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FACTORS INFLUENCING TEAMWORK PERFORMANCE AMONG HEALTH WORKERS IN UNIVERSITY COLLEGE HOSPITAL, IBADAN

Olajide, Adetunmise. Oluseyi.,Sowunmi, Christianah. Olanrewaju.,
Ojetola, Oluwabukola. Oluyemisi., Ogunmodede, Eunice. Oluwakemi.
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ABSTRACT

Beyond the shortfall in health workforce, the Nigerian health sector has particularly experienced a number of other lingering crises such as lack of teamwork among health workers, lack of team satisfaction among health workers, lack of proper communication between team, fairness in the treatment of employee which has affected the service delivery to patients in recent times. One of the factors that promote successful and effectiveness of health organizations or institutions is collaborative practice or teamwork among health professionals. This study investigates the factors influencing teamwork performance among health workers in university college hospital, Ibadan. A cross-sectional research design was adopted. The target population for this study are health workers in University College Hospital, Ibadan and a simple random technique was used to select 413 respondents. Questionnaire was used as an instrument for this study with reliability index of 0.79. Hypotheses were tested using Pearson correlation analysis. In this study, The findings of this studies revealed that Organizational structure ($r = 0.33$; $p < 0.001$), team trust ($r = 0.29$; $p < 0.001$), team cohesion ($r = 0.10$; $p < 0.05$) and team communication ($r = 0.12$; $p < 0.001$) are positively correlated with teamwork performance. Job satisfaction is the only factor that is not found to influence teamwork among the population studied. Based on the findings of study, it is recommended that health institutions should implement plan and implement strategies to update health workers on the important of good

communication, team cohesion and team trust among health workers, also to improve on the organizational structure, to promote harmonious relationship among health professionals and a proper reward system should be put in place for health workers to enhance job satisfaction.

Keywords; Organizational structure; Team trust; Job satisfaction; Team cohesion; Team communication

INTRODUCTION

Background to the study

Ensuring a good performance of health workers is one of the key components for provision of quality health care services in order to progress toward Millennium Development Goals target. Even though the number of skilled attendants at the health facilities increases, an assessment of providers' performance is needed to improve efficiency of services (De Bont, 2016). In order to meet these challenges, health care organizations in some developing countries first have to deal with a growing shortage of health care professionals (Ogilvie, 2014) as well as the limitations of individual health professionals from different specialties to address the complicated and complex health care needs of patients and clients (Bourgeault & Mulvale, 2016; Parker Oliver, Wittenberg-Lyles, & Day, 2016). It is essential for health providers to give quality care to their patients.

Teams are valuable organizational resources that are being used increasingly in organizations around the world. The

importance of teamwork efficiency therefore, has become an issue of serious concern to organizational theorists and administrators (Ololube, Nwokolo, Onyekwere & Kpolovie, 2013). Robert and Zheng (2012), for instance, argue that teamwork embraces the value of considering diverse points of view and looking at the entire system, rather than just its parts. This is supported by Robins (2015) contention that efficiency in hospitals is largely and increasingly achieved with serious reliance on teams set up to accomplish specific tasks. This approach is gaining in popularity because team building uses high-interaction group activities to increase trust and openness among team members (Dyer, 2016). The healthcare industry is not exempted from this growing emphasis on teamwork. Health teams are generally made up of nurses, doctors, pharmacists, laboratory scientists among other categories of health professionals. All are expected to work together to accomplish a shared objective, namely, the delivery of the best possible healthcare to the patient (Iyang, 2016).

