

Teamwork

Higher [burnout](#) was seen in [chaotic workplaces](#) (odds ratio [OR], 1.51; 95% CI, 1.38-1.66; $P < .001$) and with low [work control](#) (OR, 2.10; 95% CI, 1.91-2.30; $P < .001$). Higher [burnout](#) was associated with poor [teamwork](#) (OR, 2.08; 95% CI, 1.78-2.43; $P < .001$), while feeling valued was associated with lower burnout (OR, 0.22; 95% CI, 0.18-0.27; $P < .001$). In time trends, burnout was consistently higher with [chaos](#) and poor work control ¹⁾.

[Integrated care pathways](#) (ICPs) are a pre-defined framework of evidence-based, multidisciplinary practice for specific patients. They have the potential to enhance continuity of care, patient safety, patient satisfaction, efficiency gains, [teamwork](#), and staff education. In order to inform the development of neurosurgical ICPs in the future, we performed a systematic review to aggregate examples of neurosurgical ICP, to consider their impact and design features that may be associated with their success.

Methods: Electronic databases MEDLINE, EMBASE, and CENTRAL were searched for relevant literature published from date of inception to July 2020. Primary studies reporting details of neurosurgical ICPs, across all pathologies and age groups were eligible for inclusion. Patient outcomes in each case were also recorded.

Results: Twenty-four studies were included in our final dataset, from the United States, United Kingdom, Italy, China, Korea, France, Netherlands and Switzerland, and a number of sub-specialties. 3 for Cerebrospinal fluid shunt, 1 functional, 2 neurovascular, 1 neuro-oncology, 2 paediatric, 2 skull base, 10 spine, 1 for trauma, 2 miscellaneous (other craniotomies). All were single centre studies with no regional or national examples. Thirteen were cohort studies while 11 were case series which lacked a control group. Effectiveness was typically evaluated using hospital or professional performance metrics, such as length of stay ($n = 11$, 45.8%) or adverse events ($n = 17$, 70.8%) including readmission, surgical complications and mortality. Patient reported outcomes, including satisfaction, were evaluated infrequently ($n = 3$, 12.5%). All studies reported a positive impact. No study reported how the design of the ICP was informed by published literature or other methods.

Conclusions: ICPs have been successfully developed across numerous neurosurgical sub-specialities. However, there is often a lack of clarity over their design and weaknesses in their evaluation, including an underrepresentation of the patient's perspective ²⁾.

Factors that influence surgical team [efficiency](#) include [staff](#) availability, turnover time and teamwork. [Teamwork](#) is enhanced by effective [communication](#), [collaboration](#) and a sense of [solidarity](#) among surgical [team](#) members.

Evidence supports that differences in culture, language, generation and discipline-specific role expectations can significantly and negatively influence teamwork and OR efficiency and are requisite in the design and planning strategies for perioperative services ^{3) 4) 5)}.

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