

Connecting Research Evidence with Decision Making in Adult Social Care: an organisation-wide cross-sectional staff survey

Mat Jones¹, Lisa Didsdall¹, Ailsa Cameron¹, Karen Gray¹, Linda Sumpter¹, Jon Symonds¹, Hugh McLeod¹, Paul Willis¹, Christie Cabral¹, and Geraldine Macdonald¹

¹Affiliation not available

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Authors

Mat Jones², Lisa Didsdall¹, Ailsa Cameron¹, Karen Gray¹, Linda Sumpter¹, Jon Symonds¹, Hugh McLeod^{1,3}, Paul Willis⁴, Christie Cabral¹, and Geraldine Macdonald¹

1. University of Bristol
2. University of the West of England
3. National Institute for Health and Care Research Applied Research Collaboration West (NIHR ARC West)
4. Cardiff University

Mat Jones: 0000-0003-3692-8065 <https://orcid.org/0000-0003-3692-8065>

Lisa Didsdall: 0000-0002-8036-4482 / <https://orcid.org/0000-0002-8036-4482>

Ailsa Cameron: 0000-0003-0201-0993 / <https://orcid.org/0000-0003-0201-0993>

Karen Gray: 0000-0003-0559-8112 / <https://orcid.org/0000-0003-0559-8112>

Linda Sumpter: 0000-0001-8496-1797 / <https://orcid.org/0000-0001-8496-1797>

Jon Symonds: 0000-0002-6346-1037 / <https://orcid.org/0000-0002-6346-1037>

Hugh McLeod: 0000-0002-2266-7303 / <https://orcid.org/0000-0002-2266-7303>

Paul Willis: 0000-0002-9774-0130 / <https://orcid.org/0000-0002-9774-0130>

Christie Cabral: 0000-0002-9884-0555 / <https://orcid.org/0000-0002-9884-0555>

Geraldine Macdonald: 0000-0002-6846-7235 / <https://orcid.org/0000-0002-6846-7235>

Abstract

Summary

For adult social care organisations faced with growing challenges, an increasingly important issue is how best to make use of relevant research. This article reports on a survey that sought to assess the views, experiences, and use of research among adult social care staff in three neighbouring local authorities in England.

Findings

In total, 250 staff (30% response rate) across all grades and areas of practice responded to the survey. Staff expressed positive views about the role of research in practice and 37% of respondents could think of changes to their practice that were informed by research findings. Staff with personal experience of doing research, on more senior grades and in receipt of relevant training reported more positive views, knowledge, skills, and application of research. Elements of research engagement were reported more frequently by occupational therapist staff compared to those in social work. There were no significant differences based upon duration of service or recency of professional qualification. Staff trained in literature searching and critical appraisal were generally not confident to apply their learning. Inadequate time was a leading barrier to research engagement.

Applications

This study highlights the need for an organisation-wide perspective on promoting greater use of research evidence in adult social care decision-making. From this stance, our research indicates the importance of attending to the interests and capacities of diverse staff groups alongside a focus on specific staff-informed opportunities and leverage points through which to disseminate the use of research evidence in complex organisations.

Key Words

Research use; adult social care; organisational change; interprofessional working; multidisciplinary practice.

Introduction

The principle that social care practice should become more strongly informed by research receives widespread support (Wakefield et al., 2022), including from practitioners themselves. Studies indicate that social workers, and other practitioners working in social care, hold positive views about the importance of research for practice (Wakefield et al., 2021; Despard, 2016; Finne, 2021; Gray et al., 2014). However, the same body of research also suggests that practitioners have low levels of confidence, knowledge, and skills in the use of research, and that some practitioners are uncertain about its value. In 1999, Sheldon and Macdonald described this ‘research-practice gap’ as a gap between perceptions of the potential value research and its actual application in practice. Despite many initiatives to promote the use of research, Rojas and Stenström (2020) claim that there is a growing sense of “things not going fast enough”. Writing about social work, Parrish et al. (2023) argue that, despite sustained effort over the past three decades, “it is unclear whether these efforts have increased the adoption of this process in social work practice”.