It follows that since organizations rely on teamwork for their success, efficient inter-professional collaborative effort becomes a crucial tool for achieving organizational goals. In recent years, the success and effectiveness of health organizations or institutions that embrace collaborative practice has received considerable attention from both scholars and practitioners, hence this study's intention to investigate the factors influencing teamwork performance among health workers. The provision of healthcare services is indispensable, yet healthcare services in Nigeria are characterized by endemic inefficiency. Despite a sizable budgetary allocation for the improvement of healthcare service delivery, particularly at the interface of health workers and the patients, sector objectives are still going unmet (Harrison, 2012). One obvious manifestation of the real problems in this all-important sector

is the number of identifiable professional rivalries (Iyang, 2013). These rivalries exist across all healthcare institutions and sometimes lead to patient dissatisfaction with the entire system, resulting in higher patronage of patent medicine shops and private hospitals.

The apparently uncoordinated nature of work relations among health workers is also increasing at an alarming rate. In some cases, a lack of mutual trust and team cohesion among professionals may have resulted in the sub optimization of the goals informing this study. In this regard, Oandasan et al. (2016) argue that the achievement of objectives and teamwork performance has been frustrated by mistrust and personality clashes among different professional groups in the healthcare system. Furthermore, the difficulty of entrenching team spirit among members of different health professions has culminated in such problems as poor time management in patient handling, the underutilization of available resources, and in-cohesive work attitude among team members.

Considering this outcome and the need for mutual interdependence in any institution for goal congruence, Bulus (2016) argues that a necessary prerequisite for the efficiency of any healthcare program is the building of teamwork based on inter-professional collaboration. When team, perceive unfair compensation, and then they may be less likely to perform otherwise to the hospital. Organ (2013) suggests that perceived procedural unfairness alters team's relationship with the health organization from one of social exchange (that is, diffuse obligations based on reciprocal trust), in which citizenship behaviors are likely to be one of economic exchange (contractual obligations and precise terms of exchange), to one in which the team does only what is required. Choudhury (2014) cites Aquino that interactional justice is in action when the team lead gives an accurate performance rating. Thus, Greenberg (2014) asserts that fair treatment of workers in the

hospital gives them a feeling of job security and increases their level of productivity.

Autonomy given to a team in an organization will also improve team's productivity. Autonomy refers to freedom or independence to use power without any fear. It means giving freedom to the team to enjoy power of a position but within certain limits set by the organization. Management respects team member's feelings and encourages them to take responsibility. Autonomy increases with the responsibility of a person. The outcome of autonomy is the development of mutual respect between team members and the hospital and the confidence among health workers. Effective delegation can bring proper autonomy in the organizational climate also improve the productivity level of employees (Choudhury, 2014). Newman (2015) also defines autonomy as the ability of the health workers to determine the way and manner in which they carry out their job. It is an important intrinsic motivator and should be positively related to commitment as it helps to satisfy the internal psychological needs of the individual employees.

Based on this, we therefore, in this study, sets out to investigate the factors that influence teamwork performance among the health workers in the University College Hospital Ibadan, Oyo State. However, it is imperative to evaluate the existing processes that influence teamwork among healthcare professionals in areas of work design that have to do with interdependence, mutual trust and diversity in professional skills.

STATEMENT OF THE PROBLEM

Over 1 million incidents of patient harm occur in Nigerian hospitals each year (Institute for Health Improvement, 2016), with top performing hospitals operating with 40% fewer errors than the lowest performing hospitals. Observations have shown that approximately 70% of reported errors are

preventable and at least 50% of the errors that occur in healthcare are not reported (Leape, 2014). In Nigeria, across the different states, poor knowledge of team building and teamwork among healthcare workers are observed to have caused low quality of healthcare outcomes. While some authors think medical doctors are the major sources of these conflicts, others have blamed medical training programmes that set up a hierarchical model with other health professionals in a relatively subservient role. Poor quality of health outcomes as a result of inter-professional friction in healthcare arena is well documented in medical literature emphasizing the need for teamwork among health workers.

However, Nigeria obviously requires significant increase in the number of additional health workers to achieve desired population coverage. Beyond the shortfall in health workforce, the Nigerian health sector has particularly experienced a number of other lingering crises in recent times such as lack of team work among health workers, lack of team satisfaction among health workers, lack of proper communication between team, fairness in the treatment of employee which has affected the service delivery to patients. However, this study intends to investigate factors influencing teamwork performance among health workers in University College Hospital, Ibadan.

