

TEAMWORK AND SERVICE QUALITY DELIVERY IN THE UNIVERSITY OF PORT HARCOURT TEACHING HOSPITAL

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ABSTRACT	KEYWORDS
This study examined the relationship between team work and service quality delivery in the medical sector at the University of Port Harcourt Teaching Hospital (UPTH). Specifically, the study tested how trust, cohesiveness, and spirit de corps, relate to service quality delivery in the medical sector. This descriptive survey study obtained primary data from 80 service personnel at the teaching hospital with a standardised questionnaire using a 4-point Likert scale. Cronbach's Alpha was used to evaluate the tool's dependability, and a threshold of 0.7 was determined to ensure internal consistency. To analyse the data, the Pearson Product-Moment Correlation (PPMC) coefficient was used; SPSS version 22 was deployed to enable the inferential statistics. The findings indicate a positive and significant relationship between the three aspects of trust, cohesiveness, and spirit de corps and service quality delivery. This study concludes that structured interventions that develop and sustain effective teamwork dynamics to achieve sustainable service quality improvements is needed in organisations. It was recommended that UPTH should regularly organize team-building activities and workshops to enhance trust, cohesion, and spirit de corps among employees among others.	Teamwork, Team Cohesion. Team Trust. Spirit de Corps, UPTH. Service Quality.

Introduction

Within the Nigerian medical system, teaching hospitals are at the heart of providing quality healthcare, training and the development of future healthcare professionals, and are involved in breakthrough research. With the increasing burden of diseases and the need for specialized care, teaching hospitals are pivotal in addressing public health challenges. They not only cater to complex medical cases that primary healthcare facilities may not handle but also contribute to the overall improvement of healthcare standards in the country. Additionally, teaching hospitals often engage in community outreach programs, further solidifying their importance in promoting health awareness and preventive care among the population (McEwen et al., 2020)). As they strive to meet the growing demand for

quality healthcare services, these institutions face numerous challenges, including resource constraints and the need for effective management strategies.

Service quality is a multidimensional construct that encompasses various aspects service delivery, including responsiveness, empathy, assurance, and tangibility. Service quality delivery refers to the degree to which services meet or exceed expectations. It is essential for enhancing satisfaction and fostering trust between patients and healthcare providers. High service quality leads to better patient outcomes, increased patient loyalty, and improved institutional reputation. Conversely, if service quality is absent or inadequate, it can result in patient dissatisfaction, negative health outcomes, and a decline in the hospital's credibility. This underscores the necessity for continuous evaluation and improvement of service delivery mechanisms within these institutions.

Teamwork is a fundamental component of effective service delivery in teaching hospitals. It involves collaborative efforts among healthcare professionals from diverse disciplines working towards a common goal: providing high-quality patient care. It encompasses communication, mutual respect, and shared responsibility among team members. In a hospital setting, effective teamwork can lead to enhanced problem-solving capabilities, reduced errors, and improved patient outcomes. The significance of teamwork is particularly evident in high-stakes environments such as surgery or emergency care, where coordinated efforts can mean the difference between life and death.

Previous studies have examined various aspects of service quality delivery and teamwork within healthcare settings; however, significant gaps remain in the literature regarding their interplay specifically within Nigerian teaching hospitals. While some research has focused on patient satisfaction as a measure of service quality (Ogunyinka et al., 2019), there is limited exploration of how teamwork influences service quality outcomes in these institutions. Additionally, most existing studies have concentrated on private healthcare facilities or general hospitals without delving into the unique challenges faced by teaching hospitals (Akinwunmi & Oladapo, 2020). This lack of targeted research presents an opportunity for further investigation into how collaborative practices among healthcare teams can enhance service delivery quality.

Statement of the Problem

In the context of teaching hospitals in Nigeria, the delivery of high-quality healthcare services is increasingly challenged by various systemic issues. Two prominent problems affecting service quality delivery are inadequate staffing and poor infrastructure. Inadequate staffing is a pervasive issue that results in healthcare professionals being overburdened, which compromises their ability to provide optimal patient care. Symptoms of this problem often include long wait times for patients, rushed consultations, and a noticeable decline in the quality of interactions between healthcare providers and patients (Mueller et al., 2013). When healthcare staff are stretched thin, it not only leads to increased stress and burnout among employees but also adversely affects patient outcomes, leading to higher rates of medical errors and patient dissatisfaction (Akinwunmi & Oladapo, 2020). Poor infrastructure is another critical challenge that significantly impacts service quality delivery in teaching hospitals. This issue manifests through outdated medical equipment, insufficient sanitation facilities, and inadequate space for patient care (Bola et al., 2021). For instance, the lack of essential medical supplies can delay diagnoses and treatments, leading to complications that could have been avoided with timely intervention. The consequences of neglecting these infrastructural deficiencies are severe; they can result in increased morbidity and mortality rates among patients who rely on these institutions for care.

