

HEALTHCARE PROFESSIONALS ATTITUDE TOWARDS TEAM WORK AT CHILDREN CANCER HOSPITAL IN CAIRO

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ABSTRACT

Background: Providing patient care is a team effort that includes registered nurses, physicians, and many other healthcare professionals, optimum care can't achieve by person alone. Therefore, the collaboration between nurses and other professionals is critical for effective practice. Working together is essential, inevitable for effective care and achieving common goals between different disciplines.

Aim: the study aimed to assess the attitude of healthcare professionals' towards teamwork.

Design: A descriptive comparative design was utilized in this study.

Sample: The total study sample consisted of n=450 healthcare professionals composed of nurses (220), physicians (140) pharmacists (90).

Setting: the study was conducted in all departments in a children cancer hospital.

Tool: Data were collected by teamwork attitude questionnaire, it was composed of two parts: first; personal data sheet, second: Teamwork attitude questionnaire (include 54 items) with six dimensions.

Result: Physicians had more scores in leadership (84%) and work values (85.6%). Nurses had more scores in educational collaborative relations (91%), stress, and fatigue (76.3%). While pharmacists had more scores in confidence assertion (78.6%) and lower scores in leadership.

Conclusion: There was a positive attitude among healthcare professionals toward teamwork; physicians had the highest scores followed by nurses then pharmacists.

Recommendations: Create shared continuous educational, in-service programs and workshop especially these with a focus on teamwork and communication.

KEYWORDS: Health Care Professionals, Pharmacists, Nurses, Physicians, Teamwork, Team Work Attitude

INTRODUCTION

In recent years, several health care organizations tried to change their bureaucratic structure and traditional hierarchical to a team-based structure. Also, it is still true today that knowledge has become so complicated and specialized where no single personal can be efficient alone. There is transformed importance on the function of the team as health care

organizations are considered knowledge organization. Therefore, the only approach for them to be effectively productive is to work in teams. Accordingly, the focus changes for building knowledge work teams (Huber, 2014).

Patient care is provided by a healthcare team. However, distinctive healthcare is facilitated via a collaborative approach including medical practitioners, nurses, pharmacists, allied and other health professionals (Mosser, & Begun, 2014). Together, they deliver a wide range of services, from public health and preventive services in the community, to primary health care emergency health services, hospital-based treatment in free and private hospitals, rehabilitation and palliative care (Taplin, Foster & Shortell, 2013).

Maun, Engstrom, Frantez, Bramberg and Thorn, (2014) stated that teamwork in healthcare is an ongoing process of healthcare professionals with different backgrounds and qualifications sharing common health organizational goals and practicing intensive efforts in patient care through interdependent open communication, collaboration and sharing decision-making. Also, it involves identification of the role of others within, and outside the team and referral to other professionals if required. In addition, Murdoch, et al, (2018) noted that team-based health care is the delivery of health services to individuals, families, and their communities by at least two health professionals who work collaboratively with patients and their caregivers to the extent preferred by each patient as well as to accomplish shared goals within and across organizations to achieve coordinated, high-quality care.

Teamwork has a vital role in any organization or works as performance can be better through enhanced productivity, quality, and better patient care. It can be cost effective by reducing errors and employees' turnover, as employees will feel that, they are valued and are contributing on the way to accomplish the goal (Vati, 2013). On another hand, team-based culture enhances innovation creativity and flexibility. It provides a sense of self-control, worth, and fulfillment that the team members strive for. In addition, it supports employees with an opportunity to gain respect and self-recognition for managing themselves (Salas, Shuffler, Thayer, Bedwell & Lazzara, 2015).

However, teamwork promotes a leaner structure and less hierarchy. As the members interact with each other teams and create a learning environment, they have the ability to solve the problem and make a decision together. The team becomes more self-managed and the need for excessive hierarchy reduced (Weaver et al, 2014). Teams are the building blocks for any organization. It carries the insight of cooperation, togetherness, interdependence, sense of community and participation of achievement and failure (World Wide Organization, 2013, Vati, 2013).

