إقرار

أنا الموقعة أدناه مقدمة الرسالة التي تحمل عنوان :

أثر مهارات الموظفين والهيكلية التنظيمية على نجاح برنامج صحة العائلة في مراكز الرعاية الأولية في وكالة الغوث الدولية بغزة

The Impact of Employees' Skills and Structure on Success of Family Health Program at UNRWA Primary Health Centers in Gaza Strip

أقر بأن ما اشتملت عليه هذه الرسالة إنما هي نتاج جهدي الخاص، باستثناء ما تمت الإشارة إليه حيثما ورد، وإن هذه الرسالة ككل ،أو جزء منها لم يقدم من قبل لنيل درجة أو لقب علمي أو بحثي لدى أي مؤسسة تعليمية أو بحثية أخرى.

DECLARATION

The work provide in this thesis, unless otherwise referenced ,is the researcher s own work ,and has not been submitted elsewhere for any other degree or qualification .

Students name اسم الطالبة: ليندا يوسف داود شاهين

Signature : التوقيع

Date : التاريخ ٢٠١٤/٤/٢٩

The Islamic University of Gaza

Dean of Higher Studies

Faculty of Commerce

Business Administration Department

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Prepared By

Linda Yousif Shahin

Supervised By

Dr. Wasim Al-Habil

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نتيجة الحكم على أطروحة ماجستير

بناءً على موافقة شئون البحث العلمي والدراسات العليا بالجامعة الإسلامية بغزة على تشكيل لجنة الحكم على أطروحة الباحثة/ **ليندا يوسف داوود شاهين** لنيل درجة الماجستير في **كلية *التجارة*/ قسم إدارة الأعمال** وموضوعها:

The Impact of Employees' Skills and Structure on Success of Family Health Program at UNRWA Primary Health Centers in Gaza Strip

وبعد المناقشة التي تمت اليوم الثلاثاء 08 جمادى الآخر 1435هـ، الموافق 2014/04/08م الساعة العاشرة صباحاً، اجتمعت لجنة الحكم على الأطروحة والمكونة من:

د. وسيم إسماعيل الهابيل	مشرفًا ورئيسًا	.....
أ.د. يوسف حسين عاشور	مناقشًا داخليًا	.....
د. عبد الكريم سعيد رضوان	مناقشًا خارجيًا	.....

وبعد المداولة أوصت اللجنة بمنح الباحثة درجة الماجستير في **كلية *التجارة*/قسم إدارة الأعمال.**

واللجنة إذ تمنحها هذه الدرجة فإنها توصيها بتقوى الله ولزوم طاعته وأن تسخر علمها في خدمة دينها ووطنها.

والله ولي التوفيق ،،،

مساعد نائب الرئيس للبحث العلمي والدراسات العليا

أ.د. فؤاد علي العاجز

P.O. Box 108, Rimal, Gaza, Palestine fax: +970 (8) 286 0800 فاكس Tel: +970 (8) 286 0700 ص.ب. 108 الرمال، غزة، فلسطين هاتف
public@iugaza.edu.ps www.iugaza.edu.ps

Dedication

To the spirit of my affectionate husband to whom I ask God's forgiveness and mercy ,

To my dear sons ,

To my brothers and sisters ,

To my friends and colleagues ,

To all of you I dedicate this work .

Acknowledgement

First of all, praise and gratitude be given to Allah the almighty for giving me such a great strength, patience, courage and ability to complete this research, and peace and blessings of Allah be upon the noblest of all Prophets and messengers, our prophet Muhammad, all thanks for Allah who granted me the power and capability to complete this thesis.

Although any learning activity is a lonely personal project, it requires help, support and encouragement of others to be successful. Just as an eagle could not soar without the invisible strength of the wind, I could not have arrived at this place without all the invisible hands that provided me that strength.

I would like to thank all academic and administrative staff of Islamic University for their guidance and support.

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List Of Acronyms :

FHT	Family Health Team
NCD	Non- Communicable Disease
WHO	World Health Organization
NGO	Non - Governmental Organization
AHRQ	Agency of Healthcare Research and Quality
I.P.O	Input Process Output
IFA	Interim Funding Agreement
IT	Information Technology
HR	Human Resources
MCH	Mother Child Health
LMICS	Low Income and Middle Income Countries
CHWS	Community Health Workers
QIFP	Quality in Family Practice
EMRS	Electronic Medical Records
IPE	Interprofessional Education
PR	Prevalence Ratio
SPSS	Statistical Package for the Social Sciences
CHC	Community Health Centers
NP	Nurse Practitioner

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بسم الله الرحمن الرحيم

الملخص

هدفت الدراسة إلى التعرف على أثر مهارات موظفي وكالة الغوث والهيكلية التنظيمية في مراكز الرعاية الأولية عن مستوى نجاح برنامج صحة العائلة ومعرفة العوامل المؤدية إلى نجاحه والعمل بفاعلية على تنميتها وتطويرها .

مجتمع الدراسة هم موظفي برنامج صحة العائلة (أطباء,ممرضين وقابلات) تتبع الدراسة المنهج الوصفي التحليلي، ويبلغ عدد المراكز الصحية المطبق فيها البرنامج 9 عيادات حتى الآن .لقد تم اختيار العينة الطبقية العشوائية حيث بلغت عينة الدراسة 191 موظفا يعمل ضمن فريق صحة العائلة فيما استجاب منهم 164.

ومن أهم النتائج التي توصلت إليها الباحثة:

1. العوامل التي تشمل البناء الداخلي ومهارات الموظفين والتركيب تؤثر ايجابيا على نجاح برنامج صحة العائلة .
2. لا تقوم الوكالة بتخصيص حوافز للموظفين الذين يعملون في برنامج صحة العائلة ، فلذلك الموظفين لا يشعرون بالرضا لأن التفاني في العمل لا يقابل بالثناء من قبل الإدارة .
3. من خلال تحليل البيانات تبين أنه لا يوجد فروق ذات دلالة إحصائية تعزى إلى المتغيرات الشخصية (العمر , الجنس , المؤهل العلمي , المسمى الوظيفي الحالي , الخبرة) .
4. تشير نتائج الدراسة أن استخدام برنامج التسجيلات الالكترونية للملفات الطبية قد ساهمت كثيرا في تسهيل تقديم الخدمات الطبية لكافة المراجعين بكل كفاءة ومصداقية .
5. أثبتت الدراسة أن برنامج صحة العائلة قد عزز العلاقة والثقة بين المراجع والطبيب واعتبر العائلة ككل كوحدة واحدة تستحق تقديم افضل خدمة والوصول إلى أعلى مستوى من الرضا عن كيفية تلقي الخدمة الطبية في مراكز الرعاية الأولية في الأنروا .

ومن أهم التوصيات التي توصل إليها الباحث:

1. أن نعمل جاهدين على تعزيز الاستيراتيجيات الهادفة إلى تطبيق التعليمات وتحقيق الأهداف التى تتوافق مع بروتوكولات منظمة الصحة العالمية .
2. أن نتواصل بشكل فعال مع المجتمع المحلي وتحديد احتياجاته للعمل على تلبيتها على اكمل وجه.

3. أن نخطط لعمل ندوات تثقيفية مع المجتمع المحلي للتعرف على برنامج صحة العائلة بشكل أفضل والاخذ بالاقتراحات الفعالة االتي تهدف إلى تطوير البرنامج .
4. أن نطور الكفاءة العلمية والعملية لمقدمي البرنامج لينالوا الثقة من الجمهور .
5. أن نركز على جوهر الخدمة المقدمة في المراكز الأولية حتى يتأثر المريض إيجابيا وبشكل واضح بالجانب المادي الملموس للخدمة أولا والذي تجسده وجود ا لمعدات والآلات التكنولوجية لدى العيادات وتوفيرها.

وأخيرا فقد اقترحت الدراسة أبحاث مستقبلية عن الرضا الوظيفي للعاملين في وكالة الغوث الدولية واكتشاف العوامل التي تؤثر علي الأداء لفريق العمل .

Abstract

This study aims at identifying the impact of employees' skills and structure at UNRWA primary care centers about success level of family health program, It also tackles the factors that affect success of program to be effectively developed .

The population of the study was the employees worked at FHT (physicians ,nurses and midwifes) .The study has adopted the descriptive analytical method. The number of centers that apply family program is 9, The study used random stratified sampling. Study sample consisted of 191 employees who work within family program, 164 were respondents to the questionnaire .

Study results:

1. Factors that include internal building and employees' skills affect positively the success of family program.
2. UNRWA does not give incentives for those who work in family program. Thus, they are not satisfied as their hard work is not received with appreciation by the administration.
3. Through data analysis, there are no statistical dissimilarities attributed to personal variables (age – gender – qualification – current position – experience).
4. Study results show that using electronic registration system for the medical records contributed remarkably in facilitating providing services in a credible adequate method to all beneficiaries.
5. The study proved that family program has enhanced the relation and trust between the patient and the doctor, and it considered family as one unit deserves better service and high level of satisfaction with services at UNRWA health centers.

Study recommendations:

1. To work hard to enhance strategies that aim at applying instructions and achieve goals that match World Health Organization protocols.
2. To communicate effectively with local community and determine its needs to be fully met.
3. To plan to hold informative seminars for the local community to introduce family program in an appropriate method and consider suggestions that aspire to develop it.

4. To develop scientific and practical competencies of service provider at the program to gain beneficiaries' trust.
5. To concentrate on the core of the service in the health centers in order to create positive effect on the patients. Such concentration should target the physical side of the services as securing advanced equipment and machines in clinics.

Finally the study suggested further studies about job satisfaction at UNRWA and study to explore factors that could affect teamwork performance.

Chapter 1: General Framework

Introduction

Family Health Team (FHT) aimed to function all efforts to improve health of all family members and to prevent complications by early interventions of health problems .

FHT are interdisciplinary care teams designed to improve the delivery of primary health care, and help us move away from the traditional model of unprofessional physician care (Meuser,Bean et al. 2006).

(Hogan, 2007; Keen, 2003) defined "team" as a group of associated persons organized to work together to achieve a shared goal .Also the interdisciplinary care teams characterized by strong communication skills, respect for each other's disciplines, and an understanding of the scope of each member's practice. Studies showed that teams that work well together are more effective and more innovative, have lower levels of stress and they have greater personal and professional satisfaction (Curran 2004; D'amour and Oandasan 2005).

A study of (O'Brien-Pallas, Hiroz et al. 2005) suggested that improved relationships between nurses and physicians can be associated with improved physical health of nursing staff .From the previous studies such as teamwork models of Gradstein (1984) ,we noted that the factor Internal building refers to the internal environment of the team, specifically in terms of access to adequate and suitable resources, information, equipment, employees, and working conditions. complementary skills incorporates both competencies and heterogeneity among team members .structure consists of four underlying components, namely work divisions, joint vision, administration, and leadership.

1.2 Study Problem

According to the World Health Organization(WHO), non-communicable diseases (NCDs) such as diabetes, hypertension and cardiovascular disease accounted for 52.8 percent of all deaths in the Middle East in 2008 and are projected to cause 70 per cent of all deaths in the region by 2030 (WHO: Projections of Mortality and Disease: 2004-2030).

Populations burdened by non-communicable diseases require long-term management and special health needs. To address an increase in the incidence of non-communicable diseases, UNRWA is utilizing its existing resources to readjust its primary

health care through the introduction of family health teams (WHO, Global Burden of Disease: 2004 Update) .

The family health team model provides comprehensive primary health-care services for the family as one unit . Shifting from a vertical model of health-care delivery, where each physician is responsible for one type of service, the family health team approach transforms service delivery into a horizontal model emphasizing efficiency. A patient can get answers to most questions during their appointment with the team. Decreases also resulted from applying the appointment system which reduced the extra traffic generated from repeated visits ; and having patients seeking prescription refills go directly to the pharmacy rather than require a doctor's signatures. Before the start of the family health team, one doctor at the health center was seeing in average 123 patients a day (or 123 average daily medical consultations per doctor). The number was too high for any doctors to provide sensible medical Consultations. After the introduction of the Family Health Team. number of consultations, the average waiting time for doctors significantly reduced (UNRWA report 2012-2013).

So. the main question of this research is :

What is the impact of employees' skills and structure on success of FH program at UNRWA Health Centers ?

1.3 Study Objective

Identifying the factors that contribute to success of FH program at UNRWA primary health centers including employees' skills and structure in order to promote health of all family members .

1.4 Study Importance

Importance of the research for the following :

* The researcher .

This study will feed the researcher with multiple approaches of data collection and analysis, which will consist of both a qualitative analysis of participant's experiences working in FHTs, as well as a quantitative review of responses to surveys investigating collaboration and role conflict.

* UNRWA Centers.

The study will also address whether FHT member's feel they've been adequately prepared for working in these collaborative environments, particularly with regards to their training in effective communication styles.

* Ministry of health and NGOS .

The study will be useful for many community categories including UNRWA clinics and ministry of health and also for NGOS centers through providing them with baseline data about family health program .

* The academic programs and the researchers .

The study is an opportunity for higher education sector including universities and colleges to develop curricula and academic programs .

1.5 Study Variables

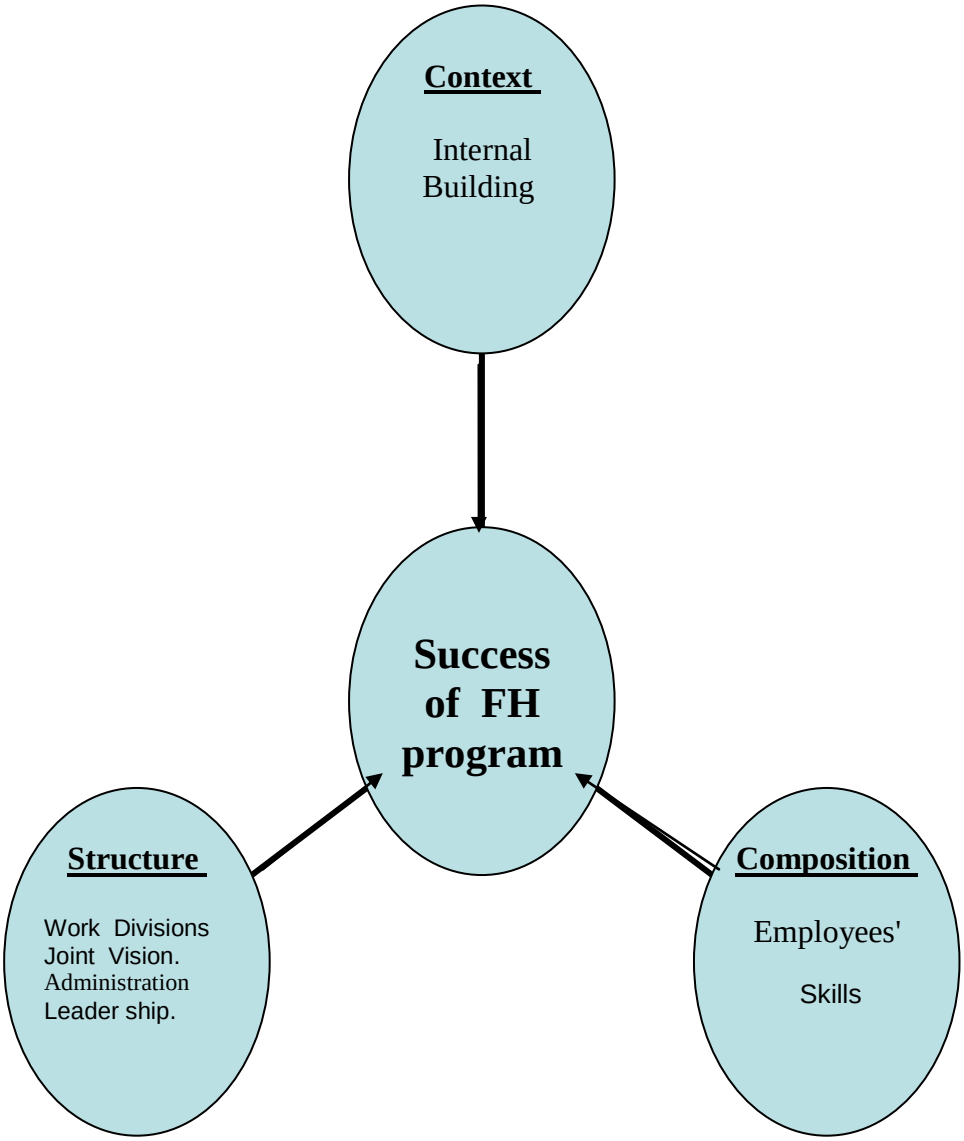
1.5.1 Dependent Variable:

Success of FH program.

