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Factors and Demographic Variables Influencing Team Climate Inventory: Applied in Primary Health Care in Saudi Arabia

Dr. Musrrat Parveen
Assistant Professor, Faculty of Economics & Administration Department of Human Resource Management, King Abdulaziz University, Jeddah, Saudi Arabia

***Corresponding author**
Dr. Musrrat Parveen

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Abstract: This research paper aims to identify the highest factor influencing the team climate inventory and explore how demographic variables (individual's gender, age, working experience, and Professional role which includes (Nurse, General Practitioner, Specialist Nurse, Health visitor, Hospital Manger and other allied health professionals), were significantly influencing the factors of team climate inventory. And secondly, want to investigate whether Team climate is superior in smaller teams than in bigger teams. The TCI is based on a four-factor theory of team climate for innovation. The sample would consist of a random sample of 250 health care employees including doctors, nurses, Specialist Nurses (SN), Hospital manager (HM), General Practitioner (GP), pharmacists and allied health personnel working in primary health care setting in Saudi Arabia. To assess the reliability of the TCI in healthcare teams, we calculated the internal homogeneity by calculating Cronbach's alpha coefficients for the scales emerging from the factor analyses. Table 4 shows One Sample t-test which was performed to determine whether differences exist between the sample mean and the population mean (that is, 2.5) and finally Table 5 shows that Multivariate analysis of Variance (MANOVA) tests confirm significant factors influencing team climate inventory in terms of gender, age, professional title, working experience in hospital, years of experience in the team, no. of people working in your team, team of doctors and nurses. Overall, the findings from the Table 5 shows that some demographic variables (Gender, Age, Professional title, working experience in hospital, years of experience in team, Number of people working in the team, number of nurses in a team related with primary health care settings) have significant effects on participation in the team, support for new ideas and innovation, vision and team objectives, commitment to excellence and task orientation and social relationships in the team. Table-5 shows that Multivariate analysis of Variance (MANOVA) tests confirm significant differences in the factors of team climate inventory in terms of demographic variables. The findings of this study would be expected to highlight the main features of the existing scenario in the primary health care in Saudi Arabia as far as the impact of team climate is concerned, as well as the consequences of their ineffectiveness and inefficiency in terms of team effectiveness. The proposed recommendations would hopefully address these main issues, thus resulting in improved quality of health care in Saudi Arabia. This is important because what is at stake is the health of both the citizens of this country, as well as expatriates who form a sizable portion of its productive workforce.
Keywords: General Practitioner, Hospital manager, Cronbach's alpha coefficients.

INTRODUCTION

Recently, the concepts of innovation and creativity have attracted increased attention from both academicians and practitioners. A reason for this interest is that contemporary organizations operate in rapidly changing, competitive, and turbulent environments requiring continuous renewal and adaptability. Hence, the quest for creativity and innovation in products, services, systems, and work processes has increasingly been recognized as a key factor to long-term organizational survival and success [1, 2]. Team functioning is determined not only by structural determinants such as workload, team size or team composition, but also by team processes. There is a large body of research on the relationship between team processes and team effectiveness, which shows that a team climate in which team members are encouraged to develop and implement new ideas can lead to better healthcare and healthcare outcomes. There is evidence [3] that successful teamwork is associated with effective and innovative healthcare delivery. A team is usually described as a group that shares a common purpose and a common goal [4]. Poulton and West [5] consider that the presence and clarity of shared

objectives are essential for teams to be successful. Firth- Cozens [6] and Molyneux [7] described communication as one of the indicators for positive teamworking.

Primary Health Care in Saudi Arabia

Health care is an extraordinarily people-centric industry. The management of health care personnel takes place in a complex environment involving a variety of professionals, extensive use of materials and equipment, and an array of services that extend beyond health care. This challenging environment places a great deal of stress on employees. As the Saudi population ages, the health care industry continues to grow in size and importance. The resulting demand for health care services and a relative shortage of some health care professionals makes it difficult for hospitals and other health care providers to provide consistently high levels of care. In a primary care setting the management of common chronic diseases is commonly provided by multidisciplinary teams of healthcare professionals and ancillary staff. The 'team' shares the responsibility for, and the provision of, care to patients.

