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WAKEFIELD, J., LAVENDER, S., NIXON, K., HORNBY, S., DOBEL-OBER, D., LAMBLEY-BURKE, R., SPOLANDER, G., BONNER, P., MALLEN, C. and CAMPBELL, P.

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Social Work and Social Care: Mapping Workforce Engagement, Relevance, Experience and Interest in Research

Jodie Wakefield[1], Susan Lavender[2], Karen Nixon[1],
Sam Hornby[1], David Dobel-Ober[2], Ruth Lambley-Burke[2],
Gary Spolander [ID] [3], Pauline Bonner[1], Christian Mallen[2,3]
and Paul Campbel[2,3],*

[1]*Social Work Learning Academy, Midlands Partnership NHS Foundation Trust,
St. George's Hospital, Stafford ST16 3SR, UK*
[2]*Department of Research and Innovation, Midlands Partnership NHS Foundation Trust,
St George's Hospital, Stafford ST16 3SR, UK*
[3]*School of Medicine, Keele University, Keele, Staffordshire ST5 5BG, UK*

*Correspondence to Paul Campbell, Midlands Partnership NHS Foundation Trust,
Department of Research and Innovation, St. George's Hospital, Corporation Street,
Stafford ST16 3SR, UK. E-mail: *Paul.Campbell2@mpft.nhs.uk*

Abstract

Evidence-based practice (EBP) has been promoted within social work/social care, with emerging evidence of benefit to practitioners and service users. Advocates argue that EBP enables practitioners to have the skills to interpret and evaluate evidence and be actively involved in research. This project aimed to evaluate awareness, experience/ skills and value of research, and explore barriers to engagement with research. A cross-sectional survey was undertaken across a diverse range of social work/care staff at a large National Health Service (NHS) Foundation Trust and partner Local Authority. The survey included both closed and an open-ended response to facilitate a mixed method analysis. In total, 208 staff responded (55 percent response) and findings show a high rating on the relevance of research to professional development (73 percent); however, a low level of actual involvement (10 percent) and low levels of confidence/knowledge across a range of research skills. Identified barriers include a lack of knowledge on where/how to begin, lack of evidence that it improves practice, the potential to threaten practice and low capacity and time. These findings highlight a potential gap between a current drive for social work/care to be more evidenced based and the ability of social work/care to enact this approach.

Teaser text

There is a growing movement in social work and social care to use research to inform practice (evidence-based practice, EBP). An important part of EBP is the need for practitioners to have the necessary research skills and knowledge to evaluate research evidence, and also to produce evidence by becoming researchers. This current study reports on a survey of a large social work and social care workforce in the UK. The survey asked about current awareness, experience and skills in the use of research and also whether research evidence is seen as useful. The results reported by over 200 participants showed that practitioners thought that research was useful and relevant to their practice, but they also report a low level of current involvement, knowledge and confidence across a range of research skills. Identified barriers to engagement with research included a lack of knowledge on how/where to begin, the need for more evidence that it actually improves practice and having no time to do research. These findings highlight a current gap between the drive to use EBP within social work and social care, and the ability of staff to effectively adopt EBP.

Introduction

Healthcare organisations have long advocated and evidenced that higher levels of quality of care, improved overall performance and better outcomes for patients and service users, are achieved as a result of evidence-based practice (EBP) (Ozdemir *et al.*, 2015; Boaz *et al.*, 2015; Jonker *et al.,* 2020). These benefits are underpinned in the UK by a long-established link between medical-based research and the NHS, in particular the adoption of evidence-based medicine (EBM) where current best evidence (including that of research) is utilised within clinical decision making (Sackett *et al.*, 1996; Sackett, 1997). Numerous institutions within the UK have been established to support this approach (e.g. Cochrane Collaboration, Centre for Review and Dissemination), and to some extent mandate this approach (National Institute for Clinical Excellence). Consequently, EBM (and EBP) are embedded within training across the full spectrum of medicine (Darzi, 2008; Djulbegovic and Guyatt, 2017). Other allied care sectors (e.g. psychology, nursing) have also adopted and practice the principles of EBM and EBP (Graaf and Ratliff, 2018; Drisko and Grady, 2019).

