

Research Article

The Place of Research in the Professional Identity of Practitioners and Managers in Adult Social Care

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Received 20 May 2024; Revised 13 June 2025; Accepted 24 June 2025

Academic Editor: Hannah Wesley

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The nature of professional identity in the roles of practitioners in social care is not clearly defined. This article uses baseline data from a study seeking to increase the use of research in decision-making within adult social care to discuss the role of research in the professional identity of social care practitioners. Semistructured interviews were completed with 25 members of staff working in adult social care in the UK, employing purposive sampling to ensure representation across various professional roles and seniority levels. The interviews explored participants' perspectives on research, its role in their practice, and factors influencing engagement with research. Following thematic analysis of the interview transcripts, results revealed diverse views among social care professionals regarding the use of research in their daily work. Occupational therapists characterised their practice as 'evidence-based' and discussed differences between the use of research in social care compared to in health settings. Social workers voiced a range of opinions, with some considering research integral to social work practice, while others viewing it as a separate, academic task. Experience was valued over research by some participants, suggesting a shift in views among professionals over the course of their careers. Research was not considered a core component of the role of nonprofessionally qualified staff. Senior leaders were expected to engage more with research, yet practical demands often limited their involvement. The role of principal social workers and principal occupational therapists emerged as critical in championing research across the workforce, but concerns were raised about fostering a culture of dependency on these leaders for research dissemination. The article concludes by highlighting the need for a comprehensive development program promoting research engagement at all levels within social care organizations to bridge the gap between research and evidence-based decision-making.

1. Introduction

The role of professional identity in defining the roles of social workers and occupational therapists has been widely discussed [1–3]. Within health and social care, Fitzgerald failed to find an agreed definition of professional identity in her concept analysis of the topic. She categorised professional identity into what professionals know, do and believe—their body of knowledge and skills, their behaviour and activities, and their values and ethics [4]. The

professional social work identity is thought to relate to how a person internalises their knowledge, values, principles and attributes to see themselves as a social worker [5]. Similarly, for occupational therapists, core philosophy, professional language and values have been identified as aspects of professional identity that support professional autonomy and status, enabling occupational therapists to be effective practitioners [6]. For both professions, professional socialisation, working alongside colleagues and mentors in practice, and having access to supervision from

someone within their profession support the development of professional identity [5, 6].

A strong sense of professional identity is implicated in job satisfaction and retention, whilst a perceived lack of professional identity has been found to contribute to burnout [7, 8]. In the current climate of shortages of registered professionals such as social workers and occupational therapists in social care in England [9], ensuring staff have a strong sense of professional identity may be important in resolving workforce shortages.

The inclusion of professional knowledge as part of professional identity includes enacting theories, and using both evidence and tacit knowledge in practice. As registered professionals, occupational therapists and social workers have to maintain certain standards for practice set by their respective regulators. Both regulators require all registered practitioners to engage in evidence-based practice and to use research to inform their practice [10, 11]. Institutions providing preregistration training for social workers and occupational therapists are expected to teach students the research skills required to support evidence-based practice [12, 13]. The question is, do professionals in adult social care see the use of research as part of their professional identity in practice? This paper seeks to address this question.

Professionals use different types of evidence in their practice. The most common sources of evidence that social workers use to make decisions include information collected from people with care and support needs, their practice experience and discussion with colleagues: research is much less commonly used [14]. Occupational therapists have been reported to use internalised evidence consisting of practice experience, skills, knowledge and research, and evidence external to them involving the observation and knowledge of the person they are working with from their own and others' perspectives [15].

Alongside professionally qualified staff, such as occupational therapists and social workers, local authorities in England are employing an increasing number of non-professionally qualified staff to complete social work and occupational therapy tasks. In times of austerity, the employment of nonprofessionally qualified staff is attractive as staff in these roles are less expensive to recruit and train [16]. Further, because they are not currently registered with a regulatory body, there is no requirement for them to make a commitment to basing their practice on evidence and research. However, they typically work within a team alongside social workers and occupational therapists and, as such, they are required to engage in supervision. This suggests that professional socialisation is an aspect of their role that may influence their identity as a practitioner within social care, albeit not professionally qualified.

