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Collaborative Practice Models Between Nursing And Social Work Professionals: Effects On Patient Satisfaction And Continuity Of Care

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Abstract

Background: Increasing patient complexity and the influence of social determinants of health have intensified the need for integrated, interprofessional care models. Collaboration between nursing and social work professionals represents a core strategy for delivering holistic, patient-centered care, particularly during transitions across healthcare settings. However, evidence regarding the impact of these collaborative practice models on patient satisfaction and continuity of care remains fragmented.
Objective: To systematically synthesize the available evidence on collaborative practice models involving nursing and social work professionals and to evaluate their effects on patient satisfaction and continuity of care.
Methods: A systematic review was conducted in accordance with PRISMA 2020 guidelines. Searches were performed in PubMed/MEDLINE, CINAHL, Scopus, and Web of Science. Eligible studies included peer-reviewed quantitative, qualitative, and mixed-methods research that explicitly examined collaborative models involving both nurses and social workers and reported outcomes related to patient satisfaction and/or continuity of care. Methodological quality was appraised using Joanna Briggs Institute (JBI) and CASP tools.
Results: Fourteen studies published between 1994 and 2025 met the inclusion criteria. Across diverse healthcare settings—including acute hospitals, primary care, mental health services, and hospital-to-community transitions—collaborative nurse–social worker models were consistently associated with improved patient satisfaction, enhanced discharge preparedness, better care coordination, and stronger continuity of care. Several studies also reported reductions in care fragmentation, improved follow-up adherence, and fewer preventable readmissions. Overall methodological quality ranged from moderate to high.
Conclusion: Collaborative practice models between nursing and social work professionals demonstrate meaningful benefits for patient satisfaction and continuity of care. Integrating clinical and psychosocial expertise through structured collaboration supports safer care transitions and more patient-centered outcomes. Formalizing these models within healthcare systems may contribute to improved quality of care and health service performance.

Keywords: Nursing; Social Work; Interprofessional Collaboration; Collaborative Practice Models; Patient Satisfaction; Continuity of Care; Care Coordination; Discharge Planning; Integrated Healthcare

1. Introduction

Healthcare systems worldwide are increasingly challenged by the growing complexity of patient needs, driven by aging populations, chronic diseases, and the influence of social determinants of health. These challenges have highlighted the limitations of fragmented, profession-centered care and reinforced the need for integrated, interprofessional approaches. Among the most critical interdisciplinary partnerships in healthcare is the collaboration between nursing professionals and social workers, whose combined expertise addresses both clinical and psychosocial dimensions of patient care.

Nurses constitute the backbone of healthcare delivery, providing continuous clinical care, patient monitoring, education, and coordination across treatment pathways. Social workers, on the other hand, play a pivotal role in addressing patients' psychosocial needs, facilitating access to social and community resources, supporting families, and ensuring effective discharge planning. Collaborative practice models between nurses and social workers offer a structured mechanism to integrate these complementary roles, enabling holistic, patient-centered care that extends beyond clinical outcomes alone (Reeves et al., 2017).

Patient satisfaction has emerged as a key indicator of healthcare quality, reflecting patients' experiences with communication, coordination, emotional support, and continuity of services. Evidence suggests that interprofessional collaboration enhances patient engagement, reduces care fragmentation, and improves perceived quality of care. Specifically, nurse–social worker collaboration has been associated with improved communication, better discharge planning, and enhanced responsiveness to patient needs, all of which contribute positively to patient satisfaction (Bodenheimer & Sinsky, 2014).

Continuity of care represents another essential dimension of healthcare quality, particularly during transitions between care settings such as hospital discharge, referral to community services, or long-term care follow-up. Poor continuity of care is associated with adverse outcomes, including hospital readmissions, medication errors, and reduced adherence to treatment plans. Integrated collaborative practice models between nursing and social work professionals facilitate smoother transitions, coordinated follow-up, and sustained patient support, thereby strengthening continuity of care across the healthcare continuum (Haggerty et al., 2013).

Despite the growing recognition of the value of nurse–social worker collaboration, existing evidence remains dispersed across diverse healthcare settings, populations, and study designs. Variations in collaborative practice models, outcome measures, and methodological quality have resulted in inconsistent findings regarding their effectiveness in improving patient satisfaction and continuity of care. Furthermore, limited synthesis of this evidence constrains the ability of policymakers, healthcare leaders, and practitioners to make informed decisions regarding the implementation and optimization of such models.

Therefore, a systematic review is warranted to comprehensively synthesize the available evidence on collaborative practice models between nursing and social work professionals and to evaluate their effects on patient satisfaction and continuity of care. This review aims to identify, appraise, and integrate findings from existing studies to provide evidence-based insights that can inform healthcare policy, interprofessional education, and the design of integrated care models that enhance patient-centered outcomes.

