

Evidence-Based Practice in Social Work: Who Are the Critics?

With roots in evidence-based medicine, evidence-based practice has become an important and promising part of social work research and practice since its introduction in the 1990s. Evidence-based practice has, however, been subject to a great deal of debate and controversy. Arguably, this development is associated with the rise of neo-liberalism and new public management with its reduced government spending in relation to the private sector, and competition in pursuit of efficiency. The goal of implementing evidence-based practice is a cheaper, more efficient government that has effective social programmes with fewer bureaucratic constraints (Bryderup, 2008; Hanlon, 2016; Welbourne, 2011). It is argued that the principles of neo-liberalism are contrasted with social work values, such as empathy, partnership, and helping the vulnerable and those who cannot talk for themselves (Golightley & Holloway, 2017).

With the growth of new public management, societies emphasise implementing evidence-based practices in the social sector (Johansson, Denvall, Veldung, & Evert, 2015; Siltala, 2013). There is confusion about what evidence-based practice actually consists of among social workers, researchers and policy makers, and there is not necessarily a consensus among them. The way social workers relate to evidence-based practice may therefore be different from how researchers and policy makers view it (Russell et al., 2010; Scurlock-Evans & Upton, 2015; van der Zwet, Beneken genaamd Kolmer, Schalk, & Van Regenmortel, 2019; Wike et al., 2014). Evidence-based practice is most commonly described using the definition provided by Sackett, Straus, Richardson, Rosenberg, and Haynes (2000, p. 1): ‘‘the integration of best research evidence with clinical expertise and patient values’’. The authors argue that combining these elements results in therapeutic alliance and improves the clinical outcome.

Critics argue that Sackett et al.'s (2000) definition is lacking the social workers' organisational constraints and resources, and that there has been a predominant focus on part two of the definition, 'the best and relevant research evidence' as there is no consensus on what is considered to be the best available evidence (Drisko & Grady, 2015; Smith, 2013). Some scholars argue that the best evidence should consist of knowledge from front-line practitioners and intervention users (Drisko & Grady, 2015, Ertesvåg & Kjøbli, 2016; Johansson et al., 2015). Sackett et al. (2000) state that evidence-based practice is to be understood as constantly evolving as new research and methods emerge.

Thyer & Pignotti (2011) argue that evidence-based practice is often confused with empirically supported treatments, which entails that the practitioner applies a specific empirically supported treatment to the client. Unlike the use of empirically supported treatments, social workers using evidence-based practice should examine the empirically supported treatment, and apply this intervention with the additional components of the evidence-based practice model, such as the client's preferences, the social worker's expertise, ethical considerations and the availability of resources. According to Thyer & Pignotti (2011), the belief that evidence-based practice only consists of empirically supported treatments is one of the main causes for the confusion about and resistance towards the concept. Thyer (2006, p.168) present a five-step model for conducting evidence-based practice:

- “1. Convert one's need for information into an answerable question.
2. Track down 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".

Several practices are associated with evidence-based practice and its implementation, for instance the use of manuals and other standardised practices. The use of manuals is, however, not synonymous with evidence-based practices (Addis, Wade, & Hatgis, 2006) but it is associated with it because of the increased focus on efficiency and systematic implementation of interventions. Evetts (2006) and Healy and Meagher (2004) argue that the increase of private actors as service providers in the public social sector can increase the possibility of de-professionalisation in social work, which can lead to increased standardisation and loss of discretion in working with clients. Drisko & Grady (2012, p. 19-20) state that the policy changes that limit the time that social workers have with the client seriously risk undermining informed decision making when practicing evidence-based practice. Although front-line users in Norway still depend largely on discretion, the policy changes which affect privatisation in the social sector are posing a threat to the social workers' opportunity to exercise autonomy, especially regarding the use of discretion (Jessen & Tufte, 2014).

