

A study on the mediating effects of teamwork in the care team

Byung-Nam Yu*

*Department of business administration, Wonkwang University

진료팀에 있어 팀워크의 중재효과에 관한 연구

유 병 남*

*원광대학교 경영대학 경영학부

Abstract

의료조직의 팀제는 산업계의 팀과는 다르다. 산업계의 팀 구성원들이 팀원으로서 단일의 지위, 책임, 직무를 가지고 있고, 팀장에 의하여 평가받을 것이다. 그러나 의료조직의 진료팀 구성원들은 일반적으로 팀 구성원과 기능적 부분의 구성원으로서 이중의 지위, 책임과 의무를 유지하고 있다. 그렇기 때문에 진료팀에 있어서는 상호간의 의사소통을 활성화시킬 수 있는 더욱 향상된 노력이 필요하고 다양한 분야의 전문가들을 통합할 수 있는 임파워먼트된 리더십이 필요한 것이다. 실증분석은 대학병원에 소속되어 있는 진료팀 구성원들에 대한 조사를 통하여 수집되었다. 실증분석 결과는 정교하게 설계된 팀 전략이 적용되어야 함을 제시하고 있다. 팀 구성원들은 팀 요인이 확인되어야 하고 리더십과 의사소통에 의하여 검토되어야 하는 개념으로 인식하는 것으로 분석되었다. 즉, 팀 요인은 필요조건이고 팀 요인에 기반한 팀 과정이 팀 성과를 향상시키는 충분조건이라는 것이다.

Keywords : 진료팀, 팀 구축, 인과모형

1. Introduction

Nowadays, team-based management has become a keynote to success for organization. Several empirical researches supported the effectiveness of team (Amundson, 2005; Alexander, et al., 2005). The nature of modern work environment has pushed the introduction of team as an solution to increase the competitiveness (Arber, 2008). Team can contribute better productivity when members cooperate in the team activity as a whole (Salas & Baker, 2006). As organizations have increasingly restructured by means of

team, many papers have begun to survey at the dynamics of factor and causality that can be connected with team effectiveness (Kirkman et al., 2001).

However, healthcare's traditional culture of individualism and authoritarianism generally restrains the team's capability and cooperation (Bokhour, 2006). To solve those limitations, team strategies have to be applied by a methodology with systematic interrelations among the connected variables (Jünger et al., 2007). In fact, a simple regression model induces many limitations (Peterson, 2005). With these perspectives, this paper has the purposes of research

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† 교신저자: 유병남, 전북 익산시 신용동 344-2 원광대학교 경상대학 경영학부

M · P: 010-3119-6252, E-mail: youbn@wku.ac.kr

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First, this paper tries to research the cause and practices, limitations and problems of multidisciplinary care team in medical organizations. Second, this paper analyzes the team dynamic causality by empirical methodology. Finally this research designed by confirmatory research analysis in order to compare the prior study of researcher(Yu, 2010).

2. Research framework

2.1 Conceptual framework

There are many papers that team-based organization can improve operational performance, and affect to patient satisfaction(Grumbach & Bodenheimer, 2004). Team effectiveness is a matrix of both task-issues and teamwork dynamics.

Therefore, well-functioned strategies have the power to increase the team effectiveness(Kimberly et al., 2008). But, in the past, there have been considerable disputes on the relation structure between conflict and performance. Those are task-based conflict and relation-based conflict.

Nowaday, growing concerns in the research sphere to approach that, although relation-based conflict decrease team effectiveness, task-based conflict can be positive to team productivity(e.g., De Dreu & Weingart, 2003). Moreover, Schulz-Hardt, Jochims & Frey(2002) emphasized that teams made better behaviors when communication had been in disagreement relative to agreement. On hand, some researchers stressed the negative structure between conflict, productivity, and satisfaction(De Dreu & Weingart, 2003; Pearce, Gallagher, & Ensley, 2002).

