Views and Attitudes towards Evidence-Based Practice in a Dutch Social Work Organization

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Abstract

Purpose: This case-study explores the views and attitudes towards Evidence-Based Practice (EBP) of social workers and staff working in a social work organization in the Netherlands that recently committed to EBP. Method: Qualitative data were gathered from semi-structured interviews with 10 staff members and 12 social workers. Results: Confusion about the meaning of EBP was a major theme among both social workers and staff and EBP was conceptualized in several different ways. Some respondents perceived EBP as using interventions for which there is scientific evidence that it is effective, i.e. Research-Supported Treatments (RSTs), other's used a broader conceptualization that, besides scientific evidence, also takes into account professional expertise and/or client circumstances (EBP process). A strong preference for the EBP process as opposed to RSTs was another major theme among both social workers and staff. Conclusion: The results suggest that organizations preparing for EBP implementation will need to increase both staff's and social workers' understanding of EBP by providing a clear explanation of the difference between RSTs and the EBP process.

Keywords: Evidence-Based Practice, implementation, social work organization, case-study

Evidence-based practice (EBP) is a promising new framework for improving research utilization in the social work practice setting (Mullen, Bledsoe, & Bellamy, 2008; Rubin & Parrish, 2011). Over the last decade, EBP has been a policy priority for many countries (Gray, Joy, Plath, & Webb, 2013). Consistent with this international trend, in several northern European countries EBP is increasingly emphasized in social work (Van der Zwet, Beneken genaamd Kolmer, & Schalk, 2016; Avby, Nilsen, Abrandt Dahlgren, 2014; Ekeland, Bergem, & Myklebust, 2018; Mosson, Hasson, Wallin, & von Thiele Schwarz, 2017). Yet, there is limited agreement about what EBP means in practice and how it is best promoted (Avby et al., 2014; Nutley, Walter, & Davies, 2009). Understandably, therefore, the current use of EBP in social work practice is limited (Avby et al., 2014; Mullen et al., 2008). This explains the growing interest for finding effective strategies for the dissemination, adoption and implementation of EBP in social work practice (Gray, Joy, Plath, & Webb, 2013; Mullen et al., 2008; Plath, 2014).

Despite the growing interest in EBP, little empirical research has been reported examining EBP implementation in social work practice settings (Austin & Claassen, 2008; Gray et al., 2013; Manuel, Mullen, Fang, Bellamy & Bledsoe, 2009). Moreover, much of the research into EBP implementation in social work to date has focused solely on the perceptions of social workers on EBP (Gray et al., 2013; Plath, 2014). Recently, however, the importance of a supportive organizational context that is reflected at all levels from (executive) management to social workers is increasingly recognized as an important factor that facilitates EBP implementation (Gray et al., 2013; Mosson et al., 2017; Plath, 2013). Therefore, the current research moves beyond exploring only social workers' views and attitudes and examines the views and attitudes towards EBP of both social workers and staff working in a social work organization that recently committed to introducing an EBP approach.

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

Background research and literature

Although there is no standard or universally accepted meaning of EBP in social work, the dominant view is that EBP is a decision-making process that originates from evidence-based medicine (EBM) (Sackett, Straus, Richardson, Rosenberg, & Haynes., 2000; Gray, Joy, Plath, & Webb, 2014; McNeece & Thyer, 2004). The EBP process was defined by its founders as a process that involves 'the integration of best research evidence with clinical expertise and patient values' (Sackett et al., 2000, p.1). The EBP process is typically described as involving five steps: (1) formulating an answerable practice question; (2) searching for the best research evidence; (3) critically appraising the research evidence; (4) selecting the best intervention after integrating the research evidence with clinical expertise and client characteristics, preferences, and values; and (5) evaluating practice decisions (Straus, Richardson, Glasziou, & Haynes, 2005; Gambrill, 2011; Parrish & Rubin, 2012; Plath, 2014).

However, there is confusion among researchers, practitioners, educators, funders and policymakers about what EBP is (Gray, Joy, Plath, & Webb, 2015; Mullen et al., 2008; Wike et al., 2014). Unfortunately, social work literature often fails to distinguish between EBP as a decision-making process and evidence-based practices (EBPs). Several authors have recently argued the importance of distinguishing the term EBP 'process' from the term 'evidence-based practices'(EBPs) (Gambrill, 2011; Jaynes, 2014). Although related to the EBP process,

EBPs refer to specific interventions for which there is consistent scientific evidence showing that they improve client outcomes (Mullen et al., 2008; Wike et al., 2014). EBPs are also known as Research-Supported Treatments (RSTs), Empirically Supported Interventions (ESIs) or Empirically Supported Treatments (ESTs) (Parrish & Rubin, 2012). In other words, EBP is a process practitioners can use when making practice decisions about which intervention to use, that might result in the use of an EBP, RST or ESI (as a product)(Mullen, 2016). Hereafter EBPs are referred to as RSTs in order to avoid confusion.

