

## Social Work Students & Evidence-Based Practice: An International Comparison

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### Abstract

***Purpose:** Little research exists regarding the self-assessment of skills and attitudes of students in social work programs outside the United States regarding evidence-based practice (EBP). This descriptive study examined baseline levels of knowledge, attitudes and behaviors concerning evidence-based practice for students in a major Caribbean university and compared it to results from a US School that was in the process of integrating EBP into its curriculum. A standardized scale measuring these concepts in regard to EBP was used. **Results:** All students expressed generally high levels of confidence that their social work program was meeting key educational and professional standards. Caribbean students reported higher levels related to future use, while US students reported higher levels of knowledge. **Conclusion:** Greater access to and use of EBP databases to increase knowledge about effective interventions is crucial. Monitoring attitudes, knowledge and use of EBP over time represents the application of the paradigm itself.*

**Key Words:** evidence-based practice; evidence-informed practice; outcome measures; self-assessment.

### 1. Introduction

Evidence-based practice (EBP) has been defined as the conscientious, explicit, and judicious use of current best practice to make decisions about the care of individuals, groups, communities and organizations (based on Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996). The use of research to inform social work practice and policy--and to involve clients in this process--has been described as a paradigm shift away from authority-based practice that has traditionally guided the field (Howard, McMillen, & Pollio, 2003). Education of EBP in medicine, nursing, psychology, education, and other fields is growing, and social work education needs to respond to this paradigm shift. Soydan (2006) stated, "It needs to become a mainstream concern for schools of social work" (p. 4). There are studies regarding results of EBP training in allied fields, including use in chiropractic medicine (Haas, Leo, Peterson, LeFebvre, & Vavrek, 2012). Some studies of EBP with allied health fields have been based in other countries, from a systematic review of the literature based in Australia that focused on physiotherapists, occupational therapists and social workers (Dizon, Grimmer-Somers, & Kumar, 2012), nursing in Taiwan (Hung, Huang, Tsai, & Chang, 2015), and mental health in South Korea. Song and Lee's (2015) study noted that it has been possible to promote the efficacy of social work services since the introduction of evidence-based practice in mental health social work.

While many social work programs in the US have begun to implement EBP into their programs, many practitioners have minimal training. "It is safe to say that, given the recent inclusion of EBP in social work curricula, the majority of licensed social work practitioners have not had formal instruction in the requisite skills and of using EBP" (Farley, Schapmire, D'Ambrosio, Bruce, Oak, & Sar, 2015). These challenges were echoed in a North American survey of MSW programs, including the US and Canada. "While the majority of programs reported teaching at least one EBP and developing EBP skill sets, challenges to curriculum integration were noted (Bertram, Charnin, Kerns & Long, 2015, p. 738). Many schools of social work in the U.S. are only beginning to require students either in class or field to learn evidence-based interventions. "Implementing EBP in social work practice and education has proven challenging, highlighting the need for additional resources" (Bellamy, Mullen, Satterfield, Newhouse, Ferguson, Brownson, & Spring, 2013, p. 427).

As social work endeavors to become globally responsive to clients and systems, it is also important to understand the attitudes, behaviors and knowledge about EBP in a wide range of countries outside the U.S. Establishing baseline levels in these areas is a crucial step in the globalization process, and will also serve as a guide for how future efforts should be tailored to different expectations and resources.

## **2. Goal of the Current Study**

Little research exists regarding the self-assessment of skills and attitudes of students in social work programs outside the United States regarding evidence-based practice (EBP), and the degree to which they are engaged in EBP. The goal of this descriptive study was to examine the baseline level of knowledge, attitudes and behaviors concerning evidence-based practice for students in a major Caribbean university and compare it to results from a US school that was in the process of integrating EBP into its curriculum.

## **3. Survey Instrument**

The KAB (Knowledge, Attitudes and Behavior Questionnaire; Johnston, Leung, Fielding, Tin & Ho, 2003), as adapted for social work (Mathiesen & Hohman, 2013) was used. The adaptation to social work was important as the original KAB was intended for medical students.

