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Social Workers' Evidence-Based Practice Use and Challenges in Rural Environments: A Systematic Review

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Abstract. Over the past decade, the demand for Evidence-Based Practice (EBP) in the social work field has increased. Previous studies indicate that EBP promotes clinical decision making based on current best evidence and decreases the use of ineffective interventions. However, social workers still face a variety of barriers to become evidence-based practitioners. Particularly, social workers practicing in rural areas face increased barriers to make use of evidence in practice. This study conducted a systematic review of current literature to find evidence related to social workers' use of EBP and their barriers in rural settings. Reviews were limited to social work studies published between 2000 and 2014. Elements of rural culture that influence social work practice are considered. Implications for social work practitioners are also presented, including suggestions for enhancing EBP in rural settings.

Keywords. rural social work, evidence-based practice, rural culture, practice barriers

Over the past decade, social workers have been encouraged to use Evidence-Based practice (EBP) during their treatment process. Previous studies indicate that EBP promotes clinical decision making based on current best evidence and decreases the use of ineffective interventions (Hausman, 2002; Newman, 2002; Plath, 2006; Wiechelt & Ting, 2012). Social work academic community also made considerable progress in the identification of effective interventions through controlled experimental research (Gorey, 1996; McBeath, Briggs, & Aisenberg, 2010; Reid & Fortune, 2003; Reid, Kenaley, & Colvin, 2004; Wampold, 2001).

Despite increased resources in EBP, social workers still face a variety of barriers to become evidence-based practitioners. Most social workers struggle to understand a true meaning of EBP and apply evidence into their treatment (Avby, Nilsen, & Abrandt Dahgren, 2014; Murphy & McDonald, 2004). Particularly, social workers practicing in rural areas face "double barriers" to implementing EBP. From the recent study (Author), rural social workers consistently use practice-relevant evidence during their treatment. However, their treatments are influenced by rural environments as well as general issues with EBP application.

How is practicing social work influenced by rural environments? It is believed that social workers in rural settings practice with the same set of social work professional skills as someone working in urban areas (York, Denton, and Moran, 1989). Regardless of location, social workers search the best therapeutic intervention treatment plan and apply the same treatment plan to their particular clients based on knowledge of general practice skills. However, practicing social work in rural areas is noticeably different in a real situation. Previous studies also identified differences in rural practice (Gumpert, Saltman, & Sauer-Jones, 2000; Slovak, Sparks, & Hall, 2011; Sullivan, Hasler, & Otis, 1993). Based on these mixed results, further investigation on practice and practice barriers in rural settings is justified. Particularly, limited research exists on rural social worker's use of EBP.

To the author's knowledge, there has been no systematic review of comparative experimental studies in rural social worker's EBP use and their barriers. This study conducted a systematic review of current literature to answer the following question: 1) How often does a rural social worker use EBP during his/her treatment?; 2) What barriers does a rural social worker face to implement EBP? To understanding complication in rural social work practice, review of articles on characteristics of rural practice and unique culture in rural environments was included.

Difficulties in using EBP and Rural Environments

Traditionally, social workers understand EBP as a certain practice or intervention program that established as being effective through outcome literature (Franklin & Hopson, 2007; Norcross, Beutler, & Levant, 2006; Roth & Fonagy, 2006). From this perspective, a practice was considered "evidenced based" for treatment of specific conditions or diagnoses when it demonstrated effectiveness, preferably in randomized controlled trials. However, more recent studies in social work literature conceptualize EBP as "a way of doing practice" (Gambrill, 2003; Gibbs & Gambrill, 2002; Mullen, Bledsoe, & Bellamy, 2008; Proctor, 2004). Rubin and Parrish (2007) outlined EBP in five practice steps: (1) formulate a question regarding practice needs; (2) locate best evidence available to answer the question; (3) critically appraise the validity and relevance of available evidence; (4) integrate the appraisal with clinical expertise and apply it to practice decisions; and, (5) evaluate the outcome of implemented interventions. From its definition of EBP as a process, evidence-based social workers actively engage in seeking, digesting, and critically appraising the latest and best evidence to inform practice with particular client systems and/or target problems. However, the majority of social workers are not familiar with EBP as a way of doing practice. Social workers have a hard time to examine research evidence or use it to guide their practice (Reid, 2001; Rubin & Parrish, 2007). In a recent study, Parrish, Rubin, & Casciani (2011) found that only 45% of practitioners reported knowing how to apply the process of EBP.

