# **Experience of Physiotherapists of Teamwork Results:** A Qualitative Study

Shohreh Noorizadeh Dehkordi 1\*, Leila Dadashzadeh 2, Mahdi Dadgoo 1, Narges Shafaroodi 4, Mohammad Kamali 5

- 1. Assistant Professor of Rehabilitation Sciences, Department of Physiotherapy, Rehabilitation Sciences School, Iranian Center of Excellence in Physiotherapy, Iran University of Medical Sciences, Tehran, Iran.
- 2. MSc in Physiotherapy, Department of Physiotherapy, Rehabilitation Sciences School, Iran University of Medical Sciences, Tehran, Iran.
- 3. Assistant Professor of Rehabilitation Sciences School, Department of Physiotherapy, Iran University of Medical Sciences, Rehabilitation Sciences School, Tehran, Iran.
- 4. Assistant Professor, Department of Occupational Therapy, Rehabilitation Sciences School, Iran University of Medical Sciences, Rehabilitation Sciences School, Tehran, Iran.
- 5. Associate Professor, Department of Rehabilitation Management, Rehabilitation Sciences School, Iran University of Medical Sciences, Tehran, Iran.

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#### **ABSTRACT**

**Purpose:** In modern societies, in order to save medical costs and provide improved and comprehensive healthcare services, cooperation of various specialties in the form of teamwork has gained significant popularity. Physiotherapists, as members of the treatment team, try to improve the health of their fellow human beings. This study aimed to describe physiotherapists' experience and perception of teamwork in hospital environment.

**Methods:** This study was conducted using the conventional qualitative method of content analysis. Participants were 11 physiotherapists with 7-25 years of work experience, who were purposefully selected from 6 hospitals in Tehran. For data collection, in-depth semi-structured interviews over one year (2012-2013) were conducted and the obtained data were analyzed using content analysis method.

Results: The findings obtained from the interviews were categorized into two main areas: 1) changes in the beliefs and feelings of the physiotherapists, including increased satisfaction, motivation, increased relaxation, decreased stress and work pressure, accepting criticism, increased trust in and respect for physiotherapy services, giving specialists a holistic view, and 2) increased job productivity, higher quality of services, more references; avoiding parallel procedures; reduction of secondary complications of diseases, increased awareness and knowledge.

**Conclusion:** Teamwork has positive effects on the beliefs, feelings, and job productivity of the physiotherapists working in Tehran hospitals. Because of the growing trend of chronic diseases and increasing elderly population in Iran, provision of comprehensive and holistic healthcare services seems to be necessary in Iran and the need for further research on teamwork is pressing.

# **Keywords:**

Teamwork results, Physiotherapist, Hospital, Oualitative research

#### 1. Introduction



apid progress of societies towards industrialization and, growing number of the elderly population, as well as the patients suffering from chronic diseases, have demanded for better healthcare services. Also, increasing complexity of knowledge requires that various specialists come together and present a comprehensive treatment plan to solve the problems of the patients [1]. Teamwork in the healthcare system involves the cooperation of a group of specialists in various fields who come together to achieve a common goal (comprehensive treatment) and in coordination with each other, meet various needs

Shohreh Noorizadeh Dehkordi, PhD

Address: Department of Physiotherapy, Rehabilitation Sciences School, Iranian Center of Excellence in Physiotherapy, Iran University of Medical Sciences, Mirdamad St, Madar Sq, Shah-nazari St, Nezam St, Tehran, Iran.

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Email: noorizadeh@razi.tums.ac.ir

<sup>\*</sup> Corresponding Author:

of the patients [2]. Researchers believe that teamwork is the most effective way to provide better services in large organizations and has many benefits for these organizations [3, 4]. Healthcare systems are among the large organizations in which establishing optimum teamwork can play a significant role in promoting health in society [5]. Healthcare services are optimal and economical when the cooperation and interaction of healthcare specialists is sought. Sharing ideas and experiences not only enhances the quality of services, but also improves specialists' learning. Incredible innovation has been observed in team decisions [6].

