St. Catherine University

SOPHIA

12-2017

The Social Work Perspective: A Systematic Review of Best Practices for Social Workers in Healthcare Teams

Sarah Kirschbaum
St. Catherine Unversity, sarah.e.kirschbaum@gmail.com

The Social Work Perspective:

A Systematic Review of Best Practices for Social Workers in Healthcare Teams

Sarah Kirschbaum

University of St. Thomas—St. Catherine University

School of Social Work

MSW Clinical Research Paper

Committee Members:

Dr. Mike Chovanec (Chair)

Amelia Cihacek, LICSW

Monica Handlos, LICSW

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 four-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 the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

Social workers are involved in a variety of multidisciplinary teams in different settings, but the

role social workers play in a multidisciplinary healthcare teams lacks clarity and consistency in

research. The literature solidifies the notion that social workers utilize a broad perspective and

are heavily relied upon to be a voice of reason in multidisciplinary teams (Patterson, 2004). In

addition, the literature isolates role ambiguity and mistrust as the most common factors

weakening teams in the work place. (Patterson & Pennefather, 2015); however, there is minimal

qualitative research on how a social worker self-identifies as part of a multidisciplinary team in a

medical setting. To begin this investigation, a systematic review was conducted to explore the

role of a social worker in a multidisciplinary team including the barriers, challenges, and

successes experienced. The findings uncovered themes of self-identity, role clarity, cultural

competence, the importance of effective communication with patients and their families, power

differentials among team members, and the difficulty social workers can have articulating their

role to members of the team. This data points to the need for future research to further support

the successful functioning of multidisciplinary teams. Teamwork is not only a key element in

cost containment, effective care coordination, and accountable care organizations, but also a

central component of quality social work practice and delivery.

Keywords: Teamwork, health care OR healthcare, social work perspective

Acknowledgments

Table of Contents

Introduction

The importance of teamwork in health care has been emphasized in numerous reports and policies. One particular study on team work was gathered from some 400 health care teams and involved consulting over 7,000 social workers and health care professionals (Borrill et. al, 1999). This study emphasized the importance of team work if health and social care for people are to be of the highest quality and efficiency: "The best and most cost-effective outcomes for patients and clients are achieved when professionals work together, learn together, engage in clinical audit of outcomes together, and generate innovation to ensure progress in practice and service," (Borrill, et. al, 1999, p. 1).

The term "multidisciplinary" can be used interchangeably with "interdisciplinary". Both terms imply the following: "an integration of various professional perspectives in decision making, interdependence, coordination, and role division based on expertise" (Abramson & Bronstein, 2013). This type of team shares responsibility for collaborative decision making and the outcomes of client-focused care (McCallin and Bamford, 2006); however, it is worth noting that it can be difficult to bring professionals with varying scopes of practice together to solve a problem. As a result, education programs are noticing a need to teach effective collaboration skills to their students, and education programs are shifting their focus to emphasize the importance of interprofessional teamwork globally (Schaefer & Larkin, 2016). Strong teamwork and multidisciplinary teams are relevant to social work as they are a central component of quality social work practice and delivery.

The NASW Code of Ethics identifies core values on which the mission of social work is based (Workers, 2008). As part of the code, social workers are called to respect the inherent dignity and worth of the person while promoting the well-being of clients (Workers, 2008).

Social workers' involvement in team practices not only ensures better care for clients but also highlights the profession's positive impact on team practices. This study is important to social work because understanding effective interdisciplinary team practices improves the quality of care for clients and further strengthens social work's presence in interdisciplinary teams and as a profession as a whole. This study aims to better understand how social workers in health care settings operate most effectively and the benefits these teams provide to their workplaces. The research question assessed in this systematic review of literature is what are best practices for social workers in multidisciplinary healthcare teams?

Literature Review

Historical Perspective

Multidisciplinary teams in health care originated with Richard Cabot in the early 1900s (Oliver & Peck, 2006). Working for Massachusetts General Hospital, he suggested that the social worker, doctor, and educator work together on patient issues (Oliver & Peck, 2006). Since this innovation, social work has been an important part of gaining a broader perspective of patient care. Black (2005) found that social workers offer distinct skills for patients that differs from a physician and nurse. Social workers disclosed more information about the purpose of advance directives, patient rights, parameters of do-not-resuscitate orders, and the need to document patient directives in the medical record (Black, 2005). In addition, research conducted by Horevitz and Manoleas (2013) found that social workers are the most important link of communication between health care team members and the family system. A survey of social workers (N=84) was assessed and revealed this key competency area for social workers in primary care settings. Because of its effectiveness, this multidisciplinary method of practice has been replicated outside of the medical profession in many disciplines including the civil and

criminal justice systems, police forces, social services, and mental health (Frost, Robinson, &

Anning, 2005).

Cost Effectiveness

In the United States, the Affordable Care Act (ACA) stresses the role and importance of

the interdisciplinary team in health care delivery (Abramson & Bronstein, 2013). Research

demonstrates that teamwork is not only a key element in cost containment, effective care

coordination, and accountable care organizations, but also a central component of quality social

work practice and delivery (Abramson & Bronstein, 2013). Sommers et al. (2000) compared

primary health care teams with physician care across 18 private practices, and concluded that

primary health care teams lowered hospitalization rates and reduced physician visits while

maintaining function for elderly patients with chronic illness. This research supports the use of

teams in health care settings to reduce hospital and patient expenses. Eggert et al. (1991)

concluded that a team focused case management system reduced total health care expenditures

by 13.6%. The team combined earlier discharge, more timely nursing home placement, and

better-organized home support and care and reduced patient hospitalization by 26 percent

(Borrill et al., 1999). Borrill et al. (1999) concluded that teams are more familiar with local

community resources and more responsive to patient crises which offers greater intensity of case

management resulting in more efficient care provision in hospitals and home health services.

Facilitators to Care Coordination and Collaboration

Collaboration starts with an awareness of one's own individual contributions as a social

worker. Researchers have identified characteristics effective multidisciplinary teams have in

common. Social work is named as a profession that facilitates care coordination. "Participants

stated that social work enriches interprofessional collaboration by adding a different

conceptualization and approach to health within a team that is broader than the traditional

medical model" (Ambrose-Miller & Ashcroft, 2016). In addition, participants suggested the

social work role helps to give greater context and relational understanding of the individual

patient (Ambrose-Miller & Ashcroft, 2016).