Evidence-based practices are still new in Norway, although some studies using randomised controlled trials are emerging (Natland & Malmberg-Heimonen, 2016). Randomised controlled trials are often viewed as the highest level of research and are of importance to many who practice evidence-based practice (Tellings, 2017). In child welfare services, Multisystem Treatment and Parent Management Training are being utilised as empirically supported treatments (Angel, 2003; Patras & Klest, 2015). It is evident that evidence-based research and practices are becoming an important part of the social sector, and that governing authorities are implementing its practice. With the social sector slowly developing towards more model-based social work, there is need for more studies that

examine social workers' attitudes towards models that are being incorporated into practice. The data presented in this study is a secondary analysis of data collected by Ekeland et al. (2018). The study is further analysed by assessing critical attitudes towards evidence-based practice with correlation- and regression analysis.

Social workers' attitudes towards evidence-based practice

Previous studies have focused on barriers to implementation of evidence-based practice, and how social workers understand and relate to the concept. To the author's knowledge, no previous research has investigated Norwegian social workers' attitudes towards evidence-based practice, with the distinction made between social welfare and child welfare workers. Studies that focus on social workers' and clinical practitioners' attitudes towards evidence-based practice exhibit general similarities between the level of education, work-related training and positive attitudes towards evidence-based practice (Aarons, Sawitzky, & Deleon, 2006; Bergmark & Lundström, 2011; Ekeland, Bergem & Myklebust, 2018; Scurlock-Evans & Upton, 2015). Social workers generally tend to be confused about the evidence-based practice (Ekeland et al., 2018; Grady et al., 2017; James, Lampe, Behnken, & Schulz, 2018; Knight, 2015; Scurlock-Evans & Upton, 2015); however, there are some studies that exhibit various outcomes when it comes to how work experience affects attitudes towards evidence-based practice (Gray, Joy, Plath & Web, 2014; McKee, 2013).

In a systematic review, Scurlock-Evans and Upton (2015) investigated social workers' evidence-based practice orientation, attitudes and implementation using 32 studies from the western cultural regions of the world. The researchers found that the social workers generally held positive views of evidence-based practice, although there were a substantial minority of social workers who were negative towards evidence-based practice and unsure about its value. Barriers that social workers encountered when implementing evidence-based practice

were generally a lack of time, accessibility of research, organisational culture, and a lack of fit and applicability of research findings to specific practice contexts. In general, social workers felt evidence-based practice to be important or very important to their work (Scurlock-Evans & Upton, 2015).

Confusion about the evidence-based practice. Previous studies have shown that social workers and social work students are generally confused about evidence-based practice, and that the confusion partially influences their attitudes towards it, whether positive or critical (Ekeland et al., 2018; Grady et al., 2017; James et al., 2018; Knight, 2015; Scurlock-Evans & Upton, 2015). For instance, the study by Avby, Nilsen & Abrandt Dahlgren (2013) demonstrated that Swedish social workers in social welfare offices viewed evidence-based practice as an abstract concept that caused them confusion. The social workers emphasised the importance of work experience and practice-based knowledge when becoming a skilled social worker when being asked about evidence-based practice. A recent Dutch study by van der Zwet et al. (2019) found that 22 social workers and staff members in a social work organisation were generally confused about the meaning of evidence-based practice, and that they conceptualised it in different ways. Some social workers believed that evidence-based practice was restricted to evidence-based interventions, and others included the client circumstances and professional expertise in their description of the concept. Although they were positive about using evidence-based practice, they displayed critical attitudes towards how the concept should be implemented.

Predictors of positive attitudes toward evidence-based practice. The level of education generally seems to be a facilitator for positive attitudes towards evidence-based practice (Aarons et al., 2006; Ekeland et al., 2018; Parrish & Rubin, 2011; Scurlock-Evans & Upton, 2015). Clinical experience and training may affect which procedures are utilised in client work (Aarons, 2004; McKee, 2014). Some studies indicate that neither age nor experience is a

predictor for critical attitudes towards evidence-based practice (McKee, 2014). Gray et al. (2013) found that a significantly larger number of social workers with experience of between 10 and 30 years showed changes in their practice influenced by research than those with either less or more experience. The Norwegian study by Ekeland et al. (2018) found that although many social workers have heard of evidence-based practice, few have precise knowledge of its methodological, epistemological and institutional base. Those with higher education have more defined perceptions of evidence-based practice, although they are polarised.

