

## Does Team-Based Care Improve Patient Satisfaction?



Team-based approaches to patient care are a relatively recent innovation in healthcare delivery. When properly implemented, team-based approaches have been shown to improve clinical decision-making, especially for the treatment of patients with complicated medical conditions. In practice, team-based care takes many forms, such as inpatient care management teams or multidisciplinary disease-oriented care programmes. Teams may be large or small and are found in a variety of practice settings, from private clinics to academic medical centres.

The effectiveness of the team approach on patient outcomes has not been well documented. This paper reports a systematic review of the relationship between team-based care and patient satisfaction.

### Methods

The authors searched MEDLINE, EMBASE, Cochrane Library, CINAHL, and PsycINFO for eligible studies dating from inception to October 8, 2012. Eligible studies reported (1) a randomised controlled trial, (2) interventions including both team-based care and non-team-based care (or usual care), and (3) outcomes including an assessment of patient satisfaction. Articles with different settings between intervention and control were excluded, as were trial protocols. The reference lists of retrieved papers were also evaluated for inclusion.

The authors define team-based care as a provision of health services by at least two disciplines and two health providers who work collaboratively with shared goals. Usual care is described as: (1) an intervention by a provider alone, or (2) "usual care", "routine care", "standard care", "conventional care", or similar terms as a control group mentioned in randomised controlled trials.

On the basis of prior work on patient satisfaction and a literature review, the authors chose one overall item (eg, "How do you rate the hospital overall?" or "How do you rate your overall satisfaction?") to assess patients' overall satisfaction with their hospital experience. If no "overall satisfaction" assessment was provided, the authors took the item "satisfaction with the care or similar" description as the overall satisfaction.

### Results

The literature search yielded 319 citations, of which 77 were screened for further full-text evaluation. Of these, 27 articles were included in the systematic review. The 26 trials with a total of 15,526 participants were included in this systematic review. The pooling result of dichotomous data (number of studies: 10) showed that team-based care had a positive effect on patient satisfaction compared with usual care (odds ratio, 2.09; 95% confidence interval, 1.54 to 2.84); however, combined continuous data (number of studies: 7) demonstrated that there was no significant difference in patient satisfaction between team-based care and usual care (standardised mean difference, -0.02; 95% confidence interval, -0.40 to 0.36).

### Conclusions

Some evidence showed that team-based care is better than usual care in improving patient satisfaction. However, considering the pooling result of continuous data, along with the suboptimal quality of included trials, further large-scale and high-quality randomised controlled trials comparing team-based care and usual care are needed.

### Discussion

Teamwork is thought to be a prerequisite for good practice in health care. However, teams are diverse and range in a variety of factors, including number of members and disciplines. Therefore, it is necessary to clearly report the structure and process of team-based care and to explicitly describe the structure and process of usual care for comparison. These details are necessary for understanding the team-based concept being assessed, assessing the effectiveness of team performance, and understanding structural and procedural factors that may also affect the level of performance for comparative usual care. Unfortunately, many trials did not explicitly describe the care structure and process for team-based approaches, and most failed to do so for usual care.

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