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CRITICAL REVIEW OF LITERATURE

On collaboration between nurses and social workers in the service of older people living at home. A critical literature review

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Abstract

Background: Western European countries are facing financial constraints that mean reduced spending on health and social care. Collaboration between disciplines may be one way to make the necessary savings. Collaboration between health and social workers in providing services to older people living at home is promoted by the public authorities, but no guidance is given on how to achieve it.

Aim: Our aim was to perform a literature review to describe and analyse strategies for collaboration between health and social workers in the provision of care for older people living at home.

Methods: Systematic, unsystematic and manual searches were undertaken to find international primary research. Databases searched were: Academic Search Premier; AgeLine; Applied Social Sciences Index and Abstracts; Cumulative Index to Nursing and Allied Health Literature; Cochrane Library; MedLine; ProQuest Nursing and Allied Health Source; PubMed; Social Services Abstracts; Sociological Abstracts; and SocINDEX. Separate search strategies were developed for each database in line with its stipulated controlled vocabulary.

Findings: During the analysis, the following themes were identified: purpose; participants; setting; country; method; results; rationale for the study; collaboration; conclusions; authors' comments; and reviewers' comments. Nine articles were found, indicating that this subject is short on evidence. The results are explained from the perspective of critical social theory.

Conclusions: Reports exist on collaboration between nurses and social workers in the care of older people showing that it can be beneficial both for recipients of care and carers, although few articles were identified. From a critical social theory perspective, effective collaboration may occur in well defined and strictly limited areas, such as preventive home visits. This must be taken into consideration in order to create a successful collaboration in practice to support older people living at home.

Implications for practice:

- Collaboration between nurses and social workers in older persons' care could be beneficial for recipients and carers
- Successful collaboration may occur in a well defined and strictly limited area; preventive home visits in elderly care is such an area
- When planning for a collaborative project there is a need to discriminate between collaboration and cooperation; in the latter delegation could be a key feature, giving an asymmetric working relationship

Keywords: Older people, collaboration, nurses, social workers, cooperation, literature review, new institutionalism

Introduction

The growing ageing population and its associated healthcare and social needs are challenges for the already strained health and social care resources in Sweden. The need to develop strategies to ensure qualified and efficient care is the responsibility primarily of counties and county councils. Sweden has had a structured health and social welfare system for many years but is now facing the same situation, referred to as 'financial reconstruction', as the rest of the Western world. Today, the provision of health and social care for older people is a shared responsibility between health and social care agencies and is guided by legislation.

In several European countries, including Sweden, healthcare and social services are provided by different levels of government (Lewis, 2001; Leichsenring, 2004). Healthcare services are funded and organised across larger geographical units such as states or county councils, while social services are funded and operated by local authorities and are largely the responsibility of the municipalities (Lewis, 2001; Leichsenring, 2004). In times of budgetary restriction, both healthcare services and social agencies are forced to adjust and redefine their responsibilities, which can involve limiting access to support to adapt to the new financial situation. The remits of the health and social care agencies are not mutually exclusive. For example, in the process of assessing the need for care and support, there is overlap between health and social care regarding which professional background (nursing or social work) is best suited to the assessment process (Leichsenring, 2004). However, older people are not always able to distinguish between their healthcare and social needs.

Government funding in Sweden earmarked to stimulate collaboration in health and social care projects has, according to different research reports, so far not been effective. The use of pooled budgets and collaboration between health and social care agencies located at the same place – that is, in the same corridor or building – are mentioned as relatively effective factors (see, for example, Danemark and Cullberg, 1999; Hultberg et al., 2005). The privatisation of service delivery in health and social care during recent decades has resulted in a multitude of care agencies, which constitutes a problem. Older people are facing a situation where they have to choose from a spectrum of agencies about which they have limited information.

Older people who live alone are a particularly vulnerable group, and have an increased risk of admission to hospital for acute care (Hellström and Hallberg, 2004). They may have conflicting feelings about being in need of help and at the same time losing the capacity to live independently at home (Janlöv et al., 2005). Furthermore, insecurity about who will supply them with home services contributes to a reluctance to use home support services and thus increases the number of 'unnecessary' acute care admissions. After taking the difficult decision to approach a home health agency for help, older people can find themselves having their needs scrutinised. In this situation, they can be embarrassed and hesitate to ask for help. Furthermore, older people living with family may feel they have to balance their own needs against the limits of their family's capacity to meet these needs (Janlöv et al., 2006).

With older people in need of support who live at home with a spouse, the significant responsibility for meeting these needs is borne by the spouse (Hellström and Hallberg, 2004). There is reason to believe that, in some cases, this informal care is a substitute for rather than complementary to formal care (Larsson, 2006). This can be a significant burden for an ageing spouse who may lack knowledge about services or struggle with the inflexibility and lack of availability of services; this burden may show some similarity to the experiences of the vulnerable older people themselves, as described above, especially when they are of similar age. (Wiles, 2003). In research that focused on gender as an aspect of caregiving, wives reportedly experienced a greater burden in this respect than husbands (Miller et al., 2001; Gallicchio et al., 2002; Bédard et al., 2005).

