

Hospital Social Workers and Evidence-Based Practice

Hospital Social Workers and Evidence-Based Practice

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Abstract

This study sought to understand the differences and similarities between social work practice and evidence-based practice (EBP). As evidence-based practice becomes popularized in areas of professional practice, challenges and tensions arise for social workers.

This qualitative research study asked social workers working in the hospital setting how they define and use evidence-based practice in their work, and about the tensions they experience in using EBP. The study revealed that social workers maintain their scope of practice in areas related to advocacy, the use of systems theory and the importance of the therapeutic relationship with clients in the helping process. The social workers in the study identified that social workers understood the value of scientific research and indicated that as a profession, social work practice can use research to influence areas for social change.

The participants in the study described that social work practice and evidence-based practice are distinct. Social work practice is intended to understand and respond to social problems, whereas EBP in mental health settings is designed to resolve more narrowly-defined problems of individual coping. The social workers recognized that the two practices could only really co-exist. However, they did note that social workers' commitments to reinforce self-determination for clients have potentially important overlap with EBP's attention to patient values and preferences.

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Table of Contents

Introduction.....	1
What is social work practice?	3
What is evidence-based practice?	5
How do social work practice and evidence-based practice relate?.....	8
The troubles in the relationship between EBP and social work.....	10
Standardization versus personalization	11
Formal knowledge versus practice knowledge	12
Directive practice versus personalization.....	15
The Research.....	16
Design.....	16
Sample.....	19
Findings and Analysis.....	19
Hospital social workers using evidence-based practice in hospital settings.....	20
Definition of EBP	20
The expectations of Evidence Based Practice in the workplace	21
Perceived Tensions between Social work Practice and Evidence-based practice	23
The emphasis on advocacy.....	23
Social work emphasizes professional values based on self-determination	244
Social work practice uses systems theory as part of the assessment.....	25
Social workers uniquely focus on the therapeutic relationship.....	27
Can social work practice integrate with evidence-based practice?.....	277
How social workers use EBP	28
Collaboration with clients	29
Social workers can encourage research that produces social change.....	30
Discussion.....	31
Conclusion.....	38

Introduction

Evidence-based practice (EBP) has become a major trend within healthcare and social service programs. Within the broad domain of social work practice, EBP has been adopted among social workers in areas of healthcare and mental health services (McDonald, 2003). Evidence-based practice is the integration of clinical expertise, patient values, and use of current research into the decision-making process for patient care (Sackett et al., 1996). The primary mission of the social work profession is to help individuals and communities, with particular attention to vulnerable, oppressed, and marginalized populations. The critical social theory approach analyses broader historical contexts and their influences on societal structures that affect human interactions and how we relate to the world we live in (Neuman, 1997). Neuman (1997) describes critical social theory as a critical process of inquiry that goes beyond surface illusions to uncover the real structure of the material world, in order to help people, change their conditions. Professional social workers apply critical theory and have a responsibility to understand the macro-level structures that create and sustain challenges for individuals. A concrete example of this would be the connection between race or gender and income. EBP tends to direct the practice focus to individual (micro level) targets for intervention. Thus, the discourse surrounding EBP and pressure to model services after it can create tensions in social work practice and in the broader social work professional mandate.

As a social worker functioning in the role as clinician, I found it difficult to remain in touch with the social work training I received in university. Within my current

role, I am expected to provide clinical interventions and treatment for those experiencing some form of mental illness. The expectation was to use evidence-based practice to provide such interventions and treatment. The longer I was in this role as a clinician, I began to believe that I was functioning less in my capacity as a social work practitioner. Although it was not imposed by the organization to stop using social work practice, there was direction to use EBP to address mental health problems within my area of work.

When I first became interested in understanding and knowing the difference between social work practice and evidence-based practice, I very much felt polarized by the two different practice approaches. As I started to work on my master's thesis, and read journal articles as they related to the foundational knowledge of social work practice and defined concepts and approaches for evidence-based practice, the tension gradually reduced. I realized that I could remain a social work practitioner who was well aware of the values and practice of the profession while still using and implementing EBP. It became more about understanding that the two were unique practices and there were some areas that could overlap. What became more apparent was that social work practice was really about understanding social problems and EBP was about resolving more clearly defined problems of coping.

Although the literature and areas of social work clinical practice has called for social work practice and evidence-based practice to integrate, tension with EBP approaches for the social work profession need to be explored and researched. It may be, as I have concluded from this thesis, that the two cannot really be integrated, but that there are ways for them to productively co-exist.

What is social work practice?

The social work profession is a practice-based and academic discipline that promotes social change, the empowerment of people and communities, and the acceptance and understanding of diverse populations (Hepworth et al., 2017). Principles of social justice, human rights, collective responsibility, and the respect for diversity are central to social work practice (Hepworth et al., 2017). Social work practice is rooted in critical social theory, which challenges the belief that people's difficulties are isolated by one causal factor, and asserts that much of society's pain and suffering are caused by systemic and structural problems related to historical contexts (Neuman, 1997). Critical theory helps social workers to understand the broader macro-level structures that perpetuate oppression. Social workers have a professional responsibility to identify and respond to social inequities. Similar to other professions, social workers are informed by a value system that gives purpose and direction to their practice. Social workers strive to make social institutions more humane and responsive to human need, and assists clients to obtain needed resources (Hepworth et al., 2017). Social work scope of practice holds strong beliefs about the rights of people for self-determination and that every individual in has the right to make independent decisions and participate actively in their own helping process.

The practice of social work is built on the use and implementation of theoretical frameworks. Theory in social work practice consists of the descriptions of practice or the statement of principles and concepts that guide practice (Neuman, 1997). Theory emerges from ordering facts in a meaningful way (Hepworth et al., 2017). It evolves from

finding relationships with facts, through the process of observation, deduction, induction, assumptions, and inspiration (Hepworth et al., 2017). This process of developing theory helps social workers understand social phenomena for individuals and communities.

Theory also helps social workers transfer knowledge and understanding from one human experience to another (Hepworth et al., 2017). Individuals and communities present a broad array of challenges and difficulties; therefore, no single practice model is effective.

In order to integrate the many theoretical practice models and interventions, social work practice uses the ecological systems model. It helps social workers understand how people interact with their environment to the extent of the broader socio-political orders.

Ecological model proposes that individuals are engaged in constant transactions with other people or systems in their environment and that these various persons and systems reciprocally influence one another (Hepworth et al., 2017). Therefore, adequate assessments of human problems and plans of interventions should consider the reciprocal impact of people and environmental systems.

The ecological model provides a framework for helping professions such as social work to understand how people relate to the environment and to analyze the complex nature of human interactions within their social environment (Hepworth et al., 2017).