Within social work the relationship and influence between professional theory and practice, along with the manner in which this knowledge is developed has a long and critical history (Bamford, 2015). Discussions of EBP and social work have often been framed within antiprofessional and negative discourse around professionalism (Epstein, 2011). So too, criticism of EBP practice has highlighted assumptions regarding the importance of positivistic traditions (see Gray et al., 2009; Nevo and Slonim-Nevo, 2011; Zeigler, 2019) including the gold standard

of randomised control trials, to the detriment of qualitative approaches (Newman and McNamara, 2016). Nonetheless, the process and consequences of social work theory development require research active and critical EBP, which the authors of this article have defined broadly to include research informed practice and practice informed research. There is support to this view, with greater emphasis to encourage 'evidence informed' rather than 'evidence-based' practice (Glasby and Beresford, 2006; Shaw *et al*., 2014; Graaf and Ratliff, 2018). Furthermore, taking critical differences aside, there is consensus that practitioners (in any field) be equipped with the necessary skills and knowledge to access, interpret, assess, synthesise and evaluate evidence, as well as have opportunity to engage with research activity (Graaf and Ratliff, 2018; Moule, 2020; Melender *et al.,* 2020).

Whilst the principles of EBP are ubiquitous within medical (and wider health professional) training and practice, such application within social work/care is less advanced. In comparison, there are fewer academic training and funding opportunities for social work/care, and therefore less opportunity to embed such approaches for practitioners (Ham *et al.,* 2012; Shortell *et al.,* 2015; Health Research Authority, 2017; Wittenberg *et al.,* 2018). To address this imbalance, the NHS (via the National Institute of Health Research and the Health Research Authority) has prioritised social work/care research, initiated a specialist National Institute for Health Research (NIHR) School for Social Care Research (Shortell *et al.,* 2015), with aligned evidence-based resources available from the Social Care Institute of Excellence in the UK (https://www.scie. org.uk/) and the international social science research network 'Campbell Collaboration' (https://campbellcollaboration.org/). A key driver of this agenda is for social work/care practitioners to become 'research ready' and evidence informed (Davies *et al*., 2014; Moule, 2020). A review paper by the NIHR School for Social Care Research (Shaw *et al.,* 2014) reports on the benefits of utilising evidence and research; to the individual practitioner (e.g. increased sense of empowerment, ability to affect change in practice, ability to challenge assumptions), to the team or agency (e.g. highlighting challenges at an organisational level, improved practice through shared learning) and to service users in social work/ care (e.g. giving service users a voice, improvements service provision). However, the article also highlights the necessity for continued growth (as only a small number of social work/care practitioners are currently research active) underpinned by increased social work/care practitioner research awareness and research activity; such a vision for social work/ care practitioners is also reflected internationally (Drisko and Grady, 2019).

This study aimed to assess existing social work/care engagement with research, perceptions on skills and knowledge about research, use of research, views on the relevance of research and what professionals would

wish to know about research, within a social work/care workforce who practice within a joint partnership between an NHS Trust and Local Authority. Collection of this survey-based data was used to inform on the partnership's wider programme of work to stimulate a research culture via a locally funded (West Midlands Clinical Research Network) project (SCREEN: Social Care Research Engagement project). This phase of the SCREEN project was used to descriptively characterise knowledge gaps that can inform on future targeted training provision for social work/care staff. Specific objectives were: (1) assess existing research engagement and perceived skills; (2) describe awareness and current use of research; (3) report on professional's views on the relevance of research; and (4) recognise needs and questions about research to develop supportive structures.

Method

Design and setting

A cross-sectional questionnaire-based survey design was used for this service evaluation study. This choice of approach (i.e. survey) was based on the planned protocol of the SCREEN project. Participants were drawn from the social work/care workforce at the Midlands Partnership NHS Foundation Trust (MPFT, https://www.mpft.nhs.uk/). MPFT is a large integrated NHS organisation situated within Staffordshire, England, that has a partnership to deliver social work and social care services with Staffordshire County Council. More broadly, MPFT provides physical and mental health, learning disabilities and adult social work/care services within Staffordshire and Shropshire areas, representing a broad patient and service user demographic (urban, rural, ethnicity, deprivation).