Previous studies indicate complication in rural social work practice. Rural communities differ from urban communities based on poverty rate, population, physical distance, and social and cultural isolation (Davenport & Davenport, 1995; Deavers, 1992; Fitchen, 2005; Miller & Conway, 2002; Heflin & Miller, 2012). Rural populations are often scattered over isolated areas, reducing outside access and available resources (Heflin & Miller, 2012; Murphy & McDonald, 2004; Slovak, Sparks, & Hall, 2011). Social workers in rural areas work with a variety of client systems within individual, family, group, and community practice settings (Gumpert et al., 2000).

Despite rural environments and practice differences, EBP in social work research is largely focused on urban populations and service issues (Slovak et al., 2011). Elements of culture, poverty, community, organizational structure, and rural geography are unique aspects of rural environments that influence social work practice. Thus, rural social workers are often challenged by EBP measures that do not account for rural differences (Clark, Sprang, Freer, & Whitt-woosley, 2010; Slovak et al., 2011). To understand, develop, and implement EBP in rural settings, rural environments and practice barriers should be considered. Through systematic review, this study explores rural social worker's use of EBP and barriers to utilizing EBP in practice settings.

Methods

For literature search and retrieval process, the systematic review of current literature was conducted to explore rural social workers' EBP use and barriers to utilizing research in practice. Reviews were limited to social work studies published between 2000 and 2015. This study only used peer-reviewed articles in social work journals. Search methods made use of prior reviews, relevant databases, and hand searches of core social work journals. Searched databases included Social Work Abstracts Plus, Social Service Abstracts, PsycINFO, SocINDEX, and ERIC. Key-words such as "rural", "social work", "evidence-based practice", and "barriers" were utilized to identify relevant studies. Due to limited results including the term "evidence-based practice", studies that explored the use of "effective" practice or specific interventions for identified populations in rural areas were also reviewed. Studies that explored practitioners' EBP use in clinical settings and interdisciplinary teams were also included.

Through the review process, eight studies were identified that fit search criteria. Two articles written by Gumpert et al.(2000) and Saltman, Gumpert, Allen-Kelly, & Zubrzycki (2004), report findings from the same study. However, the latter publication compares a rural sample of practitioners in the United States to a sample from rural Australia. Inclusion of this study presents additional implications for international social work in rural practice settings. Although not all studies examined the frequency of EBP use among rural practitioners, inferences are made based on how identified barriers may influence EBP implementation. Information obtained from each article was categorized based on research design, sample characteristics, and information regarding EBP use and barriers to implementing EBP in practice settings.

Typically, a systematic review includes quantitative studies and synthesizes them using meta-analysis. However, this review study includes quantitative, qualitative, and mixed studies that explore rural practitioners' EBP use. Conceptual papers that review characteristics of rural practice and barriers in the EBP process are also included. Due to the limited quantitative studies in the reviewed result, a meta-analysis was not used.

Results

Of the eight articles reviewed, three utilized quantitative methods, two utilized qualitative methods, two utilized mixed methods (surveys, interviews, and observations), and one presented a systematic review of rural issues in social work publications (See Table 1). Five studies focused on rural samples and three studies compared rural and urban samples. Participants ranged from social work support staff to administrators, with most samples representing practitioners in the fields of mental health, substance abuse, and child welfare (Bonham, Sommerfield, Willging, & Aarons, 2014; Clark et al., 2010; Dotson et al., 2014; Gumpert et al., 2000).

