Connecting Evidence with Decision Making in Adult Social Care: a cross-sectional staff survey

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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 36% 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. In the UK and internationally, this interest is shaped by the increasing pressures on adult social care arising from ageing demographics, rising needs, and pressures on the costs of care (Dowling, 2022). 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 of 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 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 the ConnectED (Connecting Evidence with Decision-making) research project (Madonald, 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(a partnership that brings together NHS organisations, local government, and non-government organisations) in the South West of England. Ethical approval for the study was given by School of Policy Studies Research Ethics Committee at the University of Bristol. The survey built on the survey designed by Gray et al. (2014) for social work professionals in Australia. Given the multidisciplinary context of service provision, 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 project, 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 project 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 B		Local Authority C		All	
	n respondents / total staff	%	n respondents / total staff	%	n respondents / total staff	%	n respondents/ total staff	%
Senior leaders and service or team managers	13/30	43	10/15	67	15/32	50	38/77	49
Registered practitioners (social workers + occupational therapists)	45 (27+18)/ 123	37	56 (44+12)/ 111	50	32 (20+12)/ 196	16	133 (91+42)/ 430	31
Non-registered social care practitioners	18/ 42	40	29/48	60	9/75	12	56/165	34
Other staff	13/110	12	4/36	11	6/23	26	23/169	16
Total staff	89/305	29	99/210	47	62/326	19	250/841	30

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	%
Man	15
Woman	73
Declined / Missing data	12

Ethnicity	%
Asian/Asian British	1
Black/African/Caribbean/ Black British	2
Mixed/multiple ethnic groups	2
White	81
Declined / Missing data	13

Age	%
18-24	2
25-29	6
30-34	10
35-39	15
40-44	12
45-49	13
50-54	12
55 and above	20
Declined / Missing data	9

Years worked in social care	%
Less than 1	5
1 to 3	13
4 to 5	10
6 to 10	17
11 to 15	19
16 to 20	12
21 to 25	9
26 or more	14
Declined / Missing data	1

Work area / Service user group[1]	%
Older people	80
People with a long-term disability	65
Working age people	49
People with a learning disability	47
People with mental ill health	38
Health services	10
Children and families	3
Young people	2
Criminal justice	2
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'. Regarding different groups of staff, senior leaders, service or team managers and registered practitioners tended to hold more positive views than unregistered practitioners, an area explored further in this

findings section. The pattern of responses for those in the 'Other staff' category are not interpreted given the small number of respondents.

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

Question / Statement [positive rating descriptor for scale]	Percentage positive response (scoring 1–4 on 10-point scale)				
	Response for specific staff groups				Response for all staff
	Senior leaders & service or team managers base=38	Registered practitioners base=133	Non-registered practitioners base=56	Other staff base=23	base= 250ᵃ
How would you describe your views on using research to inform practice? [+ fully supportive]	86	89	84	87	87
How would you describe the views of most of your colleagues towards on research to inform practice? [+ fully supportive]	78	65	76	69	70
Research findings are relevant for me in my day-to-day work. [+ strongly agree]	86	78	73	74	77
Using research improves outcomes for service users/the people I work with. [+ strongly agree]	86	88	80	73	84
Thinking about or using research is not a good use of my time ᵇ. [+ strongly <u>disagree</u>]	89	77	66	65	75
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 <u>disagree</u>]	75	54	32	43	51
How would you rate your ability to apply research to practice? [+ good level of ability]	65	52	40	71	52

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. For all staff, 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 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 practitioners) were more likely to report changes compared to non-registered practitioners (42% and 41% respectively compared to 27%, *p*=.03), a pattern reflected in responses to the other initial questions.

While the majority report being familiar with literature searching (83%) 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.