Statement of the Problem

Quality of health care that patients receive in developing countries like Saudi Arabia, is often found to be deficient and sometimes highly dissatisfying, due to lack of effectiveness among members of the primary /critical health care teams. Obstacles (including interpersonal and professional issues) to the smooth functioning of healthcare teams, which if not overcome successfully can result in disastrous medical errors, often leading to irreversible damage not only to the patient's health, but also to the reputation of the concerned health care provider.

Importance of teamwork

Collaborative teamwork provides a link between efficient organizational practice and high-quality patient care [8], with the team's ability to be innovative as one hypothesized mechanism. Innovative teams are characterized by high levels of support and challenge, sharing and implementing new ideas and clarity of tasks and objectives. Delivering integrated care is becoming increasingly important for hospital teams, and a good team climate is crucial for delivering high-quality care and quality improvement in healthcare. Therefore, it is important to determine the characteristics of the TCI (Team Climate Inventory) in this specific setting. Four team processes have been shown to be important: having clearly defined and valued group goals, participative decision-making, quality task orientation and support for innovation [9]. According to St John and Anderson [10], when these four factors are present, innovativeness and effectiveness are higher [4]. Specifically, teams that had clear, shared objectives were task-focussed with an emphasis on quality, participated in decision making and open to innovation were more likely to work well as a team, structure their work more effectively and to be more effective in their health care delivery.

RESEARCH OBJECTIVES

In the health care setting like Saudi Arabia, this research paper aims to identify the highest factor influencing the team climate inventory and explore how demographic variables (individual's gender, tenure, and Professional role which includes (Nurse, General Practitioner, Specialist Nurse, Health visitor, Hospital Manger and other allied health professionals), were significantly influencing the factors of team climate inventory. Further, want to investigate whether Team climate is superior in smaller teams than in bigger teams.

LITERATURE REVIEW

The concept of *climate for innovation* of a team has generally been defined as shared perceptions at the work group or organizational levels of the extent to which team processes encourage and enable innovation [11]. West's [12] model of team climate for innovation identified four factors as essential to team climate: vision, participative safety, support for innovation, and task orientation. This theoretical model led to the development of the TCI, which was designed to be an instrument suitable for research as well as for use as a team development tool that could facilitate interventions to promote innovation in work groups.

Team Climate Inventory

Team climate can be measured by using the Team Climate Inventory (TCI), was developed by Anderson and West for measuring innovation in teams [11]. The TCI has been validated and applied in a variety of settings, including primary and secondary care [13]. It has four sub-scales: (1) 'Vision' which represents the team members' perceived clarity, sharedness and attainability of the team's objectives; (2) 'Participative safety' as members' psychological safety and participation in information sharing and decision making; (3) 'Task orientation' as members 'reflection on appraisal, feedback and performance monitoring of work; and (4) 'Support for innovation' measures the perceived help in applying of new ideas and improvement [11].

Factors associated with Team climate Inventory

Vision and Team Objectives: Teams with dearly defined and shared objectives, develop from this vision, are more likely to be innovative and effective and develop more appropriate ways of working as their efforts will have focus and direction. Vision for a PHCT (Primary health care team) might be to work effectively as a team and m partnership with the practice population and other agencies to provide a targeted programme of health promotion aimed at developing the health and well-being of the local community.

Participative Safety/Participation in the team: Participation includes information sharing within the team, regular interaction as a team and influence over decision making. A PHCT (Primary health care team) with high levels of participation will adopt a relatively democratic style of management, where each member's contribution is acknowledged and valued, and no one member is seen as being more important than another m achieving the corporate objectives of the team Safety implies that team members will experience the team as supportive, co-operative and interpersonally non-threatening.

Commitment to excellence/Task Orientation: Commitment to excellence refers to a shared concern for excellence of quality of task performance, involving an emphasis on individual and team accountability for setting and monitoring quality standards of performance It also involves a preparedness to have constructive controversy within the team to achieve the level of service to which the team has made an expbat commitment For instance to comply with the Patient's Charter [14], the PHCT may commit itself to see all patients within 10 minutes of their specific appointment time.

Support for New Ideas and Innovation: Team innovation has also been proposed as an important dimension of effectiveness [12] Innovation is the introduction and application of new and improved ways of working in a team setting Innovation is important because teams are constantly facing changing environments as a result of government initiatives, changes m patterns of health needs, shifting populations, new developments in medicine and health care, and changing expectations of consumers. Adapting to these changes require creativity, flexibility and innovation m PHCTs. In a team with strong support for innovation, members are encouraged to initiate and develop new ideas and ways of working For a PHCT; this might involve support for continuing education and professional development, to allow all members of the team to develop specialist interests which will contribute to improved team performance.