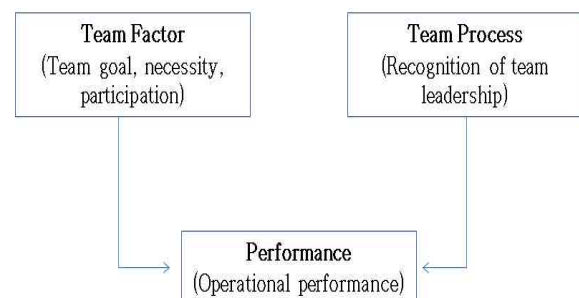
Team factor means the cognition or existence that makes 'team'. If a team's member exactly knows his job, role, and skill in the team, his behavior and action will be positive either. On the other hand, although a team is existed, the team's member didn't know on the what is his job, why team is formed, his behavior and performance in the team will be declined. It is difficult to predict the productivity in those environment.

Therefore, The first condition for team is not a formal

team but a real team. Those are "team member's cognition and understanding on the team goal, necessity, and participation" and "a degree of agreement about role, value, target as a team member"(Yu, 2010).

Team process means the leader's efforts or concerns that contribute a 'teamness' on the team. Especially, if a care team exists without leadership, it is difficult to combine the cross-professional skills, experiences, and informations. And, it is difficult to treat the patients systematically. Also, in the deep-rooted doctor focused culture in healthcare sphere, it is difficult to increase the cooperation and productivity without team leadership because healthcare organization been performed in a disconnected fashion.

Also, the care team is very different from the team in business. A multidisciplinary team's member in business society has only one position, role as a team's member, and may be evaluated by the team manager. However, medical team's member in hospital would sustain complex position, responsibility, and role as a team's member and as a departmental member. Therefore, care team needs an additional effort to communicate with others, and needs an self-directed leadership to synthesize the cross-functional professionals. This paper conceptualizes these concepts as 'team factor' and 'team process'.



<Fig. 1> Conceptual framework

2.2 Research framework

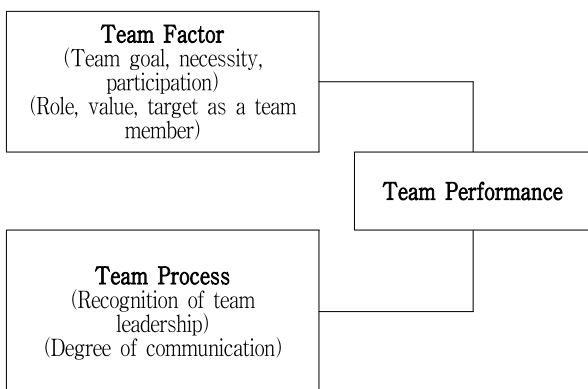
De Dreu & Weingart(2003) revealed the strong and negative correlations structure between relationship conflict and team performance. Relationship conflict limits the interaction and communication among team members. Therefore, team members only focus their efforts and capabilities on their own role and duty rather than on the team's common activities and goals.

Prior researches(De Dreu & Weingart, 2003; Rollinson, 2002) didn't much efforts on the factor and process of conflict problems. They just analyzed the conflict as an separate variable, and estimated the causality structure with team performances. But, a conflict is the variable after team dynamics proceeded or during team operations. In short, it should be analyzed as an key variable in the team activity. If we exclude these causality, a dependent variable(conflict) may be estimated by another dependent variable(cohesion).

Hypothesis 1 : Team factor positively affect on the team performance

Task conflict is produced by the managerial problems or misleading that caused from unshared team goal or ambiguous team member's job, value, target. This research classified these variables as the team factor. Therefore, if a team manages the cause and factor of task conflict, then the team manager improve the team effectiveness. Therefore, managing the cause and problem of task conflict means the team factor(Yu, 2010. Also, relation conflict can be produced by the incorrect team leadership or lack of communication. Therefore, this research classified these variables as the team process. Also, recent researchers(De Dreu & Weingart, 2003; Rollinson, 2002) analyzed the relationship structure between team factor, team process, and team performance. Some of them analyzed the variables(factor and process) as a homogeneous variables. the others concluded the variables as a heterogeneous variables. Therefore, the research framework of this research designs to test the causality by model competition. hypothesis 2 is as follows.