	Percentage 'Yes' response				
Question	*Response for specific staff groups*				*Response for all staff*
	Senior leaders and service or team managers *base=38*	*Registered practitioners* *base=133*	*Non-registered practitioners* *base=56*	*Other staff* *base=23*	*base= 250ᵃ*
Can you think of any significant changes to your practice within the last two years that have occurred as a result of research findings?	42	41	27	26	36
Have you ever attended a course(s) related to using research to inform decision-making and practice?	19	33	19	9	25
Do your service users ever ask you to explain the evidence behind the services and support on offer?	16	13	11	13	13
Are you familiar with the idea of searching for research literature or evidence?	78	88	77	75	83
If yes, have you ever searched for research literature or conducted a literature review yourself?	62	80	68	54	73
If yes, have you ever received formal training in how to search for research literature?	41	54	35	31	47
If yes, have you (or someone on your behalf) used an electronic database	44	44	63	43	48

to conduct a literature search in the last 6 months?					
If yes, when the last time you performed a literature search that influenced your practice [yes for within last month]?	39	23	33	57	29
Are you familiar with the critical appraisal of research literature?	75	72	45	35	64
If yes, have you ever received formal training in assessing the quality of published research evidence?	26	59	50	50	51
If yes, are familiar with critical appraisal checklists (for example CASP)?	29	54	67	0	51
If yes, have you ever performed a critical appraisal of research yourself?	86	79	92	0	78
Have you ever conducted your own research?	56	50	41	50	49
Have you ever participated in a research study?	53	52	39	41	48

Note.

a. Base=250, with missing data for measures: min n=0; max n=5. For "If yes" filter questions bases range from 193 to 74.

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%, $p < .001$).
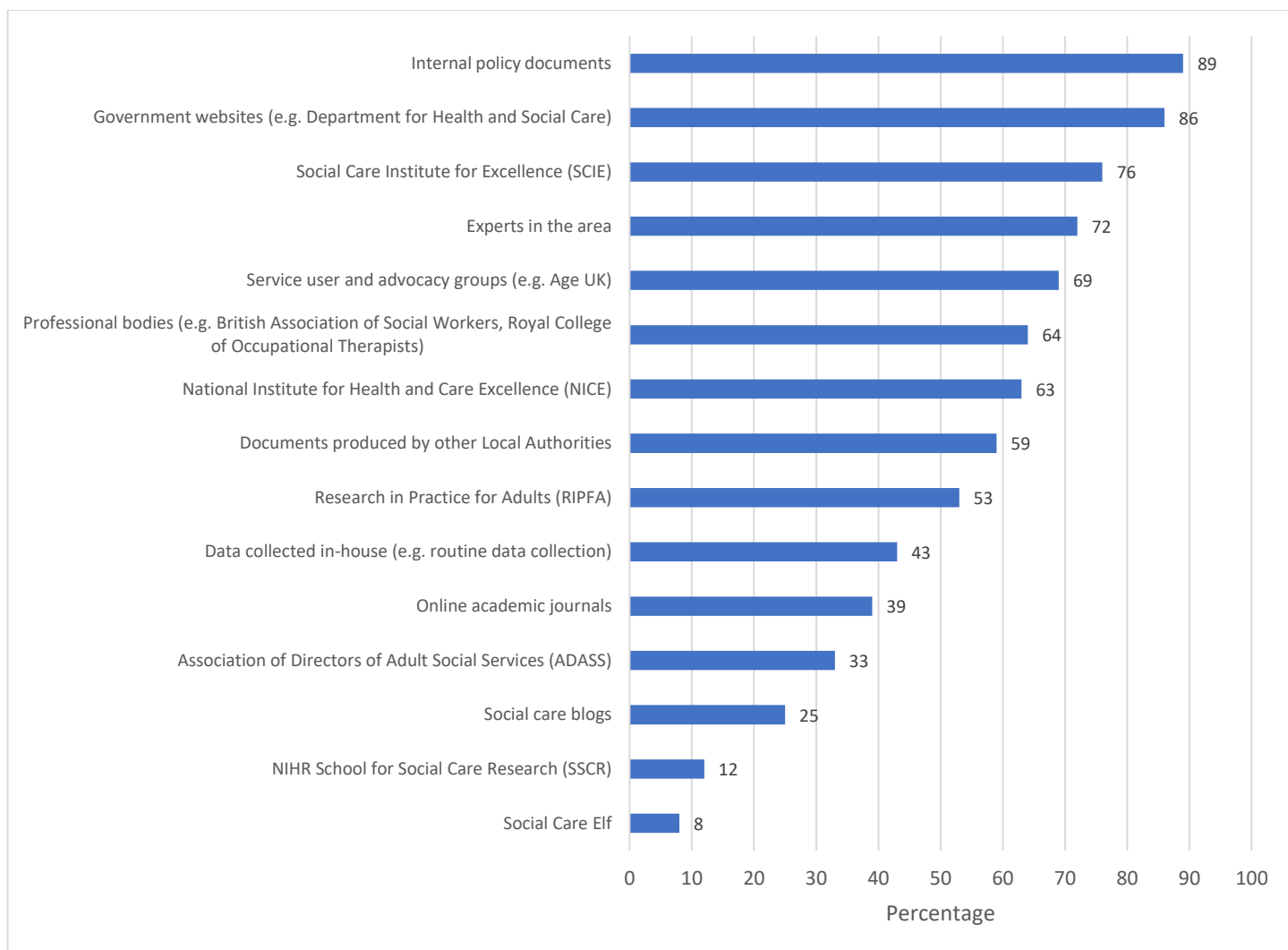
Figure 1: Sources used to inform practitioners' own decision-making. Multiple choices permitted. n=229

