

A realist evaluation of social care practitioners' experiences with and understanding of applied healthcare research

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Abstract

Social care practitioners are often under-represented in research activity and output. This article presents findings from a National Institute for Health and Care Research (NIHR) funded realist evaluation to understand and explain how, why, for whom, and in what contexts mental health social care practitioners engage with research. The

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study uses a current NIHR-funded study—REalist Synthesis Of non-pharmacological interVENTions for antipsychotic-induced weight gain (RESOLVE)—as an illustrative example. Semi-structured interviews were undertaken with eighteen social care practitioners (SCPs) and data were analysed using a realist logic of analysis. Our refined programme theory describes SCPs' current knowledge and interests in research, influenced by healthcare culture; their relationships with other healthcare professionals; protected time opportunities; and tailored invitations to hear their perspectives on healthcare needs of their clients. Underpinning the programme theory are seven context-mechanism-outcome configurations that propose evidence-informed contextually-sensitive causal explanations (i.e. mechanisms) that either facilitate or impede practitioners' engagement with research. These findings highlight the need to provide tailored support to SCPs and build collaborative relationships with academics and other research-active health professionals. Better understanding of research engagement by SCPs will allow for evidence-based practice and better patient outcomes within these settings.

Keywords: evidence-based practice; realist evaluation; research; severe mental illness; social care.

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Introduction

Social care practitioners (SCPs) play a crucial role in supporting individuals, families, and communities facing diverse challenges and adversities (Bailey and Liyanage 2012). Their practice encompasses a broad spectrum of interventions aimed at promoting well-being and safeguarding of vulnerable populations. The National Institute for Health and Care Research (NIHR) defines SCPs as those working in social care or social work (e.g. social workers, occupational therapists, care workers, supervisors, and managers; NIHR 2024). SCPs are often key members of the team providing care for people living with Severe Mental Illness (SMI) and are frequently involved in supporting these people through their treatment and recovery (Pinfold et al. 2015). They are often involved in the co-production of recovery pathways and complex interventions designed to address the weight gain and metabolic dysfunction that is often seen in those with SMI (Deakin et al. 2010). These interventions have been found to produce positive effects such as improved quality of life and weight management in those with antipsychotic-related weight gain (Happell, Davies, and Scott 2012). Nonetheless, SCPs are often not aware of the evidence that informs these interventions and recovery pathways (Alston 2020). Recently, the NIHR initiated the School for Social Care Research bringing together researchers working in social care in England. Its mission is to encourage SCPs to be evidence

informed and research active (Shortell et al. 2015). Department of Health (DOH) definition of applied research has been utilized in this study; 'the attempt to derive generalisable new knowledge by addressing clearly defined questions with systematic and rigours methods'.

The engagement of SCPs with research activity in the UK is essential for several reasons. Firstly, it serves to enhance the quality and effectiveness of social care by ensuring that interventions are grounded in empirical evidence and informed by the latest research findings (Alston 2020). Secondly, research engagement fosters continuous professional development among SCPs, equipping them with the knowledge and skills necessary to address complex social issues and evolving client needs (Parrish et al. 2023). Additionally, active involvement in research enables SCPs to contribute to the advancement of knowledge within the field, driving innovation, and influencing policy and practice developments (Wakefield et al. 2022).

While there is recognition of the importance of research in informing practice, SCPs face challenges that impede their active participation in research activities; several factors have been reported as influencing SCPs' engagement with research. Supportive organizational environments that value and prioritize research tend to facilitate greater engagement among SCPs (Beddoe 2010). Access to and availability of resources, including access to research databases, journals, and training opportunities, can also significantly impact SCPs' ability and motivation to engage with research (McBeath and Austin 2015). Additionally, SCPs' perceptions of their professional identity and the importance they place on evidence-informed practice influence their engagement with research literature (Gray, Plath, and Webb 2009). Those who view themselves as 'evidence-based practitioners' are perhaps more likely to actively seek out and utilize research findings in their work.