In this paper we report results of a survey that sought to understand contemporary patterns of engagement with research among practitioners in adult social care. Given the significance of the workplace as the setting for the adoption of new practices, we took an organisation-wide approach to explore the perspectives of a range of practitioner groups. We also maintained a concern with the general use of research in decision-making, as opposed to a more specific interest in evidence-based practice (EBP). There is substantial - and sometimes sceptical - debate on what the application of research evidence should look like in social work (e.g. Gray and McDonald, 2006), occupational therapy (e.g. Dougherty, Toth-Cohen and Tomlin, 2016), and social care more generally. Much of this revolves around the appropriateness of EBP as a model with roots in medicine and healthcare. In the UK context, Wakefield et al. (2022) propose that, while there exist critiques and differences of opinion, there is a consensus that practitioners (in any field) should be equipped with the necessary skills and knowledge to make use of research evidence and to have the opportunity to engage with research activity. Reflecting similar moves for a common ground, in the US context Parrish et al (2023)

note that the ‘new terminology’ of EBP is taking on a more inclusive use to refer to a range of forms of practitioner engagement with research evidence, rather than necessarily reflecting a specific model.

Plath (2014) argues the need for an organisational perspective on implementing evidence-based practice. The dominant model for understanding the use of research among practitioners has entailed a focus on the role of individuals as decision-makers. This has led to a neglect of the diverse team and systems-based environment within which social care practitioners work. Plath’s perspective emphasises the importance of addressing how different practitioner groups engage with research in different organisational situations. This has been partially addressed in some literature on the application of research evidence among practitioners who differ in terms of their level of seniority, professional background, education, and practice experience. For example, taking an organisational perspective, Bäck et al. (2020) reported that tiers of management held different interpretations and applications for the use of research evidence. Staff in senior positions focused on strategic- and system-level issues, such as external comparisons and evidence of innovation in other authorities; middle managers focused on evidence relating to implementation at staff level, such as motivating and involving staff. Similarly, studies by Zardo and Collie (2015) and Gudjonsdottir et al. (2017) found that research evidence was applied differently by management and frontline practitioner staff groups. In adult social care there is also some evidence of profession-based differences in engagement with evidence-based practice. For example, Gudjonsdottir et al. (2017) found that physical therapists were more open to EBP and found EBP more appealing than their social work colleagues. Such interprofessional differences are likely to be particularly significant in contexts where decision-making takes place within multi-disciplinary teams.

Placement students and newly qualified staff with recent education in the application of research can experience difficulties exercising their skills when they enter organisational settings. Gleeson et al. (2021) found that social work students on placement encountered “negative, often dismissive views of research and experience little in the way of role-modelling of evidence-based practice”. Teater and Chonody (2018) reported that social work practitioners felt insufficiently prepared by their professional qualifications to use their education in research. In another study, recently graduated occupational therapists found it challenging to consistently implement research skills in their daily practice (Di Tommaso et al., 2019).

Work-based encounters with research may affect perceptions of research use. Regarding occupational therapists and physical therapists, a study by Thomas et al. 2020 identified a positive association between participation in empirical research activities and confidence in applying EBP. However, duration of general practice experience appears to be another factor. Gray et al. (2014) found that social work staff with long service were more likely to report research-based changes to their practice. Parrish et al. (2023) found that greater years as a licensed social work practitioner was associated with more positive attitudes about, and less perceived difficulty with, evidence-based practice.

Pressures associated with working in organisations are frequently cited by practitioners as a barrier to using research. Often this is expressed in terms of lack of time, pressures on time, or challenges with time management (Upton et al., 2014; Finne, Ekeland and Malmberg-Heimonen, 2022; Scurlock-Evans and Upton, 2015). A further leading area of difficulty concerns training on the use of research evidence, notably its availability, appropriateness, and the opportunities to make use of the learning in practice (Scurlock-Evans and Upton, 2015; Cooke, et al., 2008), with generally fewer opportunities for those working in social care, compared with staff working in healthcare settings (Wittenberg and Hancock, 2018; DHSC, 2018).

Regarding social workers, studies by Gray et al. (2014) and Van der Zwet et al. (2019) both found that some practitioners describe their engagement with research evidence in vague rather than specific terms. Lack of clarity was accompanied by reservations about the ‘EBP agenda’ itself. For example, Gray et al. (2014) found that some staff had concerns about the relevance, useability, and applicability of EBP to their practice. There are also indications that practitioners may take different routes to engage with research evidence. In a related study Gray et al. (2015) report a distinction between those practitioners who preferred to engage in the whole EBP process themselves and those preferring to adopt practice guidelines based on appraisal of research evidence by other experts.

