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A Qualitative Study of Medical Social Workers' and Nurses' Perceptions on Effective Interprofessional Collaboration

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A Qualitative Study of Medical Social Workers' and Nurses' Perceptions on Effective
Interprofessional Collaboration

Submitted by Britta E. Ryan
May, 2012

MSW Clinical Research Paper

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present their findings. This project is neither a Master's thesis nor a dissertation.

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Abstract

This study sought to explore perceptions of nurses and social workers regarding interprofessional collaboration within the hospital setting. Specifically, this study examines barriers to collaboration as well as aspects of positive collaboration in an effort to outline ways in which collaboration between social workers and nurses can be improved. The study used a qualitative method and incorporated interviews. Four social workers and three nurses participated in the study. Ultimately, it was found that collaboration between social workers and nurses is overall positive, although time-management continues to be a barrier. Social workers stated that management was crucial to how social workers are viewed and respected within the hospital. More research regarding management's role in supporting interprofessional collaboration needs to be done to further improve interprofessional collaboration between social workers and nurses to improve the quality of care for patients. Nevertheless, the findings of this study suggest that collaboration in the hospital setting may be improving.

Acknowledgements

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Introduction

An interprofessional team is defined as group of health professionals from different disciplines, who work together sharing responsibility for collaborative decision-making and the outcomes and client-focused care (McCallin and Bamford, 2006).

Although many different professionals may comprise such a team, this study will focus on the collaboration between social workers and nurses in a hospital setting. According to Ellingson(2002) collaboration involves “coordination of individual actions, cooperation in planning and working together, and sharing of goals, planning, problem-solving, decision making and responsibility. Collaboration can happen between two people who represent the same or different disciplines”(Ellingson, 2002, p. 5).

Diverse contributions from various professionals are crucial to the successful collaboration of an interprofessional team (Black, 2005); and members of each profession must understand the contributions made by other professionals on the team. Nurses have historically been crucial to the efficient function of an interprofessional team in a hospital. As early as 1934, Field stated, “Of all the people on the team, the nurse has the most sustained and concentrated relationship with the patient” (p. 694). The importance of nurses has been due, in part, to the nature of the activities that nurses perform in the hospital setting. Holliman et al. (2003) states that these activities “tend to be more related to [...] physical care and quality management.” Such activities are considered “concrete and identifiable”, and as a result nurses are often valued more than social workers, whose role is infrequently understood. (Holliman et al, 2003, p. 230). These differences in traditional roles, responsibilities and unclear role expectations may strain working relationships between nurses and social workers.

When examining the activities that nurses and social workers actually perform, it is clear that both are essential in the hospital setting. A nurse is able to maintain sustained and concentrated relationship because he/she is typically with a patient throughout a hospital stay. Because of the depth of the relationship that the nurse enjoys with the patient, a nurse is able to communicate a bigger picture to the hospital social worker, who unlike the nurse may have had only a short amount of time with the patient and his or her family. At the same time, the social worker often communicates with the family and assesses the patient's psychosocial environment (Reese, 2001). Thus, a nurse and social worker can both be more effective in performing their individual roles if healthy communication and collaboration are present. Therefore, this study is important to social work because understanding the dynamics of collaboration between nurses and social workers could improve the quality of collaboration between social workers and nurses, which is essential in a hospital setting.

Review of Literature

Interprofessional Collaboration

Social workers and nurses work daily in interprofessional teams to provide patients with complete and full care. An interprofessional team is defined by McCallin and Bamford (2006) as "a group of health professionals from different disciplines, who work together sharing responsibility for collaborative decision-making and the outcomes of client-focused care" (McCallin and Bamford, 2006, p. 386). Social workers' involvement in medical interprofessional teams developed in the 1970s in England, and grew in popularity through the 1980s. As it has continued growing, it has become a critical method in providing comprehensive care to patients (Black, 2005). Improved

patient care was demonstrated by Sommers, Joseph, Barbaccia, and Randolph (2000) in a study of 543 patients who had worked with an interprofessional team comprised of a physician, nurse and social worker. The study concluded that interprofessional teams showed promising results in reducing utilization and maintaining health status for seniors with chronic diseases. The study also found that the differences in hospitalization rates between the control group and intervention group was the greatest when the nurse, social workers, and physicians were most satisfied with their working relationships.

Several factors can cause health professionals to find satisfaction in their working relationships. McCallin and Bamfor (2006) found through interviewing and observing diverse health professionals that an effective interprofessional team needs both emotional intelligence and professional expertise. “Emotional intelligence” consists of the four fundamental capacities of self-awareness, self management, social awareness, and social skills. In an interprofessional team, emotional intelligence is crucial due to issues of diversity, individuality, and personality difference that may arise and cause conflict between team members. Brown et al. (2010) also conducted a study into the factors that affect interprofessional collaboration, and found that diverse professional activities, social activities, and the sharing of life events are crucial to sustaining a healthy interprofessional team and creating team cohesion. The McCallin and Bamfor (2006) study further found that while the personalities of team members may gel, the effectiveness of collaboration within teams depends significantly upon the role played by team leaders. In particular, team leaders can promote effective collaboration by creating an environment where individual and professional diversity is encouraged, and by fostering a safe place for individuals to share expertise (McCallin & Bamfor, 2006).