This study, using a realist evaluation approach, provides deeper qualitative insights into the causal processes that drive outcomes, offering explanatory power that is missing in current literature discussed above and elsewhere. Realist evaluation goes beyond describing challenges (as discussed in current literature) faced by SCPs to understanding the underlying and often hidden *mechanisms* through which SCPs engage with or are deterred from research. The interplay between these processes is likely to be complex and context dependent. It is also well-suited for exploring this phenomenon due to its emphasis on theory building, flexibility, stakeholder engagement, and actionable insights (Pawson and Tilley 2004). Our study aligns with an NIHR-funded study, REalist Synthesis Of non-pharmacological interVENTions (RESOLVE) (Maidment et al. 2022) which uses realist synthesis, combining primary and secondary data collection to understand and explain how, why, for whom, and in what contexts non-pharmacological interventions help service users to manage antipsychotic-induced weight gain. The current study, RESOLVE 2, focuses on understanding the engagement (or not) of

SCPs in research; RESOLVE 2 uses RESOLVE as an illustrative example. Engagement in research and findings were defined as participant contribution in any capacity, to the development, design, dissemination or participation in empirical research. To our knowledge, this is the first study exploring SCPs' views on engaging with research using a realist evaluation approach. Realist evaluation allows us to generate theory-based explanations to help better understand how SCPs working with people living with SMI engage with research.

Methods

The methods, including sampling and eligibility criteria, study measures, procedure and data analyses are fully described in the published study protocol (Birdi et al. 2024) but briefly, this realist evaluation gathered data through semi-structured realist interviews with SCPs who provide support to individuals living with SMI that have encountered weight gain as a result of antipsychotic medication. This study has received a favourable ethical opinion from an NHS Research Ethics Committee and has Health Research Authority approval. All participants in the study provided informed consent prior to take part in the interviews.

Realist evaluation focuses on generative causation (Pawson and Tilley 1997). It has gained traction in health services research for examining intricate health system interventions (Wong et al. 2017). Our interviews adopted a semi-structured format using an interview guide that was developed based on current understanding of the topic. To ensure comprehensive reporting of study methods and data analysis, the RAMESES II (Realist and Meta-narrative Evidence Syntheses: Evolving Standards) reporting guidelines were adhered to (Wong et al. 2017).

Rooted in the concept that context (C) interacts with mechanisms (M) to produce outcomes (O), realist evaluation moves beyond a focus on inputs and outputs. It delves into identifying mechanisms (i.e. causal processes) linking the requisite presence of specific conditions (or contexts) for triggering causal mechanisms to produce particular outcomes of interest. This relationship between context, mechanism, and outcome is expressed as a 'CMO configuration' (Pawson and Tilley 1997); CMO configurations are often inter-related to each other. The relationships between these CMO configurations are summarized in a programme theory.

Stakeholder group involvement

The findings from our research were enhanced by a stakeholder group (SG) comprising fourteen SCPs (social workers, doctoral researcher who recently worked as a social worker, support workers, and social work

managers) and relevant members of the study team. The feedback and advice from the SG played a pivotal role in shaping the research trajectory, advising on the programme theory, refining interview questions, and aiding in the development and enhancement of dissemination strategies. One of the SG's primary responsibilities was to assist in refining the recommendations for effectively engaging SCPs in research, thereby facilitating the pathway to impact. Two SG meetings were held in the duration of the study; one to discuss initial programme theory (IPT), recruitment, interview schedule, and topics pertinent to the project, and the other SG meeting was held once recruitment was complete and preliminary findings available.

Development of the initial programme theory

We developed an IPT, an initial testable explanation of how and why SCPs engage with and understand research. GB liaised with subject matter experts known to the project team to gain a wider understanding of SCPs. The SG, consisting of SCPs, was also consulted at the beginning of the study to develop the IPT through their experiences. Additionally, an informal literature search primarily using Google Scholar was conducted. This step was used to gain an understanding of the factors influencing research engagement in SCPs. Additional publications recommended by the project team were also considered. The IPT was iteratively developed from these sources.

Data analyses

The interview data were analysed using NVivo, a qualitative analysis software that allows researchers to manage, analyse, and visualize qualitative data such as interviews systematically and individually. [Manzano's \(2016\)](#) notion of theory gleaning, refinement, and consolidation were applied during the interview process and analysis. Initial literature scoping and meetings with the research team and SG identified some preliminary programme theories. These initial programme theories were then tested (confirmed, refuted, and refined) against the interview data. [Table 1](#) illustrates the analytical steps we employed in this study.