Hypothesis 2 : Team process positively affect on the team performance



<Fig. 2> Research framework

2.3 Sampling and measurement

Survey data was collected through the questionnaires on the care team's members in the general hospitals. This research focuses on the care teams for the medical patient-care. This research collected the samples belong to these team members because they have the complex position, job, responsibilities, and roles that means a typical characters of care team. By the convenience sampling method, the data collection proceeded in the two stages. The first stage was a pilot test, administered in October 2009. This paper sent a total of 85 questionnaires to the care team's members. A total of 40 valid responses were received(received rate=47%). Pilot test indicated that model variables have significant reliability and validity. The second stage was to distribute the questionnaires during February 2011. A total of 550 questionnaires were sent out and 230 were returned. The response rate was 41.8%(visiting survey). Excluding 30 invalid questionnaires, a total of 200 valid questionnaires were analyzed.

2.4 Reliability and validity

Reliability and confirmatory factor analysis were performed to test the reliability and validity on the variables, The results are shown in Table 1. In the reliability analysis, the Cronbach's alpha(Hair et al., 1998) are all greater than 0.7(team goal, necessity, participation: 0.817, role, value, target as a team member: 0.812, recognition of team leadership: 0.801, degree of communication: 0.758, operational performance: 0.795, team member's satisfaction: 0.734, organizational commitment: 0.75). In the validity analysis, the goodness-of-fit index(GFI) values(Jöreskog & Sörbom, 1993) are between 0.914-0.945(team factor: 0.914, team process: 0.923, team performance: 0.945). Although the root mean square error of approximation(RMSEA) results are greater than 0.1(team factor: 0.114, team process: 0.131), comparative fit index(CFI, Bentler, 1990) are greater than 0.90(team factor: 0.936, team process: 0.927, team performance: 0.971). And, normed fit index(NFI) are greater than 0.9(team factor: 0.916, team process: 0.901, team performance: 0.952). Therefore, the questionnaire measurements still show internal consistency and convergent validity.

<Table 1> Reliability and validity of the variable

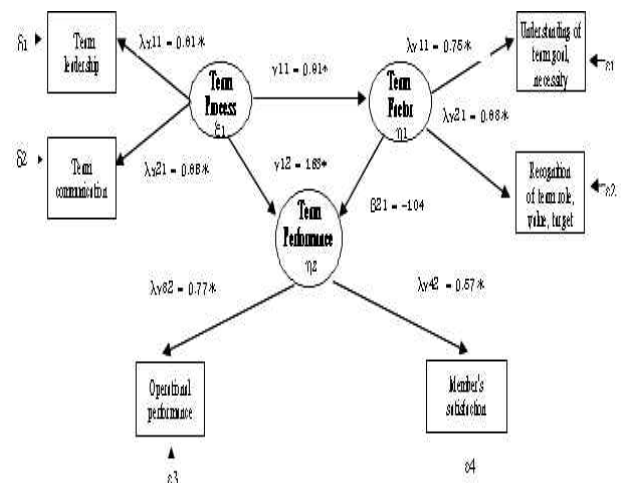
Factor	α	Confirmatory Factor							
		GFI	NFI	NNFI	RMSEA	CFI	RMR	χ ²	d·f
Team goal, necessity, participation	0.817	0.914	0.916	0.904	0.114	0.936	0.049	76.051	18
Role, value, target as a team member	0.812								
Recognition of team leadership	0.801	0.923	0.91	0.883	0.131	0.927	0.0602	57.432	12
Degree of communication	0.758								
Operational performance	0.735	0.945	0.952	0.957	0.094	0.971	0.0265	46.218	18
Team member's satisfaction	0.734								
Organizational commitment	0.751								

2.5 Data analysis and results

The results indicate that the correlations matrix between variables are almost significant(p<0.05) except for organizational commitment. The research framework is to analyze the causality structure among team factor, team process, and team performance. In this research, a structural equation model is applied to analyze the hypotheses. After the proposed model analyzed, the path of the LISREL second-stage model is shown in Figure 3. Generally, an empirical data structure has many feasible fit models in which several approaches explain the causality structure(Yu, 2010). However, it is not always certain which explanation is the best(Yu, 2010). Therefore, this research introduced the model competition to decide the best among comparative models which are based on the prior researches (Rollinson, 2002).