Self- identity. The fluidity of social work was identified as an asset to team effectiveness

because it helps fill in service gaps and address clinical complexity (Ambrose-Miller & Ashcroft,

2016). Each of the social workers (n=11) in the study emphasized the need for social workers to

be competent in their role and confident in their identity (Ambrose-Miller & Ashcroft, 2016).

Oliver (2013) reports this can be a challenge for those who work as the sole social worker on a

health care team. It is even more important for those in this role to be confident in their identity

as social workers because they must often negotiate their role on an interdisciplinary team

without consultation with other members of their profession (Oliver, 2013). Providing access to

social work promotes a better understanding of the social work field by its team members.

Participants suggested that by having regular access to the social worker, physicians and nurses

in that team were able to grasp a better understanding and value of what social work offers.

(Ambrose- Miller & Ashcroft, 2016). This research supports the idea that social workers need to

know their own role well in order to contribute effectively to a multidisciplinary team.

Role clarification. Gray and White (2012) conducted a study with medical social

workers in interdisciplinary teams to learn more about their roles. Participants identified they

experience role blurring, which occurs when at least two different professionals are qualified to

perform similar tasks and these tasks are not delegated to either one of them specifically (Gray &

White, 2012). For instance, it has been observed that nurses often assume responsibilities that

overlap with social workers' roles in medical settings. Vungkhanching and Tonsing (2016)

conducted a similar study to better understand the role of social work in medical settings. They

found overlaps in scope of practice include acting as a liaison between the team and the patients'

families, discharge planning, making referrals, and providing grief counseling (Vungkhanching

& Tonsing, 2016).

In addition, this study showed that factors such as perceived respect from team members,

value of self, and collaboration were significantly associated with role clarity (Vungkhanching &

Tonsing, 2016). Vungkhanching and Tonsing (2016) found that among these variables, perceived

value of self emerged as the most significant predictor of role clarity. This suggests that social

workers in the study not only have clear expectations about their role, but perceived themselves

as a valued member of the team (Vungkhanching & Tonsing, 2016). This supports the

assumption that an effective interdisciplinary team is one in which members respect each other's

expertise and collaboration in the delivery of care (Vungkhanching & Tonsing, 2016).

Reconciling differences. Oliver and Peck (2006) asked 23 social workers about the

importance of team membership and the role of mitigation. The participants found team meetings

or weekly discussions as the forum for reconciling differences (Oliver & Peck, 2006). Most

respondents considered this a positive environment for maintaining good relationships. One

participant stated, "I think for the most part the staff really works to resolve conflicts themselves

first . . . [and] I do feel like our [social work] views are weighed very heavily" (Oliver & Peck,

2006). Overall, there was agreement that the entire team put the patient's needs ahead of any

personal concerns with team members and the conflict actually makes the team stronger (Oliver

& Peck, 2006). This research suggests the importance of team members' ability to resolve

conflict and maintain relationships which has a positive impact on patient care.

Barriers to Care Coordination and Collaboration

Social work research has also focused on common barriers to effective collaboration. Communication, trust, role clarification, power dynamics, and administrative support can either support teamwork or create barriers to it (Gray & White, 2012). Researchers have identified specific characteristics commonly found in ineffective multidisciplinary teams. Several themes have been identified.

Lack of knowledge of the expertise of other professionals. Reese and Sontag (2001) conducted research with 12 students and graduates and the directors of three training programs on the result of training health care professionals in isolation from each other. "Nurses and physicians tend to view the social work role as provision of concrete services, and attempts to add social work interventions that are outside this view result in conflict….This lack of awareness can lead to resistance toward the inclusion of all team members on cases" (Reese & Sontag, 2001). This research found that each profession may want to handle the case on its own, because of their lack of understanding of what the other professions can contribute (Reese & Sontag, 2001).

Value differences. A challenge of working in multidisciplinary teams in a health care setting is the variety of scopes of practice. Each profession is trained to address a patient's health in a different way. Although the goal is to provide the best care possible, different fields may have conflicting views of what providing the best care means. Reese and Sontag (2001) state, "Traditionally, the medical profession advocates saving life rather than the quality of life." Social work is trained to use person centered language and perspectives to tune into the patient's needs. One physician participant stated, "The relationship between physician and patient traditionally is authoritarian in contrast with the social work value of patient self-determination"

(Reese & Sontag, 2001). This difference in relationship building can create tension and value differences amongst team members.

Power differentials. Interprofessional collaboration can be hindered by overt and covert power differentials; power dynamics must be considered when developing and implementing collaborative models (Ambrose-Miller & Ashcroft, 2016). Whitehead (2007) provided the example of interdisciplinary teams in which communication regarding patients takes place around the doctor's schedule, reinforcing the doctor's "centrality." Whitehead (2007) emphasizes that issues of power determine to what degree collaboration occurs. Interdisciplinary care seeks to change the dynamic of interactions between health professionals to form a system of cooperating independents. The flattening of hierarchies will inevitably affect the role of the physician, who traditionally held a privileged position of power (Ambrose-Miller & Ashcroft, 2016).

Power inequities affect social work's voice and contributions. "Physicians come in with power. . . . If doctors come in the room with a patient and take that power, we get talked over and lost" (Ambrose-Miller & Ashcroft, 2016). Participants indicated that salaries was one way that power inequities were demonstrated. "We're pushing for a change in salary, [which] could be influential because of the inherent worth portrayed in the dollar amounts in salary" (Ambrose-Miller & Ashcroft, 2016). Because of existing power inequities, participants believed that social work had to be even more diligent with demonstrating worth to the collaborative team. One participant stated, "There's something so satisfying with having to prove yourself but then prove your worth when no one else believed it to be possible" (Ambrose-Miller & Ashcroft, 2016). Power inequities are problematic for collaborative care when acted out through the actions and behaviors of team members.

