

# A STUDY ON EFFECTIVENESS OF TEAMWORK AMONG EMPLOYEES IN ONE OF THE LEADING HOSPITAL IN TRICHY

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**ABSTRACT:** Team based working is widely advocated as the optimal work design for improving patient safety and reducing medical error in the health care service. Health care professionals from different disciplinary backgrounds to combine unique skills and knowledge to provide effective and time care. The challenges facing health care organization are therefore not only clinical ,but also organization. In todays communities ,individual have been focusing on achieving the occupational purpose and goals at work place individually more than focusing on the concept of team work. The importance of teamwork as an essential tool in work environment seems to be neglected by both employers and employees that lead them to deficient performance and poor productivity in their jobs. In this Several measures of team performance were analyzed including team trust, recognition rewards.

**Keywords:** Employee Satisfaction, Team performance, Trust, Recognition, Rewards, Team work.

## 1 INTRODUCTION

### A. DEFINITION

A team is a formal group of members who interact at a high level and work together intensely to achieve a common group goal. When teams are effective, they draw on the abilities and experiences of their members to accomplish things that could not be achieved by individuals working separately or by other kinds of work group. Teams are especially appropriate for conducting tasks that are high in complexity and have many interdependent subtasks.

### B. BENEFITS OF TEAMWORK: 1.FOSTERS CREATIVITY AND LEARNING

Creativity thrives when people work together on a team. Brainstorming ideas as a group prevents stale viewpoints that often come out of working solo. Combining unique perspectives from each team member creates more effective selling solutions.

What you have learned from your individual experiences is entirely different from your coworkers. Thus, teamwork also maximizes shared knowledge in the work place and helps you learn new skills you can use for the rest of your career. Collaborating on a project creates an enthusiasm for learning that solitary work usually lacks. Being able to share discoveries with the rest of your team excites employees and fosters both individual and team knowledge.

## 2. BLENDS COMPLEMENTARY STRENGTHS

Working together lets employees build on the talents of their teammates while your strength may be creative

thinking, a coworker might shine in organization and planning. Do not hesitate to share your abilities with the team.

## THE OBJECTIVES OF THE STUDY INCLUDE

1. To study the team work culture at hospital.
2. To analyze the factors influencing the effectiveness of teamwork.
3. To recommend measures to improve effectiveness of teamwork.

## 3. LITERATURE REVIEW

According to Reader et al(2009)<sup>1</sup> A systematic literature review on medical team training literature by summarizes these competencies as knowledge (shared task models ,situational awareness, teammate characteristics familiarity, knowledge of team goals and task specific responsibilities);skills(monitored, adaptability, backup behaviour, team leadership, conflict resolution, feedback, closed-loop communication) and attitude(team orientation, collective efficacy, shared vision, team cohesion, mutual trust ,importance of teamwork) competencies.

According to Xyrichis and Ream(2008)<sup>2</sup> proposes teamwork in healthcare as a dynamic process involving two or more healthcare professionals with complementary backgrounds and skills, sharing common health goals and exercising concerted physical and mental effort in assessing, planning, or evaluating patient care.

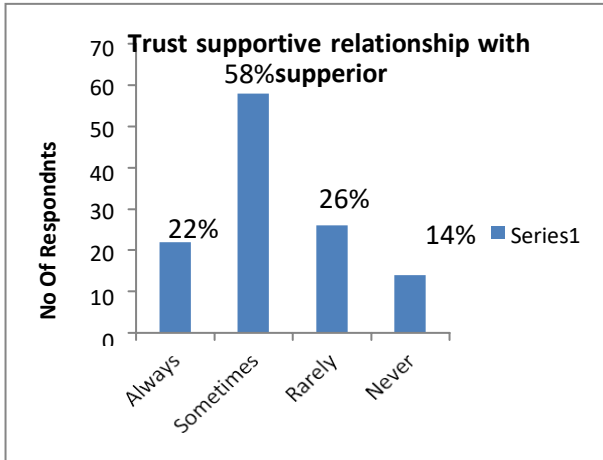
According to Wageman (2007)<sup>3</sup> "company's teamwork is the only way anything gets accomplished with quality and efficiency and a major reason why economic growth is under control and company's success is scrutinized by top management to achieve desired goal's.

## 4. METHODOLOGY

Research methodology is defined as the specification of methods for acquiring the information needed. Primary data were collected through survey method by distributing questionnaires. Simple percentage analysis was followed to analyze the gathered data, the tools used were correlation and one way annova.

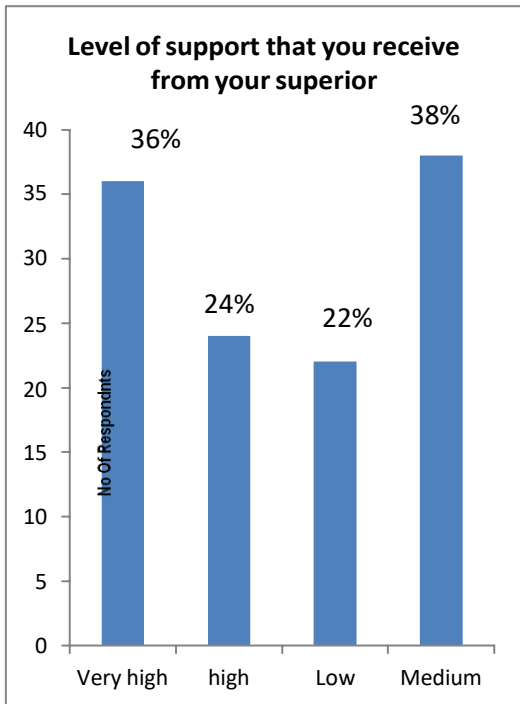
5. ANALYSIS

Chart I showing the demographic data of the respondents



From the above table it shows that 22% of respondents of trust and support within the team are always, 58% of respondents of trust and support within the team are sometimes and 26% of respondents of trust and support within the team are never and 14% of respondents of trust and support within the team are never.

