Over the last decade, in many countries implementation of EBP in social work has been a policy priority for improving social work practice. However, although EBP is considered an important strategy for improving social work practice, currently its use is limited. This explains why there is a growing interest in the processes involved in EBP implementation and in finding effective strategies for the implementation of EBP in social work practice. Moreover, more insight is needed in the factors supporting or impeding EBP implementation in order to be able to improve EBP implementation in social work practice. However, until now little empirical research examining the implementation of EBP process has been reported. Therefore the main aim of this thesis is to contribute to the growing body of empirical research on EBP implementation in social work, by exploring the factors that support or impede EBP implementation in social work practice and further developing our understanding of how implementation of evidence-based practice in social work practice can be improved.

In the last decades, several research utilization models explaining the research-practice gap have been developed which could be used to find strategies to improve EBP implementation. Three main models can be distinguished: 1) *rationalistic linear models*, 2) *relationship models*, and 3) *systems or network models*. These all approach research and practice as two separate worlds. A completely different approach, is the *co-production model*, which does not approach research and practice as separate worlds, but instead focuses on an understanding of evidence and evidence-use as a process. Furthermore, valuable insights in EBP implementation can be gained from Rogers' Diffusion of Innovations theory. According to the Diffusion of Innovations theory there are five stages of implementation: 1) the knowledge stage, in which an awareness and understanding of the innovation develops; 2) the persuasion stage, in which a favourable or unfavourable attitude towards the innovation is formed; 3) the decision stage, in which the individual or organization decides whether to adopt or reject the innovation; 4) the implementation stage, in which the innovation is put into practice; and 5) the confirmation stage, in which the innovation is integrated into routine practice. In each of these stages potential barriers and facilitators influence whether the desired change in each stage occurs and affect the transition from one stage to another. These theoretical insights and perspectives offer a framework that guides this thesis.

In the Netherlands, social workers are professionals who are active in social and community work in a broad sense. Professionals employed in social welfare and social services organizations offer community work, social work, youth work, debt counselling, welfare assistance, shelter for the homeless, social work with the elderly, day care, and support for refugees and asylum seekers. While many social work organizations are confronted with reorganizations, reductions and budget cuts, since the Dutch government is cutting down social welfare and social services providers' funding, at the same time over the past 15 years, social workers in their daily professional practice have been challenged by many social-political developments. Amidst all this, Dutch social work faces ongoing challenges about the quality of social work and the professionalism of social workers. As in many other northern European countries, social workers in the Netherlands are increasingly being urged by policymakers to engage in EBP. In addition, improving the quality of social work through improving social work education is considered a key challenge for the profession of social workers and the higher education system. In 2008, the Dutch government decided to fund a new Social Work Master (MSW)-programme to respond to the need for an education and experience level that exceeded the bachelor level. Although in several countries, among which the United States, Australia, Norway, Finland, Sweden and Belgium, social work is an academic discipline with an academic Master programme, the Netherlands has no academic MSW-programme.

**Chapter 2** starts with a brief review of the meaning of EBP and two of the most common misconceptions related to EBP, followed by an overview of the international literature on barriers and facilitators to EBP implementation. Next we discuss to what extent these barriers and facilitators are likely to be applicable to the Netherlands. We found that there is a lack of

clarity about the meaning of EBP. While some scholars refer to EBP as a process that involves “the integration of the best research evidence with clinical expertise and client values in making practice decisions” (EBP process), others refer to EBP as the implementation of evidence-based practices or interventions (EBPs). Although the first definition is based on the original definition of the founders of the term Evidence Based Medicine (EBM), a model widely used in the field of medicine, the latter definition is also frequently used. As the lack of clarity about these different meanings creates misunderstandings about EBP we argue it is important to make explicit which definition is being used. This may prevent misconceptions, such as that EBP is impossible without experimental effect studies or that evidence-based work threatens professional autonomy.

The barriers and facilitators identified in the literature were divided in four categories: (1) characteristics of the individual (2) characteristics of the organization, (3) characteristics of the innovation itself, and (4) the nature of the communication. We found that most of the barriers in the literature relate to the individual professional, for instance a lack of research knowledge and skills and a suspicious attitude of the practitioner towards EBP. These factors seem to act as barriers in the Netherlands as well. Therefore, staff selection, education and training might offer strategies for improving EBP implementation in the Netherlands. However, we found that there is increasing recognition that organizational and systemic factors (such as a lack of time and funding) also hinder EBP implementation. As these barriers seem to be in play in the Netherlands as well, it appears that sufficient support from social services organizations and policymakers is an important possible solution to improve EBP implementation. Furthermore, with regard to the innovation (EBP) itself, we found that insufficient compatibility of EBP with existing values and previous experiences of social workers also seem to hinder EBP implementation in the Netherlands. Finally, with regard to the nature of the communication, the reliance on the linear dissemination of research findings towards practice (that involves researchers producing evidence and professionals using it) was also found to act as a barrier. As this seemed to hinder EBP implementation in the Netherlands as well, more interaction and collaboration between practitioners and researchers was suggested as a possible solution to improve EBP implementation.