Ethical approach

The Department for Research and Innovation at MPFT judged this survey as a 'Service Evaluation' (Ref: e2020-10), as it evaluates the current state of research awareness and engagement of social care/social work staff at MPFT and informs on MPFT's current service practice. As a consequence, the survey did not fulfil the requirements for NHS or University Ethical approval. Whilst no formal ethical approval was required, the study did apply ethical principles that include: informed consent procedures (e.g. all eligible participants were informed about the survey prior to survey launch including purpose, content and data storage), that participation was entirely voluntary, that identifiable data

would only be held internally within secure storage and that findings would be completely anonymised and aggregated prior to external dissemination. Consent was indicated by completion of the survey.

Recruitment and procedure

MPFT's social work/care workforce covers a broad range of services *(*social work, advanced practice, approved mental health professional, social care management, social care assessment, social care consultation, sensory team, safeguarding, inclusion, practice and operational leadership and business operation). Potential participants were identified internally via registration with MPFT's Social Work Learning Academy (SWLA), which registers all social work/care professionals (qualified and non-qualified) at MPFT ($n = 382$). Senior social work/care leads at MPFT (authors K.N. and S.H.) contacted all potential participants via the internal SWLA registry to inform them about the internal survey. Actively responding to the questionnaire indicated consent to take part and two reminder stages were initiated; at two weeks post start of survey, and four weeks post start of survey respectively. The survey remained open for a further two weeks after the final reminder.

Measures

The survey was based on a range of previous literature on the assessment of research experience, skills, knowledge and culture (Kardash, 2000; Holden *et al.*, 2012; Maltese *et al.*, 2017; Monash University Research Skills Assessment, Monash University 2020; Careers Advisory Service Vitae UK, https://www.vitae.ac.uk/). The focus of measurement was at an undergraduate and non-advanced level to give maximum coverage/relevance to the study population (mix of qualified and unqualified staff), and furthermore had relevance to research knowledge/experience outside of academic practice, for example local authorities or allied health professions where different research priorities and practices exist (Woolham *et al.*, 2014; Lee *at al.,* 2020). The survey utilised quantitative closed dichotomised items, scale items, list items and also and a qualitative open-ended response item and was purposefully brief (approximately ten to fifteen minutes to complete) to increase the overall participation response (Galesic and Bosnjak, 2009). The use of both quantitative and qualitative data from the survey allowed for a mix method analysis approach, which gives greater breadth and depth than either approach alone (Schoonenboom and Johnson, 2017).

Table 1 outlines the broad domains, questions within domains and response options for the survey.

Table 1. Research survey

Domain	Question	Response option
Demographic	Age, years	Categorical (18–25, 26–35, 36–45, 46–55, 56+, Prefer not to say/non-response)
	Gender	Categorical (Male, Female, Transgender, Gender Variant/Non-Conforming, Not Listed, Prefer not to say/non-response)
	Current role/job	Categorical (Social Worker/Approved Mental Health Professional/Advanced Practitioner, Management/Practice Lead/Operational Lead, Social Care Assessor, PSI Navigator/Assistant, Sensory Team, Consultant, Safeguarding/Inclusion, Business Support, Other, Prefer not to say/non-response)
	Full or part time	Categorical (Full time, Part time, Prefer not to say/non-response)
	Length of time in post/job	Categorical (zero to three years, four to seven years, eight to fifteen years, fifteen plus years, Prefer not to say/non-response)
Existing research activity	Are you now or have you recently (in the past 3 years) been involved in research activity or research training?	Categorical (Yes, No, Prefer not to say/non-response + open-ended stem response if item response yes)
Knowledge and confidence in research skills	Please tick each box where you feel you currently have knowledge and confidence in the following key components of research practice	Categories: critical appraisal, literature review, systematic review/synthesis, developing a research question, study design, data collection, data analysis, funding and grant writing, project management, information management, audits and service evaluation, balance research and practice, ethical issues, user involvement, academic writing and getting published, collaborative working
Knowledge/Interest in research	How familiar are you with the key concepts and theory related to your field of practice?	Scale (Not at all, Slightly, Moderately, Very, Extremely, Prefer not to say/non-response)
	Are you up to date with existing research literature related to your field of practice?	Scale (Not at all, Slightly, Moderately, Very, Extremely, Prefer not to say/non-response)
	Have you an interest in conducting your own research, or including doing research as part of your overall career development?	Scale (Not at all, Slightly, Moderately, Very, Extremely, Prefer not to say/non-response)
Exposure to research in practice	Do you and your team discuss research related to your practice?	Categorical (Yes, No, Prefer not to say/non-response + open ended stem response if item response yes)