Social relationship in the team: this is a fifth subscale added known as "Social relationship in the team" to the team climate inventory. By adding this factor, it will reflect how social relationships exist in the hospital teams. Social relationship in the team is of utmost important because support within the team members is required during difficult times to resolve complex and critical issues.

Subsequent studies have suggested that primary care team have significantly lower team scores compared to teams in other services and industries [15, 16]. Various factors were thought to act as facilitators or barriers to effective team work as reported in a recent literature review [17]. Its thematic analysis of literature suggests that premises, team size and composition, organisational support, team meetings, clear goals and objectives, and audit were related to interprofessional team working in primary care [17]. In primary care there are a wide range of team members who may have their own goals and priorities. They come from disciplines that have differing philosophies [18, 19]. Thus; professional sub-groups may have distinct views about the team and team working.

According to [20], the factors associated with TCI score: gender (male respondents tended to report higher TCI scores than female respondents); tenure (longer tenure was associated with a higher TCI score); professional role (GPs tended to report higher TCI scores than other respondents).

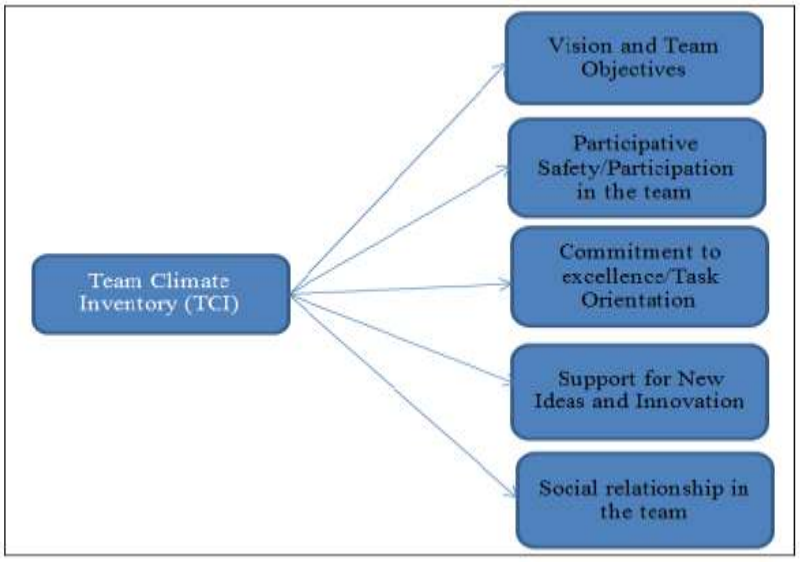

Fig-1: A proposed framework for Team climate inventory in Primary health care setting

Research Methodology

Participants: A sample comprising of 400 questionnaires were distributed among health care professionals, which includes (Nurse, General Practitioner, Specialist Nurse, Health visitor, Hospital Manger and other allied health professionals) in primary health care hospitals in Jeddah, Saudi Arabia, out of which 250 general practice completed sets were used for analysis.

Measures

The Team Climate Inventory is a 45-item questionnaire measuring facet-specific climate for work group innovation. Respondents are asked in each question to 'consider how your team tends to be or how you feel in general about the climate in your team'. Items are measured on a 5-point likert scale. (1=Strongly Disagree to 5 =Strongly Agree), (2 =Disagree to 4= Agree) and 3= (Neither agree nor disagree). Four sub-scale scores are derived:

(i) Team vision (11 items)—assesses team members 'views on the clarity, sharedness, attainability and value of team objectives. Example: 'To what extent do you think these objectives are realistic and can be attained?'

(ii) Participative safety (12 items)—measures team participation (e.g. influence over decision-making, information sharing and interaction frequency) and psychological safety and support (e.g. to try out new ideas). Example: 'Everyone's view is listened to, even if it is a minority'.

(iii) Task orientation (Seven items)—measures team emphasis on critical reflection and on monitoring quality. The sub-scale includes items such as monitoring each other's' work, provision of practical ideas and help, appraisal of weaknesses. Example: 'Do you and your colleagues monitor each other so as to maintain a higher standard of work?'