In **Chapter 3**, we assess social workers’ orientation toward the evidence-based practice (EBP) process and engagement in the EBP process. Data were collected from 341 Dutch social workers through an online survey which included a Dutch translation of the EBP Process Assessment Scale (EBPPAS), along with 13 background/demographic questions. We found preliminary evidence that Dutch social workers are not much oriented toward the EBP process, as the Dutch social workers in our sample had a relatively low overall orientation toward the EBP process. They are slightly familiar with the EBP process and have slightly positive attitudes towards it, but their intentions to engage in the EBP process and their actual engagement are relatively low. In addition, the results from this survey show that social workers see insufficient time and lack of access to research literature as barriers to EBP implementation in practice.

This study also explored whether specific variables (such as age) were associated with the level of orientation toward the EBP process, as these variables can be helpful in suggesting ways to improve practitioner acceptance and implementation of the EBP process. We found that social workers who reported having followed a course on the EBP process as a student were more positively oriented toward the EBP process than those who reported not having followed a course on the EBP process as a student. Likewise, social workers who reported having prior continuing education on the EBP process as a practitioner had more positive attitudes about the EBP process than social workers who reported not having prior continuing education on the EBP process. Furthermore, we found that social workers under 29 were more familiar with the EBP process than social workers over 40. We found no differences in the overall orientation towards the EBP process between the five levels of education. An unexpected and interesting finding was that social workers with Intermediate Vocational Education were more familiar with the EBP process than social workers with Higher Vocational Education.

**Chapter 4** describes the outcomes of a study comparing MSW students' and social workers' orientations toward and engagement in the EBP process. Data were collected from MSW students ( $n = 32$ ) and from social workers ( $n = 341$ ) using the EBP Process Assessment Scale. The results were encouraging as they provided initial support for the assumption that MSW students are more likely to adopt and implement EBP. MSW students in our sample were significantly more oriented toward the EBP process than social workers. The effect size, calculated using  $\eta^2$ , was large ( $\eta^2 = .19$ ). MSW students also had more positive attitudes toward EBP than social workers, more intentions to engage in the EBP process, and actually engaged more in the EBP process (all with a medium to large effect). MSW students also were more familiar with the EBP process than social workers (moderate effect). However, MSW students were less positive about the feasibility of implementing EBP in practice than social workers, although the effect size was small. It was encouraging to find that 75 percent of the MSW students in our sample reported that they read research evidence to guide practice decisions "often or very often", as opposed to 10.6 percent of the social workers. Also an encouraging finding was that 21.9 percent of MSW students reported "relying on research evidence as the best guide for making practice decisions" often or very often as opposed to 8.8 percent of social workers, and that approximately 25 percent of MSW students reported implementing all steps of the EBP process often or very often as opposed to 1.2 percent of social workers. However, in light of the low percentage of MSW students that reported "relying on research evidence as the best guide for making practice decisions" often or very often, and the low percentage that reported implementing all steps of the EBP process often or very often, one could also see a need for improvement. This exploratory study provides preliminary evidence that the MSW-programme improve Dutch MSW students' orientation to the EBP process. We conclude that the MSW-programme can help improve EBP implementation, however UASs should add components to the MSW curriculum that explicitly emphasize the EBP process.

In **Chapter 5** we explore the views and attitudes towards EBP of social workers and staff working in a social work organization in which executive management recently committed to EBP. Qualitative data were gathered through semi-structured interviews with 10 staff members and 12 social workers. Most research into EBP implementation in social work to date has focused solely on the views and attitudes of social workers on EBP. Recently, however, the importance of a supportive organizational context that is reflected at all levels from (executive) management to social workers is increasingly recognized as an important factor that facilitates EBP implementation. Therefore, the current research moves beyond exploring only social workers' views and attitudes and also includes the perspectives of executive, management, research and specialist staff. Thematic analysis of the interviews provided insight in the understanding of EBP and the views and attitudes towards EBP. Findings revealed that confusion about the meaning of EBP was a major issue. Both social workers and staff mentioned they were unsure or confused about the meaning of EBP. Furthermore, they conceptualized EBP in a number of different ways. While the most common responses conveyed the view that EBP is about using interventions for which there is scientific evidence that they are effective (EBPs), other responses conveyed the view that EBP is about taking into account professional expertise and/or client circumstances in addition to research knowledge (EBP process). Although respondents felt it was important for the organization to engage more in EBP, they were simultaneously critical about how EBP should be implemented. A strong preference for the EBP process as opposed to EBPs was identified as another major theme. When provided with both definitions, the majority of the respondents preferred the 'process' definition over the 'EBPs' definition. They regarded the EBP process as more suitable for social work practice than EBPs as they felt that EBPs would restrict professional autonomy and would prevent social workers from tailoring their response to the specific context and circumstances.

After the exploration of the views and attitudes towards EBP of social workers and staff in Chapter 5, the impacting factors and facilitative strategies are investigated in the same Dutch case study organization in **Chapter 6**. The Organizational model for EBP implementation was used to identify the internal and external impacting factors, and facilitative strategies that influence EBP implementation. The Organizational model for EBP implementation provides a framework for organizational analysis that organizations can use in preparing for an EBP implementation process. The findings showed that EBP implementation was in its early stages and that EBP decision-making occurred predominantly at the organizational level. Several impacting factors and facilitative strategies were identified. Most of these were congruent with the Organizational model for EBP implementation, with the exception of one impeding factor (negative attitudes about EBP), one supporting factor (an organizational culture that values and encourages innovation and learning), and one facilitative strategy (research partnerships). These findings were used to further develop the model. The case study showed that different facilitative strategies are required to create a supportive organizational context, including strong leadership with EBP vision and commitment to research, a qualified and dedicated research staff,



and EBP supervision. These findings suggest that the implementation of EBP is not solely the responsibility of social workers, but a shared responsibility of social workers and staff throughout the organization. The findings also confirmed that a systemic, organizational EBP approach such as the Organizational EBP model is a better fit and therefore more relevant in social work practice than the individual five-step decision making process.

