

THE IMPORTANCE OF TEAMWORK FOR QUALITY IMPROVEMENT IN MEDICAL REHABILITATION

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SAŽETAK

Uvod: Timski rad je važan instrument organizacionog razvoja i upravljanja kvalitetom. U medicinskoj rehabilitaciji, multidisciplinarni timovi su neophodnost. Rezultati analize sastava i funkcionisanja tima sačinjenog od profesionalca različitih disciplina, kao i samog timskog rada, doprinose sagledavanju složenih procesa rada, uklonjenosti uloga i aktivnosti članova tima, kao i optimizaciji performansi tima, kao krajnjoj svrsi.

Cilj rada je da se utvrdi stepen zadovoljstva unutar tima, ali i faktori koji doprinose izgradnji timskog rada i boljim performansama tima, u smislu veće delotvornosti i manjeg odsustvovanja sa posla (apsentizam).

Materijali i metode: Istraživanje je sprovedeno u Specijalnoj bolnici za cerebralnu paralizu i razvojnu neurologiju u Beogradu, tokom januara 2021. godine. Studijom preseka analizirane su karakteristike i performanse multidisciplinarnih timova zdravstvenih radnika i saradnika, koji su funkcionalno raspoređeni u četiri organizacione jedinice. Timovi su anonimno popunjavali specijalno konstruisan upitnik. Ispitivane karakteristike timova su se odnosile na prosečan broj članova u timu, polnu strukturu, dužinu staža i 11 dimenzija timskog rada (svrha, zadovoljstvo, interakcije, obuke, komunikacije, procesi i slično). Pokazatelji performansi kao što su delotvornost (broj pacijenata po timu) i apsentizam (broj dana odsustvovanja sa posla) su preuzeti iz izveštaja službe za 2020. godinu.

Rezultati: Stepem zadovoljstva u odnosu na pripadnost organizacionoj jedinici, kako prema ukupnoj skali, tako i prema sve četiri podskale, jeste najviši kod zaposlenih u Stacionarnoj „B“ organizacionoj jedinici. Visoko zadovoljstvo timskim radom kod statistički preovlađujućeg broja ispitanika rezultat je zadovoljstva načinom upravljanja timom (91,7%), funkcionisanjem u timu (88,1%), organizacionom kulturom (79,8%) i kulturom u timu (60,5%). Potvrđeno je da bolje izgrađen tim postiže bolje performanse, u smislu veće produktivnosti i smanjenja apsentizma.

Zaključak: Rezultati istraživanja ukazuju na potrebne korekcije koje menadžment treba da sprovede u organizaciji timskog rada, kako bi se ostvarilo izraženije zadovoljstvo svih ispitanika timskim radom i u većoj meri ostvarile željene performanse.

Ključne reči: timski rad, medicinska rehabilitacija, menadžment, organizacija timskog rada

ABSTRACT

Introduction: Teamwork is an important instrument of organizational development and quality management. In medical rehabilitation, multidisciplinary teams are a necessity. The results of the analysis of the composition and functioning of a team made up of professionals from different disciplines, as well as of teamwork itself, contribute to the understanding of complex work processes, the integration of roles and activities of team members, and the optimization of team performance, as the ultimate goal.

The study aims to determine the level of satisfaction within the team and the factors that contribute to building teamwork and better team performance, in terms of greater effectiveness and a decline in absenteeism.

Materials and methods: This cross-sectional study was conducted at the Special Hospital for Cerebral Palsy and Developmental Neurology in Belgrade, in January 2021. It analyzed the characteristics and performance of multidisciplinary teams of health workers and other professionals, functionally distributed in four organizational units. The teams anonymously filled out a specially designed questionnaire. The analyzed characteristics of the teams related to the average number of members in the team, gender structure, length of service, and 11 dimensions of teamwork (purpose, satisfaction, interactions, training, communication, processes, etc.). Performance indicators such as effectiveness (number of patients per team) and absenteeism (number of days of absence from work) were taken from the annual operation report for 2020.

Results: The level of satisfaction in terms of belonging to the organizational unit, according to the total scale and all four subscales, was highest among employees in the "B" Infirmary Unit. A statistically predominant number of respondents showed high satisfaction with teamwork, which was the result of satisfaction with team management (91.7%), the functioning of the team (88.1%), the organizational culture (79.8%), and team culture (60.5%). It has been confirmed that a better-structured team achieves better performance, in terms of higher productivity and a decline in absenteeism.

Conclusion: The study results indicate the necessary improvements that management should implement in organizing teamwork in order to achieve a higher level of satisfaction with teamwork in all respondents and better performance.

Keywords: teamwork, medical rehabilitation, management, teamwork organization

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UVOD

Holistički orijentisana medicinska rehabilitacija počiva na temeljima timskog rada jer je rehabilitovanje aktivnosti i podizanje kvaliteta života osoba sa akutnim/hroničnim zdravstvenim problemom nemoguće ostvariti kroz delovanje samo jedne profesije [1]. Za postizanje optimalnih ishoda medicinske rehabilitacije neophodno je objediniti zdravstvene radnike (lekare različitih specijalnosti) ali i saradnike kao što su logopedi, psiholozi, defektolozi, fizikalni i okupacioni terapeuti, socijalni radnici, te medicinske sestre. U literaturi, nedostaju dokazi o ključnim komponentama uspešnih timova u programima fizikalne i rehabilitacione medicine [2].

Timski rad i njegova efikasnost u zdravstvenoj zaštiti predstavlja nezaobilazan činilac u organizaciji kvaliteta rukovođenja što ima direktan uticaj na podizanje kvaliteta lečenja i rehabilitacije. Takođe, timski oblik organizovanja rada pruža članovima tima osećaj koherentnosti i pripadnosti [3]. Sa druge strane, nedostatak timske saradnje i komunikacije može da poveća nepotrebnog antagonizam među zdravstvenim radnicima i da doprinese dugotrajnom apsentizmu. Nekoliko studija je pokazalo da je zadovoljstvo zaposlenih u rehabilitacionim ustanovama u kojima rukovodioci podržavaju efikasan timski rad veće [3-5]. Teorija o odnosu timskog rada i učinka u zdravstvenim timovima se nalazi u osnovi konceptualizacije ovog istraživanja [6]. Ova teorija objašnjava da se u medicinskoj rehabilitaciji izgradnjom timskog rada mogu postići bolje performanse. U skladu sa teorijskim okvirom, potrebno je ispitivati subjektivni doživljaj timskog rada uporedo sa objektivnim pokazateljima timskog rada kako bi se smanjile sistemske greške (engl. *bias*) u zaključivanju, i validirao model unapređenja timskog rada [7,8].

Ciljevi ovog istraživanja su da se analizom karakteristika timskog rada utvrdi povezanost između stepena zadovoljstva u timu i pokazatelja performansi tima. Polazne hipoteze rada su sledeće:

1. Tim sa zadovoljnijim članovima ostvaruje veću delotvornost;
2. Tim sa zadovoljnijim članovima beleži manji apsentizam.

