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COLLABORATION BETWEEN MEDICAL SOCIAL WORKERS AND HEALTHCARE TEAMS IN PATIENTS CARE

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Abstract
Collaboration between medical social workers and healthcare teams is fundamental to the delivery of integrated, patient-centered care. This study examined the quality, determinants, and challenges of interprofessional collaboration in hospital settings. A mixed-method approach was applied, involving a survey of 228 healthcare professionals and semi-structured interviews with 25 participants. Quantitative data analyzed through Microsoft Excel indicated generally positive perceptions of collaboration, with strong ratings for communication (M = 4.1) and mutual respect (M = 3.9). However, lower scores for institutional support (M = 3.5) and shared decision-making (M = 3.6) highlighted persistent structural gaps. Qualitative insights reinforced these findings, revealing that workload pressure, time constraints, and hierarchical barriers limited the consistency of collaboration, particularly among social workers and allied professionals. Hospitals with formalized administrative frameworks exhibited stronger coordination, clearer roles, and higher staff morale. The study concludes that effective collaboration exists but requires organizational reinforcement through leadership engagement, policy-driven teamwork, and professional inclusion to achieve sustainable, equitable, and comprehensive healthcare outcomes.

Keywords: Collaboration, Medical Social Work, Interprofessional Teamwork, Healthcare Systems, Patient-Centered Care

1. Introduction

Collaboration in healthcare is described as the process of organizing collaboration between professionals in various fields to achieve shared objectives in order to enhance patient outcomes. It demands esteem towards one another, communication, joint decision making, and integrated practices that incorporate the medical, psychological and social aspects of care. Interprofessional collaboration has now become the basis of attaining quality and patient-focused outcomes in modern health care systems, especially in situations where both complicated medical and social needs co-exist. In this context, medical social workers play a central role as they have a role to play regarding the psychosocial issues that depict the recovery, adherence, and wellness of patients. The medical social workers are involved in the field of healthcare by providing counseling, coordinating resources, discharge planning, and patient advocacy. Their effort to work with the healthcare teams makes sure that medical and social needs are not addressed separately but in a comprehensive way (Musuguri and Makuu, 2024). Nevertheless, the scope and reliability of the collaboration between medical social workers and healthcare teams do not go beyond the determined roles. Social workers tend to be consulted after the medical decisions were made in most hospitals instead of having been involved in the planning of early care. Such ineffective collaboration leads to disjointed service provision, overlapping, and the fact that they have the opportunity to address the social determinants of health that presently influence treatment outcomes greatly (Nakra *et al*., 2025). The nature of interaction between these professionals and what enables or limits them to collaborate is very crucial in enhancing patient-care processes and making the system more efficient.

Successful cooperation is also the key to larger public-health goals. The incorporation of social work into the medical practice improves the ability of the health systems to combat social determinants like housing instability, education, and income inequality (Adaranijo *et al*., 2025). The knowledge and skills of medical and social professionals are combined to assist in preventive care, chronic disease management, and community-based interventions to enhance health equity. The collaborative methods enhance continuity of care, decreases hospital readmissions, and enhances patient

satisfaction. These results indicate that interprofessional collaboration is not merely a professional ideal, but a practical requirement to the provision of comprehensive healthcare. The policy and structural environment under which collaboration is taking place is a decisive factor in determining its effectiveness. Formal acknowledgment of interdependence of healthcare professionals and social workers by institutions makes teamwork more coordinated (Kan *et al*., 2025). Conversely, hierarchical or medically dominant models limit the involvement of social workers in planning and decision-making. These circumstances may inhibit the incorporation of psychosocial understanding in patient care and decrease the team effectiveness. Therefore, teamwork is an indicator of professional behaviour and an institutional culture, which is influenced by the style of leadership and policy orientation in healthcare systems.

The changing healthcare needs are growing at an extremely fast rate because of the aging population, chronic diseases, and increasing mental health issues, which need multidisciplinary approaches that integrate medical and psychosocial knowledge. Teamwork in practice can make discharge planning more efficient, follow-up care more effective, and help patients recover through harmonizing the various professional views (Craig *et al*., 2020). However, in most hospitals, informal coordination is still used instead of systems of teamwork, which results in inconsistent collaboration quality. The barriers that still persist and influence team performance and patient outcomes include workload, communication barriers, and role ambiguity. The incorporation of social work in healthcare is growing around the world as the healthcare system shifts towards patient-centered and holistic care. General practitioner and social worker partnerships enhance the health outcomes of the community and patient navigation (Löwe *et al*., 2022). Such collaboration in the primary and community healthcare setting leads to policy innovation and enhanced connection between hospitals, welfare agencies and the community programs of public health. In spite of these developments, there is still significant diversity in the operationalization of collaboration in institutions. Success depends on factors like leadership, role clarity, communication and professional recognition. According to the literature, interprofessional practice thrives when the purpose of the collaboration is clear and communication is organized as opposed to hierarchical (Giamportone, 2022).