Research indicates that provision of healthcare services in the form of a treatment team can be effective in increasing the mental health of the team members, motivating the personnel, innovating treatments, enhancing job satisfaction as well as the patients' satisfaction with the services and optimizing the quality and outcome of the services, providing comprehensive, patient-oriented plans, shortening the treatment time and patients' hospitalization period, reducing medical costs, and finally, decreasing the mortality rate. Therefore, over the last two decades, there has been an increasing interest in cooperation between specialists in different countries [6-18].

Teamwork is the basis of the philosophy of modern rehabilitation [19]. The aim of teamwork plans in rehabilitation is to increase the functional and psychosocial capabilities of the disabled clients and to improve the quality of their lives. It is noteworthy that a profession or specialty alone can never have sufficient knowledge, skill, and experience in all the health care aspects to provide all the services required by the patients. Thus, it is necessary that all the specialists in the treatment team fully cooperate to solve the problems of the patients with different levels of disability [20-25].

Physiotherapists, as members of the treatment and rehabilitation team, try to increase the quality of healthcare services and social welfare of the patients by preventing the progress of the disability and helping the patients to cope with the damage left by the disease [26]. Because of the requirements of their job, these individuals frequently work at private clinics and hospital centers as one of the members of the treatment teams [7].

Therefore, being aware of the experiences of the physiotherapists working in hospitals seems to be essential for improving the quality of physiotherapy services and consequently, social health. Over the last two decades, the concept of collaboration has been increasingly studied, nevertheless, few qualitative studies have been conducted

on exploring the beliefs and behaviors of the health professionals of teamwork [27]. Understanding the feelings and attitudes of physiotherapists can help the healthcare administrators of our country to promote the quality of services provided for the patients. This study aimed to understand the experiences of physiotherapists of team work results in Tehran with respect to their teamwork results

# 2. Materials and Methods

This study was conducted using the conventional qualitative method of content analysis. In a qualitative research, the entire human phenomena are considered [28]. Therefore, it is the most suitable method for studying the experiences of individuals with social phenomena [29]. Participants were 11 physiotherapists working in hospitals with over 3 years of work experience. They were purposefully selected from 5 general and 2 specialized hospitals (burns and cardiac) in Tehran. In this study, in order to obtain maximum variation of data, the participants were selected from hospitals with several specialized teams. To gather information, in-depth semi-structured interviews over a period of one year (2012-2013) were conducted.

Before starting each interview, the participants signed an informed consent form allowing sound recording and also completed questionnaires about their personal characteristics. As requested by the participants and in coordination with the respective authorities, the interviews were conducted at the participants' workplace. Duration of each interview was around 20-80 minutes and the number of interviews varied from one to three times depending on the accessibility of the subjects.

The interviews began with questions regarding the experiences of participants with teamwork at hospitalization wards and continued with questions regarding the effects of teamwork. Depending on their answers, further questions were asked too. Each interview was recorded on tape, and at first opportunity, it was transcribed word by word and the data were analyzed using content analysis approach. Content analysis allows summarizing the data in several content-related categories [30].

After several reading and deep understanding of the data, semantic units were coded. Then, based on differences and similarities, the codes were divided into categories and subcategories and finally, the main and underlying themes of the data were extracted [31]. After data analysis, 2 main categories were recognized.

Table 1. Demographic characteristics of the 11 participants

Variable	Value	Mean
Age (y)	29-51	40
Sex:		
Male	3	
Female	8	
Education:		
MS	3	
BS	8	
Work experience (y)	5-25	14

PHYSICAL TREA TMENTS

In this research, the strength of the findings was ensured through member check by returning the findings and codes to the participants and external check by experienced colleagues who supervised all phases of this research. To observe ethical principles, in addition to oral explanation of the aim of the research to participants and acquiring their (oral and written) informed consent, confidentiality of information, the right to withdraw at any time and supplying the results on request at all stages of research were also taken into consideration.

