

**STUDY ON WHAT FACTORS AFFECT THE EFFECTIVENESS OF
TEAMWORK IN IUSAKA URBAN HEALTH CENTRES**

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DECLARATION:

DEDICATION:

I hereby declare that the work presented in this study for
This study is dedicated to my mother and children - Isalaluka,
the BSc. Nursing Degree is my own individual effort and
Chaze, Namonda and Kwaleyela.
that all the resources consulted have been indicated in the
text and bibliography.

Signed: Imendah.....
Candidate

Approved: D. D. D. D......
Supervising Lecturer

DEDICATION:

This study is dedicated to my mother and children - Kalaluka,
Chaaaze, Namonda and Kwaleyela.

ACKNOWLEDGEMENTS:

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ABSTRACT:

The aim of the study was to find out factors that affect the effectiveness of the health team in Lusaka Urban Clinic/Health Centres. The study may probably help to identify ways of making health teams in Health Centres more effective. It also sought to find out whether health workers understand their job descriptions.

The sample of the study consisted of twenty-five (25) health workers in five (5) health centres in Lusaka. Data for the study were collected using a Questionnaire. Data were analysed manually and presented in table form. The findings of the study showed that the majority of respondents (96%) feel that lack of understanding of job-description leads to ineffective teamwork. It was also found that improperly defined work leads to lack of teamwork. Another finding was that the professional qualifications of health team members especially that of the Supervisor affect the effectiveness of teamwork.

CHAPTER I:INTRODUCTION, STATEMENT OF THE PROBLEM,, QUESTIONS TO BE ANSWERED
BY THE STUDY, OPERATIONAL DEFINITIONS OF TERMS AND PURPOSE
AND OBJECTIVES OF THE STUDYINTRODUCTION:

Provision of quality or comprehensive health care is the social responsibility of a health institution. In order to meet those social responsibilities, the hospital must have groups of interrelating and interacting individuals functioning towards the common goals, In this case which is providing health services to the community. Individuals who have undergone different types of training and with roles related to one another are assigned to work as a team to provide health services to the community. Banton (1975) defines role as a set of norms and expectations to the incumbent of a particular position. Also a role can be described as demands or "Obligations on" an individual by society. These obligations can be, in this situation under study, the provision of "quality" health care to people. Apart from meeting society's expectations imposed on the health team, individuals may also get job satisfaction. Where there is effective teamwork, the job is done satisfactorily. In health institutions the society's needs that are met include promotive, preventive, curative and rehabilitative health care.

STATEMENT OF THE PROBLEM:

In Urban Clinics of Lusaka, health workers are assigned to work as a team. Teamwork is essential in the delivery of comprehensive health services to the community. The concept of teamwork is supposed to enhance good working relationship, help members collaborate with each other and utilize all their efforts to provide comprehensive health care.

Health teams are composed of members with different levels of education and training. The doctor and the Public Health Nurse are the team members with specialized education and training in Community Health. The other team members especially Zambia Enrolled Nurses (ZENs), Nutritionists and Clinical Officers (C.O.s) gained very little knowledge in Community Health during their training. Different levels of training may lead to lack of teamwork or ineffective teamwork, If the other members of the team feel threatened because of having lower levels of professional education.

Another problem is that in Urban Clinics the staff who do not have much preparation in Community Health are appointed to supervise others. As a result the supervisor is unable to co-ordinate all the activities effectively and to ensure that the members of the team utilize all their knowledge and skills

Because most of the supervisors are curative-oriented and not preventive, more staff are allocated to curative side. Whenever there is staff shortage, the staff allocated to the preventive section are called upon to make up in the curative section although in most cases preventive side gets new members of the team. The new member of the health team has to learn and understand how each member of the team functions. As a result much time is spent orienting the new staff. Lack of teamwork causes delays in the delivery of health care by lengthening the time it will take to achieve the objective. Apart from delays in carrying out certain duties, the work may not be done, it may not be complete or be of acceptable standard in terms of quality, as each worker will only do a little bit without combining the group effort. This brings about suffering on the consumers as the expected care will not be delivered to them.

The writer assumes that the set up at Health Centres in Lusaka Urban has improperly defined roles, and the members of the health team are subjected to role conflict.

Ruddock (1969), stated that:-

"Role Conflict" is a common problem and it causes a lot of discomfort among workers. It is often in cases when one is required to play several roles which interrelate

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"Role Conflict" is a common problem and it causes a lot of discomfort among workers. It is often in cases when one is required to play several roles which interrelate

The conflict may hinder or discourage teamwork which is supposed to bring together the efforts of health workers in improving "quality comprehensive health care" to the community.

Conflict may also bring about inefficiency in the delivery of health services as much time is spent ironing out differences resulting from various misunderstandings. Nelson (1975) carried out a study on conflict of the family doctors and hospital clinicians. He said that for the two groups of professionals to be successful in health care delivery, they needed to cooperate and collaborate among themselves. Sometimes conflict is good because through conflict people can arrive at some solutions to improve certain situations.

Duplication of duties among workers may be due to the fact that the roles of various health workers are not well defined. The health workers of different categories are unable to relate their own roles to other workers' roles and it leads to disruption of teamwork.

World Health Organisation (W.H.O.) in "On Being In-Charge" (1980 P. 92) stated that:-

"Bringing activities or group of activities into proper relation with each other to make sure that what needs to be done is done and that no two people are trying to do the same job.

Group efforts should be fully utilized in order to improve the care rendered to the community".

If roles were defined clearly, workers would be able to spell out what they are required to do, and be aware of what each health worker is able to do and how far they can go in their provision of care. In this way they will be able to bring together all their efforts to improve the health care delivered to the community. Defining functions of each health worker may also enhance good working relationships among health workers.