OBJECTIVES OF THE STUDY

The study sets out to determine the factors influencing teamwork performance among health workers in University College of Hospital, Ibadan, with the following objectives:

1. to determine the influence of organizational structure on teamwork performance among health workers
2. to determine the influence of team trust on team work performance among health

- workers
3. to assess the influence of job satisfaction on team work performance among health workers
 4. to determine the influence of team cohesion on team work performance among health workers
 5. to determine the influence of communication on team work performance among health workers

RESEARCH HYPOTHESIS

This research will be guided by the following research hypotheses:

1. There is a significant relationship between the organizational structure and teamwork performance among health workers in the University College Hospital, Ibadan
2. There is a significant relationship between team trust and team work performance among health workers in the University College Hospital, Ibadan
3. There is a significant relationship between job satisfaction of employee and team work performance among health workers in the University College Hospital, Ibadan
4. There is a significant relationship between team cohesion and team work performance among health workers in the University College Hospital, Ibadan
5. There is a significant relationship between communication and team work performance among health workers in the University College Hospital, Ibadan.

SIGNIFICANCE OF THE STUDY

The findings of this study will be of significant benefit to health workers, hospitals, policy makers and stakeholders in the field of

health. First and foremost, the finding might be of immense benefit to health workers in the sense that they might appreciate the effort of teamwork in carrying out their duties as well as reducing the stress they might encounter during the course of the operation and treatment. Furthermore, the finding of this study might be of high benefit to hospitals as there might be better policy in place to safeguard the health of the patients as well as reduce the human error, they are bound to commit in the course of delivering their services through the introduction of teamwork among health workers.

Further to this, the findings of this study will be useful to policy makers and stakeholders in the aspect of health design to make policies that will guarantee patients safety through collaborative efforts from health workers as poor patient outcomes stem from systemic failures in the delivery of care. While individual fallibility is noticed as a contributing factor in the occurrence of medical accidents, most human errors are induced by unaddressed latent failures that are built into the system and present long before a particular accident occurs.

Delimitation/Scope of the Study: This study focuses on factors influencing teamwork performance among health workers (all departments) in University College Hospital, Ibadan.

METHODOLOGY

Research Design: A cross-sectional research design is adopted for this study.

Research Settings: The study was conducted in University College Hospital situated in the Ibadan North Local Government Area (LGA). The University College hospital (UCH) was strategically located in Ibadan, then the largest city in West Africa which is also the seat of the first University in Nigeria. The physical development of the Hospital commenced in 1953 in its present site and was formally

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commissioned after completion on 20 November 1957. The justification for adopting these research settings is because of its convenience for reaching out to the total of 6050 health workers in University College Hospital.

Population of the Study: The population for this study comprised health workers such as Medical doctors, Nurses, Pharmacists, Physiotherapist, dentist, Ophthalmologist, Medical laboratory Scientists among others in University College Hospital, Ibadan, Oyo State.

Sample size determination: The sample size was calculated using Slovin's formula with $n = N/(1+Ne^2)$. Where (n) is the sample size given,

the (N) as the population size and a margin error.

$N =$ Total population of health workers at the University of Ibadan (6050)

$e^2 =$ The confidence level which is giving at 0.05 alpha level

$$n = 6050 / (1 + 6050 \times 0.05 \times 0.05) = 375.193$$

The sample size was however increased to 413 (additional 10% of 375) to make provision for no response and generalization of findings.