The aim of the study

This study aims to contribute to the area of research exploring attitudes to evidence-based practice among Norwegian social welfare and child welfare workers. The hypotheses of the study are based on previous research studies on social workers' attitudes towards evidence-based practice and critiques of evidence-based models in social work. The first hypothesis is that social workers who more frequently engage in client contact are more critical of evidence-based practice than those who have less client contact. The second hypothesis is that social workers with more knowledge about evidence-based practice are less critical of it. The third hypothesis is that social workers who more often use standardised procedures and manuals are less critical towards evidence-based practice.

Data and Methods

Data collection procedure

This study consists of a sample of N=2060 social workers obtained by Ekeland et al. (2018). They collected data from social workers from four counties in western Norway in 2014–2015. The sample consists of social workers registered as members of the Norwegian Union of Social Educators and Social Workers, which comprises a 70–80% union

membership rate among all Norwegian social workers. The authors argue that the sampling method is considered adequate due to the high membership rate.

The researchers contacted 5668 social workers from the union, using Questback, which has encrypted notification, ensuring that those notified remained anonymous and that no unauthorised person could access the contents of the notification. The researchers received a valid response from 2060 informants, giving a response rate of 44%. The response rates were similar in the different counties. The sample in this study consisted of 83% women and 17% men. The distribution is close to the national distribution of the members in the Norwegian Union of Social Educators and Social Workers, who report that over 80% of their members are women (Fellesorganisasjonen, 2019). Further, the national distribution of gender in the social sector in Norway is reported to be 84.6% women and 15.4% men (Statistics Norway, 2019).

Table 1 presents the descriptive information of the sample. The majority of the sample is female (81.9%). There is a large variation in year of birth; the two largest groups were born in the periods 1965–1974 and 1975–1984. Almost half of the participants (51.5%) have higher education after their bachelor's degree (continued education, masters or PhD). Forty percent of the participants finished their education between 2001 and 2010, and one quarter (26.5%) had 5–10 years of work experience as a social worker after completing their education, and 19.6% had been working as a social worker for more than 20 years.

INSERT TABLE 1 HERE

Measures

The survey was developed to gather data on Norwegian social workers' attitudes and opinions about different aspects within the social work field. The survey included 70

questions about the social workers' preferences for different theoretical approaches within social sciences, job satisfaction, job conflicts, leadership, guidance, attitudes towards the utilisation of discretion and standardised procedures, manuals, and evidence-based practice.

Demographic information was also included.

Background variables. Age was assessed based on five categories measuring the year span of the respondent. Participants born between the year 1975–1984 and 1985 or later was coded as '1', while the rest was coded as '0'. Education comprised four categories of all education after a bachelor's degree, ranging from no further education, continuing education, master's degree and doctoral degree. "Education after bachelor's degree" was used as a dummy variable in the regression analyses, comprising respondents with education higher than bachelor's degree.

The question of primary discipline comprised 13 categories. Two measures were created, one for social workers in social services which comprised those working in state, county and municipality, and one for social workers in child welfare. Frequency of client contact comprised five categories accordance with the percentage of client contact in the social workers daily practice. The measure "Frequent client contact" included the respondents with more than 60% client contact. Tenure was assessed based on five response categories. Participants with more than 16 years of experience were coded and used as a measure.

Variables measuring attitudes towards and utilisation of evidence-based practice. The respondents were asked the following question: 'In the social sector, the term 'evidence-based' or 'knowledge-based' practice is often used. To what extent are you familiar with it?' The question included three response alternatives: 'to a small extent', 'to some extent', and 'to a great extent'. A dummy variable labelled 'familiarity with evidence-based practice' was created where participants who knew evidence-based practice to 'some extent' and 'to a great

extent'. The use of manuals among the social workers refer to how often they use written manuals and guidelines in their practice, "use manuals often" comprised social workers who use manuals 'often' and 'very often' were used as a measure. The respondents were asked whether or not they believed that formalised and standardised procedures guaranteed equal and fair treatment of clients. The question comprised five response items, ranging from 'strongly disagree', 'somewhat disagree', 'unsure', 'somewhat agree' and 'strongly agree'. The dummy measure for "lower discretion" included respondents who 'somewhat agree' and 'strongly agree'.

