

Experiences of social workers in teamwork with health care professionals

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Abstract— Teamwork in social work is understood as the collaborative, co-creative work of the team, which is put together according to the nature and scope of the purpose of the teamwork. The aim of this paper is to present the views and experiences of team work of social workers from centres for social work in Slovenia. The data were collected in 21 interviews with social workers from centres for social work (from different parts of Slovenia in 2018) in mixed methodology research. Software Atlas.ti was used for data processing and the results were obtained with qualitative analysis. Teamwork is considered very important in social work and social workers have high expectations of it, also of other professionals regarding their involvement in teamwork. Although social workers have noticed improvements in their cooperation with health professionals (especially in primary care) in recent years, they could still name some (mostly systemic) obstacles. The social workers reported that some health care professionals still do not consider themselves important and do not participate in co-creation of unique solutions for their patients. The social workers described that a high degree of adaptability (mainly due to systemic problems in health care, mostly related to staffing and financing) is required from other professionals to bring health care professional into teamwork. Social workers named health care professionals among the professions with which they most often work in teamwork. As person-centred care (which is becoming increasingly common in health care) and co-creation in the working relationship in social work have much in common, it is not surprising that social workers have noticed some improvements in the cooperation between social workers and health care professional in recent years, but some challenges remain. A first step towards overcoming these challenges could be to encourage health care professionals to work in teams and to include teamwork within services funded by health insurance.

Index Terms—Centres for social work, social work, social workers, teamwork.

I. INTRODUCTION

Teamwork in social work

Multi-agency work has gained attention in recent decades and is seen as particularly important in child services, see for example [1]. This type of work is often done in a form of teamwork. Stakić [2,p.89] notes that teamwork has emerged as a result of the rapid development of the social sciences, the narrowing of the skills of modern professionals, the

complexity of social problems and the emergence of efforts towards a more holistic approach. He also states that teamwork is not a specific feature of social work and that teamwork came into the field of social protection through medicine [2,p.87]. He adds that although teamwork takes place in different areas and in different ways, there are certain commonalities [2]. According to Stakić [2], the fact that social work actually arose from multidisciplinary teamwork also had a great influence on the need for a multidisciplinary approach to social problems and the use of teamwork in social work in Slovenia. So today we can observe forms and ways of teamwork that are the expression of a unique, autonomous approach to social problems [2,p.109]. Katzenbach and Smith [3,p.3] point out that the term team is used too often and too loosely, and Lyons [4,p.11] agrees that the concept of team is used very often in social work, but in practice it can have very different meanings and interpretations. Regardless of size (or other characteristics), a group of individuals is expected to become a team simply by being named (as a team) [5]. This does not necessarily have to happen.

Teamwork in social work today is understood as the collaborative, co-creative work of the team, which is composed according to the nature and scope of the purpose of the teamwork [6]. It includes individuals who are in a working relationship (if possible together with an expert in experience-user), who together create positive (and in the current situation possible) outcomes from complex situations [6].

Centres for Social Work

Centres for Social Work are professional institutions that deal with the prevention and solution of social problems and challenges of individuals, families and other groups of people in a professional and organized way. They are the basic institution that covers the major part of social protection through measures and services. The founder of the Centres for Social Work is the state, which also assigns to the centres the central role of coordinator of social welfare services [7]. Most of the tasks and services of the Centre for Social Work [8] are public powers and tasks according to the law, then tasks where the centre acts as coordinator (child and family care, adult care, coordination in a pluralistic network at the level of services, coordination in a pluralistic network at the level of community development, linking the system at the local level, promotion of new programs, organization of professional support for non-

governmental and private providers, regional coordination for victim support and domestic violence, regional coordination of alternative sanctions and other measures of general interest), and social assistance services (initial social assistance, personal assistance, family support, support for crime victims) [6]. There are currently 16 social work centres in Slovenia, with a total of 63 units (2 to 8 per centre) [9]. According to the data provided to the author of the article in an e-mail from the Ministry (dated 11 February 2019), on 1 January 2018 there were 1,247 people employed in all Centres for social work in Slovenia ($n = 62$), i.e. on average slightly more than 20 people per centre [10,p.150].

The cooperation of the employees in social work centres takes place on at least four levels: Cooperation with colleagues (within the centre unit), cooperation between centre units or between centres, cooperation with other organisations and cooperation with communities and users. At all four levels it can also take the form of teamwork. In this work, social workers interact both with users and with professionals with different educational backgrounds. Social workers often work together with different health care professionals. As stated in Rape Žiberna [6], teamwork in centres involves team meetings that last a long time (even several hours). Teamwork is demanding due to the extensive legal requirements and the complexity of the users' situations. The work is also quite structured and the creation of records is common. There is (usually) no hierarchical decision-making or delegation, but a high degree of equality between the participants. A co-creative approach is used, although some organisations (with which the centre cooperates) find user participation in teamwork uncomfortable [6].