In order to determine the sample size for each category of health workers; $n_i = N_i/N$ (n); where

Clinic	Total number of subjects	
	N_i	n_i
Doctors	1100	75
Nurses	1800	123
Pharmacists	725	50
Physiotherapists	250	17
Dentists	300	20
Ophthalmologists	200	14
Medical Laboratory Scientists	590	40
Radiographers	85	6
Health attendants	600	41
Health record	150	10
Med Social worker	100	7
Dietician	80	5
Environ Health Officers	70	5
Total	6050	413

Sampling Techniques: The participants for this study include 413 health workers from different profession that were selected through simple random sampling technique by selecting various health Department in University College Hospital in Ibadan, Oyo State, Nigeria.

Instrumentation: Data was collected mainly by use of semi-structured questionnaire. The questionnaires contained both open ended and closed questions and comprise of three sections. The first part seeking to obtain general information on respondent's profile, the second part covers teamwork performance and the third part was devoted to the identification of factors affecting the teamwork performance among nurses at the University College Hospital.

Pilot Study: In other to ensure that the instrument measured what it was intended to measure, the instrument was pre-tested on 10% of the sample size (forty-one) health workers at Adeoyo Hospital in Yemetu

Psychometrics properties of the Instrument

Validity of the Instrument: In order to measure the extent to which the survey instrument has been able to achieve its aims, the process of content validity was employed using cross-examination and verification by experts in the field. The knowledge gained from other investigations, literature review, theoretical framework and the research method was used in validating the content of the instrument. These brought about the opportunity to check and test the items as the work progresses. Their suggestions were incorporated into the final draft of the instrument.

Reliability of the Instrument: A Cronbach's Alpha reliability test was used to determine the reliability of the instrument and the reliability index was found to be 0.79.

Data collection method: The researchers met with director at the various departments that participated in the study. The instrument was personally administered to the respondents by the researchers with the help of some research assistant at the designated department who were well trained on how to administer the questionnaire and get familiar with the instrument. The respondents were assured of their responses as the main reason for the questionnaire was meant for research purpose only.

Method of Data Analysis: The questionnaire was serially numbered for control and recall purposes. It was checked for errors and completeness. Data collected were analyzed using the IBM Statistical Package for the Social Science (SPSS) version 22. Descriptive statistics was used to analyze and summarize the data. Pearson correlation analysis was used to test the relationship between the variables.

Ethical Consideration: Approval for the study was obtained from the UI/UCH Ethics review committee. Also, informed consent was administered to respondent and they were assured of the confidentiality and anonymity of the information provided. Informed consent was signed by participants before administration. The right to refuse or withdraw from the survey was also explained to participants before administering the questionnaire.

RESULTS

Socio-demographic Characteristics of the study population

Table 1 shows the socio-demographic characteristics of the health workers. Mean age of respondents are found to be 36.48 ± 7.21 years. Majority 202 (48.9%) of respondents are within the ages of 31 – 40 years. Most of the respondents 277 (67.1%) are females, while few 136 (32.9%) are males. In terms of the ethnic group, more than half 294 (71.2%) respondents are Yorubas, followed by 106 (25.7%) been Igbos while few 4 (1.0%), 9 (2.2%) are Hausas and Edos respectively. A substantial number of respondents 331 (80.1%)

have BSc/HND/NCE as their educational level followed by 60 (14.5%) who have MSc. A large number of respondents 345 (83.5%) are Christians while few 66 (16.0%) are Muslims. A large proportion 351 (85.0%) are from a monogamy family background while few 62 (15.0%) come from a polygamous family background. Majority 117 (28.3%) of respondent's profession is Nursing. Most 71 (17.2%) respondents' department is clinical nursing. Majority 204 (49.4%) of the respondents' length of period worked is 5 - 10years, followed by 108 (26.2%) who work for more than 10 years while few 76 (18.4%) and 25 (6.1%) have worked for one (1) to four (4) years and less than one (1) year respectively.