To date much investigation on research use in adult social care has focused on specific professional groups or specific professional hierarchies. In contrast, the study reported here builds on organisation-wide approaches with an aim to assess the views, experiences, and use of research among diverse staff groups working in adult social care services. Our study is based upon a baseline survey conducted as part of the initial stage of ConnectED (Connecting Evidence with Decision Making). ConnectED is a National Institute for Health and Care Research funded programme that intends to build the capacity of adult social care organisations to use research (Macdonald et al., 2022).

Methods

Survey design

We employed a cross-sectional survey to explore the engagement with research of adult social care staff. The research took place in three neighbouring local authorities, affiliated as part of an Integrated Care System in England, integrated care systems (ICSs) are partnerships that bring together NHS organisations, local authorities, and others to take collective responsibility for planning services. in the South West of England. Ethical approval for the study was given by the School for Policy Studies Research Ethics Committee, University of Bristol (UK). The survey built on the survey designed by Gray et al. (2014) for social work professionals in Australia. We adapted the survey to apply to all practitioners working in an adult social care organisation, which included social workers, occupational therapists, non-registered professionals, service leaders and managers, and other support staff. The survey covered views about using research; knowledge and skills in working with research evidence; searching for, finding, and evaluating evidence; key barriers to using research; and demographic and employment details.

As well as review from the practice leads and evidence champions for the ConnectED programme, the draft survey was piloted and reviewed with five social care practitioners and students. In response to feedback, we adapted the language of the measurement scales used by Gray et al. (2014). The phrase ‘research views’ was used instead of ‘research attitudes’, which was perceived to have moral connotations. Similarly, reviewer feedback led us to change two sets of scales from measures of ‘ability’ to those of ‘confidence’. A full copy of the final survey is available as a supplementary file [see Supplementary Materials].

Survey distribution

The final survey was designed as a 49-item, self-complete, and anonymous questionnaire hosted on REDCap (an online survey platform). It was distributed as a weblink through email lists collated by administrative staff in the participating local authorities to all adult social staff. The survey was promoted by staff working in the ConnectED programme and through newsletters and publicity at staff team and department meetings, but completion was voluntary. The survey ran between March 2022 and July 2022, with multiple email-based reminders being sent out. Participants had the option to apply to win a £50 voucher by giving contact details separately to the survey (to preserve anonymity). One applicant was randomly selected for a voucher from each local authority.

Data analysis

The dataset was exported into Microsoft Excel and IBM SPSS version 29 for processing. For measurement scale items where there were up to three missing data items, we applied imputation (Luengo, García, and Herrera, 2012) to insert the mean for other responses from the respondent (9 cases in total). Given our use of revised questions, we assessed the internal consistency of the measurement scales where a Cronbach α of .70 or higher was considered acceptable. For the question set on ‘research views’, the reliability analysis obtained a Cronbach α of .766. For ‘literature search confidence’ measures and ‘critical appraisal confidence’ measures, the scale reliability analysis was a Cronbach α of .820 and .866 respectively. Within-group comparisons were

made by Pearson chi-square test for nominal data and the Mann-Whitney U test for data on ordinal scales, with $p < .05$ set to determine statistical significance.

Findings

Profile of respondents

From an email list of 841 employees, a total of 250 people responded to the survey, providing an overall response rate of 30% (Table 1). The response rate differed between the local authorities, with the lowest response rate from the largest employing local authority (Local Authority C). Senior leaders and service or team managers included staff with role descriptions such as assistant director, head of service, strategy manager, and commissioning manager. Of the 132 registered professionals, there were 91 social workers and 42 occupational therapists. The non-registered social care professions group ($n=56$) included staff with job roles of social care practitioner, social care assistant, occupational therapy assistant, as well as students, and apprentices. A total of 23 people selected the ‘other staff’ category. These roles included brokerage staff; quality, strategy, and policy development staff; and roles linked to specific areas such as practice placements, lettings, business support, and financial benefits.

Table 1: Survey responses by staff roles and local authority employer.