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..?	Mean	n
Formulating the right question	2.68	139
Identifying key terms to elicit relevant information	2.81	139
Selecting information relevant to the research question	2.87	137
Accessing the required database	2.31	140
Using search terms	2.76	139
Accessing advice	2.48	139
Mean for scale 1	*2.65*	*139*
2. How would you rate your confidence in using research evidence when undertaking the following activities?	**Mean**	**n**
Conducting audits	1.83	191
Conducting needs assessments	2.43	190
Formulating business cases	1.94	191
Reporting on data gathered	2.15	189
Writing bids or funding proposals	2.07	186
Developing care plans or assessments	2.54	186
Setting individual learning and development goals	2.30	188
Mean for scale 2	*2.18*	*188*
3. How would you rate your confidence in the following areas?	**Mean**	**n**
Critical appraisal of the literature/ journals you usually read to inform your practice	2.61	74
Critical appraisal of randomised controlled trials	2.19	74
Critical appraisal of systematic reviews	2.27	74
Critical appraisal of analyses combining multiple studies (meta-analyses)	2.11	74
Critical appraisal of qualitative studies	2.49	74
Mean for scale 3	*2.33*	*74*

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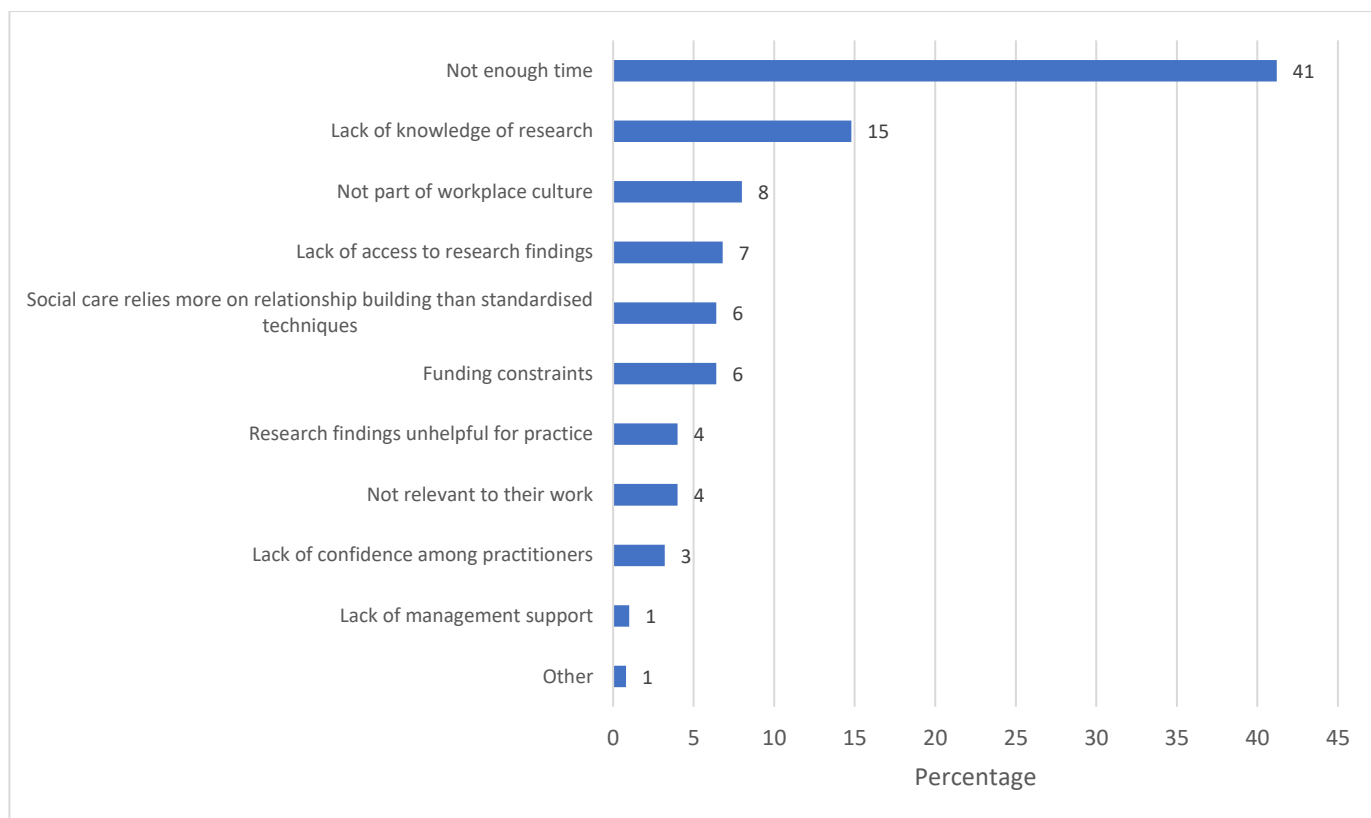
Figure 2: Practitioner views on the barriers to using research to inform decision-making and practice in their team/area of work. Respondents asked to select one leading barrier. n=240

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 a 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. It also indicates that education providers in social work and occupational therapy might usefully exchange best practice in the application of research during qualifying training.

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 project 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.

Implications for social work and adult social care