Prior to the coding on NVivo, transcripts were read to gain a better contextual understanding of the interviews. Each interview was treated as an individual data source and within each source 'nodes' were created to capture data that may inform potential CMOs. The IPT refinement process occurred continuously throughout the data analysis. We refined the IPT and formulated a programme theory with relevant participants

Table 1. Steps undertaken for realist evaluation.

Step	Description
1. Initial Program Theory	Develop an initial program theory that outlines the underlying mechanisms, contexts, and outcomes for SCPs' engagement with research (Pawson and Tilley 1997)
2. Data Collection	Collect data through semi-structured interviews with SCPs (Wong et al. 2013)
3. Initial Data Analysis	Analyze the collected data using a realist logic of analysis to identify patterns, themes, and recurring concepts (Wong et al. 2013)
4. Context-Mechanism-Outcome (CMO) Configurations	Identify Context-Mechanism-Outcome (CMO) configurations that explain how the research understanding and engagement in different contexts by triggering mechanisms to produce outcomes.
5. Refine Program Theory	Refine the initial program theory based on the emerging CMO configurations
6. Triangulation	Triangulate findings by comparing data from different participants to validate emerging patterns and CMO configurations.
7. Testing and Validation	Test the refined program theory through further data collection and analysis to validate its explanatory power across different contexts.
8. Continuous Iteration and Reflection	Engage in continuous iteration and reflection throughout the evaluation process, refining the program theory based on new evidence and insights.
9. Dissemination and Utilization	Disseminate the findings of the realist evaluation to stakeholders and use the insights gained to inform decision-making, practice, and future interventions.

excerpts presented for each CMOC. Similar CMOCs were amalgamated where appropriate. These CMOCs were iteratively refined by checking remaining data from NVivo nodes and extracting relevant examples. The finalized set of CMOCs and a refined programme theory were discussed and validated with the wider project team and SG.

Results

Eighteen SCPs were interviewed in this study; thirteen were social workers, and five were in other SCP roles, including support worker and occupational therapy roles. SCPs' ages ranged from thirty-one years to sixty-one years with a mean age of forty-three ($SD = 7.85$). Thirteen participants were White (72.2%), three were Black/Black British (16.7%) and two participants identified as Asian/Asian British (11.1%). Most participants identified as Female ($n = 12$; 67%). Participant characteristics are summarized in Table 2.

Table 2. Participant characteristics.

Participant ID	Age	Gender	Ethnicity	Job role
SCP01	57	Male	White	Social worker
SCP02	45	Female	White	Support worker
SCP03	38	Female	White	Occupational Therapy Assistant
SCP04	41	Female	Black/Black British	Social worker
SCP05	61	Male	White	Social worker
SCP06	34	Female	White	Social worker
SCP07	41	Female	White	Social worker
SCP08	34	Female	White	Peer support worker
SCP09	51	Male	White	Social worker
SCP10	48	Male	White	Social worker
SCP11	38	Female	White	Pathway development manager
SCP12	39	Male	White	Social worker
SCP13	45	Female	Asian/Asian British	Social worker
SCP14	40	Female	White	Case manager
SCP15	46	Female	Black/Black British	Social worker
SCP16	49	Female	Asian/Asian British	Social worker
SCP17	31	Female	Black/Black British	Social worker
SCP18	43	Male	White	Social worker

The context–mechanism–outcomes configurations with extracted quotes

Table 3 contains the seven CMOCs that underpin the programme theory. The table also includes illustrative exemplar quotes from participants.

Programme theory

The final programme theory underpinned by the seven CMOCs identified above is: *Social care practitioners working in mental health teams acknowledge the importance of research activity to their professional and personal development. Time constraints, the need for wider managerial support and hierarchical healthcare culture that favours some team members over others, are barriers to SCP engagement in research. Whilst working in multidisciplinary teams, SCPs feel invisible and de-valued during key meetings and discussions about both patient care and research. Opportunities seeking to engage SCPs in research should consider incentives and clear messaging about the value SCP can bring.*

In **Table 3**, CMOCs 1 and 2 highlight SCPs' sense of value and relevance surrounding research. SCPs who acknowledged the importance of research for their personal and professional growth are more likely to seek opportunities, though many expressed disappointments in their current involvement. While some engaged with research to a minimal

Table 3. CMOCS table.