The KAB-SW has been validated and provides an effective tool to measure the complexities of these concepts. The 4 factors (21 items) related to EBP (knowledge, attitude, personal use, and future use) showed good reliability, and overall reliability was 0.86. In the process of validation, MSW students rated their knowledge and use of EBP significantly higher than BSW students and field instructors did, but the groups were similar on attitudes and future use of EBP. The Knowledge, Attitudes, Behavior Scale is a useful tool for social work programs that can be used to monitor the impact of EBP curricular efforts. Each of the four main sections of the KAB-SW have questions with response categories on a scale from low to high, or agree to disagree, depending upon the question.

Section 1: Future Use: There are seven questions in this section. “How useful do you believe EBP will be in your future practice?”; “How willing are you to practice EBP in the future?”; “You personally appreciate the advantages of practicing EBP”; “EBP should be an integral part of the undergraduate social work curriculum”; “EBP should be an integral part of the graduate social work curriculum”; “How much do you support the principles of EBP?”; “How much do you support lifelong learning using EBP?”.

Section 2: Personal Use: This section contains six questions regarding actual current usage: “How frequently do you access social work (SW) evidence from a SW textbook?”; “How frequently do you access SW evidence on the internet?”; “How frequently do you access SW evidence from research papers?”; “How frequently do you access SW evidence from the Campbell Collaboration database?”; “How frequently do you access SW evidence from the Cochrane Collaboration database?”; “How frequently do you access SW evidence from other secondary sources?”.

Section 3: Knowledge: The four questions in this section ask respondents to agree or disagree with statements about the fundamentals of EBP. “EBP requires the use of critical appraisal skills”; “Effective searching skills/easy access to databases and evidence sources are essential to EBP”; “Critically- appraised evidence should be applied using clinical judgment and experience”; “The EBP process requires the appropriate identification and formulation of clinical questions”.

Section 4: Attitudes: The four questions in this section are negatively phrased questions about EBP and have response categories in which low scores reflect disagreement with the statement. The questions are focused on the respondent’s attitudes regarding the fit of EBP with social work practice. “There is no reason to accept EBP as it is just a fad”; “EBP is ‘cookbook’ social work that disregards clinical experience”; “Social workers should not practice EBP because social work is about people”; “EBP ignores the art of social work”.

## **4. Participants in the Study**

At the US University, undergraduate and graduate social work students in 2009 were offered the opportunity to participate in the survey. This was a crucial time in the US University as the school had just begun the process of integrating EBP into the curriculum. Both undergraduate students in the social work program and first year graduate students were participants. There were 134 participants with a mean age of 31 years of age. The majority were white (64%) and female (88%).

In regards to the Caribbean students, all participants were undergraduate social work students at a major university. They were enrolled in 2011 in Semester II of their program, had not had extensive EBP training or instruction, and were offered the opportunity to participate in the survey. The 75 participants were primarily Black (95%) with a mean age of 37 years of age. Sixty-five percent were female, and 16% were male (19% missing).

**Table 1: Demographics of US and Caribbean Samples**

US Students (n=134)

- 64% White
- 17% Latino
- 2% African American
- 11% Asian
- 4% Other
- 88% Female
- 12% Male

Mean age: 31.28 (SD=7.7)

- 17.3% Undergraduates
- 82.7 % Graduates

Caribbean Students (n=75)

- 95% Black
- 3% White
- 4% Other
- 1% Missing
- 65% Female
- 16% Male
- 19% Missing

Mean age: 37.1 (SD=10.1)

- All undergraduates

## 5. Results

The first section of the questionnaire asked questions about proposed “Future Use” of EBP, and response categories ranged from 1=low to 6=high. The Caribbean students rated future use higher on all seven items than the US student group. The overall mean for the US students was 5.01, as compared to 5.28 for the Caribbean students.