#### 3. Results

Demographic characteristics of the participants have been shown in Table 1. In this study, teamwork consisted of collaboration with physicians, nurses, and physiotherapists in rounds and at the patient's bedside. The findings obtained from the interviews were divided into the two categories of "change in the beliefs and feelings of the physiotherapists" and "increased job productivity", which have been shown in Table 2.

A) Changes in the beliefs and feelings of the physiotherapists

In this category, the effects of teamwork on changing the beliefs and feelings of the physiotherapists have been described, which include the following subcategories:

#### **Increased satisfaction**

The experience of physiotherapists showed that cooperation with other members of the treatment team, especially the doctors, causes a feeling of satisfaction in them and consequently, a sense of belonging. As a participant stated in this regard:

"I feel like I have more job satisfaction... because when I see that the surgeons trust me, put me in charge of the patient and ask me questions regarding the treatment of the patient, I feel satisfaction and see myself as a member of the treatment team."

#### **Motivation**

Physiotherapists emphasized the effect of team decision-making and cooperation on their motivation. In this regard, a physiotherapist said:

Table 2. The effects of teamwork from the viewpoint of physiotherapists

Changes in the beliefs and feelings of the physiotherapists	- Increased satisfaction
Increased job productivity	<ul> <li>Increased quality of services</li> <li>Increased references</li> <li>Avoiding parallel procedures</li> <li>Reduction of secondary complications of diseases</li> <li>Increased awareness and knowledge</li> </ul>

PHYSICAL TREATMENTS

"When we make decisions together and help to treat the patient, our motivation increases and we all feel happy."

#### **Increased relaxation**

Participants felt relaxed because they did their tasks in cooperation with other members of the treatment team. In this regard, a physiotherapist declared that:

"For example, while preparing the patient, the fact that nurses and health workers help me is very important... and this cooperation is very important because it gives me mental relaxation and helps me do my tasks more easily. At least, I, personally, think so."

# Decreased stress and work pressure

The support and evaluation provided by the other personnel such as doctors and nurses helped the physiotherapists to feel less stressed even in stressful work situations. As a physiotherapist mentioned:

"My doctor and nurse colleagues really care about my job and value it. This makes me feel more enthusiastic about my job and even when my workload increases, I do not feel the pressure because they care about my job and what I do for the patient matters to them."

The experiences of physiotherapists showed that in the absence of teamwork, major responsibilities were taken by the responsible individuals and this, in turn, led to exhaustion, lack of motivation, and eventually decreased quality of work. In this regard, a physiotherapist said:

"But when you know that you are on your own and have to do all the work single-handedly, at first you might have some motivation, but gradually exhaustion makes you lose your motivation and all you want is to do the job and this affects the quality of your work and turns it into just a duty."

# Increased trust in and respect for physiotherapy services

The interaction between the physiotherapists and other members of the treatment team increases their trust in each other when they see the results additionally, the status of physiotherapy is improved. In this regard, a participant stated:

"There were no physiotherapists here before... but now as soon as there is a pneumonia epidemic, doctors prescribe respiratory physiotherapy for 9 out of 10 patients because we have had interaction with them and they have witnessed the results of our work and are sure that it is very effective in helping the patients and that is how our field has gained a better status."

Another physiotherapist in the orthopedic ward mentioned:

"... because of the close relationship between us and other members of the treatment team, especially doctors, they have such a positive attitude toward physiotherapy that make patients sign a written pledge to take physiotherapy sessions here after surgery. In my opinion, this is a kind of positive attitude and trust in physiotherapy."

The experience of physiotherapists indicated that, occasionally, in the absence of teamwork and distrust of doctors to physiotherapy services, medical procedures were not performed properly, which had consequences such as causing a vicious circle in the treatment of the patients. Regarding this issue, a physiotherapist said:

"Sometimes, doctors do not prescribe physiotherapy sessions and after the surgery, they tell the patient to go home and perform physiotherapy exercises... then, we observe that the surgery fails and the patient may respond to conservative treatment or might undergo another surgery and be hospitalized again and... the same vicious circle may repeat. The root of this distrust... is lack of a close relationship between doctors and physiotherapists."