1.5.2 Independent Variables:

1. Internal Building .
2. Employees' Skills.
3. Structure.
    a. Work Divisions .
    b. Joint Vision.
    c. Administration .
    d. Leadership.

(Figure 1.1) Conceptual Map



Source : Teamwork models of Gradstein (1984), Hickman (1987) and Champion et al. (1993) .

1.6 Study Hypothesis

a. There is a statistical significant positive effect at 0.05 level of internal building on success of family health program .

b. There is a statistical significant positive effect at 0.05 level of Employees' skills on success of family health program .

c. There is a statistical significant positive effect at 0.05 level of structure on success of family health program .

This hypothesis is divided into four sub- hypothesis :

c-1 . There is a statistical significant positive effect at 0.05 level of Work divisions on success of family health program .

c-2. There is a statistical significant positive effect at 0.05 level of Joint vision on success of family health program .

c-3. There is a statistical significant positive effect at 0.05 level of Administration on success of family health program .

c-4. There is a statistical significant positive effect at 0.05 level of Leader ship on success of family health program .

d. There is a statistical significant differences at 0.05 level among respondents toward factors influencing family health program due to personal traits (Age .Sex and Experience) .

1.7 Data Sources :

This study depends on various sources of data since the researcher as adapted a wide range of tools starting from distributing questionnaires among books and studies .

Chapter 2 : Family Health Team Overview

2.1 Introduction :

The collaborative practice is reinforced in the WHO Annual Report (2008) that believe in the importance of collaborative teamwork. The researcher concludes that Collaborative teamwork occurs when health workers from different professions work together in a team, problem solving, learning together, and networking with communities which agree with the study of (Barr and Ross, 2009).The current expectation in Canada and Europe, is that health professionals will engage in collaborative practice that supports patient-centered care (Taylor and Deutschlander, 2009). Also (Forte and Fowler, 2009, p. 58) said that "Team working is increasingly vital for the delivery of effective health and social care services" .At the modern day collaborative teamwork is a sophisticated skill which requires effective interactions and the sharing of knowledge and expertise in a team (D'Amour and Oandsan, 2005).

2.2 Importance of Family Health Team :

FH program will build on the successes of existing primary health care models, but may be different in size and offer programs tailored to the needs of the local population it serves .So the FHT will improve access to primary health care And it will include interdisciplinary teams that working together to keep patients healthy. FHT will include physicians, nurses, pharmacists or other health care professionals who may be added to a team, depending on the needs of the community. Also FHT will help patients navigate their way through the health care system and Through Family Health Teams, patients are able to establish a continuous relationship with a family care provider for comprehensive family health care. As a collaborative team practice, Family Health Teams emphasize health promotion and improved management of chronic disease through both treatment and monitoring, The key to reducing Emergency Department visits is keeping patients healthier and managing chronic disease better. The vision allows physicians, nurses to practice together in a positive working environment, sharing and benefiting from the complementary knowledge and skills of their colleagues .(WHO reports ,2012)

(Hudon and Fortin, 2009) found that there is a little argument that quality care improves when two or more professionals are willing to learn together and integrate specialist knowledge in a way that benefits the patient , where's (Suter et al. 2009, p. 42) said that consistent challenges relate to communication, understanding other health professionals' roles, effective team working skills including understanding group norms, conflict

resolution and the ability to tolerate differences, the ability to contribute to shared plans and goal setting, and a willingness to collaborate .

2.3 Defining Health Care Teamwork :

The staff of health care teams generally use the terms multidisciplinary, interdisciplinary, transdisciplinary, and pandisciplinary to designate the type and degree of collaboration among team members. (Opie, 1997) found that it most useful to conceive of these terms not as distinct, opposing concepts, but as existing along a continuum from loose coordination, through interdependency, to role blurring and synergistic teamwork .

Satin (1994) describes two models of disciplinary relationships, First is unidisciplinary in which all tasks are carried out by members of different disciplines with no awareness in the activities of other disciplines, Second is Para disciplinary, in which awareness and courtesy exist between members of disciplines, but no coordination of efforts or joint planning takes place. Campbell and Cole (1987) define a multidisciplinary team as a group of professionals working independently from each other and interacting formally. But Jones (1997) define multidisciplinary collaboration as "a multi method , channel type process of communication that can be verbal, written, two-way, or multi way involving health care providers, patients, and families in planning, problem, and coordinating for common patient goals" .

Members of multidisciplinary teams work toward common goals but function largely independently of one another, relying on formal channels of communication to keep other members informed of assessments and actions (Satin, 1994).

2.4 Interdisciplinary Teams :

Wieland, et al. (1996) define interdisciplinary teams as a "group of professionals who work interdependently in the same setting, interacting both formally and informally".

A list of criteria for interdisciplinary teams which offers by Schmitt, et al. (1988) included the following :

1. Multiple health teams are involved in the care of the same patients.
2. The team members encompass a diversity of different knowledge and skills required by the patients.
3. The plan of care reflects an integrated set of goals shared by the providers of care.

4. The team members share information and coordinate their services through a systematic communication process.

When members have developed sufficient trust and mutual confidence to engage in teaching and learning across disciplinary boundaries we call it transdisciplinary teams (Wieland et al., 1996, p. 656) . Disciplinary boundaries are very flexible in this model of teamwork, and staff comfortably share their knowledge with other team members as they work toward common goals. Pike (1991) said that relationships between team members are synergistic, enabling high quality patient care and a high level of job satisfaction.

Satin (1994) define the pandisciplinary model as team members do not represent distinct disciplines (e.g., medicine or social work), but include members sharing a unique geriatrics perspective without loyalty to a traditional discipline's values and practices. Satin (1994) argues for the strengths of the interdisciplinary team approach that it consciously recognizes and implements the overlap in spheres of competence among the team members , also entails the most intimate and flexible working relationship and the most extensive knowledge of the preparation, expertise, and responsibilities of the other teams, respect for them, and an interest in sharing tasks and learning with them and they are influenced by professional experience, personal talents and interacts and most significantly by contact with other teams .On the other hand , (Germain, 1984;Sands,1993) conclude that Optimum functioning of teams is difficult to achieve. Negotiation of overlapping roles and tasks is difficult because of territorial behavior by members of different disciplines, and successful negotiation is considered a hallmark of a well functioning interdisciplinary team .The researcher found that there is lack of clarity in terms as we discussed above ,We noted that Satin and Siegel use interdisciplinary where Opie and Wieland would use transdisciplinary .So it is more difficult to make valid comparisons across the teams.

2.5 Effectiveness of Health Care Teams :

From the previous studies for the teams the researcher found that there is relationship between the use of a team approach to care and measurable patient outcomes. Interdisciplinary teams improve overall care for patients (Cooke, 1997& Rubenstein, 1996), and promote job satisfaction for team members (Abramson & Mizrahi, 1996).

Multidisciplinary teams facilitate and improve training of students in medicine, nursing, and allied health fields, and enabling staff to learn from each other (Abramson & Mizrahi, 1996; Edwards & Smith, 1998) .

The following outcomes achieves by multidisciplinary and interdisciplinary team are :

1. Nurse perceptions of good quality patient care and increased patient satisfaction ; improved pain control (Trella, 1993)) .
2. Decreased emergency room usage; improved functioning in Activities of Daily Living (Rubenstein, Josephson, Wieland, English, et al., 1984) .
3. Increased use of hospital rehabilitation services); increased use of hospital rehabilitation services (Schmitt, Farrell, & Heinemann, 1988)
4. Decreased mortality one year after discharge); and decreased overall health care costs (Williams, Williams, Zimmer, Hall, & Podgorski, 1987).

(Opie, 1997; Siegel, 1994) said that Institutional context heavily influences team effectiveness because hospitals are concerned with insurance reimbursement, administrators pressure teams to define services with a great deal of specificity.

The following problems of teamwork (Clark, 1994; McClelland & Sands, 1993; Saltz, 1992) :

1. An absence of organizational support; the absence of training in team work; the absence of orientation programmer for new members joining the team; lack of Interprofessional trust resulting in complicated power relations between professionals. An absence of conflict; lack of clear structures and directions; unclear goals resulting in the exclusion of others .
2. The existence of tensions between professional discourses resulting in potentially unsafe practices; lack of continuity of members; difficulty of definition of key terms
3. contribute to clients' disempowerment; and an absence of teams examination of their processes.

2.6 Contextual factors constrain team effectiveness :

2.6.1 Communication and Conflict in Teams

Effective communication among team members is crucial to successful collaboration on patient care (Abramson & Mizrahi, 1996; Fagin, 1992). So Team meetings are a critical aspect of health care team functioning, and effective communication between all members is needed, but often lacking as (Cooley, 1994; Gage, 1998) said .

We believe that diversity in group both inherent (age, ethnicity, gender, etc.) and role-related (occupation, status) increases the number of solutions offered and alternatives considered in meetings (Maznevski, 1994). For decision making tasks, the group is able to

integrate the diversity of its members through effective communication (Maznevski, 1994). Professional training for health care personnel must focus on interpersonal, interactional skills to improve interactions (Abramson & Mizrahi, 1996; Cooley, 1994).

Conflicts between professionals can decrease the collaborative efforts of the team (Abramson & Mizrahi, 1996; Sands, Stafford, & McClelland, 1990). However, role confusion, overlapping responsibilities, and other disciplinary factors can get in the way of collaboration (Berteotti & Seibold, 1994; Campbell-Heider &Pollack, 1987; Hannay, 1980; Kulys & Davis, 1987). Problems with roles can include role conflict, role overload, or role ambiguity (Schofield & Amodeo, 1999).and also we consider size of the team is a factor when it is increased , the result is decreased in social behavior by individuals (Stahelski & Tsukuda ,1990)

Effective collaboration leads to a synergy that improves patient care. Pike (1991) said that members must trust and respect others and they develop a sense of caring about the relationship. (Cott, 1998, p. 869) said that "The ideology of teamwork functions to promote cooperation and collaboration and prevent lack of cooperation that could occur among different professionals". Synergy means advancement of thought through communal experience and reflection , not only the sharing of ideas.

The ideology of teamwork is often not related to egalitarian modes of decision making (Schofield & Amodeo, 1999). We noted that lower ranked team members sometimes use strategies such as humor to resist instructions coming from the powerful membersat the team, without direct confrontation (Griffiths, 1998).

2.6.2 Role Overlap on Teams

(Kulys & Davis, 1987; Sands, 1993) said that role overlap is a problem and a source of conflict and it proves a challenge in health care professional collaboration So a balance must be negotiated between the need for collaboration to meet team goals and the need for discrete teams to maintain their boundaries, On the other hand ,

(Sands, 1993, p. 546) said that "territorial issues are played out in the way in which the team addresses overlapping roles and implicit rules" , and he found a lot of reactions to overlapping roles. Some team members found the redundancy a way of double-checking, while others stressed the importance of not repeating too much with the client ,while (Furnham, et al. , 1981) said that overlapping functions caused feelings of competition and

led social workers, nurses, and physicians to rate members of competing professions negatively while highly rating their own team.

(McClelland & Sands, 1993; Sands, 1993) told us about the way that teams can renegotiate meaning when they interact formally and informally, so in each role team members establish norms according the members culture and behavior .

Definition of competency according to (AHRQ) Agency for Healthcare Research and Quality is a cluster of related knowledge, skills and attitudes that can affect one's job and related to successful job performance also can be measured with special standards and can be improved through training and development .So the result that all medical professionals will trained consistently for teamwork.

2.7 Support for New Family Health Teams :

All new FHT will need resources to help them through development and implementation processes. These resources will the teams to pass the start-up phase more efficiently and to achieve the desired outcomes in a shorter period of time.

From these resources is the existence of special expert consultants to assist the Family Health Team through developmental plan and operational stage ,also the existence of Mentorship to assist FHT to reach a new model of family health care

The following five key elements necessary for team building in primary care (Bodenheimer & Grumbach):

1. To be oriented with organizational mission and to set specific and measurable objectives.
2. To define clinical and administrative systems .
3. To define the tasks and assignment of roles .
4. To follow the training and cross-training tools .
5. To define the effective communication structures .

2.8 Family Health Team Factors

The following five factors which represents the foundational building blocks to FHT:

2.8.1 Management :

Available management models are Provider-based model by a Board of Directors with physician representation , Community-based model by a Board of Directors with local community representation, or Mixed governance model ,a mix of community and provider-based models .

2.8.2 Human Resources:

FHT include family physicians and a group of health care professionals working collaboratively within their scopes of practice. They can be modified according to the size of the population served and its health care needs to provide comprehensive, accessible, coordinated family health care services .

2.8.3 Accommodations:

Health care providers are expected to co-locate at one or more sites that include physicians and administrative staff , who have identified space that requires little or no remodeling , will be ready to implement the proposed FHT quickly .So this will promote collaboration.

2.8.4 Knowledge and Integration of Family Health Care Services in the Community:

Knowledge will be demonstrated for the community population health (prevalence of chronic diseases); and existing or planned coordination of family health care services within the community .

2.8.5 Information Technology:

Electronic Medial Records (EMR) for patients is an asset application promote accessibility and affectivity of health services .

2.9 Principles Of Family Health Team funding :

When funding is limited to the additional costs called Additionally and when funding is proportional to the number of approved FHT members called Proportionality.

Eligibility means that funding is limited to eligible items and when eligible items are funded within approved benchmarks called Reasonableness.

2.10 Attributes Of Effective Teams :

There are a lot of knowledge about the methods to build effective teams (Barrick *et al*., 1998; Kozlowski and Ilgen, 2006).A lot of models will be considered useful for highlighting the important factors that can affect the composition of team and its organizational system(Kozlowski and Ilgen, 2006).An example on these models is (Robbins, 2003: 263) who discuss the integrate current knowledge about what makes teams effective .These models may discuss similar issues related to the importance for all teams including family businesses (Guzzo and Dickson, 1996; Yancey, 1998).

The most common framework used to explain the way in which team design elements interact to achieve effective team outcomes is the (I-P-O) model said that inputs lead to processes that in turn lead to outcomes, (e.g. Barrick, Stewart, Neubert and Mount, 1998; Campion *et al*., 1993; Gladstein, 1984; Groesbeck and Van Aken, 2001; Hackman, 1990). The I-P-O model composed of inputs, processes and outputs ,Inputs refer to the composition of the team including individual characteristics and resources at multiple levels(individual, team, organization).). Processes refer to the activities of team members, Also mediate the translation of inputs to outcomes. Outputs includes Performance ; meeting of team member satisfaction; and viability of members to remain in the team. So the outputs factors lead to conceptualization of team effectiveness (Barrick *et al*., 1998; Kozlowski and Ilgen, 2006).For example , (Campion et al. ,1993) said that all input factors of work groups, relate to the criteria of team effectiveness. Another study for (Poutziouris et al. , 2006),found that family teams characterized with a shared vision, clear roles and procedures, also a high level of member talent, are work more effectively than family teams without such characteristics.

2.11 Successes of Family Health Team :

We can defined the success of any team as the degree to which members satisfied when find their ongoing involvement at the team .But there is a lot of definitions for success which make it difficult to be measured or assessed(Hienerth and Kessler, 2006: 115).