Different ways of perceiving each other's roles can also affect performance because people's definition of their own roles is different from the way that others perceive them. Former (1979) states that "It is rare that there is a relationship between the way that professionals define their functions and the way other team members perceive them". This may bring a lot of misunderstandings between workers which results in poor performance depending on whether they see the relationship between their functions and other people's functions.

In the same manner health care delivery in Lusaka Urban Health Centres will only succeed when misunderstanding about each other's functions are clarified and all the members of the health team co-operate and work as a team.

Job-description defines exactly for a worker, fellow workers and supervisors what the worker is expected to do or reach, to whom he is responsible and whose work he supervises. In this way the job-description helps to prevent arguments between and about "Who should do what". It also helps to prevent both gaps and overlaps. It often happens that certain tasks are not done because nobody accepts the responsibility for them. The gaps can be prevented by a clear job description for each team member.

QUESTIONS TO BE ANSWERED BY THE STUDY:

1. Is teamwork affected by improperly defined job descriptions of workers in Health Centres?
2. Does duplication of work among health workers affect the effectiveness of the health team?
3. Does duplication of work among health workers lead to conflict within the health team?

OPERATIONAL DEFINITIONS:

- Role - What one is expected to perform in relation to his position.
- Health Worker - A person or an individual whose duties are performed in a health institution and who has some kind of training.

- Effective Team - Is the team that performs its roles towards stated goals or objectives through co-ordination.
- Team - An organised group of health workers who have roles related to meeting the health care needs of a patient or group of patients.
- Quality health care - Is the care that is near to the standard care.
- Comprehensive health care - the care that looks at a person as a whole taking into consideration physical, mental, social and spiritual wellbeing.

PURPOSE AND OBJECTIVES OF THE STUDY:

The purpose of the study was to determine the factors that affect the effectiveness of teamwork in Lusaka Urban Health Centres. The objectives of the study were to:-

1. Establish whether teamwork is affected by improperly defined job-descriptions of workers in health centres.
2. Determine if the duplication of work among health workers affect health team.
3. Establish whether duplication of work among health workers lead to conflict within the health team.

LITERATURE REVIEW:

When the teamwork approach is used, professionals are utilized in a combined effort to provide quality care. A multidisciplinary approach will benefit the client because most of the problems presented may be overcome.

There have been no studies done in Zambia on the factors affecting effectiveness of teamwork. Generally, literature on factors affecting effectiveness of teamwork was very difficult to obtain as a result there was limited literature related to the study. Teamwork is the key to a successful working relationship among groups of workers, especially in places where different categories of workers are grouped together for the same purpose. A role can be defined with varying degrees of clarity, overlap with other people's roles and with internal consistency, (Bergman 1981). It also applies to health workers in the health centres. Their functions may overlap with each other and overlap may at times bring conflict among health workers and in turn affect the teamwork. Conflict is a common feature in most societies and teams. Cohn (1978) states that "There is no society changing or unchanging which does not have conflict of some kind."

Bhannmather (1977) states that health workers with different ethnic backgrounds working together need to understand each other's beliefs, attitudes and values in order to develop a meaningful interpersonal relationship among themselves and to promote comprehensive health care for the community.

Satisfactory role performance is a vital self concept enhancing experience and can promote growth and emotional well being. Roles need to be defined clearly in order to avoid misperception of roles. When this is achieved there will then be effective teamwork.

Effective teamwork is not easy to achieve. A lot depends on how secure the team members are in their professional identity and role. It also depends on an attitude of mutual respect and confidence among the members Freeman (1969) states that

One needs to have respect for the other professions and respect for the people in these jobs.

Understanding of the purpose of professional service of others and their potential contribution to health care to an effective team. Lack of in-service training also leads to ineffective teamwork. Usually, once the team is developed, it is assumed that it is fully functional and productive as a result its development needs are sometimes neglected.

Humlington and Shouse (1983 P. 168) states that "Conflict sometimes is healthy and leads to development of some problem solving skills and collaboration. What started as conflict in many areas quickly moved toward collaboration and problem solving".

In this project each group took the risk to confront the other on difficult issues. The contractive approach, tempered with mutual respect and sensitivity has lead to the clarification of issues and frequently to discovery of common grounds. It has certainly increased the self-esteem and strength of both groups and has resulted in willingness to collaborate on a range of issues.

"For the health team to be effective the roles of professional expertise should inter-relate to each other". (Okunade 1975) stated that:-

The relationship between the two professions should be one of interdependence and collaboration, otherwise the services of neither will be effectively made available to those in need and the result will be poor patient care. It must be emphasized always that nurses exist for the service of patients and not primarily for the service of physicians. The relationship of physicians and nurses is complementary and reciprocal, similar to that of partners in a family or in a business enterprise. When this is clearly understood and when each profession respects the integrity and specialized contribution of the other, there should be no excuse for conflict or competition nor for the explanation of one group by the other.

A problem affecting the effectiveness of the health team may arise between the workers' identification with the institution and identification with their profession.

Vogt et al (1983, P. 80) define effective teamwork as "one in which the atmosphere is comfortable and informal, there is a lot of discussion, the task is well understood, the members listen to one another, there is disagreement, criticism is common and constructive, members express their feelings as well as thoughts and group power is shared."

In summary the literature has emphasized on job-description and the clarity of roles of each member of the health team. Role conflict and overlapping of roles can lead to ineffective teamwork.

CHAPTER III

METHODOLOGY:

RESEARCH DESIGN:

The purpose of this study was to find out factors that affect the effectiveness of teamwork in Lusaka Urban Health Centres.