Table 1: Socio-demographic Characteristics

Socio-demographics Characteristics	f (%)
Age	
20 - 30years	108 (26.2%)
31 - 40years	202 (48.9%)
41 - 50years	93 (22.5%)
> 50	10 (2.4%)
Mean \pm SD	36.48 ± 7.21
Total	413 (100.0%)
Sex	
Male	136 (32.9%)
Female	277 (67.1%)
Total	413 (100.0%)
Ethnic group	
Igbo	106 (25.7%)
Yoruba	294 (71.2%)
Hausa	4 (1.0%)
Edo	9 (2.2%)
Total	413 (100.0%)

Educational level

SSCE	7 (1.7%)
BSc/HND/NCE	331 (80.1%)
MSc	60 (14.5%)
PhD	2 (0.5%)
MBBS	9 (2.2%)
BMR (PT)	4 (1.0%)
Total	413 (100.0%)

Religion

Christianity	345 (83.5%)
Islam	66 (16.0%)
Traditional	2 (0.5%)
Total	413 (100.0%)

Family background

Monogamous	351 (85.0%)
Polygamous	62 (15.0%)
Total	413 (100.0%)

Length of period worked

Less than 1 year	25 (6.1%)
- 4years	76 (18.4%)
5 - 10years	204 (49.4%)
> 10years	108 (26.2%)
Total	413 (100.0%)

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Table 2 above shows that majority 123 (29.8%) of the participants are nurses followed by 75 (18.2%) who are doctors. Only 5 (1.2%) of

Dietician and Environmental Health Officers each participated in the study

Table 2: Distribution of participation among health workers

Profession	f (%)
Doctors	75 (18.2%)
Nurses	123 (29.8%)
Pharmacists	50 (12.1%)
Physiotherapists	17 (4.1%)
Dentists	20 (4.8%)
Ophthalmologists	14 (3.4%)
Medical Laboratory Scientists	40 (9.7%)
Radiographers	6 (1.5%)
Health attendants	41 (9.9%)
Health record	10 (2.4%)
Med Social worker	7 (1.7%)
Dietician	5 (1.2%)
Environ Health Officers	5 (1.2%)
Total	143 (100.0%)

TESTING OF HYPOTHESIS

Research Hypothesis H₀1: There is no significant relationship between the organizational structure and teamwork performance among health workers in the University College Hospital, Ibadan.

Table 3 shows the relationship between team work performance and organizational structure. Organizational structure was found to

be moderately correlated with team work performance ($r = 0.33$; $p < 0.001$). The p-value is less than 0.05 which shows a significant relationship between organizational structure and team work performance. Therefore, we accept the null hypothesis that state that there is no significant relationship between organizational structure and team work performance and reject the alternate hypothesis.

Table 3: Pearson correlation analysis to test the relationship between organizational structure and teamwork performance

Variable	Organizational structure	
	R	p-value
Team performance	0.33	<0.001

r = correlation coefficient

Research Hypothesis H₀2: There is no significant relationship between team trust and team work performance among health workers in the University College Hospital, Ibadan.

Table 4 shows that team trust correlated positively with team work performance ($r = 0.29$; $p < 0.001$). The p-value is less than 0.05

which shows a significant relationship between team trust and team work performance. Therefore, we accept the null hypothesis that state that there is no significant relationship between team trust and team work performance and reject the alternate hypothesis.

Table 4: Pearson correlation analysis to test the relationship between team trust and teamwork performance

Variable	Team trust	
	R	p-value
Team performance	0.29	<0.001

r = correlation coefficient

Research Hypothesis H₀3: There is no significant relationship between job satisfaction of employee and team work performance among health workers in the University College Hospital, Ibadan.

Table 5 shows that team satisfaction was not significantly correlate with team work

performance ($r = 0.01$; $p > 0.05$). The p-value was greater than 0.05, so there is no significant relationship between team satisfaction and team work performance. Therefore, we accept the null hypothesis that state that there is no significant relationship between job satisfaction and team work performance reject the alternate hypothesis.