Previous researches reported that there are many barriers interfere with the successful teamwork integration among health care professionals. These barriers include; unclear blurring or goals of professional identities, roles and responsibilities, lack of trust between each other's areas of expertise and competence, failure to exchange of free and open information, disruptive behavior, inter-professional relationship conflict as well as educational factor and generational differences (Tsisis, Evans & Owen, 2012, Yang, 2014, Steihaugm, Johannessen, Adnanes, Paulsen, and Mannion, 2016).

Speroff et al, (2010) clarified that attitudes towards human factors/non-technical skills significant to patient safety are formed not only individually, but it is also influenced by group characteristics such as profession, organization, and culture. Also, attitudes are strongly affected by the organization and medical systems. Gallego, Westbrook, Dunn, and Braithwaite, (2012) emphasized the importance of training healthcare professionals to recognize the importance of human factors and to build up appropriate management methods across departments and units all the over country which

is reflected in the health care management.

However, Park et al, (2013) mentioned that an attitude is one of the critical component of inter-professional teamwork. Successful inter-professional teamwork is affected by an attitude towards collaborations, as the attitudes of professionals from one discipline influence how they recognize and behave to professionals in other disciplines. Also, Greenwald, Brock, and Ostrom, (2013) reported that positive attitudinal shifts increase in enthusiasm to work as a team and a decreasing in errors ascribed to enhanced communication. According to Guido, (2013) stated that one of the factors identified as the main influence on effective multi-disciplinary teamwork is the attitude of healthcare professionals toward teamwork. Therefore, it is important to recognize the attitudes of those professionals who are part of multi-disciplinary health teams.

In contrary, Negative attitude between the health care professional can elevate medical errors, decrease patient satisfaction, increase the costs of care and drive qualified nurse, other practitioner and managers to find for new positions in more professional situations (Ghiyasvandian, Zakerimoghadam&Peyravi, 2015, Park et al, 2013). Guido, (2013) mentioned that negative attitudes prevent effective teamwork. Negative or competitive attitudes towards multi-disciplinary teamwork consider as barriers to optimal patient outcomes, recognizing the attitudes of all members of the team towards teamwork are important. Therefore, this study aimed to assess healthcare professionals' attitude towards teamwork.

SIGNIFICANCE

Teamwork is vital to the health care industry for many reasons, as it can help health care workers to achieve the ultimate goal of providing safe, efficient, and quality of care to patients. Health care providers working together effectively as a team tend to make fewer errors than those working independently and more positive outcomes may result (Valentine, Nembhard& Edmondson, 2015). These may include a decrease in inappropriate referrals, timely preparation for discharge, coordination, and agreement on health services and discharge planning. In addition, teamwork can lead to a more comfortable work environment, sense of value and respect by team members, improved staff retention rates, and increased institutional supports. Negative aspects of care may also decrease due to improved collaboration, such as health care costs due to duplications, length of stay, medical complications, errors, mortality rates and tension on health care teams within a health care facility (Parush et al, 2014).

According to the American Association of nursing college has joined with five associations of health professions to establish an expert panel which inspired by a shared vision of inter-professional practice for safe, high-quality, accessible, patient-centered care, as a commitment for develop inter-professional competencies with health profession students who are seen as a key for preparing the future workforce (Inter-professional Education Collaborative Expert Panel, 2011).

Lozano et al, (2012) stated that poor teamwork and failure to share timely information is one of the leading causes of death in populations. According to Joint Commission International (JCI), about two-thirds of sentinel events reported in 2011 had their root cause analysis in communication and teamwork failure (Weaver, Callaghan &Brandman, 2014). In addition, evidence and many studies indicate that collaborated and coordinated care improves quality of care, influence in patient outcomes in positive ways and decreases costs (TJC, 2016). Page, Lederman, Kelly, Barry & James, (2016) pointed that poor collaboration and coordination among team members of health care teams in cancer care, such as failure to share information between team members lead to a greater number of medical errors, omissions, delays, and overall poor

patient outcomes.