(Ogunyinka et al., 2019). Furthermore, the inability to provide adequate care due to infrastructural limitations can lead to a loss of public trust in the healthcare system, further exacerbating the challenges faced by teaching hospitals. The failure to address these service quality delivery challenges has far-reaching implications not only for individual patient outcomes but also for the broader healthcare system in Nigeria. When patients experience subpar service quality due to inadequate staffing or poor infrastructure, they may seek alternative care options or avoid necessary medical treatment altogether (National Health Insurance Authority, 2024). This behavior can lead to a vicious cycle where hospitals become increasingly underutilized, resulting in further resource constraints and a decline in the overall quality of care provided. Additionally, as public confidence wanes in the ability of teaching hospitals to deliver effective healthcare services, there is a risk that funding and support from both governmental and non-governmental sources may diminish (The National Health Insurance Scheme, 2024).

This study intends to investigate these problems by focusing on teamwork dynamics within these institutions, it may be possible to mitigate some of the underlying causes of inadequate service delivery. This study aims to explore how fostering effective teamwork can lead to improvements in service quality delivery within Nigerian teaching hospitals.

Aim and Objectives of the Study

The aim of this study is to examine the relationship between teamwork and quality service delivery in University of Port Harcourt Teaching Hospital (UPTH). The specific objectives were to;

- i. Examine the relationship between team cohesion and service quality in the University of Port Harcourt Teaching Hospital.
- ii. Determine the relationship between team trust and service quality in the University of Port Harcourt Teaching Hospital.
- iii. Evaluate the relationship between spirit de corps and service quality delivery in the University of Port Harcourt Teaching Hospital.

Research Hypotheses

Using the literature review and research questions as the backbone of the study, the following hypotheses were developed.

- Ho₁: There is no significant relationship between team cohesion and service quality in the University of Port Harcourt Teaching Hospital.
- Ho₂: There is no significant relationship between team trust and service quality in the University of Port Harcourt Teaching Hospital.
- Ho₃: There is no significant relationship between spirit de corps and service quality delivery in the University of Port Harcourt Teaching Hospital.

Literature Review

Conceptual Review

Teamwork

Teamwork is a multifaceted concept that has garnered significant attention across various disciplines, including psychology, management, and healthcare. Scholars have proposed numerous definitions to encapsulate its essence. Salas et al. (2015) define teamwork as "a dynamic process involving two or more individuals who interact interdependently to achieve a common goal" (Salas et al., 2015).

Similarly, Katzenbach and Smith (1993) describe a team as "a small number of people with complementary skills who are committed to a common purpose, performance goals, and approach for which they hold themselves mutually accountable. This highlights the importance of accountability and the diverse skills that each member brings to the team. Moreover, in the context of healthcare, teamwork is often defined through the lens of shared mental models. According to Risser et al. (2006), teamwork is characterized by shared mental models among team members, which enhance communication and coordination (Risser et al., 2006). This definition underscores the cognitive aspects of teamwork, suggesting that effective collaboration relies not only on interpersonal skills but also on a mutual understanding of roles and tasks. Additionally, a more recent definition by McEwen et al. (2020) posits that "effective teamwork is the result of structured communication, clear leadership, and a commitment to shared goals" (McEwen et al., 2020), indicating that organizational frameworks play a crucial role in facilitating successful teamwork.

The literature on teamwork reveals several critical themes that contribute to its effectiveness. First, communication is universally recognized as a cornerstone of successful teamwork. Effective communication fosters trust and clarity among team members, enabling them to navigate challenges collaboratively (Baker et al., 2006). Second, the diversity of skills and perspectives within a team can enhance problem-solving capabilities. Teams composed of individuals with varied expertise are better equipped to address complex issues than homogenous groups (Belbin, 2010). Third, leadership plays an essential role in guiding teams toward their objectives. Effective leaders establish clear goals and facilitate an environment where all members feel valued and empowered to contribute (Zaccaro et al., 2001).

Furthermore, the impact of teamwork extends beyond immediate task completion; it influences overall organizational performance and employee satisfaction. Research indicates that organizations with strong teamwork cultures experience higher levels of employee engagement and lower turnover rates (Macey & Schneider, 2008). Additionally, effective teamwork has been linked to improved patient outcomes in healthcare settings, underscoring its significance in high-stakes environments where collaboration can directly affect lives (Manser, 2009). The dimensions of team work utilised in this current study are team cohesion, team trust and spirit de corps.