MATERIJALI I METODE

U pitanju je studija preseka sa deskriptivno-analitičkim pristupom opisivanju karakteristika timskog rada na medicinskoj rehabilitaciji osoba sa invaliditetom i utvrđivanju povezanosti između zadovoljstva u timu i odabranih pokazatelja performansi tima, u Specijalnoj bolnici za cerebralnu paralizu i razvojnu neurologiju, u Beogradu, tokom januara 2021. godine.

Ispitivanu populaciju su činili zdravstveni radnici (lekari, medicinske sestre) i zdravstveni saradnici (fizi-

INTRODUCTION

Holistically oriented medical rehabilitation rests on the foundations of teamwork because rehabilitating activity in patients with acute/chronic health problems and improving their quality of life is impossible to achieve through the work of only one profession [1]. Achieving optimal results in medical rehabilitation requires the collaboration of health workers (doctors of various specialties) and other professionals, such as speech therapists, psychologists, defectologists, physical and occupational therapists, social workers, and nurses. The literature lacks evidence on the key components of successful teams in physical and rehabilitation medicine programs [2].

Teamwork and its effectiveness in health care are key factors in organizing quality management, directly impacting the improvement of the quality of treatment and rehabilitation. Also, organizing work in the form of a team effort provides members with a sense of coherence and belonging [3]. On the other hand, a lack of team cooperation and communication can increase unnecessary antagonism among healthcare workers and contribute to long-term absenteeism. Several studies have shown that employee satisfaction in rehabilitation facilities where managers support effective teamwork is higher [3-5]. The theory of the relationship between teamwork and performance in healthcare teams is at the core of the conceptualization of this study [6]. This theory explains that better performance can be achieved in medical rehabilitation by building teamwork. In accordance with the theoretical framework, it is necessary to examine the subjective experience of teamwork together with objective indicators of teamwork in order to reduce bias when drawing conclusions and validate the model of teamwork improvement [7,8].

This study aims to determine the relationship between the degree of satisfaction in the team and indicators of team performance by analyzing the characteristics of teamwork. The starting hypotheses of the study are as follows:

1. A team with more satisfied members achieves greater effectiveness;
2. A team with more satisfied members records lower absenteeism.

MATERIALS AND METHODS

This is a cross-sectional study with a descriptive and analytical approach to depicting the characteristics of teamwork in the medical rehabilitation of persons with disabilities and determining the connection between satisfaction in the team and selected indicators of team performance, carried out at the Special Hospital for Cerebral Palsy and Developmental Neurology in Belgrade, in January 2021.

oterapeuti i radni terapeuti, defektolozi, logopedi, psiholozi, socijalni radnici) u četiri organizacione jedinice: Ambulantno poliklinička služba (APS), Stacionarno „A“ odeljenje (SAO), Stacionarno „B“ odeljenje (SBO) i Dnevna bolnica (DB). U istraživanje su uključena 124 radnika Specijalne bolnice za cerebralnu paralizu i razvojnu neurologiju u Beogradu kojima su dati upitnici za popunjavanje. Od podeljenih 124 upitnika, 109 (87,9%) je validno popunjeno, dva (1,6%) su vraćena nepopunjena, dok 7 (5,6%) upitnika nije vraćeno.

Izvori podataka za istraživanje su bili anketa i rutinski godišnji izveštaji o radu službi. U anketi je, kao instrument istraživanja korišćen upitnik koji su članovi tima samostalno popunjavali. Učešće u istraživanju je bilo dobrovoljno. Vodeći se teorijom o odnosu timskog rada i učinka [6] i sličnim istraživanjima [9-13], konstruisan je upitnik od dva dela. Prvi deo upitnika se odnosio na individualna obeležja ispitanika (demografske karakteristike i dužina radnog staža), a drugi je sadržao četiri grupe pitanja koja su se odnosila na organizacione aspekte timskog rada. Za procenu timskog rada, ispitivana je percepcija, odnosno subjektivni doživljaj timskog rada – ocena zadovoljstva na kontinualnoj skali 0-100 (Tabela 1), a u odnosu na 22 tvrdnje koje su tako grupisane da opišu sledeća četiri aspekta: upravljanje timom, kultura u timu, organizacija timskog rada i funkcionisanje u timu:

- ♦ *Upravljanje timom* (podskala od šest pitanja o procesima upravljanja, svrsi tima, usklađenosti timova i raspoređivanju resursa). Sabiranjem ostvarenih bodova formirana je podskala za stepen zadovoljstva upravljanjem timom (U – upravljanje);
- ♦ *Kultura u timu* (podskala od šest pitanja o intertimskim interakcijama, integraciji tima i timskom radu). Sabiranjem ostvarenih bodova formirana je podskala za stepen zadovoljstva kulturom u timu (K – kultura);
- ♦ *Organizacija timskog rada* (podskala od šest pitanja o sistemskim elementima organizacije rada, povratnim informacijama, priznanjima, dostupnosti informacija i dostupnosti obuke). Sabiranjem ostvarenih bodova formirana je podskala za stepen zadovoljstva organizacionim sistemom (O – organizacija);
- ♦ *Funkcionisanje u timu* (podskala od četiri pitanja o pripadnosti timu i timskim procesima). Sabiranjem ostvarenih bodova formirana je podskala za funkcionisanje u timu (F – funkcionisanje).

Pouzdanost i valjanost primenjene skale i njenih podskala utvrđivane su Kronbah alfa koeficijentom (engl. *Cronbach's alpha reliability coefficient*), koji je za skalu u celini bio 0,964, za podskalu *Upravljanje timom* je iznosio 0,867, za podskalu *Kultura u timu* je bio 0,922, za podskalu *Organizacija timskog rada* je iznosio 0,908,

The study population comprised healthcare workers (doctors, nurses) and professionals collaborating with healthcare workers (physical therapists, occupational therapists, defectologists, speech therapists, psychologists, and social workers) in four organizational units: the Outpatient Polyclinic (OP), the “A” Infirmary Unit (AIU), the “B” Infirmary Unit (BIU) and the Day Hospital (DH). In total, 124 employees of the Special Hospital for Cerebral Palsy and Developmental Neurology in Belgrade were included in the study and given questionnaires to fill out. Of the 124 distributed questionnaires, 109 (87.9%) were filled out properly, two (1.6%) were turned in blank, while 7 (5.6%) questionnaires were not turned in.