(iv)Support for innovation (Eight items)—includes both articulated support and enacted support. Example: 'Members of the team provide and share resources to help in the application of new ideas'.

(v) Social relationship in the team (Seven items) - this is a fifth subscale added known as "Social relationship in the team" to the team climate inventory. By adding this factor, it will reflect how social relationships exist in the hospital teams.

Internal homogeneity

To assess the reliability of the TCI in healthcare teams, we calculated the internal homogeneity by calculating Cronbach's alpha coefficients for the scales emerging from the factor analyses. A Cronbach's alpha score of 0.7 or higher is usually regarded as indicative of acceptable reliability.

Table-1: Reliability of the Factors associated with Team Climate Inventory (TCI)

Factors	Cronbach's Alpha
Vision and Team Objectives	.882
Participative Safety/Participation in the team	.860
Commitment to excellence/Task Orientation	.868
Support for New Ideas and Innovation	.849
Social relationships in the team	.719

Table-2: Pearson's correlations coefficients between the variables

		MPT1	MSNI1	MTObject1	MTOrient1	MSRT1
MPT1	Pearson Correlation	1	.621**	.424**	.407**	.287**
	Sig. (2-tailed)		.000	.000	.000	.000
	N	250	250	250	250	250
MSNI1	Pearson Correlation	.621**	1	.516**	.564**	.242**
	Sig. (2-tailed)	.000		.000	.000	.000
	N	250	250	250	250	250
MTObject1	Pearson Correlation	.424**	.516**	1	.663**	.089
	Sig. (2-tailed)	.000	.000		.000	.163
	N	250	250	250	250	250
MTOrient1	Pearson Correlation	.407**	.564**	.663**	1	.136*
	Sig. (2-tailed)	.000	.000	.000		.031
	N	250	250	250	250	250
MSRT1	Pearson Correlation	.287**	.242**	.089	.136*	1
	Sig. (2-tailed)	.000	.000	.163	.031	
	N	250	250	250	250	250

**Correlation is significant at the 0.01 level (2-tailed)

* Correlations is significant at the 0.05 level (2-tailed)

Table-3: Demographic Profile

Gender	Frequency	Percentage%
Male	148	59.2
Female	102	40.8
Age		
20-29 years	125	50.0
30-39 years	73	29.2
40-49 years	44	17.6
50-59 years	8	3.2
Professional title		
Nurse	45	18.0
General Practitioner	57	22.8
Health Visitor	6	2.4
Hospital Manager	10	4.0
Specialist Nurse	12	4.8
Receptionist	19	7.6
Others (Lab Technician, Radiologist)	101	40.4
Working Experience in Hospital		
0-4 years	203	81.2
5-8 years	43	17.2
9-12 years	4	1.6
Years of experience in the team		
0-3 years	192	76.8
4-7 years	46	18.4
8-10 years	10	4.0
11-14 years	2	.8
No. of people working in your team		
1-5	130	52.0
6-10	41	16.4
11-15	16	6.4
16-20	59	23.6
21-25	2	.8
26-30	2	.8
No. of doctors in a team		
0 doctors	4	1.6
1-10 doctors	244	97.6
11-20 doctors	2	.8
No. of Nurses in a team		
0 Nurses	19	7.6
1-10	227	90.8
11-20	4	1.6

RESULT AND ANALYSIS

The responses received from the survey of 250 practice staff professionals are first put to a reliability test as shown in table-1. Before we proceeded to test the hypotheses developed in this study, we first performed the correlations between the variables on the items that measured Team climate inventory. And it was found that the correlation coefficient is called statistically significant at 5% level of significance as shown in table-2. The demographic details are provided in table-3.

In addition to the above descriptive analysis, a One Sample t-test was performed to determine whether differences exist between the sample mean and the population mean (that is, 2.5) as shown in table-4 below.