We summarise the leading implications from this study as follows. While social workers and other professionally qualified colleagues may benefit from training on research use and research methods during their qualifying training, newly qualified staff need support and encouragement to translate this knowledge into routine practice. This could be achieved through their involvement in research and research associated activities, and more generally through an organisational culture that values research use. CPD should be available and clearly tailored to the specific needs of practitioners, with emphasis given to the needs for interprofessional education and shared learning around the application of research evidence. Those in senior roles might promote tools and processes that reinforce the relevance of research evidence as meaningful for staff with a diversity of roles and predispositions. This may require agencies to do what is feasible to alleviate constraints of limited resources and competing work pressures. Further research is needed around the research use needs of new and diverse practitioner roles.

Limitations of the study

Some limitations of this study should be recognised. The research is based upon the adult social care system in one geographical location and may not be reflective of others. A minority (30%) of those eligible responded to the survey and there were differences in the response rates between the three local authorities. As the data collection process mainly involved the use of closed questions, we have been cautious about the wider interpretation of the findings. Furthermore, the survey might have gathered further evidence about the enablers to research use alongside evidence of the barriers. Nevertheless, the research adds to a growing body of evidence drawing on comparable measures and data collected from other populations in this field, which were adjusted to the local context. A strength of the study was that it drew upon the perspectives of a wider range of adult social care practitioners than have been reported upon elsewhere. It also obtained sufficient responses to explore key differences between practitioner groups which is important in the context of multidisciplinary practice in adult social care.