Table 5: Pearson correlation analysis to test the relationship between job satisfaction and teamwork performance

Variable	Team satisfaction	
	R	p-value
Team performance	0.01	0.78

r = correlation coefficient

Research Hypothesis H₀4: There is no significant relationship between team cohesion and team work performance among health workers in the University College Hospital, Ibadan.

Table 5 shows that team cohesion does not correlate with team work performance ($r = -$

0.10 ; $p < 0.05$). The p-value is less than 0.05 which shows a significant relationship between team cohesion and team work performance. Therefore, we accept the alternate hypothesis that state that there is a significant relationship between team cohesion and team work performance and reject the null hypothesis .

Table 6: Pearson correlation analysis to test the relationship between team cohesion and teamwork performance

Variable	Team cohesion	
	R	p-value
Team performance	-0.10	0.04

r = correlation coefficient

Research Hypothesis H₀₅: There is no significant relationship between team communication and team work performance among health workers in the University College Hospital, Ibadan.

The result shows the relationship between team communication and team work performance. Team communication is observed to correlate

positively with team work performance ($r = 0.12$; $p < 0.001$). The p-value is less than 0.05 which shows a significant relationship between team communication and team work performance. Therefore, we accept the alternate hypothesis that state that there is a significant relationship between team communication and team work performance and reject the null hypothesis.

Table 7: Relationship between team communication and teamwork performance using Pearson correlation analysis

Variable	Team communication	
	R	p-value
Team performance	0.12	<0.001

r = correlation coefficient

SUMMARY OF FINDINGS

Mean age of respondents is found to be 36.48 ± 7.21 years. Majority 202 (48.9%) of respondents are within the ages of 31 – 40 years. Most of the respondents 277 (67.1%) are females, while few 136 (32.9%) are males. Majority 117 (28.3%) of respondent's professions are nursing. Majority 204 (49.4%) of the respondents have worked for 5 - 10years. Findings of the hypothesis tested show that Organizational structure ($r = 0.33$; $p < 0.001$), team trust ($r = 0.29$; $p < 0.001$), team cohesion ($r = -0.10$; $p < 0.05$) and team communication ($r = 0.12$; $p < 0.001$) are found to be positively correlated with team work performance. Job satisfaction is the only factor that is not found to influence team work performance among the population studied.

DISCUSSION

This study sets out to determine the factors influencing teamwork performance among health workers in University College of Hospital, Ibadan. The demographic characteristics reveal that the mean age of respondents is found to be 36.48 ± 7.21 years. This suggests a very young population recruited

into the study. A large proportion 202 (48.9%) of the study population are between 31-40 years which corroborate the report of Awases et al., (2013) carried out in Namibia. A similar study carried out in Japan by Saloda et al., (2017) reports a mean age of 31.2 ± 8.1 years. This suggests that the employable age range in Nigeria is between 31-40 years. Majority 277 (67.1%) of the respondents are females. The study carried out by Awases et al., (2013) and Saloda et al., (2017) also reports more females 105 (71.4%) and 24 (96.0%) respectively.

In contrast, Shouvik (2018) reports more males 73 (73.0%) than females. A large number of the respondents are Yoruba's 294 (71.2%), this is so because the study location is in South- West Nigeria, which is typically the home for this ethnic group. A large proportion is found to be Christians 196 (60.7%). According to this study, a large proportion of respondents 204 (49.4%) has between 5 – 10 years of work experience followed by 108 (26.2%) who have more than 10 years of work experience. Salode et al., (2017) also report greater than 4 years of work experience among the respondents. Similarly, Awese et al., report that majority of the respondents have between 11 – 15 years of work experience. This suggests

that the population involved in the current study have a good number of work experiences as reported by Shouvik (2018).