Finally, in **Chapter 7** we summarize and discuss the results of previous chapters, in relation to existing empirical and theoretical research. We reflect on the strengths and limitations of this thesis and consider implications for practice and further research.

The findings of this thesis provide initial evidence that both the overall orientation toward the EBP process and the actual engagement of Dutch social workers in the EBP process are relatively low. Furthermore, the findings of this thesis show that EBP implementation is a complex process that is influenced by barriers and facilitators at various levels. While the findings in this thesis show that enhancing social workers' and staff's knowledge and attitudes towards EBP is a first necessary facilitative strategy to improve EBP implementation, we also found several important barriers at the level of the organization, the level of EBP itself, how EBP is communicated, and the socio-political context, that need to be addressed and overcome in order to improve EBP implementation.

In this thesis we used multiple designs (quantitative and qualitative) and different methods (surveys and semi-structured interviews). Another strength of this thesis concerns its relevance. The findings of this thesis have contributed to the discourse concerning one of the most central and controversial issues in social work today: the role of EBP. A third strength of this thesis is its innovative character. This thesis has focused on EBP implementation in social work, which is still a relatively new topic for research, with few empirical studies examining EBP implementation. Furthermore, we used new instruments and frameworks, such as the EBPPAS (Chapters 3 and 4) and the Organizational model for EBP implementation (Chapter 6). The main limitation of this thesis is that our focus on the perspectives of social workers and staff did not include the involvement of other stakeholders, such as clients, researchers and policymakers. The second limitation of this thesis is that most of the studies (Chapters 3, 4 and 5) primarily focused on the views and attitudes towards EBP, meaning the first two stages of implementation (knowledge and persuasion), while only the last study mostly involved the actual implementation stage (although still in its early stages). A third limitation of this thesis is that we focused predominantly on the implementation of the EBP process instead of on the implementation of evidence-based practices or interventions (EBPs). Therefore, future research should focus on the implementation and continuation stages, and also involve other perspectives, including those of clients, researchers, and policymakers. Future research should focus on improving both the implementation of the EBP process and the implementation of evidence-based practices or interventions.

This thesis has shown that realizing EBP in Dutch social work remains a major challenge. The findings in this thesis can be used to improve the adoption and implementation of EBP in

Dutch social work practice. Based on the insights gained in this thesis, we have formulated the following five recommendations for social work research, practice, policy and education:

1. Social work scholars and educators, researchers, policymakers and funders should acknowledge the differences between the EBP process and EBPs and need to be explicit about what EBP means in specific cases.
2. Universities of Applied Sciences (UASs) should take a more active role in teaching Bachelor and Master students the principles of the EBP process and evaluating the impact on students' familiarity and orientation towards the EBP process using the EBPPAS.
3. Social work organizations that strive to strengthen their approaches towards finding and appraising evidence and using this evidence to inform practice should invest in creating a supportive organizational context.
4. The potential value of research-practice partnerships to close the research-practice gap through facilitating collaboration between policymakers, researchers and social workers has been widely acknowledged. Hence, social work organizations, researchers and policymakers should aim for research-practice partnerships.
5. More empirical research is needed to examine the implementation of EBP in social work practice settings, as the body of available empirical research is still limited. Four areas that need specific attention have previously been specified.

The findings of this thesis suggest that the greatest potential for improving EBP implementation in social work practice lies in a multilevel and multifaceted approach that targets social workers' and staff's knowledge and attitudes of EBP, organizational culture and context, and research-practice partnerships. Such a multilevel and multifaceted approach requires the mobilization and commitment of many parties, including social workers, staff, educators, researchers, funders and policymakers. Therefore EBP implementation should no longer be seen as solely the responsibility of social workers, but as a shared responsibility.





# Samenvatting

## SAMENVATTING

Dit proefschrift draagt op basis van empirisch onderzoek bij aan het vergroten van het inzicht in hoe de implementatie van evidence-based practice (EBP) in het sociaal werk kan worden verbeterd. Door middel van vier studies hebben we onderzoek gedaan naar de factoren die de implementatie van EBP bevorderen dan wel belemmeren, en de faciliterende strategieën die de implementatie van EBP ondersteunen. In de eerste studie is onderzocht wat er bekend is in de internationale literatuur over de belemmerende en bevorderende factoren bij de implementatie van EBP in het sociaal werk (hoofdstuk 2). In de tweede studie is de houding van sociale professionals ten aanzien van het EBP proces onderzocht en zijn we nagegaan welke specifieke variabelen, zoals leeftijd, hiermee samenhangen (hoofdstuk 3). De derde studie was gericht op het vergelijken van sociale professionals die de Master Social Work (MSW) opleiding volgen met sociale professionals die de MSW opleiding niet volgen. We hebben hier hun houding ten aanzien van het EBP proces en hun toepassing van EBP onderzocht (hoofdstuk 4). In de vierde studie onderzochten we de opvattingen en houding ten aanzien van EBP van maatschappelijk werkers en stafleden in een maatschappelijk werk organisatie waar de leidinggevenden zich recentelijk gecommitteerd hadden aan EBP (hoofdstuk 5). Ook onderzochten we welke factoren volgens hen de implementatie van EBP bevorderen dan wel belemmeren (hoofdstuk 6).