It was therefore necessary to get data required from the subjects who were health workers drawn from 5 Urban Health Centres in Lusaka.

A survey research design was found most suitable to collect data for the study. According to Treece and Treece (1977) survey designs are types of modes of inquiring which rely on self reports of the subjects.

A survey design is a type of design which is non-experimental. This design was found to be appropriate because it was necessary to collect data from subjects on their view regarding the factors that affect the effectiveness of teamwork.

RESEARCH SETTINGS:

Lusaka Urban Health Centres were taken over by Lusaka City Council from the Government in 1985. Lusaka Urban has the total number of seventeen health centres, and five health centres in Lusaka Urban were used to carry out the main study. These were Railways, Mtendere, Chainta, Chelstone and Chipata Health Centres, all situated in different directions of Lusaka Urban.

Chelstone health centre serves Chelstone residential area, Avondale and a few people from the National Council for Scientific Research. It is situated in Chelstone Compound and it serves a population of over 25,706. The population comprises low, medium and high income groups of people. Services provided include preventive, curative and 24 hours maternity delivery services. For curative and preventive services, the health centre operate from Monday to Friday 07.30 hours to 16.00 hours and up to 12.30 hours on Saturdays and Sundays. Chelstone Health Centre is quite a distance from University Teaching Hospital (U.T.H.) Board of Management, so the health centre has an ambulance which is shared with other health centres which render delivery services. These health centres include Kanyama, George, Chawama, Matero Reference and Kalingalinga Health Centres.

Mtendere Health Centre is situated in Mtendere Compound, almost at the centre of the compound. It serves Mtendere, Kalingalinga, Hellen Kaunda, Kabulonga, Kalikiliki, Chainama and Ibex Hill residential areas. It also serves a population of over 58,900. The population is comprised of different classes - the lower, middle and upper classes. This clinic was built on self help basis.

The health centre has 25 trained staff, and it is run by a Registered Midwife who is a Sister. The other categories of staff are the same as in Chelstone only that there is no Public Health Nurse, instead there is a Family Health Nurse. The Nutritionist from Chelstone covers Mtendere Health Centre as well. The health centre provides both curative and preventive health services. The health centre operates from 07.30 hours to 16.00 hours from Monday to Friday and up to 12.30 hours on Saturdays and Sundays. There is no doctor, no telephone and no ambulance services. Patients who need doctor's attention are referred to the University Teaching Hospital and have to use public transport or relatives have to provide transport to get there.

Another health centre used in the study is Chainda. It is situated in Chainda Compound and it serves Chainda, Avondale and N.R.D.C. residential areas. The population being served is over 4,295, mainly the low income group. The hours of operation are similar to the other non delivery centres. It is comprised of curative and preventive sections. There are Registered Nurses, Enrolled Nurses, Clinical Officers and Daily Paid Workers. There is no doctor, Public Health Nurse or Nutritionist. It is covered by those at Kaunda Square Health Centre.

The other health centre included in the study was Chipata Health Centre. It is situated at the boarders of three residential areas - Chipata Compound, Garden Compound and Roma Township. It serves the above residential areas, Olympia Extension, Olympia Park and Kabanana. The population being served is over 50,806, a mixture of low and high income groups. It provides curative and preventive health services, but structures have been put up already for delivery services, which is hoped to be implemented in the near future. The health centre is headed by the Clinical Officer. There is no Registered Nurse at the moment in the health centre, and no doctor. The Public Health Nurse from Mandevu Clinic covers Chipata Clinic as well.

The last but not the least health centre used in the study was Railways. This was originally a clinic for railways staff but now it is under the Lusaka Urban City Council. This was originally a house renovated into a clinic. The health centre serves the town residents, Northmead and Garden residential areas making a population of over 60,746. The health centre provides curative and preventive health services. It is headed by a Clinical Officer. It has Registered Nurses, Enrolled Nurses, Enrolled Midwives and Clinical Officers. There is no doctor, Nutritionist and no Public Health Nurse; but usually the health centre is covered by the P.M.O's office.

All the health centres used in the study have one overall supervisor, the Nursing Officer based at Lusaka Urban District Council. The Nursing Officer is responsible for all the nursing staff and nursing services provided in the health centres. The supervisors in these health centres vary from health centre to health centre. Some have Registered Nurse/Midwife as supervisors while some have Clinical Officers.

PILOT STUDY:

Seaman and Verhomick (1982) define a pilot study as a small-scale dress rehearsal that proceeds as if it were the actual, except for the fact that subjects who will participate in the actual study are not used. Polit and Hungler (1978) further define it as a small-scale version of the study or trial run of the major study done on a small scale prior to carrying out the main one. The Pilot Study was carried out as carefully as the major study. The aim of carrying out pilot study is to test as many elements as possible in order to correct any part that does not work well, assess its feasibility and the adequacy of the measurement (Seaman and Verhonick, 1982).

A Pilot Study was carried out at Kabwata Health Centre.

After carrying out a pilot study, it was discovered that the instrument was not measuring what it was meant to measure, so some necessary changes were made.

Questions were changed completely apart from those dealing with demographic data.

SAMPLE: SELECTION AND APPROACH

The Social Secretary based at Lusaka Urban District Council was approached by letter (Appendix I). A brief description of the nature of the study was given and permission to administer the Questionnaire to health workers in the 5 health centres was requested. A self introduction was also included in the letter. Reply granting permission in writing was received (Appendix 2). The people incharge of health centres were met as well as the subjects and the study was explained to them. Prospective subjects were told the purpose of the study. They were given the Questionnaire to complete and a date for collection was set. It was arranged that the Questionnaire should be completed and collected within a week.