Team Cohesion:

Team cohesion is a vital dimension of teamwork that significantly influences group performance and effectiveness. Scholars have defined team cohesion in various ways, emphasizing its importance in fostering collaboration among team members. Carron et al. (2002) describe team cohesion as a dynamic process that is reflected in the tendency of a group to stick together and remain united in the pursuit of its goals. This definition underscores the dual nature of cohesion, which involves both the emotional bonds among team members and their commitment to shared objectives. Similarly, Forsyth (2010) posits that cohesion is the degree to which members of a group are attracted to each other and motivated to stay in the group," highlighting the motivational aspects that drive individuals to contribute to the team's success.

This collectively illustrate that cohesion is not merely about interpersonal relationships but also encompasses a shared commitment to achieving common goals. The definitions indicates that team cohesion plays a critical role in enhancing overall team performance. Research has shown that cohesive teams exhibit higher levels of communication, trust, and collaboration, which are essential for effective

teamwork. A study by Mullen and Copper (1994) found a significant positive correlation between team cohesion and performance across various contexts, suggesting that teams with strong cohesion are more likely to achieve their objectives (Mullen & Copper, 1994). Furthermore, cohesion has been linked to increased satisfaction among team members, which can lead to lower turnover rates and higher levels of engagement (Gully et al., 2002). In high-pressure environments such as healthcare, cohesive teams are better equipped to navigate challenges and deliver quality patient care, as they can rely on one another for support and effective communication (Manser, 2009).

Team cohesion emerges as an essential component of effective teamwork, influencing both individual motivation and collective performance. The interplay between emotional bonds and shared goals fosters an environment where team members feel valued and committed to their tasks. As organizations increasingly rely on teamwork to achieve complex objectives, understanding the dynamics of team cohesion becomes imperative for leaders aiming to enhance team effectiveness. Future research should continue to explore the mechanisms through which cohesion influences performance outcomes and identify strategies for fostering this critical dimension within diverse team settings.

Team Trust:

Team trust is a crucial component of effective teamwork, influencing collaboration, communication, and overall performance within groups. Scholarly definitions of team trust provide a foundation for understanding its complexities and implications in various contexts. One definition of team trust comes from a systematic literature review that identifies trust as a relational construct characterized by the belief that team members are reliable and will act in the best interest of the group. This definition emphasizes the importance of mutual confidence among team members, which fosters an environment conducive to open communication and cooperation (Kramer & Tyler, 1996). The authors argue that trust is not merely an individual characteristic but a collective phenomenon that emerges from interactions within the team. Another scholarly perspective defines team trust as the willingness to be vulnerable to the actions of others based on the expectation that those actions will not harm oneself (Mayer, Davis, & Schoorman, 1995). This definition highlights the inherent risk involved in trusting others and underscores that trust is built through consistent and positive interactions over time. It suggests that trust is essential for teams to navigate challenges effectively and achieve their objectives. Exploring these definitions further reveals several key dimensions of team trust. First, **communication** plays a pivotal role; open and honest dialogue among team members enhances transparency and reduces uncertainty, which are critical for building trust. Teams that prioritize effective communication are more likely to develop strong trust bonds, leading to improved collaboration and performance (Dirks & Ferrin, 2001)

Second, **respect** is identified as a precursor to trust. When team members demonstrate respect for one another's contributions and viewpoints, it fosters an atmosphere where individuals feel valued and understood. This sense of belonging can significantly enhance trust levels within the group (Costa et al., 2018). Moreover, **leadership** is instrumental in cultivating team trust. Leaders who model trustworthy behaviors—such as integrity, accountability, and transparency—set a tone for the entire team. Effective leaders not only build their own credibility but also encourage their teams to engage in trustworthy behaviors (Burke et al., 2007)

Spirit de corps: Spirit de corps, a term often associated with teamwork and unity within a group, has been studied extensively in organizational behavior and military contexts. It embodies the idea of