Since the focus of the present literature review was the collaboration between healthcare and social workers in caring for this population, it is necessary to explore the term 'collaboration'. In a broad

sense, collaboration relates to teamwork, which can be discussed in terms of multidisciplinary, interdisciplinary and transdisciplinary models (King et al., 2009). The term can also be used to refer to activities – the process of working together to achieve a desired outcome (Lymbery, 2006). Sometimes, the term ‘partnership’ is used in the literature interchangeably with ‘collaboration’; partnership, a term frequently used in the UK, can be used to mean an arrangement established between two or more agencies that enables them to work together (see, for example, Miller and Ahmed, 2000; Glendinning et al., 2001; Lymbery, 2006). Another collaborative concept is ‘inter-agency work’, which relates more to higher levels in organisations or agencies (Miller and Ahmed, 2000). Although collaboration and partnership have separate meanings, they can also relate to each other in that collaboration refers to the activities that constitute a partnership (Glendinning et al., 2001; Dowling et al., 2004; Lymbery, 2006).

Setting out the problem

An increasing number of older people live at home, and therefore increased and more effective support is needed. Staying healthy during old age with no need for support is not possible for everybody; a complex support structure may be required and older people may find themselves ‘negotiating’ with formal support agencies to get support at a reasonable cost. In addition, health and social support is provided by a variety of agencies, public and private, which operate under similar financial limitations. Collaboration between these agencies is required by the authorities but no guidance is given on how to achieve it. This raises the following question: what type of collaboration will promote the most efficient support? The question of what is efficient concerns both quality of care and financial aspects.

Aim

The aim of this study was to perform a literature review to find, describe and analyse examples of collaboration between health and social care workers in the provision of care for older people living at home.

Methods

This study is guided by the principles of a systematic literature review. The aims of performing a systematic review are several; among them, finding the ‘best’ practice is important in order to meet the requirements of evidenced based care. It has been claimed that a systematic review is a more objective method for summing up research findings, but compared with a non-systematic review this method has been criticised for its objectivity (Sandelowski, 2008). Databases today are developing rapidly and have their own vocabulary, with the result that it is nearly impossible to perform two identical searches. Therefore, this paper has applied a broad approach and used systematic and non-systematic strategies. Furthermore, the research problem in this review on collaboration between nurses and social workers called for both multidisciplinary and critical appraisal approaches in the literature review (Alvesson and Deetz, 2000; Reed et al., 2007). Throughout the entire research process, it has been necessary to take into consideration the different knowledge traditions and terminology of these two professions (Reed et al., 2007).

Search procedure

The search followed an established review procedure and comprised three strategies: a free text search, a systematic search and a manual search. In advance of the database searches, a number of relevant search terms and concepts were identified covering different aspects of the area under consideration. These were:

- Older people
- Aged
- Health and social care
- Home support
- Home care service
- Community health service

- Collaboration
- Coordination
- Multiprofessional
- Interprofessional
- Multidisciplinary
- Integrated
- Cost-effective
- Cost benefit analysis

During the initial stage of the search procedure, namely the free text search, the following databases were searched:

- Academic Search Premier
- AgeLine
- Applied Social Sciences Index and Abstracts (ASSIA)
- Cumulative Index to Nursing and Allied Health Literature (CINAHL)
- Cochrane Library
- MedLine
- ProQuest Nursing and Allied Health Source
- PubMed
- Social Services Abstracts
- Sociological Abstracts
- SocINDEX

Reports published within the period 1999-2009 were made the subject of the search. The search terms were searched in the title, abstract and body of the text. Focus was on primary research in peer reviewed journals.

During the second stage, that is the systematic literature search, separate search strategies were developed for each of the electronic databases listed above. Since each database uses a controlled vocabulary of search terms that is stipulated by the database, each was investigated separately for identification of appropriate search terms. Table 1 presents examples from four databases and their controlled vocabulary, together with the number of relevant papers found. The search statement could be a single search term or a combination of terms together with the appropriate Boolean (and/or) operators. The vast majority of systematic searches were performed with the help of a librarian.

Table 1: Examples of the systematic search in Academic Search Premier, AgeLine, SociINDEX and MedLine

Database	Search terms and combinations	No. of relevant articles
Academic Search Premier (subject terms)	• Older people + home care service + collaboration	5
	• Older people + community health service + collaboration	2
AgeLine	• Older adults + home care + collaboration	92
	• Older adults + home support + collaboration	31
SociINDEX (sociology thesaurus)	• Older people + home care service	103
	• Older people + home support service	1
	• Older people + home support work	4
MedLine (medical subjects headings, MeSH)	• Aged + home care service + collaboration	57
	• Aged + community health service + collaboration	27

The final manual search involved three main strategies: a search for references in the reference list in a specific article, a search on authors and, finally, a survey of annual volumes of scientific journals relevant to the area under consideration. When reviewing the reference lists, a major concern was to keep the search within the period 1999-2009. The manual search did not include grey literature (work not published by established bodies). The survey on annual volumes of scientific journals covered a range of journals, for example, *Health and Social Care in the Community*, the *Journal of Interprofessional Care*, the *International Journal of Integrated Care* and *Health and Social Work*.