Under these circumstances, this paper focuses on the cooperation between medical social workers and healthcare teams in the patient-care setting. It assesses the character, quality, and issues of these cooperative relationships and determines organizational and interpersonal issues that affect successful teamwork. It is hoped that through this analysis the study will present evidence to inform the hospital administration, healthcare management, and policy development to enhance interdisciplinary coordination. Finally, the comprehension of the collaboration between medical social workers and healthcare professionals will help to develop more integrated, responsive, and patient-centered systems that can take care of medical and social aspects of health.

2. Literature Review

Interprofessional collaboration in healthcare is a notion that defines the collaboration of professionals of different fields to plan and provide care in order to achieve the best patient outcomes. It focuses on respect to each other, effective communication, and common responsibility within the boundaries of professionalism. It is acknowledged that collaboration is an important element of patient-centered care since it combines clinical and psychosocial approaches. The concept is in line with the WHO Framework on Interprofessional Education and Collaborative Practice that recognizes that teamwork is crucial in enhancing quality and accessibility of healthcare. Collaboration does not just involve the exchange of information but interdependent decision-making, shared responsibility, and lifelong learning that help healthcare systems become stronger (Konrad, 2020). Medical social workers are crucial in bringing psychosocial aspects to healthcare. Their primary functions assessment, counseling, crisis intervention, discharge planning, community agency coordination, and advocacy make sure that care plans are based on the social realities of patients and available resources (Nam *et al*., 2019). Social workers facilitate the connection between medical and social care by connecting

patients to community supports. The research suggests that their successful involvement decreases readmissions, hospitalization duration, and improves continuity of care (Light, 2022).

The quality of collaboration is highly dependent on team dynamics. The interaction between professionals is predetermined by the leadership style, the degree of openness in communication, and the balance of power. Understanding of roles fosters trust, and lack of clarity leads to friction and less cooperation (Maxhakana and Sithole, 2024). Teamwork is successful when there is fair participation, transparency and shared accountability. The lack of these factors means that social workers are often excluded in clinical discussions, which restricts their contribution to the overall management of patients (Kämmer *et al*., 2023). Inclusion of team processes therefore defines the influence of psychosocial perspectives in the treatment outcomes. Although there is growing support of teamwork, there are still institutional obstacles. The interprofessional practice is limited by heavy workloads, hierarchical systems, and lack of administrative support. The social workers are also exposed to role ambiguity and lack of recognition in the hospital structure limiting their participation in major decisions. Integration is also hampered by weak communication systems and inconsistent supervision (Mannsåker *et al*., 2022). Complementary professional concerns the medical staff is oriented to clinical stabilization, and social workers to social adaptation, which forms conflict goals that disintegrate service provision. The solution to these barriers is that organizational policies should incorporate the aspect of teamwork as structural and not voluntary. A number of facilitators enhance teamwork. Team cohesion is encouraged by mutual respect, common goals, commitment of the leader and frequent communication.

The institutions that focus on interprofessional education, joint case review, and open dialogue are reported to have better cooperation and patient satisfaction. The collective ownership of patient outcomes is supported by supportive policies and the definition of roles (Kodom, 2023). The theoretical basis of this paper is based on Systems Theory and the Ecological Model of Health Services, which describe the functioning of professional interactions on the institutional background. The Systems Theory considers healthcare as subsystems that interact with one another and need to be coordinated and communicate effectively to reach common objectives. The Ecological Model places collaboration in an organizational and community setting, and underlines the fact that culture and policy influence professional practice and practice. All these frameworks emphasize that collaboration requires systemic alignment, institutional support, and shared accountability among healthcare professionals.

3. Methodology

3.1 Research Design

This study adopted a mixed-method design to investigate the collaboration between medical social workers and healthcare teams in hospital settings. The design integrated both quantitative and qualitative approaches to capture measurable patterns of collaboration and the experiential insights of professionals. The quantitative component provided statistical evidence of teamwork and communication, while the qualitative component offered in-depth understanding of interpersonal and institutional dynamics that shape collaborative practices.