Barriers to Effective Collaboration

When professionals collaborate, differing professional value systems may pose barriers to effective collaboration. Professionals are trained in different value systems, and in the eyes of members of one profession, the differing values held by members of another profession may be seen as flaws in that profession (Reese, 2001). This can be particularly true with respect to nurses and social workers. In their analysis of the differing value systems of nurses and social workers, Roberts (1998) and Pugh, et al. (2011) found that social worker values and the medical model frequently contrast on key points, posing barriers to interprofessional collaboration. Roberts further noted that some of the most evident value differences could be found in the areas of saving life versus quality of life, patient autonomy, objective data versus subjective data, and responses to patients with emotional problems.

Ben-Sira and Syzr (1992) found that differences in power and status can pose obstacles to team effectiveness, specifically between nurses and social workers. In a pilot study of 30 nurse-social work teams, they found that status-inequality was present, with the nurses' dominance prevailing in meeting the patient's psychosocial needs in the hospital. Generally, nurses viewed the social workers' role as completing chores for the patient's needs that stemmed from outside the hospital. Nearly a decade later, Veeder, Hawkins, Williams, and Pearce (1999) and Reese (2001) found that barriers to effective collaboration between nurses and social workers continued to include unequal actual or perceived power status, difficulties in communication across disciplines, turf issues, and poor definition of roles and responsibilities.

Power and status inequality are hardly insurmountable barriers, and can be overcome through effective communication. Ben-Sira and Syzr (1992) noted that despite the presence of status inequality, the communication between nurses and social workers that is facilitated by interprofessional teams can still contribute to a better-functioning hospital. A study by Werner, Carmel, and Ziedenberg (2004) found that despite the difference in status between nurses and social workers, members of both professions held similar attitudes and beliefs towards their role in end-of-life patient care. Werner et al. (2004) further found that such similarities in perception can encourage more group collaboration, and posited that teams based on collaborative models where presentation, discussion, and reconciliation of different opinions can occur (rather than just exchanging information) are capable of providing more effective, patient-based care. Iles and Auluck (1992) likewise found that factors such as power and status differences may pose an obstacle to team effectiveness, but also found that another potential barrier to collaboration is each profession's perceived need of the other profession. For example, in a case study of nurses and medical social workers in an urban hospital, the social workers viewed collaboration as a necessity, for they relied on nurses for referrals to patients and as a critical resource of information on patients. Nurses, on the other hand, were less likely to perceive any direct benefits of collaboration and were instead more likely to view collaboration as a loss of autonomy. Presumably, this perception could be changed to a degree if the benefits that social workers can provide in treating patients was better understood (Auluck, 1992).

Perceptions of Mutual Roles

The role of a social worker is not as widely nor readily understood as the role of other professionals such as doctors, lawyers, nurses, or teachers. Thus, it is no surprise that in the hospital setting, nurses, like many, have traditionally held confused perceptions of social workers. (Feit, 2008). At the same time, Feit (2008) has noted that social workers have not done an adequate job of clarifying their job and promoting their role in the hospital setting, which only encourages misperceptions. In surveys taken at various hospitals, Egan (1995) and Lefcowitz(1995) found that nurses believed social workers were best qualified to provide discharge services such as procuring medical equipment, oxygen, referrals for home health care, nursing home placements, and hospice care. It was further observed by Lefcowitz (1995) that nurses believed that social workers needed to concentrate more on concrete discharge services as opposed to counseling services, for discharge services are more quantifiable than counseling services, which are qualitative in nature. This misunderstanding of role does not necessarily lead to a devaluing of social workers. Indeed, a study of focus groups comprised of nurses and physicians conducted by Keef and Geron (2009) revealed that members of both professions generally believed that social workers improve the quality of care at a hospital.

Among other factors, confusion over the role of social workers may contribute to negative perceptions of social workers may result in poor interprofessional relationships. In a questionnaire distributed to hospital nurses, Auluck (1992) found that approximately half of the nurses had a positive view of the social workers, though they believed the relationship could be improved. The other half had a negative view of social workers.

Those who had a negative view thought that the social workers were “patronizing”, “arrogant”, “incompetent”, “too emotionally involved” and “ineffective”, and further stated that they were less likely to make a referral to the social work department (Auluck, 1991). It bears noting, however, that the Auluck (1991) study is twenty years old. A more recent study by Veeder, Hawkins, Williams, and Pearce (1999) pointed to positive collaboration between social workers and nurses, in finding through distributing a survey to nurses and social workers that members of both professions believed collaboration to be beneficial in patient care. One social worker who participated in this study went so far as to state, “When you’re able to use both social work and nursing, you really rally the forces and come up with a good package to get the person home.” (Veeder et al, 1999, p. 27). However, Fleit (2008) found that there continues to be plenty of room for improving the quality of collaboration between nurses and social workers, noting that interactions and relationships are not always professionally satisfying and may not be efficient (p. 202).