(Astrachan, 2006)found that there is no measure of performance expresses family and needs and utilities, or to find the complexities of the family work. The satisfaction of family team members commonly related to success of family business (Handler, 1991;

Ivancevich et al., 2005; Sharma, 2004; Venter, 2003). Satisfaction of team members is a measure of team effectiveness, also used to measure team effectiveness in organizations (e.g. Campion et al., 1996; Doolen et al., 2006: 140; Howard et al., 2005). Also (Kreitner and Kinicki, 1995) said that willingness of team members to continue contributing to the team effort is considered a measure of team effectiveness.

Commonly , performance is a measure of success ,and also used to distinguish between successful and unsuccessful successions (Adendorff, 2004; Flören, 2002; Venter, 2003) ,successors (Goldberg, 1996), team work (Sharma, 2004; Ward, 2004) and also teams in general (Ivancevich et al., 2005; Northouse, 2004).

Harmonious relationships between family members are important for successful team businesses as suggested by (Malone, 1989; Santiago, 2000; Venter, 2003).

Success of FHT is experienced by increasing scope of primary care nursing. So nurses are able to spend more time with the patients, who are grateful and receptive.

Also chances to implement new programs such as: cancer screening, well baby clinic, a vaccination program, and preconception program .Thus, less emergency visits observed within the FHT.

2.12 Challenges of Family Health Team :

The challenges that they have faced as FHT members are getting doctors to understand the nursing role and scope of practice, miscommunication with patients. Patients don't understand the referral process when the problem is outside the nurses' scope of practice, also expectation that the nurse should bring people together and be a peace maker and leader . another challenge is employment relationships with doctors; sense from some doctors that he has ownership of the nurses.

2.13 Stages of Development and Associated Activity :

2.13.1 Initial Application Stage

This stage consider the first step in building FHT, it is simple application process that include obtaining information needed to submit an initial application to the ministry. Also it will help us to decide on the team so it require to introduce the type of services provided by the FHT. and the ministry will decide if we continue to develop the program in the future.

2.13.2 Formative Stage

This stage consider the second step in building FHT, At this stage we should define the management structure to set out the responsibilities needed for managing our FHT , also includes application for financial management, which is necessary to the ministry in order to provide us with funding, and ensure accountability and reporting.

Thus we need to review management options and decide on the framework that is best suited for our organization, also we should establish a local FHT development committee which should include different health care community organizations that will help and support the FHT during the development and operational stage. and we need to review the development process steps and timelines as establishing roles and responsibilities of FHT members . It is necessary to obtain a contract in order to receive the needed funding for having resources to help in completing our program and develop it .

2.13.3 Strategic and Program Planning Stage

This stage consider the third step in building FHT, At this stage, long-term objectives applied, also plans and procedures are setting to achieve these objectives,
This will help FHT to address population health needs and determine if they are met.

So the FHT will define vision, mission and goals and also to ensure that all members understand and share to reach to the desired goals of the FHT .

Also at this stage we should define demographics and health needs of our serving population and to put list of programs and services that should reflect a two to five year development plan to become fully operational. By setting realistic objectives we will improve health outcomes.

2.13.4 Business Plan Application Stage

This stage consider the forth step in building FHT, At this stage, initially we should set a plan at a general level in order to acquire resources, refine program needs.

Also we will be required to develop a multi-year (two-to-five-year) business plan for our FHT .and to develop staffing plans and make choices on compensation models.

We should consider applying for early implementation before the completion of Business and operational plan because early win funding can be flowed so it allow us to begin delivering some programs and services to identify patient health needs.

To set staffing requirements for our FHT and to identify the supported resources we should prepare a detailed action plan for the first year then put a draft two-to-five year plan and when the plan approved by the ministry, the coordinator of the FHT will discuss the plan with us and may request some revisions.

2.13.5 Pre-Operational Stage

This stage consider the fifth step in building FHT, At this stage ,we will start to acquire resources and space in order to implement FHT .So when our plan approved by the ministry we should request for one-time cost budget, Also at this stage we need to human resources recruitment, to carry out the activities essential for making the team operational . FHT will need appropriate space to accommodate the approved "Year One" staffing complement. and it is necessary to complete a detailed capital improvements planning process.

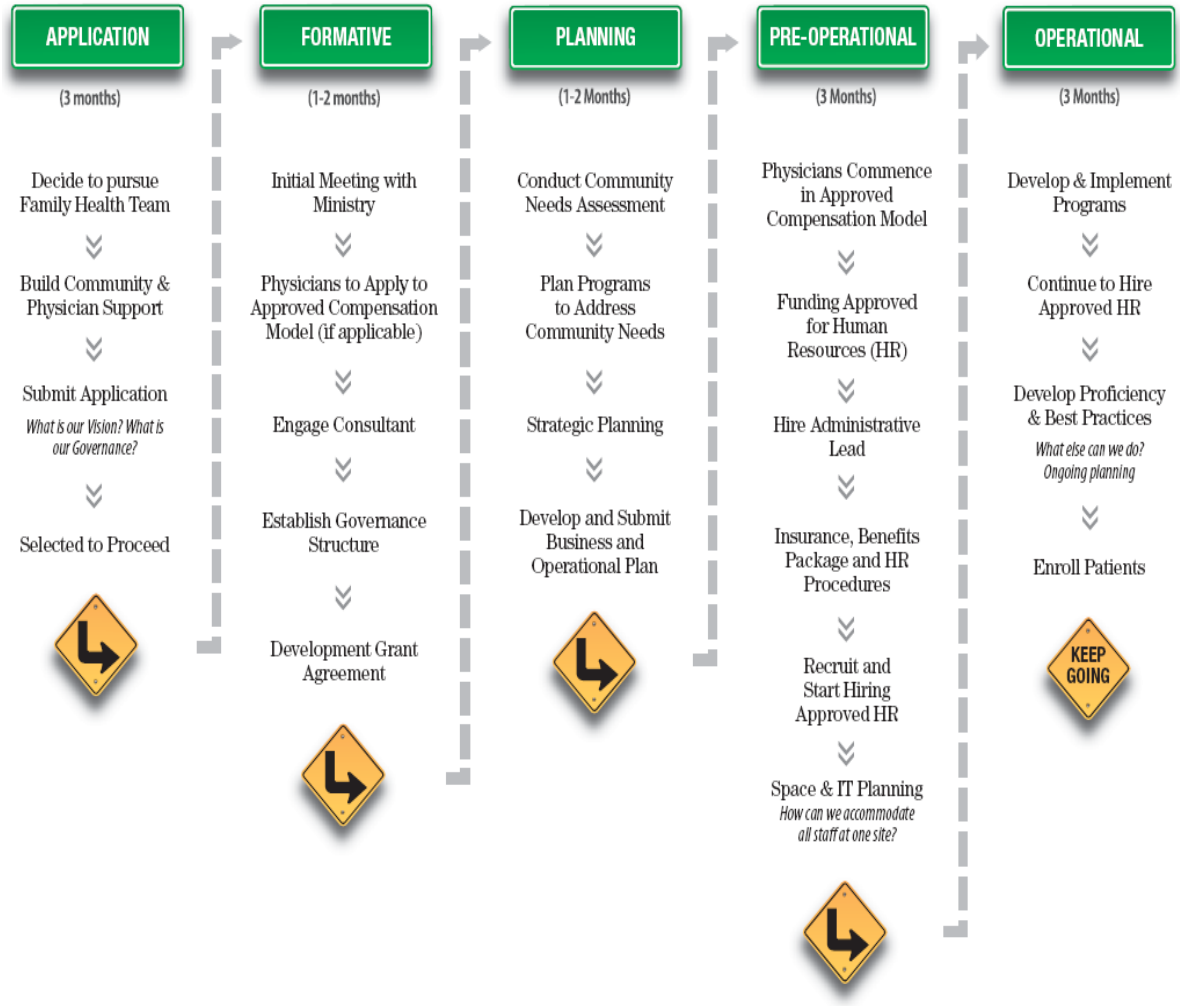
When the business plan approved plan and staffing complement for "Year One"; Interim Funding Agreement (IFA) will be prepared by the FHT coordinator , Additional funding for one-time costs will be approved and provided to the FHT through a budget of IFA, and it is important to establish policies and procedures And to select appropriate employee characteristics and also to arrange for training courses to meet staff needs and to acquire supplies and equipment that needed for FHT implementation process then we will determine the necessary information which needed to facilitate communication and decision-making processes at the FHT .

2.13.6 Operational Stage

This stage consider the final step in building FHT, At this stage FHT will finish building of a collaborative team to meet the patient needs through developing programs that have measurable objectives in order to assess and adjust the programs .

Also to ensure the service delivery systems through the EMR to facilitate services providing for the population . Most FHT will require several months to several years to become fully operational .So the regularly service and financial reports are necessary for programs development .

(Figure 2. 3) Family Health Team Implementation Roadmap



Source: Roadmap to Implementing a Family Health Team, July 2009 , Version 2.0 (http://www.health.gov.on.ca/familyhealthteams).

Chapter 3 : UNRWA's Family Team Overview .

3.1 UNRWA's Health Mission :

To provide quality health care for Palestine refugees that enables them to live long and healthy lives by ensuring universal access to quality comprehensive services, preventing and controlling diseases, and protecting and promoting family health.

3.2 Introduction :

UNRWA has been the largest humanitarian operation in the region for over 60 years. It continues to be the main provider of comprehensive primary health care for Palestine refugees in the region. Also it protects and promotes the health of Palestine refugees registered in its five fields of operation. UNRWA is reforming its program through the family health team approach in order to improve effectiveness and efficiency of its health services, At FHT , UNRWA's medical staff are able to provide holistic and continuous care to their patients and families. Taking this community-style and family-centered approach, the teams involve the whole family in addressing comprehensively health issues; particularly non-communicable diseases such as diabetes and hypertension. The family health teams offer continuous preventative and curative care for each stage of life. One of the UNRWA's development goals, represented in its Medium Term Strategy for 2010-2015, is the ability to live long and healthy lives. This goal is divided into three strategic objectives: First: to ensure universal access to quality comprehensive primary health care; Second: to protect and promote family health; and Third: to prevent and control diseases(UNRWA report 2012-2013).

3.3 Today's Health Trends :

Non-communicable diseases and their complications are now responsible for 60 per cent of deaths worldwide. In the Eastern Mediterranean region, this proportion is even higher. In 2004, non-communicable diseases resulted in 84 per cent of all deaths in Jordan , 86 per cent in Syria, and 81 percent in Lebanon. (WHO: Projections of Mortality and Disease: 2004-2030).

This trend is apparent in the Palestine refugee population. The main causes of mortality and morbidity in UNRWA's refugee population are not the communicable diseases because it managed through interventions such as improved water and sanitation, immunization, and short-term medical treatment. But they are non-communicable diseases which caused by reduced physical activity, changes in nutritional habits and life-style, and increased life expectancy .Therefore, the Agency's health priority is managing non-

communicable diseases including diabetes, cancer, and cardiovascular and chronic respiratory diseases. Through modifying risk factors (including smoking , physical inactivity, and unhealthy diet) which require preventative medical interventions at the primary-health level to reduce in the long-term the expensive care for its complications . (UNRWA report 2012-2013).

3.4 The family health team: A family-centered health service :

According to the increase in the incidence of non-communicable diseases, UNRWA is utilizing its existing resources to readjust its primary health care through the introduction of family health teams. The family health team model provides comprehensive primary health-care services for the whole family through a multi-disciplinary team of service providers. Shifting from a vertical model to a horizontal model of health-care delivery, where each doctor is responsible for all types of services instead of one type of service to promote efficiency .

Through FHT program approach, each team in the same health centre treats a similar number of families. The redistribution of workloads has equalized, namely daily medical consultation. This has allowed us to reduce overall daily consultations. One is the reduction of repeat visits .A patient can get answers to most questions during their appointment with the team. Decreases also resulted from enforcing the appointment system which reduced the extra traffic generated from repeated visits ; and having patients seeking prescription refills go directly to the pharmacy rather than require a doctor's signature.

3.5 The family health team aims :

The family health team aims to improve the comprehensiveness and quality of care through prevention and management of non-communicable diseases and curative care across the entire lifecycle of patients. It also encourages staff to be oriented for the environmental, socio-economic, cultural characteristics of patients that influence the health of families. As trust builds between the families and their health teams, the opportunity for improved counseling and treatment arises. By regularly seeing the same team, a patient receives relevant and consistent counseling, treatment, and follow-up on referrals and prescriptions.

Supported through the implementation of a formalized appointment system, an electronic health (e-health) records system, and the physical reorganization of the clinic to

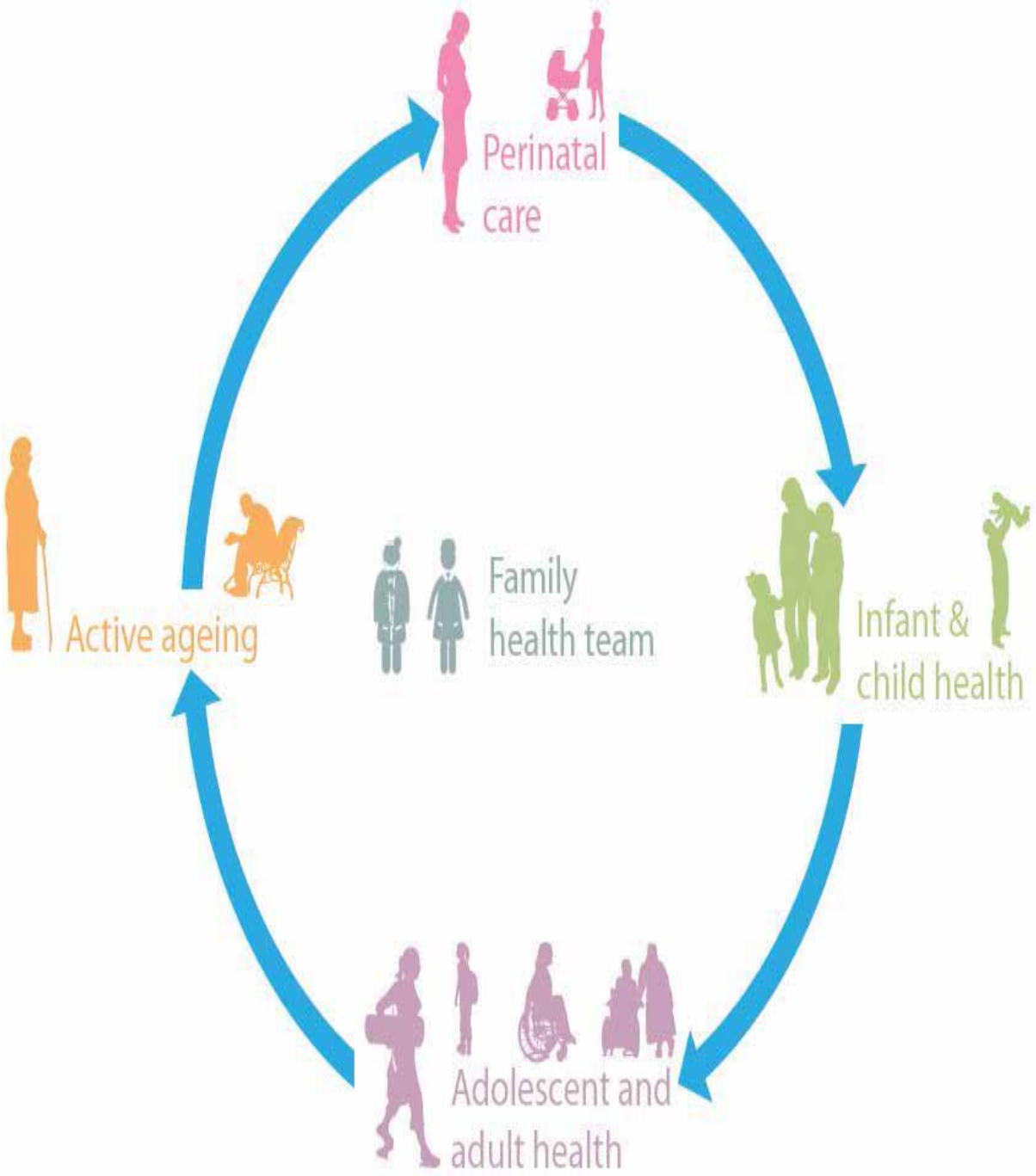
facilitate easy access of service delivery points for patients, Also achieve the organizational efficiency at family health clinics.

