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Evidence-Based Practice: Knowledge, Attitudes, and Beliefs of Social Workers In Romania

Mihai-Bogdan IOVU¹, Patricia RUNCAN²

Abstract

The social work profession has been undergoing a period of change and has been encouraged to prove the effectiveness of clinical interventions by scientific evidence. This study was therefore designed to describe the knowledge, attitudes and beliefs of a sample of Romanian social work professionals to evidence-based practice (EBP). 62 social workers were required to complete a 37-item closed ended questionnaire, which collected information on demographic data, practice settings, knowledge, attitudes and beliefs regarding EBP. Respondents agreed that the use of EBP was necessary and that the quality of patient care was better when evidence was used, with the younger physiotherapists at the fore front. About 50% of the respondents had access to online information; the majority of these respondents only had time to access the internet more at home rather than at work place. The primary barrier to implementing EBP was insufficient time. The respondents had a positive attitude towards EBP and were interested in improving the skills necessary to implement EBP. There was a need to increase the use of EBP in clinical practice and decision making among social workers. The respondents who were recently licensed and those with post-graduate education expressed more positive attitudes toward EBP than those who were not. Results also point out the issue of appreciative inquiry (AI) as a key-component in successful implementation of EBP in social work clinical settings.

Keywords: social workers; knowledge; attitudes; beliefs; Evidence-Based Practice (EBP); Appreciative Inquiry (AI); Romania

¹ Babeş-Bolyai University Cluj-Napoca, School of Sociology and Social Work, Cluj- Napoca, ROMANIA. Email: iovu_mbogdan@yahoo.com

² West University of Timișoara, School of Psychology and Sociology, Department of Social Work, Timișoara, ROMANIA. Email: patyruncan@yahoo.com

Introduction

Evidence-Based Practice (EBP) emerged in the area of medicine as a way of incorporating recent advances in research into professional practice decisions. Initially EBP was defined as *the conscientious, explicit, and judicious use of current evidence in making decisions about the care of individuals* (Sackett et al., 1996: 71). Thereafter, this definition has been adapted to a variety of social contexts. Regehr, Stern and Shlonsky (2007: 410) refer to EBP as *the process that blends current best evidence, community values and preferences, and agency, societal, and political considerations in order to establish programs and policies that are effective and contextualized*.

The concepts underlying EBP in health and social services as it is known today have evolved over centuries. The use of knowledge as evidence dates as far back as 280 B.C. (e.g. by the Greeks in the Medical Empirics): *one learns from chance observation, from colleagues past and present, and to reason by analogy—this patient looks like one I saw before* (Best & Neuhauser 2005: 462). Over the last years we can notice a rapid expansion of EBP principles from medicine and health care to other ‘social’ disciplines. Social work too has been influenced by these new form of practice that hold promise for bringing practice and research together to strengthen the scientific knowledge base supporting different interventions (Mullen, Beldsoe & Bellamy, 2008). This is particularly noticeable in English-speaking countries such as the UK, USA, Canada, and Australia (Gambrill, 2001; Gilgun, 2005). Here, EBP is the goal of different public services (Nutley, Walter, Davies, 2009), where it is not seen as a choice, but as an expectation (Netting, O’Connor, 2008) and there can be noticed a more conscientious attempt to use it in various social work settings as child welfare, employment, health, juvenile justice, mental health, and substance abuse (Fixsen, Blase, Naoom & Wallace, 2009).

Cournoyer (2004) suggests this rapid movement of social work profession toward the evidence-based practice is due to several reasons: a) Passage of legislation mandating greater professional accountability; b) Proliferation of mandated health care systems providing incentives for choosing service approaches supported by efficacy and effectiveness research; c) Emergence of consumer advocacy movements; d) Growth in trends toward performance-based or outcome-based funding strategies; e) Increase in number of malpractice lawsuits; f) Court decisions that highlight legal responsibility for the nature, quality, and outcomes of services (p. 2-3).