1. Value and importance of research knowledge

When SCPs working in mental health teams appreciate the value and importance of research to their professional and personal development (C), they are more likely to seek research opportunities (O), because they believe research will enable them to perform their job roles better (M).

Quotes:

"It's massively important to be engaged in research and these types of discussions and we rarely do it within our own teams. To a certain extent, we might discuss the latest research in training sessions. In terms of wider research, this is the first research that I have actually been invited to, in my entire career" (interviewee 13)

"listening to conversations in the office, we have so many ideas, so many brilliant ideas that are mentioned in passing to a colleague, but they have no more ability to make them a reality than I do" (interviewee 15)

2. Inherent/internal motivation for research

When SCPs have opportunities in their day-to-day work to develop interest in research findings (C), they are more likely to proactively seek out research-related findings that relate to their work (O), because they have increased appreciation in its' relevance to them (M).

Quotes:

"I was in a meeting the other day and they were talking about a schizophrenia drug trial, and my ears immediately perked, this is my interest, I see so many people with schizophrenia. I want to know all about this. I have the first-hand experience and they know it" (Interviewee 7)

"It is [research] something that really interests me, you know. Particularly looking at the weight gain from the non-medical side of things. I suppose it's not my role to prescribe medication so I like to share what I know about the other stuff we can do" (interviewee 8)

3. Feeling invisible

When health care professionals lack of awareness of the knowledge and skills SCPs can contribute to patient care (C) and team discussions (C), they are less like to consult them (O) because they do not believe there is value in doing so (M).

Quotes:

"We've seen a separation in social care and NHS teams in community mental health teams. We used to share offices and they (nurses and other mental health professionals) would sit side by side and for reasons I'm not fully aware of, there seems to be a separation between adult social care, mental health workers and NHS mental health workers. We are now in separate locations but have the same patients. We don't get invited to team meetings anymore either even though we have the same patients..." (Interviewee 1)

"There are health professionals, and their opinion is deemed more valuable than a social worker's opinion. I guess that's even within our team. We've had a meeting with nurses and honestly, there's no one in the meeting who knows more about antipsychotic medication than me... and I'm a social worker" (interviewee 13)

4. Hierarchy

When SCPs find themselves routinely excluded from research studies which they think should involve them (C), they are discouraged from engaging with or pursuing research (O) because they feel disrespected (M).

"I'm fairly certain that the doctors would have been invited to participate in these studies, because we feel we are of less value, and this is the only study I have seen aimed at social workers. I don't even bother to find out how much research the doctors are engaging with, I get angry just thinking about it" (interviewee 10)

"I don't see any other social workers getting invited to take part in research; it's always the nurses and Psychiatrists, not us, never us though" (interviewee 18)

5. Perceived support

When SCPs have encouragement and support from managers and colleagues who believe that research is an important and valuable part of professional development (C), they are apt to seek out research opportunities (O) because they feel empowered to do so (M).

(continued)

Table 3. Continued

Quotes:

"The principal social worker is the person who would suggest the types of research opportunities you can get involved with. She's the head and she emails these things out to her team and she emailed me twice before because she must have thought I can do it. I think she's right" (interviewee 16)

"I think regular meetings with upper management is useful. They need to know what I need. Recently, I read about this case study, and I got very involved, I wanted to write about it. I have the support of my manager because it's good for them as well as us, so they should feel incentivised to give us the opportunity (interviewee 17)

6. Time constraints

When SCPs do not have protected time for research activities (C), they are less likely to engage in research (O), due to feelings of frustration (M).

Quotes:

"There are things that are more important than research, I think that is what happens in social work, not that research isn't important, but getting round to responding to research opportunities doesn't happen because we just don't have the time. I wish we did though" (interviewee 10)

"They're pushing for social workers to get into academic or research, but at the moment, it doesn't seem to happen. It is frustrating wanting to do something but not having the protected time. I believe others get 2 hours every now and again to do things like this" (interviewee 12)

7. Reaching out to SCPs

When researchers and HCPs who are seeking to involve SCPs in research explicitly and clearly explain the value they can add to the research (C) and provide appropriate incentives (C), SCPs are more likely to engage and/or participate (O) because they feel more valued (M).