	Local Authority A	Local Authority A	Lo
	n respondents/ total staff	%	n r
Senior leaders and service or team managers	13/30	43	10/
Registered social workers and occupational therapists	45/ 123	37	56/
Non-registered social care professions	18/ 42	40	29/
Other staff	13/110	12	4/3
Total staff	89/305	29	99/

Table 2 provides the demographic and work profiles of survey respondents. Whilst all areas of adult social care practice were represented, the highest percentage of respondents worked with older people, followed by those working with people with a long-term disability.

Table 2: Demographic and employment characteristics of survey respondents.

Gender	%	Years worked in social care	%
Man	15	Less than 1	5
Woman	73	1 to 3	13
Declined / Missing data	12	4 to 5	10
		6 to 10	17
Ethnicity	%	11 to 15	19
Asian/Asian British	1	16 to 20	12
Black/African/Caribbean/ Black British	2	21 to 25	9
Mixed/multiple ethnic groups	2	26 or more	14
White	81	Declined / Missing data	1
Declined / Missing data	13		
		Work area / Service user group ¹	%
Age	%	Older people	80
18-24	2	People with a long-term disability	65
25-29	6	Working age people	49
30-34	10	People with a learning disability	47

Gender	%	Years worked in social care	%
35-39	15	People with mental ill health	38
40-44	12	Health services	10
45-49	13	Children and families	3
50-54	12	Young people	2
55 and above	20	Criminal justice	2
Declined / Missing data	9	Other ²	9

Notes.

1. Respondents could provide multiple responses.
2. Includes carers, homeless people, people with substance use issues, and refugees.

Views on using research in adult social care

The survey items measuring views on using research in adult social care were presented as a ten-point rating scale. Scores anchored at ‘1’ represented a positive response (entirely supportive, strongly agree) and those anchored at ‘10’ represented a negative response (entirely unsupportive, strongly disagree). Table 3 shows that survey respondents were broadly positive in their views about different aspects of research in practice settings. They were most positive about their own ‘views on using research to inform practice’ and the benefits for ‘service users/the people I work with’ (87% and 84% respectively). Research was largely felt to be relevant to ‘my day-to-day work’ and respondents disagreed with the statement that ‘thinking about research is not a good use of my time’ (77% and 74% respectively). Respondents overall gave a more mixed response to two measures, where 47% disagreed with the statement that ‘research is of limited value in social care...’ and 50% reported a ‘very good’ to ‘good’ level of ability to ‘apply research to practice’.

Table 3. ‘Research Views’: measures concerned with views on using research in adult social care.

Question / Statement [<i>positive rating descriptor for scale</i>]	Positive response (% scoring 1–4 on 10-point scale) <i>n</i> = 250 ^a
How would you describe your views on using research to inform practice? [+ fully supportive]	87%
How would you describe the views of most of your colleagues towards on research to inform practice? [+ fully supportive]	70%
Research findings are relevant for me in my day-to-day work. [+ strongly agree]	77%
Using research improves outcomes for service users/the people I work with. [+ strongly agree]	84%
Thinking about or using research is not a good use of my time ^b . [+ strongly <i>disagree</i>]	74%
Research is of limited value in social care because much of social care practice is based on other things such as values and individual needs ^b . [+ strongly <i>disagree</i>]	47%
How would you rate your ability to apply research to practice? [+ good level of ability]	50%

Notes.

a. Missing data for measures: min n=0; max n=5.

b. Reverse scored.

Experience and knowledge of research, evidence gathering and appraisal

Table 4 summarises respondents' experiences and knowledge of aspects of research. In response to a 'Yes' or 'No' question, 36% of respondents could think of changes to their practice within the last two years that had occurred in response to research findings. Those who held more positive responses to the measures on research views in Table 3 were significantly more likely to report a change to their practice as a result of research findings ($p < .001$). Staff on higher grades (senior leaders and registered professionals) were more likely to report changes compared to those in non-registered professions (47% compared to 27%, $p = .03$).

While the majority report being familiar with literature searching (84%) and critical appraisal (64%), smaller proportions had exercised skills linked to these activities (see 'If yes' filter question responses). More generally, around half of respondents reported that they had conducted their own research (49%) or participated in a research study (48%). A minority of staff recalled attending a course using research to inform decision-making (24%). Recollection of instances where service users ask for evidence underpinning service provision was reported by a small minority of respondents (13%).