EBP has undoubtedly many qualities that might attract future social workers to adopt it as a practice framework and also as a quality standard of their interventions (Sundell et al., 2010). However, the degree to which EBP is used varies among social work practitioners and across practice settings (McNeece, Thyer,

2004). Despite being encouraged, or sometimes required to do so, social workers do not generally incorporate research evidence into their daily practice (Bledsoe et al., 2007; Mullen, Bledsoe, Bellamy, 2008). Moreover, some of them are quite resistant in using EBP (Nelson, Steele, Mize, 2006). Consistent with these statements, Mullen et al. (2005) suggest that few social workers employ evidence-based approaches and highlight how little is known about facilitating knowledge transfer. Similarly, Booth, Booth and Falzon (2003) highlight poor preparation of the social care workforce for engagement in evidence-based practice. Cameron et al. (2005) found that only a minority of their sample really used the principles of evidence-based practice to plan clinical interventions, and that even this decreased with increasing years in practice.

As a developing country, Romania is no exception to this poor use of EBP. The issue is even more acute here as Romania was once considered an Eastern European model for child welfare policies and practices (Correll, Correll & Predescu, 2006). So one question someone might ask is how and why did we lagged behind? EBP is a process in which practitioners will maximize the likelihood that their clients will receive the most effective interventions possible by engaging in the following five steps (Rubin & Parrish, 2007): a) Converting your practice problem into an answerable question; b) Locating the best available evidence with which to answer the question; c) Together with the client, critically appraising the scientific validity and usefulness of the evidence; d) Integrating the appraisal with one's clinical expertise and the client values to apply that evidence to the present circumstance; e) Evaluating the outcome of your intervention according to the objectives you and your client had set out at the beginning.

The evidence-based practice movement in Romania still has a long way to go before all these conditions are met. In addition, to our knowledge, there is little empirical research published measuring the current levels of use of EBP across social services in Romania. Previous studies also show that appreciative inquiry (AI) is a key-component in achieving lasting positive social change within an organization that would support EBP (Marchionni & Richer, 2007; Andrus, 2010; Cojocaru, 2010; Cojocaru, Bragaru & Ciuchi, 2012). AI is an under-used research method within social work yet has the potential to make a significant contribution to research practice and its consequences for service delivery (Bellinger & Elliot, 2011; Cojocaru & Bragaru, 2012). Therefore, advocating and building a culture of AI and research should become critical for Romanian frontline social work practitioners (Turnell, 2006).

Method

Sample

A convenience sample of 62 social workers was drawn from one Romanian county. The demographic data are presented in Table 1. Approximately 84% were women. Also, the wide majority had the practice setting in urban areas. Additionally, there were more survey respondents in the youngest age group (45.2%) and fewer in the oldest age group (6.5%). Almost half of them have a bachelor degree in social work (43.3%) and close to that, 2:5 have a master degree. As for the case-load, the majority of them have 6-10/day.

Table 1. Characteristics of Respondents

Characteristic	%	N
Gender		
Male	16.1	10
Female	83.9	52
Working area		
Urban	83.9	52
Rural	16.1	10
Age		
20-29 yrs	45.2	28
30-39 yrs	38.7	24
40-49 yrs	9.7	6
>50 yrs	6.5	4
Work experience		
<5 yrs	51.6	32
6-10 yrs	38.7	24
11-15 yrs	6.5	4
>16 yrs	3.2	2
Degree		
Highschool	3.3	2
BSW	43.3	26
MSW	40	24
PhD.	6.7	4
Other studies	6.7	4
Hours of work per week		
<20 hrs	22.6	14
21-30 hrs	16.1	10
31-40 hrs	29	18
>41 hrs	32.3	20
Clients per day		
<5	25.8	16
6-10	45.2	28
11-15	19.4	12
>16	9.7	6

Measures

Starting from previous studies concerning helping professions and EBP (Jette et al., 2002) we constructed a self-report questionnaire designed to explore respondents' attitudes and beliefs about EBP (survey items 1, 2, 4, and 6–10); interest in and motivation to engage in EBP (survey items 3 and 5); educational

background and knowledge and skills related to accessing and interpreting information (survey items 18–24); level of attention to and use of the literature (survey items 11–13); access to and availability of information to promote EBP (survey items 14–16); and their perceived barriers to using evidence in practice (survey item 25). Demographic and practice data were also collected. Responses to most items related to EBP were addressed using a 5-point Likert scale with “strongly disagree” and “strongly agree” as anchors. Several items related to access to information required “yes/no” responses.