# **Accepting criticism**

The experience of physiotherapists showed that whenever some problems occurred in the course of treatment such as discrepancy between the orders of the doctor and the kind of services or the need for changing the course of treatment, through interaction and dialogue between them and other members, including nurses and doctors, their suggestions were accepted and the problems were resolved. A participant stated:

"...for instance, sometimes, nurses bandage wrongly the patient's arm in a way that it is deformed. We went to the bandage room and tell them how to bandage the patient's arm. They listened to us and did it as we said and this was beneficial to the patient."

"Sometimes, we tell the doctor, 'Doctor! This patient's arm cannot be healed through physiotherapy and requires surgery' and the doctor visits the patient, accepts our opinion, and performs surgery."

Regarding this issue, another physiotherapist said:

"Sometimes, a doctor writes an order in patient's file. For example, he writes, 'out of bed'. Then, I visit the patient and see that he is not feeling well. I ask the nurse to check him... I talk to his doctor... he accepts my opinion and preparation of the patient is delayed so that his problem may be solved. In fact, the problem is solved through the conversation of the doctor and I."

# Giving specialists a holistic view

Participants told that their cooperation with the members of the treatment team created a holistic view about the patient's problems and finally, provides services tailored to his or her needs. In this regard, a physiotherapist said:

"In his own field, a doctor may realize some things but he may fail to realize so many other things, which team members may notice them and tell him... when there is interaction, it is beneficial to the patient, because one person may have a limited perspective and cannot see all the aspects."

# B) Increased job productivity

This theme describes the effects of teamwork and interaction between physiotherapists and other members of the treatment team with respect to the quality of services and its economic aspects, which include the following subcategories:

### **Increased quality of services**

Physiotherapists referred to their experiences with group decisions, division of labor, and finally, improvement of the quality of services provided by them. Regarding this issue, a participant told that:

"For example, we wanted to do something... we decided together how to do it and... then, we divided the tasks among us. Through division of labor, instead of 10 tasks, we perform 5 tasks and have more time to do the job and do it more carefully."

# **Increased references**

Furthermore, physiotherapists reported that after collaboration, they received positive feedbacks from them. For instance, the number of references made to them increased. In this regard, a participant said:

"When there is interaction, we tell the doctor to refer a patient who is about to be discharged to the physiotherapy services in order to prevent further complications. Well, when they see that, after 10 physiotherapy sessions, a patient who comes here does not require surgery anymore, they tend to refer the patients to us."

Also, another physiotherapist told that:

"This cooperation and interaction considerably increases the number of our own patients. And if we work at a private clinic, the increased number of visits to the physiotherapy services will also have a positive economic impact."

# Avoiding parallel procedures

Physiotherapists admitted that, in some cases, the patient was not in need of physiotherapy, but for some reasons, the doctor had prescribed physiotherapy sessions for him, which led to pointless treatments and parallel procedures. Yet, teamwork and interaction between the physiotherapists and doctors could have prevented such problems.

Regarding this issue, a participant said:

"For instance, some patients who are hospitalized in the ward are prescribed lung physiotherapy by the doctor. Then, we examine the patient and realize that the patient's lungs are healthy and there is no need for lung physiotherapy. Well, we are doing something useless for the patient. If there was interaction, we could tell the doctor that there is no need for lung physiotherapy."

# Reduction of secondary complications of diseases

The experience of physiotherapists showed that interaction and cooperation between various specialists could, at times, prevent aggressive treatments such as surgery and consequently, lead to treatment of the patient with minimum complications. Regarding this point, a participant told that:

"We had a patient with a deformity. After 10 sessions of physiotherapy, the deformity was removed. Now, he does not need a surgery... and this is due to the interaction between us and doctors and nurses.... Many doctors prefer not to perform a surgery and further complicate the patient's condition."