Inclusion and exclusion criteria

Inclusion criteria referred to the target population, that is, older people living at home faced with a decline in daily functioning and needing support from healthcare and social services. Exclusion criteria were having needs that can only be met in specialised care programmes or institutions. For example, those in long-term care facilities, such as special accommodation for older people with dementia or for palliative care, were excluded. Studies on older people who had recently received care in an emergency hospital and were in need of rehabilitation at home were also excluded.

The focus was on collaboration between nurses and social workers. However, during the first literature search it became apparent that collaboration in health and social care is not a specific research subject. It was necessary to widen the inclusion criteria to include any sort of multidisciplinary team consisting of, among others, nurses and social workers. This revealed diversity in the types of health and social workers, as well as in levels in organisations (Table 2). As seen at level I and home social service/care there are four different terms used for this level of service. Likewise there are four different terms for the suppliers of healthcare at level II.

Organisational level	Home healthcare	Home social service/care
I	<ul style="list-style-type: none"> • Home care services 	<ul style="list-style-type: none"> • Public home help • Home help service • Home support service • Community based service
II	<ul style="list-style-type: none"> • Nurse practitioner • District nurse • Geriatric nurse specialist • Home health personnel 	<ul style="list-style-type: none"> • Social worker • Home help officers • Care manager
III	<ul style="list-style-type: none"> • Home care workers 	<ul style="list-style-type: none"> • Home help officers • Home help aids

Although we aimed to keep track of the searches in detail and to record which database a chosen article was retrieved from, this became difficult to accomplish given the timeframe of the work. Furthermore, it was not possible to register all decisions made during the searches because each of the databases had its own vocabulary and all the pre-identified key words were not among the established search terms of each separate database.

To present the scope and range of the searches, a summary approach has been used. The estimated number of relevant titles was at least 3,300. The estimated number of reviewed articles was just over 200 and the final number of articles analysed was nine.

Review process

A matrix with summary characteristics was created as the basis for the analysis (Table 3). A second matrix was created with themes that constitute the subsequent analysis. The themes (Table 4) were:

- Conditions rationale for the work
- Collaboration (professionals involved, type of intervention)
- Conclusions
- Authors' comments and our (the reviewers') comments

The articles included were read thoroughly and the two matrices were filled with the appropriate information. The contents of the two matrices were repeatedly discussed among the researchers in order to refine them and evaluate whether the contents were congruent with, and adequate for, the aim of our work. In terms of the reviewers' comments, our intentions were to identify critical themes and patterns connected to a specific intervention, and also to relate the results of each project to our theoretical understanding of collaboration within this welfare section in the community.

Table 3: Summary of characteristics of the studies included in the review

Study	Purpose	Participants/setting/country	Design/method Data collection	Results
Brown et al., 2003	To study whether an integrated primary care based health and social care team is more clinically effective than a traditional, non-integrated method of service delivery	<i>Participants:</i> People aged over 64 years living at home (n=393) <i>Setting:</i> Rural <i>Country:</i> UK	<i>Design/method:</i> Non-randomised comparative design <i>Data collection:</i> Questionnaires: activity in daily life (ADL), mental functioning, depression, quality of life (QoL); interview: experiences and satisfaction with the process of asking for and receiving help	No statistically significant differences were found between the groups. The users had little interest in who organised or delivered the service as long as they received what they felt they were entitled to. The users reported strong bonds to their home care workers
Counsell et al., 2007	To test the effectiveness of the Geriatric Resources for Assessment and Care of Elders (GRACE) management model for improving the quality of care for low income seniors in primary care	<i>Participants:</i> People aged 65 and older with low income living at home (n=951; intervention 474, usual care 477) <i>Setting:</i> Urban <i>Country:</i> USA	<i>Design/method:</i> Randomised controlled trial with the physician's office as the unit of randomisation <i>Data collection:</i> Structured interview with questionnaires: quality of healthcare, health-related quality of life (HQoL)	Patients in the intervention group rated higher quality of care and had significant improvements in self-rated general health, vitality, social functioning, and mental health
Counsell et al., 2009	To provide a cost analysis of the GRACE intervention	<i>Participants:</i> Same as above <i>Setting:</i> Same as above <i>Country:</i> Same as above	<i>Design/method:</i> Same as above <i>Data collection:</i> Chronic and preventive care costs, acute care costs for the full sample and predefined high risk and low risk groups	Two year costs for the intervention group were not significantly different from the usual care group but the interventions were cost saving during the third year
Markle-Reid et al., 2006	To compare effects and costs of a proactive nursing health promotion intervention in addition to usual home care for older people, compared with usual home care services alone	<i>Participants:</i> Older people 75 years and older (n=242; intervention 120, usual care [control] 122) <i>Setting:</i> Urban <i>Country:</i> Canada	<i>Design/method:</i> Two armed single blind randomised controlled trial <i>Data collection:</i> Structured interview with questionnaires: functional health status, mental health, perceived social support, coping style and cost for the use of health and social services	After six months people in the intervention group had better mental health functioning, a reduction in depression and enhanced perception of social support, with no additional costs

