

Evidence-Based-Practice Revisited - Challenges in Providing and Using Evidence in Social Work

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Abstract

In social work, evidence-based-practice is controversially discussed. However, despite justified criticism, it is also seen as an opportunity to improve processes of shared decision-making and to professionalize social work as a whole. This article addresses three problem areas in evidence-based practice and related perspectives on possible solutions. The first area concerns the challenge of defining overarching social work goals and operationalizing them in terms of measurable outcomes, which in turn is a prerequisite for evidence-based-practice that relates to evidence of effectiveness and efficiency of interventions. Second, it discusses what evidence appears relevant to social work and what methodological approaches to empirical research could be used to obtain it to inform social work action in concrete practice situations. Third, in implementing the process of evidence-based-practice, the expertise of professionals is of particular importance, which is why key components of this expertise and its embedding in social work education are addressed.

Introduction

Evidence-based-practice (EBP) was initially developed in medicine with the intention to foster a stronger scientific basis for professional medical practice [1]. In medicine EBP is defined as the “[...] conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients” [2]. Insofar EBP is considered to contribute to a reasoned and comprehensible medical decision-making [3]. Current best evidence refers to clinically relevant research findings, e.g. on the accuracy of diagnostic tests or the effectiveness and safety of - in this case, medical - interventions [4], and is considered a core component of EBP. However, decision-making is understood as shared decision-making [3], thus best available evidence is not the only component. Equivalent to the best available evidence, EBP must consider both the clinical expertise of professionals as well as values and preferences of patients [5]. Clinical expertise describes the ability to use clinical skills and prior experience to gain insight into patient's health status and individual risks or potential benefits associated with interventions [6]. Patient values and preferences refer to e.g. concerns, and expectations that each individual brings to the interaction and that if they are to serve the patient must be incorporated into shared decision-making [3]. It was argued that the integration of these three elements would result in medical services that are both individualized and empirically sound if the required integration is realized in a systematic process [7]. To implement EBP in medical practice, the following five steps are proposed:

1. Situation assessment and goal setting must occur based on patients values and preferences as well as the clinical expertise of professionals, leading to the formulation of an answerable practice question;
2. the second step addresses the practitioner to find the best available evidence to answer the question posed in step one, in particular regarding potentially suitable interventions;
3. subsequently, the identified and relevant research findings must be critically reviewed by the physician for validity, impact and applicability based on his or her clinical expertise;

Publication History:

Received: December 23, 2021

Accepted: February 22, 2022

Published: February 24, 2022

Keywords:

Empirically supported practice, Expertise, Evidence-based-practice, Implementation, Outcomes

4. the fourth step is to bring together the best available evidence with the values and preferences of patients and their individual situation in shared decision-making;
5. finally, the results must be evaluated at least at patient level with regard to the jointly defined goals and opportunities for improvement must be sought [3,5,8].

After its introduction in medicine, EBP became popular in other fields, such as psychology [9] and nursing [10]. Also in social work, a phase of intensive discussion and publication activities on EBP began at the onset of the 21st century [1]. On the one hand, discussions and publications led to controversies and severe criticism of EBP [11-13]. On the other hand, EBP was associated with the hope of becoming a push toward professionalization of social work respectively a vehicle for practice development [14,15], in the sense of making social work practice more scientifically based. This article is not intended to reflect the entire discussion on EBP in social work - this can be read in other scientific publications [16,17]. This article highlights selected aspects of the discussion and offers perspectives on possible solutions.

Controversies about EBP in Social Work

As a starting point of the discussion, a gap between scientific knowledge and its consideration in social work is identified and it is stated that the existing evidence is not sufficiently used in practice [16-18]. It is argued that EBP would improve the flow of information between research, practice, and clients, and in doing so, would reveal research gaps that can initiate research activities to inform social work practice [4]. EBP is seen as an alternative to “authority-based practice”

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Citation: Frank F, Steimle L (2022) Evidence-Based-Practice Revisited - Challenges in Providing and Using Evidence in Social Work. Int J Global Soc Work 5: 120. doi: <https://doi.org/10.15344/ijgsw/2022/120>

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because scientific evidence is explicitly considered in social work information and decision-making processes, as are clients' values and preferences [19]. The terminology of "authority-based practice" is justified by arguing that social work often appeals to trust in the expertise of professionals and presents their intentions to provide good results for clients as supposed evidence of good outcomes. Moreover, parts of social work practice would pretend to be scientific while merely pseudo-scientifically asserting their own effectiveness. In both cases, social work practice would rely on authoritarian rather than evidential criteria. If EBP were to improve the flow of information between research, practice, and clients, it could counter "authority-based practice" by consistently incorporating evidential criteria into shared decision-making. The need to constantly refer on current scientific findings would lead to a process of lifelong scientific learning in social work professionals improving their expertise [16]. Insofar it is argued, that implementing EBP would improve the quality of shared decision-making in social work practice [4] by incorporating evidential criteria as well as improving information flows and professionals expertise. Therefore, the implementation of EBP is seen as an ethical necessity [14].