A survey and routine annual reports on the operation of the organizational units were used as data sources for the study. The survey used a questionnaire as a research instrument, which the team members filled out independently. Participation in the study was voluntary. The two-part questionnaire was constructed guided by the theory on the relationship between teamwork and performance [6] and similar studies [9-13]. The first part of the questionnaire related to the individual characteristics of the respondents (demographic characteristics and length of service), while the second part contained four groups of questions related to the organizational aspects of teamwork. To assess teamwork, the perception, i.e., the subjective experience of teamwork was examined – satisfaction rating on a continuous scale of 0-100 (Table 1), concerning 22 statements that were grouped to describe the following four aspects: team management, team culture, teamwork organization, and team functioning:

- ♦ *Team Management* (a subscale comprising six questions on management processes, team purpose, team cohesion, and resource allocation). The subscale for the degree of satisfaction with team management (M – management) was formed based on the sum of the resulting scores;
- ♦ *Team Culture* (a subscale comprising six questions on inter-team interactions, team integration, and teamwork). The subscale for the degree of satisfaction with team culture (C – culture) was formed based on the sum of the resulting scores;
- ♦ *Teamwork Organization* (a subscale comprising six questions on the systemic elements of work organization, feedback, recognition, information availability, and the availability of training). The subscale for the degree of satisfaction with the organizational system (O – organization) was formed based on the sum of the resulting scores;
- ♦ *Team Functioning* (a subscale comprising four questions about belonging to a team and team

dok je za podskalu *Funkcionisanje u timu* njegova vrednost bila 0,877. S obzirom na to da su vrednosti koeficijena vrlo visoke, a najviše za skalu u celini, može se reći da su skala kao i podskale definisane na osnovu upitnika veoma pouzdane.

Izabrani pokazatelji performansi kvaliteta timskog rada u medicinskoj rehabilitaciji – delotvornost (broj pacijenata po timu) i apsentizam (broj dana odsustvovanja sa posla) su preuzeti iz izveštaja službe za 2020. godinu. Godišnji prosečni apsentizam po radniku je izračunat po sledećoj formuli:

$$\text{Aps} = \frac{\text{izgubljeni radni dani u toku godine}}{\text{ukupan broj zaposlenih}} \times 100.$$

Za testiranje performansi u odnosu na binarnu varijablu koja odražava zadovoljstvo izgrađenim timom, gde je 1 – visok stepen zadovoljstva (veoma visoka, visoka i prosečna ocena zadovoljstva), a 0 – nizak stepen zadovoljstva (niska i veoma niska učestalost zadovoljstva), korišćene su granične vrednosti skale i skorova navedene u tabeli ispod.

Statistička obrada podataka urađena je u programu *SPSS 15.0*. Kontinualne varijable u istraživanju prikazane su pomoću srednjih vrednosti (aritmetička sredina – AS), standardne devijacije (SD), a kvalitativna obeležja pomoću apsolutnih brojeva, odnosno frekvencija (N) i procentualno (%). Poređenje učestalosti atributivnih parametara između grupa vršeno je Hi kvadratnim testom (engl. *Chi square test*). Poređenje ostvarenih skorova skale i podskala između različitih organizacionih jedinica sprovedeno je putem ANOVA analize, a između pojedinih podskala pomoću testova *post-hoc* analize. Statističke hipoteze su testirane na nivou statističke značajnosti (alfa nivo) od 0,05.

processes). The subscale for team functioning (F – functioning) was formed based on the sum of the resulting scores.

The reliability and validity of the applied scale and its subscales were determined with Cronbach's alpha reliability coefficient, which was 0.964 for the total scale, 0.867 for the *Team Management* subscale, 0.922 for the *Team Culture* subscale, 0.908 for the *Teamwork Organization* subscale, and 0.877 for the *Team Functioning* subscale. Given that the values of the coefficients are quite high, especially for the total scale, it can be said that the scale and the subscales defined based on the questionnaire are very reliable.

Selected performance indicators of teamwork quality in medical rehabilitation – effectiveness (number of patients per team) and absenteeism (number of days of absence from work) were taken from the annual report for 2020. Annual average absenteeism per employee was calculated according to the following formula:

$$\text{Abs} = \frac{\text{lost workdays during the year}}{\text{total number of employees}} \times 100.$$

Cut-off values of the scale and scores presented in the table below were used to test performance in relation to the binary variable that reflects satisfaction with the team, with 1 marking a high degree of satisfaction (very high, high, and average satisfaction ranking) and 0 marking a low degree of satisfaction (low and very low frequency of satisfaction).

SPSS 15.0 was used for statistical data processing. Continuous variables in the study are presented as mean values (arithmetic mean – AM) and the standard deviation (SD), while qualitative characteristics are presented as absolute numbers, i.e., frequencies (N) and percentages (%). The comparison of the frequency of

Tabela 1. Granične vrednosti skorova na ukupnoj skali i podskalama upitnika i konverzija u procene zadovoljstva izgrađenim timom

Stepen / Degree	Procena zadovoljstva izgrađenim timom / Assessment of satisfaction with the team	Cela skala (22 pitanja) / Total scale (22 questions)	Podskale Upravljanje timom, Kultura u timu i Organizacija timskog rada (šest pitanja) / Subscales Team Management, Team Culture, and Teamwork Organization (six questions)	Podskala Funkcionisanje u timu (četiri pitanja) / Subscale Team Functioning (four questions)
5	Veoma visoko / Very high	100 do/ to 110	28 do/ to 30	19 do/ to 20
4	Visoko / High	78 do/ to 99	22 do/ to 27	15 do/ to 18
3	Prosečno / Average	56 do/ to 77	16 do/ to 21	11 do/ to 14
2	Nisko / Low	34 do/ to 55	10 do/ to 15	7 do/ to 10
1	Veoma nisko / Very low	22 do/ to 33	6 do/ to 9	4 do/ to 6

Table 1. Cut-off values of scores in the total scale and the subscales of the questionnaire, and conversion into the assessment of satisfaction with the team

REZULTATI

U celom uzorku, kao i u svim radnim timovima, statistički su bili značajno zastupljeniji ispitanici ženskog pola ($p < 0,001$), (Tabela 2).

Distribucija zaposlenih po starosnim kategorijama je pokazala da je 82,6% zaposlenih bilo u kategoriji između 35 i 54 godine, manje od 35 godina je imalo 9,2% zaposlenih, dok je najmanje zaposlenih bilo starije od 55 godina, svega 8,3% (Tabela 3).

Tabela 2. Polna struktura radnih timova

Table 2. The gender structure of work teams

Radni tim (organizaciona jedinica) / Work team (organizational unit)	Pol / Gender			
	Muški / Male		Ženski / Female	
	<i>n</i>	%	<i>n</i>	%
SAO / AIU	3	12.5%	21	87.5%
SBO / BIU	0	0.0%	28	100.0%
APS / OP	5	15.6%	27	84.4%
DB / DH	4	16.0%	21	84.4%
Ukupno / Total	12	11.0%	97	89.0%

Tabela 3. Starosna struktura radnih timova

attributive parameters among groups was performed using the Chi-square test. The comparison of recorded scores on the scale and the subscales among different organizational units was performed with ANOVA analysis, while post-hoc analysis tests were used for the comparison among individual subscales. Statistical hypotheses were tested at a statistical significance level (alpha level) of 0.05.