Importance of Topic

Social workers have been involved in professional teams for over a hundred years (Oliver & Peck, 2006). Their contribution to health care settings includes fostering effective care coordination practices and cost effectiveness. Social work is practiced best in a team when there are clear boundaries between roles, role clarification, and the ability to reconcile differences. Research is available on social work teams in health care settings, but a gap in the literature was found. There is a lack of research done from the perspective of a social worker as part of a team in health care settings. Most data available has been conducted from another perspective—namely, a nurse or physician. This study aims to utilize and conceptualize social workers' perspectives of their role in teams.

Conceptual Framework

The focus of this systematic literature review is to assess and review best practices for health care social workers in multidisciplinary teams. The conceptual framework for this research is the Ecological Model (Hutchison, 2015). The focus of the theory is how people interact with their environment (Hutchison, 2015). Its foundational principle emphasizes people depend on continuous interchange with their surrounding environment for survival and growth (Hutchison, 2015). The Ecological Model describes systems as interrelated parts of subsystems constituting an ordered whole. Each subsystem impacts all other parts and tends toward equilibrium (Hutchison, 2015). For the purposes of this research project the Micro, Mezzo, and Macro levels represent the Individual, Team, and Institutions studied, respectively. This perspective helps to identify the strengths and challenges present in individuals, teams, and the institutions themselves because each part impacts the other. One practice intervention involving the Ecological Model is to strengthen one part of the system to impact the whole system (Hutchison, 2015). This model can be applied to teams as, ideally, teams tackle problems using each member's strengths. As teams are formed, they build trust and confidence amongst group members as they learn from each other (Miller & Ashcroft, 2016). The individual, team, and institution all play a role in effective team work.

Highly efficient teams value each member's strengths and have high trust (Oliver & Peck, 2006). The importance of strong self-identification, communication, role clarification, and reconciling differences develop in this review of literature and are helpful concepts in understanding interdisciplinary teams and their effectiveness. The goal of this study is to provide evidence-based support for the importance of a social worker's role, especially in healthcare settings. This study keeps social work as the focus and examines the impact of multidisciplinary

teams in healthcare settings. This focus guided the search process, including the selection of articles and inclusion criteria.

Methods

Research Design

This study is a systematic review of qualitative studies on multidisciplinary team practices to evaluate the implementation and effectiveness of social work in multidisciplinary teams in health care settings. The research question in this systematic review of literature is: What are best practices for social workers in multidisciplinary teams working in health care settings? No exclusion criteria regarding a specific health care specialty, size of health care system, or location of health care facility was applied.

Levels of Sensitivity and Specificity

Petticrew and Roberts (2006) define a highly sensitive search as one which results in a high proportion of the total articles available on that topic, and a specific search as one which results primarily in articles that are relevant to the topic. Because the goal of a systematic review is to analyze as much of the relevant literature as possible, high sensitivity is important (Petticrew & Roberts, 2006). Search terms must be chosen so that there are also relatively high levels of specificity (Petticrew & Roberts, 2006). Table 1 shows the sensitivity and specificity of this systematic search. The sensitivity column lists the total number of results found, while the specificity column lists the number of results that appear to be relevant to the research question based on a review of the title and abstract only.

Table 1.
Sensitivity and Specificity Review

Database	Sensitivity	Specificity
Social Work Abstracts	210	16
CINAHL	338	15
MEDLINE	128	10
PubMed	169	16
TOTALS	845	57

Because of the large number of articles reviewed for this systematic review, it is clear the search terms were highly sensitive. The specificity of the search was extremely low at only 6%. Although this required the researcher to review many irrelevant articles, Petticrew and Roberts (2006) point out that when completing a systematic review, having a high sensitivity with low specificity is not only common but can also help provide confidence that the vast majority of potentially relevant articles have been found.

Data Analysis

Grinnell et. al. (2016) describes a process best for collecting and coding data. This process was used in this systematic review. Data was collected and coded from the individual studies then reviewed and synthesized using a directed content analysis to quantify interesting, meaningful patterns. Based on the literature review, it can be anticipated that the following themes will emerge from the literature. (1) Social workers offer distinct skills for patients that differs from a physician and nurse (Black, 2005). (2) Barriers to collaboration are also facilitators to collaboration—specifically, culture, communication, trust, self-identity, role clarification, decision making, power dynamics, and administrative support (Abrose-Miller & Ashcroft, 2016,

Mellor, 1994, Oliver & Peck, 2006, Vungkhanching & Tonsing, 2016). (3) Social workers are

most important to communication between health care team and family system (Horevitz &

Manoleas, 2013, Kramer, 2013). Because of the effectiveness of this research method, it has

been replicated outside of the medical profession in many disciplines including the civil and

criminal justice systems, police forces, social services, and mental health (Frost, Robinson, &

Anning, 2005).

Literature for this study focuses solely on healthcare settings. This study will contribute

to the existing literature by reviewing the use and effectiveness best practices of social workers

in health care settings working in multidisciplinary teams. A continued discussion about the role

of social work in interprofessional healthcare is necessary to build a stronger sense of our

potential role and to improve ways to better meet the needs of our clients (Ambrose-Miller &

Ashcroft, 2016).

Literature Search

The researcher used the Social Work Abstracts, Cinahl, PubMed, and MedLine databases

to search for qualitative, peer-reviewed articles written about multidisciplinary teams in health

care settings involving a social worker perspective. Articles written in languages other than

English were excluded; however, no restriction on publication location was necessary. Articles

excluded involved small sample sizes and predatory practices that may influence data. In

addition, the publication year was restricted to 2010-2016 in order to exclude data on teamwork

development in health care settings prior to the enactment of the Affordable Care Act. The

database search included the following keywords: "team OR teams OR teamwork," "health care

OR healthcare," "perspective OR perspectives," and "social work."

Articles in the Final Data Set

Articles from Social Work Abstracts (n=210), CINAHL (n=338), MedLine (n=128), and

PubMed (n=169) were generated and reviewed using the article title and abstract. Once the

initial scan of articles was complete, ineligible articles were eliminated. A second review was

conducted with the following inclusion criteria: the study must be qualitative, peer reviewed,

based in a health care setting, and offer the social worker's perspective as part of the

multidisciplinary team. Once the second scan of articles was complete, ineligible articles were

eliminated. Final articles were isolated during a final review using the following criteria: the

study includes positive and/or negative experiences shared by clinicians working in

multidisciplinary teams, how teams effect patient care and quality of life, and social worker's

role as part of the team. The number of articles screened and accepted/rejected at each stage is

available in Table 2. The final exclusion criterion isolated 9 articles as pertinent for analysis

shown in Table 3. Four Social Work Abstracts articles were eligible for review. Two CINAHL

articles were eligible for review. Two MEDLINE articles were eligible for review, and one

PubMed article was eligible for review.