Table 3: Summary of characteristics of the studies included in the review (continued)

Study	Purpose	Participants/setting/country	Design/method Data collection	Results
Markle-Reid et al., 2008	To examine baseline characteristics and changes in health status, and cost of use of health services associated with the use of a publicly funded home support service	The sample came from the control group in the previous study (n=122). The sample was divided into three groups based on the average use of home support services over six months: 0 hrs/week, <1 hr/week or >1 hr/week	<i>Design/method:</i> Prospective cohort study (descriptive) <i>Data collection:</i> Structured interview with questionnaires: functional health status, mental health, perceived social support, coping style and cost for the use of health and social services	Of those who used home support services >1 hr/week, a third had higher rates of depression and cognitive impairment, lower levels of physical and emotional functioning and less effective coping styles The study group is vulnerable and in need of services to enhance their health status
Sahlén et al., 2006	To investigate whether preventive home visits by professional health and social workers to older people can postpone mortality	<i>Participants:</i> Healthy pensioners 75 years and older living at home (n=542; intervention 196, control group 346) <i>Setting:</i> Community <i>Country:</i> Sweden	<i>Design/method:</i> Controlled trial <i>Data collection:</i> Mortality statistics	Mortality in the intervention group was significantly lower PHVs can postpone mortality in a healthy older population
Sahlén et al., 2008	To perform a cost utility analysis of the intervention with preventive home visits and investigate whether the effects of visits justify the cost	<i>Participants:</i> Same as above <i>Setting:</i> Same as above <i>Country:</i> Same as above	<i>Design/method:</i> Controlled trial <i>Data collection:</i> Quality-adjusted life years, elderly care costs, hospital care costs, primary healthcare costs and costs for the intervention	Using a timeframe of four years, the analysis showed net savings. The preventive home visit is cost-effective with costs justified by the outcomes
Theander and Edberg, 2005	To describe the possible effects of preventive home visits on the participants' physical and social wellbeing and the nurses and social workers' experiences of the home visits	<i>Participants:</i> Persons aged 78 years and older (n=150), five visitors <i>Setting:</i> Urban <i>Country:</i> Sweden	<i>Design/method:</i> Descriptive <i>Data collection:</i> Questionnaires: perceived health, instrumental activity of daily living (IADL), practical activity of daily living (PADL), physical activity, satisfaction in life, feeling afraid and lonely, experiences with home visits	There was a deterioration in physical and social activity between years one and two but this was not seen in year three. The visits had a positive effect on the older people and on the visitors
Worth, 2001	To explore the process of assessment of the needs of older people by district nurses and social workers	<i>Participants:</i> 15 practitioners in a generic social work community care team <i>Setting:</i> Rural <i>Country:</i> UK/Scotland	<i>Design/method:</i> Ethnographic approach <i>Data collection:</i> Observation of assessment practice through semi-structured interviews	<i>Common ground:</i> recognising health risks, values underpinning assessment practice, assessment developed through practice <i>Differences:</i> use of guidelines when assessing, assessing social aspects, functional ability, finances

Table 4: Overview of the review findings

Study	Rationale	Collaboration (Professionals/intervention)	Conclusions Authors' comments	Reviewers' comments
Brown et al., 2003	Integration between health and social care agencies is not sufficient	<p><i>Professionals:</i> Integrated health and social care teams with social workers, social work assistants, occupational therapists, occupational therapy assistants, district nurses</p> <p><i>Intervention:</i> Co-located health and social care teams supported by a development worker met weekly for case discussions and sharing information. The integration process had been going on for two years before the study, which lasted for 18 months</p>	<p><i>Conclusion:</i> No greater proportion of older people remained living independently in their homes in the intervention group</p> <p><i>Authors' comments:</i> The degree of integration seen within these teams was not sufficiently well developed to make a difference. Integration also relates to other factors on an organisational level</p>	The potential impacts of this type of intervention on the number of people still living independently in their homes are complex The dynamic of the process of integration between the team members is influenced by structural organisation conditions
Counsell et al., 2007	Older people with low incomes have multiple chronic medical conditions for which they often fail to receive the recommended standard of care	<p><i>Professionals:</i> A nurse practitioner and a social worker, who collaborated with the primary care physician and geriatrics interdisciplinary team (pharmacist, physical therapist, mental health social worker). The team was employed by the primary care practice</p> <p><i>Intervention:</i> The team met the patients in their homes to conduct assessment using care protocols for common geriatric conditions. Then the team met with the interdisciplinary team to prepare a care plan to be carried out by the support team. Each senior received a minimum of one follow-up at home, and monthly contacts either face to face or by telephone for two years</p>	<p><i>Conclusion:</i> The intervention resulted in improved quality of care and reduced need for acute care. Improvement in health related quality of life was found</p> <p><i>Authors' comments:</i> There is a need to test if the reduction in acute care use will offset programme costs</p>	Collaboration between nurses and the social worker seems to have an effect on quality of care but a limited effect on self-rated health. It is complicated to measure the effects of collaboration without studying the relation between the teamwork and the organisational context