RESULTS

In the entire sample, as well as in all work teams, there were statistically significantly more female respondents ($p < 0.001$), (Table 2).

The distribution of employees by age showed that 82.6% were in the 35 to 54 category, 9.2% were younger than 35 years, while the least number of employees were older than 55 years, only 8.3% (Table 3).

The distribution of employees in relation to the length of service (Table 4) shows that the highest number of employees in outpatient teams had longer service, i.e., more than 20 years (OP: 62.3%; DH: 84%), as compared to the inpatient units, where the highest number of employees had between 10 and 20 years of service (AIU: 58.3%; BIU: 67.9%). The Day Hospital

Table 3. The age structure of the work teams

Radni tim (organizaciona jedinica) / Work team (organizational unit)	Starost (godine) / Age (years)					
	Manje od 35 / Younger than 35		35 do 54 / 35 to 54		Više od 55 / Older than 55	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
SAO / AIU	3	12.5%	20	83.3%	1	4.2%
SBO / BIU	5	17.9%	23	82.1%	0	0.0%
APS / OP	1	3.1%	26	81.3%	5	15.6%
DB / DH	1	4.0%	21	84.0%	3	12.0%
Ukupno / Total	10	9.2%	90	82.6%	9	8.3%

Tabela 4. Struktura ispitanika u radnim timovima prema dužini radnog staža

Table 4. Structure of respondents in work teams according to length of service

Radni tim (organizaciona jedinica) / Work team (organizational unit)	Radni staž (godine) / Length of service (years)					
	Manje od 10 / Less than 10		10 do 20 / 10 to 20		Više od 20 / More than 20	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
SAO / AIU	4	16.7%	14	58.3%	6	25.0%
SBO / BIU	5	17.9%	19	67.9%	4	14.3%
APS / OP	2	62.3%	12	37.5%	18	56.3%
DB / DH	1	4.0%	3	12.0%	21	84.0%
Ukupno / Total	12	11.0%	48	44.0%	49	45.0%

Tabela 5. Broj lekara i pacijenata, godišnji broj pacijenata i godišnji apsentizam po zaposlenom

Radni tim (organizaciona jedinica) / Work team (organizational unit)	Broj lekara / Number of doctors	Broj pacijenata / Number of patients	Godišnji broj pacijenata po zaposlenom / Annual patient count per employee	Godišnji apsentizam po zaposlenom* / Annual absenteeism per employee*
SAO / AIU	3	1.810	603	56.2
SBO / BIU	3	1.932	644	60.0
APS / OP	8	5.472	684	58.8
DB / DH	3	2.183	728	64.6
Ukupno / Total	17	11.397	665	

Podaci su prikazani po učestalostima i procentualno.

*Godišnji apsentizam – izgubljeni radni dani u toku godine/ukupan broj zaposlenih $\times 100$

Distribucija zaposlenih u odnosu na dužinu radnog staža (Tabela 4), pokazala je da je u ambulantnim timovima najveći broj zaposlenih imao duži radni staž, odnosno više od 20 godina (APS: 62,3%; DB: 84%), u poređenju sa stacionarnim odeljenjima, gde je najveći broj zaposlenih imao između 10 i 20 godina radnog staža (SAO: 58,3%; SBO: 67,9%). U Dnevnoj bolnici, zaposleni su bili najopterećeniji jer su godišnje imali 728 pacijenata po zaposlenom. Tu je istovremeno bio i najveći godišnji apsentizam po zaposlenom od 64,6 dana. Najmanje vrednosti oba navedena parametra su registrovane na Stacionarnom „A“ odeljenju (Tabela 5).

Upravljanje timom

Više od pola ispitanika je bilo saglasno sa tvrdnjom da često dobijaju jasne instrukcije potrebne u svakodnevnom radu, da često imaju izraženu želju da rade na ostvarivanju zajedničkih ciljeva, i da su ciljevi tima usklađeni sa ciljevima ustanove (Tabela 6).

Kultura u timu

Samo se između jedne trećine i dve petine ispitanika najčešće slagalo sa tvrdnjama da koordinatori tima često ohrabruju članove tima da zajedno rade i razvijaju timski duh, da postoji pomoć vođe tima članovima tima da sagledaju uklapanje sopstvene uloge u šire funkcionisanje tima, da vođa tima u svom odnosu prema članovima tima pokazuje poštovanje, kao i da razume i vrednuje timski radi. Isti udeo ispitanika je veoma često smatrao da je njihov tim važan deo organizacije ustanove, ali i da ustanova članovima tima ponekad daje podršku u svakom pogledu (Tabela 7).

Organizacija timskog rada

Trećina ispitanika iskazala je da često dobija informacije o učinku tima u celini, ali da članovi tima *nikada* nisu na-

Table 5. Number of doctors and patients, annual patient count per employee, and annual absenteeism per employee

Data are presented by frequency and as percentages.

*Annual absenteeism – lost workdays during the year/total number of employees $\times 100$

employees had the greatest workload as they had 728 patients per employee annually. At the same time, this was where the highest annual absenteeism per employee was recorded, i.e., 64.6 days. The lowest values for both of the abovementioned parameters were registered in the “A” Infirmary Unit (Table 5).

Team Management

More than half of the respondents agreed with the statement that they frequently receive clear instructions necessary in their everyday work, that they frequently have a strong desire to work towards achieving common goals, and that the team goals are aligned with the goals of the hospital (Table 6).

Team Culture

Only between one-third and two-fifths of respondents most often agreed with the statements that team coordinators frequently encourage team members to work together and develop team spirit, that there is help provided by the team leader to team members so that they can understand how their role fits into the broader context of team functioning, that the team leader treats the members with respect, as well as that he/she understands and values teamwork. The same ratio of respondents very frequently considered their team to play an important part in the organizational structure of the hospital and felt that the hospital only sometimes provides support to team members in all aspects of their work (Table 7).