Procedure

An approval from University committee was obtained. A list of available agencies from the county was then compiled and questionnaires were e-mailed. Social work professionals who agreed to participate sent a packet containing a cover letter and the questionnaire. The cover letter explained the purpose of the study and the researcher’s contact details, the voluntary nature of participation, anonymity of the data collected, the freedom to withdraw from the study at anytime without any consequences and that the consent is implied by filling the questionnaire packet. Filled questionnaires were returned by e-mail and no personal identifying detail was used or kept.

Data analysis

Data were analyzed using the SPSS version 18 for Microsoft Windows. Response frequencies for the survey questions were determined and displayed graphic formats. After examining the response frequencies, and before examining the associations between variables, some variable categories were collapsed in order to allow further analysis using them as dependent measures. For those items with a 5-point Likert scale and a positive response set (i.e. agreement with the statement suggested positive regard for EBP), the “strongly agree” and “agree” categories were combined, as were the “neutral,” “strongly disagree,” and “disagree” categories, so that responses fell into one of the categories: “agree” or “disagree.”

For items with a negative response set, the “neutral” category was combined with the “agree” and “strongly agree” categories. For the items with a “yes/no/do not know” choice set, the “do not know” category was combined with the “no” category based on the assumption that lack of knowledge about whether, for example, a facility had access to the Internet was as unhelpful to a respondent as not having access. For items categorized by the number of times articles were read or databases were accessed in an average month, the lowest category (<2) was distinguished from the higher categories based on our belief that the lowest level of access represented poor attention to the literature that was inconsistent with the intent of EBP. For items that were designed to examine the degree of

understanding of research terms, the “understand completely” and “understand somewhat” categories were combined so that a 2-category response was obtained: “understand at least somewhat” or “do not understand.” We did not examine the item identifying knowledge of the term “heterogeneity” (item 24g), because we realized the word could be understood in multiple contexts. After item categories were collapsed, chi-square analyses were conducted to examine the several associations. An alpha level of .05 was used to determine whether a relation was to be significant.

Results

Attitudes and Beliefs

Respondents stated they held generally positive attitudes and beliefs regarding EBP, with majority contending that: they agreed or strongly agreed that EBP is necessary (63.3%), literature is useful to practice (58.1%), EBP improves the quality of patient care (61.3%), EBP improves the reimbursement rate (64.5%) and evidence helps in decision making (61.3%). Fifty-one percent of the respondents stated they either disagreed or strongly disagreed that using evidence in practice places unreasonable demands on them and thirty-eight percent disagree that EBP does not takes into account the client’s preferences. Figure 1 shows the distribution of responses related to attitudes and beliefs about EBP.