Analytic plan

Statistical analysis was performed with IBM-SPSS, version 25. Descriptive statistics and frequencies were used to display the participant characteristics and summarise the background characteristics of the sample. Principal component analysis was used to identify the attitude measure by determining the number of dimensions that underlie the correlations, and to detect possible meaningful and simplified patterns in the data (Jolliffe & Cardima, 2016). Eleven items were subjected to factor analysis measuring attitudes towards evidence-based practice. Thus, a one-factor solution was preferred. The scale measuring evidence-based practice included three of the 11 items. Correlation analysis was utilised in order to study bivariate association between background variables and critical attitudes towards evidence-based practice. Two linear regression analyses were conducted to determine multivariate associations between background variables and variables concerning critical attitudes towards and utilisation of evidence-based practice.

Results

Analyses to determine the dependent variable

Factor analysis was used to determine the dependent variable in the study. Eleven variables were included. Prior to the analyses, tests for suitability of data were conducted. The Keiser-Meyer-Olkin (KMO) measure of sampling adequacy and Bartlett's test of sphericity were used. The KMO value was 0.695, which is considered high enough to perform factor analysis. Using Bartlett's test of sphericity, the observed significance level was at 0.00. The test concluded that the correlation of between the variables was strong, and that the data was suitable for factor analysis. None of the items had communalities below 0.3, and in accordance with Field (2013, p. 686), none of the items were suppressed. Given these overall indicators, factor analysis was conducted with 11 items, using varimax rotation. Principal component analysis was used to understand the underlying structures that account for most of the variance, thus identifying the composite scores for attitudes towards evidence-based practice. The first component had an eigenvalue explaining 32% of the variance, the second explained 20%, the third 16%, and the fourth, fifth and sixth under 10%. Factors three, four, five and six were examined using varimax rotations on the factor loadings. The first factor solution as seen in Table 2 was preferred, based on the theoretical support for the "levelling off" eigenvalues from the scree plot (Cattell, 1996) as well as sufficient amount of variance explained in the component and serving as an acceptable measure for critical attitudes towards evidence-based practice. The second factor explaining 20% of the variance included the following items: "If one is to rely non-evaluations of interventions, the evaluation must be based on quantitative studies, preferably randomised, controlled trials", "Evidence-based practice means that the method you use has documented effect because scientific studies shows it", "Evidence-based practice means that one is updated on relevant research in your practice field". The second component was not further analysed because of difficulty with interpreting the factors as a measure for general evidence-based practice attitudes.

The component measuring critical attitudes towards evidence-based practice, as seen in Table 2, included the remaining three items. The component explained 32% of the variance with an eigenvalue of 1.970. Cronbach's alpha was measured to assess the reliability, or internal consistency, of the scale; a value of 0.719 suggests a high internal consistency (Nunnally, 1978).

INSERT TABLE 2 HERE

Table 3 includes the mean, values, standard deviations and correlation coefficients for the 10 study variables included in the analyses. Some of the variables reveal low correlations, such as tenure, familiarity with evidence-based practice and child welfare, the use of manuals and child welfare, lower discretion and use of manuals, familiarity with evidence-based practice and education. Age was positively correlated with gender $r = 0.10$, $p < 0.01$, social welfare workers $r = 0.06$, $p < 0.01$, frequent use of manuals $r = 0.64$, $p < 0.01$, and lower discretion $r = -0.05$, $p < 0.05$. Being a child welfare worker is positively correlated with familiarity with evidence-based practice $r = 0.13$, $p < 0.01$, frequent use of manuals $r = 0.13$, $p < 0.01$, Education after bachelor's degree $r = 0.04$, $p < 0.05$, lower discretion $r = 0.08$, $p < 0.01$ and negatively correlated with frequent client contact $r = -0.11$, $p < 0.01$. Being a social welfare worker is negatively correlated with Education after bachelor's degree $r = -0.05$, $p < 0.05$, familiarity with evidence-based practice $r = -0.06$, $p < 0.01$, frequent client contact, $r = -0.009$, $p < 0.01$ and positively correlated with lower discretion $r = 0.07$, $p < 0.01$.