However, it is pointed out that the empirical base of evidence is not sufficient in social work [20]. Empirical evidence is often understood as proofed effectiveness respectively efficiency of interventions [4]. While effectiveness deals with the effect of an intervention regarding a defined goal, efficiency research examines with what effort the goal was achieved [21]. To provide respective evidence, the intended goals are usually tested by means of defined and, in particular, statistically measurable outcomes in rigorous research designs, as e.g. randomized controlled trials (RCTs). The goals - and to that extent statistically measurable outcomes - of social work practice seem to differ, for example, according to the field of action, the institutional setting, but also according to the individual clients [22]. Therefore, social work as a whole seems too broad to formulate measurable outcomes to create overarching empirical evidence. There seems to be a need to look for overarching social work outcomes to improve the empirical evidence base for interventions.

Even when empirical evidence on the effectiveness or efficiency of social work interventions is available, it is argued that this evidence is often not relevant to social work practice [23]. This is justified by the fact that there is no guarantee of success in social work and effective solutions are always realized in the context of specific and unique situations [22]. Further, social work frequently deals with minorities, vulnerable populations, or environmental settings whose life situations are not always methodically considered in studies regarding the effectiveness or efficiency of interventions [4]. In addition, interventional studies are often conducted in a "stable" research setting, which continues to make transferability to practice respectively to specific situations with specific clients uncertain [23]. At the same time, rigorous study designs such as randomized controlled trials and meta-analyses - which are considered the gold standard for evidence hierarchies - seem to be lacking in social work on the one hand and difficult to conduct on the other [14]. However, natural study conditions have the disadvantage that biases and alternative explanations for the results often cannot be ruled out [23], which in turn leads to uncertainties regarding transferability to social work practice. In this context, it is argued that both the fact of missing evidence and evidence that does not meet the gold standard should be included in the EBP process in order to incorporate all known facts into shared decision-making, but also uncertainties in this regard [4]. Since the usual hierarchies of evidence in medicine, which favor

RCTs and meta-analyses over e.g. qualitative research [8], are also questioned with regard to their suitability for EBP in social work [14], the question arises as to what is considered best available evidence in social work as well as how this can be methodically measured and practice relevance derived.

In addition, it is fundamentally questioned whether EBP can be implemented in social work. In order to implement EBP in social work, organizational arrangements would have to be made at the institutional level and new competencies would have to be developed at the level of professionals [16]. However, it is noted that most professionals do not have the skills necessary to develop social work practice based on research evidence [24]. Therefore, professionals would have to be enabled e.g. to systematically record and evaluate scientific findings in the sense of empirical evidence and to relate them to concrete practice situations [4]. This raises e.g. the question of how clinical expertise in social work can be defined, developed, taught and secured in practice.

Goals of Social Work and Challenges in Defining and Measuring Related Outcomes

Empirical evidence regarding the effectiveness respectively efficiency of interventions is commonly seen as true scientific knowledge about "what works" [25]. According to Schmidt, there are three important aspects in order to examine the success of a social service. These are effectiveness, efficiency, and finally the reasons for the observed effectiveness and efficiency [21]. EBP thus asks which intervention has the highest probability of achieving a predetermined goal [26]. Debating EBP in social work therefore also means discussing what the task and goals of social work are or should be [26,27]. Since tasks and goals differ according to the field of action, the institutional setting and the respective clients [22], and are typically multidimensional [28], it seems difficult for social work to define overarching yet specific goals. Moreover, goals are often negotiated in shared decision-making and thus during social work interventions in specific case constellations [26,29]. In this respect, it could be concluded that social work cannot agree on overarching goals and associated measurable outcomes. However, the definition of the International Federation of Social Workers (IFSW), which claims to be valid for the entire social work, mentions overarching goals such as social change and development, social cohesion, the empowerment and liberation of people or wellbeing [30]. In this regard, there are overarching goals that could be used to provide evidence of the effectiveness and efficiency of social work interventions. Nevertheless, the question remains as to how these goals can be operationalized as measurable outcomes for studies. Even for overarching goals, their understanding and thus their operationalization can and will vary by regional and cultural differences [30], by field of action and institutional setting, specific clients as well as the theoretical perspective of professionals. For example, wellbeing can be operationalized as psychological state of mind, regarding financial income or the ability of using resources. Since social work often operates between the conflicting priorities of help and control while being committed to professional demands [31], decisions must be made about whether to operationalize societal perspectives, needs of individual clients, or professional practice itself as measurable outcomes, which in turn has implications for possible study designs [26]. A distinction must be made as to whether or to what extent the individual, the society or the social work itself is responsible for the effectiveness respectively the efficiency of an intervention. Insofar, a central question is which and whose goals are