The sample size used in this study was thirty (30) subjects.

The population from which the sample for this study was drawn was 126 professionals and it consisted of registered nurses with midwifery, clinical officers, enrolled nurses, enrolled midwives and nutritionists working in Lusaka Urban Health Centres. A registered nurse has a Form V level of education and has undergone a three years basic nursing education and training programme.

The training of a registered nurse puts emphasis on both theory and practice. The aim is to prepare the registered nurse for supervisory duties, care of the patients and teaching to both patients and fellow workers. (General Nursing Council of Zambia, Job Descriptions of Nursing Personnel in Zambia).

A registered nurse with two years experience can go for a one year course in midwifery. An enrolled nurse on the other hand has full Form III or Form II certificate and her basic nursing education and training is for 2 years. The enrolled nurse's training prepares her to work as a bed-side nurse. The enrolled nurse with 2 years experience like the registered nurse can go for a further one year training in midwifery if she has interest. All nurses should be registered under the General Nursing Council regulations for them to be able to legally practice as nurses. Clinical Officers do not fall under General Nursing Council of Zambia regulations, they register with Medical Council of Zambia. They have Form V level of education and their course like that of a registered nurse is a three year programme and it emphasises on medicine, surgery, prescribing simple medicines and basic nursing principles. At the end of training the Clinical Officer is expected to function like a Medical Officer in the absence of the Medical Officer.

Simple Random sampling was employed and the lottery technique was used in selecting health centres from which subjects were drawn. Five health centres were sampled. All health centres in Lusaka Urban were listed down and numbers were assigned to them. All these numbers were put on small papers of the same size and same colour. They were placed in a container, mixed well and then the lucky numbers were drawn that constituted the sample. This was repeated until the established number of health centres was drawn. In this method of sampling "each element of the population has the same chance of, likelihood or probability to be chosen for the sample." Bless C. and W. Achola (1987 P. 58).

INSTRUMENTS USED TO COLLECT DATA:

For the purpose of the study it was decided that the Questionnaire was the most suitable method to obtain data. This is so because the information required is from the subjects themselves. It is self administered in written form by the subjects. The Questionnaire was chosen because it can easily be administered by someone else not necessarily by a researcher. The other reason was that all the subjects included in the study were able to read and write. It was also found that it was less time consuming and less expensive method of collecting data.

The advantages of a Questionnaire are:-

1. It is a relatively simple method of obtaining data.
"Items can be constructed rather easily by beginning researchers."
2. It is less time consuming in the gathering of information.
3. It is less expensive (Treece and Treece 1977 P.P. 182 - 183).
4. It is likely to cover a large geographical area and to reach a large number of people.
5. It ensures respondents anonymity (Seaman and Verhonick, 1982 P.P. 225 - 226); (Bless and Achola P. 89).

Though the Questionnaire was found to be the appropriate method for collecting data, it has some disadvantages. These include:-

1. It only collects self reports.
2. Response rate may be very low thereby introducing a bias (Bless and Achola 1987 P. 89).
3. Questions may be misunderstood.
4. The Questionnaire may not be filled in by the subject himself. He might ask somebody to do the work e.g. Managers may ask secretaries to complete the Questionnaire, (Bless and Achola 1987 P. 89).

5. Most of the open ended questions may be left unanswered by respondents who feel lazy or too busy to answer questions.

In order to minimize some of the disadvantages, respondents were promised anonymity and confidentiality.

QUESTION SEQUENCE:

The Questionnaire consisted of 34 questions some of them with subquestions. (Appendix 3). The first eight (8) questions were designed to find out the demographic data of subjects such as sex, age, marital status, working period at the health centre, educational attainment and professional qualifications.

Questions nine (9) to sixteen (16) were designed to find out if respondents think it is necessary to have job descriptions and why it is necessary to have the job descriptions.

Questions seventeen (17) to twenty-five (25) were designed to find out if respondents feel it necessary to have their roles well defined for them to make an effective team. It was felt necessary to find out if respondents feel that the professional qualifications of a team leader affects the effectiveness of teamwork. This was done in questions number 26 to 30. Question number thirty-one (31) was designed to find out the relationship between the team members.

DATA COLLECTION:

Collection of data was done from 28th April to 4th May, 1989.

After explanations, Questionnaires were left with the person incharge of the health centre, and then the date for collecting Questionnaires was arranged. The questionnaires were left in health centres for the staff to fill at their own pace to avoid distrupction in their routine work. This also gave respondents time to complete the Questionnaires properly. All the Questionnaires were collected personally.

LIMITATIONS OF THE STUDY:

The limitation of this study were as follows:-

1. The sample used for this study was small due to the limited time in which the study had to be completed and submitted to the University of Zambia. This made generalization of the findings to total population limited.
2. Research money was released very late such that by the time the data were ready to be collected the time was limited. In turn this led to the small number of subjects used in the study.
3. The other limitation was the high slow response rate, non-response and incomplete Questionnaires. This was a limitation in that the actual sample size was made even smaller as most of the Questionnaires hd to be destroyed. This also led to less generalization of findings to all health centres in Lusaka Urban.

4. Transport was not reaching some of the health centres in the study. Therefore more money was spent on hiring transport to reach the health centres and they were reached later than the date set, and this led to some of the Questionnaires miss because they were kept in the health centres for a long period and as a result this led to further decrease in the sample size.

CHAPTER IV:DATA ANALYSIS AND PRESENTATION OF FINDINGSDATA ANALYSIS:

Data analysis for this study was done manually and presented in table form. Data analysis is a process by which the investigator summarizes and describes data and if possible makes generalizations from the study sample to the population from which the sample was drawn (Seaman and Verhonick, 1982).