Recent research shows that EBP implementation is far more likely to be successful if it is introduced in a supportive organizational context reflected at all levels from (executive) management to social workers (Gray et al., 2013; Mosson et al., 2017; Plath, 2013). Several studies identified managerial level support, EBP supervision, dedicated EBP resources, and assistance in drawing practice implications from research evidence as important facilitators of EBP implementation. Accordingly, it is increasingly recognized that considerable responsibility for EBP implementation lies with (executive) management and that EBP implementation should not be seen as solely the responsibility of social workers (Gray et al, 2013; Mosson et al., 2017; Plath, 2013). However, much of the research into EBP implementation in social work to date focused solely on the views and attitudes of social workers on EBP (Gray et al., 2013; Plath, 2014). A review of empirical research on the barriers and facilitators to the implementation of EBP in social work found only 11 empirical studies, of which 7 focused solely on social workers' perceptions and only 4 also included managers or supervisors (Gray et al., 2013).

The current study explores the views and attitudes towards EBP of both social workers and executive, management, research and specialist staff working in a social work organization that recently committed to introducing an EBP approach. Doing so, this study contributes to the existing empirical research on EBP implementation in social work practice settings.

Furthermore, providing more insight in the way EBP is understood and viewed across all levels of the organization might be helpful in suggesting ways to improve EBP implementation in social work.

Methodology

Case study research is well suited to examining EBP implementation within a social work organization. Case studies have generally been used to describe implementation processes and organizational issues as they are suitable in situations in which 'the phenomenon under study is not readily distinguishable from its context' (Yin, 2003, p. 4).

The case study organization was chosen as an 'exemplary case' of EBP implementation in the Dutch social work context because of its overt commitment to engage more in EBP (Yin, 2003, p. 13). This organisation's commitment to engage more in EBP is quite unique in the Netherlands as previous studies have shown that EBP is a rarity in Dutch social work (Van der Zwet et al., 2016; Garretsen, Bongers, & Rosenburg, 2005). The executive management of the organization recently directed attention and resources towards improving the research capacity of the organization. In 2013 a Research and Development department was put in place and two researchers were appointed. Also, in 2015 when the data for this study was collected, an Academic Collaborative Center (ACC) was initiated for Social Work (the first for Social Work in the Netherlands). ACCs are long-term collaborations between universities, care and welfare organizations and other organizations (Garretsen et al., 2005). ACCs intend to develop scientific knowledge and to initiate innovation in care and welfare services. Collaboration takes place in a long-term research programme, jointly established by the university and the care and welfare organizations involved. The main purpose of ACCs is to improve the exchange of knowledge between practitioners, researchers and policymakers in order to increase

the production of socially relevant scientific knowledge and the utilization of such research evidence in policy and practice.

The organization was selected and contacted by the author to discuss the research proposal because of the statements about implementing evidence-based practice in its strategic plan:

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

Part of the motivation for the organization to participate in this research was to discover ways to enhance the EBP implementation process. The participant organization has only recently committed to introducing an EBP approach and is still in the early stages of EBP implementation. As mentioned above, the organization has recently invested in establishing a knowledge infrastructure (R&D department, ACC). The organization has not provided training or communication on EBP to social workers and staff.

The unit of analysis for this case study is a Dutch social work organization providing a range of services to adults and families in parenting, grief counselling, relationships and divorce, and debt counselling. The organization is located in a city in the east of the Netherlands. It is a large organization with a main office in the city and branch offices in various parts of the metropolitan area. It employs about 120 social workers and 15 executive, management, research and specialist staff.

Data collection and analysis

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

Table 1. Areas Covered in the Semi-Structured Question Format.

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

Eleven staff members were invited to participate in individual interviews because of their involvement with EBP implementation. They were identified through consultation with the research staff of the organization. Ten of the staff members agreed to be interviewed: one

director, three line managers, one Professionalization and Innovation staff member, one work supervisor, two research staff members and two Human Resource Management (HRM) staff members, all with higher education degrees (See Table 2). All the face-to-face interviews were conducted at the main office.