Teamwork Organization

A third of the respondents stated that they frequently receive information about team performance, but that the team members are *never* rewarded for a job well done, while two-fifths of the respondents stated

Tabela 6. Stepen slaganja ispitanika sa tvrdnjama o upravljanju timom**Table 6.** Degree of respondents' agreement with statements regarding team management

Tvrdnja / Statement	Nikad / Never		Retko / Rarely		Ponekad / Sometimes		Često / Frequently		Veoma često / Very frequently		Ukupno / Total	
	n	%	n	%	n	%	n	%	n	%	N	%
Članovi tima dobijaju jasne instrukcije potrebne u svakodnevnom radu. / Team members frequently receive clear instructions necessary in their everyday work.	0	0.0%	7	6.4%	24	22.0%	60	55.1%	18	16.5%	109	100%
Članovi tima žele da rade na ostvarenju zajedničkih ciljeva. / Team members want to work towards achieving common goals.	0	0.0%	7	6.4%	21	19.3%	57	52.3%	24	22.0%	109	100%
Ciljevi tima su usklađeni sa ciljevima ustanove. / Team goals are aligned with the goals of the hospital.	2	1.8%	10	9.2%	21	19.3%	56	51.4%	20	18.4%	109	100%
Članovi tima razumeju kako njihov rad utiče na rad bolnice u celini. / Team members understand how their work affects the operation of the hospital as a whole.	3	2.7%	10	9.2%	21	19.3%	53	48.6%	22	20.2%	109	100%
Članovi tima dobijaju relevantne informacije od koordinatora tima. / Team members receive relevant information from team coordinators.	1	0.9%	10	9.2%	34	31.2%	43	39.4%	21	19.3%	109	100%
Tim ima dovoljno resursa da ostvari svoje ciljeve. / The team has sufficient resources to achieve its goals.	2	1.8%	20	8.4%	40	36.7%	33	30.3%	14	12.8%	109	100%

građeni za dobro obavljen posao, dok su dve petine ispitanika iskazale da često dobijaju potrebne informacije od vođe tima. Manje od trećine ispitanih je navelo da je obuka članovima tima samo *ponekad* dostupna, onda kada je to potrebno, ili navodi da se članovima tima *retko* pružaju prilike za dodatno usavršavanje (Tabela 8).

that they frequently receive the necessary information from the team leader. Less than a third of the respondents stated that training is only *sometimes* available to team members when needed, or stated that team members are *rarely* provided with additional training opportunities (Table 8).

Tabela 7. Stepen slaganja ispitanika sa tvrdnjama o kulturi u timu**Table 7.** Degree of respondents' agreement with statements regarding team culture

Tvrdnja / Statement	Nikad / Never		Retko / Rarely		Ponekad / Sometimes		Često / Frequently		Veoma često / Very frequently		Ukupno / Total	
	n	%	n	%	n	%	n	%	n	%	N	%
Članovi tima se ohrabruju da rade zajedno i razvijaju timski duh. / Team members are encouraged to work together and develop the team spirit.	10	9.2%	12	11.0%	27	24.8%	41	37.6%	19	17.4%	109	100%
Vođe tima pomažu članovima tima da sagledaju kako se njihove uloge uklapaju u šire funkcionisanje tima. / Team leaders help team members see how their roles fit into the broader context of team functioning.	10	9.2%	18	16.5%	27	24.8%	38	34.9%	16	14.7%	109	100%
Članovi tima imaju podršku od ustanove u svakom pogledu. / Team members are supported by the hospital in every aspect of their work.	6	5.5%	21	19.3%	38	34.9%	29	26.6%	15	13.8%	109	100%
Moj tim je važan deo organizacije bolnice. / My team plays an important part in the organizational structure of the hospital.	5	4.6%	15	13.8%	14	12.8%	31	28.4%	44	40.4%	109	100%
Vođa tima se prema članovima odnosi sa poštovanjem. / The team leader treats the members with respect.	5	4.6%	9	8.3%	22	20.2%	42	38.5%	31	28.4%	109	100%
Vođa tima razume i vrednuje timski rad. / The team leader understands and values teamwork.	5	4.6%	13	11.9%	22	20.2%	41	37.6%	28	25.7%	109	100%

Tabela 8. Stepen slaganja ispitanika sa tvrdnjama o organizaciji timskog rada

Tvrdnja / Statement	Nikad / Never		Retko / Rarely		Ponekad / Sometimes		Često / Frequently		Veoma često / Very frequently		Ukupno / Total	
	n	%	n	%	n	%	n	%	n	%	N	%
Članovi tima dobijaju informacije o učinku tima u celini. / Team members receive information about team performance.	8	7.3%	18	16.5%	32	29.4%	36	33.0%	15	13.8%	109	100%
Članovi tima su nagrađeni za dobro obavljen posao. / Team members are rewarded for a job well done.	37	33.9%	35	32.1%	19	17.4%	13	11.9%	5	4.6%	109	100%
Moj tim ima pristup poslovnim informacijama. / Operational data are available to my team.	13	11.9%	37	33.9%	23	21.1%	21	19.3%	15	13.8%	109	100%
Moj tim dobija potrebne informacije od vođe tima. / My team receives the necessary information from the team leader.	3	2.7%	10	9.2%	29	26.6%	46	42.2%	21	19.3%	109	100%
Članovima tima se pružaju prilike za dodatno usavršavanje. / Team members are provided with opportunities for additional training.	21	19.3%	32	29.4%	30	27.5%	20	18.4%	6	5.5%	109	100%
Obuka je dostupna članovima tima onda kada je to potrebno. / Training is available to team members when needed.	20	18.4%	30	27.5%	33	30.3%	22	20.2%	4	3.7%	109	100%

Table 8. Degree of respondents' agreement with statements regarding teamwork organization

Funkcionisanje u timu

Prema tvrdnjama koje se odnose na funkcionisanje u timu, trećina ispitanika je iskazala da su često srećni što su članovi tima, dok je više od dve petine njih navelo da su često ponosni na postignuća svog tima i međusobno deljenje informacija. Takođe, trećina ispitanika ponekad ili često smatra da članovi tima uspešno balansiraju između potrebe za samostalnošću i postizanjem ličnih ciljeva i prednosti rada u timu (Tabela 9).

Team Functioning

According to statements related to team functioning, a third of the respondents stated that they are often happy to be a part of the team, while more than two-fifths indicated that they are often proud of their team's achievements and of information sharing amongst team members. Also, a third of the respondents sometimes or frequently believe that team members successfully balance the need for independence and achievement of personal goals with the advantages of working in a team (Table 9).

Tabela 9. Stepen slaganja ispitanika sa tvrdnjama o funkcionisanju u timu

Tvrdnja / Statement	Nikad / Never		Retko / Rarely		Ponekad / Sometimes		Često / Frequently		Veoma često / Very frequently		Ukupno / Total	
	n	%	n	%	n	%	n	%	n	%	N	%
Srećan sam što sam član ovog tima. / I am happy to be a part of this team.	5	4.6%	10	9.2%	31	28.4%	36	33.0%	27	24.8%	109	100%
Ponosna/sam na ono što postiže moj tim. / I am proud of my team's achievements	2	1.8%	9	8.3%	24	22.0%	47	43.1%	27	24.8%	109	100%
Članovi tima uspešno balansiraju između potrebe za samostalnošću i postizanjem ličnih ciljeva i prednosti rada u timu. / Team members successfully balance the need for independence and achievement of personal goals with the advantages of working in a team.	4	3.7%	9	8.3%	39	35.8%	39	35.8%	18	16.5%	109	100%
Članovi tima dele informacije jedni sa drugima. / Team members share information amongst themselves.	0	0.0%	15	13.8%	25	2.9%	47	43.1%	22	20.2%	109	100%

