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PREPUBLICATION VERSION

What supports and impedes evidence-based practice implementation? A survey of Australian social workers¹

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Abstract

This paper reports on findings from a national survey (n=364) of social workers' views on what impedes and supports EBP implementation. In contrast to some prior research, support for EBP was found to be strong among the social workers surveyed. Open-ended responses, however, reflected some reservations about the formalisation, relevance, useability and applicability of EBP in social work. A range of barriers to EBP implementation for social workers were identified at individual and organisational levels, which is largely supportive of findings from prior research. An interesting distinction was discerned between those respondents who preferred to engage in the whole EBP process themselves (locating, appraising and applying research) and those who preferred to adopt practice guidelines based on appraisal of research evidence by other experts. This finding has implications for the way organisations and the social work profession approach the implementation of EBP.

This paper reports on the findings of a large survey of Australian social workers' (n=364) that sought their perceptions of EBP and views on barriers to EBP implementation. The findings reported here form part of a larger study on barriers and facilitators to EBP implementation that included the survey, a review of empirical research and qualitative interviews with social workers. The large study took a mixed method approach, comprising a review of empirical studies on EBP implementation (Gray, Joy, Plath and Webb, 2013a), national survey of Australian social workers from a wide range of practice contexts and in-depth interviews with practitioners. The paper begins with an overview of the research literature on barriers and facilitators to EBP implementation and its uptake in the human services. The survey design is then described and some key findings are reported regarding practitioners' support for EBP, experiences of barriers to EBP and preferred approaches to EBP implementation. The survey indicated predominantly positive attitudes toward EBP among social workers, with a majority

of respondents reporting changes in practice resulting from research knowledge (Gray, Joy, Plath and Webb, 2013b). The paper focuses on findings from one aspect of the national survey, namely, social workers' views on what impedes and supports EBP implementation. A range of barriers to EBP implementation are identified and discussed in the context of prior research and literature. While supportive of EBP, social workers were found to differ in terms of whether or not they see themselves as needing to be involved in locating, appraising and applying research in order for EBP to be best implemented. The implication of this finding for EBP implementation is also discussed.

Our focus for the literature review that informed the survey was not research utilisation in general but studies of EBP implementation in the human services (social care) in particular. Our review revealed that implementation was contingent on organisational culture and resources to support EBP, especially quality of supervision; knowledge and ability of practitioners, particularly skills in locating and critically appraising evidence, and attitudes to EBP; and the research environment (Gray et al., 2013a). It showed that processes surrounding EBP implementation were complex and relied on more than the decisions of individual practitioners. Rather EBP implementation was a function of the organisational environment in which practice was embedded and was far more likely to gain traction in those organisations where research-based practice was expected; formal supports, such as IT support and professional supervision, and treatment protocols and guidelines were readily available; and so on. We found that, for the most part, pro-EBP literature in social work tended to focus on the individual practitioner 'appraising and using evidence' in a five-step clinical decision-making *process* that began with the identification of a practice question, moved through a process of gathering and critically appraising evidence, deciding on an appropriate intervention in light of evidence, practice expertise, and client circumstances, and, finally, evaluating the process (Sackett et al., 1997, 2000).

However, there is much debate on what exactly EBP entails and whether or not it produces the best outcomes for clients (Gray, Plath and Webb, 2009; Gambrill, 2007; Thyer, 2004, 2009; Thyer and Myers, 2011; Webb, 2001). Part of the confusion emanates from the difference between EBP in medicine (Sackett et al., 1997) as a clinical decision-making process and empirically-supported interventions (ESIs) pioneered by the American Psychological Association's (APA) Society of Clinical Psychology Division 12 Task Force, which, unlike EBP, advocates particular interventions supported by empirical evidence (Thyer and Myers, 2011). The fact that an intervention's 'effectiveness has been supported by a sufficient number of rigorous experimental outcome evaluations to merit their "seal of approval" as an evidence-based intervention' (Rubin, 2008: 6) does not, however, necessarily mean it should be vigorously promoted in every case, for example, as with CBT and depression. As Rubin and Parrish (2007a) point out, EBP is a decision-making 'process' that requires the location and appraisal of credible evidence but whether or not particular evidence of intervention effectiveness applies in a particular case is tempered by client values and practitioner judgement. Hence though research on intervention effectiveness is important in EBP it is not the only consideration nor is it used prescriptively as in the empirically supported intervention (ESI) model (see Aarons and Palinkas, 2007; Aarons et al., 2009; Palinkas et al., 2009). For the purposes of our study, only empirical implementation studies that defined EBP as a clinical decision-making process were included in our targeted review.