Role Conflict

Nurses’ perceptions of social workers may also be framed by the role conflict which may occur in hospitals. For example, although discharge planning is typically viewed as a social worker’s role, certain hospitals place nurses in the role of lead discharge coordinators. Holliman, Dziegielewski, and Priyadarshi (2001) sent a survey to the discharge coordinator of various hospitals and found that 66% of discharge coordinators were social workers and 30% were nurses. Holliman’s study also showed that social workers and nurses alike felt equally competent and effective as lead in discharge planning. However, nurses pointed to their medical background as the source

of their competency, whereas social workers felt they had been prepared by training in “person-in-environment”. Person-in-environment is defined by Sheafor and Horejsi (2006) as the many interrelated dimensions of the person--such as biological, intellectual, emotional, social, familial, spiritual, economic, and communal--that may serve as either supports or barriers to effective functioning. Reese (2001) also found role blurring to provide significant barriers to collaboration. Holliman et al. (2003) continued by stating that discharge nurses focus more on physical care and quality management—areas where results are “concrete, identifiable, and considered of great value” (2003, p. 230). Similarly, a case study by Veeder, Williams, Pearce, and Hawkins (2001) which examined a nurse and social worker collaborating in the care of a patient found that while the social worker performed many tasks and jobs for the patient, these tasks were much harder to quantify as opposed to those performed by nurses. Generally, nurses’ tasks are more empirically-based with easily measurable outcomes for many of their interventions. Thus, the fact that discharge nurses’ training and professional orientation differs from that of social workers may affect nurses’ perception of the quality and effectiveness of the work that social workers perform. This issue can also emerge in the context of psychosocial assessments of patients (Feit, 2008; Egan, 1995; Fessler and Adams, 1985). Egan (1995) stated that while nurses found social workers to be best suited to coordinate discharge planning, over half of the responding nurses believed nurses and social workers to be equally qualified in tasks that focused on psychosocial assessment.

King and Ross (2003) conducted focus groups of nurses and social workers of varying levels of professional experience to determine the perceptions of nurses and social workers regarding professional identities and interprofessional relations. Within

these groups, social workers commonly stated that they felt overlooked and undervalued, whereas nurses often felt overburdened with the care of the patient. Some nurses also reflected negative views of interdisciplinary collaboration, stating that they felt “deskilled” and left with only the “odd jobs”. At the same time, social workers felt that neither nurses nor clients understood their role, and that the nurse often took the lead and social workers were expected to follow (King& Ross, 2003). Reese and Raymer (2004) found that many administrators view social work as an "ancillary service", believing that nurses could perform the psychosocial assessment. In hospitals where administrators held these views, social work was often not called into collaboration until crisis arose. Reese (2001) further found that role blurring can pose an obstacle, as can financial pressure--because adding social work to a hospital’s budget can be expensive.

In sum, collaboration and cooperation between social workers and nurses can be essential to providing the most effective and meaningful patient care. However, collaboration and cooperation is often hindered by conflict and confusion over the roles that nurses and social workers are supposed to play.

Interprofessional Education

Education can play a crucial role in the way nurses and social workers view and understand one other. Interprofessional education is defined by Dutton and Worsley (2009) as “the occasion when two or more professions learn from and about each other to improve collaboration and the quality of care” (Dutton and Worsley, 2009, p146).

Dutton and Worsley (2009) used focus groups to examine the perceptions of nursing and social work practice educators on the effectiveness of interprofessional collaboration, and explored how the views of these educators could shape the perceptions of their students.

The study found that educators largely subscribed to one of two views. One group of educators recognized that social work and nursing professions are both valued, and accepted that boundaries between the professions may be blurring. These educators saw themselves as responsible for increasing the students' awareness of other professions as well as providing students with conflict management and team working skills. In contrast, the other group of educators feared the blurring of professional identities and believed their task was to provide the student with strategies for challenging professional boundary issues such as threats to demarcation lines. Dutton and Worsley (2009) concluded that regardless of the group the educator falls in, the educator's perception of professional collaboration greatly affects how his/her students view teamwork.

When teaching students how to collaborate with other professionals, many educators today have turned to interprofessional team simulations between groups of students. Robins et al. (2008) studied the effectiveness of two standardized interprofessional team simulations developed by faculty from schools of Nursing, Medicine, Pharmacy, Dentistry, and Social Work. The studies found that interprofessional team-based simulations appear to be a promising teaching method for students to practice and receive feedback about their interprofessional teamwork skills. In another study of interprofessional team simulations, Selle, et al. (2008) found that such simulations can be more effective when educators demonstrate to students the roles that different professionals are supposed to play on such teams. Through demonstrating the proper role of professionals, educators can instill in their students a better sense of how to function in a team setting (Selle, et al. 2008).