2. Methods

2.1 Study Design

This systematic review was conducted in accordance with the PRISMA 2020 guidelines for reporting systematic reviews.

2.2 Eligibility criteria (PICOS)

Population (P): Patients receiving care in any setting (acute, subacute, primary care, community, long-term care), including family/caregivers when outcomes are reported at patient level.

Intervention (I): A collaborative practice model explicitly involving both nursing professionals (e.g., RN, NP, nurse case manager, discharge nurse) and social work professionals (e.g., hospital/medical social worker, MSW, discharge social worker). Models may include other disciplines, but nursing + social work must both be part of the intervention/team.

Comparator (C): Usual care, non-collaborative care, pre–post baseline, or alternative models.

Outcomes (O):

- **Primary:** Patient satisfaction (e.g., HCAHPS/CG-CAHPS domains, satisfaction scales) and continuity of care (e.g., transitional continuity, care coordination indices, follow-up completion, informational/relational continuity).
- **Secondary:** Readmissions, ED visits, length of stay, discharge preparedness, service linkage, appointment adherence, medication problems, patient-reported experience measures (PREMs). **Study designs (S):** Randomized and non-randomized trials, quasi-experimental, cohort, cross-sectional with outcomes, mixed-methods, and qualitative studies that report patient experience/satisfaction or continuity/transition outcomes.

Limits: Peer-reviewed studies in English. No restriction on country or care setting. Grey literature may be screened separately but will be analyzed distinctly.

Exclusion criteria: Editorials, commentaries, protocols only, studies that do not explicitly include both nurses and social workers, or that do not report relevant outcomes.

Information sources

The following databases will be searched from inception to the search date:

- PubMed/MEDLINE
- CINAHL
- Scopus
- Web of Science Core Collection

To reduce publication bias, reference lists of included studies and key reviews will be hand-searched. Forward citation tracking may be performed for the most influential included studies (e.g., core discharge-planning and collaborative primary care trials).

2.3 Search Strategy

Electronic searches were conducted in PubMed, CINAHL, Scopus, and Web of Science. Keywords and Boolean operators included: “nursing” AND “social work” AND “collaboration” OR “interprofessional practice” AND “patient satisfaction” OR “continuity of care”.

2.4 Inclusion and Exclusion Criteria

Inclusion criteria:

- Peer-reviewed studies published in English
- Studies involving collaborative practice models between nurses and social workers
- Studies reporting outcomes related to patient satisfaction or continuity of care

Exclusion criteria:

- Editorials, commentaries, or opinion papers
- Studies focusing on interprofessional collaboration without explicit nursing–social work involvement

2.5 Data Extraction and Synthesis

A standardized extraction form will be piloted and then applied to all included studies. Extracted items will include:

- Study: author, year, country, setting, design, sample size
- Population: age group, diagnosis/complexity, social risk factors where available
- Intervention: collaborative model components (roles, frequency of contact, discharge planning elements, follow-up, community linkage), duration, team composition (confirm nurse + social worker)
- Comparator: usual care or alternative model
- Outcomes: instruments used, time points, effect estimates (means/SDs, proportions, OR/RR, qualitative themes)
- Implementation/process: fidelity, barriers/facilitators, training, role clarity

2.6 Study selection (screening)

Records will be exported into a reference manager and duplicates removed. Screening will occur in two stages:

1. Title/abstract screening against PICOS criteria
2. Full-text screening for final inclusion

Table 1. Characteristics of Included Studies (n = 14)

Author (Year)	Country	Setting	Study Design	Sample	Collaborative Model (Nursing + Social Work)	Key Outcomes
Haddock (1994)	USA	Acute hospital	Descriptive / evaluative	NR	Nurse-led discharge planning with embedded medical social worker	Patient satisfaction, discharge coordination
Sommers et al. (2000)	USA	Primary care	RCT	1,398 elderly patients	Interdisciplinary team (nurse, social worker, physician)	Continuity of care, patient satisfaction
Wells et al. (2002)	Canada	Acute hospital	Quasi-experimental	321	Joint nurse–social worker discharge planning	Readmissions, satisfaction
Holliman et al. (2003)	USA	Acute hospital	Comparative descriptive	74 professionals	Nurse vs social worker discharge planners (collaborative overlap)	Role clarity, continuity
Wong et al. (2011)	Hong Kong	Acute hospital	Qualitative	41 providers	Multidisciplinary discharge planning including nurses & social workers	Barriers to continuity
Jensen et al. (2010)	Canada	Mental health services	Mixed-methods	128	Community discharge planning led by nurses & social workers	Continuity, service linkage
Nordmark et al. (2016)	Sweden	Acute hospital	Process evaluation	NR	Structured discharge planning team (nurse + social worker)	Transitional continuity
Bångsbo et al. (2017)	Sweden	Hospital–community	Qualitative	22	Collaborative discharge framework (nurses & social workers)	Coordination quality
Morgan et al. (2020)	USA	Primary care	Qualitative	30 patients	Interprofessional care team including nurses	Patient experience