(continued)

Table 1. (continued)

Domain	Question	Response option
Importance/ Relevance of research	Do you think research should be part of your own professional development?	Categorical (Yes, No, Prefer not to say/ non-response)
	How relevant do you feel research is in your current field of practice?	Scale (Not at all, Slightly, Moderately, Very, Extremely, Prefer not to say/non-response)
Research needs	What question would you ask an expert social care academic about research?	Open-ended response

Analysis

Electronic returns were transferred to a Microsoft Excel Spreadsheet and entered into SPSS (version 26). Quantitative descriptive analysis was carried out to display percentage proportions for appropriate response criteria (i.e. categorised or scaled response). All data were included (i.e. where applicable, missing responses and 'prefer not to say' were included within the denominator value), in addition some response categories were collapsed (i.e. grouping of Likert responses, combination of categories to form 'other' group) for ease of interpretation. A qualitative content analysis approach was applied to categorise and describe meaning from the data. This approach was chosen as appropriate as data were directive and limited (i.e. participants were directed to respond to a singular question only) and therefore would be potentially restrictive to more inductive approaches such as grounded theory methodology that generally consider relationships and emerging theory within a broader narrative (Jackson and Trochim, 2002; Renner and Taylor-Powell 2003). Following previous methodology for qualitative analysis of survey items (Runge *et al.,* 2014; Jackson and Trochim 2002) individual responses were selected as units of analysis and preliminary categories of meaning applied. These were then compared across respondents and further coding was applied to identify themes and compared (across respondents for similarity) using an initial coding framework. This framework was then presented for peer debriefing and consensus within the research team (e.g. agreement on categories, codes, themes) and interpretation developed. Both quantitative and qualitative data were used to inform on the discussion and conclusions using a convergent parallel mixed methods approach (Schoonenboom and Johnson, 2017). The point of integration was applied within the final interpretation stage of analysis using the qualitative data in its own right to identify themes, but also to infer on the quantitative descriptive results where applicable.

Table 2. Demographics of survey sample

Demographic	Response option					
Age	Eighteen to twenty-five years 1.9 percent	Twenty-six to thirty-five years 12.0 percent	Thirty-six to forty-five years 29.8 percent	Forty-six to fifty-five years 35.1 percent	Fifty-six years and over 20.2 percent	Prefer not to say/non-response 1.0 percent
Gender	Female 83.7 percent	Male 14.4 percent	Other 1.9 percent			
Full/Part time	Full time 68.8 percent	Part time 27.4 percent	Other 3.8 percent			
Current post	Social Worker/AMHP/Advanced practitioner 33.2 percent	Social Care Assessor 26.0 percent	Management/Practice Lead/Operation Lead 11.1 percent	Sensory Team 1.9 percent	Other 27.8 percent[a]	
Length of time in current post	Zero to three years 27.9 percent	Four to seven years 26.9 percent	Eight to fifteen years 23.1 percent	Fifteen years and over 20.7 percent	Other (prefer not to say/non-response) 1.4 percent	

[a]21.2% = prefer not to say/non-response; AMHP: approved mental health professional.

Results

In total, $n = 382$ eligible social care professionals were identified and $n = 208$ responses received, representing a 55 percent response rate.

Table 2 presents the full demographics of the sample. In brief, the sample was predominately female (83.7 percent), with the largest representation within the age groups thirty-six to fifty-five years (64.9 percent). The majority (33.2 percent) of respondents described their current role as social workers/approved mental health professionals/advanced practitioners, with a further 26.0 percent describing their role as social care assessors, and 11.1 percent as management/practice lead/operational lead. Most staff described their role as full time (68.8 percent), with 27.9 percent in their current role for zero to three years, 26.9 percent (four to seven years), 23.1 percent (eight to fifteen years) and 20.7 percent (fifteen years or more).

Table 3 outlines the quantitative findings from the survey.