Table 2.
Results of Search of Databases

	Total # of articles	Accepted after title and abstract review	Accepted after second review	Accepted after third review
Social Work Abstracts	210	16	10	4
CINAHL	338	15	2	2
MEDLINE	128	10	10	2
PubMed	169	16	3	1
TOTALS	845	57	25	9

Table 3.
Overview of Included Articles, Alphabetized by Database

Brief Citation	Database	Setting	Location	Patient population	Sample size	Disciplines surveyed
Ambrose-Miller et. al (2016)	Social Work Abstracts	Intensive care unit	Canada	General ICU patients	11	Social workers
Kramer (2013)	Social Work Abstracts	Elder care	Wisconsin	Elders with complex chronic illnesses	64	Social workers, elders, family caregivers, nurses, nurse practitioners
Vungkhanching et al. (2016)	Social Work Abstracts	Traumatic and acquired brain injury treatment facility	Australia, Canada, Ireland, New Zealand, U.K., U.S.	Pediatrics and adult medicine	37	Social workers
Horevitz et al. (2013)	Social Work Abstracts	Primary care clinic	California	Integrated behavioral health	84	Social workers
Cavanaugh et al. (2012)	CINAHL	University of New England	Maine	Simulated IP role-playing experiences	69	Social workers, physical therapists
Fouche et al. (2014)	CINAHL	Hospital	New Zealand	Chronic care patients	32	Social workers, psychology, pharmacy, general medicine physicians, nurses, speech language therapists, occupational therapists
Sims-Gould et al. (2015)	MEDLINE	Acute care and rehabilitative center	British Columbia, Canada	Post operative hip fracture care	25	Social workers, nurses, occupational therapists, physical therapists
Sumser et al. (2015)	MEDLINE	Palliative and end of life care settings	California	Palliative patients	1149	Social workers
Goldman et al. (2014)	PubMed	General internal medicine unit	Canada	Internal medicine patients	49	Medical residents, attending physicians, social workers, pharmacists, case managers, dieticians, spiritual care worker

Findings

The goal of this systemic review was to determine the outcomes of studies (N=9) measuring the effectiveness of social workers in multidisciplinary teams in health care settings. Only qualitative studies that included a social worker's perspective were reviewed in hopes of understanding the social worker's views and experiences. This perspective helps to identify the strengths and challenges present in individuals, teams, and the institutions themselves because each part impacts the other. One practice intervention involving the Ecological Model is to strengthen one part of the system to impact the whole system (Hutchison, 2015). This model can be applied to teams as, ideally, teams tackle problems using each member's strengths. As teams are formed, they build trust and confidence amongst group members as they learn from each other (Miller & Ashcroft, 2016). The individual, team, and institution all play a role in effective team work. Each article was analyzed using an Ecological Perspective, looking for Micro, Mezzo, and Macro themes. Table 4 outlines the included studies and an overview of themes found in a thematic conceptual matrix.

Table 4.

Overview of Data Using the Ecological Model as Framework

Bri ef Citation	Strengths of Social Workers			Areas for Improvement		
	Micro	**Mezzo**	**Macro**	**Micro**	**Mezzo**	**Macro**
Ambrose-Miller et. al (2016)	Encourage collaboration	Different conceptualization, broader approach	Convey importance of culture of collaboration in organization		Unclear SW role can lead to challenges in collaboration, SW role as client advocate can create tension between worker and rest of team	Minimal presence of SW in formal health care leadership roles
Kramer (2013)	Provide information, emotional support, take burden off, provide intellectual and social stimulation, address grief and bereavement, facilitate transitions and independence	Illuminate "big" picture, Remind to focus on client's wishes, advocate for client, facilitate family meetings, address family conflict			Difficulty articulating SW role	
Vungkhanchin g et al. (2016)	Role clarity is achieved when there is clear information about expectations and responsibilities of SW role	Respect other discipline's expertise and collaborate in delivery of care			SW roles might be limited to assumptions the other members hold with regard to range of expertise	
Horevitz et al. (2013)	Knowledge of chronic illness and psychotropic medications, cultural competence, psychoeducation	Skills in team based care, knowledge of the physician-patient relationship	Understanding how medical model compares to psychosocial approach to treating patients			Understanding the culture of medical education (what physicians do and do not learn in medical school)
Cavanaugh et al. (2012)	Effective person centered communication skills	Direct, face to face communication practice, minimizing diagnostic labels				

Fouche et al. (2014)		Knowledge in cross-cultural work, skills in communication				SW needs to be better integrated in electronic medical records
Sims-Gould et al. (2015)	Working with families	Working with most severe cases, conflict resolution skills	Relational continuity with patients		Diluted SW role	
Sumser et al. (2015)	Competence with advance directives and decision making at end of life	Facilitating family conferences, collaboration with medical team, intervention in caregiver/family distress, family system interventions		Less competence with pain symptom management, difficulty sharing techniques with team for working with children as patients	Reduced competence in providing anticipatory guidance	
Goldman et al. (2014)		Communication in team, fosters an alliance among team members		Role too focused on patient discharge	Duplication of activities	Existence of medically dominated approaches to patients

Self Identity and Role Clarity

Four studies examined the importance of self-identity as a social worker in a health care setting. Previous studies have supported the fluidity of social work as it has been identified as an asset to team effectiveness (Ambrose-Miller & Ashcroft, 2016). It helps fill in service gaps and address clinical complexity (Ambrose-Miller & Ashcroft, 2016). Social workers must be competent and confident in their identity to be most effective in a team.