Table-4: One sample *t*-test

Team Climate Inventory (TCI)	Mean	SD	*t*– value	p (2-tailed)
Participation in the Team subscale				
We share information generally in the team rather than keeping it to ourselves.	4.068	1.0215	32.008	.000
We have a 'we are in it together' attitude.	3.772	.9442	29.672	.000
We all influence each other.	3.788	.8354	33.842	.000
People keep each other informed about work-related issues in the team.	3.852	.9726	30.109	.000
People feel understood and accepted by each other.	3.892	.8457	35.374	.000
Everyone's view is listened to even if it is in a minority.	3.856	.9916	29.596	.000
There are real attempts to share information throughout the team.	3.980	.8476	36.934	.000
We keep in regular contact with each other.	3.936	.8335	36.727	.000
We interact frequently.	3.916	.9426	32.139	.000
There is a lot of give and take.	3.860	.9273	31.716	.000
We keep in touch with each other as a team.	3.928	.8613	35.395	.000
Members of the team meet frequently to talk both formally and informally.	3.840	.9931	29.294	.000
Support for New Ideas and Innovation subscale				
This team is always moving toward the development of new answers.	3.724	1.0099	26.992	.000
Assistance in developing new ideas is readily available.	3.812	.9143	31.335	.000
This team is open and responsive to change.	3.876	.8242	35.988	.000
People in this team are always searching for fresh, new ways of looking at problems.	3.900	.8654	34.712	.000
In this team we take the time needed to develop new ideas.	3.688	1.0013	26.654	.000
People in the team co-operate in order to help develop and apply new ideas.	3.868	.9498	31.096	.000
Members of the team provide and share resources to help in the application of new ideas.	3.848	.8967	32.585	.000
Team members provide practical support for new ideas and their application.	3.920	.8417	36.068	.000
Vision and Team Objectives subscale				
How clear are you about what your team's objectives are?	3.956	1.0652	29.035	.000
To what extent do you think they are useful and appropriate objectives?	4.076	1.0784	30.439	.000
How far are you in agreement with these objectives?	3.860	1.1374	25.858	.000
To what extent do you think other team members agree with these objectives?	3.800	1.1512	24.722	.000
To what extent do you think your team's objectives are clearly understood by other members of the team?	3.996	.9797	32.213	.000
To what extent do you think your team's objectives can actually be achieved?	3.936	1.0000	30.612	.000
How worthwhile do you think these objectives are to you?	4.060	1.0831	30.073	.000
How worthwhile do you think these objectives are to the team?	4.008	1.0570	29.916	.000
How worthwhile do you think these objectives are to the wider society?	4.128	.9938	33.858	.000
To what extent do you think these objectives are realistic and can be attained?	4.124	.9841	34.125	.000
To what extent do you think members of your team are committed to these objectives?	4.068	1.0563	30.954	.000
Commitment to excellence/Task Orientation subscale				
Do your team colleagues provide useful ideas and practical help to enable you to do the job to the best of your ability?	3.856	1.0352	28.349	.000
Do you and your colleagues monitor each other so as to maintain a higher standard of work?	3.808	1.1100	25.754	.000
Are team members prepared to question the basis of what the team is doing?	3.884	.9892	30.115	.000
Does the team critically appraise potential weaknesses in what it is doing in order to achieve the best possible outcome?	3.904	1.1507	26.163	.000
Do members of the team build on each other's ideas in order to achieve the best possible outcome?	4.024	1.0639	30.079	.000
Is there a real concern among team members that the team should achieve the highest standards of performance?	3.992	1.0754	29.287	.000
Does the team have clear criteria which members try to meet in order to achieve excellence as a team?	4.100	1.0189	32.588	.000
Social Relationships in the Team subscale				
Team members provide each other with support when times are difficult.	4.616	.7367	56.146	.000

When things at work are stressful the team is not very supportive.	2.920	1.6651	8.736	.000
Conflict tends to linger in this team.	3.360	.9686	22.201	.000
Conflicts are constructively dealt with in this team.	4.160	.6634	51.478	.000
When things at work are stressful, we pull together as a team.	4.592	.7615	53.820	.000
Team members are often unfriendly	2.344	1.4677	3.706	.000
People in this team are slow to resolve arguments.	2.624	1.4488	6.810	.000

Note SD = Standard Deviation

Table-5 shows that Multivariate analysis of Variance (MANOVA) was conducted to identify and examine the team climate inventory differences in terms of gender, age, professional title, working experience in hospital, years of experience in the team, no. of people working in your team, team of doctors and nurses.

Gender

Multivariate Analysis of Variance (MANOVA) tests confirm that there is only one difference in variable. Support for new ideas and innovation (*f*= 6.253; p=0.01). The male health care professionals with a mean score of 3.9498 are more supportive for new ideas and innovation as compare to the female health care professionals with a mean score of 3.7466 related to support for new ideas and innovation subscale.