INSERT TABLE 3 HERE

Regression analyses were used in order to estimate associations between the independent variables and critical attitudes towards evidence-based practice. Two models were used as seen in Table 4. In the first model, background variables were included: gender, age, education after bachelor's degree, and workplace (social services or child welfare). In the second model, aspects related to evidence-based practices were included: frequent use of manuals, long tenure, familiarity with evidence-based practice, frequent client contact and lower discretion. Linear regression was performed to help determine which of the four hypotheses predicted critical attitudes towards evidence-based practice. The model was significant – $F(7.084)$ and an R^2 value of 0.039. This indicates that the full model explained 3.9% of the variance in the dependent variable. The coefficients were in the expected direction. The variables that significantly predicted less critical attitudes towards evidence-based practice were education, familiarity with evidence-based practice, frequent use of manuals, and lower discretion, as well as working in the child welfare field. The first model reveals that social workers with education after bachelor's degree, and social workers working in child welfare have less critical attitudes towards evidence-based practice. Gender, age, long tenure or social welfare services as a workplace were not substantially associated with critical attitudes towards evidence-based practice.

INSERT TABLE 4 HERE

In the second model, education after bachelor's degree and critical attitudes towards evidence-based practice are no longer significantly associated. Nor were being a child welfare worker, having frequent client contact and a long tenure substantially associated with critical attitudes. The findings indicate that child welfare workers who more often use manuals in their work are associated with less critical attitudes towards the evidence-based practice

concept than social welfare workers are. Familiarity with evidence-based practice predicts less critical attitudes towards the concept. Finally, the use of standardised procedures instead of discretion was also associated with less critical attitudes towards evidence-based practice among the respondents.

Discussion

The aim of this study was to examine attitudes and utilisation of evidence-based practice among Norwegian social workers. With a basis in empirical studies and critiques of the evidence-based models, three hypotheses were tested in this study. The first hypothesis was that social workers who more frequently engage in client contact are more critical of evidence-based practice. The second hypothesis was that social workers with more knowledge about evidence-based practice are less critical of it. The third hypothesis was that social workers who more often use standardised procedures and manuals are less critical toward evidence-based practice. The results did not support the first or third hypothesis that social workers who more frequently engage in client contact are more critical of evidence-based practice, and social welfare workers were neither significantly associated with familiarity with evidence-based practice nor the use of manuals or standardised procedures. However, the results partially supported the second hypothesis, showing that social workers who state that they are more familiar with evidence-based practice are associated with less critical attitudes towards the concept.

The findings of this study suggest that child welfare workers are generally less critical of evidence-based practice than social welfare workers are. The result is mainly explained by the fact that they are more familiar with the concept and that education after a bachelor's degree is associated with less critical attitudes among child welfare workers. A number of pieces of research have reported education to be a facilitator of more positive attitudes towards evidence-based practice (Aarons et al., 2006; Ekeland et al., 2018; Scurlock-Evans &

Upton, 2015). For instance, a study by Parrish & Rubin (2010) found that one-day continuing education and training on evidence-based practice among community social workers showed improvement on several measures, such as attitudes, knowledge, self-efficacy and perceived feasibility. Previous research has also highlighted that social workers generally tend to be confused about the concept (Avby et al., 2013; Grady et al., 2017). For example, in a sample of US Master of Social Work students, Grady et al. (2017) found that the social workers used the term evidence-based practice inconsistently, and they confused evidence-based practice with empirically supported treatments. In a Swedish sample of newly trained social workers, Avby et al. (2013) found that the social workers talked about evidence-based practice as an abstract concept, and had difficulty in expressing what they knew about the concept. One way to interpret these findings is that greater knowledge of the concept contributes less confusion about the concept. The findings in this study illustrate that social workers who are more familiar with evidence-based practice are less critical towards the concept, indicating that confusion about the concept might serve as a barrier for positive attitudes towards it. Although familiarity with evidence-based practice is not the same as knowledge about it, it is reasonable to assume that increased familiarity with evidence-based practice serves as a predictor for less critical attitudes in the same way that knowledge and education are predictors for positive attitudes.