For the questions under “Personal Use” (Section 2), the response categories ranged from 1=low to 5=high. Caribbean students rated their frequency of access to SW evidence from textbooks at a higher level than US students (4.04 compared to 3.21). On the other questions in this section (which asked about accessing the internet, research papers, and the Cochrane and Campbell Collaborations), the US students had higher scores on their personal use than the Caribbean students. The overall mean for the US students was 3.0, compared to 2.86 for the Caribbean students.

Section 3, “Knowledge of EBP”, the response categories ranged from 1=low to 6=high. Results revealed that US students scored higher on all items. This is perhaps expected, as the US students have been introduced to the EBP curriculum but differences between the groups are not extraordinarily different. US students reported an overall mean of 5.05, with Caribbean students scoring an overall mean of 4.64.

Section 4 was “Attitudes toward EBP”, and the four questions were phrased so that agreement was rated with high scores (high=6), and disagreement (which indicated support of EBP), was rated at the low end of the scale (low=1. In this section, Caribbean students showed higher rates of disagreement with all four of these questions, with an overall mean of 2.16, compared to the US students’ mean of 2.40. This indicates that the Caribbean students have more positive attitudes toward EBP than the US students. For example, the one statement in this section was “There is no reason to accept EBP, as it is just a fad.” The Caribbean students showed disagreement with this statement and rated it with a mean of 1.83 (SD=.77), while US students rated it more toward the agreement range with a mean of 2.17 (SD=1.13).

**Table 2: Results for FUTURE USE**

Sample: US Students= 134; Caribbean Students=75

Section 1: FUTURE USE OF EBP- 7 Items Scale: 1-6

	US Sample		Caribbean Sample	
	Mean	(SD)	Mean	(SD)
1. How useful do you believe EBP will be in your future practice?	5.02	(.77)	5.53	(.68)
2. How willing are you to practice EBP in the future?	5.13	(.86)	5.43	(.66)
3. You personally appreciate the advantages of practicing EBP.	4.96	(.94)	5.20	(.75)
4. EBP should be an integral part of the undergraduate SW curriculum.	4.93	(.98)	5.26	(.70)
5. EBP should be an integral part of the graduate SW curriculum.	5.17	(.87)	5.30	(.82)
6. How much do you support the principles of EBP?	4.88	(.88)	5.10	(.83)
7. How much do you support lifelong learning regarding EBP?	4.99	(.93)	5.19	(.67)

**Table 3: Results for PERSONAL USE OF EBP**

Sample: US Students= 134; Caribbean Students=75

Section 2: PERSONAL USE OF EBP—6 Items Scale: 1-5

	US Sample		Caribbean Sample	
	Mean	(SD)	Mean	(SD)
1. How frequently do you access SW evidence from a SW textbook?	3.21	(1.25)	4.04	(1.16)
2. How frequently do you access SW evidence on the internet?	3.58	(1.25)	3.20	(1.24)
3. How frequently do you access SW evidence from research papers?	3.56	(1.24)	3.49	(1.37)
4. How frequently do you access SW evidence from the Campbell Collaboration database?	2.25	(1.22)	1.77	(1.20)
5. How frequently do you access SW evidence from the Cochrane Collaboration database?	2.25	(1.22)	1.66	(1.05)
6. How frequently do you access SW evidence from other secondary sources?	3.15	(1.14)	3.03	(1.33)

**Table 4: KNOWLEDGE OF EBP**

Sample: US Students= 134; Caribbean Students=75

Section 3: KNOWLEDGE OF EBP—4 Items Scale: 1-6

	US Sample		Caribbean Sample	
	Mean	(SD)	Mean	(SD)
1. EBP requires the use of critical appraisal skills	4.98	(.89)	4.66	(1.11)
2. Effective searching skills/easy access to databases and evidence sources are essential to EBP.	4.99	(.90)	4.77	(.99)
3. Critically-appraised evidence should be appropriately applied using clinical judgment and experience.	5.25	(.73)	4.51	(1.17)
4. The EBP process requires the appropriate identification and formulation of clinical questions.	5.01	(.78)	4.63	(.96)