There is a recognised gap between research and the use of research in social care practice [17, 18]. The 2023 Charter for Social Work Research in Adult Social Care aims to increase engagement with research within social work. The charter highlights the current divide between research and practice, suggesting that whilst academics may encourage social workers to be 'research minded', researchers also need to be 'practice minded', and both need to be mindful of the

importance of the views of people drawing on care and support and their carers [17].

The National Institute for Health and Care Research (NIHR) in England is currently funding six partnership projects designed to bridge the gap between research and practice. The Connecting Evidence with Decision-Making (ConnectED) study is one of these. The ConnectED project is a partnership between local authority adult social care departments, service providers, university researchers, and experts by experience. In each adult social care organisation, the project has formed a Research Practice Partnership, comprising a researcher in residence, an evidence champion (a practitioner seconded from their usual role), and service user and carer advisors. The project aims to improve the effectiveness of decision-making in social care by embedding access to, and encouraging the routine use of, research in the decisions of those who plan, commission, and deliver social care. Local authorities in England are a primary access point to assessment for adult social care services for adults with care and support needs. This article presents the findings generated from interviews with adult care staff from the participating local authorities at the start of the ConnectED study. It focuses on the meaning and role of research as an element of the professional identity of occupational therapists, social workers and nonprofessionally qualified social care staff.

2. Methods

Semistructured interviews were conducted with staff working in adult social care in three local authorities within one Integrated Care System in England. Interviews were designed to capture baseline information for assessing the impact of the ConnectED project, and identify what factors might facilitate and hinder the success of the project. A survey of social care staff was also undertaken. This article only reports on findings from the semistructured interviews. As well as members of the adult social care workforce from the participating local authorities, we interviewed two elected members with strategic responsibility for adult social care. Local authority A is largely rural. Local authority B is mixed urban and rural. Local authority C serves a large urban centre with both affluent and very deprived neighbourhoods.

2.1. Participant Selection and Characteristics. Sampling for these interviews was purposive. Each organisation provided a list of staff in different roles and practice leads supported the identification of a sample of potential participants broadly representative in terms of their professional role and seniority. Service and team managers were drawn from a range of practitioner role types and functions within the organisations. The sample includes those with a degree level professional qualification in social work or occupational therapy and those described as 'nonprofessionally qualified'. Some job roles have been merged into categories in Table 1 to avoid identification of participants who hold unique roles.

TABLE 1: Study participants.

Category of interviewee	Local authority area			Total
	A	B	C	
	Years qualified (for registered workers) or years of experience in their role			
Elected member	21 years	5 years holding adult care portfolio		2
Senior leader with a social work qualification	29 years	37 years	20 years	3
Service or team manager with a social work qualification	13 years 20 years	23 years 19 years		4
Service or team manager with an occupational therapy qualification		35 years	12 years	2
Service or team manager with no professional qualification			2 participants-years in post unknown	2
Senior practitioner with a social work qualification	22 years	16 years	7 years	3
Social worker	12 years	4 years	1 year	3
Occupational therapist	18 years	2 years	2 years	3
Nonprofessionally qualified	13 years	Years in post unknown	14 years	3
Total	8 people	8 people	9 people	25

Twenty-five people consented to be interviewed, 13 of whom held a social work qualification and five of whom were registered occupational therapists. The senior leaders and senior practitioners interviewed all held a social work qualification. Seven participants held positions not requiring a professional registration. These included the two elected members, two commissioners and three nonprofessionally qualified workers (also known as social work assistants or social care practitioners). All nonprofessionally qualified workers carried out tasks associated with social work, such as Care Act assessments and reviews. The Care Act 2014 [19] is the main statutory framework for the organisation and delivery of adult social care services in England. None of the nonprofessionally qualified workers completed occupational therapy-related tasks.