Cooperation between social work and health care

Social work is present in the field of health care (in some countries even more than in Slovenia), but social workers from centres also cooperate with various health care institutions. Urek and Eržen [10, p. 171] in their evaluation of the profession of social work in health care in Slovenia state that the particular contribution of social workers in health care is otherwise appreciated by health care professionals and that their work is necessary, while on the other hand, social work in the health sector encounters a low evaluation of the profession of social worker, which is reflected in inadequate standards, unfair pay system and a promotion system, and in some places in a subordinate position and underestimation of their contribution, work [11]. There is some literature worldwide (especially in the last decade) on interdisciplinary cooperation, see e.g. [12-16], but it mostly focuses on cooperation between social workers and health care professionals working in the same institution (e.g. hospital).

The aim of this paper, on the other hand, is to present experiences of social workers from various fields of work at centres for social work with teamwork involving health care professionals. Previous research on this topic in Slovenia [17], which was more narrowly defined (in the area of domestic violence), identified a number of challenges. The aim of this paper is to present a broad update on this topic - perceptions of social workers from centres, their experiences not only in one

field of work, identified good practises and perceived challenges regarding this type of teamwork.

II. MATERIAL AND METHODS

The data were collected in 2018 in a mixed-methodology research project, see for example [18]. Using a targeted sample purposeful sampling [19] resulted in selection of 21 out of 1067 social workers from Centres for social work were selected. The data collection in the form of interviews, which took place from February to September 2018, covered 12 (or almost 20% of all centres existing at that time), which corresponds to a coverage of more than 62% of the "regions" created later (in October 2018) for centres. Of the 21 interviews, 18 were conducted in person and 3 by telephone.

The main research questions were:

1. How is teamwork perceived by social workers?
2. What experience do social workers from Centres for social work have with teamwork involving health care professionals?
3. What are good practises and challenges of cooperation between social workers and health care professionals?

Software Atlas.ti was used for open and axial coding and presented results obtained with qualitative analysis.

III. RESULTS

Sample description

18 social workers were female and 3 male. They were between 27 and 54 years of age, had between 1 and 21 years of work experiences at the centre and have from 7th to 9th levels of education in the field of social work. Details about participants are presented in Table 1.

Social workers experiences with teamwork

The social workers explained that the inclusion of several different (educational) profiles contributes positively to teamwork. They also found that other profiles are generally less flexible in carrying out their work (including teamwork).

Social workers use teamwork when they need help because of the complexity of the work, but also in cases of discretion. However, teamwork usually only takes place when it is really necessary. Despite the great need for teamwork, both in terms of the quality of help for the user and from the point of view of help for a professional, there is less and less teamwork. The mention is also nicely illustrated in the following remarks.

"Because there is a lot of things and it often happens that the teams can be used only when it is necessary, and usually when the water is already running down the throat to children, parents and centre..., when worker no longer knows what to do, and when violence is happening." (Interview 10, 2018).

"Well, I'm going to say that we would want to do [teamwork] even more, but unfortunately sometimes because of all the work we can't, or you don't even want to burden your co-workers, because you already know that he also has a lot of work, so we really than do teamwork only when is most necessary. What we can, we do on our own." (Interview 13, 2018).

The social workers also point out that there is less and less time for teamwork outside the public authority and that teamwork is also necessary in the programs.

TABLE I. DESCRIPTION OF UNITS

Nr.	Form of the interview	Size of centre	Age	Region
1	Personal interview	21–30	21–30	Severna Primorska
2	Personal interview	8 or below	41–50	Ljubljana
3	Personal interview	51–80	41–50	Spodnje Podravje
4	Personal interview	above 80	31–40	Maribor
5	Personal interview	31–50	31–40	Južna Primorska
6	Personal interview	31–50	31–40	Osrednja Slovenija Vzhod
7	Personal interview	51–80	31–40	Ljubljana
8	Personal interview	31–50	31–40	Južna Primorska
9	Personal interview	31–50	51–60	Južna Primorska
10	Personal interview	21–30	31–40	Ljubljana
11	Personal interview	21–30	41–50	Savinjsko–Šaleška
12	Personal interview	21–30	31–40	Savinjsko–Šaleška
13	Personal interview	21–30	31–40	Savinjsko–Šaleška
14	Personal interview	21–30	31–40	Savinjsko–Šaleška
15	Phone interview	51–80	41–50	Gorenjska
16	Personal interview	51–80	41–50	Gorenjska
17	Personal interview	31–50	41–50	Ljubljana
18	Personal interview	31–50	51–60	Osrednja Slovenija Vzhod
19	Personal interview	21–30	41–50	Osrednja Slovenija Vzhod
20	Phone interview	8 or below	31–40	Dolenjska in Bela krajina
21	Phone interview	9–20	41–50	Pomurje

Cooperation with other organizations

In interviews, social workers stated that teamwork is only one form of cooperation of centres with other organizations. Teamwork between institutions was also defined as a form of mutual support between organizations. The centres work with many different organizations and different professional profiles. Four groups of reasons for connecting with other organizations were mentioned by social workers:

- the need to integrate the Centre for social work into the environment
- the need to exchange good practice in working in specialized areas
- easier and more successful cooperation
- a more holistic approach to complex situations.