Systems theory rooted from the ecological model is a way of understanding the components and dynamics of client systems in order to interpret and understand problems and develop intervention strategies to help clients (Hepworth et al., 2017). Social workers use principles and concepts of systems theory to understand socially complex problems in a continuum that encompasses the person in their environment (Hepworth et

al., 2017). Systems theory does not direct social workers to use specific interventions or strategies. It directs social workers to understand how individuals interact and related to their environment (Hepworth et al., 2017).

The practice of social work is also mandated to respond to complex social problems effectively; therefore the need to have other approaches to their practice to recognize the ways in which social, cultural, historic and economic factors affects people and communities (Davis, 2007). Structural social work theory offers practitioners an understanding of the social order we ought to construct. It helps social work address the societal ills that are broadly constructed inequalities instead of identifying social problems as individual pathology. It advocates for strategies to enhance social justice, to provide direction to the applied science of social work. In this way it provides a more defined framework for social work practitioners to understand and identify inequalities as they are reinforced through social class, gender, disability, ethnicity and race (Davis, 2007).

What is evidence-based practice?

Evidence-based practice evolved from the concept of evidence-based medicine in the field of biomedical sciences. The term evidence-based medicine (EBM) was first introduced in 1991 at McMaster University. It was built on groundwork introduced in the 1960s by McMaster's School Medicine Department of Epidemiology and Biostatistics (Sur and Dahm, 2011). In 1967 David Sackett, McMaster University's Head of the Department of Clinical Epidemiology and Biostatistics, who trained at Harvard's School of Public Health, shared the vision that clinical epidemiology and biometrics methods

could be applied by physicians who provided directed patient care to improve patient care and health outcomes (Sur and Dahm, 2011). Before the 1990s, Sackett and his colleagues defined EBM as “contentious, explicit and judicious use of current best evidence in making decisions about the care of individual patients” (Sackett et al., 1996, p.312). Sackett and his colleagues sought to provide physicians with clinical tools to improve patient outcomes. Evidence-based practice asserts that pathophysiological reasoning must be included with expert knowledge as there are so many variabilities among practitioners and their clinical experience (Engebretsen et al., 2015). This early formulation de-emphasized determinants of clinical decisions based on the practitioners’ clinical experience.

The practice of EBP is usually triggered by patient encounters which generate questions about the effects of therapy, the utility of diagnostic tests, the prognosis of diseases, and/or the etiology of disorders (Guyatt, et al., 2008). The best research evidence is usually found in clinically relevant research that has been subjected to critical appraisal (Guyatt, et al., 2008). The use of scientific evidence in practice is rooted in five linked ideas: firstly, clinical decisions are based on best available scientific evidence; secondly, the clinical problems determine the type of evidence to be sought; thirdly, identifying the best evidence involves using epidemiological and biostatistical information; fourthly, conclusions are derived from identifying and critically appraising evidence to manage patients or making health care decisions; and, finally, performance should be evaluated (Guyatt, et al., 2008). In the practice of EBP, clinical judgement involves the appropriate application of personal knowledge in practice and individual

expertise to the problem at hand (Karthikeya and Pais, 2010).

In the early 1990s, Gordon Guyatt, McMaster University's Internal Residency Coordinator, along with several physicians at McMaster University spent years of effort to refine the work of EBM from clinical epidemiology and biomedical informatics, and integrate it with other areas of medical practice. Initially EBM focused mainly on determining the best research evidence by applying critically appraised research to solve medical problems. As EBM was implemented and tested, a newer and more refined version evolved into what is now referred to as evidence-based practice (EBP) or evidence-based guidelines. The most current definition of EBM/EBP involves three aspects of consideration for clinical decision making: clinical experience and expertise, scientific evidence, and patient's values and preferences (Sackett et al., 1996). As EBP becomes more widespread, it is now being used across areas related to education and social services.

The patient values and preferences include what the patient brings to the encounter, his or her own personal preferences and unique concerns, expectations, and values. The EBP literature indicates understanding patients values and preferences is about finding out the goals of individuals and their response to the treatment recommendation including information about the cost and adverse effects that may be caused by the intervention or treatment (Guyatt, et al., 2008). Knowing this information from clients, such as their wishes and needs can improve the clinical encounter (Petrova et al., 2006). The evidence, by itself, does not make the decision, but it can help support the patient care process. The full integration of these three components, clinical

experience and expertise, scientific evidence, and patient's values and preferences for clinical decision making enhances the opportunity for optimal clinical outcomes and quality of life (Guyatt, et al., 2008).

How do social work practice and evidence-based practice relate?

Both evidence-based practice and social work practice are designed to provide services to clients. Social work practice uses a broader systems approach, whereas evidence-based practice offers intervention once a problem is identified. An article by Adams et al. (2009) conveys that EBP in the psychosocial profession focuses on addressing problems using interventions to resolve problems and requires client to provide their input.

As in other professions, foundational knowledge underpins social work practice. The social work profession uses five categories of knowledge to direct social work practice. The first three categories are: social workers are to understand the bio-psycho-social development of human beings in the context of social systems; they should understand and contribute to analyzing social policies in connection with social and economic justice; and they should use mutuality, collaboration, and respect for clients in the process of implementing practice methods at three levels of client systems (micro, mezzo, and macro) (Hepworth et al., 2017). The fourth category is to use research and evaluation to build knowledge and service delivery in all areas of social work practice, and the fifth category is to integrate field practice in social work education (Hepworth et al., 2017).

Both social work practice and evidence-based practice emphasize knowing and

understanding research. Both EBP and social work practice suggest that it is important to understand the epistemological and methodological consistencies of research before deciding how to select the best evidence to resolve problems. One of the areas of the decision-making process in EBP is to critically appraise research. EBP indicates that the basis of diagnosis and treatment cannot depend purely on the practitioner's authority; rather, it requires critical appraisal of scientific literature (Engebretsen et al., 2015). Social workers are also expected to participate actively in research and in guiding research design. An article by DePanfilis (2014) indicates that social workers have an ethical obligation to create and spread evidence that will inform social work practice. If social workers are involved in research, they can also critically analyze the research before they apply it to their practice. Therefore, social workers are expected to be aware and to understand the research behind practice. They can then decide which intervention may suit the needs of clients.

Another area of shared aims between EBP and social work practice is the consideration of what clients agree to do when presented with information for their problems and difficulties. As part of EBP, patients' value and preferences are considerations in the process of using evidence-based practice (Sackett et al., 1996). For social workers, understanding the self-determination of clients is an integral part to help clients navigate complex systems. The client's participation, preferences, and decisions in the helping process are how social workers believe change and progress happens for individuals when faced with challenges and difficulties.