2.2. Data Collection. Participants were invited to take part in an interview via email from the researcher in residence working in their organisation. The email included a participant information sheet providing details of the study. A digitally signed consent form was obtained before each interview was arranged and interviewers confirmed consent. Semistructured interviews were conducted between June and September 2022. The three researchers in residence conducted the interviews (KG, LD, LS) in the local authority they were working with. The interviewers were all female postdoctoral researchers with experience in conducting interviews. As interviews were undertaken at the beginning of the project as researchers in residence were appointed, interviewers had limited knowledge of the organisation and the participants were not known to them. The interview topic guide explored the participants' understanding of the role of research on an individual level, within their team and within their organisation. Questions included how participants used research in their practice and what kind of research they found useful.

Two participants chose to be interviewed in person in their workplace, and 23 interviews were held online. All interviews were recorded using either a portable device or the recording function of Microsoft Teams, with only the interviewee and interviewer present. All interviews were transcribed using a professional transcription service and checked for accuracy by the interviewer. Interviews lasted between 21 and 57 min with an average of 40 min. The difference in length of interviews related to the relevance of interview topics to the role of the participant.

2.3. Analysis. Transcripts were analysed by six members of the project team; the lead author and two other researchers in residence (Karen Gray, Lisa Dibsdall, Linda Sumpter) and three of the ConnectED project co-investigators (Ailsa Cameron, Christie Cabral, Geraldine MacDonald). The process of analysis was iterative, informed by the principles of thematic analysis [20] moving from familiarisation with the dataset, through coding to generating, developing, reviewing, defining and

ultimately naming themes. NVivo (release 1.7) was used to record and share the coding process. Initially, each researcher in residence familiarised themselves with their own interview transcripts and three other team members read a small sample of these. A coding framework was developed iteratively and collaboratively over time, allowing for refinement and extension of the framework until no further changes were required. Five members of the team met to generate initial themes, develop central organising concepts, refine, define and name themes within the coded data. The full thematic framework is available via figshare. Wider themes from the interviews about the gap between research and practice and influences on the use of research have been published [21, 22]. This paper focuses on a subset of themes to illustrate the difference between staff in different occupations in how they perceive the usefulness and application of research to their practice. These insights seek to support others who may be working with or planning a research study with a particular group of staff.

2.4. Ethics and Anonymity. Ethical approval for the study was gained from the School of Policy Studies Research Ethics Committee at the University of Bristol (Reference number: SPSREC/21-22/215). Pseudonyms A, B and C are used to describe the local authorities. Quotes are attributed by the job role of the participant and the local authority they work for to ensure anonymity of participants.

3. Results

Participants described their engagement with research in relation to the aspects of professional identity: professional training and attitude and role of senior leaders as leads for their profession.

3.1. Occupational Therapists' Views About Research. When discussing their practice, occupational therapists characterised their work as 'evidence-based'. Two occupational therapy managers described research and evidence as part of their role:

There is quite a lot of research, both published and local, but that's one of the things that's helped me in terms of determining how I need to make that model [of the position of assessments for housing adaptations within adult social care] change within the local authority. (B005 Service manager)

My role is around ensuring that occupational therapy in the council is evidence-based and that practice is as good as it can be'. (C001 Service manager).

Similarly, practice-based occupational therapists described how they discussed relevant articles with fellow practitioners, either as part of current meetings or in journal clubs.

Occupational therapy was perceived by occupational therapists in this study to be influenced by medical traditions of research which were characterised as being 'positivist' and 'reductionist', in contrast with social work research that was considered to be influenced by 'interpretivist' traditions.

'I suppose because OTs maybe, like part of it could be a bit more reductionist in nature perhaps with medical background in nature, but social work research. . . it does tend to be a bit more wishy washy or a bit more qualitative rather than OT might be a bit more positive [positivist].' (A001 Occupational therapist)

Compared to practice in health care settings, occupational therapists described their practice in social care as less proscribed by evidence-based guidelines, which allowed for what they regarded as more creative solutions.