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

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

Table 2. Background Characteristics of Respondents.

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

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

Ethical considerations

Both the participant organization and the university with which the first author is associated are currently collaborating in the ACC for Social Work, that was initiated by the participant organization. The first author is involved in the ACC as a science practitioner and the current independent study is part of the research programme of the ACC. Besides the participation of the organization in a survey conducted by the first author in 2012, there was no prior relationship between the participant organization and the first author. The director signed consent for the organization to participate. All respondents received written and verbal information about the study, after which they gave written or verbal consent. This study was not subject to an institutional review board. In the Netherlands, the Central Committee on Research Involving Human Subjects (CCMO, n.d.) indicates that only medical/scientific studies, and studies in which persons are subject to procedures and/or are imposed to a way of behaving, need to be approved by the Dutch Medical Research Involving Human Subjects Act. This study adheres to the (Dutch) code for scientific integrity and the Code of ethics for research in the social and behavioural sciences involving human participants as accepted by the deans of social sciences in the Netherlands (2016).

Results

Understandings of EBP

Confusion about EBP was the dominant theme throughout the interviews with both staff and social workers. When asked what EBP meant to them, both staff (6 out of 10, 60%) and social workers (10 out of 12, 80%) mentioned they were unsure or confused about the meaning of EBP. Common responses included,

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

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

Confusion also emerged from the interviews as respondents used the term inconsistently, sometimes referring to a process of decision-making and sometimes to specific EBPs, or what are more appropriately labelled RSTs.

When asked to describe what EBP meant to them, respondents conceptualized it in a number of different ways. Among both staff (5 out of 10 respondents, 50%) and social workers (6 out of 12 respondents, 50%) the most common responses were statements such as 'using approaches that have been proven to work' or 'using interventions or methods that are based on scientific research', conveying the view that EBP is about using interventions for which there is scientific evidence that it is effective (RSTs). The following are typical responses:

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

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

These comments illustrate that respondents regard EBP as a product.

However, other responses conveyed the view that EBP is a process that involves making decisions about whether or not to use an intervention based on scientific research (staff: 3 out of 10, 30% and social workers: 3 out of 12, 25%). Respondents talked about how EBP is about more than using interventions or methods that are based on scientific research:

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

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

These comments illustrate respondents' awareness of EBP as a process in which decisions about using a specific intervention are based on both scientific evidence, professional expertise and/or client circumstances. However, none of the respondents explicitly mentioned Sackett et al. and the original model of EBP.

Other responses reflected understandings of EBP that do not resemble either of the two common definitions (staff: 2 out of 10, 20% and social workers: 3 out of 12, 25%). These were comments such as 'if something works well, you just have to go on doing it; or 'delivering proof that something works, through reports of conversations, intervision, supervision'.

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

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

(Staff, R2)

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

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

Perceived benefits of EBP

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

Enhancing the credibility and accountability of the organization to funders was the most common benefit identified by the respondents (8 out of 22 respondents). It was mentioned more often by staff than by social workers (staff: 5 out of 10, 50%, social workers: 3 out of 12, 25%).

> I think it enhances the accountability towards funders, for instance a municipality. That one can indicate better what is effective. (Social worker, R11)

> It is a legitimization towards the funder. (Staff, R10)

Some respondents mentioned that enhancing the accountability to funders would position the organization better for future funding.

Quality improvement of social work and the improved outcomes for clients was also a major theme (7 out of 22 respondents). It was mentioned more often by staff (4 out of 10, 40%) than by social workers (3 out of 12, 25%). EBP was perceived to improve the quality of care delivered to clients, as it involves using the best available research evidence and critical reflection on whether a particular method is the most appropriate method for a particular client.

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

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

Improved job satisfaction was another major theme (7 out of 22 respondents). Respondents talked about how providing care that has been proven to be effective provides social workers with support, confidence and conformation and gives them energy. This theme was mentioned more often by social workers (6 out of 12, 50%) than by staff (1 out of 10, 10%).

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

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

EBP was also perceived as a way of strengthening the individual professional identity of social workers and the position of the Social Work profession (4 out of 22 respondents). This theme was mentioned more often by staff (3 out of 10, 30%) than by social workers (1 out of 12, 8%).

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

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

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

EBP was also perceived as a way of securing the identity of the organization (2 out of 22 respondents, both social workers). When asked about the benefits of EBP a social worker responded: 'it shows what the organization stands for and that, I think, is good for securing the identity of the organization'.