The troubles in the relationship between EBP and social work

In many organizations, social workers are feeling the pressure to use EBP. Some of the social work literature discusses the tensions experienced by social workers who are trying to apply EBP within their professional practice. New cost measures put in place by governments for hospitals and social agencies require social workers to use empirical research-based interventions and to implement standardized and directive approaches when delivering services.

EBP originated in the medical sciences and the implementation of this practice is associated with empirically supported interventions used within the framework of positivist research methodologies (Maghill, 2006). As per McLaughlin (2002), it is evident that EBP places more of an emphasis on pathologizing social problems, as its origins relate to resolving medical illnesses and diseases. Social work practice on the other hand draws on information related to social norms and problems to develop an understanding of human condition (Hepworth et al., 2017). Social workers use their understanding from experience and practice to transform their knowledge to action in areas of clinical practice, and to enhance the development of social policies and practice. Social work practice encompasses collaborative work with others and understanding social problems such as homelessness, domestic violence, and trauma (Adams et al., 2009).

The following sections illustrate some comparison and critiques between social work practice and evidence-based practice. They are meant to provide some understanding about the distinctions between the two approaches when applied to areas

of clinical practice.

Standardization versus personalization

A common criticism of EBP is that many of the standardized EBP treatment manuals use a restrictive “cookie cutter” approach (Wike et al., 2014). EBP is focused on using diagnoses to resolve problems. From a social work perspective, EBP research models are generally designed to be constrictive and rigid, and subsequently negate critical social theories related to power imbalances and marginalization. Wike and Harrison (2001) argue that when EBP is transferred into areas of social problems usually does not fit as the best research for the new social situation. Therefore, it is difficult for EBP to be adaptive when addressing complex social problems. Grady and Keenan (2014) argue that art and science are both part of social work practice, that we need to be flexible and creative with our work with clients, and make sense of the client’s experience.

Social work practice uses psychosocial assessment and therapeutic rapport based on the ecological model to address problems. The profession and practice of social work is sometimes incompatible with these mandates, as social workers are educated to understand the broader sociopolitical and structural implications related to social problems.

Within social work practice there is less focus on symptoms than in a medical model (Adams et al., 2009). The social work frame of reference for understanding the individual is about connecting on a personal level in the context of the person’s developmental background, culture, family, community, and occupation (Adams et al., 2009). Social workers do not focus on treating isolated problems, but engage in

therapeutic relationships where they collaborate with clients to understand values and goals (Adams et al., 2009). These factors are not typically considered in EBP. Social workers can help them modify and adapt their goals as conditions change (Adams et al., 2009).

Self-determination of clients is an essential value and principle in the practice of social work (Hepworth et al., 2017). Self-determination is the right for clients to make their own decisions and determine the type of services and resources they may need and want to address personal difficulties or to enhance their quality of life (Hepworth et al., 2017). The social work code of ethics states that the self-determination of individuals as one of social workers' primary ethical responsibilities in the helping process and the therapeutic alliance (Hepworth et al., 2017). It is the inherent duty of social workers to respect the rights and dignity of the individuals they are working with (Hepworth et al., 2017). Part of the responsibility is also evaluating whether the individual is aware of this right and whether they are exercising it in their decision-making process (Hepworth et al., 2017). Social work literature explicitly iterates self-determination as one of the fundamental components of social work practice.

Formal knowledge versus practice knowledge

EBP places the emphasis on formal knowledge as it relates to empirical scientific research with controlled variables. EBP uses traditional scientific methods and gathers evidence based on research from control groups and quantitative research analysis (Beresford and Evans, 1999). Positivist research methodologies involve precise empirical observations of individual behaviors to discover an understanding of human behavior and

interactions (Neuman, 1999). However, the positivistic approach to human behavior and interactions can objectify complicated and complex social issues. Maghill (2006) emphasizes that the EBP framework focuses on the application of the best research-based scientific outcomes and sensory experiences, but does not fully integrate clinical intuition and acquired knowledge as part of the intervention.

Other academic literature states some evidence-based practices are weak when it involves the clinical practice and decision making (Engebretsen et al., (2015). Clinicians who use EBM and EBP typically use evidence from randomized controlled trials and meta-analyses (Engebretsen et al., 2015). But according to Adams et al. (2009), randomized controlled trials ignore or eliminate so many variables in the interest of scientific precision that they lack external or ecological validity. The research studies often omit clients who are impacted by multiple social problems, which make it challenging for social workers to use EBP interventions in practice (Adams et al., 2009). Other social work literature has raised concerns that some research studies tend to have elements of biases in design, conduct, and interpretation.

Much of social work training and curricula do not include research and knowledge creation, but place more emphasis on the application of clinical practice (Grady and Keenan, 2014). Grady and Keenan (2014) convey that social workers draw data and information from multiple sources, including research evidence, moment-by-moment process observation, and client feedback about their progress towards specific and desired outcomes. Witkin and Harrison (2001) discuss what qualifies as evidence, as it may not fit the context of the social situation, the cultural beliefs, and the power

relations of the client population. Social work practice is interested in understanding the complexity of problems in the context of larger social phenomena and broader structural societal problems rather than locating them only at the individual level.

The article by (Wike et al., 2014) argues that although EBP is increasingly emphasized in social work practice, many social workers find it difficult to translate these empirical research interventions into clinical practice. Social workers are trained to understand the structural implications for clients and value the relationships with clients as they relate to the values of the practitioner's scope of practice (Bates, 2006). The process of collaboration with clients is crucial to an understanding of the person in the context of their environment, and, implicitly, validates broader social and economic factors related to individual social problems. Bates (2006) points out that the key tension is that EBP reduces the understanding of complex human experience and its technical, rational approach marginalizes our professional ability to support and respect the individuality of the client.

Social work practice places less emphasis on formal applications of knowledge. Social work practitioners base their practice on broad experience with many variables. The positivistic approach to finding knowledge about human behaviors and interactions oversimplifies complex human issues. Grady and Keenan (2014) suggest that the tension for social workers is related to the fact that the profession is not empirically based. These authors propose that the divide is created by a dichotomy between research and clinical practice, and that knowledge is not only obtained from sources generated by research, but it can also be acquired by the practitioners over time, and from therapeutic feedback from

clients who understand the experience of the intervention. Grady and Keenan (2014) propose that those social workers should embrace all forms of research.