3.2 Study Setting

The study was conducted in selected tertiary care hospitals where medical social workers are part of multidisciplinary healthcare teams. These hospitals were chosen because they represent complex institutional environments where professional collaboration is central to effective patient management. The setting allowed observation of interactions among medical, nursing, and social work professionals, thereby providing a comprehensive context for examining the functioning and outcomes of interprofessional collaboration in real-world conditions.

3.3 Population and Sampling

The target population comprised medical social workers, physicians, nurses, and allied health professionals directly engaged in patient care and discharge planning. A purposive sampling

technique was used to identify participants with practical experience in interprofessional collaboration. For the quantitative phase, 228 professionals completed a structured questionnaire, while a smaller subset of 25 participants participated in qualitative interviews. This combination of participant groups ensured both statistical representation and narrative depth across different professions and experience levels.

3.4 Data Collection Instruments

Two primary tools were used for data collection: a structured questionnaire and a semi-structured interview guide. The questionnaire, consisting of Likert-scale items, assessed the frequency of collaborative interactions, communication effectiveness, teamwork satisfaction, and perceived outcomes of cooperation. The interview guide was designed to explore personal experiences, institutional support, and challenges encountered in interdisciplinary teamwork. The survey provided quantitative insights into patterns of collaboration, while the interviews allowed participants to elaborate on the context and meaning behind these patterns.

3.5 Data Collection Procedure

Data collection was carried out over a period of three months. The questionnaires were distributed both electronically and in printed form, depending on participants' accessibility and preference. After the completion of the survey phase, interviews were scheduled with selected respondents who expressed willingness to participate further. Each interview lasted between 30 and 45 minutes and was conducted in a private setting within the hospital or through secure virtual sessions. All interviews were recorded with participant consent and later transcribed verbatim for analysis. The sequential design ensured that quantitative findings informed the development and focus of qualitative interviews.

3.6 Data Analysis

Quantitative data were entered and analyzed using Microsoft Excel to produce descriptive statistics, including frequencies, percentages, means, and standard deviations. Cross-tabulations were also applied to identify patterns and variations among different professional groups regarding perceptions of collaboration. The qualitative data were analyzed through thematic analysis, involving systematic reading, coding, and classification of recurring ideas. Themes such as communication practices, institutional support, professional identity, and teamwork effectiveness emerged during this process. The integration of both quantitative and qualitative findings enabled a holistic interpretation of the data, combining numerical patterns with detailed experiential evidence.

4. Results

4.1 Participant Characteristics

A total of 228 healthcare professionals participated in the quantitative survey, while 25 professionals participated in follow-up interviews. The quantitative sample comprised 68 medical social workers (29.8%), 92 nurses (40.4%), 48 physicians (21.1%), and 20 allied health professionals (8.7%). The majority of respondents were female (61%) and between the ages of 30–50 years (79.4%). In terms of experience, nearly half (49.6%) had worked for 5–10 years, while one-third (33.3%) had more than 10 years of practice. This diverse and experienced sample ensured reliable representation of interprofessional viewpoints within tertiary hospital systems.

Table 1. Demographic Profile of Participants (n = 228)

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	89	39.0
	Female	139	61.0
Age (years)	30–40	85	37.3
	41–50	96	42.1
	>50	47	20.6
Professional Role	Medical Social Worker	68	29.8

	Nurse	92	40.4
	Physician	48	21.1
	Allied Health Professional	20	8.7
Years of Experience	<5	39	17.1
	5–10	113	49.6
	>10	76	33.3

4.2 Quantitative Findings

The quantitative analysis revealed positive collaboration trends among professionals. The overall mean collaboration score across all indicators was 3.8 (SD = 0.76) on a five-point Likert scale, indicating favorable interprofessional relationships. Communication and information sharing achieved the highest mean score (M = 4.1, SD = 0.67), while institutional support ranked lowest (M = 3.5, SD = 0.84).

Table 2. Mean Scores of Collaboration Dimensions

Collaboration Dimension	Mean (M)	Standard Deviation (SD)
Communication and Information Sharing	4.1	0.67
Trust and Mutual Respect	3.9	0.73
Role Clarity and Task Definition	3.7	0.81
Joint Decision-Making	3.6	0.78
Institutional Support	3.5	0.84
Overall Collaboration Score	**3.8**	**0.76**

Further comparison across professional categories revealed differences in collaboration perception. Physicians recorded the highest average collaboration score (M = 4.0, SD = 0.65), followed by nurses (M = 3.9, SD = 0.70), while medical social workers scored lower (M = 3.6, SD = 0.82). Allied health professionals reported the lowest average (M = 3.5, SD = 0.79).