Table 9. Degree of respondents' agreement with statements regarding team functioning

UPRAVLJANJE, KULTURA, ORGANIZACIJA I FUNKCIONISANJE, PO TIMOVIMA U USTANOVU

Osnovni deskriptivni parametri skorova po celoj skali i po podskalama organizacionih jedinica, kao i rezultati ANOVA analize, prikazani su u **Tabeli 10**. ANOVA analiza je utvrdila postojanje statističke značajnosti za ostvareni skor skale u celini, kao i za skorove podskala *Kultura u timu* ($p < 0,05$) i *Funkcionisanje u timu* ($p < 0,01$). Sledstvenom *post-hoc* analizom utvrđeno je da je vrednost skora podskale *Kultura u timu* bila statistički značajno viša u SBO u odnosu na SAO ($p < 0,05$), dok je vrednost skora podskale *Funkcionisanje u timu* u SBO bila statistički značajno viša u odnosu na SAO ($p < 0,05$) i u odnosu na DB ($p < 0,01$).

Na osnovu cele skale svih aspekata timskog rada u celom uzorku, dominantno je bilo visoko zadovoljstvo timskim radom, koje je izraženo kod statistički

MANAGEMENT, CULTURE, ORGANIZATION, AND FUNCTIONING, BY HOSPITAL TEAMS

The basic descriptive parameters of the scores for the whole scale and the subscales of the organizational units, as well as the results of the ANOVA analysis, are presented in **Table 10**. The ANOVA analysis found the score for the total scale, as well as the scores for the subscales *Team Culture* ($p < 0.05$) and *Team Functioning* ($p < 0.01$) to be statistically significant. Consequent *post-hoc* analysis found that the value of the score for the subscale *Team Culture* was statistically significantly higher in the BIU, as compared to the AIU ($p < 0.05$), while the value of the score of the subscale *Team Functioning* in the BIU was statistically significantly higher, as compared to the AIU ($p < 0.05$) and the DH ($p < 0.01$).

Tabela 10. Razlike među timovima u pogledu upravljanja, kulture, organizacije i funkcionisanja (ANOVA analiza)

Cela skala / Total scale	as / am	sd	n	p
SAO / AIU	70.00	18.97	24	0.046*
SBO / BIU	82.11	14.35	28	
APS / OP	76.97	18.02	32	
DB / DH	71.44	17.07	25	
Upravljanje / Management	as / am	sd	n	p
SAO / AIU	21.08	4.23	24	0.102
SBO / BIU	23.61	3.75	28	
APS / OP	22.56	3.89	32	
DB / DH	21.32	4.73	25	
Kultura / Culture	as / am	sd	n	p
SAO / AIU	18.75	6.19	24	0.024*
SBO / BIU	23.57	5.00^{*vsAIU}	28	
APS / OP	21.69	6.02	32	
DB / DH	20.64	5.35	25	
Organizacija / Organization	as / am	sd	n	p
SAO / AIU	16.63	5.79	24	0.201
SBO / BIU	18.43	5.33	28	
APS / OP	18.19	5.93	32	
DB / DH	15.56	5.25	25	
Funkcionisanje / Functioning	as / am	sd	n	p
SAO / AIU	13.54	4.09	24	0.006
SBO / BIU	16.50	2.05^{*vsAIU**vsDH}	28	
APS / OP	14.53	3.53	32	
DB / DH	13.92	3.16	25	

Legenda: Podaci su prikazani kroz srednje vrednosti (as), standardnu devijaciju (sd), i broj ispitanika koji su davali odgovore (n);

* – $p < 0,05$, ** – $p < 0,01$

Table 10. Differences among teams regarding management, culture, organization, and functioning (ANOVA analysis)

Legend: Data are presented as mean values (arithmetic mean – am), standard deviation (sd), and the number of respondents who provided answers (n);

* – $p < 0.05$, ** – $p < 0.01$

Tabela 11. Zadovoljstvo izgrađenim timom u odnosu na sve aspekte timskog rada i posebno u odnosu na upravljanje, kulturu, organizaciju i funkcionisanje**Table 11.** Satisfaction with the team regarding all aspects of teamwork, and regarding management, culture, organization, and functioning, separately

Svi aspekti timskog rada / All aspects of teamwork	Zadovoljstvo izgrađenim timom - organizaciona jedinica / Satisfaction with the team – organizational unit								Ukupno / Total	
	SAO / AIU		SBO / BIU		APS / OP		DB / DH			
	n	%	n	%	n	%	n	%		
Nisko / Low	6	25.0%	1	3.6%	4	12.5%	4	16.0%	15	13.8%
Visoko / High	18	75.0%	27	96.4%	28	87.5%	21	84.0%	94	86.2%
Upravljanje / Management										
Nisko / Low	2	8.3%	1	3.6%	2	6.3%	4	16.0%	9	8.3%
Visoko / High	22	91.7%	27	96.4%	30	93.8%	21	84.0%	100	91.7%
Kultura / Culture										
Nisko / Low	9	37.5%	4	14.3%	5	15.6%	4	16.0%	22	20.2%
Visoko / High	15	62.5%	24	85.7%	27	84.4%	21	84.0%	87	79.8%
Organizacija / Organization										
Nisko / Low	10	41.7%	8	28.6%	11	34.4%	14	56.0%	43	39.5%
Visoko / High	14	58.3%	20	71.4%	21	65.6%	11	44.0%	66	60.6%
Funkcionisanje / Functioning										
Nisko / Low	7	29.2%	0	0.0%	4	12.5%	2	8.0%	13	11.9%
Visoko / High	17	70.8%	28	100.0%	28	87.5%	23	92.0%	96	88.1%

preovlađujućeg broja ispitanika, odnosno kod njih 94 (86,2%); $p < 0,001$ (Tabela 11). Ispitanici su bili najzadovoljniji upravljanjem, funkcionisanjem u timu i kulturom, a najmanje organizacijom. Najzadovoljniji izgrađenim timom su bili ispitanici SBO, jer je kod njih bilo najviše ispitanika sa visokim zadovoljstvom radom u timu, kako po ukupnoj skali, tako i po sve četiri podskale. Ispitanici SBO, u odnosu na SAO, statistički su bili značajno zadovoljniji, po celoj skali, svim aspektima timskog rada ($p < 0,05$) i funkcionisanjem ($p < 0,01$), a organizacijom su bili zadovoljniji u odnosu na DB ($p < 0,05$).