Directive practice versus personalization

EBP reviews and seeks to systematically integrate evidence about the efficacy of interventions in clinical decision-making. The data produced is typically hierarchical, with the clinician as the expert. It is unclear if the voice and experience of participants are fully acknowledged, especially if the study is based on positivist research methodologies (Bates, 2011). Positivist research generally views participants as subjects. The process of collaboration with clients is crucial for understanding the social context, as it relates to broader social and economic factors. Social work practice is a more interactive and collaborative therapeutic relationship between the practitioner and patient. Wike et al. (2014) reiterates that clinicians view the therapeutic relationship between the social work practitioners as more relevant than the treatment outcome. Social workers regard the dynamic of the relationship as most useful. The relationships between the practitioners and clients in many studies have proven to be useful and effective in comparison to a more directive approach (Adams, et al., 2009). EBP is driven by a medical model shaped for efficiency, organizational accountability, and precise measurement of results. However, social work practice is driven by a therapeutic model less focused on granular measurement and more on overall holistic patient health.

Bates (2006) conducted a research study whereby she interviewed several front-line social workers working in the school and conducted one-on-one interviews to understand their definitions and opinions of EBP. What Bates (2006) discovered was that

the social workers were committed to ensuring that the EBP fit the needs of the client. They had also found creative ways to adapt the definition of EBP among the complexities of social problems. These social workers felt their ability to do this was an asset as they were able to negotiate with others. Bates' (2006) study illustrates that the front-line social workers were able to critically identify and resist areas of EBP that were problematic and inconsistent with social scope of practice. The social workers continued to align their practices that were consistent with the ethics, values, and traditions of the profession.

The Research

Design

This research study sought to understand the opinions and experiences of social workers who are using or have been exposed to the use of evidence-based practice working in the area of healthcare.

Evidence-based practice (EBP) has become a major trend within healthcare and social service programs. Evidence based practice is the integration of clinical expertise, patient values and the best research evidence into the decision-making process for patient care (Sackett et al., 1996). Social work practice is rooted in critical social theory, which challenges the notion that people's difficulties are isolated by one casual factor, and asserts that much of society's pain and suffering are related to oppression caused by systemic and structural problems related to historical contests, class, race, gender, and other forms of discriminations (Neuman, 1997). Evidence-based practice is a decision-making process to solve specific individualized problems, like diagnoses. This can create tension for social workers in the broader professional mandate as social workers have responsibilities to identify and respond to social inequalities.

Evidence-based practice has also become highly disseminated as it is linked to the funding of services in healthcare settings, education and community-based programs. Therefore, social workers can face challenges within the field of practice, as they work with other professionals who define their work in terms evidence-based research and practice.

The objective of this study was to understand from the perspectives of social

workers practicing in the mental health field, whether and how the trend towards evidence-based practice is affecting the way they practice, and/or affecting the professional more broadly. I was especially interested in how social workers' professional responsibilities to recognize and identify social inequalities (social determinants of health) intersect with current trends that encourage the use of EBP.

A semi-structured interview based upon an interview guide (see Appendix I) encouraged participants to talk about their understanding and experiences of using EBP in their practice.

Participants received a Letter of Information (see Appendix II) about the project and signed Consent to Participate in Research Project (see Appendix III) at the time of the interview. The participants provided consent to have their interviews audio recorded and later transcribed.

The interviews were analyzed through the process of qualitative data analysis. Thematic analysis as outlined by (Ryan and Bernard, 2003) was used. In the first level of analysis, the generative phase, each question in the interview was reviewed line-by-line or sentence-by-sentence, and various key words and phrases were recorded on a separate piece of paper. This process generated a number of coded meanings that were organized according to themes on a separate sheet of paper for each interview. In the second level of analysis, the interpretive phase, themes from each interview were organized into conceptual categories based upon recurring ideas, patterns, and relationships. In the third and final stage of analysis, the theorizing phase, analyses from all five interviews were compared for similarities. Concepts that helped to understand the meaning of the data,

outline the implications, link research or refine ideas, and were located and shared within all five of the interviews, were then identified.

Sample

A small purposive sample of practicing social workers within a hospital setting was sought. After receiving approval from the Hamilton Integrated Research Ethics Board, a number of recruitment strategies were used. The Manager of the social work department within the hospital was approached. Through their endorsement of the research project, all members of the department received a Letter of Information (see Appendix) and permission to participate in the research project during work time. Three social workers agreed to participate. Additional reminders/requests to the department resulted in two other participants agreeing to participate in the research study.

A total of five practicing school social workers participated in the research project that entailed face-to-face interviews lasting for 1 hour. Four of the participating social workers had MSW degrees and RSW designations. One social worker had a BSW, with the RSW designation and is in the process of completing their MSW.

Participants' experiences with evidence-based practice varied. Two participants were extremely familiar with evidence-based practice, and the other participant was new to using EBP in clinical practice. The other two participants were well informed of EBP, but had fewer opportunities to use EBP in their practice. The employer of all the social workers promoted the implementation and use of EBP in all areas of social work practice.

Although the sample size is small, the findings offer important insight into hospital social workers' opinions and experiences with evidence-based practice.

Findings and Analysis

During interviews, the hospital social workers described their understanding of EBP and how it is being used in the hospital setting. All of the interviews were recorded and transcribed with the participant's consent. From the interview transcriptions, the results of the data analysis are provided below.

Hospital social workers using evidence-based practice in hospital settings

The section outlines and thematically synthesizes the data collected from the interviews in the research study. The study attempts to draw on recurring themes based on a thematic analysis and interpretation of the content in the interviews. It considers how the social workers interviewed for the study defined EBP and how they were expected to use it in practice. It then outlines the tensions that social workers perceived in using EBP, including those related to social work's emphasis on advocacy and self-determination, our use of systems theory, and our focus on the therapeutic relationship. In the final section of the findings I outline how social workers responded to the question of whether and how social work practice can be integrated with EBP.

Definition of EBP

All of the participants described their definition and understanding of EBP within social practice. The most common theme in the interviews describing EBP was about therapeutic/treatment techniques that are scientifically evaluated through research. The research provides the evidence for clinical practitioners to decide the most appropriate interventions for patients. While most said that evidence-based practice has been proven effective, one participant questioned this, commenting that the outcomes from research

are subjective. In research, outcomes are affected based on the implementation of the methodological approach.

The expectations of Evidence Based Practice in the workplace

Evidence-based practices were a familiar feature of the practice context for all participants. They were all aware that they should have some level of training in and understanding of EBP in their area of work. Three of the participants stated that they were expected to use and understand evidence-based practice. The participants in two of the interviews also said social workers were expected to learn about the benefits and outcomes of evidence-based practice. In one of these interviews the participant Eric stated, “We are expected to be up on what is considered to be most effective treatments.” Another social worker elaborated further that it was also left up to the social workers to determine how to get their own training in evidence-based practice as it relates to their social work practice. Social worker Sue confirmed this in her interview: “I think that what clinicians are providing has a lot to do with their own personal training or professional. I should say that they bring to the hospital as opposed to what is provided at the hospital.” Although using EBP was an expectation, the social workers in the interviews indicated that their acquisition of knowledge and understanding was really left up to them to find training and supervision when it came to using evidence-based practice in the workplace.