Table-5: Multivariate Analysis of Variance (MANOVA)

Factors	MPT1	MSNI1	MTObject1	MTOrient1	MSRT1
Gender	ns	6.253 (0.01)	ns	ns	ns
Age	4.016 (0.00)	4.860 (0.00)	7.460 (0.00)	2.510 (0.04)	2.962 (0.03)
Professional Title	ns	2.517 (0.02)	ns	ns	2.578 (0.01)
Working Experience in Hospital	ns	2.401 (0.04)	ns	ns	3.978 (0.02)
Years of experience in the team	2.983 (0.03)	ns	3.896 (0.01)	ns	ns
No. of people working in your team	ns	ns	ns	2.854 (0.01)	ns
No. of doctors in a team	ns	ns	ns	ns	ns
No. of Nurses in a team	10.214 (0.00)	2.843 (0.04)	5.490 (0.00)	8.713 (0.00)	6.562 (0.00)

Note: Significant level at *p<0.001* at two-tailed; p<0.005at one-tailed
MPT1= Participation in the team, MSNI1= Support for new ideas and innovation, MTobject1=Vision and team objectives, MTOrient1= Commitment to excellence/ Task Orientation, MSRT1=Social Relationships in the team.

AGE

Results from Table-5 show that there is a significant difference in almost all the age group of health care professionals. Participation in the team (*f*= 4.016; p=0.00). The age group between 40-49 health professionals has the highest participation in the team with a mean score of 4.2708, than age group between 50-59 health care professionals with a mean score of 4.1023, than age group between 30-39 health care professionals with a mean score of 3.8687 and age group between 20-29 health professionals with a mean score of 3.8047.

Support for new ideas and innovation (*f*=4.860; p= 0.00). The age group between 40-49 health professionals with a mean score of 4.0938 takes the initiative of supporting new ideas and innovation as comparative to age group between 50-59 with a mean score of 3.9688, than age group between 30-39 with a mean score of 3.8836 and age group between 20-29 health care professionals with a mean score of 3.6960.

Vision and Team Objectives (*f*=7.460; p= 0.00). The age group between 50-59 health professionals with a mean score of 4.7273 has higher concern for achieving the vision and team objectives, than the age group between 40-49 with a mean score of 4.2686, than age group between 30-39 with a mean score of 4.0311 and the age group between 20-29 with a mean score of 3.8425.

Commitment to excellence/Task Orientation (*f*=2.510; p=0.04). The age group between 40-49 health professionals with a mean score of 4.2939 is highly involve in monitoring the team and appraising the work as comparative to age group between 50-59 with a mean score of 4.1558, than age group between 30-39 with a mean score of 3.8943 and age group between 20-29 health care professionals with a mean score of 3.8583.

Social Relationships in the Team (*f*=2.962; p=0.03). The age group between 30-39 health professionals with a mean score of 3.8099 deals with highest social relationship in the team than the age group 50-59 with a mean score of 3.6562, than the age group 40-49 with a mean score of 3.6023 and finally with the age group of 20-29 health care professionals with a mean score of 3.5370.

Professional Title

Table 5 shows that there is a significant difference in Support for new ideas and Innovation (*f*=2.517; p=0.02). The "Receptionist" has been

supporting new ideas and innovation in the primary health care environment with a mean score of 4.0526, than "Specialist Nurse" with a mean score of 4.2727, than "Others" (includes Lab technicians, Radiologist) with a mean score of 4.1161, than "General Practitioner" with a mean score of 3.9569, than "Nurse" with a mean score of 3.8182, than "Hospital Manager" with a mean score of 3.7636, than with a mean score of "Health Visitor" as 3.6061.

In terms of Social relationships in the team (*f*=2.578; p=0.01). The "Specialist Nurse" deals and experience higher social relationships in the team with a mean score of 3.8542 in comparison with "Nurse" with a mean score of 3.8028, than "Hospital Manager" with a mean score of 3.8000, than "Others" (includes Lab Technicians, Radiologist) with a mean score of 3.6374, than "Receptionist" with a mean score of 3.2829 and finally "Health Visitor" with a mean score of 3.1667.