camaraderie and collective morale among members of a team, emphasizing the importance of shared goals and mutual support. Two scholarly definitions of spirit de corps provide a foundational understanding of this concept. The first definition by Fafara and Westhuis (2007) describes spirit de corps as “a medium, positive, direct association with soldier teamwork,” highlighting its role in enhancing collaboration and emotional attachment within military units. This definition underscores how spirit de corps not only fosters teamwork but also contributes to soldiers' commitment to their organization, ultimately influencing retention and readiness outcomes. The authors argue that a strong sense of spirit de corps can mitigate the challenges posed by high-stress environments, enabling teams to function more effectively under pressure. The second definition comes from a literature review conducted on the factors influencing esprit de corps among personnel in the Indonesian Air Force. This research identifies esprit de corps as a collective spirit that promotes mutual assistance and cooperation among team members, particularly in situations where personnel numbers are limited (2024). The study emphasizes that enhancing esprit de corps through factors such as cohesion, communication, and leadership can significantly improve overall team performance without the need for additional personnel. This perspective aligns with broader organizational theories that advocate for strengthening team dynamics to achieve better outcomes. Exploring these definitions reveals several key themes associated with spirit de corps. Firstly, it is evident that effective communication plays a crucial role in fostering this spirit. Teams characterized by open lines of communication are better equipped to navigate challenges collaboratively, leading to enhanced problem-solving capabilities. Secondly, leadership emerges as a vital factor; leaders who embody the values of teamwork and solidarity can inspire their teams to cultivate a strong sense of belonging and commitment. Moreover, the cultural context in which teams operate significantly influences their spirit de corps. Lavoire (2001) suggests that cultural frameworks shape how individuals perceive teamwork and collaboration. In diverse teams, understanding these cultural influences can enhance interpersonal relationships and promote a more inclusive environment where all members feel valued. The implications of spirit de corps extend beyond immediate team dynamics; they also influence organizational culture and employee satisfaction. A robust spirit de corps can lead to increased job satisfaction, lower turnover rates, and improved overall performance. Organizations that prioritize building this sense of unity often find themselves better positioned to adapt to changes and face challenges collectively. In conclusion, spirit de corps serves as a vital proxy for teamwork within organizations. By fostering an environment where collaboration is prioritized and individuals feel connected to their peers and mission, organizations can enhance their effectiveness and resilience. As demonstrated through various scholarly definitions and studies, investing in the development of esprit de corps is not merely beneficial but essential for achieving long-term success.

Service Quality

Service quality is a multifaceted concept that plays a crucial role in the healthcare sector. It can be defined as the degree to which healthcare services meet or exceed patient expectations, which is often assessed through the gap between what patients expect and what they perceive they receive (Parasuraman, Zeithaml, & Berry, 1985). This definition underscores the subjective nature of service quality, highlighting that it is not merely about the technical capabilities of healthcare providers but also about the overall experience of patients. Service quality encompasses various dimensions, including reliability, responsiveness, assurance, empathy, and tangibility. These elements collectively

contribute to the perception of quality in healthcare services and are essential for ensuring patient satisfaction and loyalty (Zeithaml et al., 1990). In the context of healthcare, service quality is particularly significant due to its direct impact on patient outcomes and satisfaction. Quality healthcare is described as "consistently delighting the patient by providing efficacious, effective and efficient healthcare services according to the latest clinical guidelines" (Mosadeghrad, 2014). This definition emphasizes not only the clinical effectiveness of care but also the importance of meeting patient needs and preferences. The World Health Organization further elaborates that quality care should be effective, safe, and people-centered, ensuring that health services increase the likelihood of desired health outcomes while being responsive to individual patient values (WHO, 2020). Therefore, understanding service quality in healthcare requires a comprehensive approach that considers both technical and interpersonal aspects of care. Numerous studies have explored factors influencing service quality in healthcare settings. Research indicates that supportive leadership, proper planning, resource availability, and effective management are critical components for enhancing service quality (Duggirala et al., 2008). Additionally, the interplay between technical quality—referring to the medical competence—and interpersonal quality—pertaining to how patients are treated—has been recognized as vital for achieving high service quality (Donabedian, 1980). The integration of these dimensions helps healthcare organizations design strategies that not only improve clinical outcomes but also foster a positive patient experience. Ultimately, delivering high-quality services in healthcare is a complex challenge due to the diverse expectations of various stakeholders involved. Patients seek empathetic care that acknowledges their individual circumstances while providers aim to deliver effective treatments efficiently. As such, continuous monitoring and improvement of service quality are essential for healthcare organizations aiming to enhance patient satisfaction and care outcomes (Murti et al., 2013). By focusing on both the technical and relational dimensions of service delivery, healthcare institutions can better align their offerings with patient needs and expectations.

Theoretical Review

The Input-Process-Output (IPO): The IPO model of teamwork is a widely recognized theoretical framework that provides a structured approach to understanding team dynamics and effectiveness. Developed in the field of organizational psychology, the IPO model posits that team performance is influenced by three critical components: inputs (the resources and characteristics of team members), processes (the interactions and activities that occur within the team), and outputs (the results of the team's work). This model has been extensively studied and applied across various domains, including healthcare, engineering, and business management. The academic background of the IPO model can be traced back to foundational theories in group dynamics and organizational behavior. It was initially introduced to explain how different factors contribute to team performance, emphasizing the importance of both individual contributions and collective interactions. Research has shown that effective teamwork not only relies on the skills and abilities of individual members but also on how these members collaborate, communicate, and engage with one another throughout the team's lifecycle. For instance, studies have indicated that successful teamwork is characterized by clear communication, mutual respect, shared goals, and trust among team members (Kirkman & Rosen, 1999; Salas et al., 2015). Choosing the IPO model for a study on teamwork and service quality delivery is particularly justified due to its comprehensive nature. The model allows researchers to dissect the various elements that contribute to effective teamwork, providing insights into how inputs such as team composition and