Advocacy on behalf of client. Kramer (2013) surveyed 64 health care professionals including social workers to understand what social workers do and their roles in providing end of life care to low-income adults with multiple comorbid chronic conditions in an innovative, community-based managed care program. Social workers in this study reported a clear understanding of their role and its connection to being an advocate for clients. The following quote provides an illustration of this role as described by a nurse team member:

> "They (the social workers) bring us back to where we are. Maybe even the face of how many times as a nurse we decided that maybe there's some health condition that we want to take care of that they (the social workers) have to remind us of the other perspective of the client's rights and wishes. It's worthwhile to have someone that's telling me—you know, to consider the patient's perspective" (p. 322).

A humanistic, broader approach. Ambrose-Miller and Ashcroft (2016) surveyed 11 hospital social workers at an Intensive Care Unit in Canada. Participants stated that social work enriches interprofessional collaboration by adding a different conceptualization and approach to health within a team that is broader than the traditional medical model: "We look at the human aspect, both individual and in the society" (p. 103). Another participant stated, "Humanizing in

practice is my role" (p. 103). What both participants suggested is that the social work identity helps to give greater context and relational understanding of the individual (Ambrose-Miller & Ashcroft, 2016).

Role clarity. Vungkhanching and Tonsing (2016) created a study aimed to examine the relationships between role clarity, workplace stress, perceived respect, value of self, and team collaboration among social workers working in an interdisciplinary team in a brain injury setting. Thirty-seven social workers shared their experiences with the researchers. Their data supports the assumption that an effective interdisciplinary team is one in which members respect each other's expertise and collaborate in the delivery of care (Vungkhanching & Tonsing, 2016). Although there was no statistically significant association between role clarity and workplace stress, participants suggest that the higher the clarity of role, the lower the workplace stress (Vungkhanching & Tonsing, 2016). Findings from this study also show that the majority of respondents reported very low or fairly low workplace stress (Vungkhanching & Tonsing, 2016). This might be due to the role clarity experienced by social workers in the interdisciplinary teams surveyed.

Avoid duplication of services. Goldman et al. (2014) conducted a study to examine family health team members' perspectives and experiences of interprofessional collaboration and perceived benefits. As substantial changes in roles and responsibilities for each team member occurred, participants discuss how they needed to adopt a new way of working. The social workers, physiotherapists, occupational therapists, and pharmacists discussed the complex trajectories of patients and the need to be flexible given competing priorities (Goldman et al., 2014). For example, they described strategies undertaken to minimize duplication of efforts in relation to discharge activities given the frequency with which decisions about discharge

changed (Goldman et al., 2014). In these instances, they valued communication to optimize

interprofessional interactions and patient care in the discharge process. The social workers,

physiotherapists, and occupational therapists agreed that the medical teams would usually not

discharge a patient if one of them identified the patient as not safe for discharge (Goldman et al.,

2014).

Cultural Sensitivity

Horevitz and Manoleas (2013) conducted a study of 84 social workers in California in

order to understand better the primary skills and knowledge used by social workers in integrated

behavioral health settings in a primary care clinic. The competency areas most commonly

endorsed as being used on the job were knowledge of psychotropic medications (91%), followed

by cultural competence (88%) (Horevitz & Manoleas, 2013). One participant elaborated on the

importance of cultural competence and the value of her Master's in Social Work degree:

> "We consistently see shortage of bilingual mental health practitioners. Fully half of
>
> clients at the primary clinic where I work at Hispanic. This reflects changing
>
> demographics in state, and MSW students should know the importance of speaking and
>
> developing their language competence. I always thought MSW training was best course
>
> and it has served me well. I got my MSW in 1982 and have been able to move with the
>
> changing tides in mental health" (p. 765).

Fouche et al. (2014) conducted a study in New Zealand with 32 expert chronic care clinicians

including social workers from 8 health professional groups. The aim of this study was to explore

the perspectives of health care practitioners on the core competencies required of those working

in this area (Fouche, et al., 2014). One social worker captured this well as follows:

"A lot of our patients are (lists different cultures). We work with them differently in

terms of protocol—make consideration for their needs. Cross cultural work is more

difficult than it is taught; often something that is learnt after study" (p. 536).

There were many comments from participants on the complexity of culture in patient-centered

care. Cultural preparedness promotes cooperation and collaboration and demonstrates attitudes

of respect and trust. Poor communication and culturally inappropriate practice can be detrimental

for indigenous and migrant patients, including Maori and Pacific patients in the New Zealand

context (Fouche et al., 2014).

Effective Communication to Work with Patients and Families

Four articles include the importance of the social worker's role in communicating with

families—using effective person-centered communication skills (Cavanaugh & Konrad, 2012),

facilitating family meetings (Kramer, 2013), family systems interventions (Sumser et al., 2015),

and conflict resolution skills (Sims-Gould et al., 2015).

Effective person centered communication skills. Communication skills are a valued

trait of effective social work. These skills can be adapted by other disciplines working in a team

with a social worker. Cavanaugh and Konrad (2012) conducted research to describe the

development and implementation of a team-based interprofessional health care shared learning

model for developing effective person-centered communication skills. The study was conducted

with 39 graduate-level social work students and 34 physical therapy students at the University of

New England in Portland, ME. Two physical therapy students shared their experiences learning

about communication by working with people from the social work profession:

"The diction that the social work students used when answering or asking questions

really opened my eyes to effective communication" (p. 298).

"As physical therapists, we obviously are concerned about the person as a whole, but I

have to admit that there are times when our focus is primarily concerned about regaining

strength, etc. It was night to learn (from MSW students) how to engage your patient by

conversation rather than a seemingly endless series of questions to obtain a history" (p.

298).

Facilitating family meetings. Part of a social worker's role in a health care setting is

often facilitating communication between patient families and health care teams. Kramer's 2013

study highlights a nurse practitioner's appreciation for the social worker facilitating family

meetings. Her reflection is below:

"They are the primary contact of family members. They start those hard conversations.

And then bring everyone together for the family meetings and team meetings... The social

worker is the one who actually tends to calm everybody down and kind of helps the

family explore their own feelings. They realize people are not machines, you know?" (p.

322).

Kramer (2013) also emphasizes the relationship between social work and patient's family

members. Family members in this study reported tremendous appreciation and trust they felt in

reliance on social workers who had cultivated meaningful, long-term caring relationships with

the elder as illustrated in the following quote (Kramer, 2013):

"They're social, they spend a lot of social time with the clients… they talk to her, listen.