**Table 5: Attitudes toward EBP**

Sample: US Students= 134; Caribbean Students=75

Section 4: ATTITUDES TOWARD EBP—4 Items Scale: 1-6

	US Sample		Caribbean Sample	
	Mean	(SD)	Mean	(SD)
1. There is no reason to accept EBP as it is just a fad.	2.17	(1.13)	1.83	(.77)
2. EBP is “cookbook” social work that disregards clinical experience.	2.47	(1.23)	2.19	(1.15)
3. Social workers should not practice EBP because social work is about people.	2.17	(1.08)	2.16	(.92)
4. EBP ignores the art of social work.	2.82	(1.21)	2.47	(1.10) 6.

### **Discussion**

The results of this descriptive study show that students in both a US and a Caribbean sample of students have generally positive self-assessments of their plans for future and personal use of EBP, as well as their knowledge of the EBP process. This is consistent with studies that show generally positive change when EBP is introduced. But as Farley et al. (2015) noted, most licensed clinicians are without formal training in EBP. Students may not have reinforcement at their internships or indeed, in their practice classes, from EBP trained individuals. At this point, EBP training is undefined in terms of intensity and duration. Bertram et al.'s (2015) study noted that their findings showed that most schools surveyed taught one EBP skill-based course. Whether that is sufficient to encourage change and skill building over time is unknown. Bellamy et al. (2013) note the challenges persist in terms of full implementation, whether in the US or Canada.

The section on Attitudes toward EBP revealed that students in both countries were able to discern the appropriateness of statements about EBP that they disagree with. The Caribbean students overall were more critical of these negative statements about EBP than the US students. This result should be viewed in context, as the Caribbean students had not yet had systematic instruction in EBP, and therefore may be less critical or knowledgeable about the details of EBP. On the other hand, the scores for the US students, while revealing more criticism about the model, must also be considered within the context of their program, which at the time was only introductory regarding EBP as a paradigm.

These results highlight the need for longitudinal studies that will be able to measure change over time in these important concepts. This is also indicated in a systematic review of the literature on EBP training in allied health field (Dizon, Grimmer-Somers, & Kumar, 2012) that sought to identify effectiveness of EBP training programs. Of the six relevant studies (including four randomized controlled trials and two before-and-after studies), all reported significant changes in knowledge and skills. “Only the social work study, which reassessed outcomes after 3 months, reported significant changes in attitudes and behaviors” (Dizon et al., 2012, p. 350).

There are limitations to this descriptive study, and no causal relationships can be established. But the results do provide a unique international comparison of a US and Caribbean student sample. Future efforts will be aimed at providing a longitudinal approach to evaluation of EBP skills so that as educators we can determine what will serve both our students and faculty best.

### **7. Conclusions**

The Evidence-Based Practice Questionnaire for Social Work is an important tool in establishing both baseline levels and changes over time in student (and practitioner) plans for the future, personal levels of use, knowledge and attitudes regarding EBP. This descriptive study also was able to examine the response to EBP for students in a Caribbean university who had not yet had systematic EBP training, and to a group of students who had just begun the integration of EBP into their curriculum. Such comparisons should be replicated both over time for a longitudinal perspective, and with additional universities and countries.

These results demonstrate that students recognize and value EBP and the underlying concepts, including the benefits of inclusion into the social work curriculum. Greater access to and use of EBP databases to increase knowledge about effective interventions is crucial. These baseline levels for social work students in the Caribbean represent important information for social work educators as we move to a global profession. Knowledge of current best practices will highlight the need for culturally relevant adaptations that meet the needs of Caribbean populations. In addition, the positive results for the US students are encouraging and also highlight the need to follow up over time to determine the impact on practitioners, and on their clients, around the world.

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