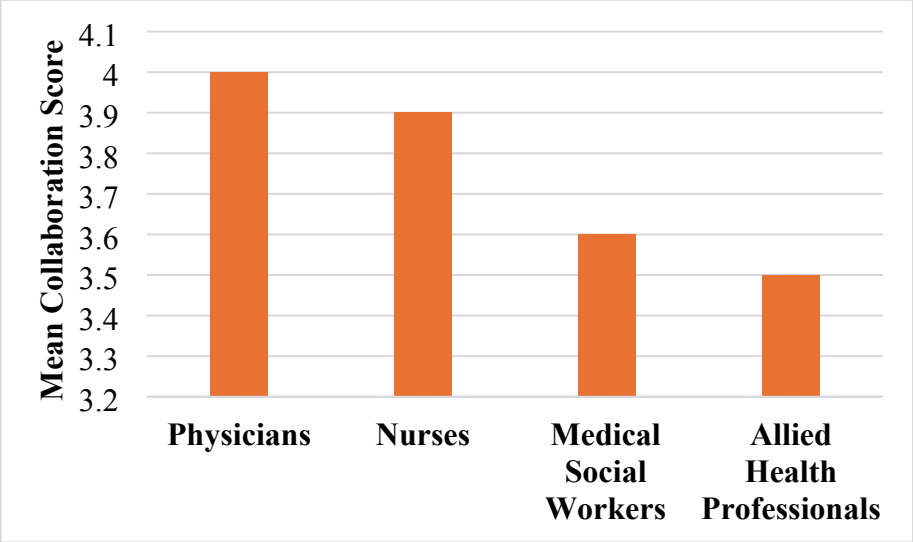

Figure 1. Comparison of Collaboration Scores Across Professional Groups

The responses also indicated that 72% of participants agreed that collaboration improved discharge planning, 68% believed it enhanced psychosocial support, and 63% reported that collaboration reduced duplication of work. However, 34% identified hierarchical structures as limiting, and 29% mentioned insufficient time as a barrier.

Table 3. Frequency Distribution of Perceptions on Collaboration Outcomes

Collaboration Outcome	Agree/Strongly Agree (%)	Neutral (%)	Disagree (%)
Improved discharge planning	72	17	11
Enhanced psychosocial support	68	20	12
Reduced duplication of services	63	23	14
Enhanced patient satisfaction	70	19	11
Improved coordination of care	75	16	9

These findings demonstrate a consistently positive perception of collaboration, particularly in the domains of patient care continuity and service coordination.

4.3 Professional Communication and Coordination

Results indicated that effective communication was central to professional coordination within healthcare teams. Participants emphasized that regular departmental meetings, shared documentation systems, and open information exchange enhanced case management efficiency. Departments conducting weekly case reviews reported smoother coordination and reduced errors in patient follow-up. Respondents also highlighted that the use of shared electronic health records promoted transparency and accountability among team members.

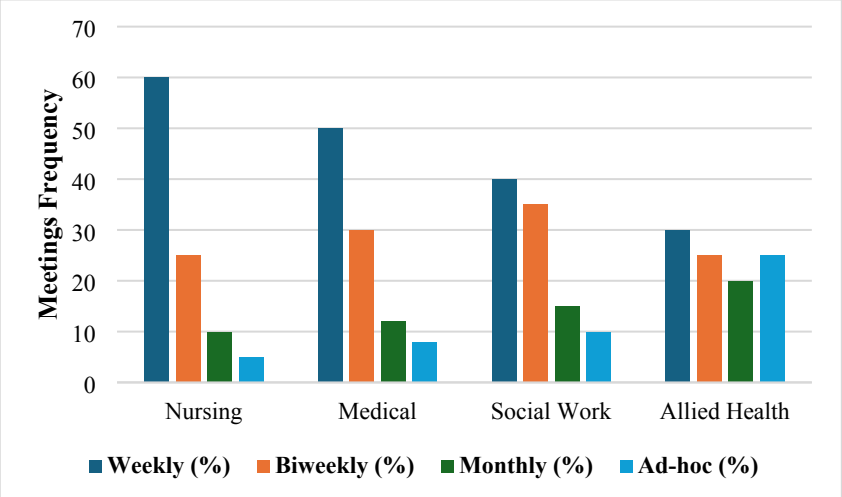

Figure 2. Frequency of Interprofessional Meetings by Department

The data revealed that 54% of participants engaged in weekly meetings, 28% in biweekly sessions, and 18% on an ad-hoc basis. Communication lapses were more frequent in departments with irregular meeting schedules, often resulting in delayed discharge or inadequate documentation.