Table 4: Experience and knowledge of research, evidence gathering and appraisal.

Question	'Yes' response n/base	%
Can you think of any significant changes to your practice within the last two years that have occurred as a result of research findings?	91/250	36
Have you ever attended a course(s) related to using research to inform decision-making and practice?	61/242	25
Do your service users ever ask you to explain the evidence behind the services and support on offer?	31/242	13
Are you familiar with the idea of searching for research literature or evidence?	193/230	84
If yes, have you ever searched for research literature or conducted a literature review yourself?	141/193	73
If yes, have you ever received formal training in how to search for research literature?	90/193	47
If yes, have you (or someone on your behalf) used an electronic database to conduct a literature search in the last 6 months?	67/ 141	48

Question	‘Yes’ response n/base	%
If yes, when the last time you performed a literature search that influenced your practice [yes for within last month]?	40/139	29
Are you familiar with the critical appraisal of research literature?	147/231	64
If yes, have you ever received formal training in assessing the quality of published research evidence?	75/147	51
If yes, are familiar with critical appraisal checklists (for example CASP)?	38/74	51
If yes, have you ever performed a critical appraisal of research yourself?	58/147	39
Have you ever conducted your own research?	111/250	49
Have you ever participated in a research study?	108/250	48

Further questions concerned the sources that practitioners used to inform their own decision-making (Figure 1). The leading sources were ‘internal policy documents’ and ‘government websites’ (89% and 86% respectively). Fewer (39%) reported the direct use of online academic journals. Staff on higher grades were more likely to report using online academic journals than those in non-registered professional groups (54% compared to 22%, $p < .001$).

[CHART]

Figure 1: Sources used to inform practitioners’ own decision-making. Multiple choices permitted. n=229

Confidence regarding literature searching, use of evidence, and critical appraisal

Those respondents who stated that they were familiar with literature searching and critical appraisal were asked to rate their confidence in three areas. Following the convention of Gray et al. (2014), where 3 represents the scoring standard for an ‘adequate’ level of confidence, Table 5 shows that across all self-report measures the mean scores fell below adequate. Compared to non-registered professional staff, staff on higher grades reported greater levels of confidence, however the mean continued to be under 3 for each of the three scales.

Table 5: Confidence regarding literature searching, use of evidence, and critical appraisal.

1. When performing a search of the literature how would you rate your confidence in..?

Formulating the right question
Identifying key terms to elicit relevant information
Selecting information relevant to the research question
Accessing the required database
Using search terms

1. When performing a search of the literature how would you rate your confidence in..?

Accessing advice

Mean for scale 1

2. How would you rate your confidence in using research evidence when undertaking the following activities?

Conducting audits

Conducting needs assessments

Formulating business cases

Reporting on data gathered

Writing bids or funding proposals

Developing care plans or assessments

Setting individual learning and development goals

Mean for scale 2

3. How would you rate your confidence in the following areas?

Critical appraisal of the literature/ journals you usually read to inform your practice

Critical appraisal of randomised controlled trials

Critical appraisal of systematic reviews

Critical appraisal of analyses combining multiple studies (meta-analyses)

Critical appraisal of qualitative studies

Mean for scale 3

Note.

Confidence using research evidence. ‘Not applicable’ responses excluded from analysis.

Barriers to using research to inform decision-making and practice

Survey respondents were asked to choose one main barrier to using research to inform decision-making and practice in their team/area of work (Figure 2). ‘Not enough time’ stood out as the leading area of difficulty (43%), followed by ‘lack of knowledge of research’ (15%). Other potential main barriers were identified by smaller proportions of respondents. Regarding the choice of main barrier, there were no significant differences between staff groups in terms of seniority and role.

[CHART]

Figure 2: Practitioner views on the barriers to using research to inform decision-making and practice in their team/area of work. Respondents asked to select one leading barrier . n=240

Further analysis of differences between practitioner groups

This section reports comparisons between staff groups, including those between grades, professions, duration of service, and prior experiences of research. As might be anticipated, respondents who held more positive response to the ‘Research Views’ measures (outlined in Table 3), were significantly more likely to report significant changes to practice as a result of research findings ($p < .001$) and to have conducted or participated in research themselves ($p < .001$ for both measures). However, those with more positive Research Views were not more likely to have attended a course related to using research to inform decision making and practice ($p = .102$).