Teamwork is especially important for the patient with cancer, who commonly receives complex and potentially toxic treatments involving many different care professionals. Researches in operating rooms, intensive care units and general medicine units have validated the existence of discrepant view on the collaboration between healthcare professionals. However, little is known about teamwork and collaboration in oncology departments (Weaver, Callaghan & Brandman, 2014). The literature offers little researches in Egypt regarding the phenomena of interest as a study done by El Sayed & Sleem, (2011) revealed that the nurse has more positive attitudes toward nurse-physician collaboration than physicians. Also, investigator observes that hospital system support teamwork's concept, therefore studying the attitude of healthcare professionals will shed light on the critical information for healthcare improvement.

AIM OF THE STUDY

The aim of the present study was to assess the attitude of healthcare professionals' towards teamwork.

METHODS

Research Design: A descriptive comparative design was be utilized in this study

Setting: The study was conducted in all departments in children cancer hospital 57357 in Cairo. It belongs to institutions based on donation. The hospital bed capacity is 300 beds.

Sample: the total number of studied sample was (450), sample size calculated according to Solvin's formula and composed of three groups as follow: nurses (n=220), including (17) head nurses, (70) charge nurses, (124) staff nurses and (9) anesthesia technicians. Second group: physicians (n=140) including (29) residents, (67) physicians and (44) consultants including their different categories of educations and specialties. Third group: pharmacists (n=90), (9) including supervisors, (4) pharmacists on charge and (77) staff pharmacists included clinical and nonclinical pharmacists available at the time of the study who were working in the different departments in the hospital.

Tools: Data was collected by using a teamwork attitude questionnaire. It composed of two parts:

First Part: is personal characteristics data sheet that was being developed by the researcher anonymously to collect different personal data such as age, gender, job title, educational level, years of experience, working unit for nurses and pharmacists and specialty for physicians.

Second Part: is teamwork attitude questionnaire that was developed by the researcher based on previous work of Flin, Fletcher, McGeorge, Sutherland, and Patey, (2003) and Ward, et al (2008) to assess attitudes towards teamwork. It includes (54) items and divided into as (6) domains: leadership structure and organizational climate (8 items), confidence-assertion, educational and collaborative relationships (7 items), stress and fatigue (12 items), teamwork climate (9 items), work values (11 items).

Scoring System: teamwork attitude questionnaire responses scored against 3-point likert scale, agree = (3), neutral = (2), disagree = (1). Total scores were expressed in percentage as following: Negative (<50%), moderate (50%-75%) and positive (>75%).

Tool Validity and Reliability: The tool was translated into Arabic and was tested for its content validity by five experts from nursing administration department in nursing faculty and selected hospital. Based on experts' recommendations, some changes in Arabic translation had been made at the data collection tools for some items. Cronbach's Alpha test was done for study tools. The calculated reliability was (0.70) for the teamwork attitude questionnaire which considered accepted as supported by (Tavakol&Dennick, 2011, Abraham & Barker, 2014, Taber, 2017).

Pilot Study: - A pilot study was collected from (22) nurses, (14) physicians and (9) pharmacists to test the reliability of the tool. Accordingly, no modifications were done in the questionnaire. Therefore, the pilot sample included.

Procedure:- An official permission to conduct the study was obtained from the ethical committee at the faculty of nursing Cairo-University and scientific medical advisory committee in selected hospital after explanation of the study' aim. The aim, nature, and significance of the study were explained for every eligible nurse, physician and pharmacist to obtain their acceptance to participate in the study. Then the participants' acceptance was obtained in a written form.

- Tools were distributed to the study nurses, physicians, and pharmacists. The time needed to complete the scale was 30 minutes.
- Data was collected during the morning, afternoon shift and long day shift in two days per week for nurses, pharmacists, and physicians from different specialties. In addition, the data was collected from the resident, physicians, and consultant in pediatric oncology specialty, one day per week at morning shift.
- Data was collected over four months from August to November 2017.

Ethical Consideration: An official permission to conduct the present study was obtained from the ethics committee in the faculty of nursing to carry out the study. All participants interviewed for explaining the purposes and procedures of the study, and they assured for the right to withdrawal from the study at any time during the study. Written consent to participate was assumed by participants of filling questionnaire sheet.