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 constraints, and high staff turnover. Faced with such countervailing pressures, this 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.

Ethical approval

Research ethical approval for this research was obtained from the School of Policy Studies Research Ethics Committee at the University of Bristol (Reference number: SPSREC/21-22/215).

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Declaration(s) of Conflict of Interests

The authors declare that there is no conflict of interest.

Authors' contributions

All authors contributed to developing, testing and administering the survey. LD, MJ and HM conducted the analysis of the data, with review of findings from all authors. All authors supported the underpinning review of the literature. MJ and LD drafted the initial manuscript with input, revisions and final review by all authors. CC and GM led the overall study.

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Supplementary Material. Survey

ConnectED Research Project
Adult Social Care Staff Survey
This is a survey for the ConnectED research project. The project is a new partnership between 5 agencies ([names of agencies]) and 2 universities (University of Bristol and University of the West of England). 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 ConnectED. ConnectED 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 [Name organisation]. 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 ConnectED 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].

BACKGROUND INFORMATION

1	Which agency do you work in?	□ [list of names of organisations]

2	Which service user group(s)do you MAINLY work with at the moment? (You may select more than one)	☐ Older people ☐ Working age ☐ Person living with a long term disability ☐ Learning disability ☐ Children and families ☐ Youth ☐ Criminal justice ☐ Mental health ☐ Health Services ☐ Other (please specify) _____

3	Which term BEST describes your role?	○ Council Member

		○ Senior Leadership Team
		○ Team Manager / Leader
		○ Advanced Social Worker (in line with BASW PCF)
		○ Senior Practitioner Social Worker
		○ Social Worker (in line with BASW PCF)
		○ Newly Qualified Social Worker (Assessed and Supported Year in Employment - ASYE)
		○ Senior Practitioner Occupational Therapist
		○ Occupational Therapist
		○ Approved Mental Health Professional
		○ Adult Social Care Worker (ASCW) for Social Work
		○ Adult Social Care Worker (ASCW) for Occupational Therapy
		○ Best Interest Assessor
		○ Other (please specify)
		_____
4	What is your job grade within your organisation?	_____
5	What is your professional working title? e.g. care worker, case manager, social worker, occupational therapist, community worker	_____
6	How many years have you worked in social care?	○ Less than one
		○ 1-3
		○ 4-5
		○ 6-10
		○ 11-15
		○ 16-20
		○ 21-25

○ 26 years or more

VIEWS ON USING RESEARCH IN ADULT SOCIAL CARE

Please indicate your response to the statements and questions that follow

7	How would you describe your views on using research to inform practice?	Fully supportive Entirely unsupportive ┌─────────────────────────────┐ (Place a mark on the scale above)
8	How would you describe the views of most of your colleagues towards using research to inform practice?	Fully supportive Entirely unsupportive ┌─────────────────────────────┐ (Place a mark on the scale above)
9	Research findings are relevant for me in my day-to-day work	Strongly agree Strongly disagree ┌─────────────────────────────┐ (Place a mark on the scale above)
10	Using research improves outcomes for service users /the people I work with.	Strongly agree Strongly disagree ┌─────────────────────────────┐ (Place a mark on the scale above)
11	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	Strongly agree Strongly disagree ┌─────────────────────────────┐ (Place a mark on the scale above)
12	Thinking about or using research is not a good use of my time	Strongly agree Strongly disagree ┌─────────────────────────────┐ (Place a mark on the scale above)
13	How would you rate your ability to apply research to practice?	Very little or no ability Good level of ability ┌─────────────────────────────┐ (Place a mark on the scale above)