Working experience in hospital

Support for new ideas and innovation (*f*=2.401; p=0.04). The primary health care professionals whose working experience lies between 9-12 years with a mean score of 4.5000 would support new ideas and innovation for a good health care environment as compare to the health professionals with working experience as 5-8years with a mean score of 3.8634, than health professionals with working experience as 0-4 years with a mean score of 3.8091.

In terms of Social relationship in the team (*f*=3.978; p=0.02). The primary health care professionals with a mean score of 4.000 whose working experience is between 9-12 years are more socializing within the health care teams, than health professionals with a mean score of 3.6730 and whose working experience is between 0-4 years, than health professionals with a mean score of 3.4041 whose working experience is between 5-8 years in health care teams in hospitals.

Working experience in the team

Table 5 results shows that there is a difference in Participation in the team (*f*=2.983; p=0.03). The health care professionals whose year of experience in the team has highest participation with a mean score of 4.0652 lies between 4-7 yrs. of experience in the team, than with a mean score of 3.9833 with 8-10 yrs. of experience, than with a mean score of 3.8524 lies between 0-3yrs of experience in the team, than 11-14 yrs. of experience with a mean score of 3.0833.

In terms of Vision and team objectives there is a difference of (*f*=3.896; p=0.01). The health care professionals whose working experience in the team is between 11-14 yrs has very clear vision and team objectives to be attained with a mean score of 4.4545, than with a mean score of 4.3818 health care professionals that lies between 8-10 yrs., than working experience in the team lies between 4-7 yrs. with a mean score of 4.2391, than working experience in the team lies between 0-3 yrs. with a mean score of 3.9192.

Number of people working in the team

Result 5 confirmed that there is difference in commitment to excellence/Task orientation (*f*=2.854; p=0.01). The team consisting of 26-30 people with a mean score of 4.8571 monitors the team and appraises the work, than with a team consisting of 1-5 people with a mean score of 4.0505, than with a team consisting of 6-10 people with a mean score of 4.0070, than with a team consisting of 16-20 people with a mean score of 3.7240, than with a team consisting of 11-15 members with a mean score of 3.5893, than with a team consisting of 21-25 members with a mean score of 3.4286.

Number of doctors in a team

It was shown in Table 5 that demographic variables related with number of doctors do not have any effect on the factors related with team climate inventory.

Number of Nurses in a team

The findings from Table 5 shows that there is a difference in participation in the team (*f*=10.214; p=0.00). If the team of nurses consist of 1-10 they will show higher participation in the team with a mean score of 3.8667 than the nurse's team consist of 11-20 with a mean score of 3.0833.

In term of support for new ideas and innovation there is a difference of (*f*=2.843; p=0.04). The team of nurse's consist of 1-10 will support for more innovation and new ideas for developing the team climate with a mean score of 3.8078, than with a mean score of 3.5625 for nurse's team of 11-20.

In terms of vision and task objectives there is a difference of (*f*=5.490; p=0.00). The nurse's team consists of 11-20 will have more concerned with the accomplishing of vision and objectives of the team with a mean score of 4.1364, than with the team of nurse consist of 1-10 with a mean score of 3.9561.

In terms of commitment to excellence and task orientation there is a difference of (*f*=8.713; p=0.00). The nurse team consisting of 1-10 will monitor the team and appraise the work in order to maintain higher standard of work and performance with a mean score of 3.8924, than with a mean score of 3.3571 for nurse's team of 11-20.

In terms of social relationships in the team there is a difference of (*f*=6.562; p=0.00). The team of nurse's consisting of 1-10 will deal with social relationships in the team with a mean score of 3.6757,

than with the team of nurses of 11-20 with a mean score of 2.9375.

DISCUSSION

Overall, the findings from the Table 5 shows that some demographic variables (Gender, Age, Professional title, working experience in hospital, years of experience in team, Number of people working in the team, number of nurses in a team related with primary health care settings) have significant effects on participation in the team, support for new ideas and innovation, vision and team objectives, commitment to excellence and task orientation and social relationships in the team. Table-5 shows that Multivariate analysis of Variance (MANOVA) tests confirm significant differences in the factors of team climate inventory in terms of demographic variables.

Highest Effected Factors

As shown in table-5 demographic variables that are related with gender, age, professional title, working experience in hospital, and number of nurses in a team have highest significant effects for support for new ideas and innovation.