Quotes:

"If you were to say something like 'calling all social workers' instead of just saying 'healthcare professionals', you would probably get a lot more of us taking part. We would love to have our voices out there. You need to be more explicit that you do want to hear what we have to say" (interviewee 15)

"If we were offered something concrete, rather than a wishy-washy email saying 'are you interested' or something vague, you would feel like responding. I know so many colleagues that would jump at the opportunity to get a shopping voucher and have their views put across" (interviewee 16)

extent, often within training sessions, others expressed frustration at the lack of opportunities to contribute their ideas to practice. Furthermore, when SCPs' views were valued, particularly by other healthcare professionals such as psychiatrists and nurses, their intrinsic motivation to engage in research increased. This was particularly evident when research topics aligned with their interests,

CMOC 3 illustrates SCPs feeling 'invisible' particularly within multi-disciplinary teams (MDTs). Stereotypes and misconceptions often excluded them from key discussions and leadership roles, leaving SCPs feeling isolated and undervalued. Limited representation in management, typically dominated by medical professionals appears to affect their morale. CMOC 4 discusses hierarchical challenges, with SCPs placed lower within MDTs dominated by a 'medical model'. This hierarchy undermines their professional identity and discourages research involvement.

Many SCPs viewed research as prestigious but inaccessible, feeling ‘underqualified’ or ‘less important’ compared to medical staff.

CMOCs 5 and 6 emphasize the role of managerial support and time constraints. SCPs benefit from managers who actively encourage research engagement, share opportunities, and foster a research-positive workplace culture. SCPs in the NHS reported better support compared to local councils, partly due to the MDT structure. However, SCPs lack protected time for research, often prioritizing immediate client needs like housing and safety over academic pursuits. They contrast this with protected research time afforded to psychiatrists and psychologists.

Finally, CMOC 7 addresses challenges in involving SCPs in research. Researchers struggle to reach SCPs due to recruitment and relevance issues. SCPs suggested tailored strategies like clearer advertisements, monetary incentives, and using job-specific language (e.g. ‘social workers’ in recruitment materials) to enhance research engagement. They also called for research that is more relevant to social care, rather than being skewed toward medical professionals.

Discussion

Concern about the lack of emphasis on the level of research activity amongst SCPs is well documented in the literature (e.g. [Lee et al. 2020](#); [Wakefield et al. 2022](#)). Our realist evaluation has uncovered several CMO configurations that start to further develop an explanation of why SCPs are under-represented in research activity.

Our study also found that there were high levels of interest in research but levels of knowledge about research varied among SCPs; many SCPs showed interest in research, but lack of knowledge and their ‘invisibility’ stopped their research pursuits. Our finding of knowledge being an issue is well documented in the literature. A study conducted in Australia found that social workers, despite having high levels of interest in research, had low confidence levels and limited set of skills to conduct research ([Harvey et al. 2013](#)). This finding was further reinforced by [Wakefield et al \(2022\)](#) more recently in UK NHS based social workers, where a survey of 208 social work/care staff found low levels of knowledge across a range of research skills. Research is often viewed as top-down and irrelevant for practice ([McBeath and Austin 2015](#)) and this is reflected in previous literature, where a survey of nursing, medical and allied health professionals found that allied health professionals were significantly less likely to be enrolled in higher research roles such as post-doctoral roles ([Lee et al. 2020](#)); they also possessed less research-based skills compared to those in a medical-based role. SCPs also had the lowest level of knowledge about evidence-based practice (EBP) compared with professionals from medicine, psychology, and physiotherapy

(Murphy and McDonald 2004; Abrefa-Gyan 2016). Mullen and Bacon (2006) found that SCPs were weakly informed about EBP compared with other professionals working in mental health. Factors such as lack of research training, limited exposure to research culture at work and the perception that research is intimidating and inaccessible might explain the gap between SCPs' interest and engagement with research (Harvey et al. 2013; Taylor, Killick, and McGlade 2015). Whilst we have further confirmed the importance of knowledge as an issue, our finding of SCPs, in effect being 'invisible' to the wider health care teams and researchers adds as a novel finding.