	USING RESEARCH TO INFORM DECISION-MAKING AND PRACTICE	
14	Can you think of any significant changes to your practice within the last 2 years that have occurred as a result of research findings?	□ No □ Yes
15	What was the change and what type of evidence was used?	_____
16	What do you think are the major barriers to using research to inform decision-making and practice in your team/ area of work? (Tick as many boxes as apply.)	☐ Not enough time ☐ Funding constraints ☐ Lack of knowledge of research ☐ Not part of workplace culture ☐ Lack of management support ☐ Lack of confidence among practitioners ☐ Lack of access to research findings ☐ Too demanding ☐ People do not see it as relevant to their particular work ☐ Social care relies more on relationship building than standardised techniques ☐ Research findings are not usually helpful for the realities faced by practitioners Other (please specify) _____
17	What do you think is the MAJOR BARRIER to using research to inform decision-making and practice in your department? (Tick ONE only)	○ Not enough time ○ Funding constraints ○ Lack of knowledge of research ○ Not part of workplace culture ○ Lack of management support ○ Lack of confidence among social care workers ○ Lack of access to research findings

		○ Too demanding
		○ Staff do not see it as relevant to their particular work
		○ Social care relies more on relationship building than standardised techniques
		○ Research findings are not usually helpful for the realities faced by practitioners
		Other (please specify) _____
18	Have you ever attended a course(s) related to using research to inform decision making and practice?	□ No □ Yes
19	Did you find this course useful? Can you explain why and provide any details of course/s you can recall (e.g. name, duration, provider)?	_____
20	Do your service users or their carers ever ask you to explain the evidence behind the services and support on offer?	□ No □ Yes
21	How do you respond to service user requests for evidence	_____

LITERATURE SEARCHING AND FINDING EVIDENCE		
22	Are you familiar with the idea of searching for research literature or evidence?	□ No □ Yes
23	Have you ever received formal training in how to search for research literature?	□ No □ Yes
24	Please five brief details about this training (e.g. content, duration, provider):	_____
25	Have you ever searched for research literature or conducted a literature review yourself?	□ No □ Yes

26	If YES, the last time you performed a literature search that influenced your practice was:	○ This week
		○ Last week
		○ 2-3 weeks ago
		○ 1 month ago
		○ Over 6 months ago
		○ Over 1 year ago
		○ Too long to remember

27 Many literature sources are now available as electronic databases of journals and other literature.

Have you heard of the following electronic databases?

Google Scholar	□ No	□ Yes
Social Work Abstracts	□ No	□ Yes
MEDLINE	□ No	□ Yes
Cumulative Index to Nursing and Allied Health Literature (CINAHL)	□ No	□ Yes
Campbell Collaboration	□ No	□ Yes
Cochrane Collaboration	□ No	□ Yes
PsychInfo	□ No	□ Yes
Social Science Journals	□ No	□ Yes
Evidence Based Policy and Practice	□ No	□ Yes

28	How many times in the last six months have you (or someone on your behalf) used an electronic database to conduct a literature search? (Please pick approx. number)	□ 0
		□ 1
		□ 2
		□ 3
		□ 4
		□ 5
		□ 6
		□ 7
		□ 8

	□ 9
	□ 10
	□ more

29	What was the main reason you conducted these searches?	○ Studying for a course or project
		○ Teaching purposes
		○ Training purposes
		○ Work related project or staff training
		○ To answer practice question
		○ Writing a funding bid or proposal
		○ Contributing to or writing a needs assessment
		○ Contributing to or writing a report
		○ On service user request
		○ I have not conducted a search in the last six months
		○ Other (please specify)
		_____

30   When performing a search of the literature how would you rate your confidence in….

	Very low or no confidence		Confident		High level of confidence
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	□	□	□	□	□
Accessing advice	□	□	□	□	□

31 How would you rate your confidence in using research evidence when undertaking the following activities:

	Not applicable	Very low or no confidence		Confident		High level of confidence
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						

32 Which (if any) of the following do you use to inform your decision-making? (please tick all that apply)

	Very likely	Quite likely	Rather unlikely	Very unlikely	Not sure
Government websites (e.g. Department for Health and Social Care)	□	□	□	□	□
Social Care Institute for Excellence (SCIE)	□	□	□	□	□
Professional bodies (e.g. British Association of Social Workers, Royal College of Occupational Therapists)	□	□	□	□	□
Online academic journals	□	□	□	□	□
Experts in the area	□	□	□	□	□