Table 4. Communication and Coordination Indicators by Department

Department	Meeting Frequency (Mean Rank)	Information Sharing (Mean Score)	Coordination Efficiency (%)
Nursing	1.3	4.2	88
Medical	1.5	4.0	85
Social Work	1.7	3.9	80
Allied Health	2.0	3.6	74

Hospitals that established standardized communication channels achieved higher coordination scores, confirming the significance of structured communication mechanisms in sustaining interprofessional collaboration.

4.4 Professional Roles and Team Participation

Analysis indicated differences in role perception and participation in collaborative activities. Physicians and nurses reported frequent involvement in clinical decision-making, while medical social workers and allied professionals were more involved in psychosocial assessment and patient support. Respondents expressed that despite good interpersonal relations, decision-making remained largely medical-led, with social workers often consulted post-diagnosis rather than during the planning phase. In hospitals where social workers were included in multidisciplinary rounds, respondents reported improved workflow and greater patient satisfaction.

Table 5. Role Participation in Collaborative Activities

Professional Group	Participation in Case Planning (%)	Participation in Discharge Planning (%)	Communication Frequency (%)
Physicians	91	85	88
Nurses	87	90	90
Medical Social Workers	72	95	83
Allied Health Professionals	65	78	76

These findings highlight that social workers play an essential role in discharge coordination and patient-family communication but remain less involved in initial medical planning. Allied health professionals demonstrated lower participation rates due to time constraints and case-specific involvement.

4.5 Institutional and Administrative Support

Administrative leadership and supportive hospital policies were identified as key elements influencing collaboration quality. Participants working in institutions with structured collaboration frameworks reported smoother coordination, better information flow, and higher morale. Hospitals with established interdisciplinary committees or joint case management teams recorded stronger communication consistency. Conversely, participants from facilities without formal collaboration policies described informal arrangements dependent on individual initiative, leading to occasional duplication of tasks or conflicting priorities. Quantitative responses aligned with these findings, with institutional support scoring the lowest mean (M = 3.5, SD = 0.84).

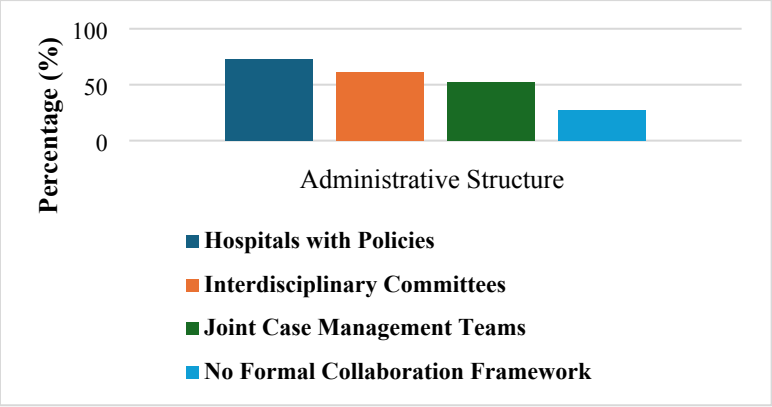

Figure 3. Administrative Structures Supporting Collaboration

The figure illustrates that 73% of participants worked in institutions with formal collaboration policies, 61% reported the presence of interdisciplinary committees, and 52% indicated the existence of joint case management teams. In contrast, 27% of participants noted the absence of any structured collaboration framework, emphasizing the uneven distribution of administrative support mechanisms. These findings reinforce the need for systematic institutional strategies to sustain and strengthen collaborative practice in hospital environments.

4.6 Operational Challenges and Constraints

The results showed that workload intensity and time pressure were recurring challenges across all professional groups. Approximately 47% of respondents reported that heavy caseloads restricted their ability to participate in regular team meetings, while 38% indicated that overlapping schedules made joint consultations difficult. Hierarchical structures were mentioned as a significant factor limiting open participation, particularly among medical social workers and allied professionals. Many respondents noted that although collaboration was encouraged in principle, it often became secondary to urgent clinical responsibilities.