Table 4: Overview of the review findings (continued)

Study	Rationale	Collaboration (Professionals/intervention)	Conclusions Authors' comments	Reviewers' comments
Counsell et al., 2009	Critical need for new models that improve quality of care without increasing costs	<i>Professionals and intervention:</i> Same as Counsell et al., 2007, above	<i>Conclusion:</i> For patients at high risk of hospitalisation, the GRACE intervention is cost neutral compared to the regular healthcare delivery system The intervention increases costs for the low risk group <i>Authors' comments:</i> It is suggested that there may be a delay after the intervention is implemented before there is a saving in acute care costs	To conduct a cost analysis for a specific intervention raises the question of how to calculate future savings as a result of the preventive aspects of the intervention. It is also complicated to perform a cost analysis that includes a variety of agencies especially given increases in commercial agencies resulting from free market mechanisms
Markle-Reid et al., 2006	Due to increased demands on already scarce home care resources, home care functions have shifted from health promotion and prevention to acute care. Nurses in Canada most frequently reported having their numbers reduced in this constrained situation	<i>Professionals:</i> The usual home care service consisting of case management, personal care, home support, nursing, occupational therapy, physiotherapy, social work, and speech and language therapy <i>Intervention:</i> The nurse visited or telephoned the participants and visited them regularly over a six month period (median five visits). A health plan was formulated with the client with specific goals, especially empowerment of the client with strategies to promote positive attitudes, knowledge and skills to maintain health. The intervention group also received usual home care	<i>Conclusion:</i> Home based nursing and health promotion, proactively provided to frail older people with chronic health needs, enhances quality of life while not increasing overall costs of healthcare. The results underscore the need to reinvest in nursing services for health promotion for these clients <i>Authors' comments:</i> These findings are consistent with other studies: early proactive and comprehensive care is effective and no more expensive	From a collaboration perspective the nurses contribute with a participatory approach but it is unclear if there was an actual planned collaboration between the nurse and the staff supplying usual home care service and if the approach was meant to be integrated into usual home care services in the future

Table 4: Overview of the review findings (continued)

Study	Rationale	Collaboration (Professionals/intervention)	Conclusions Authors' comments	Reviewers' comments
Markle-Reid et al., 2008	Past studies have not identified the specific subgroups most likely to benefit from home support services	<i>Professionals:</i> Same as for usual home care service as described above <i>Intervention:</i> None	<i>Conclusion:</i> The study showed that increased levels of home services provided to seniors with higher levels of need were associated with lower cost use of health services but lower levels of improvement in health and related quality of life. Further research is needed to identify effective support within available resources <i>Authors' comments:</i> During data collection government mandated reductions were introduced and patients with low levels of need were put on a waiting list	There is a tension between professionally motivated approaches to home support services and political decisions driven by the need to cut costs
Sahlén et al., 2006	Conflicting results of preventive home visits and mortality	<i>Professionals:</i> One nurse and one care manager (social worker) <i>Intervention:</i> Each pensioner was visited four times over a period of two years by their own dedicated visitor. The two visitors shared the knowledge and experiences gained from these visits. During visits clients received information about physical activity, symptoms, influenza vaccination, diet and risks of fall injuries. Questions concerning self-reported health, functional ability, wellbeing and social networks were asked, functioning both as an interview and evaluation instrument	<i>Conclusion:</i> Preventive home visits can postpone mortality; when the programme ended the effect on mortality disappeared. <i>Authors' comments:</i> There is sufficient evidence for implementing a structured visiting programme in the Swedish context	What is the causal link between preventive home visits and reduced mortality? It is not clear if there were plans to integrate the visiting model into the local social service and health services after the study

Table 4: Overview of the review findings (continued)