Most social workers said they are expected to use EBP in their practice at least some of the time. But they varied in how much choice they had about this. The social workers in some areas of the hospital were expected to use discretion to determine when

to use EBP in their practice. Based on all the interviews, there was a definite expectation that social workers use EBP, but they had to decide which aspects of EBP would be the most effective for the population they were serving in their area of work.

In some clinical settings or programs, the use of EBP was prescriptive for the population accessing services. In two of the interviews, the participants stated that they had no choice about using EBP; the use of a particular aspect of EBP was part of the exclusion and inclusion criteria for their program. The exclusion and inclusion criteria are designed to determine if the patient's presentation of illness will respond to the types of intervention and treatment that the program offers. The services are designed to deliver very specific interventions that target specific symptoms related to an illness, such as an anxiety disorder. One social worker, Lee, states, "It's not something I would disagree with, I do believe it is helpful, but my experience is that I don't have much opportunity to choose what evidence-based practices I use or how I use them." In these types of programs, the EBP defines the service. The clients accessing these types of services will receive one definitive type of EBP as their only option for treatment.

As noted earlier, participants mostly said that EBP is used because it tells the social worker about the appropriateness and effectiveness of treatment. However, one of the social workers drew attention to the links between EBP and cost effectiveness. This participant Mary says;

I think that's where evidence-based treatment is the way of health care because the cost of it, we have to have treatment that works and that also can reach as many people as possible given the complexity of clients we see. We have to look at more creative ways to treat individuals, provides multiple standardize practices that create more

options for clients. This social worker believes that the implementation of EBP may improve accessibility and reduce wait times for services.

Perceived Tensions between Social work Practice and Evidence-based practice

The emphasis on advocacy

The mission and purposes of social work are to enhance human well-being, help meet basic human needs, and empower vulnerable and oppressed populations. One area of direct practice promotes social action and advocacy as they relate to enhancing policies, and accessing services and resources, to empower individual and groups. Three of the participants in this research study acknowledged that the practice of social work is entrenched in social action and advocacy. The primary focus of evidence-based practice, however, is to diagnose symptoms, determine treatments, and make interventions to address or resolve illness. As Sue said,

I meant it's certainly not overt tensions that I am seeing . . . but I do recognize that there is, in social work practice at least, a theoretical movement towards social action, political change, and advocacy, and things like that aren't easily measured.

Social action and advocacy are kinds of interventions that are almost impossible to measure and evaluate, because the content of social problems is so much broader than what EBP normally examines. Evidence-based practices are supported by formal quantitative research. Practitioners using EBP critically appraise research and the best evidence to inform practice. EBP also determines how the evidence applies to the problem. Another participant, John, says that EBP can be controversial for social workers: "A lot of times social workers are seen as advocates, and the traditional role of

advocacy are somewhat different.” Social workers take a broader perspective when helping people, whereas EBP tends to focus on clinical outcomes in treatment and therapy. While two of the interviewees saw a tension between social work advocacy and EBP, John spoke of their alignment. He frames EBP as a different form of advocacy:

Instead of me advocating for a client, I am encouraging a client in understanding barriers that interfere, and having a more of a background advocacy role, which traditional social work practices—at least in my courses and with professors and colleagues—were seen as very different.

John indicates here that knowledge gained from research can provide an additional source of information to help understand the client’s problems.

Eric, a third participant, draws attention to the dearth of resources available to implement programs that follow from the conclusions of evidence-based practice.

The reality is that there aren’t always enough resources to back up the evidence. I mean certainly I can draw on sort of an example of evidence-based versus reality. For example, the guidelines for treatment of schizophrenia that has just come out that says evidence says that everyone needs safe secure housing. Fantastic. How?

Often, organizations lack the resources even to train their staff in evidence-based techniques and support them in the workplace.

Social work emphasizes professional values based on self-determination

Sue raised the point that social workers are expected to maintain the respect, dignity, and self-determination of all individuals and groups under their care. She states “well, I mean if you go back to the values of social work and the ethics of being driven by the client’s needs first and client centered.” John clarified and states that EBP may conflict with the imperative of self-determination in the field of social work. “[I]t’s a

discord between traditional social work values,” he said.

One concern among social workers is that EBP practitioners may place the interventions supported by empirical research ahead of the social work priority of meeting the broader needs of an individual client. Sue says, “Certainly there are certain protocols, for example, that the client may not agree with or appreciate, but it is part of the way we are supposed to manage things.” Another participant, Mary, described a case where the clients were given specific diagnoses that she found culturally insensitive to the values and beliefs of the client: “I wanted to advocate for them, versus the in-patient unit saying this person is blatantly psychotic and they needed antipsychotic treatment.” Social work reinforces that it is vital to involve individuals in the process of identifying and clarifying their own goals. This way the clients can feel empowered and take ownership of their recovery from illness.

Social work practice uses systems theory as part of the assessment

According to the practice guidelines of social work, when human problems are being assessed, and plans of intervention developed, social workers must consider the reciprocal impact of factors in the environment that may be affecting the individuals or groups under care. Mary says social workers are expected to take into consideration all the unique characteristics of the person and their values, including aspects of their cultural and religious beliefs:

We can say that oppression, gender, discrimination, definitely do affect the clients we work with and there is much more than just that as a basis to people’s difficulties, because people who have mental illness can have a biological vulnerability, and oppression and discrimination can make it more challenging for them.

Social work practice uses a broader perspective to understand social problems, and EBP may not address the person's values, cultural background, or even their lived experience. In the interview Mary explained that social workers look at multiple factors when assessing patients. "I think that it's not just one causal factor in people's difficulties, I think it's oversimplifying it." Social workers do not only look at the problem from one angle, but include other parts of the client's life to understand their point of view on the world.

EBP tends to use a narrow and mandated approach to understand and resolve problems. Its method claims to be scientifically founded and uses more of a standardized approach. It employs questionnaires to inform treatment goals and select interventions. Mary describes a positive example of evidence-based data visualizations used in a clinical setting:

They are standardized, so everyone in the program gets the same questionnaires and, that data, we can visually see it. We can give clients a pie chart / diagram which is really reinforcing for them. It really helps us without judgment to look at how they are doing. It also helps us look at is this treatment working, who this treatment works for....

From her statement it is evident that EBP is used to address very specific problems. In Eric's interview, he reiterates, "Within social work I think we are very good at seeing those outliers and realizing that, okay, even though evidence-based says everybody should be offered CBT, not everybody benefits from CBT." The practice of social work tries to understand people's problems from a much broader social perspective, in terms of how they are interconnected with other parts of their lives.