Statistical Analysis: Computerized data entry and statistical analysis were fulfilled using the statistical package for social sciences (SPSS) version 20. Data were presented using descriptive statistics in the form of frequencies percentages, means and standard deviations for quantitative variables. Quantitative data were compared using the student t-test in case of comparisons between the two groups. Statistical significance was considered at p-value <0.05. Person correlation analysis was used to represent correlation among different dimensions of study tool.

RESULTS

Table 1: Distribution of Study Sample According to their Personal Characteristics

Variable	Values	Nurses (n= 220)		Physicians (n= 140)		Pharmacists (n= 90)	
		No.	%	No.	%	No.	%
Gender	Male	78	35.5	85	60.7	54	60.0
	Female	142	64.5	55	39.3	36	40.0
Age(years)	20-<30	143	65.0	23	16.4	74	82.2
	30-<40	54	24.5	96	68.6	16	17.8
	40-<50	22	10.0	11	7.9	0	0
	50-60	1	0.5	8	5.7	0	0
	>60	0	0	2	1.4	0	0
	Mean		29.5		34.7		26.7
Job title of nurses	Staff nurse	124	56.4	-	-	-	-
	Nurse in charge	70	31.8	-	-	-	-
	Supervisor	17	7.7	-	-	-	-
	Other	9	4.1	-	-	-	-
Job title of physicians	Resident	-	-	29	20.7	-	-
	Specialist	-	-	67	47.9	-	-
	Consultant	-	-	44	31.4	-	-
Job title of pharmacists	Pharmacist	-	-	-	-	77	85.6
	Supervisor	-	-	-	-	9	10.0
	Pharmacist in charge	-	-	-	-	4	4.4
Work place for nurses and pharmacists	ICU	24	10.9	-	-	4	4.4
	Emergency	17	7.7	-	-	2	2.2
	Outpatient	13	5.9	-	-	10	11.1
	Other	166	75.45	-	-	74	82.2
Education	Nursing diploma	41	18.6				
	Technical Institute degree	39	17.7				
	Bachelor degree	127	57.7	7	5.0	79	87.8
	Masters	13	5.9	79	56.4	11	12.2
	PhD	0	0	53	37.9	0	0
Specialty for physicians	Pediatric oncology	-	-	51	36.4	-	-
	Surgical oncology	-	-	17	12.1	-	-
	Orthopedic surgery	-	-	6	4.3	-	-
	Neurology surgery	--	-	14	10.0	-	-
	Other	-	-	52	37.14	-	-

Table (1) describes personnel characteristics of the study sample. The total number was 450 of which 220 were nurses, 140 physicians, and 90 pharmacists. Regarding gender, (64.5%) of nurses were female, (60.7%) of physicians were male, while (60%) of pharmacists were male. Also, about two third (65%) of nurses and the majority (82.5%) of pharmacists were in the age group ranged between (20 - < 30) years. While (68%) of physicians were in the age group between (30- < 40) years.

Regarding educational level more than half of nurses (58 %) had a bachelor degree, while, the lowest percent (6%) had master degree of nursing. In addition, table (1) shows that more than half (57%) of physicians had master degree, while, the lowest percent (5%) of them had a bachelor degree. According to pharmacists, the majority (88%) of them had a bachelor degree, while, (12.2%) had a master degree.

Moreover, the above table illustrates that (56.4%) of nurses' job title were staff nurses and (7.7%) of them were supervisors. About half (47.9%) of physicians were specialists and (20.7%) of them were residents. According to pharmacists, the highest percentage (85.6%) were staff pharmacists and the lowest (4.4%) of them were pharmacists in charge. Data in the table (1) also presents that the majority (77.1%) of physicians were surgeons and pediatric oncologist, less than half (42.7%) of nurses work in inpatient departments and the highest percentage (82.2%) of pharmacists work in a pharmacy.