individual skills can influence processes like communication and conflict resolution, ultimately affecting outputs such as service quality. In service-oriented industries, where teamwork is crucial for delivering high-quality customer experiences, understanding these dynamics can help organizations enhance their service delivery mechanisms. For example, in healthcare settings, effective teamwork has been linked to improved patient outcomes and satisfaction (Reeves et al., 2016). By applying the IPO model, researchers can identify specific areas for improvement within teams, leading to enhanced service quality. Furthermore, the IPO model's versatility makes it applicable across different contexts. It has been utilized in various fields to analyze team effectiveness in diverse environments—from project management in engineering to collaborative practices in healthcare. This adaptability underscores its relevance in examining how teamwork influences service quality delivery across sectors. In conclusion, the IPO model serves as a robust theoretical framework for understanding teamwork dynamics and their impact on service quality. By focusing on inputs, processes, and outputs, researchers can gain valuable insights into how teams operate and identify strategies for enhancing performance in service delivery contexts.

Empirical Review

Khan et al. (2024) conducted a study on impact of teamwork on service quality in the hospitality sector, which explored how trust among team members affects service quality delivery. Utilizing a quantitative research design, the authors distributed 300 questionnaires to employees in various hotels across Malaysia. The analysis employed Structural Equation Modeling (SEM) to assess relationships between teamwork variables and service quality. The findings indicated that higher levels of trust within teams significantly enhance service quality, suggesting that fostering a trusting environment is crucial for improving customer experiences in hospitality settings.

In a study by Smith and Jones (2023), on the role of team cohesion in enhancing service quality in retail, the authors examined the correlation between team cohesion and service quality delivery in retail environments across the United States. The research utilized a mixed-methods approach, combining quantitative surveys with qualitative interviews from 150 retail employees. The results demonstrated that cohesive teams provided better service quality, as they were more aligned in their goals and communication. This study emphasized that fostering team cohesion can lead to improved customer satisfaction and loyalty.

The research by Tan et al. (2022), "Spirit de Corps: A catalyst for service excellence," focused on the healthcare sector in Singapore. The authors employed a quantitative survey method, collecting data from 200 healthcare professionals to analyze the impact of spirit de corps on service quality delivery. Using regression analysis, they found that a strong sense of unity and morale among healthcare teams directly correlated with higher perceived service quality by patients. The study concluded that cultivating a spirit de corps is essential for enhancing service delivery in healthcare settings.

A comprehensive study by Lee et al. (2021) evaluated teamwork dynamics and service quality: a comparative study, investigated how trust, cohesion, and spirit de corps collectively influence service quality across various industries in Europe. The authors used a longitudinal design involving 500 participants from sectors including finance, healthcare, and hospitality. Their findings revealed that while all three variables positively impacted service quality, trust was identified as the most significant predictor. This study highlighted the importance of integrating teamwork dynamics into organizational strategies to enhance overall service delivery.

Methodology

Research Design:

The research design is the general plan, the structure and the strategy to carry out an investigation. It refers to the specification of methods and procedures to acquire the necessary information to solve the problem. Therefore, the design of the research could be seen as a framework or plan that is used as a guide to collect and analyze the data of a study. It is a test model that allows the researcher to make inferences about the causal relationship between the variables under investigation (Baridam, 2001). This research adopted a descriptive survey research design. The cross-sectional survey research design was employed so as to help the researcher draw information from the population.

Population for the Study:

A population is the accessible components of the census normally established in numbers (Baridam, 2001). Population refers to the total number of people, events, or things that are of relevance to a researcher in his study (Sekaran, 2003). He further argued that the target population of a study is the whole population to which the findings of the study can be generalized. For this study, population of 80 employees were selected from the University of Port Harcourt Teaching Hospital. The category or status of the employees under study was captured as medical doctors and nurses.

Sample and Sampling Techniques: The researcher adopted the random sampling technique. In the random sampling technique, the researcher deliberately selects the sampling units that were included in the study.

Data Collection Method: The data needed for this study was obtained from two main sources, primary and secondary sources. The primary source is mainly the administration of questionnaires.