With the spotlight on the individual practitioner, much of the focus within social work has been on educating students in EBP on the assumption that they will then use it in practice (Howard, Allen-Meares, and Ruffolo, 2007; Howard, McMillen, and Polio, 2003; Rubin, 2010; Shlonsky, 2009; Shlonsky and Stern, 2007; Soydan, 2007). This fits Walter et al.'s (2004) research-based practitioner model. However, more is needed to embed EBP in human

service – or social care – organisations. Our research sought to establish the ‘more that is needed’ by exploring the barriers and facilitators to EBP.

Background literature

Despite social workers’ apparent resistance to collecting and using evidence (Burke and Early, 2003; Carrilio, 2008; Comino and Kemp, 2008; LaMendola, Ballantyne, and Daly, 2009; Mullen et al., 2008), there is an instrumental and technical rationality at work in social workers’ approach to knowledge for practice: Social workers are constantly searching for knowledge that ‘works’ (Gray et al., 2009). Rather than privilege empirical research, social workers also draw on their practice wisdom and experiential knowledge, and favour pragmatic decision making over EBP (Baker and Ritchey, 2009; Bellamy, Bledsoe, and Traube, 2006; Burke and Early, 2003; Gabbay et al., 2003; LaMendola et al., 2009; Murphy and McDonald, 2004). There is, therefore, constant pressure on researchers to translate their research into a useable form (Howard, Perron, and Vaughn, 2009; Kirk, 1999; Rosen and Proctor, 2003). Bellamy et al. (2008: 67) found that practitioners ‘wanted a practice model that offered flexibility and a way to make adjustments if the recommended approach was not working’. Carrilio (2008: 142) reported that ‘worker attitudes were less important in determining utilization than were skill and experience or a sense that the data being produced were helpful’.

There is a strong theme in the literature, however, that above and beyond practitioner skill, attitude and motivation, EBP implementation impacts decisively on organisations because it involves adherence to a more structured service model with clearly defined intervention protocols. Also important is how to engender an organisational culture that facilitates research utilisation. Otherwise there will continue to be a disjunct between the best available evidence and clinical expertise and consumer preference would not even enter the picture as it would be blocked by practitioner and organisational priorities. Thus EBP

implementation depends heavily upon the multiple stakeholders involved, their diverse agendas, the types of evidence they value and ‘mechanisms essential for the dissemination, implementation and adoption of research’ (Barratt, 2003: 143). Redfern and Christian (2003: 228) reported that successful change in healthcare practice depended on organisational commitment; active support from key stakeholders; recognition of the importance of change; a credible champion for change; regular face-to-face contact with practitioners to engender enthusiasm; and ensuring targeted staff have ownership of the innovation and feel empowered to undertake the change.

There is general agreement that an indifferent organisational culture is a major barrier to EBP implementation, which is enhanced where: (i) organisations can see demonstrated benefits for its adoption and are ready for change; (ii) the innovation fits with existing organisational norms, processes and regulatory rules; (iii) positive leadership, supportive resources and ongoing training and incentives are available; and (iv) practitioners believe it is in their best interests (Aarons et al., 2009; Aarons and Sawitsky, 2006; Barratt, 2003; Carrilio, 2008; Goldman, 2009). Deterring factors include increased costs and staff resistance to innovation and change. Making relevant research and locally collected evidence available is, by itself, unlikely to change practitioner habits or organisational behaviour. A systematic review on EBP implementation conducted by the UK NHS Centre for Reviews and Dissemination (1999) found that ‘multifaceted, broad-based and carefully targeted strategies were required’ (Barratt, 2003: 144). Kitson et al. (1998) found that the probability of change rested on the production of evidence and nature of the evidence produced; the needs and culture of the organisational context; and the transfer process whereby evidence was translated into a usable form. Further, sustained use of ‘best available evidence’ required web-based facilities and IT resources, including ongoing training and staff development. Managers played a crucial role in modelling effective EBP (Barratt, 2003).