After collecting the data, raw data were coded and categories were developed for open-ended questions. Coding is putting data into categories or symbols and then counted. Afterwards, percentages were used to show the occurrence of responses in each group of categories.

The tables were used so that the statistical data can be put together as a basis for computation. The tables also aid in the visualization of relations among the data and facilitate the process of data comparison. Tables are also the most effective and simple way to communicate the results of a study. The other reason for using tables is that the sample size was small.

PRESENTATION AND INTERPRETATION OF FINDINGS:

Twenty-five completed Questionnaires were collected from the health workers in five health centres used in the study. Below are the findings and some percentages are rounded to whole numbers:-

PRESENTATION OF FINDINGS:TABLE I: SEX DISTRIBUTION OF SAMPLE

SEX	NUMBER OF RESPONDENTS	PERCENT
FEMALE	18	72%
MALE	7	28%
TOTAL	25	10%

Table I reveals that there are more females than males among the respondents, only 7 (28%) are males.

TABLE II: AGE DISTRIBUTION OF RESPONDENTS

AGE	NUMBER OF SUBJECTS	PERCENT
20 - 25 YEARS	2	8%
26 - 30 YEARS	10	40%
OVER 30 YEARS	13	52%
TOTAL	25	100%

Table 2 shows that the majority of respondents are between the age of 26 years and above. Only 2 (8%) is below 26 years of age.

TABLE 3: MARITAL STATUS OF RESPONDENTS

MARITAL STATUS	NUMBER OF RESPONDENTS	PERCENT
MARRIED	5	20%
SINGLE	19	76%
DIVORCED	1	4%
TOTAL	25	100%

Table 3 - Among the respondents 19 (76%) are single, 1 (4%) is divorced and 5 (20%) are married.

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TABLE 4: LENGTH OF RESPONDENTS' STAY AT THE HEALTH CENTRES

PERIOD	NUMBER OF RESPONDENTS	PERCENT
6 - 11 MONTHS	7	28%
1 - 4 YEARS	13	52%
3 - 4 YEARS	5	20%
TOTAL	25	100%

Table 4 tells us that 13 (52%) of the respondents have been working in the health centre for more than one year (1 Yr.) and 7 (28%) for less than one year while 5 (20%) worked for 3 - 4 years.

TABLE 5: EDUCATIONAL LEVELS OF RESPONDENTS

LEVEL OF EDUCATION	NUMBER OF RESPONDENTS	PERCENT
GRADE 9	5	20%
GRADE 10	7	28%
GRADE 12	13	52%
TOTAL	25	100%

Table 5 reveals that 13 (52%) of respondents attained Grade 12 and the rest are Grade 9 which is equivalent to Grade 10 in the new education system.

TABLE 6: PROFESSIONAL QUALIFICATIONS OF RESPONDENTS

QUALIFICATION	NUMBER OF RESPONDENTS	PERCENT
RN/RMs	5	20%
CLINICAL OFFICERS	3	12%
Z E M s	8	32%
Z E N s	9	36%
TOTAL	25	100%

In Table 6 the majority of respondents are ZEM and ZENs, 5 (20%) are Registered Midwives and 3 (12%) are Clinical Officers.

TABLE 7: NUMBER OF RESPONDENTS WHO HAD COMMUNITY HEALTH NURSING INCLUDED IN THEIR PROFESSIONAL EDUCATION AND TRAINING

RESPONSES	NUMBER OF RESPONDENTS	PERCENT
YES	13	52%
NO	12	48%
TOTAL	25	100%

Table 7 shows that only 13 (52%) of respondents had Community Health Nursing included in their professional education and training.

TABLE 8: WHAT DO RESPONDENTS UNDERSTAND BY COMMUNITY HEALTH NURSING?

RESPONSE	NUMBER OF RESPONDENTS	PERCENT
NO RESPONSE	8	32%
TO PROMOTE PHYSICAL AND MENTAL WELL BEING OF OTHERS	5	20%
TREATING PEOPLE WITHIN THEIR ENVIRONMENT	10	40%
WORKING WITH PEOPLE	2	8%

In Table 8, 10 (40%) understand that Community Health Nursing is treating people within their own environment and 8 (32%) understand that it is promotion of physical and mental well being, while 2 (8%) think that it is working with people.

TABLE 9: HOW RESPONDENTS FEEL ABOUT THEIR JOB DESCRIPTION IN RELATION TO OTHER TEAM MEMBERS

RESPONSE	NUMBER OF RESPONDENTS	PERCENT
IT IS DIFFERENT	18	72%
IT IS NOT DIFFER- ENT	7	28%
TOTAL	25	100%

Table 9 shows that 18 (72%) of respondents feel that their job-description is different from other health workers while 7 (28%) feel that there is no difference.

TABLE 10: DIFFERENCES IN JOB DESCRIPTION

RESPONSES	NUMBER OF RESPONDENTS	PERCENT
DO NOT KNOW	10	40%
PREVENTIVE	10	40%
SCREENING AND TREATING	4	16%
BEDSIDE NURSING	1	4%
TOTAL	25	100%

Table 10 shows that 10 (40%) do not know the differences in the job description, another 10 (40%) says that their job description is to carry on preventive medicine while 4 (16%) feel that theirs is to screen and treat and only 1 (4%) feels that theirs is bedside nursing.

TABLE 11: DISTRIBUTION OF RESPONDENTS WITH JOB DESCRIPTION

RESPONSES	NUMBER OF RESPONDENTS	PERCENT
YES	25	100%
NO	NIL	0%
TOTAL	25	100%

Table 11 shows that all respondents have job description.