In this study, we observe that there is no significant relationship between team satisfaction and team work performance. This study further found no significant relationship between team satisfaction and team work performance. Paul and Timothy (2013) in their study to determine the relationship between team work performance and empowerment to patients' satisfaction also reported no significant relationship. Proctor-Childs, Freeman, & Miller, (2013) observe the benefit of team satisfaction and its relationship with team performance among healthcare professionals. They found that inter-professional team satisfaction among healthcare professional teams leads to improved professional development and increased performance between professionals working in two neuro-rehabilitation units (Proctor- Childs, Freeman, & Miller, 2013). Sharp and Yeager both found that team satisfaction is an outcome of collaborative practice which speed up the activity of health professionals and enhance their productivity.

This present study reveals a significant relationship between team communication and team work performance. The result of the present study shows a significant relationship between team work performance and team communication (OR = 1.59; CI=1.08-2.36). This suggests that any team with poor team communication is almost 2 times more likely to perform poorly than team with a good team communication. As it is been said, lack of communication creates situations where medical errors can occur. These errors have the potential to cause severe injury or unexpected patient death. Medical errors, especially those caused by a failure to communicate, are a pervasive problem in today's health care organizations. This is further confirmed in table 4.12 which shows a significant

relationship between team communication and team work performance.

The result of our study shows an inverse relationship between team cohesion and team work performance. This suggests that as the team cohesion score increases, team work performance reduces. The relationship between cohesion and team performance has been widely explored in a number of disciplines including anthropology, sports, and the military (Dion, 2000). Practically every study on the relationship between cohesion and performance results in a positive relationship between these two variables (Greer, 2010). However, this relationship has not been fully studied or explored in healthcare teams. The findings of this study add to the body of knowledge around the role of team cohesion on team performance of healthcare teams. A study by Sanko 2015 reports a statistically significant relationship between cohesion and team performance which contradict the result of this study. These findings add to, and support the consistency of this association found in other studies on the cohesion-performance relationship. These findings also illuminate the effect of cohesion on team performance as it relates to the care of a patient. Smith and Corner (2013) in their study discovered a positive correlation between the team cohesiveness of top management teams and organization's performance of team. A similar study carried out by Espinosa, Slaughter, Kraut and Herbsleb, (2017) found that lower levels of familiarity among team members are associated with lower levels of productivity. Again, Watson, Michelson and Sharp (2017) also found a similar relationship between effective decision making and familiarity.

SUMMARY AND CONCLUSION

The study has revealed the factors influencing teamwork performance among health workers in University College of Hospital, Ibadan. A cross-sectional research

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design was adopted for this study among 413 health workers such as Medical doctors, Nurses, Pharmacists, Physiotherapist, Dentist, Ophthalmologist, Medical Laboratory Scientists among others in University College Hospital, Ibadan, Oyo State. A semi-structured questionnaire was developed and used to collect vital information with the respondent's profile, teamwork performance and factors affecting the teamwork performance among health workers at the University College Hospital, Ibadan. Team work performance was reported to be poor among majority of the respondents 233 (56.0%). Factors observed to significantly influence team work performance among health workers include organizational structure (R=7.52; CI=1.65-34.36), team trust (OR=2.52; CI=1.27-5.01), team communication (OR=1.59; CI=1.08-2.36) and team cohesion (OR=1.54; CI=1.02-2.33).

RECOMMENDATIONS

Based on the study, the following recommendations were made:

1. Health services managers should put in place programmes that will help to update health workers on the important of good communication, team cohesion and team trust among health workers
2. Health managers should also endeavour to plan and improve on the organizational structure, to promote harmonious relationship among health professionals.
3. A proper reward system should be put in place for health workers to enhance job satisfaction.

LIMITATION OF THE STUDY

The response rate of the respondents affected the timely completion of the project.

Implication of the study for nursing practice

The findings from this study may have implications for nursing practices. Thus, there

is need for the management of health care organization to develop their organizational structure in order to improve the performance of health workers. Also, the individual team should develop trust, communication and cohesion within their team for an improved performance.

The study therefore suggests a holistic approach to improving team work performance using the factors that were identified.

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