Thus Carrilio (2008) suggested that, minimally, organisations needed to create a supportive context that honestly encouraged critical examination of practice for the purposes of improving quality and effectiveness; introduce a smart information systems that are adaptable, easy to use and provide easily accessible information; offer a program of staff training and ongoing support to help practitioners maintain a sense of efficacy in using the data system; and maintain the data collection system to keep pace with technology, changing needs and expectations, and user feedback.

Walter et al.'s review of research utilisation in the UK suggests a complex interplay of models is involved – (i) the research-based practitioner, (ii) embedded research and (iii) organisational excellence models – necessitating ‘whole systems approaches’ to evidence uptake. According to Walter et al. (2004), effective research utilisation will likely occur only through use of a combination of models rather than a singular approach like EBP. A whole systems approach or networked model increases the likelihood of meaningful participation in research utilisation as a part of daily practice, rather than a once-off activity. A critical factor in developing a whole systems approach is an understanding of processes of diffusion and normative acceptance, including barriers and facilitators to research utilization. As noted by Nutley et al. (2009: 558), ‘Overall, although our knowledge in this area is increasing, there is still much that we need to know about what works to promote evidence-based practice in different settings and for different purposes’.

Further, a recent web-based survey on US social worker's use of EBP revealed that facilitators included ‘mitigation of outside pressures (including political or insurance pressure and family commitments), contextual support for access and time in practice settings (resources), supportive mentorship and technical support from peers and experts in the field, and appropriate ongoing training and education’ (Wharton, 2010: 79). Significant barriers

included time, access, cost, lack of knowledge and feeling overwhelmed by the volume of research evidence.

Targeted review of empirical research studies on EBP implementation

Our review of empirical studies on EBP implementation (Gray et al., 2013a) was based on a search of key social science databases to identify recent research – published from 2000 onwards. In order to achieve the level of precision and coverage required for social work research reviews, a range of databases was searched (McFadden, Taylor, Campbell, and McQuilkin, 2012), including Social Work Abstracts, MEDLINE, ERIC, Social Science Journals and PsycINFO. The search terms used were: (i) Social work\$ OR community service\$ OR human service\$ OR social care OR social service\$ OR welfare; (ii) Disseminat\$ OR implement\$ OR appl\$; and (iii) Evidence-based practice OR professional practice OR professional training OR best practice. This was followed by a search that joined the three searches with ‘AND’. Researchers in the field were also contacted to identify key research studies and the electronic versions of journals *Research on Social Work Practice*, *Child and Family Social Work* and *Journal of Evidence-Based Social Work* were hand searched.

To be defined as an EBP implementation study, the research needed to examine strategies, interventions or processes designed to promote the uptake of EBP in human services (social care) settings. The presence of some social worker research participants was set as the criterion for definition as a human service (social care) setting. Following the detailed search strategy, screening process and critical appraisal of journal articles, 11 studies reported in 12 publications were finally included in the review (Barratt, 2003; Bellamy et al., 2008; Bellamy et al., 2006; Booth et al., 2003; Burke and Early, 2003; Collins-Camargo, 2007; Hagell and Spencer, 2004; Jones et al., 2007; LaMendola et al., 2009; Murphy and McDonald, 2004; Stevens et al., 2005; Straussner et al., 2006). The findings of these studies were analysed thematically in order to establish common barriers to EBP implementation.

Table 1 provides the list of barriers to EBP implementation identified by more than one of the studies included in the review. These were: inadequate agency resources dedicated to EBP; skills and knowledge needs of practitioners; organisational culture; the research environment; attitudes of practitioners; and inadequate supervision (Gray et al., 2013a). The findings from the review support the position that organisational factors, such as resources, culture and supervisory structures have as important a role to play in EBP uptake as practitioner factors, such as attitudes, knowledge and skills relating to EBP. The wider systemic context that shapes the type, extent and accessibility of relevant research for practice is also fundamental to EBP uptake in the human services.

Survey method

The national social worker survey was one component of the larger mixed method EBP implementation research project. The research methods were approved in advance by the University Human Research Ethics Committee. The survey examined a broad range of attitudes toward and experiences of EBP. The aspect of the research reported here focuses only on survey responses to two research questions: What are the views of Australian social workers on the factors that impede and support EBP implementation? How do these views compare with findings from international research on the barriers and facilitators to EBP implementation?