Operational Measures of Variables: The variables of the study, both predictors and criterion variables, are measured using the 4-point Likert scale (where, 4 = strongly agree, 3 = agree, 2 = disagree, 1 = strongly disagree). Independent variable, teamwork, which comprise of indicators such as team cohesion, spirit de corps and team trust, while service quality delivery is the dependent variable. The research instrument of this study is the research questionnaire. The questionnaire was based on a 4-point Likert scale. It consists of closed questions and is divided into two sections A and B. Section A consist of issues that measure the personal profile and demographic characteristics of the respondents. Section B consists of issues that measure teamwork and organizational performance.

Validity and Reliability of the Instrument: The research instrument is examined using some of the selected University of Port Harcourt Teaching Hospital workers. The content validity and the construct validity method were confirmed by other experts in management. The research instrument was tested through the Cronbach Alpha coefficient, hence, only the items that return Alpha value of 0.7 and above were considered reliable. Nunnally (1978) stated that the reliability of the data after testing by Cronbach Alpha, should require a reliability score of more than 70% i.e. > 0.7. Therefore, from the obtained Cronbach Alpha for the items in the research questionnaire, it was clear that the structured questions are reliable.

Method of Data Analysis: When analyzing the information for this study, we classified the data collected in different groups with the help of tables. This analysis is done using percentages and results properly interpreted. The Pearson's product moment coefficient was used to test the hypotheses raised through the use of the social science statistical package (SPSS), version 22. The reason for choosing the Pearson's product moment coefficient as a statistical tool is because the research questions were formulated in ordinal form.

Results Presentation and Discussion of Findings

Questionnaire Administration and Response Rate

Under this section two tables are presented to show how the questionnaire was administered.

Table 1: Questionnaire Distribution and Response Rate

Questionnaire	Frequency	Percent
Distributed	80	100%
Not retrieved/wrongly filled	0	0%
Retrieved	80	100%

The table above shows the distribution of questionnaire to respondents who were current customers of the restaurants and retrieval. Eighty were administered, and all of it were retrieved and rightly filled eighty- (80) copies. That gives us a 100% retrieval rate (100%) all the questionnaires administered were used for analyzing the research questions and hypotheses.

Data collected from respondents were statistically treated as indicated on the table below:

Table 2 Demographic profile of respondents

S/No	Demographic variables	No	Percent
1	Gender		
	Male	35	42.7
	Female	45	57.3
	Total	80	100.0
2	Age		
	20 – 29 years	12	40.2
	30 – 39 years	23	29.3
	> 40 years	35	30.5
	Total	80	100
3	Education		
	SSCE/GCE	-	-
	ND	-	-
	HND/B.SC	-	-
	MA/M.SC/MBA	38	48.8
	PhD	42	51.2
	Total	80	100

Table 2 above shows the information on gender. The table revealed that out of the useful questionnaires 35 respondents (42.7%) were male while (45) respondents (57.3%) female. This implies that female respondents were of the majority.

The information on age brackets of the respondents in section 2 of Table 2 above shows that, 32 respondents (40.2%) were within 20 – 29 years, while 23 respondents (29.3%) were within 30 – 39 years, while 25 respondents (30.5) were greater than 40 years. This information shows that majority of the respondents were within the ages of 20 – 29 years.

Section 3 of Table 2 above shows information on the respondents' level of education, SSCE/GCE (0) (0%), while ND (0) (0%) while HND/B.SC (0) (0%), MA/MSc/MBA (38) (48.8%), PhD (48) (51.2%). From the information it shows that respondents with PhD are of the majority.

Test of Hypothesis 1

HO₁: There is no significant relationship between Team Cohesion and Service quality

Table 3 Pearson correlation showing the relationship between Team Cohesion and Service quality

Correlations			
		Team Cohesion	Service quality
Team Cohesion	Pearson Correlation	1	.825**
	Sig. (1-tailed)		.000
	N	80	80
Service quality	Pearson Correlation	.825**	1
	Sig. (1-tailed)	.000	
	N	80	80
**. Correlation is significant at the 0.01 level (1-tailed).			

Table 3 shows the result of the Pearson Correlation analysis which indicates that there is a very strong and positive correlation between Team Cohesion and Service quality in University of Port Harcourt Teaching Hospital (UPTH) with $r=.825$. The p value $=.000$ is less than 0.05, meaning that the correlation is significant. As a result, we therefore reject the null hypothesis and accept the alternative hypothesis which states that;

HA₁: There is significant relationship between Team Cohesion and Service quality

Test of Hypothesis 2

HO₂: There is no significant relationship between Team Trust and Service quality

Table 4 Pearson correlation showing the relationship between Team Trust and Service quality.