3.6 Continuity and quality of care :

At the FHT approach, families build a trust relationships with their teams to improve the comprehensiveness and quality of care through prevention and management of non-communicable diseases, mother and child health, and curative care across the entire patient life-cycle. It also encourages staff to become aware of environmental, socioeconomic, cultural that affect the family health .

To achieve efficiency at the FHT approach, we should implement a formalized appointment system, an EMR system, and the physical reorganization of the health center to facilitate easy access for the services .

Figure (3.4) **The family health team: comprehensive and continuous care**



Source : UNRWA's health program 2013

3.7 Indicators for analyzing the impact of FHTs:

3.7.1 Average number of daily consultations with physicians:

Before the introduction of FHTs, physician workload was determined by type of service; physicians were responsible for one type of service either NCDs, MCH, or general outpatient services. After the introduction of FHTs, physicians are responsible for treating the comprehensive needs of the patient. So the patient will receive all types of services by the same physician in the team . In this way, the patient has one single source of information, eliminating repeat visits and unnecessary over utilization of services. Also through the trust relationship between patient and physician , there is more preventative care counseling. As a result the number of daily consultations with physicians will reduced

3.7.2 Wait time to see physician:

At the FHT approach, implementation of the appointment system is very important which enhanced by the reorganization of the clinics, So the expected outcome is to facilitate the spreading out of patient arrivals to the clinic throughout the day and the easy access for service points for patients. This will achieve the goal in decreasing wait time to see the physician.

3.7.3 Contact time with physicians:

Through the FHT, There is a decrease in overall daily medical consultations, a decrease in repeated visits to the clinic, and also improved organization of service delivery points, resulting in a decrease in wait time in the clinic, should allow providers more contact time with physicians for counseling and discussing the socio-economic or environmental circumstances of the patient that could influence their health.

3.7.4 Screening for NCDs:

Also the FHT will help providers to identify the risk factors at the entire family through internal interaction with family members ,So it is easy to follow
screening program and thus detection of NCD cases to provide early interventions to prevent complications .

3.7.5 Rational use of medications:

Repeat consultations between the same physician and patient improve the physician's ability to control and monitor prescriptions. Improved monitoring of prescriptions aims to decrease the "drug shopper" phenomena.

Figure (3.5) : Family Health Team Indicators

Source : UNRWA Health Programs , 2013

3.8 Results of the preliminary assessment of the FHT program

This evaluation aimed to generate evidence on the impact of FHTs on wait times, consultation patterns and staff perceptions in these clinics .Pilot study undertaken at three health centers :

- Rashidieh Health Center in Lebanon .
- Aqabat Jaber Health Center in the West Bank .
- Taybeh Health Center in Jordan .

3.8.1 Rashidieh Health Center , Lebanon

• Location: Rashidieh camp, Tyre region, Lebanon

• Population served: 14,979

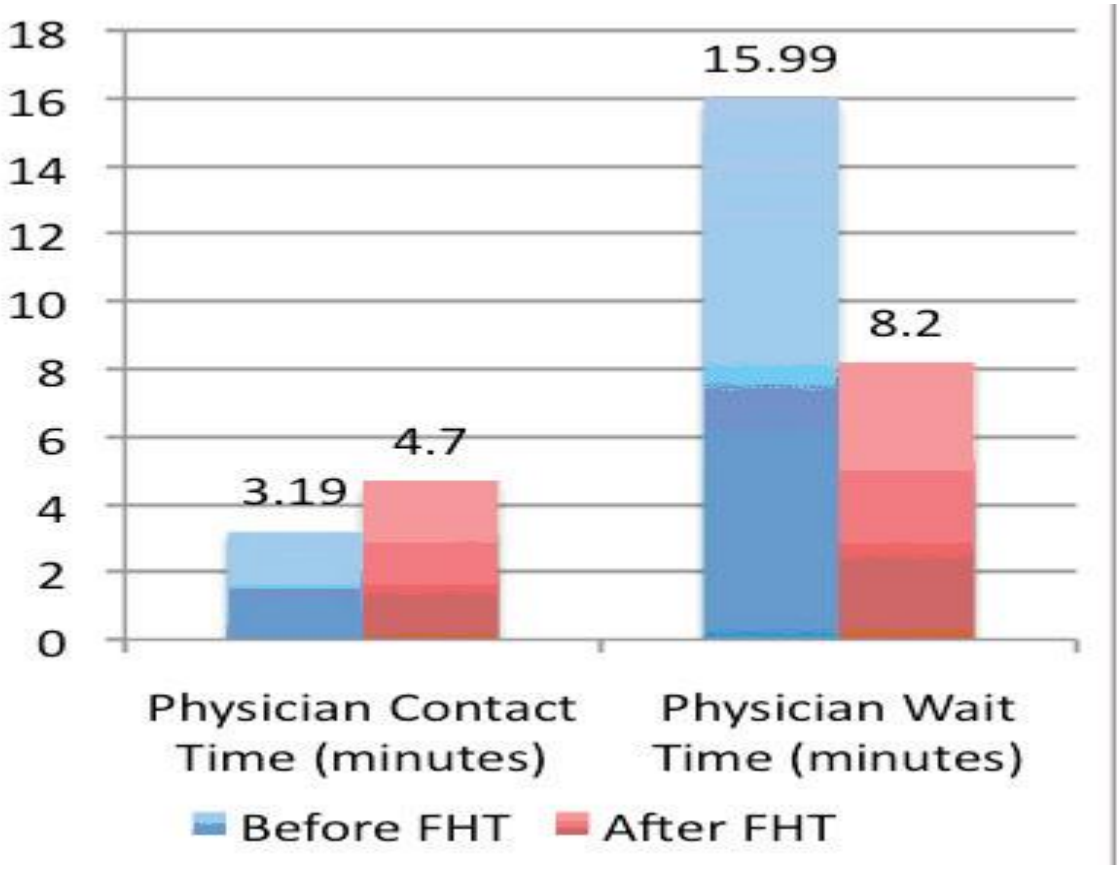
• Number of family files: 2,647

• Date of FHT implementation: 23 January 2012 . (World Health Statistics)

At Rashidieh Health Center , the preparation phase took three months .At this phase Staff members were divided into teams with a physician, practical nurse, and clerk. Other staff were shared between teams. Families were allocated to one of two teams based on the location of their home. After this period of preparation, including the reorganization of the clinic and community outreach, the FHT approach was implemented in Rashidieh on 23 January 2012.

As shown in Figure 3.6 below, a client-flow analysis conducted on June 23, 2012 with a sample size of 198 patients suggests that the wait time to see physicians decreased while contact time with physicians increased.

Figure (3-6) : Impact of FHT approach on physician contact and wait time in Rashidieh Health Centre



Source : UNRWA Lebanon field office, 2011.

Routine data suggests that six months after implementation of the FHT approach, the number of patients seen by physicians at Rashidieh decreased Since implementation, routine data at the clinic indicates that the antibiotic prescription rate decreased while the percentage of patients screened for NCDs remained the same.

3.8.2 Aqabat Jaber Health Center , West Bank

• Location: Aqbat Jaber camp, Jericho, West Bank

• Population served: 15,000

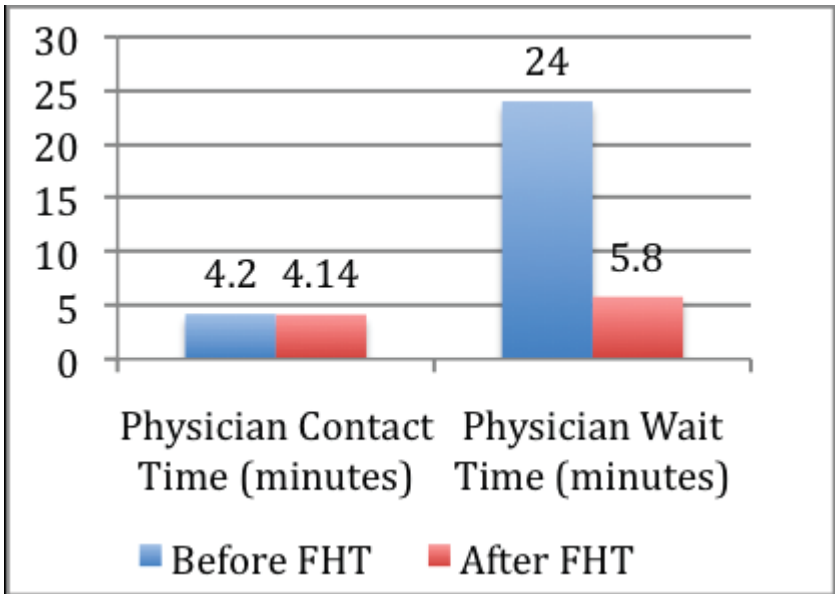
• Number of family files: 2,811

• Date of FHT implementation: 1 January 2012 . (World Health Statistics)

At Aqabat Jaber camp, the preparation phase for implementing the FHT approach also lasted three months. This included training of staff members and the assignment of one physician and two practical nurses to each team. Service-delivery points within the clinic were reorganized and changes were made to the infrastructure of the clinic to facilitate patients' access of services through the clinic., it was implemented on January 1, 2012.

A client-flow analysis conducted on 11 July 2012 with a sample size of 110 patients suggests that the implementation of the FHT approach has resulted in a 75 percent decrease in wait time to see physicians while contact time with physicians remain at the same rate . Data suggests that the average total number of daily consultations by physicians at Aqabat Jaber Health Center has decreased; the percentage of patients screened for NCDs has increased and the antibiotic prescription rate has remained the same .

Figure (3.7) Impact of on physician contact and wait time in Aqabat Jaber Health Center



Source : UNRWA West Bank field office **,** 2011.

3.8.3 Taybeh Health Center , Jordan

• Location: South Amman, Jordan

• Population served: 21,366

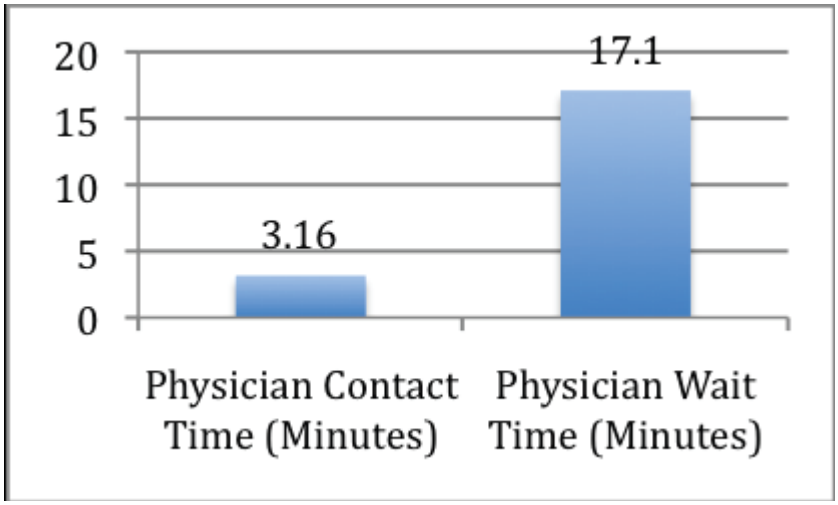
• Number of family files: 3,301

• Date of FHT implementation: 1 March 2012 . (World Health Statistics)

Taybeh is not located within a camp. Taybeh Health Centre followed a preparation phase similar to the other clinics which included: Formation of teams, each composed of two physicians, two practical nurses, midwife, and clerk .The allocation of families to teams based on their registration card number; A restructuring of the clinic; Community outreach including discussions with community members and schools.

The client-flow analysis conducted on June 20, 2012 with a sample size of 321 patients indicated that the wait time to see the physician was 17.1 minutes and the contact time with the physician was 3.16 minutes.

Figure (3.8) Physician contact and wait time in Taybeh Health Center after implementation of FHT approach



Source: The Annual Report of the United Nations Relief & Works Agency: Department of Health 2011. Amman, Jordan: UNRWA, 2011.

As the FHT approach was implemented, the total average number of daily consultations for physicians at Taybeh decreased while the antibiotic prescription rate was the same .

The result is easy access of services, decreased waiting time in the clinic, and greater trust of the providers.

3.9 Findings and challenges in previous three clinics .

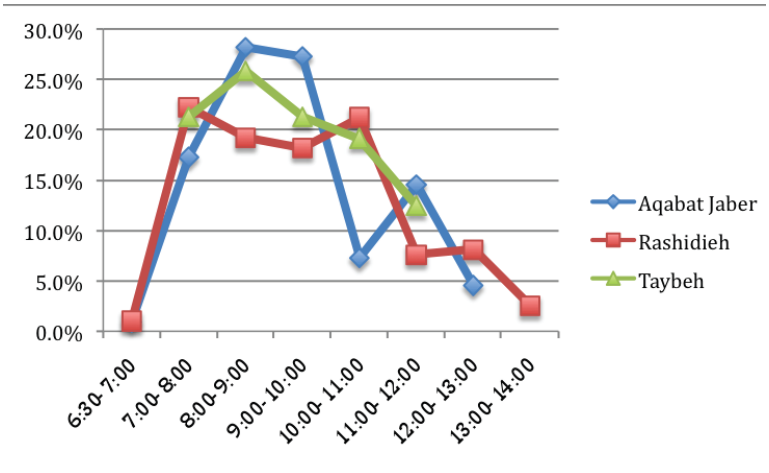
As a result of the FHT approach, patients are able to get their information about different health needs from one provider, decreasing repeat visits.

This approach has led to a decrease in the number of daily consultations with physicians in all three clinics. Patient waiting time in the clinic has decreased in general in both clinics. However, contact time between physician and patient has increased only in Rashidieh.

The explanation for the increase in contact time only in Rashidieh is that adherence of patients to the appointment system was best in that health centre. As noted in Figure (3.11) below, the in-flow of patients to Rashidieh was distributed throughout the day, in contrast to both Aqabat Jaber and Taybeh where approximately 70 per cent of patients arrived before 10:30am.

Also, e-health was implemented earlier in Rashidieh than it was in Taybeh, and is yet to be implemented in Aqabat Jaber. As e-health reduces physicians' time spent on administrative duties, it may have contributed to greater contact time in Rashidieh. In Aqabat Jaber, contact time has remained the same, while in Taybeh, contact time was lower than both clinics.

Figure (3.9): Time of patient arrival across the three clinics



Source : The Annual Report of the United Nations Relief & Works Agency: Department of Health 2011. Amman, Jordan: UNRWA, 2011.

3.10 Primary health services provided by the family health team :

Palestine refugees have access to comprehensive health care provided by their family health teams which included mother child health , family planning, preventative and curative care, outpatient and diagnostic services, dental care, specialists, pharmacies, and referrals .

Figure (3.10): Perinatal care

Source : © UNRWA archives,2013

3.10.1 Perinatal care :

Registered women receive regular check-ups, screenings, supplements to prevent congenital anomalies , and protection against nutritional deficiencies. High-risk hospital deliveries are followed by the health center .

3.10.2 Infant and child care :

The family health team provides mothers with health education and counseling on child care. Infants and children from birth to five years old receive a thorough medical examination in the clinics and when first enrolling in UNRWA schools. Services also include growth monitoring, immunization, and screening for disabilities, child abuse, and neglect. Dental health, vitamin supplementation, and health education .

3.10.3 Adolescent and adult care :

Through FHT , adolescent and adult can access the preventive and curative services available in UNRWA clinics .which include screening for breast cancer, family planning, community mental health and psycho-social support, gender violence screening and counseling, outpatient services, health education and nutrition awareness, dental health services, diagnostic services, physical rehabilitation .