... 'it might be that the training we're doing now is equally as rooted in research, but it's just not brought to our attention or the highlight. The focus isn't on [...] the research that has underpinned this'. (C003 Occupational therapist)

'it felt almost too constrained, that whole kind of medical model and that reductionist way of thinking. . . maybe it's just a perception but I feel freer to be more creative and to solve things differently in this job than I would in health and I have worked in health as a health OT so it's how I feel.' (A001 Occupational therapist)

3.2. Social Workers' Professional Identity. Social workers had more diverse opinions about the role of research in their practice. Several participants differentiated between staff who just want to 'help people' and those whose interests are more academic.

Some people are academic, some people love it. Some people, social workers particularly, just want to help people. Some people go into social work and they'll go through a degree just so that they can help people, and as soon as they've got their degree then they're just helping people. So, I think it's more difficult for some people to engage with research, for whatever reason. (A006 Senior practitioner).

For other social workers in this study, using research and basing practice on research was described as integral to social work and by extension to the development of staff.

'...research and evidence-based practice and things like that have been built into you as a social worker' (C005 Senior practitioner).

We've got a few characters that just love research really that will take up any opportunity to develop themselves through university. . . They do a lot of sharing of what they are learning, so I think they get that balance and you need that balance. (B003 Service manager).

Another social worker considered that the research in this field may not be particularly strong.

'It's an area that we're not particularly strong on as a profession, I think, my personal view. I think there are pockets of interest in research in the profession, but I don't think it's sort of permeated'. (B002 Senior leadership).

Most practitioners in this study cited time as a factor preventing them from engaging with research and regarded research as secondary to working with people a detailed consideration of time as a factor in engaging with research is the subject of a further paper from this study [22].

'the trouble is, and I think we all justify this as social workers in lots of ways, is that it's just about getting the work done, you know. We've got a waiting list and we need to get cracking. That's probably where research and that sort of thing gets lost'. (A004 Social worker).

Whilst occupational therapists linked the ability to be creative to less use of research-based guidelines, social workers perceived research as an additional activity, rather than integral to everyday practice.

3.3. Influence of Work Roles on View of Research. Some interviewees from across professions and job roles felt, and possibly expected, that those at senior levels have more 'thinking time' into which research use could fit.

'And I mean obviously I'm fairly sure senior managers are using research all the time to evidence what they want to do or policy changes etc. So it's probably more further up the chain.' (A002 Nonprofessionally qualified).

Across all three organisations participants at service or team management level described examples of engagement with research as part of their roles, particularly in the context of supporting best practice for colleagues or informing complex case decisions. However, as with some of the social workers we interviewed, the reality of demands on both occupational therapy and social work managers' time meant that they were not always able to do as much as they would like.

'At a senior leadership level I think the expectation is that you do it, but just because of time and demands I don't think I probably do enough research'. (B005 Service manager)

In two local authorities, championing research use across the workforce was described explicitly as an element of the roles of the principal social worker and principal occupational therapist. Participants gave examples of principals often sharing research, both through targeted regular communications (such as newsletters) and irregular communications (such as one-off emails sharing a research article).

'I very much rely on our principal social worker and principal OT and I've purposely not given them a lot of operational responsibility because I wanted to give them the time and the space to really work with research, and also reflect that back in a lot of our training'. (A005 Senior leadership).

'I mean we do have a workforce development team and also through the principal social worker and the principal OT we do get stuff sent to us all the time to read and we have a chap that's a specialist around the Care Act'. (C006 Senior leadership).

One senior practitioner commented that relying on staff in principal roles to cascade research might promote a culture of staff not looking for research themselves.

"I wonder whether that's the culture sometimes, that we just get on with the job and are used to being fed research, rather than actively going looking for it." (A006 Senior practitioner).

3.4. Influence of Experience on Attitudes Towards Research. Participants described how they thought interest in research changes over the course of their professional careers. An interest in research and evidence was viewed by some participants as integral to the identity of newly qualified members of staff, but this was thought to wane soon after qualification.

'We're all a bit more kind of fresh and keen.' (B008 Occupational therapist).