Social workers note that other organizations also attribute a key role to the Centre in coordinating and establishing links between different organizations. When there are good connections, good integration and involvement in the

environment, cooperation with other organizations is easier and more successful. Equally important is the social workers' observation that a better familiarity with the work and powers of the different organizations facilitates mutual coordination. They explained:

“My assessment is that this probably depends a lot on how the centre is integrated into the environment, right? Why? Because that influences how these multidisciplinary teams will be composed, [...]” (Interview 21, 2018).

“[...] we also coordinate with external institutions, to exchange that essential information a little, not to expect what someone else can do but to coordinate activities and draw up a plan that is meaningful and achievable.” (Interview 2, 2018).

“When we sat down in person, and she (from the municipality) saw that I cant do the things she had in mind... It's very important to know what someone can do, what someone can contribute.” (Interview 6, 2018).

“[...] here we often explain on these meetings of teams what the responsibilities of the centre are, to what extent, what we can do, because they often have ideas on how the centre can do a lot more, which is sometimes true, but often it is not.” (Interview 10, 2018)

The decision as to which organizations will be invited to work in teams will be made according to the specifics of the individual case or the needs of the individual case.

Cooperation with health care professionals

Among the organisations with which the centres most often work, social workers mentioned schools and kindergartens, the health service, the police and non-governmental organisations. In all this, the social workers mentioned both positive experiences and challenges.

Positive experiences

Regarding cooperation with health care professionals, the social workers note that cooperation has improved in recent years. They note that the younger generations (e.g. doctors), particularly in primary care, are already more familiar with the work of the centres and attach greater importance to inter-institutional cooperation. Some social workers indicated that health care professionals sometimes initiate and convene teamwork in health care. When the social workers described the good experience of cooperation, they emphasised the success of the cooperation and also noted that cooperation improves as all institutions strive to improvements on that area.

Challenges

The challenges identified by social workers in their work with health representatives can be divided into the following categories:

- Systemic and staffing challenges (e.g. the insurance does not pay doctors for the time they participate in team work, due to their working conditions they are not flexible in terms of time and place for team work, so other professionals have to adapt).

“Because the biggest problem in healthcare is getting an appointment and we always adapt to their appointments and we

like to go to the health centre (for meetings) and we work there because we save them time." (Interview 16, 2018).

"[...] One argument [for non-participation of health care], they point out is that they do not get paid [for time of teamwork]." (Interview 12, 2018).

- Challenges related to the way of cooperation (representatives are very formal, do not get involved, do not see themselves as participants, do not inform the centres about their observations)

"Healthcare ... I find them more formal. What they have to point out, they say and conclude. They don't want to get involved." (Interview 7, 2018)

"[...] [T]he little girl goes to the paediatric psychiatrist and then again nothing comes to us. However, we know that these suicide attempts and these problems have already taken place, but simply we do not receive any information from either the doctor or the paediatric psychiatrist on the basis of which we could take any action. And we have told them many times that as long as we have nothing, we have no application, grounds, we can't do anything. We have no jurisdiction to do anything and that is the problem." (Interview 1, 2018).

Differences

The social workers reported different experiences with different health care organizations and different health care professionals. Some find that cooperation is easier in smaller towns and between urban and rural areas in Slovenia. The quality of cooperation (which depends on different cities, institutions and also on different professionals - their personal and professional characteristics) with other organizations was evaluated by the social workers as quite good (n=2), through good cooperation (n=13) to very good cooperation (n=6).

IV. DISCUSSION

Social workers named health care professionals among the professions with which they most often work in teamwork. As person-centred care (which is becoming increasingly important in health care) and co-creation in the working relationship in social work [20,21] have much in common, it is not surprising that social workers have noticed some improvements in the cooperation between social workers and health care professionals in recent years, but some (mostly systemic) challenges remain.

The results presented are to some extent consistent with the earlier work of Šimenc [17] and Ambrosse-Miller and Ashcroft [13]. The social workers in Slovenia on one hand expressed a very high importance of teamwork and on the other hand identified quite few systemic challenges in relation to teamwork with health professionals.

Although social workers have also noticed improvements in recent years and reported that some health professionals sometimes initiate teamwork, some additional steps are needed to improve cooperation. A first step could be to encourage health care professionals to engage in teamwork and to include teamwork in services funded by health insurance. The second step for better inter-professional teamwork could also be taken

during the training of the various professionals. Garth, Millet, Shearer, et al. [15] suggest that team training for medical students, emphasizing a better understanding of non-physician roles, could be important to better prepare students for practice as members of inter-professional teams, and Šimenc [17] also noted that more knowledge about their work, working conditions and opportunities is needed. In the Social Work degree program, a lot of attention is paid to the practice placements, but there are almost no health care facilities among the organizations offering placements. There is also no specific subject that would familiarize social work students with various other professions (with which they will most likely work in the future) and their work or with inter-professional and/or inter-institutional teamwork. If progress could be made at the above-mentioned levels, this could ultimately lead to an improvement in patient-centred care.

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