Figure (3.11): Active ageing and the burden of chronic disease

Source : © UNRWA archives,2013

3.10.4 Active ageing and the burden of chronic disease :

The reduction in the incidence of communicable diseases combined with modifications in lifestyle and ageing have led to a change in Palestine refugees' morbidity profile. Because of a rise in cases of cardiovascular disease, diabetes, and cancer. So UNRWA is intensifying its screening program to detect disease and begin management as early as possible. The focus of UNRWA care is on diabetes and hypertension as they are common among the population.

3.11 Support services: e-health and pioneering cohort monitoring analysis:

EMR which refer to e-health program that introduced with FHT approach. The current patient record system is based on hard-copy folders. As a complement to the family health team approach, e-health ensures that family health teams can readily follow up and provide curative and preventative services as result of having information about the patient's health. So the service delivery into EMR improves data management within the health care centers; informs on patterns in diseases and treatment through cohort monitoring; simplifies the reporting and referral processes, and allows for a holistic view of the individual and family health history.

3.11.1 E-health improves monitoring and Planning :

The e-health system improves the performance of health staff. It enhances staff managerial and administrative capacity and ensures consistent and accurate recording of statistical information because improved statistical information is necessary to achieve one of UNRWA organizational development goals. The e-health system encourages and supports the implementation of UNRWA's health by achieving the objectives of cost efficiency and program effectiveness. Through e-health, which is now being introduced gradually in all UNRWA fields, UNRWA is pioneering cohort analysis to enable routine monitoring of the care of patients with non-communicable diseases. Before the introduction of e-health, data analysis were difficult because this process requiring time consuming hard copy record reviews.

3.11.2 Testing new ideas for program cost efficiency :

UNRWA applied a cohort monitoring and evaluation system used for Tuberculosis control to monitor and evaluate the management of patients with hypertension in order to know the influence of non-communicable diseases on the health program. Thus, Cohort analysis provides detailed data which allows the health program to assess changes in disease characteristics and measure the effect on current and long term health care. It also facilitates planning and forecasting for patient care. Introducing this method enables the UNRWA health program to adopt a systematic approach and effective management structure in non -communicable disease care.

3.11.3 Integrating e-health into 139 clinics by 2015 :

The introduction of an electronic medical record system (EMR) into a clinical practice is a complex task. However, experiences show that the development and implementation of such a system is feasible even in a limited resources at primary Health centers . UNRWA aims to introduce EMR into all of its 139 health care centers by 2015.

3.12 Support UNRWA and address Palestine refugees' health challenges :

3.12.1 Financial challenges :

Funding for UNRWA health services has not increased at the same rate as have the financial requirements for health programming. While the global financial crisis has negatively influence the availability of consistent financial support from the Agency's partners , Non-communicable-disease treatment and control is the health department's largest area of spending as compared to other health services like maternal and child health and general outpatient costs .because Non-communicable diseases and their complications often require expensive long term management, including the vital provision of medications, medical supplies and need for hospitalization..

3.12.2 Innovating & pioneering new approaches to meet the 21st century head on :

UNRWA has innovated and adopted new strategies to respond to the important needs of the population while strengthening the curative and preventative health components of health services in a cost effective way in order to face the future obstacles . The results of FHT and the appointment system has appear in several aspects such as:

Health care professionals work together in an effective way on patient treatment and help them to make suitable decisions about their treatment and referrals. Immediate and direct access to patient files also simplifies the reporting processes and allows for longer consultation times due to the improved flow of patients in the clinics.

Working in this streamlined and cost effective way will lead to providing an efficient delivery of services to all population at UNRWA health centers .

Chapter 4 : Previous Studies

4.1 Bradley, Curry 2012." A model for scale up of family health innovations in low-income and middle-income settings: a mixed methods study".

The objective of this study to develop an effective and practical model of scale-up the experiences of family health programs in low- income and middle- income countries (LMICS).

The study included key informants that drawn from non-governmental, government and international organizations using snowball sampling. The studies that reported on the scale up of several family health innovations including Depo-Provera as an example of a product innovation, exclusive breastfeeding as an example of a health behavior innovation, community health workers (CHWS) as an example of an organizational innovation and social marketing as an example of a business model innovation.

The study used the constant comparative method of qualitative data analysis the study findings suggest that successful scale-up occurs within a complex adaptive system, characterized by interdependent parts, multiple feedback channels and several ways to achieve desired outcomes.

The conclusion of the study that flexible strategies of assessment, innovation, development, evaluation are required to meet the effective changes in the use of family health innovations in LMIC.

4.2 Hilts , Howard 2012. "Helping primary care teams emerge through a quality improvement program"

The objective of this study was to discover and describe the viewpoints of staff members regarding changes in the clinical practice environment at two academic primary care clinics (comprising one family health team, FHT) who participated in Quality in Family Practice (QIFP).A qualitative exploratory case study approach was used to examine staff perceptions of the process of participating. semi-structured interviews were conducted .

Results included importance of leadership, changes to practice environment, changes to communication, an increased understanding of team roles and relationships,

strengthened teamwork, flattening of hierarchy through empowerment, changes in clinical care, challenges and rewards and sustainability.

The study concluded in perceived changes to relationships, teamwork and morale that may go along way in establishing and maintaining a quality culture.

4.3 Jennifer, Rishma Walji 2011. "Exploring professional culture in the context of family health team Interprofessional collaboration" .

The aim of this study to examine the effect of professional culture in relation to FHT collaboration and to determine awareness of how this concept influences team dynamics to improve Interprofessional collaboration among health care teams.

Qualitative secondary data analysis was conducted on data collected from in-depth semi-structured groups. a non-random convenience sample was used .analysis using a modified directed content analysis approach.

Three main aspects were discussed : professional culture; FHT culture; and resources. professional culture cannot be separated from one's personal, social or professional history, which related to opinions of accountability, power and hierarchy. Processes of the FHT that encourage collaborative processes; clearly determine scopes of practice, skills, authority; and identify roles and responsibilities; and opportunities to develop team relationships are necessary to release the tension that exists between professional and FHT cultures.

The study concluded that FHTs are multidisciplinary groups but with a lack of meaningful structures and processes to support collaboration. So, the health care providers need to build collaborative competencies that included role clarity and effective communication in order to convert a group of interdisciplinary health care providers into a highly performing Interprofessional team.

4.4 Michelle et al . 2011. "Self-reported teamwork in family health team practices in Ontario organizational and cultural predictors of team climate".

The objective of this study is to determine the organizational predictors of higher scores on team climate measures as an indicator of the functioning of a family health team (FHT). Cross-sectional study was used .

The study measured scores on the team climate inventory, which assessed organizational culture type (group, developmental, rational, or hierarchical); leadership

perceptions; and organizational factors, such as use of electronic medical records (EMRS), team composition, management of the FHT, location, meetings, and time since FHT started .

At data analysis, leadership score, group and developmental culture types, and use of EMR were associated with higher team climate scores. other organizational factors, such as number of sites and size of group, were not associated with the team climate score.

The study concluded that culture, leadership, and EMR functionality, rather than organizational composition of the teams (e.g , staff numbers , practice size), were the most important factors in predicting climate in primary care teams.

4.5 Shelley & Elmarie 2010. "An investigation into the team input factors influencing the success of family businesses".

The primary objectives of this study are to identify the input factors influencing the effectiveness of the family team , to propose a conceptual model based on these factors and to subject the model to empirical testing .A structured questionnaire was used .A convenience snowball sampling technique was used .

The results of this study show that internal context, complementary skills, shared dream and leadership are important factors for team effectiveness, whereas division of labor and management are not .Also the study show that both the financial performance and the growth performance of the work exert a positive influence on satisfaction with work and family relationships. the existence of complementary skills provides a natural means of dividing responsibilities among the team members . However ,the challenge is to find the position that best fits the competencies, talents, personality, and style of each member , as well as their individual interests and needs. the existence and type of leadership has a positive influence on the satisfaction with their work and family relationships.

The study recommended that successfully managing family teams require that the team members work together as one unit to ensuring adequate resources for the work, the existence of a shared dream and complementary skills, and ensuring leadership styles .

4.6 Diane & Linda 2009. "An evaluation of communication practices in Ontario family health teams".

The aim of this exploratory study was to inform the ministry of health about the nurses who work in FHT and about their knowledge of effective communication styles, the extent to which topics of communication and collaboration are being addressed in formal training, and to provide insight into the impact of collaborative practices on both nurse satisfaction levels within FHTS, as well as population health outcomes, such as wait times and patient outcomes.

This study examines the work communication practices within family health teams. more specifically, the study was developed to answer the following questions :What challenges are nurses facing in the collaborative environments of family health teams ?,What are the characteristics of the team members communication styles being used? , What is most effective for increasing family health teams efficiency? What is a healthy workplace? ,Are nurses receiving training in inter-professional communication prior to forming family health teams? , What are the family health team nurse demographics? Who are the nurses that are suitable to form these new working environments (age, nursing experience, sector they are coming from?
The data analysis used the qualitative and quantitative methods.

The study recommended that support should improve communication skills training and to increase the effectiveness of the interventions to promote inter-professional communication and collaboration and to keep funding for FHT initiative.

4.7 Dianne, Margaret, 2008 ."Team effectiveness in academic primary health care teams".

The aim of this study to explore the views of members of primary health care teams regarding the factors that affect team effectiveness in primary care. this study provides insight into some of the challenges of developing effective primary care teams in an academic department of family medicine. clear goals and attention to teamwork at all levels of collaboration is needed if effective Interprofessional education is to be achieved.

The study concluded that important directions should be followed to develop appropriate settings for Interprofessional education.

The study recommended further researches to explain concepts of complex adaptive systems that are necessary to support the changes needed to implement effective teamwork in primary care.

4.8 Xyrichis , Lowton . 2008. "What fosters or prevents Interprofessional team working in primary and community care?".

The aim of this study to explore the factors that inhibit or facilitate Interprofessional team working in primary and community care centers , in order to promote the development of multidisciplinary working at teams .A qualitative and quantitative methods are used in this study .

The study results that team structure and team processes affect the Interprofessional team working . There are several factors were identified: team premises; team size and composition; organizational support; team meetings; clear goals and objectives; and audit .

The study concluded that these results will promote development of current best practice, The study recommended for further researches to discuss multidisciplinary team working at both the team and organization level , and to ensure that enhancement and maintenance of teamwork leads to an improved quality of healthcare services .

4.9 Soklaridis , Oandasan, 2007. "Family health teams: can health professionals learn to work together?".

Objective of this study is to determine the educators across the health professions involved in primary health care think about the use and development of academic family health teams to provide, teach, and model Interprofessional collaboration and the introduction of Interprofessional education (IPE) within structured academic primary care. Qualitative study was used in this study.

The study concluded that the future role of family health teams in academic primary care centers as a place for learners to see teamwork in action and to learn collaboration needs .When academic settings are developed to provide the necessary training for primary health care professionals to work in teams, a new generation of health care professionals will continue to work in an effective environments .

4.10 Goldbaum , Gianini , 2005. "Health services utilization in areas covered by the family health program, brazil ".

The objective of this study was to assess the changes that will result from utilization profile of the healthcare services after implementation of FHT program, and to identify factors associated with any changes observed.

Data were analyzed by means of two cluster-based population sample. statistical methods for cluster analysis were used.

The result of study that there is higher prevalence ratio PR among patient population with severe physical limitations related for attendance in the area covered by the FHT than the area not covered , the PR was higher among those with greater schooling and lower among those who were inactive including unemployed or retired population.

The study concluded that for the population covered by the FHT, income and schooling levels did not consider factors that significantly differentiated the utilization profile of the healthcare services and the demand for attendance. this indicates that the FHT may be contributing towards greater equity under these conditions.

4.11 Comments on the Previous Studies:

This study sheds light on using a recent and objective tools for applying the family health team with the limited sources that present in Gaza Strip . From the previous studies in family health teams at different countries around the world . it is concluded that the culture and leadership were the most important factors in predicting climate in primary care teams also the existence of complementary skills provides a natural means of dividing responsibilities among the team members . The only challenge is to find the position that best fits the competencies, talents, personality, and style of each member , also their interests and needs. So in order to achieve the success of FHT , the Health care employees should work together to exert their efforts in patient treatment and to help them to make true decisions about their treatment and referrals. EMRS also simplifies the reporting processes and allows for longer consultation times due to the improved flow of patients in the clinics.

Finally .Working at FHT in this organized manner and cost effective way will contribute in providing that an effective health care services through the efficient delivery of services to the whole population .

Chapter 5 : Research Methodology

5.1 Introduction

This chapter describes the methodology that was used in this research. The adopted methodology to accomplish this study uses the following techniques: the information about the research design, research population, questionnaire design, statistical data analysis, content validity and pilot study.

5.2 Research Method :

In order to achieve the objectives of the study ,descriptive analysis method has been used through collecting data in order to answer questions about the current status of the subject or topic of study and using formal instruments to study preferences ,attitudes , practices , concerns or interests of the study .

This study aimed at examining the factors influencing the success of family health team program at UNRWA primary health centers in Gaza Strip .

5.3 Data Collection Methodology :

In order to collect the needed data for this research , we use the secondary resources in collecting data such as books, journals, statistics and web pages , in addition to preliminary resources that not available in secondary resources through distribute questionnaires on study population in order to get their opinions about the factors contribute to the success of family health teams . Research methodology depend on the analysis of data on the use of descriptive analysis, which depends on the poll and use the main program (SPSS).

5.4 Research Population and Sample

The research population consists of employee involved at family health teams at primary health centers in UNRWA working in Gaza Strip.. The problem statement of this research focuses in this slip of the employees who are involved in FHT as each team consists of (two doctors, two practical nurse and one midwife) .

comprehensive survey of population was conducted, which means all of the employee who works in FHT are included in this research . There are 9 health centers applied FHT program in Gaza Strip . The study population covers the employees who work at UNRWA clinics family teams which is the main axe in this research are about 191 .

5.5 Research Design

The first phase of the research thesis proposal included identifying and defining the problems and establishment objective of the study and development research plan.

The second phase of the research included a summary of the comprehensive literature review. Literatures on claim management was reviewed.

The third phase of the research included a field survey which was conducted with the family health team in general and family health teams at UNRWA clinics particularly .

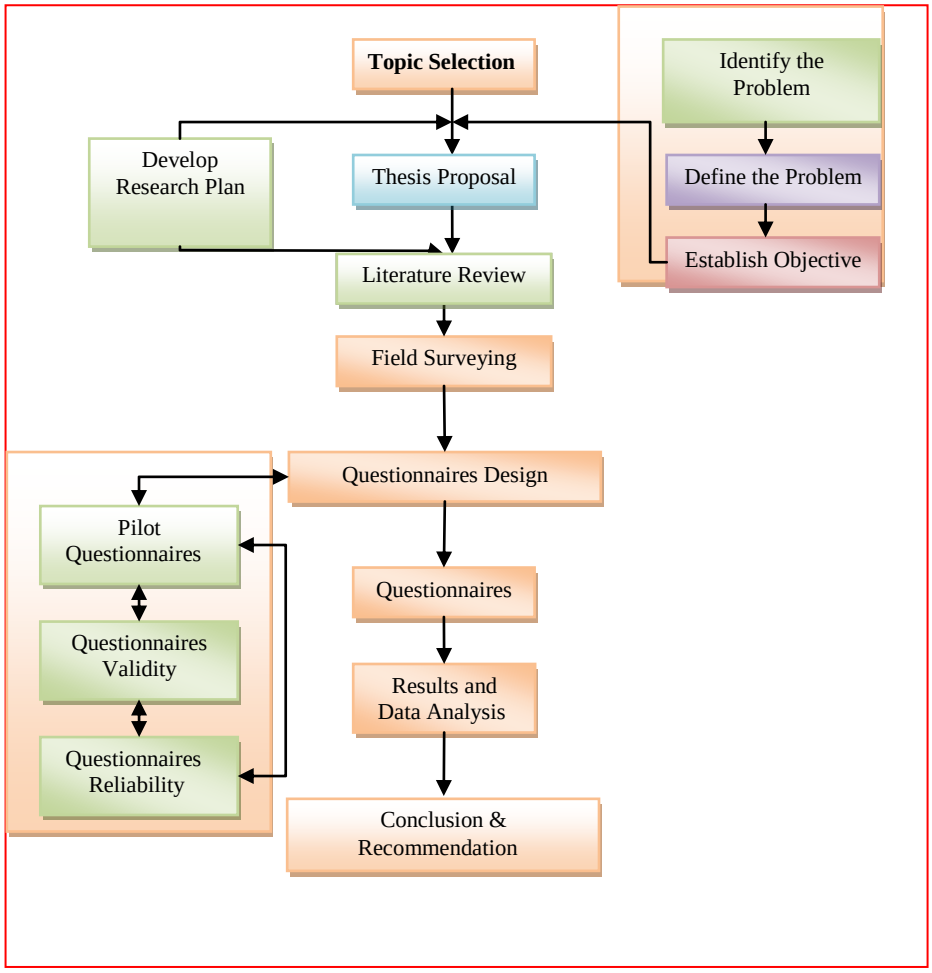
The fourth phase of the research focused on the modification of the questionnaire design, through distributing the questionnaire to pilot study, The purpose of the pilot study was to test and prove that the questionnaire questions are clear to be answered in a way that help to achieve the target of the study. The questionnaire was modified based on the results of the pilot study.