**Hoofdstuk 1** is de algemene introductie van dit proefschrift. We bespreken allereerst de achtergrond en de maatschappelijke relevantie van EBP in het sociaal werk. Vervolgens geven we een korte beschrijving van de theoretische perspectieven op het gebruik van onderzoekskennis ('research utilization') en de implementatie van innovaties. Tenslotte beschrijven we de setting van het sociaal werk in Nederland.

Sociale professionals opereren in de frontlinie en werken in direct contact met cliënten en hun families. Ze bieden een grote variatie aan maatschappelijke dienstverlening om te voorzien in de behoeften van mensen en het verminderen van hun problemen. Het toepassen van onderzoekskennis bij het maken van beslissingen in de dagelijkse praktijk van sociaal werk draagt bij aan de kwaliteit daarvan. Hoewel het belang van het beter benutten van onderzoekskennis in de praktijk van het sociaal werk al meer dan een eeuw wordt erkend, blijkt er nog steeds een kloof te zijn tussen onderzoek en praktijk. Sociale professionals maken weinig gebruik van de beschikbare onderzoekskennis. Het evidence-based practice model – dat méér omvat dan enkel het implementeren van evidence-based of bewezen effectieve interventies – wordt op het moment beschouwd als een veelbelovende aanpak om deze kloof te overbruggen. Alhoewel het nut en de waarde van EBP in sociaal werk onderwerp is van voortdurend debat, is de invloed van EBP toegenomen. Zo heeft EBP in de afgelopen tien jaar in veel landen politieke prioriteit gekregen. Hoewel EBP beschouwd wordt als een belangrijke manier om het sociaal werk te verbeteren, wordt het toch nog nauwelijks toegepast. Dit verklaart waarom er een groeiende interesse is in de implementatie van EBP en in het vinden van effectieve strategieën voor de implementatie van EBP in het sociaal werk. Tot dusver is er echter nog weinig empirisch onderzoek beschikbaar over de implementatie van EBP in het sociaal werk.

De afgelopen decennia zijn verschillende modellen voor het gebruik van onderzoekskennis ontwikkeld die de kloof tussen onderzoek en praktijk kunnen verklaren. Deze modellen geven inzicht in de verschillende strategieën die de implementatie van EBP kunnen verbeteren. De drie belangrijkste modellen zijn: 1) *rationalistisch lineaire modellen*, 2) *relatie-modellen*, en (3) *systeem of netwerk modellen*. Deze modellen beschouwen onderzoek en praktijk echter als twee aparte werelden. Een volledig ander model is het *co-productie model*. Dit model beschouwt onderzoek en praktijk niet als twee aparte werelden, maar beschouwt onderzoekskennis en het gebruik ervan als een proces. Daarnaast biedt Rogers' Diffusion of Innovations theorie waardevolle inzichten in de implementatie van EBP. Volgens deze theorie zijn er vijf fasen van implementatie:

- 1) de kennis-fase, waarin zich bewustzijn en begrip ontwikkelt ten aanzien van de innovatie;
- 2) de overtuiging-fase, waarin een positieve of negatieve houding ten aanzien van de innovatie ontstaat;
- 3) de beslissing-fase, waarin een individu of organisatie besluit om de innovatie in te voeren of af te wijzen;
- 4) de invoering-fase, waarin de innovatie wordt toegepast in de praktijk;
- 5) de bevestiging-fase, waarin de innovatie geïntegreerd wordt in de dagelijkse praktijk.

In elke fase zijn verschillende factoren van invloed die de overgang van de ene naar de andere fase kunnen bevorderen of belemmeren. Deze theoretische inzichten en perspectieven bieden een raamwerk dat richting geeft aan het onderzoek.

Sociale professionals in Nederland zijn actief in sociaal werk. De professionals die bij welzijn en maatschappelijke dienstverleningsorganisaties werken bieden opbouwwerk, maatschappelijk werk, jeugdwerk, schuldhulpverlening, daklozenopvang, ouderenwerk, dagopvang, en ondersteuning van vluchtelingen en asielzoekers. Veel van deze organisaties hebben te maken met reorganisaties, bezuinigingen vanwege maatregelen van de Nederlandse overheid in de welzijn en maatschappelijke dienstverleningssector. Tegelijkertijd worden sociale professionals op de proef gesteld door de vele sociaal-politieke ontwikkelingen in de afgelopen 15 jaar, zoals de invoering van de Wmo in 2007 en de decentralisatie van de Wmo in 2015. In deze omstandigheden wordt het sociaal werk in Nederland geconfronteerd met voortdurende vragen over het bestaansrecht van het sociaal werk en de kwaliteit en de professionaliteit hiervan. Net als in veel andere Noord-Europese landen verwachten beleidsmakers in Nederland steeds vaker dat sociale professionals EBP toepassen. Daarnaast is het verbeteren van de kwaliteit van het sociaal werk door middel van het verbeteren van het onderwijs een belangrijke uitdaging voor de professie en het hoger onderwijs. In 2008 besloot de Nederlandse overheid om een nieuwe masteropleiding Sociaal Werk te financieren om tegemoet te komen aan de behoefte aan een onderwijs- en ervaringsniveau dat het bachelor niveau overstijgt. Hoewel sociaal werk in verschillende landen, zoals de Verenigde Staten, Australië, Noorwegen, Finland, Zweden en België een wetenschappelijke discipline is met een academische masteropleiding, kent Nederland slechts (en pas sinds 2008) een professionele masteropleiding die wordt aangeboden door hogescholen en geen academische masteropleiding Sociaal Werk.