Table 1: Results of systematic review of research literature on barriers to EBP implementation in human services

Barrier to EBP identified by > 1 study	Studies identifying barrier N = 11
INADEQUATE AGENCY RESOURCES DEDICATED TO EBP	11
Not enough time	10
Poor access to research findings	7
Funding constraints	2
SKILLS AND KNOWLEDGE NEEDS OF PRACTITIONERS	9

Skills inadequate	6
Knowledge and information inadequate	5
Poor understanding of EBP	4
Training is inadequate	4
AGENCY CULTURE	8
EBP not part of workplace culture	8
RESEARCH ENVIRONMENT	5
Available evidence is not relevant to practice	5
ATTITUDES OF PRACTITIONERS	5
Negative or indifferent attitudes to EBP	5
NATURE OF SUPERVISION	2
Supervision does not support EBP approach	2

Questionnaire design

The views of social workers were sought through an online, self-report questionnaire on attitudes, practices and skills in relation to EBP. Prior surveys examining health practitioners' attitudes and experiences were adapted and expanded in the questionnaire design, which covered attitudes to EBP, use of EBP in practice, literature searching and appraisal skills, views on barriers to EBP and demographic information (Gray et al., 2013b; McColl et al., 1998; Newman et al., 2000). In keeping with the original survey by McColl et al. (1998), four questions were used to establish practitioners' views on the process of EBP implementation best suited to their own practice and profession. They were prefaced by descriptions of three approaches to EBP implementation: (i) learning skills of EBP, i.e., to identify and appraise the primary literature or systematic reviews oneself; (ii) seeking and applying evidence-based summaries that give the 'bottom line', i.e., summary reviews of current research in specific practice fields that also provide conclusions on implications for practice; or (iii) using EBP guidelines or protocols developed by colleagues or others, i.e., standards and best practice guidelines that provide direction in practice but do not include detail on the research base informing these. In relation to these EBP implementation options, respondents were asked to identify the methods that they currently used; were interested in or likely to use in the future; and that they considered most appropriate for the social work interventions. We added two

questions to identify the barriers to EBP encountered by respondents and, based on findings from prior research, included a list of potential barriers. Respondents were asked to identify items that corresponded with their experience of barriers to EBP implementation. An ‘other’ category and free response box was added to capture further options. The next question offered the same list and ‘other’ category, but asked respondents to identify one ‘major barrier’.

Data collection and analysis

The online survey management program, Survey Monkey, was used to host the 51-item anonymous online questionnaire (<https://www.surveymonkey.com/mp/education-surveys/>). It was piloted with five social workers and some refinements were subsequently made based on the reviewers’ comments. Invitations to participate in the online survey were emailed to 7231 members by the Australian Association of Social Workers (AASW). Not all Australian social workers are members of the AASW and hence some bias associated with this recruitment approach is acknowledged. As the peak professional body representing social workers in Australia, the AASW did, however, provide access to a large number of social workers and offered the most appropriate and accessible source of participants. There were 614 ‘undeliverable’ invitation emails that bounced back, providing a final 6617 invitations received by member social workers. The invitations included the link to the survey, a statement of support from the AASW, information on the chief investigators, source of funding, aims and background of the study and clarification that participation was voluntary and anonymous. This information was also summarised at the start of the online survey. During the three months following the initial email invitation, follow-up requests to complete the survey were made in advertisements in AASW national and state branch newsletters.

Numerical data for categorical responses were downloaded directly into the SPSS statistical data analysis software package and descriptive statistics were generated. For free

response questions, including the ‘other’ categories, responses were thematically grouped and then coded so that frequency data could be calculated.

Results

Profile of respondents

A total of 428 AASW members from all Australia’s states responded to the online survey achieving a response rate of 6.5%. There were, however, 64 incomplete surveys excluded from the final sample as the demographic data at the end of the survey was not provided. This resulted in a final sample of 364 social workers. Table 2 provides an overview of the characteristics of the sample, which was older (mean age of 48), predominantly female (81%), with an average of 19 years’ experience in social work practice.