Poređenjem nalaza u Tabeli 5 (prema godišnjem broju pacijenata po lekaru i apsentizmu) sa podacima u Tabeli 11 (svi aspekti timskog rada), možemo zaključiti da u organizacionoj jedinici gde je veće zadovoljstvo izgradnjom timskog rada postoje i bolje performanse, u smislu veće produktivnosti i manjeg apsentizma (SBO u odnosu na SAO). Naime, produktivnost rada je bila veća u SBO u odnosu na SAO, jer je broj pacijenata po lekaru bio 644 u SBO u odnosu na

Based on the total scale of all aspects of teamwork in the entire sample, high satisfaction with teamwork was dominant, which was expressed by a statistically predominant number of respondents, i.e., 94 (86.2%); $p < 0.001$ (Table 11). Respondents were most satisfied with management, team functioning, and culture, and least satisfied with organization. The respondents from the BIU were most satisfied with the team because they had the most respondents demonstrating high satisfaction with working in a team, both in the total scale and in all four subscales. BIU respondents, compared to AIU respondents, were statistically significantly more satisfied, in the total scale, with all aspects of teamwork ($p < 0.05$) and functioning ($p < 0.01$), and they were more satisfied with the organization, as compared to the DH ($p < 0.05$).

By comparing the findings in Table 5 (according to the annual patient count per doctor and absenteeism) with the data in Table 11 (all aspects of teamwork), we can conclude that in the organizational unit where there is greater satisfaction with building teamwork, there is

603 u SAO, i ovo je u skladu sa subjektivno iskazanim zadovoljstvom timskim radom na osnovu cele skale kao i podskale *Funkcionisanje u timu*. Ipak, apsentizam je nešto veći u SBO nego u SAO, što može biti i posledica veće opterećenosti lekara u ovoj organizacionoj jedinici. Nekompletno potvrđivanje polazne hipoteze može biti posledica relativno malog broja ispitanika po organizacionim jedinicama, a posebno malog broja lekara. U svakom slučaju, rezultati ukazuju na potrebne korekcije koje menadžment treba da sprovede u organizaciji timskog rada, kako bi već prilično visoko iskazano zadovoljstvo ispitanika timskim radom bilo još izraženije.

DISKUSIJA

Sprovedena studija predstavlja doprinos razumevanju elemenata timskog rada u rehabilitacionoj ustanovi sekundarnog nivoa zdravstvene zaštite u Republici Srbiji, koji su značajni za unapređenje kvaliteta medicinske rehabilitacije. Utvrđeno je da je potrebno unaprediti sve aspekte timskog rada i u svim organizacionim jedinicama ustanove. Takođe je potvrđeno da se izgradnjom timskog rada postižu bolje performanse, u smislu veće produktivnosti. Ovi rezultati su posebno važni ako se imaju u vidu relevantni dokazi iz sličnih istraživanja. Naime, pregled literature kojim su istraživani kriterijumi za procenu kvaliteta medicinske rehabilitacije na globalnom nivou, pokazao je da su, uprkos značajnim razlikama u organizaciji medicinske rehabilitacije, metodološki pristupi slični u pogledu osnovne namene i principa rehabilitacione medicine [14], pa je na izgradnji timskog rada potrebno više raditi.

Timski rad je važan instrument organizacionog razvoja i upravljanja kvalitetom. U medicinskoj rehabilitaciji, multidisciplinarni timovi su neophodnost. Rezultati analize sastava i funkcionisanja tima sačinjenog od profesionalaca različitih disciplina, kao i timskog rada, doprinose sagledavanju složenih procesa rada, uklopljenosti uloga i aktivnosti članova tima, kao i optimizaciji performansi tima, kao krajnjoj svrsi. Na osnovu podataka iz sedam evropskih zemalja [15], koji su se odnosili na povezanost sistema upravljanja kvalitetom sa percepcijom timskog rada, ukazano je na značaj pozitivne percepcije i ocene timskog rada za bezbednost medicinske nege pacijenata. Slično je potvrđeno i u našem istraživanju. Naime, najveće zadovoljstvo timskim radom je iskazano u SBO, čiji pripadnici su ostvarivali bolje performanse i manji apsentizam. S tim u vezi, pozitivna percepcija timskog rada može poboljšati aspekte organizacije, funkcionisanja, upravljanja i razvijanja optimalnog timskog procesa.

also better performance, in terms of higher productivity and less absenteeism (BIU compared to AIU). Namely, work productivity was higher in the BIU compared to the AIU, because the patient count per doctor was 644 in the BIU, as compared to 603 in the AIU, and this is in keeping with the subjectively expressed satisfaction with teamwork, based on the total scale as well as the *Team Functioning* subscale. However, absenteeism is somewhat higher in the BIU than in the AIU, which may also result from the higher workload of doctors in this organizational unit. Incomplete confirmation of the initial hypothesis may stem from the relatively small number of respondents per organizational unit, especially the small number of doctors. In any case, the results indicate the necessary adjustments that the management should implement in teamwork organization so that respondent satisfaction with teamwork, which is already quite high, would be even higher.

DISCUSSION

The study aims to contribute to the understanding of the elements of teamwork significant for improving the quality of medical rehabilitation in a rehabilitation facility at the secondary level of health care in the Republic of Serbia. It was determined that it is necessary to improve all aspects of teamwork in all the hospital organizational units. It was also confirmed that, by building teamwork, better performance is achieved, in terms of higher productivity. These results are particularly important when considering the relevant evidence from similar studies. Namely, the review of the literature, which investigated the criteria for assessing the quality of medical rehabilitation at the global level, showed that, despite the significant differences in the organization of medical rehabilitation, the methodological approaches are similar, in terms of the basic purpose and principles of rehabilitation medicine [14], and more needs to be done in the domain of teambuilding.

Teamwork is an important instrument of organizational development and quality management. In medical rehabilitation, multidisciplinary teams are a necessity. The results of the analysis of the structure and functioning of a team made up of professionals from different disciplines and of teamwork contribute to the understanding of complex work processes, the integration of roles and activities of team members, as well as the optimization of team performance, as the ultimate goal. Data from seven European countries [15] demonstrate the link between the quality management system and the perception of teamwork, as well as the significance of positive perception and assessment of teamwork for the safety of medical

Za sada, postoji samo nekoliko empirijskih studija koje su analizirale timski rad na polju zdravstvene zaštite, a posebno na polju stacionarne medicinske rehabilitacije [16]. Iako je izgradnja i negovanje timskog rada najvažnija za rehabilitaciju, do sada nije postignut konsenzus po mnogim pitanjima povezanim sa ovako složenim konceptom timskog rada, kao što su: konfiguracija i sukobi u timu, timski proces, organizacioni kontekst timskog rada, obrasci komunikacije, te efekti različitih karakteristika tima na ishode lečenja pacijenata [16]. Faktori savremene rehabilitacione doktrine, kao što su holistički pristup, multidisciplinarni timski rad, evaluacija ishoda lečenja, i drugi, nisu dovoljno afirmisani u svakodnevnoj rehabilitacionoj praksi zdravstvenog sistema Republike Srbije.