The fifth phase of the research focused on distributing questionnaire. This questionnaire was used to collect the required data in order to achieve the research objective.

The sixth phase of the research was data analysis and discussion. Statistical Package for the Social Sciences, (SPSS) was used to perform the required analysis. The final phase includes the conclusions and recommendations.

191 questionnaires were distributed to the research population and **164** questionnaires are received .

Figure (5.14) shows the methodology flowchart, which leads to achieve the research objective.



Source:(Al Sheikh Eid, 2011).

5.6 Pilot Study

A pilot study for the questionnaire was conducted before collecting the results of the sample. It provides a trial run for the questionnaire, which involves testing the wordings of question, identifying ambiguous questions, testing the techniques that used to collect data, and measuring the effectiveness of standard invitation to respondents .

This section presents the pilot study and tests of reliability and validity of questionnaire and the last thing is the process of data analysis.

5.7 Judging the Questionnaire

In order to develop the questionnaire, it was distributed to 8 expert professors to have their comments . This phase resulted in minor changes before distributing the

questionnaire . After discussions , the questionnaire have been developed and finalized . It can be found in Appendix 2 .

5.8 Questionnaire Distribution

In order to distribute the questionnaire, the researcher distribute the questionnaire between FHT employee .The questionnaire was distributed to the employees who are included at FHT: the manager , Doctor , Nurse and Midwife. Total of (191) questionnaires were distributed while 164 filled and returned within a month and formed a response rate at (85.8%). This rate is considered low from the expected response rate. This is due to the following reasons:

1. Some of them on planned leaves.
2. 8 of the population apologized to fill the questionnaire.
3. 5 of the population did not fill and return the questionnaire.
4. The researcher tried to distribute some questionnaire by email but no responses.

5.9 Data Measurement

In order to be able to select the appropriate method of analysis, the level of measurement must be understood. For each type of measurement, there is/are an appropriate method /s that can be applied and not others. In this research, numerical scale 1-10 is used, where "1" indicates a weak answer while "10" indicates a strong answer.

5.10 Test of Normality for each field:

Table (5.1) shows the results for Kolmogorov-Smirnov test of normality. From Table (5.1), the p-value for each field is greater than 0.05 level of significance, then the distribution for each field is normally distributed. Consequently, Parametric tests will be used to perform the statistical data analysis.

Table(5.1) : Kolmogorov-Smirnov test

Field	**Kolmogorov-Smirnov**	
	Statistic	**P-value**
Internal Building	0.477	0.977
Employees' Skills	0.801	0.542
Structure	0.833	0.491
Family Health Program	0.736	0.652
All paragraphs of the questionnaire	0.580	0.889

5.11 Statistical analysis Tools

The researcher would use data analysis both qualitative and quantitative data analysis methods. The Data analysis will be made utilizing (SPSS 20). The researcher would utilize the following statistical tools:

1) Kolmogorov-Smirnov test of normality.
2) Pearson correlation coefficient for Validity.
3) Cronbach's Alpha for Reliability Statistics.
4) Frequency and Descriptive analysis.
5) Parametric Tests (One-sample T test, Independent Samples T-test, Analysis of Variance).

T-test is used to determine if the mean of a paragraph is significantly different from a hypothesized value 6 (Approximately the middle value of numerical scale 1-10). If the P-value (Sig.) is smaller than or equal to the level of significance, $\alpha = 0.05$, then the mean of a paragraph is significantly different from a hypothesized value 6. The sign of the Test value indicates whether the mean is significantly greater or smaller than hypothesized value 6. On the other hand, if the P-value (Sig.) is greater than the level of significance, $\alpha = 0.05$, then the mean a paragraph is insignificantly different from a hypothesized value 6.

The Independent Samples T-test is used to examine if there is a statistical significant difference between two means among the respondents toward factors influencing family health team due to (Gender).

The One- Way Analysis of Variance (ANOVA) is used to examine if there is a statistical significant difference between several means among the respondents toward factors influencing family health team due to (Age, Qualification, Current Position and Experience years in current position).

5.12 Validity of Questionnaire

Validity refers to the degree to which an instrument measures what it is supposed to be measuring. Validity has a number of different aspects and assessment approaches. Statistical validity is used to evaluate instrument validity, which include internal validity and structure validity.

Statistical Validity of the Questionnaire :

Validity refers to the degree to which an instrument measures what it is supposed to be measuring (Pilot and Hungler,1985). Validity has a number of different aspects and assessment approaches.

To insure the validity of the questionnaire, two statistical tests should be applied. The first test is Criterion-related validity test (Pearson test) which measure the correlation coefficient between each paragraph in one field and the whole field. The second test is structure validity test (Pearson test) that used to test the validity of the questionnaire structure by testing the validity of each field and the validity of the whole questionnaire. It measures the correlation coefficient between one field and all the fields of the questionnaire that have the same level of similar scale.

Criterion Related Validity :

Internal consistency of the questionnaire is measured by a scouting sample, which consisted of 30 questionnaires through measuring the correlation coefficients between each paragraph in one field and the whole field.

5.12.1 Internal Validity

Internal validity of the questionnaire is the first statistical test that used to test the validity of the questionnaire. It is measured by a scouting sample, which consisted of 30 questionnaires through measuring the correlation coefficients between each paragraph in one field and the whole field.

Table (5.2) clarifies the correlation coefficient for each paragraph of the " Internal Building of Family Health Team " and the total of the field. The p-values (Sig.) are less than 0.05, so the correlation coefficients of this field are significant at $\alpha = 0.05$, so it can be said that the paragraphs of this field are consistent and valid to be measure what it was set for.

Table (5.2): Correlation coefficient of each paragraph of " Internal Building of Family Health Team " and the total of this field

No.	Paragraph	Pearson Correlation Coefficient	P-Value (Sig.)
1.	Family program in UNRWA has simple and easy internal building	.369	0.021*
2.	There are cooperative departments about different responsibilities of the program	.580	0.000*
3.	Clinics building suits needs and comfort of patients/visitors of all ages	.667	0.000*
4.	There are wide and adequate waiting spaces for patients/visitors	.857	0.000*
5.	The internal building considers privacy of patients/visitors	.782	0.000*
6.	There are medical equipment in all departments to deal with all necessary checks for patients	.704	0.000*
7.	Internet and computer networks facilitate work of teams and achieve speed in service providing.	.495	0.002*

- Correlation is significant at the 0.05 level

Table (5.3) clarifies the correlation coefficient for each paragraph of the " Employees' Skills " and the total of the field. The p-values (Sig.) are less than 0.05, so the correlation coefficients of this field are significant at $\alpha = 0.05$, so it can be said that the paragraphs of this field are consistent and valid to be measure what it was set for.

Table (5.3) : Correlation coefficient of each paragraph of " Employees' Skills " and the total of this field

No.	Paragraph	Pearson Correlation Coefficient	P-Value (Sig.)
1.	Family program employees have the required skills to provide health services to all members of the family	.640	0.000*
2.	Employees provide themselves with what is latest and new in terms of developing the program	.626	0.000*
3.	Before implementing the program, employees (doctors – nurses) attend training courses.	.648	0.000*
4.	Family doctor has adequate knowledge to deal with all medical cases	.675	0.000*
5.	Doctor's diagnosis and treatment always meet patients' cases.	.591	0.000*
6.	Clinics that have shortage are being covered with appropriate employee	.314	0.043*
7.	Program employees have enough experience to deal with all categories of audience.	.521	0.001*
8.	I feel unsatisfied when I provide the required service due to my lack of experience in all department of the work.	.419	0.011*

* Correlation is significant at the 0.05 level

Table (5.4) clarifies the correlation coefficient for each paragraph of the " Work divisions " and the total of the field. The p-values (Sig.) are less than 0.05, so the correlation coefficients of this field are significant at $\alpha = 0.05$, so it can be said that the paragraphs of this field are consistent and valid to be measure what it was set for.

Table (5.4) : Correlation coefficient of each paragraph of " Work divisions ″ and the total of this field

No.	Paragraph	Pearson Correlation Coefficient	P-Value (Sig.)
1.	There are cooperation and coordination among work departments to meet patients' needs.	.533	0.001*
2.	There is integrated relation among work departments to provide distinct service for patients	.707	0.000*
3.	Each department has its own responsibility that fulfill program goals	.518	0.001*
4.	There is mutual trust with patients, which achieves full confidentiality and privacy.	.812	0.000*
5.	There is flexibility at work as a result of receiving visitors according to work agenda (day and time)	.527	0.001*
6.	Each department submits daily report about number of visitors and type of services	.730	0.000*
7.	There is an ambiguity in terms of work divisions, which increases employees' stress and nervousness	.321	0.039*
8.	I feel unsatisfied because tasks division in the team are unfair	.318	0.041*

* Correlation is significant at the 0.05 level

Table (5.5) clarifies the correlation coefficient for each paragraph of the " Joint Vision ″ and the total of the field. The p-values (Sig.) are less than 0.05, so the correlation coefficients of this field are significant at $\alpha = 0.05$, so it can be said that the paragraphs of this field are consistent and valid to be measure what it was set for.

Table (5.5) : Correlation coefficient of each paragraph of " Joint Vision " and the total of this field

No.	Paragraph	Pearson Correlation Coefficient	P-Value (Sig.)
1.	There is a joint vision for program employees to fulfill anticipated goals	.538	0.001*
2.	Program administration adopts comprehensive goals to provide the distinct service	.540	0.001*
3.	Despite hindrances faced during serving visitors and patients, employees have loyalty to work	.601	0.000*
4.	Job satisfaction achieves the joint vision for employees	.591	0.000*
5.	Employees rotation does affect, as the loyalty decreases to fulfill goals	.516	0.001*
6.	Psychological comfort at work and in workplace contributes in success of program	.385	0.016*
7.	Lack of adequate training affects on achieving the vision	.538	0.001*
8.	Joint vision is known to all employees in the program	.727	0.000*

* Correlation is significant at the 0.05 level

Table (5.6) clarifies the correlation coefficient for each paragraph of the "Administration " and the total of the field. The p-values (Sig.) are less than 0.05, so the correlation coefficients of this field are significant at $\alpha = 0.05$, so it can be said that the paragraphs of this field are consistent and valid to be measure what it was set for.

Table (5.6) : Correlation coefficient of each paragraph of " Administration " and the total of this field

No.	Paragraph	Pearson Correlation Coefficient	P-Value (Sig.)
1.	The administration puts clear and simple goals to achieve success for the program	.757	0.000*
2.	The administration puts solutions and alternatives to overcome all hindrances	.716	0.000*
3.	The administration follows considerably and responsibly employees' questions and tries to answer them credibly	.836	0.000*
4.	The administration continues in holding meetings with areas managers to discuss appropriate methods to develop the program.	.505	0.002*
5.	The monthly salary of family program employees suits their achievements	.808	0.000*
6.	There are promotions and incentives if the program achieved the anticipated success	.427	0.008*
7.	Punishment and reward method is applied to fulfill fairness among employees	.743	0.000*
8.	The administration provides employees with feedback to correct mistakes	.614	0.000*

* Correlation is significant at the 0.05 level

Table (5.7) clarifies the correlation coefficient for each paragraph of the " Leadership " and the total of the field. The p-values (Sig.) are less than 0.05, so the correlation coefficients of this field are significant at $\alpha = 0.05$, so it can be said that the paragraphs of this field are consistent and valid to be measure what it was set for.

Table (5.7) : Correlation coefficient of each paragraph of " Leadership " and the total of this field

No.	Paragraph	Pearson Correlation Coefficient	P-Value (Sig.)
1.	The administration adopts constructive leadership to achieve anticipated success of the program	.385	0.016*
2.	The administration holds workshops with UNRWA employees to answer their inquires about work	.423	0.009*
3.	The administrative clerks at the program have leadership characteristics needed to influence the employees.	.812	0.000*
4.	Because of my job dissatisfaction, I feel hesitant to develop my work in the program	.461	0.004*
5.	My director fully answers my questions about the program	.730	0.000*
6.	Clinic director holds regular meeting to deliver our complaints and suggestions to the higher administration	.598	0.000*
7.	My line manager listens respectively and carefully to employees' problems and tries persistently to solve them	.577	0.000*

* Correlation is significant at the 0.05 level

Table (5.8) clarifies the correlation coefficient for each paragraph of the " Family Health Program " and the total of the field. The p-values (Sig.) are less than 0.05, so the correlation coefficients of this field are significant at $\alpha = 0.05$, so it can be said that the paragraphs of this field are consistent and valid to be measure what it was set for.

Table (5.8) : Correlation coefficient of each paragraph of " Family Health Program " and the total of this field

No.	Paragraph	Pearson Correlation Coefficient	P-Value (Sig.)
1.	Family program attracts the best human cadres	.745	0.000*
2.	Family program shares its plans and goals with all employees	.797	0.000*
3.	Family program adopts an open communication method with local society	.796	0.000*
4.	Family program matches with patients' demands of all types	.842	0.000*
5.	Family program catches up with all developments in family health field	.816	0.000*
6.	Family program adapts with local health changes and conditions	.830	0.000*

* Correlation is significant at the 0.05 level

5.12.2 Structure Validity of the Questionnaire

Structure validity is the second statistical test that used to test the validity of the questionnaire structure by testing the validity of each field and the validity of the whole questionnaire. It measures the correlation coefficient between one field and all the fields of the questionnaire that have the same level of liker scale.

Table (5.9) clarifies the correlation coefficient for each field and the whole questionnaire. The p-values (Sig.) are less than 0.05, so the correlation coefficients of all the fields are significant at $\alpha = 0.05$, so it can be said that the fields are valid to be measured what it was set for to achieve the main aim of the study.

Table (5.9): Correlation coefficient of each field and the whole of questionnaire

No.	Field	Pearson Correlation Coefficient	P-Value (Sig.)
1.	**Internal Building of Family Health Team**	.759	0.000*
2.	**Employees' skills**	.609	0.000*
3.	Work divisions	.619	0.000*
4.	Joint Vision	.777	0.000*
5.	Administration	.831	0.000*
6.	Leadership	.754	0.000*
7.	**Structure**	.963	0.000*
8.	**Family Health Program**	.820	0.000*

* Correlation is significant at the 0.05 level

5.13 Reliability of the Research

The reliability of an instrument is the degree of consistency which measures the attribute; it is supposed to be measuring (Polit & Hunger,1985). The less variation an instrument produces in repeated measurements of an attribute, the higher its reliability. Reliability can be equated with the stability, consistency, or dependability of a measuring tool. The test is repeated to the same sample of people on two occasions and then compares the scores obtained by computing a reliability coefficient (Polit & Hunger, 1985).