Key findings on existing research activity and engagement with research show that only 10 percent have had involvement in research in the past three years, mostly as part of continued learning or as a participant in a research project. Assessment of the respondents' knowledge and confidence of research skills and research processes show staff to have a general low level across a wide range of topics. On current knowledge and interest in research, 84 percent responded that they were (moderately, very, extremely) familiar with key theoretical concepts related to their practice, with about half currently using or being exposed to research within team discussions (mostly supervision and case discussion), and over half (51 percent) expressing interest in being research active. In terms of relevance of research, 73 percent responded that research would be an important component of their professional development and 89 percent responded that research was (moderately, very, extremely) relevant to their current practice.

Qualitative analysis of the open-ended responses to the question 'What question would you ask an expert social care academic about research?' showed a total of 36 percent of the sample responded.

Table 4 outlines the results of the qualitative analysis including theme and sub-theme identification and example text.

Qualitative analysis revealed six themes that can broadly be categorised into three broad overarching domains, firstly doing research (themes 1, 2 and 3), using research (themes 4 and 5), and finally research ideas (theme 6). Inspection of this first domain (doing research) revealed some key points from participants on their wish to know about an expert's journey, where and how they got started both from an individual's perspective but also within an organisational context. Added to that are questions focused on how research is done, specifically

Table 3. Research survey quantitative findings.

Domain	Question	Response (%)		
Existing research activity	Are you now or have recently (in the past three years) been involved in research activity or research training?	Yes (10.1 percent)	No (89.4 percent)	Prefer not to say/non-response (0.5 percent)
	Stem question—if 'Yes' what involvement	Research modules/degrees (33.3 percent) Participant (33.3 percent) Other (33.3 percent)		
Knowledge and confidence in research skills	Working with existing evidence	Critical appraisal (16.8 percent), interpretation of research (12.5 percent), literature review (7.7 percent), systematic review (5.3 percent)		
	Developing research	Creating a research question (7.7 percent), methodological approaches (8.8 percent), collecting data (14.4 percent), data analysis (11.5 percent), advanced data analysis (1.9 percent), philosophy of research (2.9 percent)		
	Project management and governance	Project management (16.3 percent), information management (12.5 percent), audit and service evaluation (5.8 percent), being a principal investigator (2.9 percent), ethics (17.3 percent), application to IRAS (0.5 percent), ability to balance practice and research time (2.9 percent)		
	Grant application and academic writing	Identification of funding streams (5.3 percent), writing a funding application (7.3 percent), academic writing (14.9 percent), publication (1.4 percent), dissemination methods (1.4 percent)		
	Collaboration	User involvement (7.7 percent), collaboration (26.9 percent), innovation and creativity (13.5 percent)		
Knowledge/ Interest in research	How familiar are you with the key concepts and theory related to your field of practice?	Extremely/very/moderately (83.6 percent)	Slightly/not at all (11.6 percent)	Prefer not to say/non-response (4.8 percent)
	Are you up to date with existing research literature related to your field of practice?	Extremely/very/moderately (58.1 percent)	Slightly/not at all (37.6 percent)	Prefer not to say/non-response (4.3 percent)
	Have you an interest in conducting your own research, or including doing research as part of your overall career development?	Extremely/very/moderately (51.4 percent)	Slightly/not at all (44.7 percent)	Prefer not to say/non response (3.9 percent)

(continued)

Table 3. (continued)

Domain	Question	Response (%)		
Exposure to research in practice	Do you and your team discuss research related to your practice?	Yes (47.6 percent)	No (47.6 percent)	Prefer not to say/non-response (4.8 percent)
	Stem question—where is research discussed	Supervision (52 percent) Case meeting (20 percent) Learning/leadership meeting (8 percent) Other (20 percent)		
Importance/ Relevance of research	Do you think research should be part of your own professional development?	Yes (73.1 percent)	No (22.6 percent)	Prefer not to say/non-response (4.3 percent)
	How relevant do you feel research is in your current field of practice?	Extremely/very/moderately (86.6 percent)	Slightly/not at all (11.0 percent)	Prefer not to say/non-response (2.4 percent)

Table 4. Research survey qualitative findings.

