

Book Review

Nurse-Social Worker Collaboration in Managed Care: A Model of Community Case Management

Joellen W. Hawkins, Nancy W. Veeder, and Carole W. Pearce

New York: Springer, 1998, 218 pp.

ISBN 0-8261-9830-9

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The changes afoot in the American health-care system, particularly as regards managed care, have created a problem for the professions of nursing and social work. These two professional groups have to cope with privatization, staff cuts, rationing of services to the underprivileged, and a lack of respect for professional training that was once held in high regard. Besides causing a sense of insecurity, managed care has fuelled rivalry and animosity between two professions that originally worked hand in hand.

The authors of *Nurse-Social Worker Collaboration in Managed Care* (two nurses and a social worker), recognizing that neither of these two professional groups is about to stop practising in the community, propose a model for their collaboration. The Biopsychosocial Individual and Systems Intervention Model (BISIM) would return nurses and social workers to their early arena, the community; it identifies interventions that would fulfil the two chief mandates of managed care, efficacy and efficiency.

The first two chapters describe the present care situation, typified by changes in the health-care system in the United States and managed care. The authors' treatment of managed care — a concept that refers to a host of services that differ from one state to another and one service provider to another — is meticulous, well documented, and uncommonly clear. They provide an historical review of this type of care, which apparently dates back to the 13th century, and then define the various managed-care schemes: *indemnity insurance plans*, *health maintenance organizations* (with a brief description of each HMO model), *preferred provider organizations* (with a description of several PPO models), *exclusive provider organizations*, *employer-negotiated arrangements*, *government-sponsored organizations*, *health-care systems*, *case management*, *hospital case management*, and *community case management*. Next, the authors

describe the roles of physicians, nurses, and social workers as case managers. The roles of nurses and social workers appear quite similar, and the authors stress their advocacy function in a system that appears often to forget care in favour of management driven by cost-saving and efficiency.

Chapter 3 presents a history of nurse-social worker collaboration, beginning with the turn-of-the-century settlement-house movement in the United States. Founded to help both professions serve the poor, immigrants, workers, schoolchildren, and boarding-house tenants, this movement should serve as a lesson in nurse-social worker collaboration. However, the paths of the two professions later diverged, owing in part to their different evolution, growth, and training. In the wake of the Flexner Report, which concluded that neither group merited professional status, nurses and social workers had to sharply circumscribe their functions in order to assert their status and unique contribution. Furthermore, as settlement houses dwindled in number, hospitals introduced mechanisms that restricted their opportunities for collaboration.

In Chapter 4, Hawkins, Veeder, and Pearce describe the 1995–96 study supporting the BISIM. Thirty-three nurses and social workers were interviewed at length for their views on their profession past, present, and future, the current state of chaos in delivery of services, and the opportunities open to them. The subjects affirmed the benefits of collaboration, pointing out that in fact it has always existed and has served patients and their families well. They expressed the opinion that nurses and social workers could blend their different approaches to training and their different skills to better meet the needs of patients. They also pointed out that both professions are now opting for a holistic approach. However, there were grey areas, and some drawbacks to collaboration also emerged, such as differences in wages and schedules as well as philosophical differences.

The succeeding chapters offer theoretical and practical descriptions of the BISIM, taking into account the findings of the 1995–96 study, the historical background, and the current literature. The BISIM can be characterized as follows: (1) It has a dual focus: the patient and the system. (2) It provides advanced case management by experienced workers. (3) It employs clinical case management. (4) It takes a holistic view of the biopsychosocial individual in situ (for nurses, *holistic* embraces body and mind; for social workers, the whole environment). (5) Its conceptual framework includes a life-based model for improving the patient's strengths and skills. (6) It uses an interdisciplinary model

of case management. (7) It distinguishes between nurses and social workers as team members by considering their unique training and skills, recognizing that some functions might be fulfilled by either profession. (8) It is flexible in its assessment of community needs and the community's response to changes in individuals, groups, communities, and organizations. (9) It values education in the promotion of community health and the prevention of physical and mental disease. (10) It features a strong advocacy component. (11) It is available for as long as required by the community. (12) It includes qualitative and quantitative monitoring of outcomes.

The authors anchor these concepts in reality, identifying the community interventions that are needed and offering practical examples culled from case studies. Despite the lofty principles of the model, the authors acknowledge that it affords nurses a somewhat narrow scope. It regards nursing as "biosocial," social work as "psychosocial" (nurses look to the biological first, then to the psychosocial, whereas social workers look to the psychosocial first). Nurses are assumed to have a micro focus (the individual), social workers' a macro focus (the individual in the environment, and group dynamics). Lastly, nurses focus on the delivery of care, especially as regards drug compliance, whereas social workers focus on the client. All this leaves a somewhat archaic impression of nursing, an impression that, in this reviewer's opinion, disregards the evolution of the profession in recent decades and conceptual models of nursing recently proposed. Case-management nurses, especially in psychiatry, generally take a patient-centred, "whole person" approach, including facets of the individual that the authors assign to social workers.

Nurse-Social Worker Collaboration in Managed Care provides an interesting basis for discussion around the notion of bringing the two professions of nursing and social work into harmony. The model proposed by Hawkins, Veeder, and Pearce is well documented as to the history of collaboration, but it offers a limited role for members of each profession on case-management teams. Certain premises of this model should be revisited so that nurses can further define the role they are prepared to play within the system.

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