to operationalize as measurable outcomes to generate and assess any evidence in social work [28]. Despite the aforementioned challenges, the goals outlined in the IFSW definition can be a starting point for operationalizing overarching outcomes that can be used to measure effectiveness and efficiency in social work, and this is the case when their operationalization is theoretically based. Based on social work theories reflecting the goals of social work according to the definition of the IFSW, an attempt could be made to derive a core-outcome-set that can be applied across regions, cultures, fields of action, or settings, thus contributing to improved comparability of the best available evidence in social work.

The Best Available Evidence, its Measurement and its Transferability

Since it is claimed that not all empirical research is able to provide a basis for EBP [28], the question arises as to what “good” evidence for EBP in social work could look like. In social work, outcomes for measuring effectiveness respectively efficiency should refer to both the individual and the societal level as well as the level of professional practice itself, which is why RCTs - which usually focus centrally on one primary outcome on individual level and are considered the gold standard in medical research are not always suitable as instruments for generating evidence for social work [14]. As RCTs measure effectiveness respectively efficiency in a controlled setting at the group level between those who receive a particular intervention and those who do not, their results relate to group means and do not apply directly to the individual level [27]. The results of RCTs are probably not reliable for estimating the effect of an intervention in a specific practice setting because the situation of study participants differs from the situation of specific clients [28] and intervention adherence is likely to be lower - or formulated positively: more individualized - than in a controlled trial setting. Consequently, a solid empirical foundation does not guarantee that a given intervention will meet clients’ needs [32]. Social work interventions can basically be seen as customizable complex interventions, which are characterized by various intervention components and goals as well as influencing factors [33]. In this respect, RCTs are useful for generating evidence in social work if clearly delineated contexts of action with singular goals respectively concrete outcomes are addressed. Furthermore, RCTs can reveal overarching issues that influence the effectiveness of interventions, such as the influence of sociodemographic and sociostructurally differences [34]. However, typical social work situations are multidimensional in terms of clients’ values and preferences, shared tasks and goals as well as their institutional and professional elaboration, so alternative research strategies to generate evidence are needed. One approach that is close to the so-called gold standard inherent in RCTs is cluster randomized controlled trials, in which institutional respectively conceptual settings as a whole are examined comparatively with respect to their effectiveness on defined outcomes at the individual level [35]. Another approach would be the generation of real-world evidence, which is fed in particular by the systematic evaluation of real-world data in the sense of data accumulated in routine contexts [36], in social work e.g., through documentation. Regardless of methodological challenges in processing real-world data [37], one advantage could be that both institutional circumstances and specifics of the life situation of the respective target groups would be more likely to be met [38,39]. Furthermore, case-based exploratory research using qualitative approaches is needed to illuminate case contexts and account for a casuistic logic of social work [34]. Qualitative research helps identify what EBP may overlook, omit, or render invisible within rigorous

evidence hierarchies [40]. Qualitative research can help to understand how and why interventions work, it can help identify new variables and hypotheses for future study, it can help clarify unexpected results from quantitative studies and furthermore, it can help to improve the accuracy and relevance of quantitative research [41]. For social work, it might be even more helpful to include qualitative research into EBP to understand why interventions work, rather than just understand if they work [42]. All three of the above mentioned approaches can also be used for services and implementation research in social work. However, how social work practice should be shaped in individual cases or specific service settings cannot be answered by empirical findings alone [43]. Drisko states that different types of research can be helpful depending on the objective [34]. Therefore, it seems less important to commit to a specific study design or form of evidence. The best guide for practice is to refer to different forms of knowledge that come from different types of evidence [34]. Critical thinking about the quality of research and its applicability in a specific practice situation are critical to successful EBP [40]. Therefore, the focus should be on training social workers to decide which evidence to select in which situations, for which specific expertise is essential.