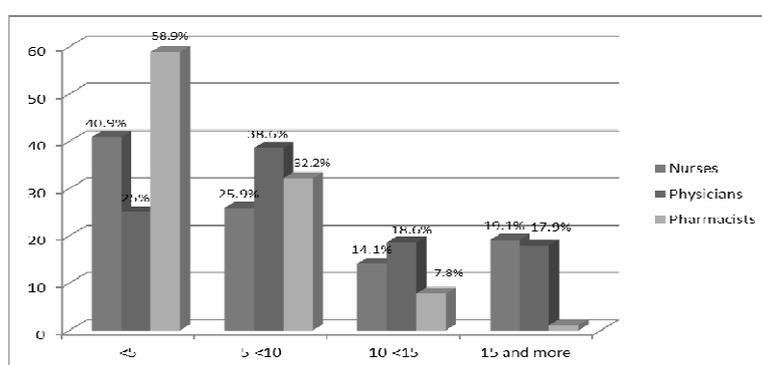


Figure 1: Frequency Distribution of the Study Sample According to their Years of Experience (n= 450)

Regarding experience, as shown in figure (1), more than one third (40.9%) of nurses had less than 5 years of experience and (38.6 %) of physicians had (5- 10) years of experience. While more than half of pharmacists (58.9%) had less than 5 years of experience.

Table (2) table shows that there were statistical significance differences in mean scores of nurses, pharmacists, and physicians regarding leadership structure and organizational climate ($F=6.511$, $P=.002$), confidence–assertion ($F=4.235$, $P=.015$), Stress and fatigue ($F=3.730$, $P=.025$), and Work values ($F=6.826$, $P=.001$). While there were no statistical significance differences regarding educational and collaborative relationships and teamwork.

Table 2: Mean and Mean Percent of Nurses, Physicians, and Pharmacists Regarding Domains of Attitude Towards Teamwork (n=450)

Domains	Nurses			Physicians			Pharmacists			F-Value	p-Value
	Mean	SD	M%	Mean	SD	M%	Mean	SD	M%		
Leadership structure and organizational climate	2.50	0.22	83.3	2.52	0.20	84	2.42	0.22	80.6	6.511	.002*
Confidence–assertion	2.08	0.24	73.3	2.06	0.24	74.6	2.15	0.25	78.6	4.235	.015*
Educational and collaborative relationships	2.62	0.20	91	2.59	0.21	87.6	2.65	0.20	86	2.831	0.06
Teamwork	2.10	0.23	76.6	2.07	0.16	77.3	2.08	0.17	78.6	.899	0.408
Stress and fatigue	2.62	0.18	76.3	2.20	0.20	68.6	2.18	0.20	69.6	3.730	.025*
Work values	2.50	0.21	85	2.57	0.17	85.6	2.49	0.19	83	6.826	.001*
Total	2.34	3.46	78	2.335	2.58	77.8	2.33	3.11	77.6	.809	.446

Table 3: Comparison between Nurses, Physicians, and Pharmacists Regarding Levels of Attitude towards Teamwork (n=450)

Levels	Nurses		physicians		pharmacists		Total	
	No.	%	No.	%	No.	%	No.	%
Low (<50%)	-	-	-	-	-	-	-	-
Moderate (50%-75%)	45	20.5	17	12.1	24	26.7	86	19.2
High (>75%)	175	79.5	123	87.9	66	73.3	364	80.8
Total	220	100	140	100	90	100	450	100

Table (3) shows that all of the studied sample had a positive attitude towards teamwork domains. As it is clear that physicians had the highest scores followed by nurses then pharmacists.

It is clear from the table (4) that there was a statistical positive direct relation between attitude towards leadership structure and organizational climate and educational and collaborative relationships ($P=0.001$), stress and fatigue ($P=0.02$), and work values ($P=0.001$). Also, There was a statistical positive direct relation between attitude towards educational and collaborative relationships and stress and fatigue ($P=0.02$), and work values ($p=0.01$). In addition, there was a statistical positive direct relation between attitudes towards stress and fatigue and work values ($p=0.04$).