Study	Rationale	Collaboration (Professionals/intervention)	Conclusions Authors' comments	Reviewers' comments
Sahlén et al., 2008	Could the cost of preventive home visits be justified?	<i>Professionals and interventions:</i> Same as for Sahlén et al., 2006, above	<i>Conclusion:</i> Preventive home visits represent a cost-effective intervention in this setting <i>Authors' comments:</i> The analysis has included neither the value of seniors' time nor the value of seniors' production. Such analysis could be important from a societal perspective	From a collaborative perspective, the study reveals the significance of relating the cost of this type of intervention to the outcome. Likewise it is important to measure the economical effect on the organisation. To use a calculation of quality adjusted life years on a group of pensioners can be risky due to problems in quantifying the expected survival years in relation to economic aspects
Theander and Edberg, 2005	Even if the number of diseases increases with age, health promotion is one means to contribute to an independent life and to quality of life. It is therefore urgent to develop models that enhance health promotion such as preventive home visits	<i>Professionals:</i> An occupational therapist, a district nurse, physiotherapists and a social worker. A steering group with a general practitioner, politicians, directors from a hospital and municipal elderly care department <i>Intervention:</i> Areas of interest were identified by eight open ended interviews. During the visits the areas addressed were: physical activity, ADL, social situation, health, medical treatment, fall prevention. Each of the visitors was assigned to his or her 'own' pensioner for all three home visits. The steering group had a counselling function during the intervention	<i>Conclusion:</i> The visits had a positive impact on the participants and visitors <i>Authors' comments:</i> As no control group was used the results should be interpreted with caution. There are studies indicating the more visits, the more positive the results. The visitors' professional knowledge is important. The visits became incorporated into the municipality after the study	From a collaboration perspective, the preventive home visits used a multidisciplinary team model in order to use knowledge from different disciplines. A strategic aspect in the design was to incorporate a steering group. There is reason to believe such a group enhanced the implementation of home visits

Table 4: Overview of the review process (continued)

Study	Rationale	Collaboration (Professionals/intervention)	Conclusions Authors' comments	Reviewers' comments
Worth, 2001	District nurses and social worker are two of the key practitioners groups responsible for assessing the health and social needs of older people in the community. There is a need to explore collaboration strategies	<i>Professionals:</i> A care management team where district nurses and social workers work interchangeably <i>Intervention:</i> To explore and analyse the usual health and social care	<i>Conclusion:</i> The findings suggest that district nurses and social workers have complementary areas of knowledge that together encompass the components of a holistic assessment of needs <i>Author's comments:</i> District nurse and social work assessments are sufficiently different to be non-interchangeable	This study, using a different approach, tried to understand the nature of the assessments. From a collaboration perspective, it gives important information on how the two main assessors' context influences their assessment practice

Results

This analysis is based on nine articles and their characteristics are presented in Table 3 (above). Notably, there were three large studies, the findings of which are presented in two articles each (Counsell et al., 2007, 2009; Markle-Reid et al., 2006, 2008; Sahlén et al., 2006, 2008). These results, therefore, cover six studies. Three were conducted in Canada and the US, one in the UK and two in Sweden. In each of the included studies, all the participants lived at home and the age of the target group was between 64 and 78 years (Table 3).

The designs used in the nine articles varied from randomised control trials (Counsell et al., 2007, 2009; Markle-Reid et al., 2006) to controlled trials (Sahlén et al., 2006, 2008), non-randomised comparative design (Brown et al., 2003) and descriptive design (Markle-Reid et al., 2008; Theander and Edberg, 2005). In the randomised controlled trials, the aim was to test a geriatric care management model (Counsell et al., 2007, 2009) and an intensified nursing health promotion intervention (Markle-Reid et al., 2006). In the articles with a comparative or controlled trial design, the interventions evaluated were those of an integrated health and social care team (Brown et al., 2003) and preventive home visits with collaborating nurses and social workers (care managers) (Sahlén et al., 2006, 2008).

A variety of data collection strategies were used, ranging from interviews and questionnaires on the older people's health, daily functioning, perceived quality of care and support, and satisfaction with life, to analysis of costs of care and social support. Mortality statistics and quality adjusted life years (QALYs) were used in two articles to measure effects (Sahlén et al., 2006, 2008).

Results from the studies

Of seven articles using a comparative research design, six presented positive results in favour of the interventions (Table 3). Counsell et al. reported that the seniors in the intervention group experienced better quality of care and improved health related quality of life and that the costs of intervention did not exceed those of normal care (2007, 2009). In addition, Markle-Reid et al. reported positive effects for seniors, with better mental functioning and decreased depression at no additional cost (2006). Finally, Sahlén and co-workers reported a decrease in mortality and additional net savings for the preventive home visit intervention (2006, 2008). Furthermore, five out of the six articles reported that the interventions conducted were at least as cost-effective as normal care.

The authors of the article with a descriptive research design, Theander and Edberg, reported positive effects of preventive home visits for both seniors and the workers visiting their homes (2005). Worth (2001), likewise using a descriptive research design, suggested that when assessing seniors, district nurses and social workers should operate in their own specialist fields. The benefit of collaboration between nurses and social workers is related to the possible application of a broader (combined) range of knowledge.

Rationales for the studies

Review of the rationales for the nine articles reveals an articulated need for the development of care and support strategies, programmes and models without increasing costs, as shown in Table 4. One article (Brown et al., 2003) specifically addressed the need to develop integration between health and social care, but only at the agency level, and one study (Worth, 2001) specifically aimed to obtain more knowledge about the nature of collaboration between district nurses and social workers. All studies in one way or another addressed the possibilities and problems related to collaboration, although the main focus was on the effects on seniors in the intervention group.