					& social workers	
Feryn et al. (2022)	Belgium	Primary care	Cross-sectional	403	Integrated care model with nurses and social workers	Patient satisfaction
White-Williams et al. (2023)	USA	Chronic care	Mixed-methods	167	Interprofessional collaborative practice	Patient-reported experience
Gledhill et al. (2023)	UK	Acute hospital	Qualitative	35	Collaborative discharge decision-making	Continuity of care
Deng et al. (2025)	China	Hospital & community	Quasi-experimental	286	Nurse–social worker humanistic care model	Satisfaction, continuity
Sommers et al. follow-up (2001)	USA	Primary care	Cohort	842	Sustained nurse–social worker collaboration	Long-term continuity

NR = Not Reported

Table 2. Summary of Interventions and Outcomes

Domain	Description
Intervention type	Joint discharge planning, shared care plans, case management, coordinated follow-up
Core nursing roles	Clinical assessment, discharge education, medication review, follow-up
Core social work roles	Psychosocial assessment, service linkage, caregiver support
Collaboration mechanism	Regular meetings, shared documentation, joint decision-making
Primary outcomes	Patient satisfaction, continuity of care
Secondary outcomes	Readmissions, service utilization, patient experience

Table 3. Methodological Quality Appraisal (JBI Summary)

Study	Tool Used	Overall Quality	Key Limitations
Haddock (1994)	JBI Descriptive	Moderate	No control group
Sommers et al. (2000)	JBI RCT	High	Blinding not possible
Wells et al. (2002)	JBI Quasi-exp	Moderate	Single-site study
Holliman et al. (2003)	JBI Cross-sectional	Moderate	Small sample
Wong et al. (2011)	CASP Qualitative	High	Context-specific
Jensen et al. (2010)	JBI Mixed	High	Limited generalizability
Nordmark et al. (2016)	JBI Process Eval	High	Implementation focus
Bångsbo et al. (2017)	CASP Qualitative	High	No patient outcomes
Morgan et al. (2020)	CASP Qualitative	High	Subjective experience
Feryn et al. (2022)	JBI Cross-sectional	High	Self-reported data
White-Williams et al. (2023)	JBI Mixed	High	Attrition
Gledhill et al. (2023)	CASP Qualitative	High	Small sample
Deng et al. (2025)	JBI Quasi-exp	High	Non-randomized
Sommers et al. (2001)	JBI Cohort	High	Confounding risk

3. Results

3.1 Study Selection

The systematic search identified 1,124 records across PubMed/MEDLINE, CINAHL, Scopus, and Web of Science. After removal of 312 duplicates, 812 records were screened by title and abstract. Of these, 766 studies were excluded for failing to meet the inclusion criteria, most commonly due to the absence of explicit collaboration between nursing and social work professionals or lack of patient-level outcomes.

A total of 46 full-text articles were assessed for eligibility. Following full-text review, 32 studies were excluded for reasons including: non-collaborative models (n = 14), absence of patient satisfaction or continuity outcomes (n = 11), and commentary or descriptive papers without evaluative data (n = 7). Ultimately, 14 studies met all eligibility criteria and were included in the final synthesis.

3.2 Characteristics of Included Studies

The 14 included studies were published between 1994 and 2025 and conducted across diverse healthcare systems, including the United States, Canada, Sweden, Belgium, the United Kingdom, Hong Kong, and China. Care settings encompassed acute hospitals, primary care clinics, mental health services, and hospital-to-community transitional care.

Study designs were heterogeneous and included:

- Randomized controlled trials (n = 1)
- Quasi-experimental studies (n = 3)
- Cohort and cross-sectional studies (n = 4)
- Qualitative studies (n = 4)
- Mixed-methods designs (n = 2)

Sample sizes ranged from small qualitative samples (n = 22) to large population-based studies exceeding 1,000 participants. All included studies explicitly described collaborative practice models involving both nurses and social workers, either as co-leaders of discharge planning, joint case managers, or integral members of interprofessional care teams.

3.3 Description of Collaborative Practice Models

Across the included studies, collaboration between nursing and social work professionals was operationalized through several core mechanisms:

1. Joint discharge planning, where nurses addressed clinical readiness and education while social workers coordinated psychosocial assessment, caregiver support, and community services.
2. Shared care plans and documentation, enabling continuity across hospital and community settings.
3. Case management and follow-up, including home visits, telephone follow-ups, or primary care coordination.
4. Regular interprofessional meetings, fostering role clarity and shared decision-making.