The completely mediating model(model A) and the partially mediating model(model B) are compared with the proposed model(model C). The result of partially mediating model(model B) are shown in Fig.3. In the partially mediating model, the

standardized coefficient from team process(ξ1) to team performance(η2) is 1.83. On the contrary, the standardized coefficient from team factor(η1) to team performance (η2) is -1.04. And, there is no statistical significance. In summary, the partially mediating model provides the statistical significance between team process(ξ1) and team performance(η1), the statistical significance between team process and team factor(η1).



<Fig. 3> The result of partially mediating model(Second-order structure)

It is verified that team process(relationship conflict management) may improve the team performance. Recently, many researchers(Cole & Crichton, 2006; Rollinson, 2002; McShane & Von Glinow, 2000; Robbins, 2000) indicate that relationship conflict is harmful to team performance(Yu, 2010). Therefore, managerial efforts through team leadership and team communication can decrease the relationship conflict, finally help the team performance(Yu, 2010). Second, team factor(task conflict management) didn't positively affect on the team performance, and didn't has statistical significance(Yu, 2010).

The fact supported that task-issues didn't directly affect on the team performances. Paradoxically, in the recent researches, task conflict has a positive influence on the team performance(Arber, 2008) because early-discovered task conflict generates the efforts to overcome the conflict. And, those efforts may be focus on the activities that try to understand team goal, necessity, participation, and to

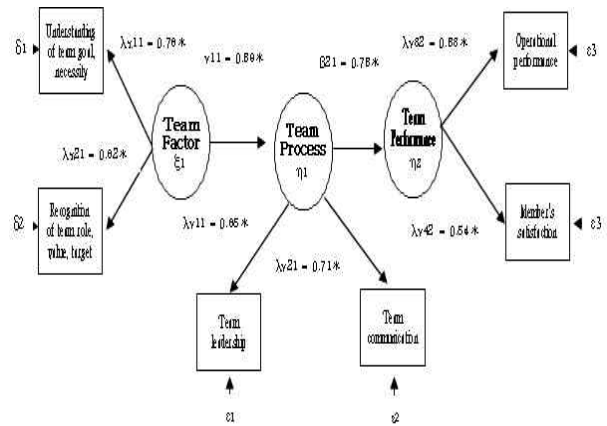
recognize the other's role, value, target as a team member(Yu, 2010).

This research classified it as a task factor. Also, although the relationship between team factor and team performance is analyzed negatively, the result is hard to generalize because it denies the reasonable assumption that a positive effort induces a positive response(Yu, 2010). Therefore, this research started to analyze the completely mediating model. Additionally, for the fitness of causality model based on LISREL is supported by GFI(goodness of fit index), NFI(normed fit index), CFI(comparative fit index), this paper analyzed the completely mediating model relative to the partially mediating model and the proposed model.

The completely mediating model(model A) reveals that team factor has a positive relation structure on the team process. This result is more explainable to generalize relative to the partially mediating model and the proposed model because the team process may be followed after team formation. If we accept the partially mediating model or proposed model without model competition, the empirical results are apt to be misconceived(Yu, 2010). And, the estimated path coefficients of the completely mediating model are shown in Figure 4.

The results show that the standardized coefficients of the measurement model are between 0.62 and 0.83 and meet the requirements. In the team factor, the coefficient of team goal, necessity, participation($\lambda_{x11}=0.776$) is larger than that of role, value, target as a team member($\lambda_{x21}=0.62$), indicating that recognition of team factor occurs mainly through the team goal, necessity, participation recognized by the team's member(Yu, 2010). And, in the team process, the coefficient of team communication($\lambda_{y11}=0.76$) is larger than that of team leadership($\lambda_{y21}=0.65$), indicating that recognition of team process occurs mainly through the team communication by the team's member. Also, in the team performance, the coefficient of operational performance($\lambda_{y32}=0.83$) is much larger than that of member's satisfaction($\lambda_{y42}=0.54$), indicating that recognition of team process occurs mainly through the operational performance recognized by the team's member.