Theme	Sub-theme	Example text
1. How to begin research	1 (a). How to begin research from an individual perspective	'…how they start to do research…', 'where's the best place to start…'
	1 (b). How to begin research within an organisational context	'how can we embed research and start a culture…', '…how can we drive forward learning to embed research'
2. How to do research		'how do you identify good quality research', '[how to] access to up to date literature…', 'how is the subject chosen', 'what type of research methodologies be used to capture objective data…'
3. Capacity to do research	3 (a). Having the time	'how can this [research] be implemented in practice so that practitioners have time to dedicate to their own professional development…', 'how do you find time to look at research and do your day job…', 'how can I get involved when I have a full time job and very little time…'
	3 (b). Perceived gap between research and practice	'academia seems far removed from practice…', 'why is there so little research about social work practice in comparison to other disciplines', 'why is there not more academia incorporated into training'.
4. Priority setting and relevance of research		'what research is taking place', 'where is research needed the most…', 'what works, what doesn't…', 'how would the benefit of research impact on social work…'
5. Impact of research	5 (a). Reach of research to make policy change	'what influence does research have on government thinking/policy', 'how does it [research] mould process and policy', 'how do you incorporate research into everyday practice'.
	5 (b). Threats to practice	'how do you keep the person at the centre of practice…', 'has changes in how we work and client outcomes been researched before…why do those changes seem less person centered', 'how can you ensure research can be effectively implemented in practice given we are always working to resource constraints', 'why is some research so out of touch to current practice which is very target driven', 'in a financial driven world how can we ensure that the core principles of social work are not forgotten'.
6. Research ideas	The final theme related to specific research ideas and topics suggested by staff including questions on dementia, self-neglect, sensory impairment, ethnic differences in outcomes and poverty.	

knowledge about methodology as well as how to judge whether existing research is of 'good' quality. Finally, within this domain are questions about capacity, in terms of having time to do research within the confines of 'your day job', and also the perception of the gap between academic social care and social care practice. The second domain, on using research, centres on participants wish to know what are the most important areas within social care for research, and whether research can make a difference, with added concern that research has the potential to undermine core practice principles and may not be effective within a climate of financial constraints and pressures within social work and social care. The final domain is largely descriptive of the potential areas of research that some respondents are interested in and demonstrates the diverse range of research topics of interest from this population.

Discussion

This study has reported on the level of engagement, current skills and knowledge, awareness and use, perceptions on the relevance and the current needs for research in a social work/care workforce within a large NHS Foundation Trust. Overall, the results show a low level of engagement and activity with research and also a perceived low level of confidence in the application of research skills/knowledge, but conversely also reports of a high level of familiarity with key theoretical concepts and use of research within practice and a high recognition of the relevance of research. A number of potential barriers and facilitators to greater research engagement were also identified.

Comparison with previous literature

Whilst there was no directly comparable published survey specifically with NHS social work/care staff in the UK, parallels can be drawn from other previous published literature. One relevant study conducted in Queensland Australia (Harvey *et al.,* 2013) surveyed social workers to assess research capacity and report on a limited set of skills to conduct research and an associated low level of confidence in undertaking research, but that participants indicated a high level of interest in research; these findings accord with this current study. Similarly, research within broader allied health profession (AHP) populations show results reflective of our findings. A recent survey of medical, nursing and AHP staff showed that AHPs were less likely to be enrolled in higher research learning (e.g. post doc), less likely to have research within their role description, and scored lower on a range of research-based skills compared with those from a medical-based role (Lee *et al.,* 2020). Two recent

systematic reviews (Wenke and Mickan, 2016; Borkowski *et al.,* 2016) also within AHP populations show a general consensus that AHP staff wish to increase their research knowledge and skills, but that a number of barriers exist: such as a lack of time, having a low skills base and having a need to embed a research culture. These findings show parallels to the findings identified within this current study, as drawn out by both our quantitative and qualitative findings.

Strengths and limitations

There are a number of strengths associated with this project. Whilst there have been previous surveys conducted on research engagement, skills and experience within AHP populations (as outlined above), this current survey, as far as the authors are aware, is the first to directly sample social work/care practitioners in the UK. This survey targeted a large social work/care workforce which included both a diverse range of roles (e.g. social work, social care assessment, management, mental health, sensory) and a diverse range of experience and length of time in post. There was a reasonable response rate (55 percent), especially when compared to previous surveys. For example; Friesen and Comino (2017) survey of research capacity and culture for community health services reported a 26 percent response rate, similarly a more recent survey of AHPs report a 36 percent response rate (Matus *et al;* 2019). Whilst response to our survey is favourable, response bias cannot be ruled out (i.e. those with a greater interest in research being more likely to respond) which may have led to over/under estimations of the effects. Item completion was good with less than 5 percent of respondents using the 'Prefer not to say' or offering 'no response' indicating general relevance to this population. The inclusion of both quantitative and qualitative questions has offered both breadth and depth to the findings and raised important insights into perceived barriers to engagement.