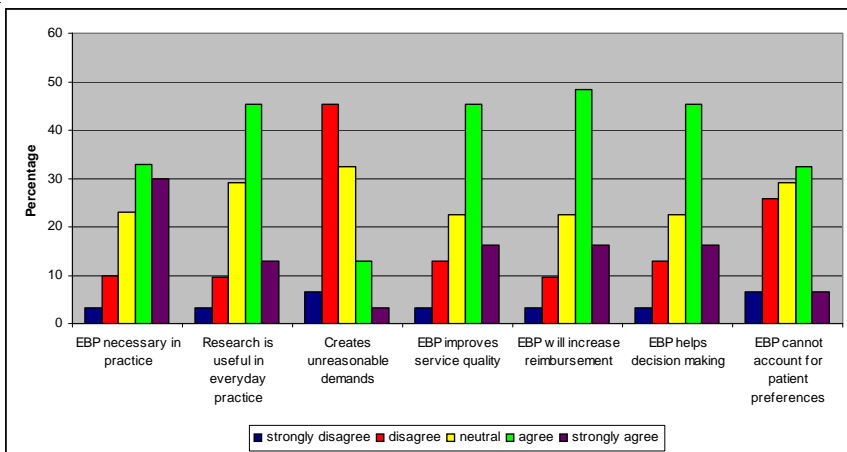


Figure 1. Self-reported attitudes and beliefs towards EBP

For the most part, demographic factors were not associated with attitudes and beliefs. Where associations were found, Pearson chi-square statistics indicates

that younger and older social workers are significantly different on whether they believe EBP is necessary in practice ($\chi^2=9.47$, $df=1$, $p=.002$), research is useful in everyday practice ($\chi^2=4.84$, $df=1$, $p=.028$), EBP improves service quality ($\chi^2=7.31$, $df=1$, $p=.007$), EBP will increase reimbursement ($\chi^2=10.46$, $df=1$, $p=.001$), and helps in decision making ($\chi^2=14.07$, $df=1$, $p=10^{-3}$). Social workers over 30 years old are more likely than expected under the null hypothesis to believe all these. Phi, which indicates the strength of the associations, varies between .280 and .477, indicating rather a medium effect size.

As expected, the access to information is closely related to attitudes and beliefs toward EBP. Those having access to printed journals are more likely to consider EBP necessary ($\chi^2=6.27$, $df=1$, $p=.012$), to consider that EBP increases reimbursement rate ($\chi^2=4.64$, $df=1$, $p=.035$), and that is helpful in making decisions ($\chi^2=8.35$, $df=1$, $p=.004$). Similarly, online access, either from home or from workplace, also have a positive effect on their attitudes.

Education, Knowledge, and Skills

The respondents were diverse in expressing whether or not they had completed educational sessions either in school or through continuing education on EBP or research strategies. Only about thirty-eight percent agreed that they had engaged in educational sessions in the foundations of EBP and in search strategies. Also, 38.7% agreed they had knowledge about using databases. Still, seventy percent of the respondents agreed or strongly agreed that they were confident they had search skills. 45.2% of the respondents stated they were educated in critical appraisal of research literature, and 64.5% of the respondents stated they were confident in their abilities in this skill. Figure 2 shows the distribution of responses related to education, knowledge, and skills associated with EBP.

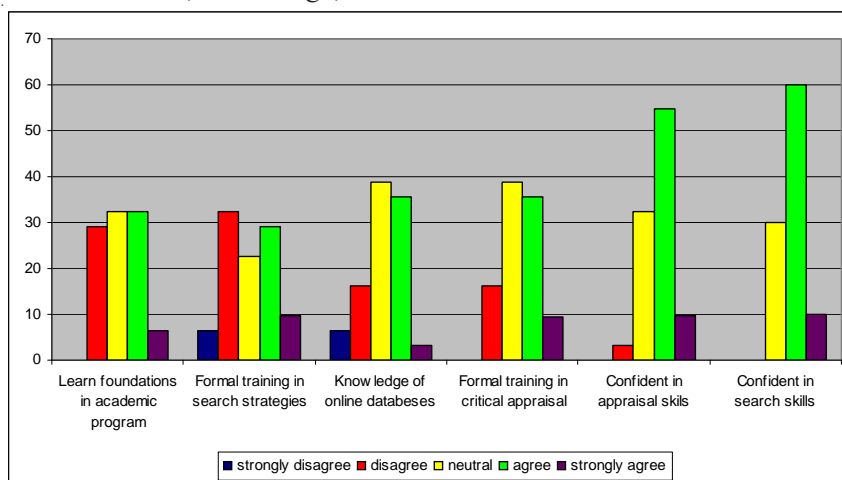


Figure 2. Self-reported education, knowledge and skills

With respect to education, knowledge and skills, Pearson chi-square statistics indicates age was the only associative explanatory variable. Compared with younger social workers, those over 30 years old declare they already had formal training in search strategies ($\chi^2=6.42$, $df=1$, $p=.011$), they are confident in their appraisal skills ($\chi^2=10.46$, $df=1$, $p=.001$), and they are confident in their search skills ($\chi^2=21.72$, $df=1$, $p=10^{-5}$). The largest Phi coefficient, which indicates the strength of the associations, is .602 for the last relation. For the remaining two associations, the effect size is medium to low.