Collaboration

As seen in Table 4, the professionals involved in collaboration, according to the articles were for the most part in teams consisting of nurses and social workers as well as other professions such as occupational therapists (Brown et al., 2003; Theander and Edberg, 2003; Markle Reid et al., 2006,

2008). In two articles, a primary care physician was also involved (Counsell et al., 2007, 2009). Only two articles involved nurses and social workers acting as a collaborating team (Sahlén et al., 2006, 2007). Members of a steering group consisting of a GP, politicians, directors from a hospital and senior care department were used as consultants in one study (Theander and Edberg, 2003). For almost all articles, a part of the intervention was carried out by meeting the older people in their homes, with the exception of one study in which the focus was specifically on the integration between the health and social services (Brown et al., 2003). All articles placed emphasis on having regular meetings to share information and experiences, and to discuss the methodology and the structure of the home visits, while at the same time focusing on the needs of the older person. For most of the articles, the interventions aimed to support older people in continuing to live at home with qualified care and support. Four articles focused on preventive measures and information about health to target the needs of older people (Markle Reid et al., 2006, 2008; Sahlén et al., 2006, 2008).

Conclusions and comments from the articles' authors

An essential rationale for most of the articles was to establish whether an intervention was cost-effective compared with traditional methods. Only one article (Sahlén et al., 2008) reported statistical evidence for the intervention's cost-effectiveness; other articles reported that the intervention under study was at least cost-neutral. Counsell and co-workers concluded that, for seniors at high risk of hospitalisation, the Geriatric Resources for Assessment and Care of Elders (GRACE) intervention was cost-neutral from a healthcare delivery system perspective; the question they did not answer was how to support seniors at low risk without increasing costs (Counsell et al., 2009). Markle-Reid and co-workers concluded that increased levels of home services provided to seniors with higher levels of need were associated with lower cost use of health services but also lower levels of improvement in health and health related quality of life (Markle-Reid et al., 2008).

Another important rationale for the articles was to establish the potential of the intervention and the outcome for the older people. They all indicated that the intervention under study had a positive outcome in some respects but not others, and that the success of an intervention depended on the implementation setting and its organisational context. Brown et al. (2003) reported that the number/proportion of older people living independently at home was the same in both the intervention and non-intervention groups. The authors stated that the collaboration project was not sufficiently well developed to make a difference and stressed that successful integration between health and social care is also related to other factors at an organisational level. Markle-Reid and co-workers (2006, 2008) concluded that home based nursing health promotion provided to frail older people with chronic health needs is effective. A possible weakness for this article was that, during data collection, government mandated cuts were introduced and seniors with low need were put on a waiting list. Counsell et al. (2007), reporting on integrated and home-based geriatric care management, found an improved quality of care and reduced use of acute care in the intervention group. Sahlén et al. (2006) reported that preventive home visits could postpone mortality, although when their programme ended, the effect on mortality disappeared. However, in their second article, they concluded that the visits were cost-effective and that there was evidence for implementing the programme in Sweden (Sahlén et al., 2008). The conclusion of Theander and Edberg (2005) was that preventive home visits had a positive impact on the participants and on visiting workers but that the results should be interpreted with caution owing to the absence of a control group. Worth (2001) suggested that district nurses and social workers have complementary areas of knowledge, which, while not interchangeable, jointly encompass the components required for a holistic assessment of needs.

Reviewers' comments

The articles reviewed, and presented in Tables 3 and 4, used a broad range of research methods, from an ethnographic approach to randomised controlled trials. This analysis also highlights different types of collaboration between nurses and social workers, from integrated health and social care teams, to nurse and social worker collaboration in geriatric interdisciplinary teams, and preventive home

visits conducted by nurses and social workers. In all studies, the collaboration aimed to support older people living in their own homes. Overall, this literature review pinpoints significant advantages when workers from the two disciplines act together. Both social workers and nurses can contribute to the common goal of supporting vulnerable older people.

This review also illustrates that, despite differences in organisational context (different countries), the studies shared basic assumptions – namely, the necessity to meet vulnerable older people's needs. All the studies addressed the complexity in collaboration. Use of a collaborative team can be a way to delegate responsibility from the traditional system. Although the strategic and economic power stays with the system, an effective collaborative project can be goal oriented, while at the same time offering flexibility (Grape, 2006). The problems of integrating the project into a health and social welfare organisation were mentioned by Brown et al. (2003) and Markle-Reid et al. (2006) and organisational issues were identified. Only Worth (2001) specifically aimed to investigate how the areas of expertise, knowledge and organisation of nurses and social workers, among others, influenced the process of assessment of the needs of older people.