There are several limitations associated with the survey. There may be an element of desirability bias by respondents. There is a contrast within the findings, with respondents reporting high familiarity with research supporting theory and use of research within team meetings, but also reporting a low confidence in the ability to critically appraise research. This contrast may be a result of respondent's desire to respond more positively to the survey, perhaps in part due to context (i.e. internal survey by senior management). Whilst the survey was based on appropriate content from previous research on the assessment of research experience and skills within similar populations, it lacks validation (reliability, construct validity, internal consistency) and further validation and replication work is required. Furthermore, being cross-sectional, it was unable to pick up on trends over time, ideally a longitudinal approach would

have been taken to assess aspects such as change and patterns of development, or the professional context which influenced responses. The survey focused on the individual practitioner experiences (as per protocol of the overarching funded SCREEN project), whilst other surveys (e.g. Holden *et al.,* 2012; Friesen and Comino, 2017) have included assessment at a team and/or organisation level to give greater insight into potential structural issues, which will bear influence on an individual's capacity to engage with research. Lastly, the survey utilised an open-ended question 'what would you ask an expert in social care research' to ascertain qualitative information on the needs of participants with regard to research. Such an approach is useful, and in this case, interpretation was enhanced by the convergent parallel analysis (mixed method approach) utilising both quantitative and qualitative data. However, there are limitations; use of free text responses from surveys often compromises on the richness that can be inferred from data via other sources (e.g. interviews), reducing overall sincerity and credibility (LaDonna *et al.*, 2018). In this current study, there was no scope to explore and expand on responses to give greater context, or to verify personal meaning of those responses, or to assess emotional and social influences. Overall, due to these limitations the findings are informative but also largely descriptive and further enquiry (e.g. interviews, focus groups) is needed to fully understand the rationale behind the statements provided by the respondents.

Implications

This survey has raised important service evaluation implications for social work/care staff at MPFT. The results show a current low level of involvement in research (10 percent respondents), with the majority of that involvement as a participant or as part of ongoing learning (module within a degree), with also a demonstrable low level of confidence in the practice of a broad range of essential research skills across the workforce (e.g. working with existing evidence, developing research ideas, project management and oversight, academic writing/grant writing). However, results also show a high level of interest in research in terms of relevance to professional development and in terms of relevance to practice, and there is a high level of familiarity with theory and key concepts. Parallel qualitative analysis gives further insight into this apparent gap between the recognition of value of research for social work/care practice, and actual engagement and use of research. The overarching domains found within the qualitative data show two important concepts, that of 'doing research' (themes 1, 2 and 3) and 'using research' (themes 4 and 5). For 'doing research', the results suggest a lack of knowledge on where to begin, how to get started, what organisational structures are in place to support research activity, organisational issues on capacity to

undertake research and a low level of skills to apply research. For 'using research' the issues are more about what areas are important, can research make a difference and impact in practice. Taken together, the quantitative and qualitative results suggest that whilst research is seen as something useful that underpins theoretical approaches to practice and is relevant to individual practitioners and practice, there is a gap in terms of how to do research and how to effectively utilise research. These findings are broadly in accord with Shaw *et al.*'s (2014) review of social care practitioner research. The review of over seventy studies led to three recommendations that may be directly applicable to social care/ work at MPFT: (1) personal motivation (e.g. professional development and qualifications in research, identification of problems to be solved, involving service user perspectives in practice); (2) capacity (e.g. research as part of training, establishing research networks for practitioners, availability of academic support); and (3) opportunity (e.g. organisation support, external funding). The funded SCREEN project, which commissioned this survey, includes objectives to address the findings and increase research engagement and research involvement for social work/ care staff at MPFT. These objectives include: creation of a social work/ care research Special Interest Group that brings together practitioners and academics, signposting all social work/care staff to relevant research training and learning opportunities at MPFT and partner institutions, support to early career social work/care staff to encourage engagement in research (creation of Research Champions), provide organisational support from MPFT's department of Research and Innovation and provide inspirational events where social work/care staff can meet established social care researchers and see how research can impact practice. The SCREEN project follows general guidance (Gira *et al.,* 2004) to utilise multiple approaches to facilitate greater engagement with research and evidence for those who practice social work/care; however, it remains to be seen if the outlined objectives of SCREEN can increase engagement and involvement of MPFT social work/care staff in research activity, and a longer term follow-up survey is planned to assess change.