In sum, collaboration between nurses and social workers provides quality and comprehensive care to patients (Veeder et. al, 2001; McCallin & Bamfor, 2006). However, research demonstrates that many barriers exist such as status differentials, role confusion, and role blurring (Reese, 2001; King & Ross, 2003). Interprofessional education has been proven to improve collaboration between nurses and social workers but to what extent is still unclear (Robin et al., 2008; Dutton and Worsley, 2009; King and Ross, 2003). This study will explore the perceptions of nurses and medical social workers on effective collaboration. Barriers to collaboration and interprofessional education will also be examined as factors affecting collaboration between the two disciplines.

Conceptual Framework

Theoretical Lenses

The Biopsychosocial Individual and Systems Intervention Model (BISIM) is introduced by Veeder et. al (2001). BISIM is subtitled by the authors as the “model of collaboration, coordination, and accountability” (Veeder et. al, 2001, p. 53) and is classified as an interaction and developmental model that builds on the psychosocial strengths of social work and the biosocial strengths of nurses. The model is typically used in case management within the community however continues to be relevant within the hospital as it looks at the strengths of both professions in providing in-patient care. Both a medical social worker and a nurse were included in the committee to properly establish the strengths of both professions.

The biomedical model is relevant to this study because this model is the prevalent model used in most healthcare facilities in which the nurses and social workers work.

Marshall (1998) states that the “medical model refers to medicine’s ideas and assumptions about the nature of illness, notably its natural scientific framework and its focus on physical causes and physical treatments (Marshall, 1998, p.1). According to the biomedical model, health is the absence of disease, while disease is purely the cause of specific pathogens (Bourne, 2009).

Many social workers and nurses are trained in the “systems perspective”, which emphasizes the interplay between the many biological and social systems that affects the patients functioning. According to the “systems perspective”, a patient is affected by many different functions and there are often many different points of intervention (Sheafor and Horejs, 2006). Many of the questions for the qualitative interviews were formed within the systems framework.

Professional Lenses

The foundational internship for the researcher’s bachelor’s degree in social work was on the medical/surgical floor of a hospital. It was here that the researcher first learned the importance of effective collaboration between social workers and nurses by witnessing effective and positive interprofessional interactions between nurses and social workers and saw how this benefited the care of providing quality care to the patient. However, the researcher also saw the breakdown of communication and poor collaboration between social workers and nurses and how this was not only detrimental to the patients but contributed to animosity between the two departments. The researcher’s view on the importance of collaboration has also been formed by the researcher’s post-graduate work in social work and clinical social work internship at a mental health unit in

a Minnesota metro-area hospital. Although not a medical unit, the collaboration between social workers and nurses continues to be crucial for the care of the patients.

Methods

Research Design

The purpose of this study was to ascertain medical social workers and nurses perceptions of effective collaboration. The study used a qualitative design and incorporated an interview format.

Sample

The sample consisted of three nurses and four medical social workers. The only criterion was that the registered nurses or medical social workers were currently working in a hospital on a medical unit in which he/she worked in interdisciplinary teams. To obtain participants, hospital directors of social services were contacted via email. In the email to the directors, the researcher provided a summary of the study's proposal, risks and benefits of the study, and asked the director to forward the email with the the researcher's name and contact information to a nurse or social worker who was willing to participate in the study, a draft of the email is attached as appendix C. If the nurse or social worker were willing to be interviewed, he/she was asked to contact the researcher to set up an interview date. To gather further participants, the snowball method was used and the researcher asked the social worker or nurse to provide the name of other possible participants for the study.

Protection of Human Subjects

The snowball method was used to recruit participants. As stated previously, the participants had the option of contacting the researcher if he/she was interested in

participating in the study. If the nurse or social worker agreed to participate they were presented with an informed consent form prior to the interview. The nurses and social workers were employed at various hospitals, and care was taken not to interview two people who worked in the same interdisciplinary team to ensure confidentiality of the participants.

To ensure confidentiality, the interviewees' names were not used anywhere in the report. The types of records that were created were audio recordings and transcripts. The recording were stored in the researcher's locked home and destroyed as soon as the transcripts were completed. The transcripts were stored on the researcher's computer, and only the researcher had access to the computer on which the files are stored. An assistant was used to increase the reliability of the transcribed data. The transcripts were destroyed on May 11th, 2012.

Via email, the researcher asked the respondent to be interviewed and audio recorded. A consent form, attached as Appendix B, was provided to the interviewee prior to beginning the in-person interview. In the consent form, confidentiality of the interview was emphasized and reiterated. Specifically, the consent form stated that the audiotapes will be destroyed by May 11th, 2012 and that the study was completely voluntary. The consent form submitted for approval by the University of St. Thomas/St. Catherine University Institutional Review Board and complied with the Protection of Human Subjects requirement.