'I still get that feeling that for some or for a lot of practitioners once they've qualified and . . . once they've completed the ASYE [Assessed and Supported Year in Employment], the interest then or the taking the time to look at research seems to wane rather a bit' (B002 Senior leadership).

Experience was highly valued and seen by some as more valuable than research. Participants with greater experience were seen as having a 'wealth of knowledge' and were sought out for advice. However, several participants suggested that long service may lead to a resistance to change, which might affect how willing some staff are to engage with research or adapt their practice in response to research findings.

I think the longer you're in a role the more that you gather that in your brain, but I think research is really important and really valuable to be able to skip that 20 years of experience and to be able to provide—not just newly-qualified staff but anybody really—with information and data that might be applied to the case that you're working with. (A006 Senior practitioner).

"I think it's very easy to fall back into historical ways of working rather than take the leap based on research and evidence, to work differently." (A005 Senior leadership).

In contrast to the view that interest in research wanes over time, two interviewees described experienced colleagues and supervisors as influencing attitudes towards the use of research.

'When I started here five years ago, there was a chap who was a retired social worker, he used to work duty in our team every Friday. People used to go to him to ask him questions, and he still does research now. He was retired, late sixties, he was amazing.' (A006 Senior practitioner).

"I did the ASYE. . . So certainly for my first year or so of practice, lots of research, I had a really good supervisor, so we did lots of that. That fell off a bit once I was more qualified with a bigger caseload." (A004 Social worker).

A senior leader (social worker) drew a contrast between those practitioners wanting and having the skills to apply experiential knowledge and understanding of the person, and those wanting or able to use more theory-informed approaches to their practice.

It's that professional thing really and questioning, I suppose, and not just taking at face value everything that's said to you. [. . .] I have a conversation with a practitioner where they talk about an individual approach, a theory that they have or have applied [. . .] You see can see a difference between practitioners. There are some practitioners who, to be frank, have a greater understanding of the person that they're working with than others do and then they apply that to the rationale, to the thinking, to the plan really. (B002 Senior leadership).

The balance between 'thinking' and 'doing' may determine whether an individual sees active engagement with research as helpful to them (or indeed possible) when fulfilling the requirements of their role.

3.5. The Role of Research for Nonprofessionally Qualified Staff. Several participants believed that nonprofessionally qualified staff were less able to engage with research and less interested in doing so. Professionally qualified staff were concerned that colleagues without a professional qualification would have little understanding of the importance of research and might find it 'complex' or 'daunting'.

'They [nonprofessionally qualified staff] don't have the same training as social workers. They've not been through an education system that has taught them the importance of research and practice.' (A003 Team manager).

Interviews with participants who were not professionally qualified revealed that they recognised their work as being somewhat 'task orientated' in nature and did indeed feel less motivation to engage with research, particularly where this was in addition to their normal work.

And at the end of the day it's—this job isn't a vocation, it is just a job, you know, it's a function of local government and it's, you know, I have more interesting things to be getting on with outside of my work hours I'm afraid. (A002 Nonprofessionally qualified).

However, several of the nonprofessionally qualified staff in this study did express an interest in using research. For example, one described themselves as

'open to research and I'm open to getting more resources for us to use. . . so I'm pretty open and willing but I'm not sure with other people. (B004 Nonprofessionally qualified).

However, a senior social worker reported that non-professionally qualified staff seldom engaged with development opportunities around evidence-based practice, suggesting that this might be because the organisation did not promote the value of research for their non-professionally qualified staff.

'We don't take any time to say research is good, why don't you look research up every now and again? Obviously, there's nothing stopping them from doing CPD but in reality it doesn't happen . . .'. (C005 Senior practitioner).

4. Discussion

This study found that practitioners held mixed views about research being part of their day-to-day work. Considering professional identity in terms of doing, knowing and believing, social workers held a belief that research is an aspect of social work practice. However, they also considered research as a task associated with academia and divergent from the role of social workers in helping people. This suggests that their perception of their professional identity focused more on their behaviour and activities than on the application of research in the context of evidence-based practice. In contrast, occupational therapists regarded evidence-based practice as part of their professional identity, due largely to the influence of occupational therapy as a health profession. Across both social work and occupational therapy, research was particularly seen as the domain of senior staff and those at specific stages in their career; research was not seen as a particularly central to the role of nonprofessionally qualified staff.