**Hoofdstuk 2** begint met een korte bespreking van de betekenis van EBP en twee van de meest voorkomende misvattingen over EBP. We zien in de literatuur een gebrek aan duidelijkheid over de betekenis van EBP. Sommige wetenschappers verwijzen naar EBP als een *proces* waarbij het gaat om “het integreren van het best beschikbare onderzoeksbewijs met de klinische expertise en de waarden van de cliënt bij het maken van praktijkbeslissingen” (ook wel EBP proces genoemd). Andere wetenschappers verwijzen naar EBP als een *product* waarbij het gaat om de implementatie van evidence-based of bewezen effectieve interventies (ook wel evidence-based practices of EBP's genoemd). Alhoewel de eerste definitie gebaseerd is op de originele definitie van de grondleggers van de term Evidence Based Medicine (EBM) - een veel gebruikt model binnen de geneeskunde - wordt de laatste definitie ook vaak gebruikt. Het gebrek aan duidelijkheid over deze twee verschillende definities leidt tot misverstanden over EBP. Daarom doen we in dit hoofdstuk een pleidooi om steeds te expliciteren welke definitie wordt gebruikt. Dit kan misverstanden, zoals dat EBP niet mogelijk is zonder experimentele studies of dat EBP de professionele autonomie beperkt, mogelijk voorkomen.

Vervolgens bieden we een overzicht van de bevorderende en belemmerende factoren bij de implementatie van EBP op basis van een internationale literatuurstudie. Deze factoren hebben we verdeeld in vier categorieën: (1) kenmerken van het individu, (2) kenmerken van de organisatie, (3) kenmerken van de innovatie zelf, en (4) de wijze van communicatie. De bevindingen laten zien dat de meeste belemmerende factoren gerelateerd zijn aan de kenmerken van de individuele professional. Hieronder vallen bijvoorbeeld onvoldoende onderzoekskennis en vaardigheden en een wantrouwende houding ten aanzien van EBP. Deze factoren lijken ook in Nederland de implementatie van EBP te belemmeren. Het gericht selecteren van staf, onderwijs en training zijn dan ook mogelijk oplossingen om de implementatie van EBP in Nederland te bevorderen. Daarnaast blijkt uit steeds meer studies dat naast de individuele factoren ook organisatorische en systemische factoren (zoals een gebrek aan tijd en middelen) de implementatie van EBP belemmeren. Dit lijkt ook in Nederland het geval te zijn. Op basis van deze literatuurstudie denken we dat voldoende steun van sociaal werk organisaties en beleidsmakers een belangrijke oplossing is om de implementatie van EBP te verbeteren. Daarnaast wordt de implementatie van EBP verder belemmerd doordat het evidence-based practice proces model zelf (kenmerken van de innovatie zelf) onvoldoende aansluit bij de huidige waarden en eerdere ervaringen van sociale professionals. Met betrekking tot de wijze van communicatie, blijkt uit de literatuur tot slot dat het misplaatste vertrouwen in de lineaire verspreiding van onderzoekbevinding naar de praktijk (waarbij onderzoekers onderzoekskennis produceren en sociale professionals onderzoekskennis gebruiken) ook de implementatie van EBP belemmert. Ook in Nederland is dit waarschijnlijk een belemmerende factor. Meer interactie en samenwerking tussen professionals en onderzoekers kan de implementatie van EBP verbeteren.

In **hoofdstuk 3** onderzoeken we de houding van sociale professionals ten aanzien van het EBP proces en de mate van toepassing van het EBP proces. Via een online enquête verzamelden we gegevens van 341 sociale professionals in Nederland. Hiervoor gebruikten we de EBP Process



Assessment Scale (EBPPAS) en 13 achtergrond/demografische vragen. Voor deze studie hebben we de EBPPAS naar het Nederlands vertaald en aangepast. Op basis van deze studie concluderen we dat sociale professionals in Nederland maar weinig gericht zijn op het EBP proces. De respondenten scoren vrij laag op de houding ten aanzien van het EBP proces (overkoepelende schaal). De resultaten op de subschalen laten zien dat de respondenten enigszins bekend zijn met het EBP proces en enigszins positieve opvattingen hebben ten aanzien van het EBP proces. Hun voornemens om het EBP proces toe te passen en hun daadwerkelijke toepassing ervan zijn echter relatief beperkt. Verder geven de respondenten aan dat onvoldoende tijd en onvoldoende toegang tot onderzoeksliteratuur belemmerende factoren zijn.