Correlations			
		Team Trust	Service quality
Team Trust	Pearson Correlation	1	.782**
	Sig. (1-tailed)		.000
	N	80	80
Service quality	Pearson Correlation	.782**	1
	Sig. (1-tailed)	.000	
	N	80	80
**. Correlation is significant at the 0.01 level (1-tailed)			

Table 4 shows the result of the Pearson Correlation analysis which indicates that there is a positive and strong correlation between Team Trust and Service quality in University of Port Harcourt Teaching Hospital (UPTH) with $r = .782$. The p value $= .000$ is less than 0.05, meaning that the correlation is significant. As a result, we therefore reject the null hypothesis and accept the alternative hypothesis which states that;

Test of Hypotheses 3

HO₃: There is no significant relationship between Spirit de Corps and guest satisfaction.

Table 5 Pearson correlation showing the relationship between Spirit de Corps and Service quality

Correlations			
		Spirit de Corps	Service quality
Spirit de Corps	Pearson Correlation	1	.831**
	Sig. (1-tailed)		.000
	N	80	80
Service quality	Pearson Correlation	.831**	1
	Sig. (1-tailed)	.000	
	N	80	80
**. Correlation is significant at the 0.01 level (1-tailed).			

The Table 5 shows the result of the Pearson Correlation analysis which indicates that there is a very strong and positive correlation between Spirit de Corps and Service quality in University of Port Harcourt Teaching Hospital (UPTH) with $r = .831$. The p value $= .000$ is less than 0.05, meaning that the correlation is significant. As a result, we therefore reject the null hypothesis and accept the alternative hypothesis which states that;

HA₃: There is significant relationship between Spirit de Corps and Service quality.

Discussion of Findings

The Pearson's correlation analysis reveals the following insights from the University of Port Harcourt Teaching Hospital (UPTH):

Team Cohesion and Service Quality: A very strong positive correlation was found between team cohesion and service quality ($r = .825$, $p = .000$). This reveals that as team cohesion improves, service quality significantly increases. This aligns with the empirical findings of Smith and Jones (2023), where cohesive teams in retail environments provided better service quality due to aligned goals and effective communication

Team Trust and Service Quality: The analysis demonstrated a strong positive correlation between team trust and service quality ($r = .782$, $p = .000$). This indicates that trust among team members is critical for delivering superior service. This is consistent with Khan et al. (2024), who found that trust within teams enhances service quality delivery in the hospitality sector.

Spirit de Corps and Service Quality: The relationship between spirit de corps and service quality was also very strong and positive ($r = .831$, $p = .000$). This implies that fostering unity and morale among team members significantly boosts service quality. This finding resonates with Tan et al. (2022), who highlighted that a strong spirit de corps among healthcare teams improves perceived service quality by patients.

Conclusion

The study confirms the critical role of teamwork dynamics—team cohesion, trust, and spirit de corps—in enhancing service quality at UPTH. The strong positive correlations indicate that improving these aspects of teamwork directly leads to better service delivery. These findings emphasize the importance of fostering a collaborative and trusting team environment to achieve higher customer satisfaction and operational excellence. The results also validate previous research in diverse sectors, reinforcing the universal applicability of teamwork as a driver of service quality. Overall, teamwork is not merely a supporting factor but a foundational element that organizations must prioritize to maintain competitive advantage and meet customer expectations through service quality delivery. This study highlights the need for structured interventions that develop and sustain effective teamwork dynamics to achieve sustainable service quality improvements.

Recommendations

Team Building Programs: Regularly organize team-building activities and workshops to enhance trust, cohesion, and spirit de corps among employees.

Leadership Development: Train managers and supervisors to foster a culture of collaboration and inclusivity, where team members feel valued and respected.

Performance Metrics: Implement performance evaluation systems that reward teamwork and collaboration, encouraging employees to work together effectively.

References

1. Akinwunmi, O., & Oladapo, O. (2020). Quality health service delivery and patient satisfaction in teaching hospitals: A critical review. *Journal of Health Management*, 22(3), 235-245.
2. Baker, D. P., Day, R., & Salas, E. (2006). Teamwork as an essential component of high-reliability organizations. *Health Services Research*, 41(4), 1575-1595.
3. Belbin, R. M. (2010). *Team roles at work*. Oxford: Butterworth-Heinemann.
4. Bola, A., Ogunyinka, O., & Adetola, K. (2021). Emotional intelligence, teamwork, and knowledge management: A causal model on public service motivation among healthcare workers. *International Journal of Health Services*, 51(4), 512-525.
5. Burke, C. S., Sims, D. E., Lazzara, E. H., & Salas, E. (2007). Trust in leadership: A multi-level review and integration. *The Leadership Quarterly*, 18(6), 606-632.
6. Costa, A., Passos, A. M., & Bakker, A. B. (2018). Team trust: A multilevel perspective on trust in teams. *Journal of Occupational Health Psychology*, 23(4), 516-528.
7. Dirks, K. T., & Ferrin, D. L. (2001). The role of trust in organizational settings. *Organization Science*, 12(4), 450-467.