Staff in senior leadership roles and staff who were registered professionals were significantly more likely than those in non-registered professions to report:

- holding positive Research Views ($p = .033$), with significant differences holding for each question item
- recalling significant changes to practice based on research ($p = .041$)

- recalling applying research ($p = .007$)
- attending a course related to using research to inform decision-making ($p = .038$)
- explaining evidence to service users ($p = .002$)
- having received formal training on literature reviewing ($p = .005$)
- having conducted their own research ($p = .012$)
- having participated in a research study ($p < .001$)

The survey returns allowed for comparisons between two leading professional groups in adult social care. With respect to all staff grades (registered and non-registered professionals) those working in occupational therapy were more likely than those in social work to have:

- Received formal literature review training ($p = .028$)
- Conducted a literature review ($p = .008$)
- Be familiar with critical appraisal ($p = .013$)
- Received training in critical appraisal ($p = .006$)

There were no differences between those in occupational therapy and social work/care in terms of:

- Research Views ($p = .461$)
- Ever having attended a course using research for decision making ($p = .596$)
- Been asked by service users to explain evidence ($p = .220$)
- Recalling significant change to practice due to research findings ($p = .100$)

When a comparison was made between those who had “worked in social care up to 10 years” and those who had “worked in social care for 11 years or over” (a similar comparison to that made by Gray et al, 2014), there were no significant differences in terms of Research Views, practice changes resulting from research findings, and other key variables. The only difference was that respondents who had worked in social care for 11 years or over and who were also on higher grades, were more likely to have attended a course related to using research in evidence-based practice ($p = .034$).

Multiple comparisons identified no differences between recency of qualification or age groups, with the exception that those aged over 39 years were more likely to positively rate their ability to apply research ($p = .026$).

There was little difference between the three local authorities in terms of the patterns of response. Compared to Local Authorities C and B, practitioners in Local Authority A were less positive in terms of their Research Views ($p = .026$) and had less experience of having conducted research ($p = .049$). However, this difference may be attributed to a lower proportion of senior leaders and management staff respondents in Local Authority A than the other authorities ($p = .05$).

Discussion

In this study we undertook an organisation-wide approach to understand practitioner engagement with research in adult social care. We found that staff in a range of positions held broadly positive views about the role of research in their work and that a substantial proportion could relate aspects of research to their own work experience. However, the lack of agency resources (most notably, staff time) was considered a major barrier to using research to inform decision-making and practice in their team/area of work. Moreover, those who had taken part in training on evidence gathering and appraisal were not, overall, confident in applying these skills. Only a minority of survey respondents recalled service user requests to explain the evidence behind the services and support on offer. Nevertheless, a value of the organisation-wide perspective is that it demonstrates that this is not a uniform situation for all staff. Significant differences between groupings of staff, indicate that the perceptions of the role of evidence-based practice may have gained more traction in some areas of adult social care work than in others, for example amongst occupational therapists more so than social workers. Such differences inform an understanding of where there are opportunities to build upon

existing interest, as well as where there are greater needs to address. This reflects a theme in other studies (e.g. Gudjonsdottir et al. 2017; Gray et al. 2014), where it is believed that organisational shifts towards the use of research occur through the influence of groups reflecting leading advocates and early adopters.

Amongst a complex picture, one strong link reported in this study was that social care practitioners were more likely to report applying research in practice if they had themselves been involved in conducting or participating in research. Those with such perceptions reported a more positive outlook towards research more generally and were more confident about the evidence gathering and appraisal skills they had acquired through research training. We cannot be sure how the survey respondents interpreted having ‘conducted’ or ‘participated in’ a research study. However, in line with Wakefield et al. (2022), the implication appears to be that staff benefit from being given opportunities to experience and do research and research-associated activities. More than a range of other factors, it may be that ‘practice at doing research’ informs the use of research evidence in practice more generally. The following discussion considers how this insight may be complemented through attention to how different staff groups are placed to promote change within their organisation.