We onderzoeken ook welke specifieke variabelen (zoals leeftijd) gerelateerd zijn aan de houding ten aanzien van het EBP proces. Inzicht in deze variabelen kan helpen bij het vinden van manieren om de acceptatie en implementatie van het EBP proces te verbeteren. De resultaten laten zien dat respondenten die als student een vak over EBP hebben gevolgd een positievere houding hebben ten aanzien van het EBP proces dan respondenten die als student géén vak over EBP hebben gevolgd. Ook hebben respondenten die als professional bij- of nascholing over EBP volgden een positievere houding ten aanzien van het EBP proces dan professionals die geen bij- of nascholing over EBP hebben gehad. Daarnaast zijn respondenten jonger dan 30 jaar oud meer bekend met het EBP proces dan respondenten van 40 jaar en ouder. Wat betreft de houding ten aanzien van het EBP proces tussen de vijf opleidingsniveaus zijn er geen verschillen.

In **hoofdstuk 4** beschrijven we de resultaten van een studie waarin we de houding ten aanzien van het EBP proces en de toepassing ervan bij sociale professionals die de Master Social Work (MSW) opleiding volgen vergelijken met sociale professionals die de MSW-opleiding niet volgen. Middels een enquête (waarin we weer de EBPPAS gebruikten) verzamelden we gegevens onder MSW studenten ( $n=32$ ) en vergeleken we de resultaten met die van de sociale professionals ( $n=341$ ) uit de eerdere studie. De resultaten zijn bemoedigend omdat ze eerste aanwijzingen bieden voor de veronderstelling dat sociale professionals die de MSW-opleiding volgen meer geneigd zijn om EBP toe te passen dan sociale professionals die de MSW-opleiding niet volgen. De respondenten die de MSW-opleiding volgen blijken een significant positievere houding ten aanzien van EBP te hebben dan sociale professionals die niet de MSW-opleiding volgen (de effectgrootte was groot,  $\eta^2 = .19$ ). Ook hebben zij positievere opvattingen over het EBP proces, hebben zij meer voornemens om het EBP proces toe te passen en passen zij het EBP proces ook daadwerkelijk vaker toe (de effectgroottes waren voor alle drie de uitkomstmaten middelgroot tot groot). De respondenten die de MSW-opleiding volgen zijn ook meer bekend met het EBP proces dan respondenten die niet de MSW-opleiding volgen (de effectgrootte was matig). MSW-studenten zijn echter minder positief over de mogelijkheid om het EBP proces toe te passen in de praktijk dan de respondenten die de MSW-opleiding niet volgen, al was de effectgrootte klein.

Een bemoedigend resultaat is dat 75% van de MSW-studenten in onze sample rapporteert dat zij "vaak of zeer vaak" over onderzoeksbewijs lezen om praktijkbeslissingen op te baseren, in tegenstelling tot 10,6% van de respondenten die niet de MSW-opleiding volgen. Een andere

bemoedigende bevinding is dat 21,9% van de MSW-studenten rapporteert “vaak of zeer vaak” te vertrouwen op onderzoeksbewijs als de beste basis voor het maken van praktijkbeslissingen”, in tegenstelling tot 8,8% van de respondenten die niet de MSW-opleiding volgen. Ook rapporteert ongeveer 25% van de MSW-studenten dat zij “vaak of zeer vaak” alle vijf stappen van het EBP proces toepassen, in tegenstelling tot 1,2% van de respondenten die niet de MSW-opleiding volgen. Deze resultaten wijzen erop dat sociale professionals vaker EBP toepassen dan sociale professionals die niet de MSW-opleiding volgen. Echter, de lage percentages van MSW-studenten die rapporteren “vaak of zeer vaak” “op onderzoeksbewijs te vertrouwen als beste leidraad voor praktijkbeslissingen” en het lage percentage dat rapporteert alle vijf stappen van het EBP proces toe te passen, wijzen ook op de noodzaak voor verbetering. Dit explorerende onderzoek biedt eerste aanwijzingen dat de MSW-opleiding bijdraagt aan een positievere houding van sociale professionals ten aanzien van EBP. Op basis van de bevindingen uit dit onderzoek concluderen we dat de MSW-opleiding de implementatie van EBP kan verbeteren, maar dat EBP wel explicieter opgenomen moet worden in het curriculum van de opleiding.

In **hoofdstuk 5** onderzoeken we de opvattingen en houding ten aanzien van EBP van maatschappelijk werkers en stafleden in een maatschappelijk werk organisatie waar de leidinggevenden zich recentelijk gecommitteerd hebben aan EBP. De meeste studies richten zich vooral op het perspectief van enkel de sociale professionals, terwijl recent onderzoek het belang van een steunende, organisatorische context laat zien. Het doel van deze case study is om meer inzicht te krijgen in hoe er binnen een gehele organisatie over EBP wordt gedacht. We hebben semigestructureerde interviews gehouden bij 10 stafleden en 12 maatschappelijk werkers. Thematische analyse van deze interviews geeft inzicht in de betekenis die de respondenten aan EBP geven en hun opvattingen en houding ten aanzien van EBP.