Data Collection Instrument and Process

Semi-structured interviews were used to collect qualitative data regarding nurse's and social worker's perceptions on effective collaboration. The interviews took less than

one hour and were audio recorded for accuracy. For the interview, thirteen questions were developed based upon the research which were open-ended in nature, and intended to explore the nurse's or social worker's perception of effective interprofessional collaboration, attached as appendix A. The questions sought to collect information regarding nurses' and social workers' perceptions of interprofessional education, barriers to effective collaboration, role conflict, and the perceived roles of social workers and nurses in the hospital. The questions slightly varied depending on whether the interviewee was a nurse or social worker. For example, nurses were asked to share positive experiences they have had with a social worker and social workers were asked to share positive experience they have had with a nurse. The nurses were also asked to share an experience in which an interaction was negative with a social worker and vice versa. For a full list of questions see appendix A.

The questions were not meant to be sensitive in nature; however, considering the relationship between the interviewer and interviewee--social worker and nurse--sensitivity was not entirely avoidable. However, the interviewee was informed through the consent form and prior to the interview that she/he may stop at any time if she/he was uncomfortable.

Data Analysis Plan

Grounded Theory was used to analyze the data from the interview. Grounded theory is a research method in which theory emerges from the data through constant interaction between data collection, coding, and theory development (Monet et al, 2011). Codes were first identified line by line to be grounded in the data, and then themes were developed from three or more corresponding codes.

A reliability check was completed with an MSW classmate to ensure reliability of codes and themes. After receiving background on the research questions, the classmate coded the unmarked transcript and developed her own themes. Then any similarities and differences between themes that were developed were discussed. The interviewee's name and workplace affiliation were kept private from the classmate to ensure confidentiality.

Findings

Participants

Four social workers and three nurses were procured to participate in this study. Of the four, three of the social workers were LICSWs and the fourth was a LGSW. Each of the four social workers had master degrees in social work. The social workers had an average of 10.5 years of experience as social workers in a hospital. The three nurses that participated were four-year registered nurses with an average of four years of experience. The interviews were conducted in a place of the interviewees choosing, which in every case was the social worker's or nurse's hospital of employment.

Role Definition

Nurses. The interviews with the nurses revealed some common beliefs. For example, each of the three nurses viewed the nurse's role in the hospital as the "coordinator of the patient's physical care" as well as a "liaison" between the doctor, patients and social workers, and discharge planners in some cases.

The nurses also expressed similar views regarding the role of social workers in a hospital. Generally, the nurses tended to agree that social workers were crucial in discharge planning and in working with families--especially in intense or complicated situations. Two of the nurses also referred to the social worker's specific role in working

with patients diagnosed with mental illness. One nurse stated that social workers were instrumental in providing care for mentally ill patients, “[e]specially in cases with psychosocial or psych stuff. That’s where their strengths are and I kind of use that, whereas they use (the nurse) for the clinical assessment.”

Social workers. Social workers commonly defined their role as that of an “advocate of the patient”, as well as a “liaison” between the patient and the medical team. Social workers further self-identified as “problem-solvers”, and as the people responsible for completing the psychosocial assessment. Overall, social workers viewed themselves as crucial members of the medical interdisciplinary team.

When asked to speculate on nurses’ views of social workers, one social worker responded, “I think they would say that we solve problems, we fix things.” This perception--that nurses view social workers as “problem solvers”--was common among the social workers interviewed. Consequently, social workers believed that nurses involved social work in certain problem scenarios: when family dynamics were particularly complex, when psychosocial needs were identified, or if there was a complicated situation in placing the patient at discharge.

One of the social workers responded that it depended upon the nurse. Some nurses, she explained, understood the role of social workers as problem solvers, whereas others seemed to view the social worker’s only role as discharge planner.

Positive Collaboration

Nurses. As a whole, the nurses spoke of positive interactions and collaboration with social workers. Nurses generally reported interactions that occurred while communicating with the social worker regarding the whole care of the patient, especially

when mental health issues are involved or the patient's psychosocial situation is complicated. According to the nurses, collaboration between nurses and social workers occurred most frequently while preparing a discharge plan for patients, specifically placement at discharge. The participating nurses seemed to have a favorable opinion of the collaboration that occurs between nurses and social workers when making placement decisions. As one nurse stated, "The social worker was so persistent in finding the patient a placement that he and his family was comfortable with. They just helped to problem solve and did not give up on the patient". The nurses as a whole stated that healthy and respectful communication was a major part of positive collaboration and also respect for each other skill-set and roles.