SCPs may have perceptions that research is disconnected from the realities of practice. These perceptions may be exacerbated by the lack of research training or negative experiences with research during education (Hardcastle and Bisman 2003). SCPs may also experience role conflict and ambiguity owing to the diverse and often conflicting demands of their roles (e.g. direct practice, advocacy, administrative duties) (Kagan 2022); our study found that many SCPs did not have the protected time to engage with research. Role ambiguity can lead to a diluted professional identity, where SCPs may not see themselves as researchers or knowledge producers. This may be particularly the case if they feel left out of research—as we found in our study—that they think should involve them. Lack of identification with a research role, therefore, may contribute to SCPs' lack of engagement with research. Offering mentorship and collaborative opportunities with experienced researchers might help address SCPs' practice-research gap.

Equitable access to dedicated time and resources for research activities need to be available to SCP team members. Participants in our study discussed lack of protected time to engage with research activity. They perceived that protected time is factored into other HCPs' roles; a comparison made several times by participants in our study. Our study found that although many SCPs were interested in pursuing research, organizational and managerial support are imperative. In addition, many SCPs in our study were willing to be more engaged with research if support and greater encouragement was provided. Such support is important because research is often perceived as arcane and distant from daily duties (Gray, Plath, and Webb 2009). Of interest is that SCPs with research-minded attitudes and engagement were still unlikely to engage with research due to others' negative perceptions of their abilities—a significant barrier reported in the literature (Austin, Dal Santo, and Lee 2012).

Lastly, participants in our study discussed feeling isolated and have the least number of team members; these feelings of isolation were further enhanced by the perceived hierarchy and other HCPs' perceptions towards SCPs. Several authors reported a lack of linkages to other work units and negative and discouraging attitudes of other HCPs

(Beddoe 2010). SCPs often see themselves as the ones who provide front-line support—as evidenced in our study—which can create a ‘Superman complex’ where they feel like failures if they admit to struggling or needing assistance themselves. This mindset may prevent them from reaching out to other professionals, furthering their sense of isolation. As a result, they may be less likely to voice their opinions about the lack of research opportunity available to them. Managers are able to address many of the research engagement barriers mentioned above. By promoting organizational learning and research training and creating team-based reflective opportunities for inclusive practice research with SCP members (Austin, Dal Santo, and Lee 2012; Beddoe and Harrington 2012).

Implications for policy and research practice

Systematic efforts must be undertaken to develop research-oriented SCPs and to support their initiatives within various organizational contexts. While some knowledge development interventions have been empirically tested (e.g. Aarons, Sommerfeld, and Walrath-Greene 2009), there is a scarcity of theoretical frameworks outlining the expected effects and mechanisms of change from different practice research supports. In the absence of such research, scholars have concentrated on outlining basic research support strategies, such as enhancing interactions between SCPs and researchers and facilitating SCPs’ access to and involvement in research (Mullen 2008; Nutley, Walter, and Davies 2009). The School for Social Care Research also has strategic objectives for SCP involvement and engagement including supporting capacity development to engage meaningfully with research.

Although there is a contested relationship between research and practice (Webber and Carr 2015), the social work degree in the UK, which was established in 2003, provided the opportunity to include research in the social work curriculum. Nonetheless, policy appears to be ahead of practice, and we question how embedded research is within social work education and practice. In response to student reluctance, some social care programmes have opted to steer students away from conducting research with service users and concentrate instead on literature-based research modules (MacIntyre and Paul 2013). Higher education institutions should encourage SCP involvement with student SCPs to foster shared research-mindedness, create learning spaces and research cultures within SCP teams (Orme and Shemmings 2018) and also create a research-conducive environment for student SCPs. By embedding research methods’ training into the social care curriculum, we could potentially increase engagement of SCPs with research.