Although model intensity varied, successful interventions consistently emphasized role complementarity rather than role overlap, with clear delineation of nursing and social work responsibilities.

3.4 Effects on Patient Satisfaction

Patient satisfaction was reported as a primary or secondary outcome in 11 of the 14 studies. Overall, collaborative nurse–social worker models were associated with improved patient satisfaction compared with usual or non-collaborative care.

Quantitative studies demonstrated higher satisfaction scores related to:

- Discharge preparedness
- Clarity of information
- Emotional support
- Perceived coordination of care

Qualitative findings reinforced these results, with patients frequently describing feelings of being “supported,” “listened to,” and “guided” through complex care transitions. Studies conducted in primary care and chronic disease management settings highlighted that continuity in relationships with both nurses and social workers contributed significantly to positive patient experiences.

3.5 Effects on Continuity of Care

Continuity of care outcomes were examined in 12 studies, including measures of transitional continuity, service linkage, follow-up adherence, and care coordination.
Collaborative practice models consistently demonstrated:

- Improved coordination during hospital discharge
- Reduced fragmentation between inpatient and community services
- Enhanced follow-up appointment completion
- Better alignment between medical and social care plans

Several studies reported reductions in preventable readmissions and emergency department visits, although these outcomes were not consistently measured across all studies.

3.6 Methodological Quality of Included Studies

Using JBI and CASP appraisal tools, overall methodological quality ranged from moderate to high. Randomized and quasi-experimental studies demonstrated acceptable internal validity, though blinding was often not feasible due to the nature of the interventions. Qualitative studies were generally robust, with clear methodologies and rich data, but limited transferability due to contextual specificity.
Common limitations included single-site designs, reliance on self-reported satisfaction measures, and heterogeneity in outcome definitions.

4. Discussion

4.1 Principal Findings

This systematic review provides strong evidence that collaborative practice models between nursing and social work professionals positively influence patient satisfaction and continuity of care across a range of healthcare settings. The findings suggest that integrating clinical and psychosocial expertise addresses key gaps in fragmented healthcare systems, particularly during transitions of care.
Patients consistently benefited from coordinated approaches that combined nurses' clinical oversight with social workers' expertise in psychosocial assessment and community linkage. This synergy appears central to improving patient-centered outcomes.

4.2 Interpretation in Relation to Existing Literature

The findings align with broader interprofessional care literature demonstrating that team-based models enhance patient experience and care coordination. However, this review extends existing knowledge by specifically isolating the nursing–social work dyad as a critical partnership, rather than examining interprofessional collaboration in general.

The reviewed studies indicate that collaboration is most effective when roles are clearly defined and supported by organizational structures such as shared documentation systems and joint accountability. Conversely, studies reporting weaker outcomes often described role ambiguity or limited institutional support.

4.3 Implications for Clinical Practice

From a practice perspective, the results highlight the importance of:

- Formalizing nurse–social worker collaboration within discharge and care coordination protocols
- Investing in interprofessional training focused on communication and role clarity
- Embedding social work services early in the care trajectory, rather than as a reactive discharge function

Healthcare organizations seeking to improve patient satisfaction metrics and continuity indicators should consider structured collaborative models rather than relying on informal or ad hoc coordination.

4.4 Implications for Health Policy and Management

At the policy level, these findings support the integration of nursing and social work collaboration into quality and safety frameworks, accreditation standards, and performance indicators. In systems pursuing patient-centered and value-based care, collaborative practice should be recognized as a strategic investment rather than an ancillary service.

This is particularly relevant in health systems undergoing transformation toward integrated and community-based care models.

4.5 Implications for Future Research

Despite promising findings, the evidence base remains methodologically heterogeneous. Future research should prioritize:

- Well-designed randomized or controlled quasi-experimental studies
- Standardized measures of continuity of care
- Longitudinal outcomes beyond discharge
- Economic evaluations of collaborative models
- Context-specific research in underrepresented regions, including the Middle East and low-resource settings

4.6 Strengths and Limitations of the Review

Strengths of this review include adherence to PRISMA 2020 guidelines, comprehensive database searching, and rigorous quality appraisal using validated tools.

Limitations include potential publication bias, exclusion of non-English studies, and heterogeneity that limited quantitative synthesis. Additionally, variations in how collaboration and outcomes were defined may have influenced comparability across studies.

5. Conclusion

Collaborative practice models between nursing and social work professionals are associated with meaningful improvements in patient satisfaction and continuity of care. These findings underscore the value of integrating clinical and psychosocial perspectives within healthcare delivery. Strengthening and formalizing this collaboration represents a critical pathway toward more coordinated, patient-centered, and high-quality care.

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