Table 2: Characteristics of EBP survey respondents

Social Workers (AASW members)	% (n=364)
Mean Age	48
Gender	
Females	81
Males	19
Mean number of years in human services	19
Highest Qualification	
Undergraduate degree	62
Postgraduate degree	31
Other	7
Team relationship	
Works mainly alone	31
Works as part of a team	68
Other	2
Frontline workers	48

About half of the sample had coordination, service development, management, consultant, or other roles and the other half worked in frontline practice positions, 26% in child and family work and 24% in mental health practice. The remaining 50% were spread across a range of categories indicating that a good cross section of fields of practice was represented in the survey. Nearly one third (31%) had postgraduate qualifications.

Support for EBP

A positive regard for EBP was identified among the majority of social workers surveyed. Eighty percent of respondents reported a welcoming attitude toward the promotion of EBP and 82% thought research findings were useful in their everyday activities. The majority (85%) agreed that 'implementing evidence-based practice improved client care'. Responses to open questions did, however, reveal some reservations about the formalisation, relevance, utility and applicability of EBP in social work. Thirty-three respondents took the opportunity to criticise or voice concerns about EBP. While it was not the intention of the researchers to quantify these open-ended responses (which should be taken as indicative only), they proved useful in demonstrating concerns about and some misunderstanding of EBP as demonstrated by these examples, reproduced verbatim:

A term beloved by psychologists that is very narrow in its meaning and can be very misleading – eg evidence can be one study. 'The research says' is the other favorite expression. Does not consider accounts of effective practice based on local knowledges, practice wisdom and anecdotes. (R5)

I think social work needs to conceptualize as a profession what it means by evidenced-based knowledge. Evidence does not necessarily include only research derived from scientific methods. (R17)

I think it's often used to mean supported by randomised clinical trials and this is foreign to most social workers. There needs to be stronger emphasis on practice-based evidence and clear guidelines about how social workers can collect qualitative data and put together information and 'evidence' that is useful and makes sense to social workers and that will improve our practice. (R37)

The results of some researcher's narrowly defined and limited research project to test how effective a form of practise is. It is very subjective. (R65)

Approaches to EBP implementation

As in the original study by McColl et al. (1998), the survey asked practitioners about three approaches to EBP implementation: (i) identifying and appraising research evidence – where social workers are themselves responsible for the whole evaluative process of searching, appraising evidence, applying evidence to practice, and providing the intervention; (ii) applying summaries of evidence that offer the clinical 'bottom line' – where social workers leave the research appraisal to others but translate and apply the synthesised findings to their practice; and (iii) using evidence-based guidelines and protocols developed by others – where social workers make decisions about appropriate practice within the parameters of evidence-based guidelines developed by others.

Respondents could make more than one selection about the EBP implementation methods with which they were most familiar, the ones they currently used and methods they were most interested in using in the future (see Table 3). The results do not indicate a clear preference among social workers and most chose all three options. Less than 3% of respondents thought that none of the EBP methods was suitable for the future. However, when asked in a subsequent question to choose the most appropriate EBP method for social work, a clear split was evident with 41% selecting the key practitioner role in independently

appraising and applying research themselves and 42% choosing the use of evidence-based guidelines and protocols developed by others. This suggests an almost equal division between (i) those wanting to engage in the EBP process themselves and (ii) those wanting to use EBP who do not think it necessary for practitioners to find, appraise and translate evidence themselves, when there were others responsible for developing research-based guidelines. The study was not, however, able to identify any other distinguishing features of each group of social workers.

Table 3: EBP implementation preferences

EBP implementation method	Most familiar* n (%)	Used now* n (%)	Intend to use in the future* n (%)	Best for social work n (%)
Learn EBP search and appraisal skills	297 (35)	243 (33)	287 (35.0)	149 (41)
Apply evidence-based summaries that give clinical 'bottom line'	243 (28)	207 (28)	232 (28.0)	50 (14)
Use EBP guidelines and protocols developed by others	310 (36)	268 (36)	292 (35.5)	154 (42)
None or not specified	12 (01)	22 (03)	12 (1.5)	11 (03)
Total	862 (100)	740 (100)	930 (100)	364 (100)

*Multiple responses possible

Barriers to EBP implementation

'In order to establish social workers' views on barriers to EBP implementation, respondents were asked to select from a list those barriers presenting in their practice setting and subsequently the main barrier. Frequency data for responses are provided in Table 4. While