Social workers uniquely focus on the therapeutic relationship

Social work practice emphasizes mutuality, collaboration, and respect for the clients. These guiding principles in the therapeutic relationship will improve interactions with clients. The social workers interviewed for this study held a range of perspectives on how EBP intersects with the therapeutic relationship. Three of them indicated that social workers are trained with a unique set of skills. Lee voiced a concern about the impact that EBP may have on the therapeutic relationship. Social work practice as he states, “should be based on how we are interacting with the clients. And EBP should measure the therapeutic relationship in a way that doesn’t interfere with that relationship.” Lee also indicates that EBP changed the interaction with clients. “I don’t know if it changes the relationship I have with clients, but it definitely outlines how I have conversations or how I interact with the clients.” In this context, EBP poses a risk to social work practice in understanding the client and where they are coming from. Certain types of evidenced-based practice prioritize specific behaviors that individual client’s exhibit, instead of seeking to understand the social context of the individual and their unique characteristics.

Can social work practice integrate with evidence-based practice?

Social work and evidence-based practice may or may not be theoretically incompatible, but there are useful elements of EBP that social workers should take advantage of in their therapeutic work. John offered a case example of a client who was self-harming. The focus of treatment was on self-harm, although the client was also facing financial difficulties that complicated the situation. In this example the social worker used EBP to target self-harm, the focus of treatment. Although the patient was

experiencing financial difficulties, this problem was less immediate. It made more sense for the social worker to address self-harm using EBP – and then to advocate for the patient to access other sources of financial support.

How social workers use EBP

There are notable differences between social work and evidence-based practice; however, the interviewees in the study identified a few ways to use EBP within social work practice. Mary states the following, “I don’t think we need to work separately, I think we can bring an informed viewpoint from social work and also bring that to impact evidence-based practice, to at least consider that.” Mary also identifies that social workers have a unique perspective to offer when they apply evidence-based practice to their own practice. She states the following in her interview, “social workers look at the individual holistically, and are flexible when they apply solutions to problems.”

While another participant in the interview points out that evidence-based practice is commonly used in areas of clinical practice, and therefore social workers have to find ways to incorporate EBP into their practice. Eric states the following,

I think we need to find a way to incorporate both. Social work within healthcare we have come a long way; we have done that sort of on our terms as well, promoting what we can offer and what we can bring to the table.

Lee states the following, “but I think in order for use to stay relevant we do have to follow evidence –based.” Therefore, for social workers to maintain their credibility they also have ways to integrate EBP into social work practice

Collaboration with clients

Although social work practice and evidence-based practice may appear to be incompatible, there are points of connection between them. One of the participants John reiterates in the interview that some EBP interventions reinforce collaboration with the client. “ACT (acceptance and commitment therapy) is very fluid and dependent on the individual. You are looking at their values and your interventions are going to be based on whatever they say.” However, John also conveys that this is not the case with all EBP interventions. Sometimes clients are informed of their problems and given specific information about interventions that have the best outcomes. “For example, with acceptance and commitment therapy, the intervention is applied to what the clients believe to be the problem, but in DBT, the problem is identified for them.”

Lee states that social workers can also give clients the options of selecting the EBP which would best resolve some of their difficulties.

I would be a strong proponent of using evidence-based practice but through the lens of giving the clients or service users the option of what treatment they would prefer, rather than prescribing it to them. Allowing people to make informed decision, saying this is the evidence for A, B, C, and this is the evidence for X, Y, Z, based on their knowledge of themselves, which one do they think they would most be interested in and the most effective.

Although some evidence-based practice encourages the process of collaboration with clients, social workers can incorporate this process in their therapeutic interaction with clients, by giving clients the option to select the evidence-based practice that makes the most sense to them.

Maybe we can bring voice of some flexibility and different ideas;

I think that's maybe where we could be helpful. Social workers can encourage clients to speak for themselves and express what they need and want to work through their difficulties.

Social workers can encourage research that produces social change

Several of the participants in the interviews indicate that despite the tension between EBP and social work practice, they have to find ways to bridge the gap to integrate EBP into social work practice. As a profession, social workers are trained to identify social problems and make social change. Evidence-based practice fosters and encourages the use of research in clinical practice. Mary identifies that social workers can influence research in a different way and they can encourage research in areas of practice to improve social conditions for those people who are marginalized by systemic problems. Sue also indicates that understanding and engaging in research can inform social work practice in a credible way to improve social conditions for clients. She states,

I think it goes back to the idea that understanding the literature and knowing what the current evidence is and perhaps even engaging in producing knowledge, literature or research that can indicate or clarify best practice and what are evidence based. If social workers understand the literature and research as they are used in EBP, it may improve their understanding of broader social, economic and political problems as it relates to individual clients

Discussion

The research project sought to understand how social workers in hospital setting are implementing evidence-based practice within their professional practice. The literature review of social work journals predominately indicate that social work practice involves understanding social problems from a broader perspective, whereas the EBP is modeled after evidence-based medicine, which is a narrower focus on locating, evaluating and applying research for medical conditions (Adams et al., 2009).

This study asked social workers how they defined EBP practice. All of the participants seem to agree that evidence-based practices are therapeutic interventions which have been scientifically evaluated through empirical research. Most of them reported that EBP is commonly used in their workplace. They also all agreed that it was an expectation by the employer that all staff understood and used EBP within their scope of practice. However, some of the social workers felt that although they were expected to know EBP, they were not receiving enough training to actually use EBP in their work.

Some of the social workers in the study identify some tensions when using EBP in social work practice. They identified that EBP tends to focus on resolving problems, which is different from social work practice which originated in the engagement of social action and advocacy that facilitates the process to make change and improve access to services and resources for marginalized peoples and communities. In EBP, the emphasis is for the practitioner to understand and present the best resolution for a specific individual problem.

The participants identified social work practice uses systems theory to understand people's values, cultural backgrounds and other lived experiences. Social workers are committed to knowing and understanding how the different parts of people's lives affect the individual person. Whereas EBP uses a narrow approach and it is really about providing an intervention to a very specific problem. EBP does not look at the parts of the wider system that encompasses the individual.

My study confirmed the analyses offered by the participants that EBP although effective, it is a directive approach to delivering care. The concept of collaboration is overlooked. The theme that EBP is about resolving problems was commonly iterated, and that it does not take into account the therapeutic alliance in the helping process. The study revealed that the participants were aware that social work practice is uniquely different in terms of its scope of practice as it takes into account and assesses every individual in their environment based on systems theory. The social workers were also aware of broader societal structural problems that directly impact individuals that often lead to the accumulation of marginalization and disenfranchisement.