TABLE 12: HOW OFTEN THE JOB-DESCRIPTION IS USED BY RESPONDENTS

RESPONSES	NUMBER OF RESPONDENTS	PERCENT
ALWAYS	22	88%
EVERY 3 MONTHS	2	8%
NON RESPONSE	1	4%
TOTAL	25	100%

Table 12 tells us that 88% of respondents use their job description all the time. Two (Eight percent) use the job description every three months.

TABLE 13: DISTRIBUTION OF RESPONDENTS WHO THINK IT IS NECESSARY TO HAVE JOB DESCRIPTION

RESPONSE	NUMBER OF RESPONDENTS	PERCENT
YES	25	100%
NO	NIL	0%
TOTAL	25	100%

Table 13 shows that 100% of respondents feel that it is necessary to have job description.

TABLE 14: REASONS GIVEN FOR RESPONDENTS TO HAVE JOB-DESCRIPTION

RESPONSES	NUMBER OF RESPONDENTS	PERCENT
TO WORK SMOOTHLY AND EFFECTIVELY AS A TEAM	18	72%
FOR ROLE CLARIFI- CATION	5	20%
DO NOT KNOW	2	8%
TOTAL	25	100%

The table shows that 72% of the respondents feel that job description is necessary to work smoothly and have an effective team, 5 (20%) of respondents feel that job description is necessary for clarification of roles which also leads to effective teamwork. Two (8%) has no idea why job description exists.

TABLE 15: DISTRIBUTION OF RESPONDENTS WHO FEEL THAT THEIR WORK IS WELL DEFINED

RESPONSES	NUMBER OF RESPONDENTS	PERCENT
YES	24	96%
NO RESPONSE	1	4%
TOTAL	25	100%

The Table shows that 96% of respondents feel that their work is defined. One (4%) of respondents did not respond to the question. Among the respondents no one felt that her/his work is not well defined.

TABLE 16: DISTRIBUTION OF RESPONDENTS WHO THINK IMPROPERLY
DEFINED WORK LEAD TO LACK OF TEAMWORK

RESPONSES	NUMBER OF RESPONDENTS	PERCENT
YES	24	96%
NO	1	4%
TOTAL	25	100%

Table 16 shows that 96% of respondents feel that improperly defined work leads to lack of teamwork and 4% feel that it does not lead to lack of teamwork.

TABLE 17: HOW IMPROPERLY DEFINED WORK LEADS TO LACK OF TEAMWORK

RESPONSES	NUMBER OF RESPONDENTS	PERCENT
EFFECTIVE TEAM WORK	3	12%
LEADS TO DUPLICATION	1	4%
HIGH CHANCES OF LEAVING WORK UNDONE	21	84%
TOTAL	25	100%

84% of respondents feel that improperly defined work leads to high chances of leaving work undone and 4% feel that it leads to duplication of work. 12% feel that it leads to ineffective teamwork.

TABLE 18: DUPLICATION OF WORK AFFECTS TEAMWORK

RESPONSES	NUMBER OF RESPONDENTS	PERCENT
STRONGLY AGREE	6	24%
AGREE	18	72%
DISAGREE	1	4%
TOTAL	25	100%

According to the table, 72% of respondents agree with the statement that duplication affects teamwork. Six (24%) strongly agree that duplication of work affects teamwork, but 4% disagree with the statement.

TABLE 19: DUPLICATION OF WORK LEADS TO CONFLICT

RESPONSES	NUMBER OF RESPONDENTS	PERCENT
STRONGLY AGREE	8	32%
AGREE	12	48%
DISAGREE	2	8%
STRONGLY DISAGREE	3	12%
TOTAL	25	100%

In this table 48% of respondents feel that duplication leads to conflict. Thirty-two percent strongly agree that duplication of work lead to conflict. Three percent strongly disagree.

TABLE 20: CONFLICT LEADS TO INEFFECTIVE TEAMWORK

RESPONSE	NUMBER OF RESPONDENTS	PERCENT
YES	25	100%
NO	NIL	0%
TOTAL	25	100%

The table shows that 100% of respondents believe that conflict leads to ineffective teamwork.

TABLE 21: RESPONSES ON EXPLANATION OF HOW CONFLICT LEADS INEFFECTIVE TEAMWORK

RESPONSES	NUMBER OF RESPONDENTS	PERCENT
MISUNDERSTANDINGS	12	48%
WORK IS NOT PROPERLY DONE	8	32%
NON RESPONSE	5	20%
TOTAL	25	100%

Forty-eight percent (48%) of respondents feel that when there is conflict there is ineffective teamwork resulting in misunderstandings while thirty-two percent (32%) feel that there is ineffective teamwork because work is not properly done.

TABLE 22: PROFESSIONAL QUALIFICATIONS OF THE LEADERS IN HEALTH CENTRES

RESPONSES	NUMBER OF RESPONDENTS	PERCENT
P.H.N.	3	12%
RN/RM	12	48%
CLINICAL OFFICER	10	40%
TOTAL	25	100%

Most Lusaka Urban Health Centres are being supervised by Registered Midwives and Clinical Officers.

TABLE 23: PROFESSIONAL QUALIFICATIONS AFFECT EFFECTIVENESS OF TEAM LEADER

RESPONSES	NUMBER OF RESPONDENTS	PERCENT
AGREE	11	44%
STRONGLY AGREE	8	32%
DISAGREE	6	24%
TOTAL	25	100%

Forty-four percent of respondents agree that professional qualifications affect effectiveness of the team leader. Six (24%) disagree with the statement.