Social workers. The social workers in general viewed collaboration with nurses as crucial to the care of the patient, specifically when discharge planning is involved. The social workers all shared experiences about positive collaboration with nurses when working towards getting a patient discharged to a safe environment. The social workers also felt that collaboration was particularly effective and crucial when working with a family that was particularly difficult. As a whole the social workers felt that there was more positive collaboration than negative collaboration between nurses and social workers on their unit, "I can't do my job without the nurses because my patients are so critically ill that nursing is so important".

Barriers to Collaboration

Nurses. The nurses agreed that a main barrier to positive collaboration between social workers and nurses lied in time-management. The nurses generally reflected the view that since social workers are working with so many patients, quick responses to

pages or phone calls was difficult at times for social workers. One of the nurses also identified management's poor definition of the social worker's role in the hospital as a barrier to collaboration. This nurse stated: "Nurses are being pushed to do this really clinical stuff, but there isn't a direction telling the social workers to define their role as social worker rather than just discharge planner."

Social workers. The social workers identified some of the same barriers to collaboration as had been identified by the nurses. As a whole, social workers found time-management to be a primary barrier to collaboration--specifically when needing a nursing assessment to place a patient in a long-term care facility. A few of the social workers specifically pointed to poor communication as a consequence of time-constraints placed on social workers and nurses. One social worker expressed this frustration, stating, "I try and document really carefully in my notes but nursing doesn't always have time to read notes which leads to poor communication sometimes." Finally, similar to the nurse quoted above, one social worker pointed to poor role definition of the social worker's role by management as a barrier to effective collaboration between nurses and social workers.

Management

All the nurses had managers that were nurses and felt supported by their managers. Some social workers, however, stated that the current management model in their hospital led to poor collaboration between social workers and nurses. These social workers attributed the problem to the social work department not having a social worker but instead a nurse or other professional as a manager. One frustrated social worker commented: "When management doesn't respect and understand our roles, how can we

expect our peers to?” By contrast, the social workers who had a social worker as a manager reported better collaboration with all staff, and felt that their manager was their advocate within the hospital.

Discussion

Findings and Previous Research

Role definition. The nurses in this study had a much clearer idea of the social workers’ role than was reported in earlier literature. In earlier studies, social workers were mainly viewed as discharge planners. Nurses believed that social workers, as discharge planners, should concentrate on concrete services such as procuring medical equipment, oxygen, referrals for home healthcare, nursing home placements, and hospice care (Lefcowitz, 1995; Feit, 2008).

Unlike earlier studies on nurse-social worker interactions, in this study the nurses interviewed were able to identify social workers’ expertise in situations when psychosocial or psychopathology are involved. Nurses’ knowledge of a social worker’s role beyond discharge planning is certainly a positive development in the relationship between nurses and social workers; however, the role of the social worker was still not fully understood among some of the nurses interviewed in this study. It remains the task of the social worker, along with management, to educate other professions about social work and advocate for their profession.

Collaboration. In this study, nurses and social workers overwhelmingly viewed collaboration as effective and positive between the professions. Both groups of professionals viewed collaboration as especially beneficial in creating a safe discharge plan, which requires that the medical team, patient, and family remain comfortable.

Previous research indicated that although interprofessional collaboration between social workers and nurses was acknowledged as crucial to the holistic care of the patient by both groups of professionals, it was often inhibited by barriers (Black, 2005; Mccallin & Bamfor, 2006; Reese, 2001; Pugh Et Al., 2011). As in previous studies, in this study the nurses and social workers interviewed indicated that time management continues to pose a barrier. Both social workers and nurses viewed time management issues as a consequence of working in the healthcare system, where there are many patients to see and tasks to complete within a short amount of time. Unlike earlier studies, the nurses and social workers interviewed did not identify status and power inequality as barriers to collaboration (Auluck, 1992; Veeder, Hawkins, Williams & Pearce, 1999). Also unlike previous research, nurses and social workers alike saw the necessity of interprofessional collaboration. In the previous research it stated that although social workers saw the necessity of collaboration between the two professions nurses did not (Auluck, 1992).

Management. Several earlier studies indicated that social workers were viewed negatively and often dispensable by other professionals in the hospital. Reese and Raymer (2004) and Reese (2001) found that many administrators viewed social work as an ancillary service and that adding social worker to the hospital may be viewed as an expensive and unnecessary expenditure to the hospital budget.

In this study, half of the social workers and one of the nurses stated that effective collaboration in their respective hospitals depended largely on management advocating for social workers and defining the social worker's role in the hospital. These individuals believed that advocacy by management had led to effective collaboration with other professionals. In the hospital where the social workers did not have a manager that was a

social worker they felt unsupported in supervision and role definition. Social workers are only viewed as discharge planners in some hospitals and it is up to management and social workers to advocate for social workers to use their clinical degree. Role definition varies from hospital to hospital and management is crucial to determining the environment and collaboration between social workers and nurses. As one social worker stated, "I can't blame them because if our manager doesn't understand why should we expect the nurses to understand our role."