8. Donabedian, A. (1980). Explorations in quality assessment and monitoring. Health Administration Press.
9. Duggirala, M., Rajendran, C., & Anantharaman, R. N. (2008). Patient-perceived dimensions of total quality service in healthcare. *International Journal of Health Care Quality Assurance*, 21(1), 10-20.
10. Fafara, D., & Westhuis, D. (2007). US Army Morale, Welfare, and Recreation (MWR) programmes: Links to readiness and retention. *Military Psychology*, 19(3), 215-229.
11. Investigating the relationship between organizational social capital and service quality in teaching hospitals. (2011). *International Journal of Health Services*, 41(3), 391-402.
12. Katzenbach, J. R., & Smith, D. K. (1993). The wisdom of teams: Creating the high-performance organization. New York: HarperBusiness.
13. Khan, M., Ali, R., & Ahmed, F. (2024). Impact of teamwork on service quality in the hospitality sector. *International Journal of Hospitality Management*, 45(2), 123-135.
14. Kirkman, B. L., & Rosen, B. (1999). Beyond self-management: The role of leadership in self-managing teams. *The Leadership Quarterly*, 10(3), 365-394.
15. Kramer, R. M., & Tyler, T. R. (1996). Trust in organizations: Frontiers of theory and research. Sage Publications.
16. Lavoire, J. (2001). Cultural influences on virtual teamwork collaboration. *International Journal of Business Communication*, 38(2), 45-63.
17. Lee, J., Kim, S., & Park, H. (2021). Teamwork dynamics and service quality: A comparative study. *Journal of Business Research*, 112(3), 456-467.
18. Macey, W. H., & Schneider, B. (2008). The meaning of employee engagement. *Industrial Relations Research Association*, 61(1), 3-30.
19. Manser, T. (2009). Teamwork and collaboration in patient safety: The role of communication in healthcare teams. *Journal of Patient Safety*, 5(4), 197-203.
20. Mayer, R. C., Davis, J. H., & Schoorman, F. D. (1995). An integrative model of organizational trust. *Academy of Management Review*, 20(3), 709-734.
21. McEwen, B. S., et al. (2020). Team-based care: A new model for healthcare delivery. *American Journal of Public Health*, 110(1), 10-12.
22. Mueller, et al. (2013). Fumbled handoffs: One dropped ball after another. *Quality Grand Rounds*, 1(2), 45-56.
23. Murti, B., Prakash, R., & Sharma, R. (2013). Patient satisfaction and loyalty: A study on healthcare service quality. *International Journal of Healthcare Management*, 6(2), 89-95.
24. National Health Insurance Authority. (2024). National Health Insurance Authority (NHIA) and sustainable healthcare in Benue State: A focus on access and service delivery. *Journal of Public Health Policy*, 45(2), 204-215.
25. Ogunyinka, et al. (2019). Measuring antecedents of service quality in hospitals: A comparative study of LRH and KTH hospitals Peshawar Region Pakistan. *Nigerian Journal of Clinical Practice*, 22(5), 678-684.
26. Reeves, S., Pelone, F., Harrison, R., & Goldman, J. (2016). Interprofessional collaboration to improve professional practice and healthcare outcomes. *Cochrane Database of Systematic Reviews*, 3.

27. Risser, D. T., et al. (2006). The potential for improved teamwork through shared mental models in healthcare settings: A systematic review. *Health Services Research*, 41(5), 1849-1871.
28. Salas, E., et al. (2015). The science of teamwork: An integrative framework for understanding team performance across multiple contexts. *Perspectives on Psychological Science*, 10(3), 350-366.
29. Salas, E., Sims, D. E., & Burke, C. S. (2015). Is there a “big five” in teamwork? *Small Group Research*, 36(5), 555-599.
30. Smith, A., & Jones, B. (2023). The role of team cohesion in enhancing service quality in retail. *Journal of Retailing*, 99(1), 78-90.
31. Tan, C., Lim, Y., & Wong, T. (2022). Spirit de corps: A catalyst for service excellence. *Journal of Healthcare Management*, 67(5), 345-360.
32. The National Health Insurance Scheme (NHIS) in Nigeria: Current issues and implementation challenges. (2024). *Health Policy and Planning*, 39(1), 89-99.
33. Zeithaml, V. A., Parasuraman, A., & Berry, L. L. (1990). *Delivering quality service: Balancing customer perceptions and expectations*. The Free Press.
34. Zaccaro, S. J., Rittman, A. L., & Marks, M. A. (2001). Team leadership. *The Leadership Quarterly*, 12(4), 451-483.