De resultaten laten zien dat verwarring over de betekenis van EBP een belangrijk thema is. Zowel stafleden als maatschappelijk werkers geven aan dat zij niet goed weten wat EBP is en gebruiken de term EBP inconsequent. Daarnaast geven zij verschillende betekenissen aan EBP. De meest voorkomende antwoorden weerspiegelen de opvatting dat EBP betrekking heeft op het toepassen van evidence-based of bewezen effectieve interventies. Daarentegen weerspiegelen andere antwoorden de opvatting dat EBP betrekking heeft op het rekening houden met de professionele expertise en de omstandigheden en voorkeuren van de cliënt naast de beschikbare onderzoekskennis (EBP proces). Alhoewel respondenten aangeven dat zij het belangrijk vinden dat de organisatie EBP meer gaat toepassen, zijn zij tegelijkertijd kritisch over de manier waarop EBP zou moeten worden geïmplementeerd.

Een ander belangrijk thema is de sterke voorkeur voor het EBP proces ten opzichte van evidence-based of bewezen effectieve interventies. Aan het eind van het interview kregen respondenten beide definities voorgelegd. De meerderheid gaf vervolgens aan dat zij de voorkeur hebben voor het EBP proces ten opzichte van evidence-based of bewezen effectieve interventies. Het EBP proces is volgens hen beter geschikt in de praktijk van het sociaal werk dan evidence-based interventies of bewezen effectieve interventies. De respondenten zijn bezorgd

dat het toepassen van evidence-based interventies hun professionele autonomie beperkt en hen belet om interventies af te stemmen op de specifieke context en omstandigheden.

In **hoofdstuk 6** onderzoeken we in dezelfde maatschappelijk werk organisatie als in hoofdstuk 5 welke factoren de implementatie van EBP beïnvloeden en welke faciliterende strategieën de implementatie van EBP bevorderen. In deze case study brachten we met behulp van het 'Organizational model for EBP implementation' de interne en externe beïnvloedende factoren en de faciliterende strategieën in kaart. Dit 'Organizational model for EBP implementation' biedt een analytisch kader, dat organisaties kunnen gebruiken bij de voorbereiding op de implementatie van EBP. De resultaten laten zien dat de implementatie van EBP in de case study organisatie nog in de kinderschoenen staat en dat de EBP besluitvorming overwegend op organisatieniveau gebeurt. Het onderzoek laat zien dat verschillende factoren en faciliterende strategieën van invloed zijn op het implementatieproces van EBP. De meeste factoren en strategieën komen overeen met het 'Organizational model for EBP implementation', met uitzondering van een belemmerende factor (een negatieve houding ten aanzien van EBP), een bevorderende factor (een organisatiecultuur waarin innovatie en leren gewaardeerd wordt en aangemoedigd), en een faciliterende strategie (onderzoekspartnerschap). Op basis van deze bevindingen is het model doorontwikkeld.

De case study laat zien dat verschillende faciliterende strategieën nodig zijn om een steunende organisatorische context te creëren, waaronder sterk leiderschap met een visie op EBP en het committeren aan onderzoek, een gekwalificeerde en gespecialiseerde onderzoeksstaf, en EBP supervisie. Op basis van deze bevindingen concluderen we dat de implementatie van EBP niet de verantwoordelijkheid is van enkel sociale professionals, maar een gezamenlijke verantwoordelijkheid van zowel sociale professionals als staf in de hele organisatie. Bovendien bevestigen de bevindingen dat een systemische, *organisatorische* benadering van de implementatie van EBP beter aansluit en dus beter toepasbaar is in de praktijk van het sociaal werk dan het *individuele* vijf-stappen besluitvormingsproces.

Ten slotte presenteren we in **hoofdstuk 7** de samenvatting van en discussie over de bevindingen uit de voorgaande hoofdstukken in het licht van de internationale literatuur. We reflecteren op de sterke en zwakke kanten van dit proefschrift en geven een aantal aanbevelingen voor de praktijk en voor verder onderzoek.

De bevindingen in dit proefschrift bieden eerste aanwijzingen dat sociale professionals in Nederland zowel op houding ten aanzien van het EBP proces als op de daadwerkelijke toepassing van EBP vrij laag scoren. Bovendien laten de bevindingen in dit proefschrift zien dat de implementatie van EBP een complex proces is. De implementatie wordt beïnvloed door faciliterende en belemmerende factoren op verschillende niveaus; van de individuele professional tot de sociaal-politieke context. Het versterken van de kennis en opvattingen van sociale professionals en staf ten aanzien van EBP is een eerste essentiële faciliterende strategie om de implementatie in de praktijk te bevorderen. Tegelijkertijd moet rekening gehouden

worden met de verschillende belemmerende factoren met betrekking tot de organisatie, EBP zelf, de wijze waarop over EBP wordt gecommuniceerd, en de sociaal-politieke context om de implementatie van EBP te verbeteren.

In dit proefschrift is gebruik gemaakt van verschillende designs (kwantitatief en kwalitatief) en verschillende methodes (enquêtes en semigestructureerde interviews). Daarnaast hebben de bevindingen in dit proefschrift bijgedragen aan de discussie over een van de belangrijkste en meest controversiële vraagstukken in het sociaal werk op dit moment: de rol van EBP. Een derde sterk punt is de innovatieve aard van dit proefschrift. In dit proefschrift is de implementatie van EBP in het sociaal werk het belangrijkste aandachtspunt; dit is een relatief nieuw onderzoeksonderwerp, waarover bovendien weinig empirische studies zijn verricht. Bovendien hebben we nieuwe instrumenten en modellen gebruikt zoals de EBPPAS (hoofdstukken 3 en 4) en het 'Organizational model for EBP implementation' (Hoofdstuk 6).