Occupational therapists used the phrase 'evidence-based' when talking about their practice, and linked this to their association with the health environment through their education and past employment. Perhaps this is not surprising as the majority of occupational therapists in England work in health care. Only around 10% of occupational therapists in the UK work in social care [9, 23], and most of these will have previous experience working in health and therefore may have been influenced by a greater focus on research and evidence-based practice guidelines.

Whilst advocating for evidence-based practice, occupational therapists in this study considered working in social care as an opportunity to be less constrained by what they

saw as the medical model, which they described as a reductionist approach. They suggested that this allowed them to be more creative in their work with people than they would be able to be in a health setting. Occupational therapists working in both health and social care have also suggested that evidence-based practice, whilst positive, might narrow the focus of their practice and stifle creativity in their interventions [24]. Elsewhere the use of evidence based practice and creativity are reported to co-exist effectively. For example, evidence based tools have been used in the assessment of a person's abilities. The results of the assessment, combined with professional experience and knowledge of the person, have resulted in the formulation of creative therapy plans centered around the person and their individual situation [25].

The generic nature of the occupational therapy role in social care, working with people with a range of conditions and providing different types of support from reablement to the provision of adaptations, may create barriers to finding research specific to their practice. Access to research relevant to social care practice has been identified as an important factor in enabling professionals to be consumers of research, as in line with requirements set by professional bodies for registered practitioners. A perceived lack of skills in methodology and implementation is identified as a barrier to use of research [26]. Some have suggested that case study research may help to shed light on the complexity of occupational therapy practice, with findings supporting occupational therapists to bring research into their practice [27]. The smaller-scale nature of individual case study research could also present a realistic approach for busy social care practitioners to develop their identity from being research consumers to research practitioners. Further, there is a long history of single-case experimental designs being advocated as a means of developing the 'scientist practitioner' as a tool for use by those in the helping professions [28, 29]. The introduction of research awards for local authority practitioners in England provides a resource to develop the research skills of practitioners, whilst retaining their employment within the local authority [30]. Maintaining the link to practice whilst undertaking research could create a means for practitioners to develop an professional identity as a research practitioner as well as a research consumer.

The role of research in their practice also had a mixed response from social workers in this study. Whilst some social workers felt research was an important element of their work, for others completing the professional degree-level training was a necessary academic step to the work of helping people, with research being seen as a separate and secondary task. Experience as a social worker, together with the associated development of practice knowledge, was favoured over research for some participants. However, this may be a minority view, since in a larger study over 70% of social workers and social care workers perceived research as relevant to their practice and part of their professional development. This positive response to research being relevant may not transfer to research being part of their identity as only 10% had been involved in research activity in the last

three years [18]. Practitioners in this study, drew on a range of frameworks, knowledge and research to inform their practice, and as Gitterman [31] stated, the role of the practitioner is to 'turn available knowledge into skillful action' [31]. Knowledge and understanding of research should support practitioners to ensure their action of 'helping people' is based on relevant best evidence.

In this study, both social workers and occupational therapists described a difference in the interest in research over time, with newly qualified staff being more likely to engage in research, a phenomenon that has been found elsewhere [32]. Socialisation, qua learning from others as a means of developing the knowledge, role, skills, ethics and values of professional identity, has been recognised as being of particular importance for students during practice placements, working with supervisors and other staff members [5, 33]. With a requirement that all practitioners engage in supervision [10, 11], supervisors play a key role in the development of practitioners. In this study, supervisors were identified as people who may influence practitioners' engagement with research, for example, including research as a topic of discussion during supervision sessions, depending on their own perceptions of research as an element of their professional identity.