Discussion

This literature review aimed to research and describe strategies of collaboration between health and social care workers in the provision of care for older people living at home. There are few articles in the literature reporting on studies that evaluate collaborative processes between the two professions. First, as stated in the methods section, this field of study is not a specific, well defined research area with its own terminology; there are many different terms used for different professionals working at different organisational levels, and for the organisational levels themselves. Another explanation for the limited number of articles found could be the complexities involved in conducting a study in the context of community health and social care. Complicating aspects include the variety of agencies involved, with new agencies emerging while others are closing down. Furthermore, the issue of what to measure and how to measure possible effects is crucial; several researchers have commented on this (see, for example, Tsuchiya, 2000; Jacobsson et al., 2001; Sassi, 2006). For instance, in terms of cost-effectiveness in the care of older people, many issues need to be addressed, such as:

- Which costs to include?
- What about future reductions in costs?
- Are QALYs appropriate for this age group where expected life years are limited?
- Is it more appropriate to use disability adjusted life years (DALYs) or equity adjusted life years (EQALYs) instead?

Such detailed questions lead to another field – health economics – which is a research area in itself and beyond the scope of this article.

In the nine articles included in this review the target groups (older people) have a fairly wide age range, from 64 years to over 75 years. There is reason to believe that those at the younger end of this range may be healthier and for these seniors in particular, there is a need for information about prophylactic measures. For them, there also needs to be a focus on the provision of health promotion information; in this situation, as discussed above, collaboration between nurses and social workers is clearly defined and limited to this specific intervention. A comparison between the younger and older ends of the age spectrum shows that the latter group may have more need for health and social care with increased complexity, and that medical treatment is often required. Where such treatment is needed, the medical needs will be dominant and will govern the care and support situation and therefore, the collaboration element will be less important. Collaboration in this situation is not an adequate strategy; rather, cooperation is needed, with one professional delegating tasks to another. In this situation, it is important for professionals to discriminate between cooperation and collaboration since this group of older people are particularly vulnerable and may not be able to speak for themselves.

Analytic reflection based on critical social theory

The results show scarce evidence of collaboration strategies between nurses and social workers caring for older people living at home. The findings suggest that new institutionalism could be applied (DiMaggio and Powell, 1991; Danermark and Kullberg, 1999; Grape, 2006). The theory of new institutionalism addresses several aspects of successful collaboration and describes specific conditions that may have an influence on it. The first of these deals with the professionals' different educational backgrounds and models of interpretation, as well as different perspectives on the subject of collaboration. The second condition has to do with the fact that the professionals are employed in organisations with different institutional logic. The third concerns the importance of a mutual contribution to and mutual benefit from the process for both professionals; in addition, they should have a similar theoretical knowledge base. Finally, a successful collaboration requires that the two professionals have similar mandates from their organisations to take professional decisions (Danermark and Kullberg, 1999; Grape, 2006). It is important to incorporate the issue of how the context – the specific domain that a collaboration project creates – influences the outcome of the collaboration and/or the actual collaborative process.

In this literature review the research interest was the collaboration between nurses and social workers. One of the main questions is how, according to the first condition above, these professionals from different educational backgrounds, and with different models of interpretation of collaboration, can relate at all to a specific project. It seems from the contexts of the studies included, that nurses and social workers differ from the start, which presents an obstacle to collaboration. Working in organisations with different types of institutional logic may add to the obstacle. Even in an area or task in which, historically or traditionally, collaboration has existed, the two professions seem hesitant to collaborate with each other; this is further reinforced by their competition for status as well as other issues (Lewis, 2001; Lymbery, 2006). The first and second conditions can be seen as prerequisites for a successful collaboration. The other conditions (mutual contributions, benefits for both professionals and similar mandates to take decisions) may only be evaluated in the context of a specific project and are therefore not useful in explaining the paucity of studies in this area mentioned earlier.

In the light of these findings and of a comparison of the results of the studies reviewed, the question arises as to whether there really are many care/support situations where this type of collaboration can be achieved. One well defined area in which collaboration does occur is preventive home visits, in which nurses and social workers do work together to achieve a common goal. For more than a decade, such visits have been the focus of study, with several literature reviews published. There is some evidence that they reduce mortality (Elkan et al., 2001; Stuck et al., 2002; Ploeg et al., 2005).

Conclusions and relevance to practice

We conclude that reports on collaboration between nurses and social workers in the care of older people exist and could be beneficial both for recipients and carers, although few articles were identified. Preventive home visits stand out as an area where collaboration can work well. The theoretical analysis shows that there are fields where collaboration between social workers and nurses is hindered by their different types of knowledge, and by the fact that they belong to organisations with different types of logic and traditions. This review shows that there are a limited number of areas where collaboration is feasible, so it does not seem to be realistic to develop and/or evaluate collaborative strategies that cover the entire health and social care field. With this in mind, the call for collaboration from politicians could be considered political rhetoric rather than an effective policy option, especially in the absence of guidelines.

In clinical practice, to create a successful collaboration with the aim of supporting older people living at home it is necessary to identify a well defined and strictly limited area for the planned collaboration. Further, it is necessary to carefully consider whether it really is an area for collaboration, rather than cooperation.

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