Perceived drawbacks of EBP

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

The restriction of professional autonomy was a major theme (10 out of 22 respondents). This theme was mentioned more often by social workers (7 out of 12, 58%) than by staff (3 out of 10, 30%). Respondents expressed concerns that EBP might prohibit social workers from using their own practice wisdom as they would be obliged to use RSTs.

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

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

Respondents also worried that social workers' professional autonomy would be limited by EBP because of the need for adherence to standardized RSTs. Respondents indicated that social workers prefer to work in a more eclectic way (using elements of various interventions) instead of strictly adhering to a manual.

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

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

Another drawback identified by the respondents was that EBP overestimates the value of the intervention (7 out of 22 respondents). This theme was mentioned more often by social workers (5 out of 12, 42%) than by staff (2 out of 10, 20%). Respondents feel that the nature and strength of the relationship between the professional and the client are more relevant to client outcomes than the use of specific interventions.

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

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

Limitations in tailoring to client circumstances was another theme (6 out of 22 respondents). This theme was mentioned by both staff (3 out of 10, 30%) and social workers (3 out of 12, 25%). Respondents were worried that EBP would prevent social workers from tailoring their response to the specific context and circumstances of the client because of the need for strict adherence to standardized RSTs.

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

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

The extra time and financial resources needed for EBP were identified as another drawback (6 out of 22). This theme was mentioned by both staff (3 out of 10, 30%) and social workers (3 out of 12, 25%). Respondents worried for example that engaging in EBP would add to their normal workload and associated EBP with the need for more registration and record keeping.

Another drawback identified by respondents was the difficulty of translating evidence into practice (3 out of 22 respondents). This theme was mentioned more by staff (2 out of 10, 20%) than by social workers (1 out of 12, 8%). Respondents talked for instance about how research evidence needs to be critically appraised and that research evidence needs careful translation into practice as it is never applicable one on one.

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

> I think you should always, no matter what you are researching, be very careful what you do with it. And what it means in practice. Knowledge changes day by day. And practice is something quite different from what paper says. But I think

> you should get out the best and use that. So the knowledge you achieve from research and the way it works in practice, is never one-on-one. That is a disadvantage. (Staff, R2)

A final drawback identified by respondents (2 out of 22 respondents) was that EBP might leave no room for innovation and experimentation. When asked about the drawbacks of EBP, a staff member wondered: "Could it not stand in the way of innovation if you keep it closed like this?". Also a social worker worried that "perhaps there would be no more room to experiment, if everything has to be evidence based". These comments illustrate that respondents worry that EBP would hinder innovation as it might prohibit them from using interventions that are not evidence based.

Attitudes towards EBP

The majority of the respondents (19 out of 22 respondents) felt it was important for the organization to engage more in EBP. When asked how important they feel it is for the organization to engage more in EBP, both staff (9 out of 19, 90%) and social workers (10 out of 12 social workers, 83%) responded that they think it is important. However, ambiguity about EBP was a major theme as respondents were also critical about how EBP should be implemented (11 out of 22 respondents). Both staff (5 out of 10, 50%) and social workers (6 out of 12, 50%) expressed concerns about EBP.

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

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

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

RSTs versus EBP process definition

A strong preference for the EBP process as opposed to RSTs was identified as a major theme (19 out of 22 respondents). At the end of the interview the participants were asked which definition they preferred: the 'process' definition or the RSTs definition. Both staff (10 out of 10, 100%) and social workers (9 out of 12, 75%) preferred the 'process' definition over the RSTs definition. Common responses included,

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

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

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

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

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

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

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

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

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

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

In contrast to these views, some respondents (3 out of 22 respondents, all social workers) preferred the RSTs definition. They felt the 'process' definition was too complicated and confusing. One respondent explained his preference for the RSTs definition as follows:

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

Discussion

This qualitative study aimed to explore the views and attitudes towards EBP of social workers and staff working in a social work organization in which executive management recently committed to EBP. The responses showed that there was much confusion about the meaning of EBP among both social workers and staff and that they conceptualized it in a number of different ways. The interviews also revealed an ambiguous attitude towards EBP among both social workers and staff. Although both social workers and staff felt it was important for the organization to engage more in EBP, they were simultaneously critical about how EBP should be implemented. Common concerns were that RSTs would restrict professional autonomy and would prevent social workers from tailoring their response to specific contexts and circumstances. However, most of the concerns expressed by the respondents reflected thinking of EBP as the (mandatory) use of RSTs and not of the original model of EBP (a decision-making

process). At the end of the interview the majority of respondents reported that they preferred the 'process' definition over the RSTs definition. They regarded the EBP process to be more suitable in social work practice situations as it allows for taking into account clients' circumstances and professional expertise. These findings and their implications are discussed below.