Attention to Literature

In this category, we included reading literature related to clinical practice, using literature to inform decision making, and searching for relevant literature using online databases. Nineteen percent of the respondents reported reading fewer than 2 articles in a typical month. The majority of the respondents, but not even half of them (45.2%) reported reading between 2 and 5 articles in an average month. Nearly sixty percent of the respondents reported performing fewer than 2 database searches in a typical month (58.2%). Sixty-six percent of the respondents reported using professional literature in the process of clinical decision making 5 or fewer times per month. Figure 3 shows the distribution of responses related to attention to the literature.

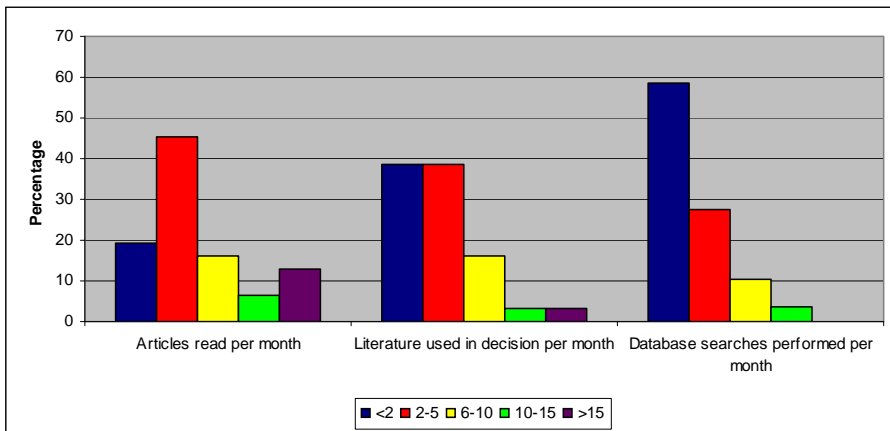


Figure 3. Self-reported attention to literature

The attention to literature is somewhat related to their ability to understand certain concepts. For items that were designed to examine the degree of understanding of research terms, the “understand completely” and “understand somewhat” categories were combined so that a 2-category response was obtained: “understand at least somewhat” or “do not understand.” We did not examine the

item identifying knowledge of the term “heterogeneity” (item 24g), because we realized the word could be understood in multiple contexts. Results showed that majority of respondents (over 80%) claim they understand at least somewhat concepts ‘relative risk’, ‘absolute risk’ and ‘confidence interval’. Less of them (below 50%) do understand terms as ‘odds ratio’, ‘meta-analysis’ and ‘publication bias’.

Access to and Availability of Literature

Nearly two-thirds of the respondents (71%) reported they had access to professional journals in paper form. Slightly more respondents stated they had access to relevant databases and the Internet at home (54.8%) than at work (48.4%). Only 35.5% of the respondents stated they agreed or strongly agreed that their facility supports the use of evidence in practice.