Medium Effected Factors

The results from table 5 shows that demographic variables related to age, professional title, working experience in hospital, and number of nurses in a team have medium significant effects on social relationships in the team.

Least Effected Factors

The findings in table-5 shows that demographic variables related with age, working experience in the team, no of people working in the team and number of nurses in a team have least effect on participation in the team, vision and team objectives and finally commitment to excellence and task orientation.

CONCLUSIONS AND MANAGERIAL IMPLICATIONS

In conclusion, this study on the factors of team climate inventory related to demographic variables in primary health care settings in Saudi Arabia has value since the findings from this research provides a direction to the Top Management level of health care industry to enhance the individuals to participate in the team, supporting new ideas and innovation, concern with the objectives, monitor the team and appraises the work and deal with social relationships in the team. The managerial implications will focus on highly effected factors that lead to team climate inventory.

From managerial implication it is very important for primary health care settings to focus more on having positive team climate within different health care professionals working in the team. The result shows that male health care professionals support new ideas and innovation than female health care professionals. So in order to overcome this it has been suggested that the female health care professional team should provide practical approach and new ideas and application which is having a mean score (3.920), female team should always search for fresh, new ways of looking at problems with a mean score (3.900), and female team should be open and responsive to change having a mean score (3.876).

The findings confirmed that the age group between 20-29 health professionals have shown least participation in the team. It has been suggested that they should share information generally in the team rather than keeping it to themselves and more real attempts should be undertaken to share information throughout the team. Secondly, the age group between 20-29 health care professionals should support new ideas and innovation concerning practical approach, finding new ways and adaptive to change. Thirdly, the age group between 20-29 should have clear vision and team objectives in health care settings. It has been suggested that in their opinion the objectives should be worthwhile and should have higher impact towards the society. Moreover these objectives should be reliable and attainable. Fourth, age group between 20-29 health care professionals should be aware that the team must have clear criteria and should try to meet in order to achieve excellence as a team. Also, the members of the team build on each other's ideas in order to achieve the best possible outcome. Finally, with the age group of 20-29 health care professionals has been suggested that team members should provide each other with support when times are difficult and teams should work smoothly when things at work are stressful.

The results confirmed that “Health Visitor” shows least in supporting new ideas and innovation. It has been recommended that they should support new ideas and innovation concerning practical approach, finding new ways and adaptive to new changes in the health care environment. Moreover, health visitor is dealing less with social relationships in the team and has been suggested that they should provide support to each other when times are difficult and teams should be united to work under stressful conditions.

The health professionals with working experience as 0-4 year’s shows less concern towards new ideas and innovation. It is recommended that team members should provide practical support and should find out new ways of resolving the issues and should be adaptable to change and accept new methods and ideologies. Secondly, whose working experience is between 5-8 years in health care teams in hospitals should focus more on building social relationships and create a positive environment that leads to positive team climate.

According to the result of table 5, it shows that the nurse's team of 11-20 have less concern with the participation in the team. The possible reason could be that higher the no. of nurses in a team leads to less participation, miss communication, lack of information about work related issues, lack of coordination, lack of knowledge transfer, lack of interactions between the team, lack of understanding, lack of importance to minority. In terms of support and new ideas and innovation, a nurse's team consisting of 11-20 members tends to shows less concern towards no new development of creative answers, team is not open and non-responsive to change, team involve themselves and take lot of time in developing new ideas, non-sharing of resources to help the team in framing new ideas, non-practical support for new ideas and innovation.

The team of nurse consisting of 1-10 will show less concerns in accomplishing the vision and objectives of team. It is highly recommended that they should be very clear about team objectives, how well the individual objectives are associated with the team objectives and its worth and impact on the society.

A nurse's team of 11-20 shows less concern towards team monitoring and appraising the work. It does not provide useful ideas and practical help to enable individual to do the job to the best of their ability. It is recommended that the team should critically appraise potential weaknesses in order to achieve the best possible outcome. Team should have clear criteria for the team members who try to achieve excellence as a team. It is suggested that team members should monitor colleagues frequently so as to maintain higher standard of work and performance.

The findings indicated that the team of nurse consisting of 11-20 does not have higher and positive social relationships in the team. It has been advised that nurses belonging to this team should be friendly, very quick in resolving the arguments, team members should provide be more supportive in difficult times, conflicts shouldn't be lingering in the team, and proper constructive feedback should be provided within the team.

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