Whilst this study has centrally focused on the assessment of engagement, relevance and interest in research from social work/care staff, we also believe our findings are worthy of discussion in terms of implications to the broader issue of EBP. EBP has a growing emergence in social work/care but also has a number of criticisms and barriers to implementation that require ongoing debate, particularly the perception that EBP is constricted by a perceived narrow positivistic standpoint (Gray *et al.,* 2009; Nevo and Slonim-Nevo, 2011; Zeigler, 2019). Consideration of recent EBP research within social work populations can give greater context to the implications from this current study. A more inductive approach with a plurality of applied social science research may enable increased contextualisation, for example participation

and active engagement of service user voices in the design and conduct of research is already advocated (Dominelli, 2005; Sweeney *et al.*, 2012). A recent survey of German social workers (James *et al.*, 2019) using the EBP attitude scale showed a main driver of engagement and use of EBP is continued education and training in research, along with knowledge exchange between colleagues, and it is this interaction (along with the practitioners' own experience) that directs EBP decisions. Our findings do suggest that research and evidence is used in staff team discussions; however, this is contrasted with reports of low confidence in the ability to critically assess and apply research; raising questions about how practitioners conceptualise the idea of research and also suggest that use maybe currently sub-optimal. This view is supported by another survey of Norwegian social workers on their views of EBP (Ekeland *et al.,* 2019). Results of this large survey ($n > 2,000$) show a substantial proportion of social workers are unsure of the components of EBP leading to an overall negative appraisal; however, this was not the case in social workers who had been exposed to research education, training and development, suggesting that engagement in research may facilitate a greater acceptance of EBP, but also importantly lead to greater informed critique and refinement of EBP to fit the needs of social work/ care. Indeed, a qualitative study of New Zealand social workers (Beddoe, 2011) gives greater support to the involvement of social work in research. Interviewed social workers were positive about the ideals of social work research (as our current survey has shown), highlighting the need for heightened perceptions of practice validity from the viewpoint of other professions, but also expressed a low level of confidence and engagement in research and a lack of time to enact to engage, in part due to managerial context. This latter point is supported by the view that managerial context is embedded within a neoliberal proceduralist practice environment (Banks and Williams, 2005; Newman and McNamara, 2016) that reinforces and undermines skills and confidence, rather than encouraging a critical joint problem-solving approach to practice challenges. This current evidence of views on EBP is largely reflective of the findings from this current survey and is suggestive that engagement in research (learning, training, application), as a cornerstone of EBP, is a necessary component of the future development of EBP in social work/care. One key issue that was not featured in this current survey, and is a noted weakness, was an assessment of organisational support. Studies on social work practice research (James *et al.,* 2019; Ekeland *et al.,* 2019; Beddoe, 2011; Newman and McNamara, 2016) iterate the importance of organisational structures to facilitate the engagement of social workers with research (as does Shaw *et al.,* 2014; McBeath and Austin, 2015). Key consensus for organisational structures is to embed a research culture and climate that spans leadership and workforce to facilitate training and support to engage in research

(especially for research minded practitioners), increases advocacy and value of research that underpins practice and provides opportunities to balance the demands of service delivery commitment with research engagement.

In conclusion, this mixed method survey has highlighted that whilst social work/care practitioners value research and see research as important to practice, there is a low level of current engagement and use of research, and a low research skills base. These findings are complemented by the identification of key barriers to engagement with research including knowledge of where and how to begin, concern over the implications research may have to current practice, and having the capacity to be involved. These findings, in light of other relevant literature on EBP, show a potential gap between a current drive for social work/care to be more evidence based, and the ability of social work/care to enact this approach, and drivers to address this gap emit from both the individual practitioner and organisational structures. Further work is now required to understand more about barriers to engagement (at an individual practitioner and organisational level), and how they may be addressed to develop further the shape of EBP within social work/care.

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