To our knowledge this is one of the few studies that, instead of focusing only on social workers' views and attitudes, has explored the views and attitudes towards EBP of both social workers and staff within a social work organization. The findings show that both social workers and staff in the case study organization were confused about the meaning of EBP. Social workers' lack of clarity about the meaning of EBP is consistent with the findings of several other studies (Grady et al., 2018; Gray et al., 2013; Gray et al., 2015). With regard to staff's confusion about the meaning of EBP we only know of one recent Swedish study that found that managers in older people care services were uncertain about the meaning of EBP (Mosson et al., 2017). Whereas Mosson et al. specifically examined managers' perceptions and understandings of EBP, the organisational perspective in our study shows not only confusion among managers, but also among executive, research and specialist staff. Our finding is important, as confusion about the meaning of EBP acts as a barrier to EBP implementation. We therefore suggest there is a need to train and educate both staff and social workers in order to improve their knowledge and understanding of EBP. Moreover, given the increasing recognition that the role of line managers is crucial in the implementation process (Mosson et al., 2017), organizations may want to focus in particular on improving line managers' knowledge and understanding of EBP.

Furthermore, although both social workers and staff felt it was important for the organization to engage more in EBP, there appear to be some differences with regard to the perceived benefits of EBP. For example, among staff the most often mentioned perceived benefit was that EBP enhances the credibility and accountability of the organization to funders. While

among social workers the most often mentioned perceived benefit was improved job satisfaction. This finding points to the need to include both social workers and staff when establishing a position and vision on the rationale for implementing EBP in the organization.

Findings from this study also underscored that it is crucial to reduce the confusion about the difference between the EBP process and EBPs, or more properly labelled RSTs, to limit misconceptions and scepticism towards EBP as they may obstruct EBP implementation (see also: Avby et al., 2014; Fisher, 2014; Mosson et al., 2017; Wike et al., 2014). Because respondents equalled EBP with the use of RSTs, they were concerned that it would restrict their professional autonomy and limit sensitive responsiveness to unique client circumstances. Clarification of EBP as a decision-making process that includes professional expertise and client preferences might alleviate some of these concerns and lead to more positive attitudes towards EBP. There is thus a clear need to improve the knowledge and understanding of what the EBP process is and how it is different from RSTs in order to improve the acceptance of EBP. This also indicates the crucial responsibility of social work researchers and educators to provide clear and accurate descriptions of EBP. Moreover, we suggest the term EBP be reserved for use when specifically referring to the original decision-making process as conceived by Sackett et al. and that the term evidence-based practices (EBPs) no longer be used to refer to specific interventions for which there is consistent scientific evidence showing that they improve client outcomes. Instead, the term Research-Supported Treatments should be used.

In addition, organizations that want to implement EBP need to consider implementing the EBP process as respondents felt that the EBP process was more suitable in social work practice situations than the use of RSTs. The process definition is strongly supported by literature and is considered by many to be a better fit with practice situations than RSTs (Jaynes, 2014). Also, the EBP process appears to be more acceptable to many practitioners as it allows

for flexibility in considering the best available research evidence within the complexity encountered in the practice setting, including diverse client characteristics, agency contexts, and practitioner expertise (Bender et al., 2014). Furthermore, several agencies, such as the Social Care Institute for Excellence in the UK and the National Board of Health and Welfare in Sweden recommend implementation of the EBP process (Mosson et al., 2017). While agreement on implementing the EBP process approach is likely to improve EBP implementation, it should be noted that of course the EBP process does not exclude the use of RSTs. Engaging in the EBP decision-making process might result in the use of a specific RST if it fits in with professional expertise and client preferences. Therefore, there is still a need to address concerns about how strict adherence to standardized RSTs limits professional autonomy and sensitive responsiveness to unique client circumstances.

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

Several questions emerging from these findings became the focus of further analysis of the case study data (Van der Zwet, Beneken genaamd Kolmer, Schalk, & Van Regenmor-

tel, 2018). These include: How and to what extent is EBP implemented? Given both the confusion about the meaning of EBP and the different conceptualizations of EBP in the organization it is likely that EBP is not (consistently) implemented. What are the facilitating factors and barriers that influence EBP implementation in the organization? What is needed in future to improve the use of EBP?

Conclusion

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

both social workers and staff when establishing a position and vision on the rationale for implementing EBP in the organization.

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