Nedostatak istraživanja u našoj literaturi koja se odnose na područje timskog rada u našim rehabilitacionim ustanovama navodi nas da zaključke donosimo na osnovu podataka o istraživanjima u rehabilitacionim centrima zemalja nama približnog nivoa razvoja. Studija sprovedena u Hrvatskoj koja se odnosila na analizu zadovoljstva i motivacije fizioterapeuta, te analizu faktora koji na njih utiču, pokazala je da 71% fizioterapeuta nije imalo zadovoljavajuću opremu i sredstva za adekvatno obavljanje posla, 75% nije imalo priliku da radi poslove za koje su se edukovali, a 77% ispitanika se izjasnilo da u prethodnih sedam dana niko nije pohvalio njihov rad [17]. U našem istraživanju, rezultati su ukazali na to da skoro polovina ispitanika ili manje nije bila zadovoljna aspektima organizacije, te upućivanjem na dodatno usavršavanje, a da trećina članova tima nikada nije bila nagrađena za dobro obavljen posao.

Analiza timskog rada u našem istraživanju je bila svojevrsan instrument organizacionog razvoja i upravljanja kvalitetom u ustanovi medicinske rehabilitacije, jer, osim što je članovima tima pružila informacije o sadržaju timskog rada, ona je time i doprinela poboljšanju timskog duha u medicinskoj rehabilitaciji. Analiza timova je omogućila procenu elemenata timskog rada i istakla koliko je važno da menadžeri poseduju veštine neophodne za građenje timova i negovanje timskog rada u medicinskoj rehabilitaciji kako bi se povećala produktivnost i smanjio apsentizam.

Nalazi drugih istraživača takođe sugerišu da je u periodu od dvanaest meseci nakon uvođenja programa osmišljenog da promoviše efikasniji timski rad došlo do poboljšanja usluga, povećanja poverenja unutar tima i smanjenja stepena odsustvovanja osoba (medicinske sestre, lekari, fizioterapeuti, socijalni radnici, radni terapeuti) [15]. S tim u vezi, naglašen je značaj timskih sastanaka i osećaj pripadnosti timu, što je i preporuka našeg istraživanja, kako bi se obez-

patient care. The same was confirmed in our study. Namely, the greatest satisfaction with teamwork was expressed in the BIU, whose members achieved better performance and lower absenteeism. In this regard, a positive perception of teamwork can improve the aspects of organization, functioning, management, and the development of an optimal team process.

Currently, there is only a handful of empirical studies analyzing teamwork in the domain of health care, particularly in the field of inpatient medical rehabilitation [16]. Although building and nurturing teamwork is of the utmost importance in rehabilitation, so far no consensus has been reached on many issues related to such a complex teamwork concept, namely: team configuration and conflicts in the team, team process, organizational context of teamwork, communication patterns, and effects of different team characteristics on patient treatment outcomes [16]. Factors of modern rehabilitation doctrine, such as a holistic approach, multidisciplinary teamwork, evaluation of treatment outcomes, etc., are not sufficiently promoted in the daily rehabilitation practice of the Republic of Serbia healthcare system.

The scarcity of research in Serbian literature related to teamwork in Serbian rehabilitation facilities leads us to draw conclusions based on data from research conducted in rehabilitation centers in countries with a similar level of development as Serbia. A study conducted in Croatia, analyzing the satisfaction and motivation of physical therapists and the factors that influence them, showed that 71% of physical therapists did not have satisfactory equipment and means for adequately performing their work, 75% did not have the opportunity to work in jobs that they were trained for, and 77% of respondents declared that in the preceding seven days, no one had praised their work [17]. In our study, the results indicated that almost half of the respondents, or less, were not satisfied with the organizational aspects and the additional training opportunities offered, while a third of the team members had never been rewarded for a job well done.

The analysis of teamwork in our study was, in effect, an instrument of organizational development and quality management in a medical rehabilitation facility, because, in addition to providing team members with information about the content of teamwork, it also contributed to the improvement of team spirit in medical rehabilitation. The analysis of the teams enabled the assessment of the elements of teamwork and highlighted how important it is for managers to possess the skills necessary to build teams and foster teamwork in medical rehabilitation, in order to increase productivity and reduce absenteeism.

Findings from other studies also suggest that in

bedile povratne informacije i odavanje priznanja za uspešno sprovedene aktivnosti. Razvijanje preciznih metoda za merenje efikasnosti tima biće od presudnog značaja za poboljšanje kvaliteta. Mali je broj literaturnih podataka i koncepata koji sistematski upoređuju i objašnjavaju efikasan timski rad. Većina alata za merenje efikasnosti tima primenjuje se u primarnoj zdravstvenoj zaštiti ili u hirurškim uslovima. Stoga je potrebno više rada na razvoju metoda za istraživanje u drugim kliničkim okruženjima, poput službe za rehabilitaciju.

ZAKLJUČAK

Analizom izabranih pokazatelja performansi kvaliteta timskog rada – godišnji broj pacijenata po lekaru i broj dana odsustvovanja sa posla, potvrđeno je da se izgradnjom timskog rada postižu bolje performanse, u smislu veće produktivnosti i smanjenja apsentizma. Potrebno je unapređenje veština menadžmenta u pogledu organizacije timskog rada i izgradnje timova. Rezultati ovog istraživanja mogu biti korisni za rukovodioce zdravstvenih ustanova koji pojedine aspekte timskog rada u medicinskoj praksi nesvesno stavljaju u drugi plan, a svesno stavljaju naglasak samo na kvantitet radne efikasnosti.

Etičko odobrenje

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the twelve months following the introduction of a program designed to promote more effective teamwork, there was an improvement in services, an increase in trust within the team, and a drop in staff absenteeism (nurses, doctors, physical therapists, social workers, occupational therapists) [15]. In that sense, the importance of team meetings and the feeling of belonging to the team was emphasized, which is also the recommendation of our study, so as to provide feedback and recognition for successfully implemented activities. Developing accurate methods for measuring team effectiveness is going to be critical for quality improvement. There is a limited number of literature data and concepts that systematically compare and explain effective teamwork. Most tools for measuring team effectiveness are applied in primary care or surgical settings. Therefore, more work is needed to develop research methods for other clinical settings, such as rehabilitation services.

CONCLUSION

The analysis of selected performance indicators of teamwork quality – annual patient count per doctor and number of days of absence from work, confirmed that better performance is achieved by building teamwork, in terms of higher productivity and a drop in absenteeism. It is necessary to improve management skills regarding teamwork organization and team building. The results of this study can be useful for health facility managers who unwittingly give less attention to certain aspects of teamwork in medical practice while consciously putting emphasis only on the quantity of work efficiency.

Ethical approval

The study was approved by the Ethics Committee and the Administration of the Special Hospital for Cerebral Palsy and Developmental Neurology, on December 18, 2020, Decision No. 338/I.

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