Chart II showing the demographic data of the



From the above table, it shows that 36% of respondents where level of support from superior is very high, 24% of respondents where level of support from superior is high and 22% of respondents feel slow and 38% of respondents feel strongly medium with the level of support from the superior.

Table I shows Correlation between relationship with superior and supportive level of superior

CORRELATIONS			
		Relationship with superior	supportive level of superior
Relationship with superior	Pearson Correlation	1	-.132
	Sig.(2-tailed)		.149
	N	120	120
Supportive level of superior	Pearson Correlation	-.132	1
	Sig.(2-tailed)	.149	
	N	120	120

NULL HYPOTHESIS H0: There is no relationship between superior and supportive level of superior.

ALTERNATIVE HYPOTHESIS H1: There is relationship between superior and supportive level of superior. Significant values is .149, accept H0 (Null hypothesis)

The above table interprets significant difference between superior and supportive level of superior. As the significant value is .149, which is greater than 0.05, we accepted H0 and it is proved that there is no difference between relationship with superior and supportive level of superior.

**Table II showing the difference between groups and within groups of supportive level**

ANOVA					
Supportive level of superior					
	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	.150	3	.050		.948
Within Groups	47.975	116	.414		
Total	48.125	119			

In the following interpretation, H denotes Hypothesis

**NULL HYPOTHESIS:** There is no difference between superior and supportive level of superior.

**ALTERNATIVE HYPOTHESIS:** There is difference between superior and supportive level of superior.

The above table interprets the result significant difference between superior and supportive level of superior. As the significant value is .948, which is greater than 0.05, we accepted H0 and it is proved that there is no difference between the relationship with superior and supportive level of superior.

**6. MAJOR FINDING**

1.36% respondents a superior and supportive level of superior maintaining good relationship with their peers and 27% of the respondents are maintaining excellent relationship with peers 22% respondents are maintaining fair relationship 38% respondents maintaining poor relationship.

2.22% of respondents are getting high level of superior support and 58% of the respondents are getting very high level of superior and 26% of respondents are low level of superior support 14% of respondents are medium of superior level of support.

**THE RECOMMENDATION INCLUDE**

- 1) Should focus more on participation of all level employees in the team in order to enhance the employees satisfaction..
- 2) providing a weekly new tasks and support for innovation in order to enhance the employee competency level.
- 3) It is highly recommended that the team building exercise that are followed need to be properly or it might end up in a failure.

**7. CONCLUSION**

Teamwork needs respect, discipline, encouragement, performance, commitment towards the team and job. It leads to reduce the physical stress, resolve issue in frustrating situation and continuous work to improve health care in hospital. Hospital can concentrate more on employee relationship with peers and subordinates which increase the overall team efficiency, patient safety, patient satisfaction in hospital.

**8. REFERENCES**

1. Reader et al (2009) A teamwork and the creation effective teams within healthcare cited by 83- 2012;26(4-5);428-36
2. Xyrichis and Ream measures of benefits of teamwork. The principle aim of the present concept provides a definition of teamwork that contributed to understand healthcare.
3. Williams, 2007 performance and improving the satisfaction, effectiveness of teams, the team structure is a newer type of organizational structure, often seen as less hierarchical, in which individuals are grouped in teams.
4. Salas (2008) further, a review of teamwork training, training including training of medical teams, suggest that moderately positive relationship exist between team training interventions of cognitive, affective, process, and performance outcomes.
5. Hammick (2007) Even in such inter-professional learning, many successful interventions have focused on improvement in learners reactions, knowledge and skills, while only a few successful interventions, mostly in post basic education, assessed improvements in behaviour and patient care outcomes.
6. Walton (2004) teamwork is vital for some of these benefits. for instance, many of the errors in healthcare provisions, especially among trainers, have been the result of teamwork breakdowns.
7. Sharon Mican (2000) teams are significant tool promoting and managing change. These are shared definitions of teamwork and agreement on general benefits and limitation of working in teams. Teamwork has become an essential tool of quality management which links efficient. Organizations practice with high quality patient care. Teams are one of the most efficient ways of integrating individual patient concerns with the bigger organizations prespective.
8. Mickan and Rodger (2000) which describes team works input conditions transformed via optimum throughout processes into maximal output.
9. Benders (2001) indicated a positive effect of teamwork on quality, when considering management's perception of improved quality. It is worth nothing that the other studies measured performance mainly among autonomous teams and other working forms, while our research countries on the impact of team development on performance- In this respect, we consider a dynamic approach to teamwork in which potential differences among teams are viewed along with the various along with the various levels of empowerment achieved over time although these teams are organized according to the same concept.
10. Hall and Weaver (2001) Summarize team functions in healthcare in a continue from multidisciplinary to trans disciplinary depending on the degree of interaction among the members and the degree of responsibility for patient care.