# Increased awareness and knowledge

Most of the participants have stressed on the notion of increased awareness and knowledge of the members of each other's duties and roles following interactions between them. In this regard, a physiotherapist said that: "When we are in touch with a doctor, our information about that doctor's specialty increases or even his knowledge of our field increases... When he wants to prescribe, he realizes that the patients are more in need of physiotherapy than medication and certainly, urges the patient to undergo physiotherapy. Therefore, in fact... our awareness increases."

Another physiotherapist mentioned that:

"When there is interaction between members of the treatment team, the two sides become more familiar with each other's work and know that, for example, when a patient with certain symptoms refers to them, which specialist should be involved and can help the patient the most... Through interaction and cooperation, you become familiar with other fields, their work, and their area of expertise."

### 4. Discussion

Teamwork is a complicated process in which different specialists share knowledge, information, and skills with each other in order to achieve the best treatment results [1]. In their work, physiotherapists need proper interaction with both patients and other members of the treatment team so that through these interactions, by identifying patients' needs, they may provide better quality services [26].

The present study showed that teamwork affects individuals' feelings. In teamwork, through friendly and close relationships, individuals share feelings, attitudes, and emotions, thereby fulfilling their physical and psychological needs [32]. Through interaction with other members of the team, physiotherapists achieve relaxation, trust, self-esteem, and finally, satisfaction and thus their motivation for purposeful and dynamic participation increases to achieve the goals of the team. In the present study, participants stressed over the increased trust among team members.

The element of trust strengthens interpersonal relationships and plays a major role in cooperation of team members. Research indicates that trust affects various aspects of working life, including job satisfaction, mental health, creativity, organizational productivity, and quality of healthcare services [33, 34].

In a team in which the roles of the members are clear, individuals support each other and relationships are free and open; team members experience less stress and better healthcare services are provided [35]. Various factors,

including culture of the society, affect the trust among individuals. In cultures where individuals are encouraged to have open relationships, share information, express their opinions and concerns, and base their evaluation on their cooperation, behaviors are naturally formed around trust [36]. Also, it should be noted that in cultures where individuals severely compete with each other to gain positions, building trust is difficult and society is filled with distrust [37].

Teamwork also increases awareness and knowledge of physiotherapists of their own profession and the role of other team members. Individuals' increased awareness and knowledge of each other, along with the sense of satisfaction and trust, gives direction to their interactions and eventually, improves the quality of healthcare services.

According to the participants, the curriculum of physiotherapy does not contain the principles of teamwork. Therefore, graduates of this field, due to lack of awareness of their own position and the role of other team members, become confused and cannot provide high quality healthcare services.

This study showed that physiotherapists gain knowledge about other team members through teamwork and using various methods, including dialogue and discussion and sharing information regarding the outcome of their treatments. Thus, by gaining more knowledge about the nature of various specialties, the number of timely referred patients to the relevant specialist increases [38] and the hierarchical [(downward) attitude decreases. Members learn that they are respected regardless of their role or position.

Team spirit leads to accept criticism and individuals identify the weak points of the team by consulting each other and try to eliminate them. In fact, a team's shared goal leads to introduction of a variety of sometimes opposing opinions and consequently, new ideas and opinions [39] and more effective solutions [40] are created.

Instead of competing with each other, individuals consult and talk to each other and make decisions based on the objectives of the team and over time, their ability to listen to others' opinions improves. Rather than discussing the material aspects of teamwork, physiotherapists participating in this study stressed its spiritual aspects.

This phenomenon may have roots in Iranian culture in which a person's feeling about himself and his career is more important than other aspects and in light of these spiritual concerns, an individual tries to provide higher quality services. Yet, this can be due to the fact that teamwork first and foremost affects the spiritual aspect and individuals' feelings and motivates them. In fact, teamwork has a primary effect on the spiritual and a secondary effect on the material aspect.