Some participants in this study considered engagement with research as the domain of senior practitioners and leaders and highlighted the roles of principal occupational therapists and principal social workers in this regard. Documents on the roles and responsibilities of those in principal roles include lead responsibilities for research and implementing evidence-based practice [34, 35]. Theories supporting research capacity development in health and social care have included the importance of senior leaders validating the role of research and modelling of positive behaviours with regard to engagement in research [36]. Cooke et al. cite GP academics as an example of modelling behaviour [36]. GP academics are among a range of established academic practitioner roles in health settings, but such roles are currently rare within adult social care contexts. Principal social workers and principal occupational therapists have the remit to share research; however, they are not in a practitioner academic position to model behaviour for other staff. The promotion of research by those in principal roles is yet to be explored, with existing evidence referring to individual principal social workers engaging in single projects or supporting other practitioners' research [37, 38]. Whilst staff may look to principal roles as key players in promoting research, individual practitioners need to consider research in their own practice as part of their professional identity and their professional registration.

Nonprofessionally qualified workers in this study described their role as task oriented. These 'tasks' included completing assessments under the Care Act 2014, particularly with people deemed to have less complex needs, and deciding on suitable interventions. The design of this role is less of a 'relief' role, completing tasks for other professionals such as in a study of social work assistants in Australia [39], and more akin to what Kessler, Bach et al.

[40] describe as a 'substitute' for registered staff. Due to the national shortage of social workers and occupational therapists, the recruitment of nonprofessionally qualified staff as a substitute for regulated staff may already mean that nonprofessionally qualified staff are, in fact, working with people with more complex needs without the knowledge of theories and research to ensure their practice is based on current best (research) evidence. The impact of continuing to employ nonprofessionally qualified workers who have no requirement to engage with research evidence is that the gap between research and practice in adult social care will grow. In light of support from the UK government to employ social care workers without professional qualifications to manage vacancies for social workers [41], an ambivalence towards the use of research by those workers and their managers could have serious consequences for the sector in promoting the use of research in decision-making.

4.1. Limitations of the Study. This article reports on interviews of a small, purposive sample of staff from three local authority social care departments in one region in England. Due to the small scale it has not been possible to examine in any detail the similarities and differences between staff opinions from the different local authorities. A limited number (although similar to the ratio of social workers to occupational therapists in adult social care) of occupational therapists and nonprofessionally qualified staff participated in this study, as such, any generalisations to other settings should be treated with caution. The key strength of this study is in the description of how practitioners consider research and evidence-based practice within their everyday work.

5. Conclusion

The findings suggest that professional identity, particularly the belief in the importance of research, varies among practitioners within both occupational therapy and social work. Research was considered both integral to evidence-based practice and also a secondary, academic task, to working with people.

This study sheds light on the perceived lack of interest and ability among nonprofessionally qualified staff who have no requirement to engage with research. Further research focussing on nonprofessionally qualified staff working in social care would be beneficial to provide a wider view of staff in these roles. Inclusion of research in the professional identity of workers in social care requires a nuanced approach that considers the influence of experience, work roles, and organisational support. On an individual level staff need access to resources to improve their skills in finding, understanding and using research in their practice. Government and organisational awards and research funding such as those offered by the NIHR and professional bodies need to continue to enable staff who have gained some research skills to embed research into their professional identity. Within social care, developing a culture that values research at all levels and promoting

ongoing engagement with evidence-based practice are essential for ensuring the delivery of high-quality care and support for the people who are seen by practitioners in adult social care.

Data Availability Statement

Data and materials cannot be provided because of the requirements of our ethics approval. Our coding framework is available via Figshare: https://figshare.com/articles/figure/ConnectED_baseline_interviews_coding_framework/25187807.

Disclosure

The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

Conflicts of Interest

The authors declare no conflicts of interest.

Funding

The ConnectED Study was funded by the National Institute for Health and Care Research grant number NIHR131345.

Acknowledgments

The authors would like to thank all those interviewed in this research and acknowledge the valuable support and advice provided by colleagues from the participating local authorities.

Supporting Information

Additional supporting information can be found online in the Supporting Information section. (*Supporting Information*)

COREQ (CONsolidated criteria for REporting Qualitative research) Checklist.

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