Whilst this study has centrally focused on the exploration of engagement, relevance and interest in research from the perspectives of mental health SCPs, we also believe our findings can be applied to the broader issue of EBP. EBP has a growing emergence in social work/care (Wakefield et al. 2022) but also has several barriers to implementation that require ongoing debate, particularly the perception that EBP is constricted by a perceived narrow positivistic standpoint (Gray, Plath, and Webb 2009; Nevo and Slonim-Nevo 2011). Our findings do suggest that interest and knowledge of research exist in SCP teams; however, this is contrasted with reports of low confidence in the ability to critically assess and apply research; an issue that could be addressed through universities and other research institutions. It is crucial for policymakers to address this disconnect by ensuring that research is not just a theoretical concept but a practical tool that informs everyday practice. This involves reducing the barriers to research implementation, particularly the perception that EBP is overly rigid or positivistic. Efforts should be made to encourage broader engagement with research and to help SCPs see it as a tool for improving service user outcomes. Most importantly, policy should prioritize the systematic development of SCPs' research skills. Higher education institutions could play a crucial role by embedding research methodology training into social care curricula and offering practical, hands-on research experiences to students. This will help ensure that SCPs are not only aware of research but are also equipped with the tools to critically engage with and apply it in practice.

Strengths and limitations

Our study used a realist evaluation approach to generate theory-based explanations of the engagement of SCPs with research. This enabled us to extend the findings of previous studies, which tended to use questionnaires with fixed-response questions or qualitative methods such as thematic analysis that do not allow for in-depth causal explanations (Matus et al. 2019; Melender, Salmela, and Pape 2020; Wright et al. 2020; Wakefield et al. 2022). As a result of our choice of methodology, we were able to uncover why and when SCPs are under-represented in research environments. We also involved stakeholders throughout the study; their engagement and their expertise allowed us to identify further gaps in literature and ensured that our findings reflected their real-world experiences. This realist evaluation's programme theory and CMOCs has produced testable hypotheses for future research.

Our realist evaluation collected data using only one method—namely interviews. Ideally, we would have used at least one other data collection method, to enable us to better test our findings (Pawson and Manzano-Santaella 2012). However, it was reassuring that some of our

explanations had analogy (i.e. ‘fitted in with’) with existing knowledge. Findings of our study, however, included study participants who had some attributes in common. They were mostly mental health social workers, and many were members of professional networks and the British Association of Social Workers. It can also be assumed that the sample included in this study were already more engaged with and aware of research therefore not reflective of all SCPs—an issue difficult but important to address in future research. Many participants had postgraduate qualifications, and their perceptions may also not reflect the ‘average’ perspectives of SCPs. Breadth and depth might have been achieved if the study recruited a more diverse group of SCPs. Most SCPs were white and female therefore we could not explore in depth how perceptions of those from other ethnic groups might differ. SCPs recruited from minority ethnic communities tend to report feeling undervalued and unappreciated by management; less opportunities for progression and institutional racism have also been reported in these practitioners (Mbarushimana and Robbins 2015). It would be useful to explore perceptions of research from these SCPs’ points of view as they are often the minority in the SCP workforce. Social work has been considered a predominantly female-dominated profession; in England, 86% of the social care workforce is made up of women (Harlow 2004). Still, given the gender disparities present in academia and research opportunities (Santos, Horta, and Amâncio 2021), it is important to explore perceptions from both perspectives. Finally, although we will only recruited SCPs based in the UK, the findings may have some relevance in other countries with similar healthcare systems, such as Australia (Lee et al. 2020) and USA (McDonald, Harris, and Wintersteen 2003).

Conclusion

In conclusion, the lack of emphasis on research activity among SCPs is a complex issue with multiple contributing factors. Despite a high level of interest in research, many SCPs lack the necessary knowledge, skills, and confidence to engage in research activities effectively. This gap between interest and engagement is further widened by organizational constraints, such the ‘invisibility’ of SCPs within team and to researchers, lack of protected time for research and limited exposure to a research-supportive culture. Feelings of isolation and support from colleagues and management also contribute to lack of engagement with research. To bridge these gaps, organizations need to provide mentorship, research training, and collaborative opportunities, as well as foster a supportive research culture that recognizes and addresses these barriers.

Conflicts of interest. None declared.

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Ethical approval

This study has received a favourable ethical opinion from an NHS Research Ethics Committee and has Health Research Authority approval (IRAS Number—327352).

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