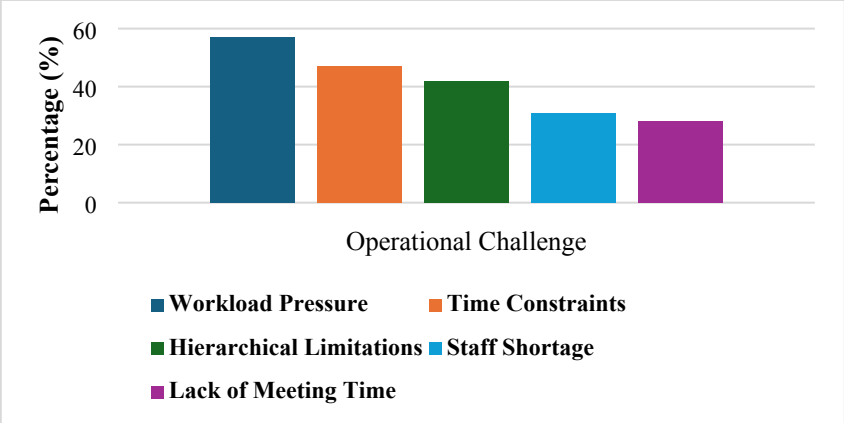

Figure 4. Key Operational Challenges Reported by Professionals

The figure demonstrates that workload pressure (57%) and time constraints (47%) were the most frequently cited limitations, followed by hierarchical barriers (42%) and staff shortages (31%). These findings suggest that operational demands continue to restrict the frequency and depth of interprofessional engagement. Despite these constraints, respondents observed gradual improvement in communication flow and expressed optimism toward the growing institutional recognition of collaboration as an integral component of effective healthcare delivery.

The synthesis of quantitative and qualitative data revealed consistent patterns highlighting the strengths and gaps in collaborative practice. Communication and coordination emerged as the most robust aspects of teamwork, supported by high numerical ratings and repeated acknowledgment across professions. Professional inclusion and administrative backing were less consistent, varying across institutional contexts. The presence of structured policies, managerial oversight, and routine meetings correlated strongly with higher satisfaction levels in collaboration. Conversely, absence of administrative reinforcement, limited time, and professional hierarchy reduced overall efficiency. Collectively, these findings depict a healthcare environment that is fundamentally collaborative but still evolving toward a more structured, policy-driven, and equitable interprofessional model.

5. Discussion

The results of this research provide a comprehensive insight into the ways in which medical social workers and healthcare teams cooperate in the hospital setting and expose the advantages as well as the structural constraints of the interprofessional practice. Teamwork was broadly considered to be good and communication and mutual respect were highly rated between professional groups. It was

however affected by institutional structures, administrative policies, and professional hierarchies which impacted inclusivity and shared accountability in patient care. Communication was found to be the greatest contributing factor in favor of successful team work. The mean scores of communications and information sharing are high, which is consistent with the existing studies indicating the importance of structured dialogue as a key to coordinated healthcare (McLaney *et al*., 2022). Effective communication would increase coordination and understanding, which minimises duplication and fragmentation. Communication, in the context of the Systems Theory, serves as the connection between the subsystems of medical, nursing, and social work to a single framework that aims at achieving better patient outcomes. This systemic interdependence allows the teams to work as a unit and be adaptable in responding to complex care requirements.

Inequality in professional involvement was also determined in the study, especially with respect to the incorporation of medical social workers. Whereas doctors and nurses said they were frequently involved with clinical planning, social workers said they were frequently consulted only after medical decisions were made. Such a low involvement is consistent with the results of previous studies that indicated that social work is still marginalized in hierarchical medical systems. To ensure a real interprofessional equity, it is important to consider social workers as the key participants in the holistic care, especially in the context of psychosocial determinants of health. These differences can be attributed to the Ecological Model which proposes that institutional norms that privilege biomedical expertise can repress social visions leading to uneven professional power within teams. The role of institutional leadership and administrative support was found to be very important as a determinant of quality of collaboration. Hospitals that had well-established teamwork policies, interdisciplinary committees, and well-developed case management systems had a better communication and morale. Such results are consistent with the research indicating that the governance structures maintain the collaboration and decrease the professional isolation (Nicholas *et al*., 2023). Stability and shared responsibility is achieved by managerial control, accountability protocols, and regular team assessments. On the other hand, in cases of weak administrative structures, teamwork is not constant and depends on personal drive. The Systems Theory underlines the importance of having administrative, clinical and patient-service subsystems that are coordinated in order to institutionalize collaboration as a normal organizational process.