Teaching and Developing “Clinical Expertise” in Social Work Practice

As expertise means matching the experiences and limitations of social work professionals with clients’ values, preferences and circumstances as well as the best available evidence [44], it can be seen as the “glue” of EBP [34]. First, expertise must be used in situation assessment and goal setting - that is, in the first process step of EBP - also to learn about clients’ values and preferences. The conclusion that the social workers make based on all the information they gather e.g. about the clients, their context as well as the context of the practice settings is where his or her expertise comes to play [40]. Second, after formulating the question and defining the problem, expertise becomes relevant in combining the information provided by the research in steps two and three of EBP [40]. Bonvin & Rosenstein note that there can be several “true” and sometimes contradictory evidence about an issue [45]. Therefore, appraising the quality of research studies for practice use respectively to relate their results on concrete practice situations and unique practice needs requires professional expertise [40]. Third, step four of EBP involves bringing together the best available evidence with client values and preferences in shared decision-making, which in turn requires expertise to decide whether or not to integrate or apply the selected evidence into practice [25]. In social work, the discussion about the connection between science and practice is not new and various authors have already dealt with the question of the relationship between scientific findings - and thus empirically generated evidence - and their use in practice [46]. Again, expertise in relating forms of knowledge found in science and practice is seen as playing a central role in the development of social work professionalism [47] as well as implementing EBP. However, the question of what expertise means in the context of EBP in social work remains controversial and undefined. Drisko & Grady state that even though it is known what expertise in general is, there is still a lack of knowledge concerning specific important details [40]. On the one hand, this can be explained by the argument that expertise should be kept as open as possible in order to avoid “cookbook-interventions” [40]. On the other hand, it is assumed that appropriate modes of thinking become habitualized in the course of professional training [32]. Proctor & Rosen state that the second assumption is unjustified and consider implementation research to be in charge here [32]. It should provide decision-making

aids and tools for social workers to make clear decisions in an uncertain practice. Furthermore, it should help the practice to develop methods and to implement them successfully in practice processes [32]. Three minimum requirements for the teaching of EBP in social work and insofar for the development of an expertise in this field result from the previous explanations:

1. Knowledge about methodological approaches of empirical research should be taught in depth, as well as the meaning and scope of its results. This is a promising way to enable social workers to find the best evidence currently available and to evaluate and triangulate it in terms of its relevance to practice.
2. Teaching of a casuistic perspective using hermeneutic and reconstructive approaches of case understanding appears to be necessary as a basic competence in order to be able to elicit and integrate patient values and preferences in the EBP process of shared-decision making.
3. Social work theories should be at the core of the curriculum, as they not only contribute to situational analysis and the justification of social work objectives, as well as the integration of the previously mentioned aspects into concrete practice situations, but also enable reflection on when EBP can be helpful as a practical social work approach.

Conclusions

While many see EBP critically, it also generated hope for professionalization of social work, away from "authority-based practice" towards informed and shared decision-making. Based on this perspective on EBP, three critical aspects that complicate EBP implementation were highlighted. First, there is a lack of evidence on the effectiveness respectively the efficiency of social work as a whole. To generate such evidence, overarching goals are needed that can be operationalized in terms of measurable outcomes. However, the definition of overarching goals in social work is complicated by the fact that they may differ, e.g. according to case situation or institutional setting. The IFSW definition of social work offers overarching goals that can be a starting point for operationalizing outcomes to measure effectiveness or efficiency. Based on theories of social work, an attempt could be made to derive a core outcome set that reflects those overarching goals and is relevant across different regions, cultures, fields of action or settings, thus contributing to a better comparability of the best available evidence in social work. Second, it asks what "good" evidence in social work looks like. Many authors view the fit of medical evidence hierarchies to social work critically. In addition, the question of how social work practice should be shaped in individual cases cannot be answered by empirical evidence alone. Each type of evidence, as well as its different conditions of production, has different advantages and disadvantages. Complementary to RCTs, social work could particularly benefit from evidence obtained via real-world data or qualitative study approaches because of their multiperspectivity. Therefore, social work should incorporate evidence from different types of studies into shared decision-making in EBP. In this regard, the focus of social work would need to be on education aimed at developing an expertise that enables social workers to choose which evidence is helpful in a particular practice situation. Third, there continues to be controversy about what expertise in social work means or entails. It is concluded, that an expertise conducive to EBP includes three minimum requirements that would have to be taken into account in the training of social workers:

1. The in-depth teaching of methodological approaches to empirical research in order to be able to evaluate different evidence in terms of their relevance to practice.
2. A casuistic competence is necessary, to be able to adequately pick up clients' values and preferences in the EBP process.
3. Social work theories should be at the core of the curriculum as they can help integrate the three components of EBP as well as reflect on when EBP can contribute to professionalizing practice.

If the issues raised here are addressed, this could contribute to the expectation that EBP is a "[...] strong push toward being a vehicle for practice development" [15].

Competing Interests

The authors declare that they have no competing interests.

Author's Contributions

Fabian Frank and Larissa Steimle contributed equally to the draft manuscript and both gave their final approval to the published version.

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