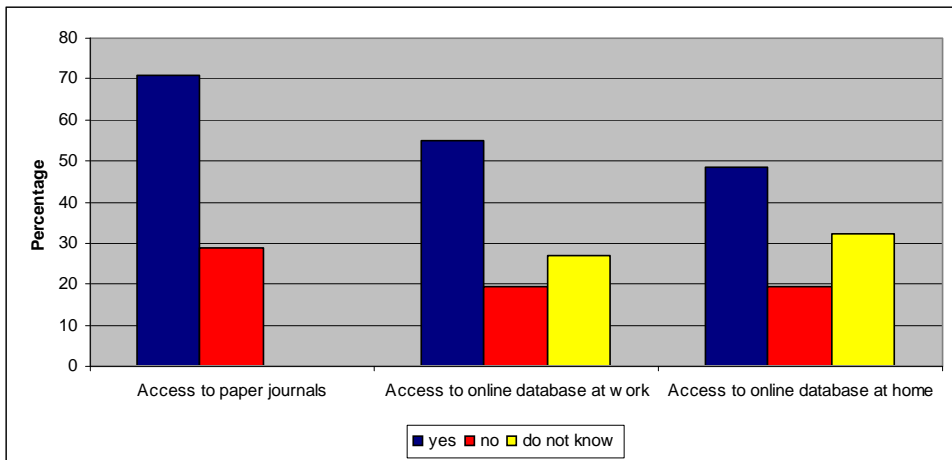


Figure 4. Self-reported access to and availability to literature

Significant associations were also found for age and access to online databases both from work ($\chi^2=12.53$, $df=1$, $p=10^{-3}$) and from home ($\chi^2=6.78$, $df=1$, $p=.009$). Older social workers were more likely than expected under the null hypothesis to have this access. As expected, social workers from urban practice settings are more likely to have access to paper journals ($\chi^2=4.87$, $df=1$, $p=.027$) and to have home online access ($\chi^2=4.32$, $df=1$, $p=.038$). The Phi coefficient for these relations varies between .268 and .457 indicating a medium to low effect size of the associations.

Barriers

The first three barriers in implementing EBP were the insufficient time (chosen by 75%), the lack of generalizability of research findings to their specific patient population (53.6%) and the lack of information resources (42.9%). 35.7% also reported the inability to apply findings to individual patients with unique characteristics as important barriers and the lack of interest was chosen as an important barrier by 32.3% of the respondents.

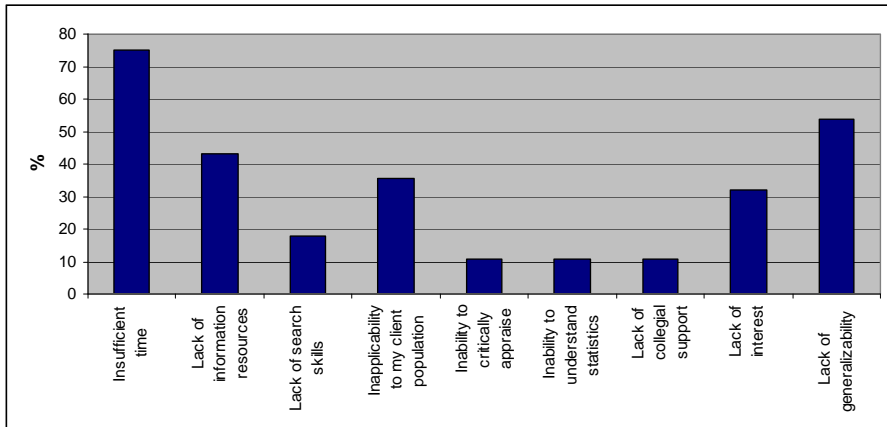


Figure 5. Self-reported barriers to evidence-based practice

Compared with younger social workers, those over 30 years old are more likely to nominate insufficient time as an important barrier in implementing EBP ($\chi^2=4.06$, $df=1$, $p=.044$), but the effect size of the association is rather low ($\Phi=.265$). This could also be explained by the fact that 25.8% of older social workers (and implicitly experienced ones), work more than 40 hours/week (compared to only 6.5% of younger social workers); also they have a higher case-load compared to their younger peers (22.6% vs. 6.4% having more than 10 clients/day). Interestingly enough, compared with less-experienced practitioners, lack of generalizability is more likely to be nominated by social workers with more than 5 years of experience ($\chi^2=11.62$, $df=1$, $p=.001$), and the effect-size is rather moderate ($\Phi=.448$). As for the third barrier, those with postgraduate studies are more likely to say that the lack of informational resources impedes implementation of EBP ($\chi^2=11.99$, $df=1$, $p=10^{-3}$). This result may be explained by the fact that higher the education level attained, higher the need to use databases and empirical research in implementing intervention is.