Many themes in my study echoed themes as points of tension in the literature about social work and evidence-based practice. Much of the literature on social work and evidence-based practice discusses that social work practice and EBP are two very separate paradigms.

Much of the literature iterated that EBP places an emphasis on empirical knowledge and does not take in to account practice knowledge (Adams et al., 2009). Some of the social work literature indicates that relying on scientific knowledge creates a

dilemma when trying to understand complex social problems (Grady and Keenan, 2014). Social workers rely heavily on practice knowledge as they attempt to understand broader frameworks that often contribute to disenfranchisement and social difficulties for individuals (Wilke et al., 2014).

EBP literature also indirectly challenged other areas of social work practice as it does not address the importance for collaboration and mutual respect of others. Social work practice illustrates the importance to collaborate with individual to shift from oppression to empowerment (Hepworth et al., 2017). The profession is about helping individuals make independent decisions and to participate actively in the helping process (Hepworth et al., 2017). Social workers work collaboratively with clients to assist them to obtain resources to address some of their social problems. In social work practice, the relationship with clients is considered to be an effective way to help clients and make changes to improve their social circumstances. The dynamic of the therapeutic relationship helps social workers assess and understand the background and goals of the clients. It gives practitioners a clearer understanding of the client's perception of their problems and how they want to resolve them. The participants identified that the practice of social work focuses on the therapeutic relationship, whereas this type of collaboration or therapeutic alliance is not considered in the application of EBP. This study has clarified points of tension and connections between social work practice and evidence-based practice. The interviewees in the study felt that much of social work practice is based in a different set of professional values than the values that guide the implementation of EBP in clinical practice. However, in this section, I draw from my

findings to outline ways that EBP and social work practice can co-exist. Contemporary versions of EBP do state that as part of resolving problems, practitioners are expected to take into consideration the client's values and preferences (Petrova et al., 2006). This attention to the client's values and preferences offers a key point of connection between EBP and social work in that social work practice emphasizes the importance of self-determination for clients. All of the social work literature revealed that social work places a tremendous emphasis on the individual's worth and self-determination (Hepworth et al., 2017), and self-determination is also embedded in the code of ethics. At one level, both social work practice and evidence-based practice are interested in understanding the perception, needs, wishes and expectations of the client (Petrova et al., 2006).

At the same time it is important to pay attention to the difference between 'self-determination' and 'attention to values and preferences.' For social work, self-determination is embedded in the construct of critical theory which is to empower vulnerable and oppressed populations. Self-determination of individuals is also a key element for helping others for authenticated changes to occur in the helping process. An example of the difference is when individuals present with symptoms usually related to depression in a clinical setting. A social worker may ask the individual to describe their understanding of what is happening for them. The social worker would not assume that 'depression' is a word that the individual finds comfortable or accurate. The social worker would ask if the individual believes they might benefit from treatment, and only then begin to explore possible treatments. An EBP practitioner in the same setting would

likely approach the client by communicating their assessment of the problem (depression) and providing options for treatment, by presenting a few different evidence-based practices.

The key difference is that with the social worker, the individual has choice and control over the definition of the problem. With EBP, the individual usually has choice among prescribed options for a problem that has been defined for them. As participants in my study suggested, social workers who work in settings where EBP is expected can highlight EBP's commitment to understanding patient values and preferences when they are in dialogue with colleagues committed to EBP, to create a greater role for the patient's voice. At the same time they should understand the difference between self-determination in social work terms, and 'understanding of values and preferences' in EBP terms, so they can work to bring about fuller and more genuine self-determination.

In addition to finding points of connection between social work practice and EBP, social workers are navigating the tensions of social work practice and evidence-based practice in other ways. Although they effectively rely on practice knowledge, they can actively participate in research and embrace qualitative methodologies to guide research projects.

In my study, some of the participants indicated that social workers can uniquely encourage research that can produce social change. Social workers can influence research to address broader structural problems that impact individuals. This is an approach that distinguishes the social work profession when compared to other helping professionals.

Other professions, especially those rooted in scientific approach to practice are more likely to individualize or medicalize social problems.

In the literature review the article by DePanfilis (2014) presents that social workers individually and collectively have the responsibility to maintain a certain level of competency. They must critically examine their practice; keep up with emerging knowledge and use evaluation and research evidence within our professional practice (DePanfilis, 2014). However, DePanfilis (2014) says that EBP holds social workers accountable to the following premises: commitment to our client's best welfare, to utilize consistent values, to be goal directed, and to demonstrate effectiveness and efficacy when using interventions and treatment plans. Social workers using EBP also are obligated to help those marginalized by broader societal and system issues related to oppression, classism, sexism, racism, and the disenfranchisement of the poor. They are trained to work collaboratively, help people and to make sense of human relationships with the broader structural ideologies constructed by influences of power and systems of oppression. Social workers are trained to understand the subjective nature of human beings and to make changes collectively that promote understanding, justice, and equity.

They have professional and ethical obligations to build and spread evidence that will inform social work practice. One way is to avoid the medicalization of social problems (Witkin and Harrison, 2001). Given that human social problems are complex, social workers can help researchers to construct methodological frameworks to improve and resolve complex social problems and influence social change.

Social workers can also choose to critically appraise the EBP before applying it to their clinical practice. It is important to understand the epistemological and methodological consistencies of EBP research instead of only its applications. Social workers have the ability to understand the process by which the knowledge was created. They also have an ethical obligation as part of the profession to understand power relations of how EBP knowledge was generated. Most of the social workers who work in publicly funded agencies at some point or another are asked to use EBP with clients. Therefore, frontline social workers should be actively involved in designing and implementing research projects. As Bates (2011) reiterates, social workers are in a unique position to influence research questions, methodology, measurement tools, and the process of analysis. Social workers are experts in understanding complex social problems, are trained to understand larger systems, and are capable of finding services and resources to support and empower others on both an individual and collective level.

But the underlying assumption that EBP is a fixed, finished, and authoritative treatment model, which social work practice has to adapt to, is a major barrier. In the interest of values of efficiency, standardization, and measurement, EBP researchers and practitioners constrain the variables they are willing to include in their analysis. On the other hand, social workers handle a multitude of social variables in any particular case and have the training to understand and help people self-determine their own problems. These variables can also be studied in an EBP model, but it requires that EBP researchers and practitioners start to understand that the present state of their field cannot yet handle

the complexity of social work. This is a long process that incorporates the whole health system, from education to research, to funding, to political priorities.

Conclusion

This study truly reveals that social work practice and evidence-based practice are inherently different types of approaches. Social work practice is uniquely designed to assess and understand social problems, whereas EBP offers interventions to resolve individual problems of coping. The study conveys that the EBP does not seek to understand broader issues that contribute to the development of complex social constructs as they are related to individuals and their social systems. The participants clearly indicated that the two practices cannot be integrated but that they can co-exist as approaches to delivering good care and services for all individuals.