Table 4: Correlation Matrix between Domains of Attitude towards Teamwork

Domains	Leadership Structure and Organizational Climate		Confidence–Assertion		Educational and Collaborative Relationships		Teamwork		Stress and Fatigue		Work Values	
	r	P	r	P	R	p	r	p	r	p	r	p
Leadership structure and organizational climate	1	-	-	-	-	-	-	-	-	-	-	-
Confidence–assertion	-0.08	0.08	1	-	-	-	-	-	-	-	-	-
Educational and collaborative relationships	0.1	0.001*	0.08	0.08	1	-	-	-	-	-	-	-
Teamwork	0.008	0.8	-0.03	0.5	0.07	0.1	1	-	-	-	-	-
Stress and fatigue	0.1	0.02*	0.003	0.9	0.1	0.02*	0.05	0.2	1	-	-	-
Work values	0.1	0.001*	-0.05	0.2	0.1	0.01*	-0.07	0.09	0.09	0.04*	1	-

*significant at $p<0.05$

DISCUSSION

Effective teamwork and good communication are critical factors for patient safety in today's specific and complex healthcare. Where shortage of nurses and other healthcare professionals requires team approaches to guarantee safety and seamless transition all over segments of health system management (Taplin, foster&Shortell, 2013).

Result of the present study revealed that there was a statistical significance difference between the studied sample mean percentage scores regarding leadership structure and organizational climate domain, in which physicians had the highest positive attitude compared to nurses and pharmacists. This may be due to the nature of service provided by the setting, as cancer patient needs more specialized care that required more medical involvement in direct care. The result of the current study was matched with Samsuri, Lin and Fahrni, (2015) who reported that the majority of pharmacists had a positive response towards perceptions of leadership. However, the result was contradicted to France, (2010) who found that the healthcare profession participants' scores were significantly lower towards leadership and organizational climate. In addition, Muller et al, (2018) who found that nurses were less satisfied with organizational climate.

Regarding confidence-Assertion, the study's results showed positive attitude towards confident assertive attitude, while, there was a statistical significance difference between the studied sample mean percentages scores regarding confidence assertion domain. In which, the pharmacists had the highest mean percentage scores compared to physicians and nurses. The results of our study revealed that awareness of junior staff to speak up, this could increase the assertive attitude, which improves attitude to multidisciplinary team working, increased information sharing, tendency to report the incident. Also, this reflects the non-punitive culture entire hospital, in which junior staff feels comfortable to report and express as well as voice different opinions without fear about errors from senior staff.

The result was matched with a study done in New Zealand by Robb and Seddon, (2010) and in the United States by Profit et al, (2016) who found that there were high scores towards assertion, communication openness and reporting with feedback by nursing, medical and pharmacy profession. Additionally, in Egypt Mohamed, Nabawy and Aly, (2017) found that nurses had a positive response towards confidence-assertion. Sivanandy et al, (2016) found that the majority of pharmacists demonstrate assertive behavior towards reporting errors. On the other hand, Hansson, Arvemo, Maklund, Gedda, and Mattsson, (2009), contradicted to these results; they explored that nurses are more confidence than general practitioners.

The result revealed that there was no statistical significance difference between the studied sample mean percentage scores regarding educational and collaborative relationships. The majority of the studied sample had a positive attitude towards educational and collaborative relationships with regarding that nurses had the highest mean percentage scores compared to physicians and pharmacists. From the researcher point of view, healthcare professionals realize the need to collaborate with each other in a safer, efficient and timely manner in order to assess as well as address healthcare needs of patients as individuals, families, and community. In addition, high nurses scores can be attributed as awareness of nurses with the patient condition due to regular assessment and follow up for their patient. On the same line to the previous results, sterchi, (2007), Taylor, (2009), Garber et al, (2009) found that nurses had a positive attitude towards the collaborative and educational relationship between nurses and physicians relationships.

Concerning teamwork domain, the study's results revealed that there was no statistical significance difference between the studied sample mean percentage scores. The majority of the studied sample demonstrated a positive attitude towards teamwork domain. This indicates that healthcare professionals hold positive values of teamwork, which reflected on effectiveness in process of care and their satisfaction level. Also, they value the need to coordinate more, gain feedback to each other, communicate orally and report to each other, so they can see the concept of teamwork was more applied in this hospital. The result of the current was supported with Kim et al, (2016) who reported that the majority of participants hold a positive attitude towards teamwork in South Korea. Additionally, in Ghana, Smiley et al, (2018) noted that healthcare professional had a higher positive perception about teamwork environment.