5.13.1 Cronbach's Coefficient Alpha

This method is used to measure the reliability of the questionnaire between each field and the mean of the whole fields of the questionnaire. The normal range of Cronbach's coefficient alpha value between 0.0 and + 1.0, and the higher values reflects a higher degree of internal consistency. The Cronbach's coefficient alpha was calculated for each field of the questionnaire.

Table (5.10) shows the values of Cronbach's Alpha for each field of the questionnaire and the entire questionnaire. For the fields, values of Cronbach's Alpha were in the range from 0.626 and 0.879. This range is considered high; the result ensures the reliability of each field of the questionnaire. Cronbach's Alpha equals 0.928 for the entire questionnaire which indicates an excellent reliability of the entire questionnaire.

Table (5.10): Cronbach's Alpha for each field of the questionnaire

No.	Field	Cronbach's Alpha
1.	Internal Building of Family Health Team	0.757
2.	Employee' skills	0.635
3.	Work divisions	0.626
4.	Joint Vision	0.678
5.	Administration	0.829
6.	Leadership	0.692
7.	Structure	0.877
8.	Family Health Program	0.879
	All paragraphs of the questionnaire	**0.928**

The Thereby, it can be said that the researcher proved that the questionnaire was valid, reliable, and ready for distribution for the population sample.

Chapter 6 : Data Analysis and Discussion

Introduction

In this chapter , researcher tests the thesis hypothesis . The findings of this chapter are responding to the objectives of the study .All of these findings were discussed in the context of the previous literature .

6.2 Personal Information

6.2.1 Gender

Table No.(6.11) shows that 34.8% of the sample are Males and 65.2% of the sample are Females . it can be said that UNRWA attends to achieve the equity between males and females but in the previous periods UNRWA workforce was mainly from females for unknown reasons .

Table (6.11):Gender

Gender	Frequency	Percent
Male	57	34.8
Female	107	65.2
Total	164	100.0

6.2.2 Age

Table No.(6.12) shows that 31.7% of the sample are " Less than 30 years ", 38.4% of the sample are of "30 – Less than 40 years ", 15.9% of the sample are of "40 – Less than 50 years " and 14.0% of the sample are of "50 years and more ". it can be said that the employee of FHT at UNRWA are mainly youth that mean they are active and productive people to provide efficiency at work .

Table (6.12): Age

Age in years	Frequency	Percent
Less than 30 years	52	31.7
30 – Less than 40 years	63	38.4
40 – Less than 50 years	26	15.9
50 years and more	23	14.0
Total	164	100.0

6.2.3 Qualification

Table No.(6.13) shows that 28.7% of the sample are " Diploma " holders, 50.0% of the sample are " Bachelor " holders and 21.3% of the sample are " Postgraduate " holders . it can be said that the Palestinian society interests in education and high degrees.

Table (6.13): Qualification

Qualification	Frequency	Percent
Diploma	47	28.7
Bachelor	82	50.0
Postgraduate	35	21.3
Total	164	100.0

6.2.4 Current Position

Table No.(6.14) shows that 36.6% of the sample are " Practical Nurses ", 19.5% of the sample are " Registered midwife " and 17.7% of the sample are " Head of department " , it can be said that the practical nurses are the highest percentage of workforce because they cover more than field at health center such as immunization, dressing , injection , non-communicable diseases and screening activities .

Table (6.14):Current Position

Present Post	Frequency	Percent
Practical Nurse	60	36.6
Registered midwife	32	19.5
Head of department	29	17.7
Doctor	43	26.2
Total	164	100.0

6.2.5 Experience years in current position

Table No.(6.15) shows that 32.3% of the sample have experience " Less than 5 years", 25.6% of the sample have experience "5 – Less than 10 year ", 20.1% of the sample have experience "10- less than 15 years " and 22.0% of the sample have experience " 20 years and more " , it can be said that the health department recruited a high percentage of new employee due to shortage in workforce at health centers to deal with the increasing in workload .

Table (6.15): Experience years in current position

Experience years in current position	Frequency	Percent
Less than 5 years	53	32.3
5 – Less than 10 years	42	25.6
10- less than 20 years	33	20.1
20 years and more	36	22.0
Total	164	100.0

6.3 Research Hypothesis

6.3.1 Hypothesis No. 1

There is a statistical significant positive effect at 0.05 level of internal building on success of family health team .

Table (6.16) shows the following results:

The mean of paragraph #2 "There are cooperative departments about different responsibilities of the program " equals 7.37 (73.66%), Test-value = 9.13, and P-value = 0.000 which is smaller than the level of significance $\alpha = 0.05$. The sign of the test is positive, so the mean of this paragraph is significantly greater than the hypothesized value 6 . it is concluded that the respondents agreed to this paragraph.

The mean of paragraph #3 "Clinics building suits needs and comfort of patients/visitors of all ages" equals 5.91 (59.15%), Test-value = -0.41, and P-value = 0.342 which is greater than the level of significance $\alpha = 0.05$. Then the mean of this paragraph is insignificantly different from the hypothesized value 6. it is concluded that the respondents (Do not know, neutral) to this paragraph.

The mean of the field "Internal Building of Family Health Team" equals 6.60 (65.98%), Test-value = 4.67, and P-value=0.000 which is smaller than the level of significance $\alpha = 0.05$. The sign of the test is positive, so the mean of this field is significantly greater than the hypothesized value 6. it is concluded that the respondents agreed to field of "Internal Building of Family Health Team ".

From the researcher point of view, study results show that the internal environment has an important influence on the success and growth of the business. So, in order to perform efficiently and grow, the family team requires an internal organizational context

that provides the necessary support to function effectively. In order to create a supportive internal environment, the necessary technology and resources to complete the task should be available. Appropriate information necessary to make decisions and to complete tasks should be accessible when needed.

Table (6.16): Means and Test values for "Internal Building of Family Health Team"

	Item	Mean	Proportional mean (%)	Test value	P-value (Sig.)	Rank
1.	Family program in UNRWA has simple and easy internal building	7.03	70.31	6.53	0.000*	2
2.	There are cooperative departments about different responsibilities of the program	7.37	73.66	9.13	0.000*	1
3.	Clinics building suits needs and comfort of patients/visitors of all ages	5.91	59.15	-0.41	0.342	7
4.	There are wide and adequate waiting spaces for patients/visitors	6.62	66.16	3.03	0.001*	3
5.	The internal building considers privacy of patients/visitors nor	6.47	64.70	2.44	0.008*	5
6.	There are medical equipment in all departments to deal with all necessary checks for patients	6.52	65.15	2.86	0.002*	4
7.	Internet and computer networks facilitate work of teams and achieve speed in service providing.	6.28	62.77	1.36	0.088	6
	All paragraphs of the field	6.60	65.98	4.67	0.000*	

* The mean is significantly different from 6

6.3.2 Hypothesis No. 2

There is a statistical significant positive effect at 0.05 level of Employees' skills on success of family health team .

Table (6.17) shows the following results:

The mean of paragraph #1 "Family program employees have the required skills to provide health services to all members of the family" equals 7.71 (77.07%), Test-value =

12.48 and P-value = 0.000 which is smaller than the level of significance $\alpha = 0.05$. The sign of the test is positive, so the mean of this paragraph is significantly greater than the hypothesized value 6 . it is concluded that the respondents agreed to this paragraph.

The mean of paragraph #8 “I feel unsatisfied when I provide the required service due to my lack of experience in all department of the work.” equals 5.55 (55.49%), Test-value = -2.05, and P-value = 0.021 which is smaller than the level of significance $\alpha = 0.05$. The sign of the test is negative, so the mean of this paragraph is significantly smaller than the hypothesized value 6 . it is concluded that the respondents disagree to this paragraph.

The mean of the field “Employees' skills” equals 6.72 (67.19%), Test-value = 7.06, and P-value=0.000 which is smaller than the level of significance $\alpha = 0.05$. The sign of the test is positive, so the mean of this field is significantly greater than the hypothesized value 6. it is concluded that the respondents agreed to field of “Employees' skills ".
Study results show that when the family team members have the required skills ,this will affect Positively on their work and family relationships. Also when they combine their varied knowledge, talents, unique skills and experiences, the resulting synergy raises their overall level of performance, and brings many benefits to the family business.

Table (6.17): Means and Test values for "Employee s' skills"

	Item	Mean	Proportional mean (%)	Test value	P-value (Sig.)	Rank
1.	Family program employees have the required skills to provide health services to all members of the family	7.71	77.07	12.48	0.000*	1
2.	Employees provide themselves with what is latest and new in terms of developing the program	7.21	72.07	7.72	0.000*	3
3.	Before implementing the program, employees (doctors – nurses) attend training courses.	6.29	62.88	1.30	0.097	6
4.	Family doctor has adequate knowledge to deal with all medical cases	6.88	68.78	5.65	0.000*	5
5.	Doctor's diagnosis and treatment always meet patients' cases.	6.94	69.38	6.95	0.000*	4
6.	Clinics that have shortage are being covered with appropriate employee	5.91	59.14	-0.51	0.307	7
7.	Program employees have enough experience to deal with all categories of audience.	7.26	72.62	10.32	0.000*	2
8.	I feel unsatisfied when I provide the required service due to my lack of experience in all department of the work.	5.55	55.49	-2.05	0.021*	8
	All paragraphs of the field	6.72	67.19	7.06	0.000*	

* The mean is significantly different from 6

6.3.3 Hypothesis No. 3

There is a statistical significant positive effect at 0.05 level of structure on success of family health team .

This hypothesis is divided into four sub- hypothesis :

6.3.3.1 Sub- Hypothesis No. 3.1

There is a statistical significant positive effect at 0.05 level of Work divisions on success of family health team Structure .

Table (6.18) shows the following results:

The mean of paragraph #6 “Each department submits daily report about number of visitors and type of services” equals 8.61 (86.10%), Test-value = 23.52, and P-value = 0.000 which is smaller than the level of significance $\alpha = 0.05$. The sign of the test is positive, so the mean of this paragraph is significantly greater than the hypothesized value 6 . it is concluded that the respondents agreed to this paragraph.

The mean of paragraph #8 “I feel unsatisfied because tasks division in the team are unfair” equals 5.61 (56.13%), Test-value = -1.71, and P-value = 0.045 which is smaller than the level of significance $\alpha = 0.05$. The sign of the test is negative, so the mean of this paragraph is significantly smaller than the hypothesized value 6 . it is concluded that the respondents disagree to this paragraph.

The mean of the field “Work divisions” equals 7.26 (72.61%), Test-value = 15.47, and P-value=0.000 which is smaller than the level of significance $\alpha = 0.05$. The sign of the test is positive, so the mean of this field is significantly greater than the hypothesized value 6, it is concluded that the respondents agreed to field of “Work divisions ".

The study results agree with the study of (Ancona and Caldwell, 1992; Keck, 1997) which show that the existence of distinct organizational roles or positions affects the performance of business. Effective family team have an explicit agreed to division of labor, so that each of the family member can enjoy a degree of autonomy in his or her specific area (Aronoff et al., 1997; Handler, 1991; Lansberg, 1999). Also the study agree with Handler (1991) who said that separate positions and areas of responsibility promote a positive relationship between family members .

Table (6.18): Means and Test values for "Work divisions"

	Item	Mean	Proportional mean (%)	Test value	P-value (Sig.)	Rank
1.	There are cooperation and coordination among work departments to meet patients' needs.	7.80	77.99	12.99	0.000*	5
2.	There is integrated relation among work departments to provide distinct service for patients	7.91	79.15	16.04	0.000*	2
3.	Each department has its own responsibility that fulfill program goals	7.85	78.53	14.28	0.000*	3
4.	There is mutual trust with patients, which achieves full confidentiality and privacy.	7.82	78.17	12.53	0.000*	4
5.	There is flexibility at work as a result of receiving visitors according to work agenda (day and time)	6.77	67.74	4.85	0.000*	6
6.	Each department submits daily report about number of visitors and type of services	8.61	86.10	23.52	0.000*	1
7.	There is an ambiguity in terms of work divisions, which increases employees' stress and nervousness	5.70	57.01	-1.38	0.085	7
8.	I feel unsatisfied because tasks division in the team are unfair	5.61	56.13	-1.71	0.045*	8
	All paragraphs of the field	7.26	72.61	15.47	0.000*	

* The mean is significantly different from 6

6.3.3.2 Sub- Hypothesis No. 3.2

There is a statistical significant positive effect at 0.05 level of Joint vision on success of family health team .

Table (6.19) shows the following results:

The mean of paragraph #6 "Psychological comfort at work and in workplace contributes in success of program " equals 9.08 (90.80%), Test-value = 28.61, and P-value = 0.000 which is smaller than the level of significance $\alpha = 0.05$. The sign of the test is

positive, so the mean of this paragraph is significantly greater than the hypothesized value 6 . it is concluded that the respondents agreed to this paragraph.

The mean of paragraph #4 "Job satisfaction achieves the joint vision for employees" equals 7.48 (74.82%), Test-value = 10.17, and P-value = 0.000 which is smaller than the level of significance $\alpha = 0.05$. The sign of the test is positive, so the mean of this paragraph is significantly greater than the hypothesized value 6 . it is concluded that the respondents agreed to this paragraph.

The mean of the field "Joint Vision" equals 7.94 (79.37%), Test-value = 20.23, and P-value=0.000 which is smaller than the level of significance $\alpha = 0.05$. The sign of the test is positive, so the mean of this field is significantly greater than the hypothesized value 6. it is concluded that the respondents agreed to field of "Joint Vision ".

The study results agree with study of (Leana & Van Buren , 1999) that consider the existence of joint vision among the family members means that the family is cohesive, and also existence of cooperation with respect will realize the common goals.

Table (6.19): Means and Test values for "Joint Vision"

	Item	Mean	Proportional mean (%)	Test value	P-value (Sig.)	Rank
1.	There is a joint vision for program employees to fulfill anticipated goals	7.54	75.37	9.91	0.000*	6
2.	Program administration adopts comprehensive goals to provide the distinct service	7.55	75.49	10.95	0.000*	5
3.	Despite hindrances faced during serving visitors and patients, employees have loyalty to work	7.85	78.48	12.98	0.000*	4
4.	Job satisfaction achieves the joint vision for employees	7.48	74.82	10.17	0.000*	8
5.	Employees rotation does affect, as the loyalty decreases to fulfill goals	8.26	82.56	15.02	0.000*	3
6.	Psychological comfort at work and in workplace	9.08	90.80	28.61	0.000*	1

	contributes in success of program					
7.	Lack of adequate training affects on achieving the vision	8.27	82.74	17.48	0.000*	2
8.	Joint vision is known to all employees in the program	7.52	75.25	10.22	0.000*	7
	All paragraphs of the field	7.94	79.37	20.23	0.000*	

* The mean is significantly different from 6

6.3.3.3 Sub- Hypothesis No. 3.3

There is a statistical significant positive effect at 0.05 level of Administration on success of family health team .

Table (6.20) shows the following results:

The mean of paragraph #1"The administration puts clear and simple goals to achieve success for the program" equals 7.53 (75.28%), Test-value = 9.98, and P-value = 0.000 which is smaller than the level of significance $\alpha = 0.05$. The sign of the test is positive, so the mean of this paragraph is significantly greater than the hypothesized value 6 . it is concluded that the respondents agreed to this paragraph.

The mean of paragraph #6 "There are promotions and incentives if the program achieved the anticipated success" equals 4.24 (42.41%), Test-value = -8.42, and P-value = 0.000 which is smaller than the level of significance $\alpha = 0.05$. The sign of the test is negative, so the mean of this paragraph is significantly smaller than the hypothesized value 6 . it is concluded that the respondents disagree to this paragraph.

The mean of the field "Administration" equals 6.32 (63.20%), Test-value = 2.76, and P-value=0.003 which is smaller than the level of significance $\alpha = 0.05$. The sign of the test is positive, so the mean of this field is significantly greater than the hypothesized value 6. it is concluded that the respondents agreed to field of "Administration ".