Given the growing position in recent years of evidence-based practice across curricula of qualifying programmes for regulated professions in social care, we might have anticipated that early career practitioners (and most probably newly registered professionals) would report greater engagement and confidence with research training compared to those generations educated in a less research informed era. However, our study identified no substantive differences linked to more recent education. Indeed, as other studies have found (Di Tommaso et al., 2019; Gleeson et al., 2021; Teater and Chonody, 2018), there are indications that new starters encounter difficulties putting their research-based skills into practice. While caution is needed in the interpretation, this raises a question around how newly qualified staff are supported to apply their learning in the use of research evidence, particularly through protected time.

A related concern is the effectiveness of continuing professional development (CPD). Our study indicated that, while a proportion report being trained in research evidence skills, such staff also report relatively low levels of confidence in applying their learning. This draws attention to the requirements, availability, and utility of the CPD. Ill-fitting and weakly exercised training represents one type of problem, but the challenge of implementation is compounded where there are already constrained resources and competing pressures in the workplace, as participants in this study reported.

While social work and occupational therapy staff share many similarities with respect to engagement with research, our study found that occupational therapy staff respondents reported greater levels of experience with literature searching and critical appraisal. Albeit in a different organisational context, Gudjonsdottir et al. (2017) found profession-based differences, in this case between social work and physical therapists, and attributed this to the greater influence of medical science in physical therapy training. Gudjonsdottir et al. (2017) argues that differences in attitudes towards the use of research evidence between professions may result in poor interprofessional relations and negatively impact the quality of client care. This points towards the importance of interprofessional education and shared learning around the interpretation and use of research evidence.

In addition to profession-based differences, the survey results suggest hierarchical differences in engagement with evidence-based practice. In this respect our research resembles some elements of other studies (see, for example, Bäck et al., 2020; Zardo and Collie, 2015). Those in senior grades (managers, team leaders and registered professionals) were more likely than non-registered professional care staff to report positive views, research training experiences, and application of research evidence. This might be anticipated, given the additional investment in education and training, as well as experiential learning opportunities, for those on senior grades. Given the higher authority of those in senior grades, actors within this group are well placed to shape an organisational culture that promotes the use of research. If this is to be a whole organisational approach, this involves making the use of research evidence meaningful and relevant for staff at all grades. Given that no staff group, including those in higher organisational positions, had a high overall level of confidence about key elements of research evidence use, those in senior roles might also support tools and

processes that revise the focus of research evidence training to be more meaningful for staff with a diversity of roles and predispositions. As Gray et al. (2015) found, staff groups can differ whether they prefer to either explore the raw research evidence themselves or to rely on the digests of authoritative others.

Of the staff represented in this study, we are specifically cautious in drawing conclusions about those identified as ‘other’ in the survey. The response rate for this group was low (14% of the total in this group) and therefore highly questionable in its representativeness. Moreover, within this catch all group there is a great diversity of roles. Nevertheless, our research may suggest that more consideration should be given to the use of research in work roles such as brokerage, business support, financial assessment, and lettings, not least because they provide important functions as part of the adult care workforce. Employers in this study designated 20% (n=169/841) of their staff in ‘other’ roles that were outside social work, social care practice, occupational therapy, management and leadership. Reforms to adult social care provision are likely to generate an increasing diversity of new staff roles (e.g. DHSC, 2023). From the positions of equity and effectiveness, such staff stand to benefit from attention to support their research informed decision-making as much as the established professions do.

From an organisational change perspective, many efforts to promote evidence-based decision making employ a form of systems change reasoning. Examples include Normalisation Process Theory and the adoption-of-innovation thesis (Gudjonsdottir et al., 2017; Gray et al., 2014; and Gray et al., 2015), whereby (in both instances) influencers spread new practices as opportunities and conditions allow. While this thinking informed lines of analysis for this baseline study, the follow-up research planned as part of the ConnectED programme provides an opportunity to assess these mechanisms for change and thereby develop a more refined approach to enhance the application of research evidence in adult social care organisations.