Rural Social Workers' EBP use

After the systematic review of current studies, we found limited studies on EBP in rural practice settings. Only three of the studies reviewed utilized quantitative and/or qualitative methods to measure EBP use in rural social work agencies. According to Murphy and McDonald (2004), less than half of rural social workers utilized EBP at least once a month. As rurality increased across the agencies, social workers' use of EBP even decreased. As authors previously indicated in this study, social workers are struggling to understand and use EBP in their treatment regardless of location. Bonham et al. (2014) found no difference in the number of EBP uses between rural and urban agencies. However, reviewed articles in the comparison between

urban and rural agencies showed significant differences in support for EBP implementation. These differences make EBP more difficult for use by social workers. Specifically, differences in EBP training and knowledge of EBP use are of interest in this review. Dotson et al. (2014)

Table 1. Systematic Review of Rural Social Workers' EBP Use and Challenges

Study	Design	Sample (Size)	EBP Use & Barriers
Bonham et al. (2014)	Mixed Method	Rural & Urban agencies (n=14)	Rural "resource deprived" settings had least positive attitudes towards EBP use; wide-spread clients, small teams, compound needs, time constraints, sustainability of funding, and lack of resources
Clark et al. (2010)	Qualitative	Rural & Urban therapists (n=45)	Urban participants were more likely to utilize EBP; EBP not applicable to rural settings, lack of training and EBP knowledge, limited providers, social stigma, gaining credibility, and maintaining confidentiality
Dotson et al. (2014)	Quantitative	Rural & Urban agencies (n=250)	Urban substance abuse agencies received more EBP support from universities and were more likely to utilize multiple EBPs than rural agencies; resistance to EBP use, meeting regulations, widespread clients, small teams, shortage of providers, and lack of resources
Gumpert et al. (2000)	Quantitative	Rural practitioners (n=155)	Over 40% of practitioners utilized "natural helpers" to plan community-based interventions; slow pace, suspicion of outsiders, government, and higher education, isolation, lack of resources, filling various practice roles, and social stigma
Lewis et al. (2013)	Qualitative	Rural community (n=1)	Rural community assessment and data were utilized to develop effective programming and integrate existing resources for rural homeless; lack of resources for rural homeless, sustainability of services, maintaining confidentiality, and conflicting religious beliefs
Murphy & McDonald (2004)	Mixed Method	Rural team members (n=267)	Only 44% (4 out of 9) of social work practitioners used EBP at least 1/month; lack of EBP knowledge/resources, negative perceptions of EBP, organizational structure, and isolation
Saltman et al. (2004)	Quantitative	Rural practitioners (n=208)	Practitioners identified need for additional / distinct skills for effective rural practice, especially in context of culture; slow pace, suspicion of outsider, social stigma, isolation, lack of supervision/training, and rural community dynamic

Slovak et al. (2011)	Systematic Review	Rural Is- sues/ Populations	2.36% of 3,004 articles reviewed attended to rural populations/issues. Only 45 were empirical studies, indicating a lack of EBP resources of rural providers.
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found that rural agencies were less likely to receive EBP training and less likely to implement more than one ongoing EBP at a given time. Additionally, urban agencies were found to receive more support from local institutes of higher education than rural agencies. From deficits in EBP training and knowledge, rural social workers demonstrated the least amount of EBP knowledge when compared to other healthcare professionals (Murphy & McDonald, 2004).

Related to EBP use in rural practice settings, reviewed articles also indicated fundamental issues to search and apply best therapeutic evidence. Despite increased practice evidence, extremely limited studies are available on rural practice. Among 3,004 peer-reviewed articles published between 2004 and 2008, only 71 articles focused on rural populations and 45 of the rural articles were based on empirical research (Slovak et al., 2011). According to Clark et al. (2010), rural practitioners including social workers also expressed difficulties applying evidence-based interventions to their rural population without making modifications.