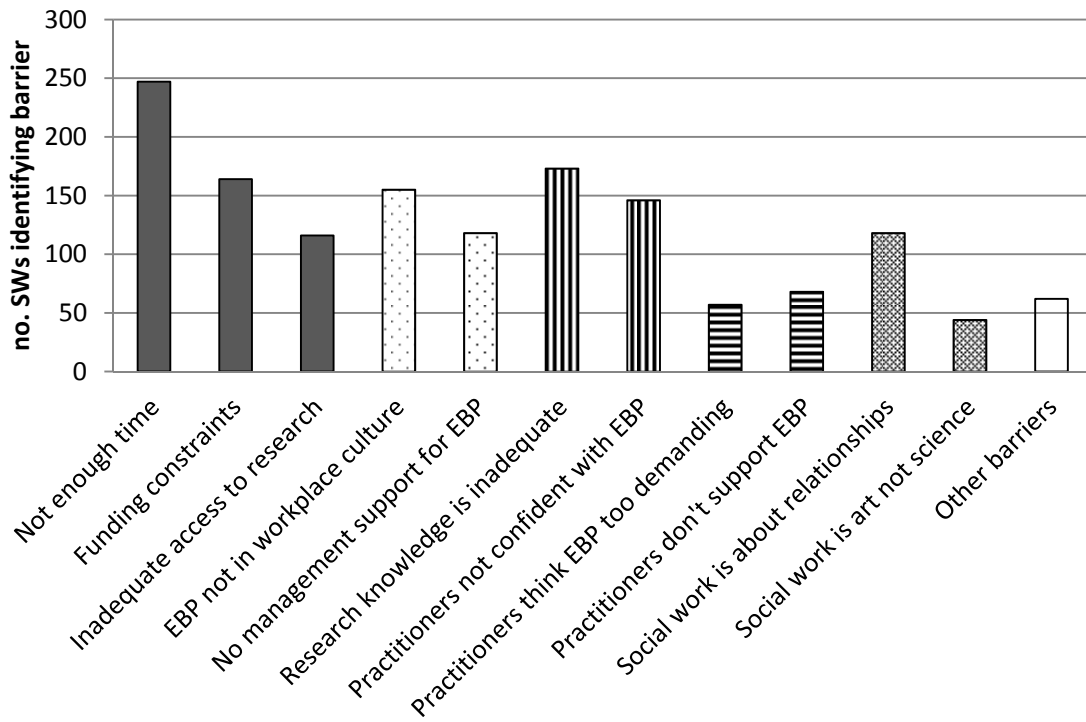
the categories of barriers used in the survey do not correspond exactly with those generated by the research review, a similar trend is apparent when Tables 1 and 4 and Figures 1 and 2 are compared. As found in the review, time was the main barrier to EBP implementation (27%). Inadequate resources for EBP and an unsupportive organisational culture as well as inadequate skills and knowledge of practitioners were also important.

Table 4: Social workers' views on barriers to EBP implementation






Barriers to EBP	All that apply* n (%)	Main barrier n (%)
INADEQUATE AGENCY RESOURCES DEDICATED TO EBP		
Not enough time	247 (16.8)	97 (27)
Funding constraints	164 (11.2)	34 (09)
Poor access to research findings	116 (07.9)	19 (05)
SKILLS AND KNOWLEDGE NEEDS OF PRACTITIONERS		
Lack of research knowledge	173 (11.8)	23 (06)
Lack of confidence	146 (09.9)	30 (08)
AGENCY CULTURE		
EBP not part of workplace culture	155 (10.6)	37 (10)
Lack of management support	118 (08.0)	28 (08)
ATTITUDES OF PRACTITIONERS		
EBP regarded as too demanding	57 (03.9)	4 (01)
Staff do not support EBP	68 (04.6)	12 (03)
NATURE OF SOCIAL WORK		
Social work relies more on relationship building than standard techniques	118 (08.0)	31 (09)
Social work owes more to art than science	44 (03.0)	7 (02)
OTHER		
Other barriers	62 (04.2)	42 (12)
TOTAL	1468 (100)	364(100)