The barriers to operation like workload, time pressure, and hierarchical dominance continued to exist within the professional categories. Research on the same shows that the scarcity of staff and conflicting priorities restrict the possibility of dialogue and decision-making. Such limitations slow down reflective practice and diminish cooperation to reactive coordination. The results are also consistent with the evidence that the high workload and ineffective communication result in the disjointed discharge planning and the absence of consistent psychosocial support (Ogundipe *et al*., 2020). To overcome these obstacles, the institutional redesign is needed to make sure that the teamwork is not only supported but also made structural not relying on individual commitment only. Medical social workers continue to play a key role in the translation of clinical and social aspects of care. Their knowledge on psychosocial assessment, counseling, and discharge planning are very effective in boosting recovery and continuity. Nevertheless, their partial non-involvement in the process of medical decisions restricts comprehensive patient care. The literature confirms the importance of considering social work views in enhancing continuity of care and adaptation of patients during and after discharge (Lanteigne and Iancu, 2025). In an ecological context, the cooperation between social and medical professionals acts at an individual, organizational, and community level, each of which has an impact on the result. There is thus a need to increase the role of social work at every level as a professional and systemic imperative.

The overlapping of both quantitative and qualitative results increases the validity of the study. Both types of data proved that communication and trust are good, but there are still institutional and operational barriers. The findings are aligned with the evidence in the global community that depicts interprofessional collaboration as an evolving process that is influenced by cultural, managerial, and

interpersonal factors (Boland *et al*., 2021; Johansson *et al*., 2021). With the shift to patient-centered healthcare systems, cooperation is essential in the process of clinical and psychosocial care integration. Changing the disjointed to the coordinated service delivery process needs a steady leadership dedication, fair involvement, and continuous professional learning. These findings are explained by the integration of the Systems Theory and the Ecological Model in a multidimensional way. The Systems Theory shows that collaboration relies on coordinated relationships between institutional subsystems that are maintained by communication and shared goals. The Ecological Model places collaboration in broader contexts, focusing on the impact of organizational culture and policy settings on professional behavior. The frameworks taken together show that collaboration is not only an interpersonal process but also a structural formation that is influenced by the institutional design. To enhance collaboration, therefore, interventions at both levels empowering professionals with communication and inclusion and strengthening systemic structures with policy, leadership, and resource support are needed.

This paper will add to the body of literature on interprofessional collaboration by noting the overlap of medical and social work practice. Efficiency, patient satisfaction, and institutional performance can be enhanced by effective collaboration, but the long-term success of the policy requires reinforcement, equity, and involvement of the leaders. Its implications are not limited to hospitals, but are applicable to a wider health governance, which promotes institutional cultures that view social and medical work as mutually dependent aspects of patient-centered care. Enhancing these collaborative systems can help healthcare institutions towards more integrated, equitable and sustainable models that acknowledge the holistic nature of modern healthcare.

6. Conclusion

The paper has underscored the importance of medical social workers working together with healthcare teams in enhancing the quality, efficiency and continuity of care provision to patients. The combination of the quantitative and qualitative results proved that successful interprofessional relationships are based on effective communication, mutual respect, and shared commitment. Although the concept of collaboration is well-received among professional groups, the results also show that decision-making and support of the institution are not evenly distributed, which can be addressed through more powerful organizational structures and leader involvement. The hospitals that had well-organized policies and active administrative control had more coordination, morale, and role clarity. On the other hand, environments characterized by informal teamwork processes had haphazard teamwork and individualistic dependence. The operational barriers that need to be addressed include workload intensity, time constraints, and professional hierarchy; therefore, teamwork must be institutionalized as an organizational priority and not as an optional practice. The research supports the idea that medical social workers are not auxiliary personnel but the part of a healthcare team whose psychosocial knowledge improves patient outcomes and responsiveness of the system. The remaining gaps between disciplines can be filled by enhancing collaboration by reinforcing policies, conducting joint training, and periodically reviewing them. Through inclusive, policy-based collaborative work, healthcare institutions can also advance to more equitable, holistic, and patient-centered care where the integration of medical and social work views becomes a long-term norm and not a one-time undertaking.