Double Barriers to EBP use in Rural Settings

Review of the current literature suggests that social workers practicing in rural areas face double barriers: one is rurality and another is limited resources to utilizing evidence in practice. Rural barriers related to limited resources, rural geography, organizational structure in rural agencies, and implications of rural culture were frequently identified in the articles reviewed. At the same time, rural location and rural culture was found to be a predictor of fewer resources and more challenges to utilize EBP.

Lack of resources. Regardless of location, social workers generally face a variety of barriers to become evidence-based practitioners, including lack of training, time, and resources (Wike, Bledsoe, Manuel, Despard, Johnson, Bellamy, & Killian-Farrell, 2014). However, all of the articles reviewed discussed a lack of resources as a barrier to implementing EBP in rural settings. Specifically, the following resource deficits were identified as barriers to implement EBP in rural environments: sustainable funding, qualified workers, training opportunities, service locations, transportation and other community resources (Bonham et al., 2014; Clark et al., 2010; Dotson et al., 2014; Gumpert et al., 2000; Lewis, Scott, & Calfee, 2013; Saltman et al., 2004).

Geographical isolation. Isolation from outside resources and professionals in the field presents additional challenges in rural practice settings. Rural service providers are often responsible for clients in large catchment areas, especially when alternative options for services are nonexistent (Murphy & McDonald, 2004; Gumpert et al., 2000). Isolation from outside professionals in the field and urban research efforts also limits accessible practice resources (Slovak et al., 2011). In order to serve widespread clients with complex needs, rural practitioners often rely on existing resources within the local community, such as churches and volunteer organizations (Gumpert et al., 2000; Lewis et al., 2013).

Organizational structure. Small agency size, large caseloads, and less professional supports are also problematic to effective practice in rural environments (Murphy & McDonald, 2004; Gumpert et al., 2000; Saltman et al., 2004). Limited services in rural communities place extensive pressure on existing agencies to serve widespread client populations (Bonham et al., 2014; Dotson et al., 2014). In a study of rural substance abuse agencies, time constraints and

workplace regulations created additional challenges to implementing EBP interventions (Dotson et al., 2014). Lack of worker training, supervision, and research support were also viewed as problematic in rural agencies (Clark et al., 2010; Dotson et al., 2014; Lee, 2015; Saltman et al., 2004).

As organizational issues, reviewed studies also identified a shortage of qualified applicants to fill the demand for workers within rural agencies (Clark et al., 2010; Dotson et al., 2014; Saltman et al., 2004). In a survey of rural social workers in the United States, Gumpert et al. (2000) found almost 17% of respondents had earned an associate's degree or high school diploma, indicating that more unqualified workers are taking on social work positions. However, in a follow-up study with a rural sample in Australia, all of the social workers reported having a bachelor's degree or higher despite facing similar practice barriers (Saltman et al., 2004).

Rural culture. Unique cultural values and norms in rural areas were a major challenge to implement EBP in reviewed articles. According to a study of rural social work practice by Gumpert et al. (2000), 85% of social workers incorporated rural cultural knowledge to provide effective practice in their practice. Also, reviewed articles identified slow pace environment as unique rural culture related to social work practice. Rural social workers should adapt to slow pace environment with strong traditional values and resistance to change (Gumpert et al., 2000; Clark et al., 2010; Lewis et al., 2013). Rural communities have strong social ties and informal networks of that challenge the maintenance of client confidentiality in practice (Clark et al., 2010; Lewis et al., 2013; Saltman et al., 2004).

Suspicion of outsiders and government may further discourage effective practice, especially in rural agencies dictated by bureaucracy. (Gumpert et al., 2000; Clark et al., 2010). Rural culture also upholds a strong value for independence, placing negative social stigma on seeking services (Saltman et al., 2004). Lastly, the cycle of poverty in rural culture is amongst the most debilitating and challenging barriers to effective practice. Bonham et al. (2014) described rural poverty as a "pervasive" factor in rural service regions (p. 6). Overall, issue of rural poverty influence client wellbeing and service outcomes (Dotson et al., 2014).