Een van de belangrijkste beperkingen is dat de studies in dit proefschrift specifiek gericht zijn op het perspectief van sociale professionals en staf. De perspectieven van andere belanghebbenden zoals cliënten, onderzoekers en beleidsmakers zijn niet meegenomen. Een andere beperking is dat we in de meeste studies in dit proefschrift (hoofdstukken 3, 4 en 5) vooral gekeken hebben naar de opvattingen en houding ten aanzien van EBP, oftewel de eerste twee fasen van het implementatieproces (kennis-fase en overtuiging-fase). Alleen in de laatste studie kijken we voornamelijk naar de invoeringsfase. Een derde beperking is dat we in dit proefschrift voornamelijk gekeken hebben naar de implementatie van het EBP proces en niet naar de implementatie van het EBP proces én de evidence-based interventies. Vervolgonderzoek zou meer gericht moeten zijn op de invoering- en bevestiging fasen van het implementatieproces, en zou ook andere perspectieven moeten meenemen zoals die van cliënten, onderzoekers en beleidsmakers. Daarnaast zou het waardevol zijn om meer in samenhang te onderzoeken hoe zowel de implementatie van het EBP proces als evidence-based interventies kan worden verbeterd.

Dit proefschrift laat zien dat het realiseren van EBP in het sociaal werk in Nederland een grote uitdaging is. De bevindingen uit het proefschrift geven belangrijke aanknopingspunten voor het verbeteren van de invoering en daadwerkelijke uitvoering van EBP in het sociaal werk in Nederland. Uit het onderzoek volgen vijf concrete aanbevelingen voor onderzoek, praktijk, beleid en onderwijs van sociaal werk:

1. Het is belangrijk dat sociaal werk opleiders, onderzoekers, beleidsmakers en financiers de verschillen tussen het EBP proces en evidence-based interventies erkennen en steeds expliciteren wat zij met EBP bedoelen wanneer zij het begrip gebruiken.
2. We adviseren hogescholen om een actievere rol te nemen in het lesgeven over de principes van het EBP proces op de bachelor- en masteropleidingen van sociaal werk. Hierbij zouden zij ook de impact ervan op de bekendheid van studenten en hun houding ten aanzien van het EBP proces kunnen evalueren met behulp van de EBPPAS.
3. Sociaal werk organisaties die ernaar streven om hun aanpak voor het vinden en beoordelen van onderzoekskennis en het gebruiken van onderzoekskennis in de praktijk te verbeteren doen er verstandig aan te investeren in het creëren van een steunende organisatorische context.

4. Sociaal werk organisaties, onderzoekers en beleidsmakers moeten worden gestimuleerd te streven naar meer onderzoek-praktijk partnerschappen. Vanuit deze samenwerking kunnen zij bijdragen aan de overbrugging van de kloof tussen onderzoek en praktijk.
5. Ook is het van belang dat er meer empirisch onderzoek wordt gedaan naar de implementatie van EBP in de sociaal werk praktijk. Vier belangrijke aandachtspunten zijn eerder al genoemd.

De bevindingen in dit proefschrift wijzen erop dat het grootste potentieel voor het verbeteren van de implementatie van EBP in het sociaal werk ligt in een veelzijdige aanpak. Deze aanpak is gericht op meerdere niveaus en factoren, zoals de kennis en houding ten aanzien van EBP van zowel sociale professionals als staf, de organisatiecultuur en context, en onderzoek-praktijk partnerschappen. Een dergelijke aanpak vereist inzet en commitment van veel belanghebbenden, zoals sociale professionals, staf, opleiders, onderzoekers, financiers en beleidsmakers. De implementatie van EBP moet daarom niet langer beschouwd worden als uitsluitend de verantwoordelijkheid van sociale professionals, maar als een gezamenlijke verantwoordelijkheid.



Dankwoord

## DANKWOORD

"It takes a village to raise a child".

Ik denk dat hetzelfde geldt voor het schrijven van een proefschrift. Zonder de steun en betrokkenheid van vele mensen (meer dan ik hier kan noemen) had ik dit proefschrift nooit kunnen afronden. Ik ben hen allemaal zeer dankbaar.

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Renske van der Zwet  
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# Curriculum vitae

## CURRICULUM VITAE

Renske van der Zwet was born in Eindhoven, The Netherlands, on 30 September 1981. She graduated from secondary school (VWO) at Scholengemeenschap Were Di in Valkenswaard in 1999. She studied Cultural Anthropology at the University of Amsterdam from 2000-2005. In 2005 she obtained her Master Degree in Cultural Anthropology, with an emphasis on multicultural societies and refugees. After her study, she worked as a community worker in the southeast of Amsterdam and as an intern at Kennisnet Integratiebeleid en Etnische Minderheden (KIEM), at Nicis Institute in The Hague. In 2008 she joined Movisie (the Netherlands Centre for Social Development) as a project officer for the Effective social interventions database. In addition, in 2010, she initiated her PhD research at Tranzo, Tilburg University where she works as a science practitioner. She joined the Academic Collaborative Center Social Work (ACCSW) when it was initiated in 2015. Renske van der Zwet is 36 years and lives in Utrecht with her partner Ramon de Meijer and children Mieke (17), Nora (5) and Jelle (3).