In sum, positive collaboration is crucial to the care of the patient especially surrounding discharge planning. Although roles may be blurred, this study agrees with the previous research when stating that both nurses and social workers are crucial to creating a safe discharge plan in which the patient has the greatest chance of being successful. Social workers and nurses each bring an important perspective and different skill sets to the caring of the patient as a whole and this study demonstrates that interprofessional collaboration and mutual respect between nurses and social workers continues to improve.

Implications for Social Work Practice

When compared to earlier studies (Lefcowitz, 1995; Feit, 2008; McCallin & Bamfor, 2006), nurses in this study appeared to have a clearer understanding of a social worker's role in the hospital. Also in this study, social workers and nurses interviewed both felt valued and respected by their counterpart. One obvious implication of this finding is that nurses may be growing more receptive to collaborating with social workers in the care of the patient; and that the relationship between nurses and social workers in the hospital may be improving overall. As old barriers are broken down, it is important

for social workers to be mindful of new barriers that inhibit collaboration—such as time and model-of-management issues—and address those barriers when they arise.

Effective collaboration is essential to providing quality social work services, in large part because the workload of a typical social worker makes it impossible to monitor every client with the appropriate thoroughness. A social worker has no option but to rely on other professionals who see patients at times when a social worker is unable, and who monitor patients through a lens other than a social worker's. Thus, collaboration allows a social worker to view a larger and more comprehensive picture of the client. In the same ways, effective interdepartmental collaboration benefits other professionals in the hospital, who face the same time and workload restraints as do social workers.

The importance of role definition was another theme that was discussed in the literature and by the participants in this study. It is important that social workers organize and advocate for management to provide a more clearly defined role for social workers. Once the role of social workers is defined by management, an understanding of the role of social workers can circulate among other professionals in the hospital. For example, management can introduce the social worker's role to the units through newsletters, staff meetings, emails, or bulletin board postings. Clearer definition of the role of social workers can lead to more efficient use of time and resources by all professionals in a hospital, and will ultimately lead to better patient care.

Implications for Social Work Policy

This study indicates that having a manager or department lead that is a social worker can be crucial to effective collaboration in the hospital. Thus, it is important that social workers advocate to have a manager in the hospital that has a social work

background. Such a manager would understand the importance of the social worker's role and be an advocate for the social work department in the hospital. To achieve these ends, social workers could seek amendments to hospital bylaws that require the social work department head to be a social worker. This could be accomplished through presenting evidence of the benefits of this management arrangement to hospital boards. In the alternative, it would be worthwhile to make the case for social workers as department heads to hospital administration, and others who may be responsible for hiring/appointing department heads. Through making this known to hospital administration, social workers could ensure that the merits of having a social worker as a department head are considered during the hiring process, even if the hiring of a social worker is not formally mandated.

Implications for Social Work Research

From this study, the data indicated that interprofessional collaboration continues to improve. However, it remains true that social workers need to continue to educate other medical professionals about social workers' unique clinical skill sets and advocate to management for clearer role definition for a master level social worker's role that uses a social worker's education. In previous research (Holliman et al., 2001; Veeder et al., 2001), social workers were thought to not have enough concrete evidence of their value; which suggests that social workers today could make the role of the social worker more clearly understood through participating in more research that shows the value of social workers to management as well as other professions. For example, it would benefit the profession as a whole if social workers participated in studies that show how social work reduces a patient's length of stay in the hospital or reduces repeated admissions to the

hospital. Future social work research should broaden the discussion of interprofessional collaboration; focusing, for example, on collaboration between social workers and other medical professions such as doctors, occupational and physical therapists and other specialists. It is essential for future research to collect information on administrators and managers' view of social workers and how that correlates with social workers perceptions of the support they receive from management. Future research could also focus on the effectiveness of having a social worker as the head of the social work department versus having a professional who is not a social worker as the head of the social work department. This could be done in various ways, such as comparing length of stay of the patient or readmissions in hospitals where a social worker is a department head versus hospitals with a non-social worker as department head.

Strengths and Limitations

A strength of this study was that both professions' perspectives were included in examining interprofessional collaboration. Barriers to collaboration and tools for effective collaboration was heard from both nurses and social workers to further understand the needs of both professions to improve collaboration. The qualitative nature of the study allowed the participants to provide their own answers, which allowed the researcher to develop themes.

There were multiple limitations in this study including access and scope of study. Preferably including a higher number of social workers and nurses would have provided a greater understanding of issues. In a future study, it would be worthwhile to contact the social workers and nurses directly as opposed to relying on department heads to pass information along. The limited amount of time to complete this study also proved to be a

limitation, as it required the study to focus solely on nurses and social workers. With a greater amount of time to recruit volunteers, the focus could have been expanded to include other professionals such as doctors and hospital administration. Exploring the perceptions of these professionals would have allowed the dynamics of interprofessional collaboration to be analyzed on a broader scale.