Practitioners without significant resources or support from institutions of higher education often rely on more informal helping networks to coordinate services (Dotson et al., 2014; Gumpert et al., 2000; Lewis et al., 2013). In a study of rural family services, Lewis et al. (2013) identified strong rural reliance on informal services provided through local churches and community organizations. Another reviewed article indicated that over 40% of respondents from rural social workers reported using informal resources known as "natural helpers" to deliver community-based interventions (Gumpert et al., 2000). To prepare locally-relevant and rural client-friendly evidence in practice, rural social workers need to identify and use informal avenues as practice resources. However, no article was existent to explore EBP in rural informal services.

Discussion for EBP use in Rural Environments

Due to the budget deficits in agencies and governments, rural social workers recently have more pressure to use therapeutic evidence and evaluate their treatments. However, our review and appraisal of published articles yielded only 8 studies in rural social worker's EBP use. Furthermore, most of the reviewed articles used qualitative or mixed methods with small sample size. Quantitative studies also used a cross-sectional design and relatively small samples with

non-probability sampling methods. Future researches are suggested with better-controlled research design, including multiple groups, longitudinal design, and randomized controls.

Through the review of current articles, this study indicated that rural social workers are struggling to use evidence in their practice settings as social workers in urban areas. Particularly, the current definition of EBP as a way of doing practice makes social workers in rural settings more difficult to search therapeutic evidence and apply to their treatment. To become an evidence-based practitioner, rural social workers are now required to search, assess, apply practice evidence to their rural clients, and evaluate their treatment. From the review of articles, lack of EBP training and continued education in rural practice settings were identified as double barriers to utilize practice-related evidence and prove evidence-based interventions. Again, rural social worker's knowledge to search therapeutic evidence and assess research-oriented evidence influence their abilities to implement evidence-based interventions. According to author's recent study, rural social workers who received training as field instructor from higher education reported frequent use of EBP. In spite of double barriers in rural settings, these rural field instructors also reported positive attitudes toward utilization of research-oriented evidence in practice. Reviewed articles also identified double barriers as lack of available and sustainable resources, geographical isolation from outside professionals, and organizational structure in rural environments.

One of most interesting findings in our review is the identification of unique rural culture as a double barrier to implementing EBP. Elements of rural culture in reviewed articles are arguably the most distinct barriers to EBP in rural settings. Rural culture is influenced by aspects of poverty, self-reliance, tradition, strong communities, slow pace, service stigma, and skepticism of outsiders. Given the professional emphasis on cultural competence, social work practitioners should be mindful of rural cultural contexts, especially when planning interventions. Additionally, rural social workers need to build alliances within their rural communities to gain acceptance and credibility of services (Riebschleger, 2007; Waltman, 2011). Collaborating with local schools, churches, and community organizations may increase rural social workers' accessibility, credibility, and resources. From community collaboration, research training, and continuing education, social workers are also able to improve knowledge in EBP and research skills (Bledsoe-Mansori et al., 2013; Lewis et al., 2013; Templeton & Mitchell, 2004).

Generally, social workers who perceive fewer barriers to prepare evidence-based intervention implement EBP more often. Additionally, many social work practitioners are suspicious of practice evidence based on research findings. They often believe that treatment evidence does not match the context of their service delivery and decrease the likelihood of evidence-based intervention implementation (Hoagwood, Burns, Kiser, Ringeisen, & Schoenwald, 2001; Slovak et al., 2011; Western, 2006; Wiechet & Ting, 2012).

Previous studies commonly indicated that rural social workers perceive additional challenges to implement EBP due to their rural environments. However, rural social workers who received training and continued education from higher education reported the better understanding of EBP and more frequent use of EBP in spite of the same additional barriers in practice settings. Through supports from agencies and continuing education from collaboration in rural communities, social workers in rural areas are able to improve their knowledge in EBP and research skills for EBP use. These suggestions are tentative based on the limited and explorative review of current literature. Continued research is required in order to examine the impact of EBP training and

collaboration in rural communities. Ongoing efforts to overcome rural social worker's double barriers improve EBP implementation in rural practice settings.

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