Concerning stress and fatigue domain, the result revealed that there was a statistical significance difference between the studied sample mean percentage scores regarding stress recognition, in which nurses had the highest mean percentage scores compared to pharmacists and physicians. This could be related to the realization of nurses to their critical role in patient care and to work hard. In addition, the nature of the service provided by the setting as nurses accommodates to work in stressful situations without committing errors. Nurses are significant players in facilitating the transition from hospital to home for children and families; they spend more time in contact with children and families in comparison to all

other healthcare professionals (Breneol, Hatty, Bishop, & Curran, 2018). Weiss et al., (2014) pointed that nurse has a privileged role in patient care, which puts them in a unique position to identify and revise any errors in the discharge plan before discharge happens.

Result of the current study was matched with Bagnasco, et al (2013), Rutherford, Flin, Irwin McFadyen, (2015), Kristensen, et al (2015) who reported that healthcare professionals rated positive attitude towards teamwork. Norden-Hagg et al, (2010) also found that the majority of pharmacists had a positive attitude towards teamwork climate.

As regard to work values domain, the result of the current study revealed that there was a statistical significance difference between the studied sample mean percentage scores. In which, the physicians had the highest mean percentage scores followed by nurses then pharmacists. The result was supported by Roland et al, (2011) who found that the majority of physicians supported positive attitudes towards professional values. In addition, Chisholm-Ford, Anderson-Johnson, Waite, and Garriques-Lloyd, (2016) who found that there were high scores towards professional values among nurses in Jamaica. Furthermore, Lombarts, Plochg, Thompson and Arah, (2014) reported that nurses and physicians scored equal attitude towards professional work values in Europe.

The current study findings indicated that there was a statistically positive relationship between attitude towards leadership structure and organizational climate with educational and collaborative relationships, stress and fatigue and work values, as high attitude towards leadership structure and organizational climate result in high levels educational and collaborative relationships, stress and fatigue and work values. The result was supported by Norden-Hagg, Sexton, Kalvemark-Sporrong, Ring, and Kettis-Lindblad, (2010) who found that most of the attitude domains were highly correlated to each other.

Furthermore, a statistically positive relationship was found between attitude towards educational and collaborative relationships and stress and fatigue and work values, as high attitude towards educational and collaborative relationships result in high levels educational and collaborative relationships, stress and fatigue and work values.

Moreover, a statistically positive relationship was found between attitude towards stress and fatigue and work values. The result was contradicted to Kristensen, Sabroe, Bartels, Mainz, and Christensen, (2015) who reported that all domains of attitude questionnaire correlated negatively with stress recognition domain. Also, Norden-Hagg, Sexton, Kalvemark-Sporrong, Ring, and Kettis-Lindblad, (2010) found that stress recognition correlates with work climate negatively. On another hand, the current study findings indicate that there was no significance relationship between teamwork domain and attitude towards domains of leadership structure and organizational climate, confidence- assertion, educational and collaborative relationships, teamwork climate, stress and fatigue, and work values.

This result was supported by Cui et al, (2017) who found that there were no significance correlations between teamwork domain and other domains of attitude questionnaire. Also, there was no significance relationship between confidence assertion and attitude towards the entire domains of teamwork. This result was contradicted to Gabrani, Hoxha, Simaku, and Gabrani, (2015) who found that there was a higher correlation between teamwork and management perception and organizational climate and stress recognition wasn't significantly related to any subdomains. The result of the current study revealed that there no significance relationship between work values and attitude towards entire domains of teamwork.

CONCLUSIONS

There was a positive attitude among healthcare professionals toward teamwork; physicians had the highest scores followed by nurses then pharmacists.

RECOMMENDATION

Based on the findings of the present study, the following recommendations were Deduced:

- Hospital administration should enhance teamwork culture by designing workshops, continuous education programs, seminars that focusing on the concept and importance of teamwork to enhance the mutual relationship and more engagement of healthcare professionals with each other.
- Enhance face-to-face communications between healthcare professionals through inter-professional rounds in patients' units to motivate more inputs and involvement from junior healthcare professionals.
- Design workshops and training programs for a coping mechanism to work-related stressors in healthcare.
- Replication of the current study in other different governmental and private hospitals with a large sample to compare and generalize of results.
- Further studied should be done on pharmacists' engagement in the healthcare team.

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