Discussion

To the authors' knowledge, this is the first Romanian survey to be conducted in order to evaluate the perceptions and attitudes towards the implementation of EBP in the social services. This exploratory study examined the views of 62 social work professionals from one Romanian county. Five important factors were considered.

Attitudes and Beliefs. Our results suggest that social workers have a general positive attitude toward EBP. The results suggest they believe that the use of evidence in practice is necessary, that the literature is helpful to them in their practice and decision making, and that quality of patient care is better when evidence is used. These beliefs have been similarly reflected in studies of other helping professions as physicians or nurses (Flores et al, 2000; Freeman, Sweeney, 2001; Retsas, 2000).

Education, Knowledge, and Skills. When participants were asked about their experience with EBP, the majority of respondents, with the exception for *publication bias*, reported having, at least a good knowledge of EBP. The concepts of *relative risk* and *absolute risk* were understood by ninety-six percents, while the terms *odds ratio*, *meta-analysis* and *publication bias* understood by the fewest of our respondents. These results are somewhat similar with those reported by another study carried on medical staff (McColl et al., 1998). They too reported that most of their respondents have at least some understanding of technical terms used in the literature.

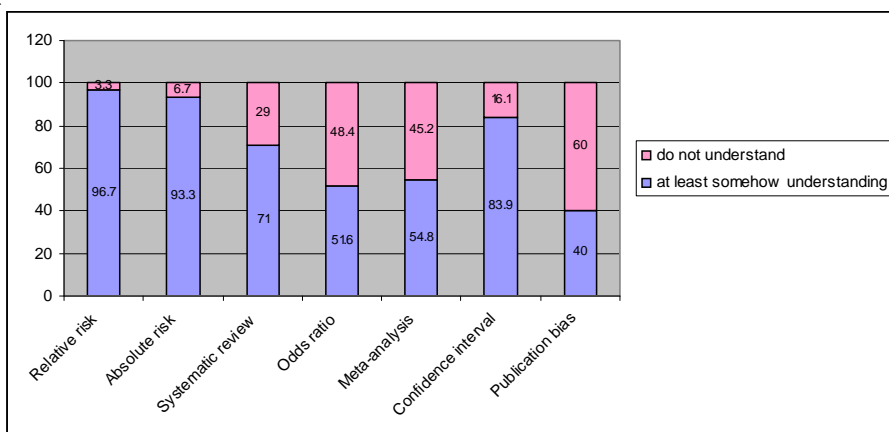


Figure 6. Self-reported knowledge of EBP concepts

Attention to Literature. Nineteen percent of social workers in our sample stated they read fewer than 2 articles in a typical month, and nearly forty percent of the respondents stated they used literature in their clinical decision making less than twice per month. These data are very concerning related to the future use of EBP. We do consider that the level of attention to the literature in our sample may not be consistent with the intent of EBP. Experienced clinicians who intervene on clients with similar problems on a day-to-day basis may not need to refer frequently to the literature. We also found, not surprisingly at all, that those social workers with easier access to online databases were likely to perform database searches more frequently and tended to read more articles. In our opinion, these data emphasize the need for technology to assist in the use of evidence in the workplace.

Access to and Availability of Literature. In our opinion, using evidence in practice is possible only when there is efficient access to information resources. A necessary, but not sufficient, condition for evidence-based practice is that practitioners appreciate the key role that scientific findings should play in guiding the selection and application of practice interventions and the importance of remaining current with an ever-growing scientific database (Howard & McMillen, Polio, 2003; Heiwe et al., 2011). To effectively use the *scientific literature*, clinical social workers need to be knowledgeable about sources of EBP resources (Howard et al., 2009). Nearly half of our respondents had access to online information, although more had access at home (54.8%) than at work (48.4%). Economic issues, complexity and amount of information for each client, or possible beliefs about the utility of information technology are serious factors to consider when judging this EBP component. Therefore, locating relevant evidence through the web is a necessary tool for future social workers. Among the many information sources that practitioners should be familiar with are computerized bibliographic databases related to their practice areas, codified practice guidelines, systematic reviews, Web-based literature digests, newsletters reporting digests of important clinical and policy studies, and evidence-based practice textbooks (Howard, McMillen & Polio, 2003).