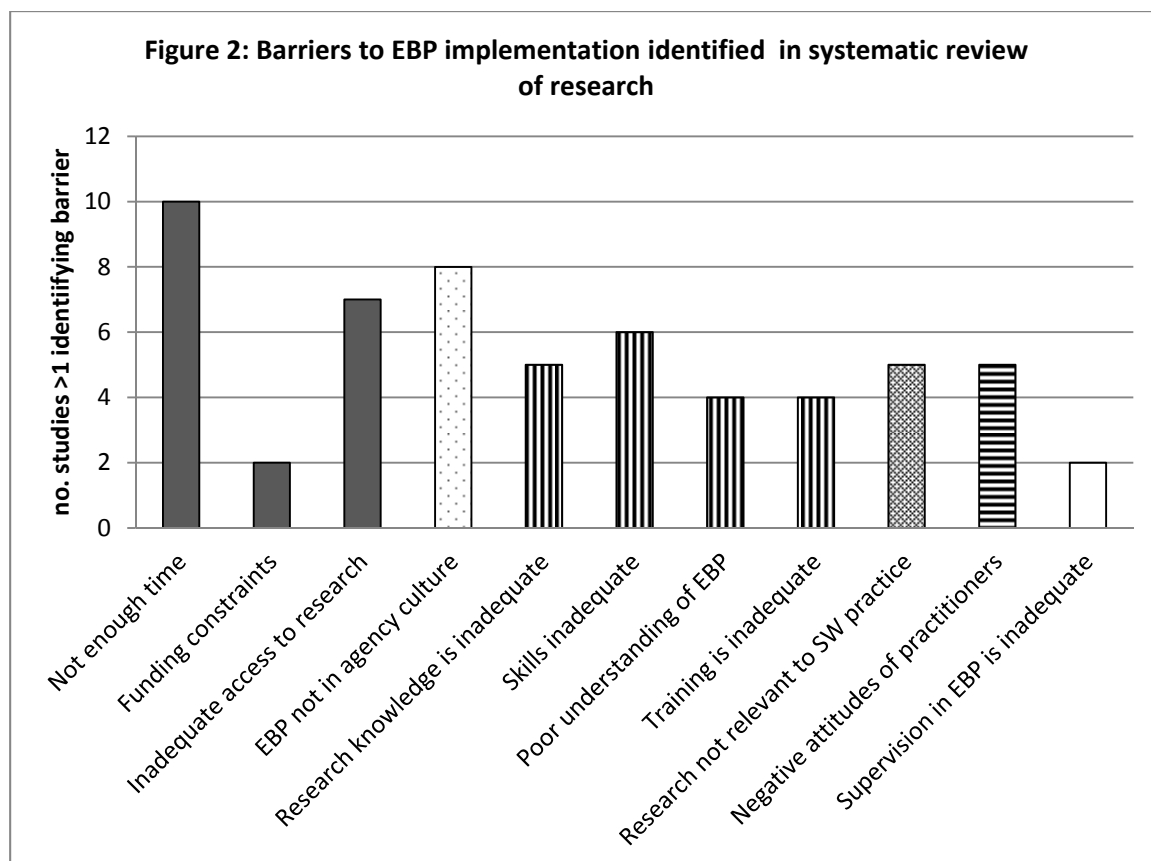
*Multiple responses possible

Figure 1: Barriers to EBP implementation identified by social workers (multiple responses)









Types of barriers:

-  Inadequate agency resources for EBP
-  Agency culture
-  Practitioner skills and knowledge
-  Practitioner attitudes
-  Nature of social work



Types of barriers:

-  Inadequate agency resources for EBP
-  Agency culture
-  Practitioner skills and knowledge
-  Research environment
-  Practitioner attitudes
-  Nature of supervision

Discussion

At best, this study must be seen as exploratory in light of its limitations. While the largest study of its nature in terms of the number of social workers surveyed, the low response rate likely resulted in a sample biased toward an older, more experienced group of social workers, or those with a particular interest or involvement in EBP implementation. While some respondents identified a poor match between the expectations of EBP and the nature of social work practice, a more representative sample might have identified the debate about relationships versus research evidence as the basis for social work practice as a more significant barrier to EBP. In this section, we discuss our survey results in light of the main findings from our review of empirical studies, which revealed five major barriers to EBP implementation: inadequate resources dedicated to EBP; skills and knowledge needs of practitioners; organisational culture; the research environment; attitudes of practitioners; and inadequate supervision (Gray et al., 2013b). For the most part, our findings were consistent with prior studies on barriers to EBP implementation.