TABLE 24: EXPLANATIONS ON HOW PROFESSIONAL QUALIFICATIONS AFFECT EFFECTIVENESS OF THE TEAM LEADER

RESPONSES	NUMBER OF RESPONDENTS	PERCENT
THE TEAM LEADER SHOULD BE KNOWLEDGEABLE	16	64%
NO RESPONSE	9	36%
TOTAL	25	100%

Sixty-four (64%) percent of respondents feel that for the leader to perform effectively she/he should be knowledgeable; 36% did not respond.

TABLE 25: DISTRIBUTION OF RESPONDENTS STATING THAT THERE IS GOOD RELATIONSHIP BETWEEN THE HEALTH TEAM MEMBERS

RESPONSE	NUMBER OF RESPONDENTS	PERCENT
YES	21	84%
NO	3	12%
NO RESPONSE	1	4%
TOTAL	25	100%

The table shows that 84% stated that they have good relationship between team members. Twelve (12%) percent feel that there is no good relationship between team members.

CHAPTER V:DISCUSSION OF FINDINGS, NURSING IMPLICATIONS, CONCLUSION
AND RECOMMENDATIONSDISCUSSION OF FINDINGS:

The aim of the study was to find out the factors that affect the effectiveness of health teams in Lusaka Urban Clinics.

Findings revealed that there are more females than males in the study, may be because it is females who are found in most health institutions as compared to males. Most of respondents are not married may be because they are young. This is may be due to the fact that single people can be transferred anywhere with the Ministry as compared to married people who have to follow their partners. The findings also reveal that the majority of respondents stayed in health centres for up to 2 years and very few stayed in the health centres for less than six months. This may be because the majority in the health centres are single people and females who after staying in the health centres for a couple of years get married and leave to join their husbands.

The findings also revealed that the respondents have attained Grade 12 (52%) and Grade 10 (48%).

The entry qualification for Enrolled Nurses' training is Grade 9 or 10 though those days even those with Grade 12 who failed to get the place in schools for registered nurses entered the training. Both registered nurses and Clinical Officers require Form V level of education to enter the training though Clinical Officers who were trained earlier did not have Form V level of education. They just required Form II and Standard Six certificates. It was found that among respondents 52% had Community Health Nursing included in their professional education and training.

Table 8 revealed that 40% of the subjects understand that Community Health Nursing is caring for people within their own environment. Most respondents had some idea that Community Nursing is directed to the whole community not necessarily to only sick people. Community Health Nursing is being integrated in the curriculum in theory and practice for health workers.

In Table 9, 18 (72%) of the respondents felt that their job description is different from others and those differences were as follows: Providing preventive care, screening, treating patients and bedside nursing . Twenty-eight percent felt there was no difference. Other respondents did not know if there was any difference.

The investigator assumes that it may be due to the fact that after training nurses are not oriented or did not have knowledge about other members' job. It was interesting to know that 100% of respondents have job descriptions and 88% use them all the time. It would imply that they do their job correctly every time. Eight percent of respondents use the job description every three months. The use of job description every three months is done when rotating within departments. Job description also makes health workers perform effectively in the areas of work.

In table 13, 25 (100%) of the respondents felt that it was necessary to have job descriptions, the reasons being that when there is a job description the work goes on smoothly and in turn this leads to effective teamwork because each team member will have her/his role clarified. When each member of the team knows her/his role clearly there is no role conflict or duplication of duties. When there is no duplication of duties, the team works effectively.

Table 15 revealed that 23 (96%) of the respondents work effectively because their job or work is well defined, which promotes teamwork. Twenty (84%) of the subjects felt that improperly defined work leads to high chances of leaving some work undone which is one of the indications of ineffective teamwork.

If every worker knows exactly what she/he is supposed to do, it may enhance teamwork, avoid role conflict, promote good working relationship and in turn provide quality care to the community. There is need for supervisors of health teams to be knowledgeable on the job for them to be able to supervise the team effectively, which in turn will lead to an effective team. There is also need for more research in order to determine better ways of promoting effective teamwork and improve the working relationship among the health workers at health centres. It is also necessary to carry out more research in the roles of health workers to find out how much they know about their roles and how clear are the roles for every health worker to understand them.

There is also need to plan an in-service programme for those health workers who are joining the health centres to educate them on their roles and job descriptions. This will enable them to know ~~what~~ they are expected to do as health team members. The organizational structure of Lusaka Urban Health Centres should also be clarified.

CONCLUSION:

The study sought to establish some of the factors that affect effectiveness of health team in Lusaka Urban Clinics. In view of the findings from this study, it is necessary to have and understand the job description. It is also concluded that it is essential to have the work well defined in order to have an effective team.

Ninety-six percent (96%) of the subjects feel that improperly defined work lead to conflict and lack of teamwork.

For the health team to be effective, the team members need to have their roles and work to be well defined. The Supervisor should be one with knowledge on the job she/he supervises.

RECOMMENDATIONS:

Having looked at the findings, the following recommendations are made in order to assist health workers build an effective health team:-

1. Carry out the study on a larger scale in order to generalize findings to the total population of staff working in the health centres.
2. To plan an orientation session for all health workers on their roles and those of others.
3. Health Centres should have clearly written job descriptions and well defined "Organizational structures" so that health workers know their positions.
4. Some investigations should be done to find out to what extent do duplication, misunderstandings and conflict occur in Lusaka Urban Clinics in order to answer the questions in the study. These recommendations should be looked into seriously and implemented gradually by the higher authorities concerned.

APPENDIX I:

(44)

The University of Zambia,
School of Medicine,
Department of Post Basic Nursing,
P.O. Box 50110,
LUSAKA.