Barriers. Other researchers found, as we did, that the primary barrier to implementation of EBP in social work and social care practice settings was the lack of time (Morago, 2010; Brown et al., 2010; Heiwe et al., 2011). In fact, limited material and financial resources, job pressures, and the lack of knowledge and skills on the part of practitioners necessary to critically appraise research findings are serious challenges to the influence of the principles of evidence-based practice on the discipline of social work (Bellamy, Bledsoe, Traube, 2006). However, it is interesting to see that some of the factors that have been traditionally identified in the literature as barriers to EBP are cited as such by a minority of

respondents as the lack of organizational support (Osterling, Austin, 2008) or misunderstandings about EBP (Gilgun, 2005; Magill, 2006; Thyer, 2007).

Limitations

The present study is limited due to several reasons, such as its exploratory – rather than in-depth—nature, the non-random sample selected and the use of self-reported data. First, with no prior instrument or similar studies carried on in Romania, our questionnaire was developed using items to identify elements similar to those surveyed in the study of physical therapists practitioners by Jette et al. (2002). It is very likely that the important beliefs and attitudes about EBP differ between these two groups of ‘helping professionals’.

Another limitation is induced by the sample. Using a convenience sample, we surveyed only 62 respondents. Future studies will have to take into account a national sample of social workers and designing efficient ways of contacting them in order to have a higher response rate. Third, given the current professional emphasis on EBP, respondents may have addressed items in a socially acceptable manner. That is, they may have reported more positive attitudes and beliefs and higher levels of knowledge than they actually have.

Practice implications

However, and given that no empirical research has been previously conducted into this specific topic and the number of respondents participating in the survey, these results may still be useful to inform future practice. One particular result needs more attention: two thirds of the respondents (64.5%) states their facility does not supports the use of EBP. With respect to this, our findings have multiple implications for the educational, research, and for clinical practice.

In the present context of limited spending resources for social services and accountability pressures, agencies need innovative strategies to harness information for the benefit and in the best interest of the individuals and communities that they serve (Netting, O’Connor, 2008). Consumers of social services are entitled to receive scientifically evaluated interventions and practitioners should make informed decisions based on the best available evidences. Therefore, some future directions would consider agency-university partnerships, initial and continuous staff training, and the modification of agency cultures in considering EBP (Johnson & Austin, 2006). As schools have better access to research infrastructure, agency-university partnerships may be used to identify the best data that will support evidence-based practice. Staff training (continuous and initial) on university campuses should focus on problem-based learning approaches to support the introduction and utilization of evidence-based practice. Last, the change of agency cultures is a necessary step in supporting and sustaining evidence-based

practice in the long term. Initiating a process that builds on positives such as AI in an environment that is often depicted as complex and fraught with problems, may be the first step towards promoting the emergence of innovation in social care. As Richer, Ritchie, Marchionni say in their article (2009) *if we can't do more, let's do it differently*, we also advocate for AI as a way to support organizational change toward embracing EBP.

Conclusion

Integrating evidence-based practice into everyday practice is a necessity if effective client care is to be provided. The literature talks about core-competencies of the health-care system in the 21st century: providing patient-centered care, working in interdisciplinary teams, *employing evidence-based practices*, applying quality improvements, and using informatics (Greiner & Knebel, 2003, p. 46). Social work profession needs not to stay behind these competencies. Therefore, higher education institutions have the first responsibility to encourage student to promote and deliver evidence-based practice from the onset of training. Consistent partnerships among academic researchers, service administrators, social policy advocates, and service providers all are necessary if more evidence-based models are to be developed and disseminated (Iovu, *in press*).

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