Although in this study, there were references to the effects of teamwork on service quality, actually teamwork results on service quality is complicated and in order to study this issue, not only the views of specialists, but also the opinions of the patients must be investigated. It is recommended that studies be conducted on the experience of patients with the quality of healthcare services provided by integrated and coordinated teams to compare it to the services provided by traditional methods as well as studies on the role of the culture of our society in teamwork. Given the multifaceted nature of teamwork, it is necessary that studies be conducted on the views of other members of the treatment team on teamwork.

Teamwork has positive effects on the beliefs, feelings, and job productivity of the physiotherapists working in Tehran hospitals. Due to the growing trend of chronic diseases and expanding elderly population, provision of comprehensive and holistic healthcare services in Iran seems to be necessary. Therefore, the need for further research on teamwork is felt.

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#### References

- [1] Nancarrow SA, Booth A, Ariss S, Smith T, Enderby P, Alison Roots. Ten principles of good interdisciplinary teamwork. Human Resources for Health. 2013 May 10; 11(1):19.
- [2] Wilson A. Changing practices in primary care: a facilitator's handbook. London: Health Education Authority; 1994.
- [3] Guzzo RA, Shea GP. Group performance and intergroup relations in organisations. In: Dunnette M D, Hough LM, editors. Handbook of Industrial and Organizational Psychology. 2nd ed. Vo. 13. Palo Alto: Consulting Psychologists Press; 1992, pp: 269-313.

- [4] West MA. Reflexivity and Work Group Effectiveness: A conceptual Integration. In: West MA, editors. Handbook of Work Group Psychology. Chichester: John Wiley & Sons Ltd; 1996, pp: 555-80.
- [5] West MA, Markiewicz L. Building team-based working: A practical guide to organizational transformation. Oxford: Blackwell Publishing Ltd; 2004.
- [6] Borrill CS, Carletta J, Carter AJ, Dawson JF, Garrod S, Rees A, et al. The Effectiveness of Health Care Teams in the National Health Service (report). Birmingham (United Kingdom): Aston University; 2000.
- [7] Smith S, Green M. A qualitative study investigating the development of team working skills in first year physiotherapy students (An LTSN Funded Project). 2003.
- [8] Suter E, Arndt J, Arthur N, Parboosingh J, Taylor E, Deutschlander S. Role understanding and effective communication as core competencies for collaborative practice. Journal Interprofessional of Care, 2009; 23(1): 41–51.
- [9] West MA, Wallace M. Innovation in health care teams. European Journal of Social Psychology. 1991; 21(4):303-15.
- [10] Wood N, Farrow D, Elliot B. A review of primary health care organisations. Journal of Clinical Nursing. 1994; 3(4): 243-50.
- [11] West MA, Wallace M. Team working in primary health care: a review of its effectiveness. Health Education Authority. 1996.
- [12] Heywood JS, Jirjahn U. Teams, teamwork and absence. The Scandinavian Journal of Economics. 2004 December13; 106(4):765-82.
- [13] Griffin MA, Patterson MG, West M. Job satisfaction and team work: the role of supervisory support. Journal of Organizational Behavior. 2001 Aug 2; 22(5):537-50.
- [14] Milne MA. Training for team care. Journal of Advanced Nursing. 1980; 5(6):579-89.
- [15] Retchin SM. A conceptual framework for interprofessional and co-managed care. Academic Medicine. 2008 Oct; 83(10):929-33.
- [16] Deardorff WW, Rubin HS, Scott DW. Comprehensive multidisciplinary treatment of chronic pain: a follow-up study of treated and non-treated groups. Pain. 1991 Apr; 45(1):35-43.
- [17] Lang E, Liebig K, Kastner S, Neundörfer B, Heuschmann P. Multidisciplinary rehabilitation versus usual care for chronic low back pain in the community: effects on quality of life. Spine Journal. 2003 Jul-Aug; 3(4): 270-6.
- [18] Manser T. Teamwork and patient safety in dynamic domains of healthcare: a review of the literature. Acta Anaesthesiologica Scandinavica. 2009; 53(2): 143-51.
- [19] Strasser DC, Falconer JA, Martino-Saltzmann D. The rehabilitation team: Staff perceptions of the hospital environment, the interdisciplinary team environment, and interprofessional relations. Archives of Physical Medicine and Rehabilitation. 1994;75(2):177-82.
- [20] Bakheit A M O. Effective teamwork in rehabilitation. International Journal of Rehabilitation Research. 1996;19(4):301-6.