References

1. Adaranijo, E. T., Marshall, C. R., Ong, A., & Nwachukwu, B. C. (2025). Social Workers' Collaborative Role in Addressing Social Determinants of Health in Healthcare Settings: A Systematic Review. *Health & Social Work*, hlaf014.
2. Boland, J., Abendstern, M., Wilberforce, M., Pitts, R., Hughes, J., & Challis, D. (2021). Mental health social work in multidisciplinary community teams: An analysis of a national service user survey. *Journal of Social Work*, *21*(1), 3-25.

3. Craig, S. L., Eaton, A. D., Belitzky, M., Kates, L. E., Dimitropoulos, G., & Tobin, J. (2020). Empowering the team: A social work model of interprofessional collaboration in hospitals. *Journal of Interprofessional Education & Practice*, *19*, 100327.
4. Giamportone, K. E. (2022). Expectations of social workers for interprofessional practice in healthcare: qualitative insights from practicing physician, nurse, and social work professionals. *Social Work in Health Care*, *61*(9-10), 516-529.
5. Johansson, N., Fängström, K., & Warner, G. (2021). Social workers' perspectives on a medical home model for children and adolescents in out of home care–an interview study. *BMC Health Services Research*, *21*(1), 804.
6. Kämmer, J. E., Ehrhard, S., Kunina-Habenicht, O., Weber-Schuh, S., Hautz, S. C., Birrenbach, T., ... & Hautz, W. E. (2023). What factors affect team members' evaluation of collaboration in medical teams?. *Frontiers in Psychology*, *13*, 1031902.
7. Kan, W. S., Chau, C. C., & Chui, E. W. T. (2025). A Social Work Perspective on Medical-Social Collaboration in Primary Healthcare. In *The Handbook of Primary Healthcare: The Case of Hong Kong* (pp. 387-395). Singapore: Springer Nature Singapore.
8. Kodom, R. B. (2023). The role of social work in the healthcare settings during the COVID-19 pandemic in Africa. *International Social Work*, *66*(5), 1567-1572.
9. Konrad, S. C. (2020). Interprofessional collaborative practice. In *Encyclopedia of Social Work*.
10. Lanteigne, I., & Iancu, P. (2025). Perspectives of Social Workers and Other Healthcare Professionals on Collaborative Work to Address Complex Situations. *Advances in Social Work*, *25*(1), 454-474.
11. Light, M. A. (2022). Exploring the role of medical social work: Findings from a pilot project in a national health center in Cambodia. University of Washington.
12. Löwe, C., Mark, P., Sommer, S., & Weltermann, B. (2022). Collaboration between general practitioners and social workers: a scoping review. *BMJ open*, *12*(6), e062144.
13. Mannsåker, I. K. R., Vågan, A., Geirdal, A. Ø., & Stenberg, U. (2022). Hospital Social Workers' Boundary Work in Paediatric Acute Wards—Competitive or Collaborative?. *The British journal of social work*, *52*(5), 2595-2612.
14. Maxhakana, Z., & Sithole, M. S. (2024). Experiences of social workers in working with health care practitioners: a multidisciplinary team approach. *Social Work/Maatskaplike Werk*, *60*(1), 98-122.
15. McLaney, E., Morassaei, S., Hughes, L., Davies, R., Campbell, M., & Di Prospero, L. (2022, March). A framework for interprofessional team collaboration in a hospital setting: Advancing team competencies and behaviours. In *Healthcare management forum* (Vol. 35, No. 2, pp. 112-117). Sage CA: Los Angeles, CA: SAGE Publications.
16. Musuguri, J. N., & Makuu, M. J. (2024). Medical social work roles, inter-professional collaborative practice and factors impeding practice in hospital settings: A literature review. *Journal of Social Development in Africa*, *39*(1), 1-17.
17. Nakra, N. M., Petruzzi, L. J., Diller, A. B., Smithwick, J., Lee, L., Wilkinson, G., ... & Chang, S. (2025). A qualitative exploration of multi-level factors that support effective community health worker-social worker collaboration. *BMC Health Services Research*, *25*, 1248.
18. Nam, S. I., Choi, K., & Kim, J. (2019). Role changes of hospital social workers in South Korea. *Social Work in Health Care*, *58*(7), 703-717.
19. Nicholas, D. B., Samson, P., Hilsen, L., & McFarlane, J. (2023). Examining the COVID-19 pandemic and its impact on social work in health care. *Journal of Social Work*, *23*(2), 334-349.
20. Ogundipe, K. O., Kadiri, I., Etonyeaku, A. C., & Aduloju, T. (2020). The medical social worker: A neglected ally in the management of patients with burn injuries. Annals of African Surgery, 17(3), 126-129.