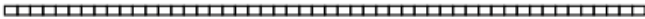|					
Service user and advocacy groups (e.g. Age UK)	□	□	□	□	□
Social Care Elf	□	□	□	□	□
Research in Practice for Adults (RIPFA)	□	□	□	□	□
National Institute for Health and Care Excellence (NICE)	□	□	□	□	□
Association of Directors of Adult Social Services (ADASS)	□	□	□	□	□
NIHR School for Social Care Research (SSCR)	□	□	□	□	□
Data collected in-house (e.g. routine data collection)	□	□	□	□	□
Internal policy documents	□	□	□	□	□
Documents produced by other Local Authorities	□	□	□	□	□
Social care blogs	□	□	□	□	□
Other	□	□	□	□	□

_____

33   If you read a professional journal, please specify. _____

34   Have you attended a professional conference in the last twelve months?   □ Yes   □ No

APPRAISING RESEARCH LITERATURE AND EVIDENCE

35   Are you familiar with the idea of critical appraisal (assessing or evaluating the quality of research literature)?   □ Yes   □ No

36   Have you ever received formal training in assessing the quality of published research literature (to evaluate the quality of the evidence)?   □ Yes   □ No

37	If YES, where?
	_____

38	Are you familiar with 'critical appraisal checklists' (for example CASP)?	□ Yes □ No
39	Have you ever performed a critical appraisal of research literature yourself?	□ Yes □ No

40   How would you rate your confidence in the following areas?

	Very low or no confidence		Confident		High level of confidence
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	□	□	□	□	□

41	How important do you think it is that people working in your field develop skills in the conduct of critical appraisal of research literature	Extremely important Not at all

(place a mark on the scale above)

42   Some of the following terms are used in research evidence and quality appraisal. Please indicate your reaction to them by ticking the appropriate box

	Don't understand this term	Don't understand but	Some understanding	Yes, understand and could

		would like to		explain to others
Systematic review	☐	☐	☐	☐
Meta analysis	☐	☐	☐	☐
Cost effectiveness	☐	☐	☐	☐
Confidence interval	☐	☐	☐	☐
Cohort study	☐	☐	☐	☐
Triangulation	☐	☐	☐	☐

FINAL QUESTIONS

43 Are there any particular areas of decision-making or practice that you think would benefit from research? If possible, please explain briefing why.

_____
—

44 Have you ever:

Conducted your own research?

_____
—

Participated in a research study?

_____
—

45 If you are a member of any professional organisations (e.g. Royal College of Occupational Therapists, British Association of Social Workers), please specify.

_____
—

46 Any other comments?

_____
—

47 Current age
○ 18-24 years

○ 25-29 years

○ 30-34 years

○ 35-39 years

○ 40-44 years

		○ 45-49 years
		○ 50-54 years
		○ 55 years and above
48	What is your gender	○ Man
		○ Woman
		○ Non-binary (please specify the term you use)
		○ Non; I am agender
		○ Another gender not listed (please specify the term you use)
		○ Prefer not to say
		_____
49	How would you describe your ethnicity?	○ White
		○ Mixed/multiple ethnic groups
		○ Asian/Asian British
		○ Black /African/ Caribbean/Black British
		○ Other ethnic group
		○ Prefer not to say
		○ English, Welsh, Scottish, Northern Irish or British
		○ Irish
		○ Gypsy or Irish Traveller
		○ Any other White background
		_____
		○ White and Black Caribbean
		○ White and Black African
		○ White and Asian
		○ Any other Mixed or Multiple ethnic background

_____

- ◯ Indian
- ◯ Pakistani
- ◯ Bangladeshi
- ◯ Chinese
- ◯ Any other Asian background

_____

- ◯ African
- ◯ Caribbean
- ◯ Any other Black, African or Caribbean background

_____

- ◯ Arab
- ◯ Any other ethnic group

_____

Thank you very much for making the time to complete this survey. You can enter your email address on the next page if you would like to be entered into the prize draw