Conclusions

A prevailing image from recent research on the promotion of evidence-based practice in adult social care is one of a difficult, slow, and unsteady walk. Practitioners are encouraged to travel with new resources and promising interventions in workplaces that contend with growing demand, resource restraint, and high staff turnover. Faced with such countervailing pressures, might lead some to be concerned that the agenda for the use of research evidence is faltering or perhaps even taking steps backward. The present study offers further empirical evidence to signal a challenging environment, alongside affirmations that adult social care staff nevertheless seek to engage with research. Where this study adds to existing enquiries on the use of research evidence in practice is through gathering the perspectives of diverse practitioner groups across an entire organisational setting in adult social care. Different patterns of engagement draw attention to the capacities for action of specific groups of staff, and how their interests might offer the basis for wider innovations in practice. With respect to improving decision making in adult social care organisations, this study points to prospects for the further application of evidence from research. This includes the need to facilitate greater experiential and interprofessional learning alongside a focus on the responsibilities for action from those in senior roles and the need for training – and post-training support – that better reflects the interests and capabilities of diverse staff groups at all levels of adult social care organisations.

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Supplementary Materials. Survey

[Name of Research Project]

Adult Social Care Staff Survey

This is a survey for the [name of project]. The project is a new partnership between 5 agencies ([names of agencies]) and 2 universities ([names of universities]). The project aims to improve use of research in Adult Social Care by supporting cross-boundary collaborations. Through this survey we would like to hear from people who do and don't use research in their work.

Key information:

- This is a survey of how (or if) research is used by people working in Adult Social Care
- It is anonymous and confidential
- It will take 10-15 minutes to complete the survey
- If you wish, you will be entered in a prize draw for a £50 online shopping voucher

If you are willing to take part in this survey, please read the detailed information below, then complete the electronic survey and submit it.

Detailed information for participants

Purpose of survey

The purpose of this survey is to investigate the current use of research evidence in Adult Social Care for the [name of research project]. The [name of research project] aims to improve the use of research to inform decision making and practice in adult social care. The objective of this survey is to find out how much research is used now. We will repeat this survey at the end of our project to find out whether and how the project has made a difference.

What will I be asked to do?

You will be asked to complete the survey questions. The survey should take 10-15 minutes to complete. Most have tick box responses that you can select. Some questions ask you to write a short answer. The questions are about:

- attitudes to using research
- knowledge / key skills
- searching for and finding evidence,
- evaluating research and evidence
- understanding technical terms
- key barriers to using research
- information about you (e.g. age, gender) and the work that you do (e.g. job role)

What are the risks and benefits of participating?

There may be no direct personal benefits to you from involvement in this survey. If you wish, you will be entered into a prize draw for a £50 online shopping voucher. Your participation will benefit your organisation by providing key information on how research is currently used and on the key barriers to using research. This will help tailor the project activities to your needs. The project will help improve the use of research for decision making in your organisation and in similar organisations nationally.

How will my privacy be protected?

We will not know your name or other identifying information. In order to enter you into the prize draw, we will record your email address, but these will be held separately to the survey data and will be deleted once the draw has been made. All of the survey data we collect from you will be treated in a confidential manner. Raw data will be retained for at least 10 years at the University of Bristol. All data will be held in accordance with the Data Protection Act. The data will be entered into a database for analysis and will be stored in password protected files on a secure server at the University of Bristol. All of the data that is collected for the study will be analysed and reported in summary form and will contain no information that could lead to the identification of individuals.

How will the information collected be used?

The (anonymised) findings of the research will be presented to the [name of research project] team which includes representatives from the Adult Social Care teams of [names of organisations] as well as the academic team. The summary report will be available to all participants. The findings will also be reported to the National Institute of Health and Social Care Research, presented at international conferences and submitted for publication to social work and social science related journals. Individual participants will not be identified in any reports or publications arising from the project.

Further information :

If you would like further information, please contact one of the Co-Principal Investigators: [names and contact details]

Or the project administrator, [contact details]

Should you have any concerns about the conduct of the project you can contact [name and contact details]

What do I need to do to participate?

If you would like to participate, please tick the box below:

I understand the aims of the study and how the data will be stored and I agree to participate

Then complete the electronic survey and submit it. Once you submit the survey, your response cannot be returned or excluded from the analysis, as it cannot be singled out from the anonymous surveys.

If you would rather not participate at this point, please tick the box below:

I would rather not participate on this occasion

To start the survey click Next at the bottom of the page. The survey is expected to run until [date].