Some of the study findings warrant special consideration. The correlation analysis reveals that working within child welfare is positively correlated with the use of manuals in their work, in comparison to social service workers. The regression models illustrate the same pattern, indicating that child welfare workers who are prone to using manuals and standardised procedures are associated with less critical attitudes towards evidence-based practice. The use of manuals or standardised procedures is not necessarily the same as practising evidence-based practice, but it is associated with it (Addis et al., 2006). One way to

interpret these findings is that social workers working in child welfare have more access to knowledge about empirically supported treatments because of the development of interventions that are evidence-based in the child protective field (Angel, 2003; Patras & Klest, 2015), thus reporting less critical attitudes because of more familiarity with the concept.

Limitations of the study

There are some limitations in this study. Most studies examining attitudes towards evidence-based practice use The Evidence-Based Practice Attitude Scale, developed as a preliminary exploration of mental health services by Aarons (2004). It is arguably the most-used scale to measure attitudes towards evidence-based practice. This study used a self-composed measure, making it more difficult to draw comparisons with similar studies, thereby decreasing the external validity of the findings. Several of the questions used to measure attitudes to evidence-based practice were not included in the scale. It is uncertain whether other measures will show the similar findings. The correlation analyses revealed that child welfare workers and social workers were negatively correlated, indicating that some of the participants work in both social services and child welfare. While the analyses intend to compare the two groups, the correlation indicates that the analyses possibly measure shared factors between the groups. The findings from the regression revealed that the R^2 explained 3.9% of the variance in the dependent variable, which is considered to be low. This might indicate that the independent variable is correlated with the dependent variables; consequently, it does not explain much of the variation in the dependent variables. One concern about these limitations is whether the independent variable is an adequate measure for evidence-based practice attitudes.

The survey was sent to 5668 social workers and received a response rate of 44%. A limitation in the study design might be that the participants' willingness to take part in the

study is related to a specific attitude towards evidence-based practice, possibly making the sample biased. The findings from the regression consisted of 1768 social workers, which is not statistically representative of all Norwegian social workers. However, because the social workers in this study consist of workers registered as members of the Norwegian Union of Social Educators and Social Workers (FO), which comprises a 70–80% union membership rate among all Norwegian social workers, the sample is most likely a useful representation of Norwegian social workers. Lastly, cultural and other contextual traditions might shape how the participants view and interpret the concept, and other terminology that is presented in the survey. One must therefore be careful not to generalise the findings to contexts that are different to the Norwegian one.

Conclusion

The study offers some important insights into identifying potential barriers and facilitators towards the utilisation of evidence-based practice. This study has findings that might contribute to informing social work practice in the future, and there are important areas where this study makes original contributions to the field. Child welfare workers attitudes in this sample tend to be associated with less critical attitudes towards the concept than social welfare workers are. Familiarity with evidence-based practice also predicts less critical attitudes. Access to knowledge about evidence-based practice may explain why social workers in child welfare report less critical attitudes than social welfare workers do. Ideally, research and evidence should play an important role in social work practice. Future research should therefore continue to examine barriers and opportunities towards the utilisation of evidence-based practice. A better understanding of social workers' attitudes towards evidence-based practice will presumably contribute to a better transfer of research to practice, thereby more effectively delivering outcomes that are more positive in the social work field. Future research should further investigate the attitudes that social welfare workers hold

towards implementation of standardisation in the social sector in order to facilitate better practices.

Research ethics

As the data were collected and treated anonymously from the researchers' point of view, no research permit was needed.

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