Social worker and granny, they go way back, I mean, they, I think they are really close…

a really great closeness... I mean on both sides you know… I think she cares about her

job, she cares about granny, you know so they make me feel, when I call her, then I know

she's going to be there" (47-year-old male, caring for his 97-year-old grandmother, p.

321).

Family conflict resolution skills and relational continuity. Sumser et al. (2015)

electronically surveyed a wide range of health care social workers and educators to investigate

their reported levels of preparation, training, and self-assessed competence to provide palliative

and end-of-life care in interdisciplinary health care settings. The survey was completed by 1,149

self-identified health care social workers, 35% of whom identified as a specialist in palliative

care (Sumser et al., 2015). Social workers reported high competence in facilitating family

conferences (80%), collaborating with team (94%), and intervening with family and caregiver

distress (87%).

Sims-Gould et al. (2015) findings support the notion that social workers play an essential

role in working with older adults and their families as they navigate the health care system after a

hip fracture injury. Twenty-five social workers working in acute care rehabilitative care settings

shared their experiences. It was identified that "difficult" patients of families are often referred to

social workers to resolve conflicts and mediate between the family, the patient, and the health

care providers (Sims-Gould et al., 2015). Examples of conflicts include disagreements about care

planning and issues related to family dynamics (Sims-Gould et al., 2015). One social worker

spoke about her role in educating other members of the interdisciplinary team to manage

conflict:

"So, often that is another role of mine, just to explain to the team and shed light on that

perspective that, OK, the wife is very angry and she's aggressive and abrupt… I find that

one of my roles is really to educate the nursing staff as well as the other disciplines just

around those issues" (p. 261).

In addition to informational continuity, another key role that social workers contribute to is the

patient health care provider relational continuity. Sims-Gould et al. (2015) emphasize the

importance of relational continuity for families. The social workers seek out information from

other health care record systems and contact case managers in community care for patients. One

social worker shares how they use strategizing skills to provide a consistent point person for

patients and their families as they move from unit to unit (Sims-Gould, 2015):

"If I see they (the patient) has a case manager in the community, I will call the case

manager to get information about how they were coping at home, what kind of supports

were in place. Any information about what kind of services they were open to or not open

to" (p. 261).

"If the social worker has been really involved with the patient and the family, maybe

they're a little bit more of a complicated situation. Sometimes the last thing people need

is a new person to go in… They just need one kind of consistent person" (p. 262).

Power Differentials

Researchers Goldman et al. (2014), Ambrose-Miller and Ashcroft (2016), and Horevitz

and Manoleas (2013) have studied the power differentials that exist in health care settings

between disciplines including social work.

Existence of medically dominated approaches to patients. Goldman et al. (2014)

conducted a study to examine family health team members' perspectives and experiences of

interprofessional collaboration and perceived benefits. As substantial changes in roles and

responsibilities for each team member occurred, participants discuss how they needed to adopt a new way of working. One social worker noted, "Some physicians have greater difficulty with the concepts of teamwork and collaboration. Some have more awareness and appreciation and value of what the other disciplines can provide (to patient care)" (p. 372). This study reinforces the importance of issues such as roles, scope of practice, and leadership (Goldman et al., 2014).

Power dynamics. Power inequities and dynamics emerged in Ambrose-Miller and Ashcroft's (2016) data as a barrier to collaboration. "Power differentials are there," one social worker noted (p. 106). Power inequities affected social work's voice and contributions as explained by another social worker: "Physicians come in with power… We as social workers in general are pretty awful at doing this. If doctors come in and take that power, we get talked over and lost" (Ambrose-Miller & Ashcroft, 2016, p. 106). Because of existing power inequities, participants believed that social work has to be even more diligent with demonstrating worth to the collaborative team (Ambrose-Miller & Ashcroft, 2016).

Knowledge of medical model. Horevitz and Manoleas (2013) research involves 84 social workers who were interviewed about their integrated behavioral health care settings. Trends emerged among social work respondents requesting improved training to work as members of an interdisciplinary medical team. One respondent shares her opinion:

> "I think it is important for social workers going into health settings to have some
> understanding of the culture of medical education and what physicians do and do not
> learn in medical school. I think it is also important for social workers to have some
> knowledge about the dynamics of a patient physician relationship. I also think it would be
> helpful for social workers to have seen how the medical model compares to the

psychosocial approach to treating patients and the challenges/benefits of working in an

interdisciplinary team" (p. 765).

Difficulty Articulating Social Work Role to Members of Team

   Social Workers Need to be Proactive in Helping Team Members Understand Our

Role. Collaboration starts with an awareness of one's own individual contributions as a social

worker. Participants in Ambrose-Miller & Ashcroft's (2016) research support this statement.

Participants stated that social work enriches interprofessional collaboration by adding a different

conceptualization and approach to health within a team that is broader than the traditional

medical model (Ambrose-Miller & Ashcroft, 2016). Participants suggested the social work role

helps to give greater context to and relational understanding of the individual (Ambrose-Miller &

Ashcroft, 2016). One participant recommended that social work's professionals engage with

medical professionals so as to help dynamics that occur within clinical collaborative settings:

>   "I'd love to see our body (social work) talk more with the medical body. As social
>
>   workers, we need to have this conversation so often. Medical doctors don't need to do
>
>   that so I think we need to show how we, as social workers, need to communicate this. If
>
>   we did this in the education then things would change drastically. If we didn't have to
>
>   keep tap(ping them) on their shoulders to keep telling them why we're so important, then
>
>   services would be different. We need to push for more" (p. 105).

   Social work roles limited to assumptions the other team members hold. One

participant in the Ambrose-Miller and Ashcroft (2016) study described how a social work

colleague offered clinical consultation to the team as a way to support the team as well as

demonstrate the role of social work: "One thing that a coworker has done to define his own role

in the team is by recognizing his strengths to them. Every other Thursday, the nurses and doctors

are offered time with him. Support and value have increased since then" (p. 106). What this

participant suggests is that by having regular access to the social worker, physicians and nurses

in that team have been able to grasp a better understanding and value of what social work offers

(Ambrose-Miller & Ashcroft, 2016). See Table 5 for a summary of themes found across articles.