Inadequate resources

Inadequate resources for EBP implementation included dedicated staff time, funding support and an infrastructure providing access to evidence. ‘Time’ and ‘time compression’ was the most frequently identified barrier in both the review and the survey. If practitioners and managers must engage in EBP on top of their normal full workload, without recognition of the additional time involved in searching for and appraising evidence, the lack of time naturally emerges as a barrier. Organisations need to invest in dedicated staff time to devote to EBP as well as staffed library facilities and IT support to permit ease of access to web-based databases, such as SCIE, Cochrane Collaboration, Campbell Collaboration, and other professional research organisations. Given the almost equal split between those who regarded

research searching and review as part of their role and those that saw this as the role of other specialists, close attention by organisations to dedicated staff for this type of work seems warranted.

Skills and knowledge needs of practitioners

Our review showed that social workers were not as well trained as other disciplines in critical research appraisal and application given debates on privileging of scientific objectivity over lived-experience research approaches. As identified in other studies, social workers lacked clarity on what exactly constituted evidence and how to locate and critically appraise research, deal with data and apply research in practice. Twenty-two percent of respondents saw this as a barrier to EBP implementation, which indicates a need for ongoing professional development and training to address gaps in knowledge, skills and understanding of research and EBP.

Organisational culture

Whereas prior research tended to focus on individual practitioner behaviour, our findings support the need to address EBP implementation at both the organisational and individual practitioner levels. Eighteen percent of respondents saw the need for an organisational approach to address inadequate resourcing for EBP. An organisational culture supportive of EBP implementation would include management structures and procedures, guidelines and protocols that helped embed EBP, as well as IT support systems and practitioner supervision.

Research environment

Insufficient quality research in particular practice areas and a lack of fit between the type of research undertaken and requirements of practitioners working with unique practice contexts and client circumstances were identified as concerns in the review. Bellamy et al. (2008)

found a lack of ‘fit’ between available research and service-users’ ethnicity and backgrounds so EBP actually increased rather than ameliorated concern about research applicability (Manuel et al., 2009). The survey did not yield any new insights into social workers’ views on the research environment, due to the lack of specific questioning on this topic.

Practitioner attitudes

We found a more positive position than has been found in much prior research on practitioner attitudes to EBP with the vast majority of respondents indicating familiarity with – and interest in using, now or in the future – a range of EBP implementation methods. However, there was a significant division between those preferring to engage in the whole EBP process of gathering, appraising and applying evidence (41%) and those preferring ready-made guidelines developed by others (42%). This suggests some support for prior research that social workers prefer more pragmatic, accessible decision-making support, but that there is also an equal proportion of social workers prepared to engage directly in generating and applying evidence for practice. Strategies and resources are needed at the organisational level to determine the appropriate mix of research/development teams and frontline practitioners that will best respond to the needs and skill base of the organisation and enhance evidence-based practice approaches.

A small, but significant proportion of the social workers surveyed believed the very nature of social work was a barrier to EBP implementation (11%). However, relationship building and creativity aid rather than diminish EBP, suggesting the need to persuade social workers of the value and importance of EBP in contemporary practice environments. Our findings suggest facilitation of EBP implementation will require structured strategies that support and resource individual practitioners to locate evidence and engage in EBP decision making. Alongside this, specialist research teams to appraise and translate research evidence and prepare practice guidelines for use by social workers are likely required.

Conclusion

Our study is one step in the direction of yielding empirical evidence on EBP implementation, which, as Mullen (2004) noted, is a work in progress. While there is a great deal of debate in social work about the merits of EBP, our findings show that social workers are reasonably positive about this approach. There remains confusion, however, as to what EBP is. In our study we stayed true to the original Sackett et al. (1997, 2000) definition, developed by Thyer, Gambrill, Mullen, and others in social work wherein EBP is a clinical decision-making process. Our study excluded notions of empirically-supported interventions where EBP is seen to be concerned mainly with selecting appropriate, clinically tested and effective interventions. We took a broad view of EBP and the context in which it is likely to be applied to identify barriers and facilitators to implementation in social work. Our results give cause for optimism among those supporting EBP as social workers are coming to appreciate the value of research use in social work practice.

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