<Fig. 4> Result of completely mediating model



The medical team is very different from the departmental team in business(Yu, 2010). For example, a member in the care team(especially, in medical sphere) may take a complex position, job, and role(both as a team's member and as a functional member). Therefore, if team's goal and necessity is uncertain, then the professional member want to withdraw his ability and effort from the team. After testing the measurement model, this research analyzed the hypothetical relationships. The path coefficient from team factor to team performance is -2.55 (insignificant in the $p < 0.01$).

Therefore, hypothesis 1 is rejected. However, the path coefficient from team process to team performance is 3.24 (significant in the $p < 0.01$). hypothesis 2 is accepted. Of course, these hypothetical structure can be analyzed by the linear structure or variable selection method. However, linear regression and variable selection just only test the relationship among variables. Therefore, it is hard to analyze the systematic causality(Yu, 2010).

This paper intended not only to test the hypothesis but also to analyze the integrated model on the team dynamics. So then, this paper started to model competition(Yu, 2010).

The results of proposed model is inconsistent with the expected hypothesis(H1) of research design. This is an valuable implications because it supports the results of the prior researches that task conflict has an positive relationship on the team performance. Here, the prior studies conceptualized the task conflict

as a result that is mainly affected by the misled team factor(Yu, 2010). The assumption of prior studies is that task conflict generates an managerial alternative to overcome the problems, then those efforts positively affect on the team performance. But, they vaguely remained the factor and process of task conflict(Yu, 2010). At the same time, they commonly indicated that relationship conflict has a negative effects on the team performance(Yu, 2010). A relationship conflict means the results that are mainly affected by the poor team leadership and communication(Yu, 2010). Basically, the poor team leadership and communication destroy team cohesiveness. But, task issues, relation issues, and team performances are not independent relationship each other(Yu, 2010).

The prior researches analyzed the task issues and relationship issues as a simultaneous variables. However, in the medical organizations, they functions in the integrated system. To analyze the causality structure, this paper applied model competition by means of LISREL. Logically speaking, team factor between team itself and members should be beneficial to the team performance(Yu, 2010). However, it may be that the team factor recognized by members needs to be reprocessed, and needs to be filtered by the team leadership and communication(Yu, 2010).

3. Conclusion and implications

The core issues of medical team is that interrelated behaviors are identifiable, and applicable to high cross-specialized team dynamics(Wallin et al., 2007). Therefore, a well-managed program or strategy for teamwork is very important to accomplish the system which make the team members to overcome the medical challenges of patient care(Jünger et al., 2007).

De Dreu & Weingart(2003) argued that relationship-based conflict is more disruptive than task-based conflict because relationship conflict tends to be more interpersonal and emotional, thus more likely to elicit a negative influence on the team performance(Yu, 2010). On hand, Wallin et al.(2007) argued that causality-focused strategic program affects on the team effectiveness positively. Also, Alexander et al.(2005) concluded that an well-managed team process contribute the

patient results through two dimensions(participation and team functioning).

By means of the empirical research, this research analyzed that team factor, team process, and team effectiveness organized the causal relationship among them. Concretely, team factor forms a positive effects on the team process. Practically, well-shared team goal, necessity, participation and recognition of team role, value, target as a team member provide a positive team environment to the team leadership and team communication(Yu, 2010). And, team process mediated by the team factor promotes the team performance(Yu, 2010). The implication of this research is the core of medical team causality, and the basis of team building strategy.

The implication of this research means that team process is the mediating variable between team factor and team performance, acting as a mediating role between the two(Yu, 2010). Therefore, there is no differences between prior study and this paper.

Finally, this paper is conducted only by the questionnaire method. Therefore, cognitive variables may be affected by central errors. Also, final sample size is not adequate because of conservative culture of hospitals. This means that other variables and factors omitted by this study could be developed in the future study.

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저 자 소 개

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주소: 전북 익산시 신용동 344-2 원광대학교 경상대학 경영학부