Table 5.

Themes found across Articles

Theme	Found in # of Studies	Name of Studies
Self identity and role clarity	4	Ambrose-Miller & Ashcroft (2016) Goldman et al. (2014) Kramer (2013) Vungkhanching & Tonsing (2016)
Cultural competence	2	Fouche et al. (2014) Horevitz & Manoleas (2013)
Effective communication to work with patients and families	4	Cavanaugh et al. (2012) Kramer (2013) Sims-Gould et al. (2015) Sumser et al. (2015)
Power differentials	3	Ambrose-Miller & Ashcroft (2016) Goldman et al. (2014) Horevitz & Manoleas (2013)
Difficulty articulating social work role to members of team	2	Ambrose-Miller & Ashcroft (2016) Vungkhanching & Tonsing (2016)

Discussion

Filling a Gap in the Literature

The goal of this study is to provide evidence-based support for the importance of a social worker's role especially in health care settings. Although the use of social workers in health care team settings is common, there is a rather small evidence base presenting a social worker's perspective at this time. This systematic review fills a gap in the literature and provides a comprehensive review of social workers sharing their perspective of best practices working on a health care team. The strongest themes identified in this review are: an established self-identity and role clarity, cultural competence, effective communication practices with patients and their families, understanding and combatting power differentials, and overcoming difficulties articulating the social work role to members of the team.

State of the Current Research Body

Despite the results obtained by the research studies in the data set, these articles were difficult to obtain. The social worker's perspective of their strengths and areas of improvement within teams isn't highly researched. Team research more often focuses more heavily on the role of social workers from the perspective of the physician, nurse, or leadership team.

Research Designs. The research designs of the studies in the data set were similar. All of the qualitative studies used a semi-structured interview guide. Two of the qualitative studies used interpretive phenomenological analysis. Subjects tended to be recruited either by convenience (in many studies the subjects worked at a particular agency) or they were social work professionals in a particular geographic area. The sample sizes ranged from eleven-1,149. Fifty-five percent of the studies had between 25-50 participants. One study had less than 25 participants. Three studies had more than 50 participants. The median number of subjects per study was 35.

Location and Setting of the Research. Social workers can be found in a variety of settings. This is reflected in the research articles in the data set. Data was pulled from social workers in elder care (Kramer, 2013), a primary care clinic (Horevitz & Manoleas, 2013), two general intensive care units (Ambrose-Miller & Ashcroft, 2016, Goldman et al., 2014), traumatic and acquired brain injury treatment settings (Vungkhanching & Tonsing, 2016), the University of New England graduate school (Cavanaugh & Konrad, 2012), a chronic care hospital unit (Fouche et al., 2014), a rehabilitative care center (Sims-Gould et al., 2015), and a palliative care center (Sumser et al. 2015). Of note, four of the studies in the data set originated in the United States and three originated in Canada. The remaining two were from New Zealand exclusively (Fouche et al., 2014) and Australia, Canada, Ireland, New Zealand, Sweden, U.K., and U.S. (Vungkhanching & Tonsing, 2016).

Implications of the Research

For Social Work Practice. Team work can be a challenging yet important aspect of effective social work practice. It is important for not only social workers in health care settings but any social workers who work in teams to know which part of their jobs are supported by evidence. Knowing what part of your role in a team is most relied on by other team members and other members of your discipline can be grounding. Similarly, knowing which parts of the social work role are often blurry or unclear to other disciplines can be helpful and create intentional space for the social work role to clarify itself by those practicing it.

Based on the results of this systematic review, social workers in health care settings feel confident in their role and argue their position is crucial to the operation of an effective health care team. To support this point, one participant stated, "Social workers have the ability to bring to the team a unique perspective concerning the patients whom they care for" (Ambrose-Miller

& Ashcroft, 2016). Similarly, Sims-Gould et al. (2015) summarized their findings by stating, "Our findings support the notion that social workers play an essential role in working with people and their families as they navigate the health care system." The results of Kramer (2013) suggests social workers in a community-based care setting working with complex, chronic illnesses are very busy enacting a variety of divergent roles to assist elders, family, and team members. One point a social work participant raises is if social workers could expand their role in addressing pain and other physical symptoms with adequate prep and training they might expand their practice field and be more effective in that setting (Kramer, 2013). Goldman et al. (2014) explains changing roles in hospital settings and its impact on social work. One participant states, "Hospital discharge policies require physicians as well as other healthcare providers to be cognizant of, and work towards, timely and safe patient discharge in order to meet hospital and government requirements. This imperative has changed social workers' roles in the unit to being more heavily focused on patient discharge." This statement demonstrates social work's fluidity and importance to the team. This systematic review should serve as a confidence boost for those practicing—to remember the importance of the social work role as evidenced in these studies and the reminder to define that role clearly and consistently in order to serve clients best and contribute to the team.

For Future Research. Although the use of social workers in health care team settings is common, there is a rather small evidence base presenting a social worker's perspective at this time. Therefore, further research is needed on the social worker's perspective of their own role in health care teams. Vungkhanching and Tonsing (2016) state currently there is a lack of research on social workers' perceived role clarity, perceived value of self, and how these might affect their perceived respect and value from members of the interdisciplinary team. In addition, future

research should compare interdisciplinary teams with other settings such as cancer care, nursing home care, and outpatient clinics, to determine if there are areas of health care where the roles are clearer and the satisfactions are greater.

Guidelines for Social Workers in Health Care Teams. The themes found in the articles make suggestions for social workers in health care teams. First, to develop a strong self-identity and establish role clarity to be most effective working with other disciplines. Offer consultations with other team members so they can get familiar with the social work role. Second, demonstrate cultural competence by consulting within communities impacted and minority groups. Third, practice effective communication with patients and their families by creating an alliance with them and advocating for their wishes. Fourth, learn to assess, understand, and combat power differentials in the workplace. Finally, articulate and clarify the social work role within a team setting in order to overcome difficulties articulating the social work role to members of the team.