APPENDIX I

Thesis-Hospital Social workers and Evidence-based practice

Interview Guide

1. How do you define evidence-based practice?
2. What are the expectations in your work setting with respect to EBP?
3. Do you perceive any tensions between EBP, and social work practice? Please explain.
 - a. does EBP change the nature of the relationship you have with clients in any way? how?
 - b. when have you experienced tensions (if or when this has occurred)?
 - c. in what way have you addressed the tensions (if or when this has occurred)?
4. [is it possible integrate social work practice and EBP? why or why not?]
5. [if it is possible] How do you integrate social work practice and evidence-based practice?

APPENDIX II

**Email Recruitment Script
Sent on Behalf of the Researcher
by the Holder of the Participants' Contact Information
Savinna Frederiksen
Masters Candidate in Social Work
Study Title:
HOSPITAL SOCIAL WORKERS AND EVIDENCE-BASED PRACTICE**

E-mail Subject line: McMaster study about Hospital Social Workers and Evidence Based Practice

To Social Workers at the West 5th Site,
Savinna Frederiksen, a McMaster student, has contacted the Department of Social Work asking us to inform you that she is doing a study about mental health hospital social workers and evidence-based practice. This research is part of her Master of Social Work Program at McMaster University.

If you are interested in getting more information about taking part in Savinna's study please read the brief description below and or contact Savinna Frederiksen directly at sfrederi@stjoes.ham.on or by dialing extension 35902. The researcher will not tell me or anyone at St. Joseph's Healthcare who participated or not. Taking part or not taking part in this study will not affect your position of employment.

Savinna is inviting you to take part in a one-hour interview that will take place at a convenient time and place outside of work hours. She will work out those details with you. She is especially interested in how social workers' professional responsibilities to recognize, identify and reflect upon social inequalities intersect with current trends that encourage EBP.

She has asked us to attach a copy of her information letter to this email. The letter gives you full details about the study.

This study has been reviewed by the Hamilton Integrated Research Ethics Board (HiREB). The HiREB is responsible for ensuring that participants are informed of the risks associated with the research, and that participants are free to decide if participation is right for them. If you have any questions about your rights as a research participant, please call the Office of the Chair, HiREB, at 905.521.2100 x 42013.

Sincerely,
Jimena Silliker MSW, RSW
Manager, Dept. of Social Work (Charlton,
Professional Practice Leader, Social Work
St. Joseph's Healthcare Hamilton
50 Charlton Avenue East
Hamilton, Ontario
L8N 4A6
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APPENDIX III

LETTER OF INFORMATION / CONSENT

Hospital Social Workers and Evidence-Based Practice

Investigators:

Local Principal Investigator:

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Student Investigator:

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Purpose of the Study

The objective of this study is to understand, from the perspective of social workers practicing in the mental health field, whether and how the trend towards evidence-based practice (EBP) is affecting the way they practice, and / or affecting the profession more broadly. I am especially interested in how social workers' professional responsibilities to recognize, identify and reflect upon social inequalities (social determinants of health) intersect with current trends that encourage EBP. I am doing this research as part of my Master of Social Work program at McMaster University under the supervision of Dr. Christina Sinding.

Procedures involved in the Research

You will be asked to participate in a semi-structured interview that may last up to one hour. With your permission, I will take hand written notes, and as well audio-tape the interview. The interviews will be fully transcribed verbatim. You can request to review the transcript, and delete sections of the transcript that you do not want used in the study.

Sample questions:

1. How do you define evidence-based practice?
2. What are the expectations in your work setting with respect to EBP?
3. How do you integrate social work practice and evidence-based practice?
4. Do you perceive any tensions between EBP, and social work practice? Please explain.

Potential Harms, Risks or Discomforts:

The risks involved in participating in this study are minimal. You may feel uncomfortable with providing your views and perspectives. You may worry that your responses will be traced back to you. You may worry that punitive actions may result from your participation in the study.

You do not need to answer questions that you do not want to answer or that make you feel uncomfortable. You can withdraw from the study at any time until the fall of 2018 when I will submit my thesis. The steps to protect your privacy are outlined below.

Potential Benefits

It is my hope that this study will create an opportunity for social workers to share their knowledge about the complexities that may arise when social workers use EBP and at the same time maintain their professional responsibility to recognize social inequalities within the context of social work practice. The information you share will contribute to discussion about EBP in the field and discipline of social work.

Confidentiality

Every precaution will be made to protect your confidentiality and privacy. I will not use your name in my records or documentation. Any information you share will not be presented in any way that will be directly identifiable to you. Information you provide will be presented only as it relates to the content of the study. The information you provide will be kept in a locked cabinet and only I will have access to it. Information kept on a computer will be protected by password. Once the study has been completed, the information you provide will be destroyed.

What if I change my mind about being in the study?

Your participation in this study is voluntary. If you decide to not be part of the study, you can withdraw for whatever reason, even after signing the consent form and completing the interview. If you decide to withdraw, there will be no consequences to you. In cases of withdrawal, any data you have provided will be destroyed unless you request otherwise. If you do not want to answer some of the questions you do not have to, but you can still be in the study.

Information about the Study Results

I expect to have this study completed by the fall of 2018. If you would like a brief summary of the results or the whole thesis, please let me know how you would like it sent to you.

Questions about the Study

If you have questions or need more information about the study itself, please contact me at: freders@mcmaster.ca

This study has been reviewed by the Hamilton Integrated Research Ethics Board (HiREB). The HiREB is responsible for ensuring that participants are informed of the risks associated with the research, and that participants are free to decide if participation is right for them. If you have any questions about your rights as a research participant, please call the Office of the Chair, HiREB, at 905.521.2100 x 42013.

CONSENT

- I have read the information presented in the information letter about a study being conducted by Savinna Frederiksen of McMaster University.
- I have had the opportunity to ask questions about my involvement in this study and to receive additional details I requested.
- I understand that if I agree to participate in this study, I may withdraw from the study at any time or up until approximately October 1, 2018.
- I will be given a signed copy of this form.
- I agree to participate in the study.

1. I agree that the interviewer can take notes and the interview can be audio recorded.

... Yes.

... No.

2. ... Yes, I would like to receive a summary of the study's results.

Please send them to me at this email address

... No, I do not want to receive a summary of the study's results.

3. I agree to be contacted after the interview if the researcher requires clarification or further information. I understand that I can always decline the request at that time.
... Yes. Please contact me by e-mail/phone at:

Name of Participant (Printed)

Signature

Date

Consent form explained in person by:

Name and Role (Printed)

Signature

Date

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