17th March 1989

Social Secretary's Department,
Civic Centre,
P.O. Box 30269,
LUSAKA.

u.f.s. Head,
Department of Post Basic Nursing

Re: STUDY PROJECT

Dear Sir

I am a Public Health Nurse currently studying for a Bachelor of Science Degree in Nursing at the above mentioned School. In partial fulfilment of the requirements for my studies, I am to present a research study in the field of Community Nursing. I am interested in investigating the factors that affect the effectiveness of teamwork in Lusaka Urban Clinics.

I would be very grateful if you can kindly allow me to administer a Questionnaire to health workers at Kabwata, Railways, Mtendere, Chainda, Chelstone and Chipata Health Centres.

Your approval will be greatly appreciated.

Yours faithfully,

E. L. K. IMENDA

APPENDIX II:

(45)

Social Secretary's Department,
Civic Centre,
P.O. Box 30269,
LUSAKA.

REPUBLIC OF ZAMBIA

6th April 1989.

Mrs. E. L. Imenda,
The University of Zambia,
School of Medicine,
Department of Post Basic Nursing,
P.O. Box 50110,
LUSAKA.

Dear Madam,

Re: STUDY PROJECT - COMMUNITY NURSING "FACTORS AFFECTING
EFFECTIVENESS OF TEAMWORK IN LUSAKA URBAN CLINICS"

With reference to the above underlined and your letter dated 17th March, 1989, I am pleased to inform you that permission has been granted for the conducting of the said study research.

I wish you success in your research.

Yours faithfully,

I.K. Mwendapole
For/SOCIAL SECRETARY

c.c. The District Executive Secretary

c.c. The Senior Nursing Officer

Q U E S T I O N N A I R EON WHAT FACTORS AFFECT THE EFFECTIVENESS OF TEAMWORK IN IUSAKAURBAN HEALTH CENTRESINSTRUCTIONS:

1. All answers will be treated **confidentially**.
2. Please do not put any name ~~on~~ the Questionnaire.
3. Answer all questions by either putting a tick (☐) or filling in the blank spaces.
4. Do not mark in the spaces marked "for official use only".

FOR OFFICIAL
USE ONLY

1. What is your Sex?

(a) Male

(b) Female

1

☐

2. How old are you? Please state age in number of years.

2

☐

3. Marital Status

(a) Single

(b) Married

(c) Divorced

(d) Widowed

(e) Separated

3

☐

FOR OFFICIAL
USE ONLY

4. How long have you been working at this health centre?

- (a) 6 months to 11 months
- (b) 1 to 2 years
- (c) 3 to 4 years
- (d) 5 to 6 years
- (e) 7 years and above

4

--

5. What was your educational attainment on entering the training you took?

- (a) Grade 9
 - (b) Grade 10
 - (c) Grade 12
 - (d) Any other please specify
-
-
-

5

--

6. What are your professional qualifications?

- (a) Public Health Nurse
 - (b) RN/RM
 - (c) Nutritionist
 - (d) R.N.
 - (e) Clinical Officer
 - (f) Enrolled Nurse with Midwifery
 - (g) Enrolled Nurse
 - (h) Others please specify
-
-
-

6

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FOR OFFICIAL
USE ONLY

7. Did your professional education and training include Community/Public Health Nursing?

(a) Yes

(b) No

7
☐

8. If yes, what do you understand by the term Community/Public Health Nursing?

8
☐

9. Do you have job description?

(a) Yes

(b) No

9
☐

10. If yes, Does your job description differ from other health workers' job description?

(a) Yes

(b) No

10
☐

11. If yes, state the differences.

11
☐

12. If no, state the similarities.

12
☐

FOR OFFICIAL
USE ONLY

13. If no to Question Number 9, how do you know
your roles?

13

☐

14. Do you have job description at your Health Centres?

(a) Yes

(b) No

14

☐

15. If **yes**, How often do you use it?

15

☐

16. Do you think it is necessary to have job description?

(a) Yes

(b) No

16

☐

17. Give reasons for your answer.

17

☐

18. Is your work well defined at your Health Centre in
relation to other health workers' work?

(a) Yes

(b) No

18

☐

FOR OFFICIAL
USE ONLY

19. If no, Why do you think it is not well defined?

19

☐

20. Do you think improperly defined work leads to lack of teamwork?

(a) Yes

(b) No

20

☐

21. If no, give reasons.

21

☐

22. If yes, give reasons.

22

☐

23. Duplication of work affect teamwork.

(a) Strongly agree

(b) Agree

(c) Disagree

(d) Strongly disagree

23

☐

24. Duplication of work leads to conflict.

(a) Strongly agree

(b) Agree

(c) Disagree

(d) Strongly disagree

24

☐

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USE ONLY

25. Conflict leads to ineffective teamwork.

(a) Yes

(b) No

25

☐

26. If yes, explain how it leads to ineffective teamwork.

26

☐

27. What is the professional qualification of your team leader?

(a) Public Health Nurse

(b) RN/RM

(c) Nutritionist

(d) RN.

(e) Clinical Officer

27

☐

28. Professional qualification affect performance of team leader.

(a) Agree

(b) Strongly Agree

(c) Disagree

(d) Strongly Disagree

28

☐

29. If you agree with Number 27, explain how it affects the team leader's performance.

29

☐

FOR OFFICIAL
USE ONLY

30. Would you like to have a change of your Supervisor?

(a) Yes

(b) No

30

☐

31. Give reasons for your answer.

31

☐

32. Is the working relationship between the health team members good?

(a) Yes

(b) No

32

☐

33. If yes, give reasons for your answer.

33

☐

34. If no to Question No. 32, give reasons.

34

☐

THANK YOU FOR COMPLETING THE QUESTIONNAIRE

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