- [21] Keith R. The comprehensive treatment team in rehabilitation. Archives of Physical Medicine and Rehabilitation. 1991;72(5):269.
- [22] Körner M, Bengel J. Teamwork and team success in multiand interdisciplinary teams in medical rehabilitation. Die Rehabilitation. 2004;43(6):348-57.
- [23] Nijhuis BJ, Reinders-Messelink HA, de Blécourt AC, Olijve W, Groothoff JW, Nakken H, et al. A review of salient elements defining team collaboration in paediatric rehabilitation. Clinical Rehabilitation. 2007;21(3):195-211.
- [24] Pachalski A. The organization, role, and significance of the rehabilitation team. Ortopedia, traumatologia, rehabilitacja. 2005;7(1):99.
- [25] Schut H, Stam H. Goals in rehabilitation teamwork. Disability & Rehabilitation. 1994;16(4):223-6.
- [26] Policy statement: Description of physical therapy [Internet]. June 2011[cited 2011 Sep16]. Available from: http://www.wcpt.org/policy/ps-descriptionPT
- [27] Bower P, Campbell S, Bojke C, Sibbald B. Team structure, team climate and the quality of care in primary care: An observational study. Quality, Safety & Health Care. 2003 Aug; 12(4): 273-9.
- [28] Polit DF, Beck CT. Nursing research: generating and assessing evidence for nursing Practice. 8th ed. Philadelphia: Wolters Kluwer Health/lippincott Williams & Wilkins; 2008.
- [29] Hätönen H1, Suhonen R, Warro H, Pitkänen A, Välimäki M. Patient's perceptions of patient education on psychiatric inpatient wards: aqualitative study. Journal of Psychiatric and Mental Health Nursing. 2010 May; 17(4):335-41.
- [30] Elo S, Kyngäs H. The qualitative content analysis process. Journal of Advanced Nursing. 2008 Apr; 62(1):107-115.
- [31] Graneheim UH, Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. Nurse Educ Today. 2004 Feb; 24(2):105-12.
- [32] Fanian N, Mehrabi T. [The psychiatric team's experiences with team working in the psychiatric wards (Persian)]. Journal of Behavioral Sciences. 2009; 6(2):129-36.
- [33] Firth-Cozens J. Organisational trust: the keystone to patient safety. Quality, Safety & Health Care. 2004 Feb; 13(1):56-61.
- [34] Jones A, Jones D. Improving teamwork, trust and safety: An ethnographic study of an interprofessional initiative. Journal Interprofessional Care. 2011 May; 25(3):175-81.
- [35] Firth-Cozens J. Cultures for improving patient safety through learning: the role of teamwork. Quality in Health Care. 2001 Dec; 10 (2 Suppl): ii26-31.
- [36] Whitener EM, Brodt SE, Korsgaard MA, et al. Managers as initiators of trust: an exchange relationship framework for understanding managerial trustworthy behavior. Academy of Management Review. 1998; 23(3):513–30.
- [37] Mechanic D. Changing medical organization and the erosion of trust. Milbank Quarterly. 1996; 74(2):171-89.
- [38] Perreault K, Dionne CE, Rossignol M, Morin D. Interprofessional practices of physiotherapists working with adults with

- low back pain in Québec's private sector: results of a qualitative study. BMC Musculoskeletal Disorders. 2014; 15(5):160.
- [39] Adler NJ. International Dimensions of Organizational Behavior. 4th ed. Cincinnati: South-Western College Publishing; 2002.
- [40] Adler NJ. International dimensions of organizational behavior. 2nd ed. Boston: PWS-Kent Publishing Co, MA; 1991.