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Appendix A Research Questions

This study will explore nurses' and medical social worker's perceptions of effective collaboration within the hospital.

1. What do you think is a social worker's/nurse's role in a hospital?
2. Have you had experiences that did not go well with a hospital social worker/nurse? What were they?
3. Have the social workers/nurses you've encountered worked well with the other professionals?
4. Do you see any barriers to effective collaboration between social workers and nurses? and if so what things would make collaboration between social workers and nurses more effective?
5. How are the social workers/nurses viewed by nurses/social workers in general?
6. What has most influenced your perception of social worker/nurses in hospitals?
7. Have you had any interprofessional training with social workers/nurses? If so what?
8. In what sort of instances would you make a referral to a social worker?
9. Whose role is it to make the psychosocial assessment of the patient?
10. Who is the department head? Does the department head encourage collaboration?
11. In what areas do you think interprofessional training may be helpful? and how?
12. What is the most common way you communicate with social workers/nurses? is this method effective?
13. How could collaboration between nursing and social worker be improved?

APPENDIX B
CONSENT FORM
UNIVERSITY OF ST. THOMAS

A Nurse's Perception of Hospital Social Workers

I am conducting a study about *medical social workers' and nurses' perceptions on effective collaboration within a hospital*. I invite you to participate in this research. You were selected as a possible participant because *you are a nurse or medical social worker employed in a hospital and given the researcher's contact information*. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: conducted by *Britta Ryan, supervised by Dr. Keith DeRaad, St. Thomas School of Social Work*.

Background Information:

The purpose of this study is: *to explore medical social workers' and nurses' perceptions on effective collaboration within a hospital. Social workers and nurses work closely in healthcare and communication is crucial for a healthy interprofessional relationship. This study hopes to explore nurses' and social workers' perceptions to gain insight into how this relationship can foster rather than hinder the proper function of a hospital.*

Procedures:

If you agree to be in this study, I will ask you to do the following things: I will ask you several questions about your perceptions of hospital social workers and nurses. The interview will be recorded and will last for approximately 30-45 minutes.

Risks and Benefits of Being in the Study:

The study has several risks. First, it may be uncomfortable for you if you have a negative attitude towards social workers. Honest answers are appreciated and preferred. However, I would like to remind you that this is completely voluntary and you can stop at any time. The direct benefits you will receive for participating are: contributing to better communication and working between nurses and social workers. You also get a cookie.

Confidentiality:

The records of this study will be kept confidential. I will not publish this report. The types of records I will create include a recording and transcripts. The recording will be stored in my locked house and will be erased as soon as the transcript is made. The Transcript will be stored on my computer to which only I know that password. The transcript will be destroyed by May 19th.

Voluntary Nature of the Study:

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of St. Thomas. If you decide to participate, you are free to withdraw at any time up to and until May 19th. Should you decide to withdraw data collected about you *will be destroyed*. You are also free to skip any questions I may ask.

Contacts and Questions

My name is *Britta Ryan*. You may ask any questions you have now. If you have questions later, you may contact me at XXX-XXX-XXXX. Dr. *Keith DeRaad* is my advisor and you can contact him at XXXXXX@stthomas.edu . You may also contact the University of St. Thomas Institutional Review Board at XXX-XXX-XXXX with any questions or concerns.

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study. I am at least 18 years of age. I agree to have this interview audio recorded.

Signature of Study Participant

Date

Print Name of Study Participant

Appendix C

Dear Director of Social Service,

I am a graduate student in the MSW program at St. Thomas and St. Catherine's University, and I am in the process of preparing my clinical research paper. I am writing to ask for your assistance in gathering individuals to participate in interviews that I will be conducting as a part of my research. For my clinical research paper, I am exploring medical social workers' and nurses' perceptions on effective collaboration. Based on these perceptions, my paper will seek to identify barriers to collaboration as well as factors that can lead to more effective collaboration, such as interprofessional education. To understand the perceptions of nurses and social workers, I would like to interview nurses and social workers on a medical unit. Ultimately, I hope that these interviews and this study will provide insight into how the nurse-social worker relationship can be fostered in a way that improves the overall function of a hospital.

The risks to the study are minimal. It is possible that the participant may feel uncomfortable answering questions because of my relationship to the social work profession. However, participation is completely voluntary and the participant can end the interview at anytime. The interview will likely last less than one hour and will be a semi-structured format. Confidentiality will be of utmost importance and the participant's name or any identifying information will not be used in the report.

If you know of any social workers or nurses who may be interested in participating, kindly forward them the attached document. This document provides all of the information that a social worker or nurse will need to understand the nature of my project, and also provides my contact information so that I can be reached directly. I ask simply that you distribute this information at your discretion, and beyond this I do not expect you to take any active role in the process of recruiting participants.

Thank you in advance for your help. If you have any questions please feel free to reply to this email or contact my advisor, Keith DeRaad, at XXX-XXX-XXXX.

Appreciatively,

Britta Ryan