Strengths and Limitations of this Systemic Review

As in every study, there are strengths and limitations to the results of this systematic review. This systematic review can be considered an excellent overview of the current state of the research into the best practices of social workers in health care teams from the perspective of social workers. Eight hundred forty-five articles were retrieved during the search, of which only 9 were included in the final data set. This makes it highly unlikely there were additional articles meeting the inclusion/exclusion criteria that were missed during the systematic search. Further, because the inclusion criteria for this study was quite broad and placed neither limitations to the health care setting nor the timeframe in which the research was conducted, the reader can be assured of the comprehensive nature of the articles included in this systematic review.

There is one notable limitation of this study based on the inclusion and exclusion criteria.

This systematic review only included articles written in the English language. This means any studies completed in non-English speaking countries were likely left out of the data set.

Conclusion

The goal of this study is to provide evidence-based support for the importance of a social worker's role especially in health care settings. Although the use of social workers in health care team settings is common, there is a rather small evidence base presenting a social worker's perspective at this time. This systematic review fills a gap in the literature and provides a comprehensive review of social workers sharing their perspective of best practices working on a health care team. These practices have been identified as: having an established self-identity and role clarity, cultural competence, effective communication practices with patients and their families, understanding and combatting power differentials, and overcoming difficulties articulating the social work role to members of the team.

There are an estimated 600,000 social workers in the U.S (United States Census Bureau, 2016). Among these workers, many work in teams bringing with them a broader perspective to meet the human needs of all people; thus fulfilling the National Association of Social Workers Code of Ethics (NASW, 2017). The social worker is vital to the multidisciplinary process and is a core member of the team. One participant stated, "When all else fails, the social worker is the one who is called in to decompress and resolve the situation" (Sims-Gould, 2015, p. 72). This important social worker skill set was cited by a number of health professionals in the study. Learning how to be collaborative team members is a valuable skill that creates the backbone for quality social work practice. The more we develop our abilities and become more effective members and facilitators of interdisciplinary teams, we strengthen a central component of quality social work practice and delivery.

References

Abramson, J., & Bronstein, L. (2013). Teams. *Encyclopedia of Social Work,* Encyclopedia of

Social Work.

Ambrose-Miller. W., & Ashcroft, R. (2016). Challenges faced by social workers as members of

interprofessional collabeorative health care teams. *Health & Social Work, 41(2),* 101-109.

Black, K. (2005). Advance directive communication practices: social workers' contributions to

the interdisciplinary health care team. Social Work in Health Care. 40(3), 39-51.

Frost, N., Robinson, M., & Anning, A. (2005). Social workers in multidisciplinary teams: issues

and dilemmas for professional practice. *Child & Family Social Work. 10(3).* 187-196.

Grinnell, R. M. Jr., Williams, M., & Unrau, Y. A. (2016). Research methods for social workers.

An introduction (11th ed.). Kalamazoo, MI: Pair Bond ISBN 9780981510071

Hammond & Zimmerman (2009). A Strengths Based Perspective. *Resiliency Initiatives.* January

2012.

Hutchison, E. D. (2015). Dimensions of human behavior: Person and environment (5th ed).

Thousand Oaks, CA: Sage Publication.

Horevitz & Manoleas (2013) Professional Competencies and Training Needs of Professional

Social Workers in Integrated Behavioral Health in Primary Care, Social Work in Health

Care, 52:8, 752-787.

Kaye, A., & Lybrand, S. (2016). The cleft team social worker. *Social Work in Health Care.*

55(4), 280-295. Doi: 10.1080/00981389.2016.1145168.

Kramer, B. (2013) Social Workers' Roles in Addressing the Complex End-of-Life Care Needs of

Elders with Advanced Chronic Disease. *Journal of Social Work in End-of-Life &

Palliative Care.* 9:308-330. Doi: 10.1080/1552545256.2013.846887.

Lyngsø, A., Godtfredsen, N., Høst, D., & Frølich, A. (2014). Instruments to assess integrated

      care: A systematic review. *International Journal of Integrated Care, 14*, E027.

Mellor, M. (1994). The interdisciplinary nature of social work practice in geriatric

      health care settings. 587.

Patterson, G. T. (2004) Police-Social Work Crisis Teams: Practice and Research Implications.

      Stress, Trauma, and Crisis, 7: 93-104.

Patterson, G.T. (2008) Police Social Work. *Encyclopedia of Social Work.* Doi:

      10.1093/acrefore/9780199975839.013.290.

Oliver, C. (2013). Social workers as boundary spanners: Reframing our professional identity for

      interprofessional practice. Social Work Education, 32, 773–784

Oliver, D. P., & Peck, M. (2006). Inside the Interdisciplinary Team Experiences of Hospice

      Social Workers. *Journal of Social Work in End-of-Life & Palliative Care.* 2 (3). Doi:

      10.1300/J457v02n03_03.

Powell, J., Privette, A., Miller, S., & Whittaker, J. (2001) In quest of an interdisciplinary helping

      process framework for collaborative practice in systems of care. *Journal of Family Social*

      Work, 5(3), 25-34.

Reese, D., & Sontag, M. (2001). Successful interprofessional collaboration on the hospice team.

      Health & Social Work, 26(3), 167-175.

Schaefer, J. & Larkin, S. (2015). Teaching note: Interprofessional education in undergraduate

      social work education. The Journal of Baccalaureate Social Work, 20, 179-187.

      doi.org/10.18084/1084-7219.20.1.179

Valentijn, P. P., Schepman, S. M., Opheij, W. A., & Bruijnzeels, M. (2013). Understanding

integrated care: A comprehensive conceptual framework based on the integrative

functions of primary care. *International Journal of Integrated Care, 13*(2).

Viktoria, Stein, & Reider (2009). Integrated care at the crossroads—defining the way forward.

International Journal of Integrated Care, 9, e10.

Vungkhanching, M., & Tonsing, K. N. (2016). Social Workers' Perceived Role Clarity as

Members of an Interdisciplinary Team in Brain Injury Settings. *Journal of Social Work in

Disability & Rehabilitation.* 15:3-4, 370-384. Doi: 10.1080/1536710X.2016.1220887.

Whitehead C. (2007). The doctor dilemma in interprofessional education and care: How and why

will physicians collaborate? Medical Education , 41, 1010–1016.

Workers, N. A. (2008). NASW Code of Ethics (Guide to the Everyday Professional Conduct of

Social Workers). Washington, DC: NASW.