The study results agree with study of Poza *et al*. (1997) which show that family administration can play an important role in family team effectiveness and continuity. The researcher concludes from the study of (Aronoff *et al*., 1997; Gage *et al*., 2004; Gersick *et al*., 1997) that administrative structures, policies and procedures reduce tensions and lower the risk of conflict among the family health members.

Table (6.20): Means and Test values for "Administration"

	Item	Mean	Proportional mean (%)	Test value	P-value (Sig.)	Rank
1.	The administration puts clear and simple goals to achieve success for the program	7.53	75.28	9.98	0.000*	1
2.	The administration puts solutions and alternatives to overcome all hindrances	6.97	69.69	6.12	0.000*	3
3.	The administration follows considerably and responsibly employees' questions and tries to answer them credibly	6.96	69.63	5.76	0.000*	4
4.	The administration continues in holding meetings with areas managers to discuss appropriate methods to develop the program.	7.51	75.09	9.44	0.000*	2
5.	The monthly salary of family program employees suits their achievements	6.00	60.00	0.00	0.500	6
6.	There are promotions and incentives if the program achieved the anticipated success	4.24	42.41	-8.42	0.000*	8
7.	Punishment and reward method is applied to fulfill fairness among employees	5.02	50.19	-5.19	0.000*	7
8.	The administration provides employees with feedback to correct mistakes	6.33	63.27	2.02	0.022*	5
	All paragraphs of the field	6.32	63.20	2.76	0.003*	

* The mean is significantly different from 6

6.3.3.4 Sub- Hypothesis No. 3.4

There is a statistical significant positive effect at 0.05 level of Leader ship on success of family health team.

Table (6.21) shows the following results:

The mean of paragraph #6"Clinic director holds regular meeting to deliver our complaints and suggestions to the higher administration" equals 7.91 (79.09%), Test-value = 13.19, and P-value = 0.000 which is smaller than the level of significance $\alpha = 0.05$. The

sign of the test is positive, so the mean of this paragraph is significantly greater than the hypothesized value 6 . it is concluded that the respondents agreed to this paragraph.

The mean of paragraph #4 “Because of my job dissatisfaction, I feel hesitant to develop my work in the program” equals 5.63 (56.34%), Test-value = -1.69, and P-value = 0.000 which is smaller than the level of significance $\alpha = 0.05$. The sign of the test is negative, so the mean of this paragraph is significantly smaller than the hypothesized value 6 . it is concluded that the respondents disagree to this paragraph.

The mean of the field “Leadership” equals 6.85 (68.48%), Test-value = 7.29, and P-value=0.000 which is smaller than the level of significance $\alpha = 0.05$. The sign of the test is positive, so the mean of this field is significantly greater than the hypothesized value 6. it is concluded that the respondents agreed to field of “Leadership ".

The researcher study agree with the study of Sorenson (2000) which concludes that participative leaders, enable family businesses to obtain desired outcomes for both the work and the family , so the leaders should allow for shared decision- making and shared accountability, be flexible, and adapt accordingly, be credible and legitimate, and be servant leaders (Aronoff *et al*., 1997; Gersick *et al*., 1997; Lansberg, 1999).

Table (6.21): Means and Test values for "Leadership"

	Item	Mean	Proportional mean (%)	Test value	P-value (Sig.)	Rank
1.	The administration adopts constructive leadership to achieve anticipated success of the program	7.17	71.73	7.53	0.000*	3
2.	The administration holds workshops with UNRWA employees to answer their inquires about work	5.68	56.81	-1.52	0.065	6
3.	The administrative clerks at the program have leadership characteristics needed to influence the employees.	6.91	69.08	5.51	0.000*	5
4.	Because of my job dissatisfaction, I feel hesitant to develop my work in the program	5.63	56.34	-1.69	0.047*	7
5.	My director fully answers my questions about the program	6.99	69.94	6.09	0.000*	4
6.	Clinic director holds regular meeting to deliver our complaints and suggestions to the higher administration	7.91	79.09	13.19	0.000*	1
7.	My line manager listens respectively and carefully to employees' problems and tries persistently to solve them	7.63	76.34	9.92	0.000*	2
	All paragraphs of the field	6.85	68.48	7.29	0.000*	

* The mean is significantly different from 6

In General for "Structure" :

Table (6.22) shows the mean of all paragraphs of " Structure " equals 7.10 (70.96%), Test-value =13.38, and P-value=0.000 which is smaller than the level of significance $\alpha = 0.05$. The sign of the test is positive, so the mean of all paragraphs is significantly greater than the hypothesized value 6. it is concluded that the respondents agreed to all paragraphs of " Structure ".

The study is valuable because it concentrates on many aspects of family structure such as work divisions , joint vision , administration and leadership which has greet influence on the success of any team. The study concludes from the respondent opinions that they are searching about the efficiency and affectivity of the program development .

Table (6.22): Means and Test values for all paragraphs of "Structure"

Item	Mean	Proportional mean (%)	Test value	P-value (Sig.)
All paragraphs for "Structure"	7.10	70.96	13.38	0.000*

*The mean is significantly different from 6

6.3.3.5 Sub- Hypothesis No. 3.5

Family Health Program

Table (6.23) shows the following results:

The mean of paragraph #1 "Family program attracts the best human cadres" equals 7.21 (72.13%), Test-value = 8.04, and P-value = 0.000 which is smaller than the level of significance $\alpha = 0.05$. The sign of the test is positive, so the mean of this paragraph is significantly greater than the hypothesized value 6 . it is concluded that the respondents agreed to this paragraph.

The mean of paragraph #6 "Family program adapts with local health changes and conditions " equals 6.63 (66.28%), Test-value = 3.73, and P-value = 0.000 which is smaller than the level of significance $\alpha = 0.05$. The sign of the test is positive, so the mean of this paragraph is significantly greater than the hypothesized value 6 . it is concluded that the respondents agreed to this paragraph.

The mean of the field "Family Health Program" equals 6.89 (68.92%), Test-value = 7.35, and P-value=0.000 which is smaller than the level of significance $\alpha = 0.05$. The sign of the test is positive, so the mean of this field is significantly greater than the hypothesized value 6. it is concluded that the respondents agreed to field of "Family Health Program ".

The study concluded that the family health program achieve the success because it possess an open channels with the community and identify his needs and work with all efforts to achieve the clients satisfaction among all changes and difficulties that face the program development and success .

Table (6.23): Means and Test values for "Family Health Program"

	Item	Mean	Proportional mean (%)	Test value	P-value (Sig.)	Rank
1.	Family program attracts the best human cadres	7.21	72 .13	8.04	0.000*	1
2.	Family program shares its plans and goals with all employees	7.12	71.16	8.07	0.000*	2
3.	Family program adopts an open communication method with local society	7.01	70.06	7.56	0.000*	3
4.	Family program matches with patients' demands of all types	6.76	67.62	5.10	0.000*	4
5.	Family program catches up with all developments in family health field	6.63	66.28	3.93	0.000*	5
6.	Family program adapts with local health changes and conditions	6.63	66.28	3.73	0.000*	6
	All paragraphs of the field	6.89	68.92	7.35	0.000*	

* The mean is significantly different from 6

6.3.4 Hypothesis No. 4

There is a statistical significant differences at 0.05 level among respondents toward factors influencing family health team due to personal traits (Gender, Age, Qualification, Current Position and Experience years in current position)

This hypothesis is divided into four sub- hypothesis :

6.3.4.1 Sub- Hypothesis No. 4.1

There is a statistical significant differences at 0.05 level among respondents toward factors influencing family health team due to Gender.

Table (6.24) shows that the p-value (Sig.) is greater than the level of significance α = 0.05 for each field, then there is insignificant difference in respondents' answers toward each field due to Gender. It is concluded that the characteristic of the respondents Gender has no effect on each field.

It is concluded that UNRWA achieve the equity among all the employee males and females and they are work together to reach the desired goals .

Table (6.24):Independent Samples T-test of the fields and their p-values for Gender

No.	fields	Test Value	Sig.	Means	
				Male	Female
1.	Internal Building of Family Health Team	0.008	0.994	6.60	6.60
2.	Employee **s'** skills	1.853	0.066	6.98	6.58
3.	Structure	-0.471	0.638	7.04	7.12
4.	Family Health Program	-0.529	0.598	6.80	6.94
	All fields	-0.016	0.987	6.95	6.95

6.3.4.2 Sub- Hypothesis No. 4.2

There is a statistical significant differences at 0.05 level among respondents toward factors influencing family health team due to Age.

Table (6.25) shows that the p-value (Sig.) is greater than the level of significance α = 0.05 for each field, then there is insignificant difference in respondents' answers toward each field due to Age. It is concluded that the characteristic of the respondents Age has no effect on each field.

The study concludes that UNRWA family health team consist of all age group and each of them has its unique role in success of program and client satisfaction

Table (6.25):ANOVA test of the fields and their p-values for Age

No.	fields	Test Value	Sig.	Means			
				Less than 30 years	30 – Less than 30 years	40 – Less than 50 years	50 years and more
1.	Internal Building of Family Health Team	0.315	0.814	6.57	6.64	6.36	6.81
2.	Employee **s'** skills	0.444	0.722	6.69	6.77	6.49	6.90
3.	Structure	0.590	0.622	7.15	7.04	6.95	7.30
4.	Family Health Program	0.492	0.689	7.03	6.83	6.63	7.05
	All fields	0.590	0.623	6.99	6.92	6.76	7.15

6.3.4.3 Sub- Hypothesis No. 4.3

4.3 There is a statistical significant differences at 0.05 level among respondents toward factors influencing family health team due to Qualifications.

Table (6.26) shows that the p-value (Sig.) is smaller than the level of significance α = 0.05 for the fields "Internal Building of Family Health Team, Structure and Family Health Program", then this is significant difference among the respondents regarding to this field due to Qualifications. We conclude that the respondents Qualifications has significant effect on these fields. Bachelor respondents have the higher than other Qualifications group.

Table (6.26) shows that the p-value (Sig.) is greater than the level of significance α = 0.05 for the other fields, then there is insignificant difference among the respondents regarding to these fields due to Qualifications. We conclude that the respondents Qualifications has no effect on these fields.

From the researcher point of view, At UNRWA FHT , Although the differences in employee qualifications, All of them take apart in the success of program by sharing their science and knowledge .

Table (6.26):ANOVA test of the fields and their p-values Qualifications

No.	fields	Test Value	Sig.	Means		
				Diploma	Bachelor	Post Graduate
1.	Internal Building of Family Health Team	3.189	0.044*	6.58	6.85	6.03
2.	Employee **s'** skills	0.126	0.882	6.77	6.67	6.76
3.	Structure	3.565	0.031*	7.12	7.34	6.72
4.	Family Health Program	3.153	0.045*	6.95	7.10	6.33
	All fields	2.729	0.068	7.10	7.01	6.59

* Means differences are significant at $\alpha = 0.05$

6.3.4.4 Sub- Hypothesis No. 4.4

There is a statistical significant differences at 0.05 level among respondents toward factors influencing family health team due to Current Position .

Table (6.27) shows that the p-value (Sig.) is smaller than the level of significance $\alpha = 0.05$ for the fields "Internal Building of Family Health Team, Structure and Family Health Program", then this is significant difference among the respondents regarding to this field due to Current Position. We conclude that the respondents Current Position has significant effect on these fields. Practical Nurse respondents have the higher than other Current Position group.

Table (6.27) shows that the p-value (Sig.) is greater than the level of significance $\alpha = 0.05$ for the other fields, then there is insignificant difference among the respondents regarding to these fields due to Current Position. We conclude that the respondents Current Position has no effect on these fields.

The study concludes that the family health members work according to teamwork responsibilities so there is no difference among the doctor , midwife or nurses.

Table (6.27):ANOVA test of the fields and their p-values for Current Position

No.	fields	Test Value	Sig.	Means			
				Practical Nurse	Registered Midwife	Head of Department	Doctor
1.	Internal Building of Family Health Team	1.161	0.327	6.63	6.84	6.82	6.23
2.	Employee skills	0.214	0.887	6.78	6.72	6.78	6.59
3.	Structure	5.446	0.001*	7.40	7.17	7.13	6.59
4.	Family Health Program	2.709	0.047*	7.17	6.94	7.10	6.34
	All fields	3.654	0.014*	7.17	7.03	7.03	6.51

* Means differences are significant at $\alpha = 0.05$

6.3.4.5 Sub- Hypothesis No. 4.5

There is a statistical significant differences at 0.05 level among respondents toward factors influencing family health team due to Experience years in current position .

Table (6.28) shows that the p-value (Sig.) is greater than the level of significance $\alpha = 0.05$ for each field, then there is insignificant difference in respondents' answers toward each field due to experience years in current position. We conclude that the characteristic of the respondents years of experience has no effect on each field.

Table (6.28):ANOVA test of the fields and their p-values for Experience years in current position

No.	fields	Test Value	Sig.	Means			
				Less than 5 year	5 – Less than 10 year	10- less than 20 years	20 years and more
1.	Internal Building of Family Health Team	1.412	0.241	6.67	6.61	6.13	6.92
2.	Employee **s'** skills	0.914	0.436	6.74	6.92	6.42	6.73
3.	Structure	0.535	0.659	7.06	7.15	6.93	7.24
4.	Family Health Program	0.648	0.585	6.84	7.03	6.61	7.07
	All fields	0.895	0.445	6.93	7.03	6.71	7.10

The study concludes that the family team members functioning their experiences and coordinate their efforts to achieve the work efficiency and client satisfaction at all fields in the business .

Chapter 7 : Conclusion and Recommendation

Conclusion

By empowering patients as active participants in their own health decisions, FHT offer the promise of improving disease management, and reducing the overall costs. Through the information access EMR , FHT will improve self-management by patients and improve patient-physician collaborations (Reti, Feldman, and Safran, 2009).

One objective of this study was to use information technology as the backbone of system integration, linking patient records across different health care settings and giving providers timely access to test results and other important data, and also to gain a better understanding of patients' preferences for the combinations of features and functions that make up FHT services that support diseases-management. The other was to gain an understanding of any factors that influence the success of FHT so it is very important to identify the patient preferences and needs (Wagner et aI., 2005). Establishing an FHT service that supports self-managed behavior changes and helps modifying lifestyle, is considered an important element of solutions to face the disease challenge (Lavis & Boyko, 2009). The design of FHT services that also take patients' preferences into consideration, may help in applying a patient-centered model of care.

The results of this study show that internal building , Employees' skills and the structure exert a significant positive influence on the success of family health team and also Satisfaction with work and family relationships. As predicted, the family members are more likely to be satisfied with their working and family relationships when their business is profitable and financially secure.

7.1 Recommendations

1. To reinforce best practices in privacy for the FHT as an organization and for each of us as individuals working in health care .
2. To build the public’s confidence in privacy measures taken by health care providers in their community.
3. To follow up the instruction that will drive for collaborative teamwork as a World Health Organization priority for action.
4. To believe that collaborative teamwork is a sophisticated skill and some individuals are better at it than others; others may need staff development.

5. To set up strategies to improve the effectiveness of service delivery need to be political, organizational and professional.

6. To add more active actions for adapting to the needs of our community .

7. To support research that is focused on communication/collaboration skills training and test the effectiveness of the interventions to enhance inter-disciplinary communication and collaboration.

8. To examine in more depth the cultural, professional, educational, and interpersonal factors that impact on nurses' ability to engage in full scope of professional practice.

9. Investigate Community Health Centers' (CHCs) in more depth and the strategies that they use to support inter-professional communication and collaboration.

7.2 Suggested Further Studies

This is the first study to be conducted on Family Health Team at UNRWA. This field of research is completely new and deserves more exploration. The researcher suggests the following research areas for further studies:

- Job satisfaction at UNRWA
- Conduct a study research on family team members to explore their motivation toward client satisfaction at UNRWA .
- Conduct a research study to explore factors that could affect teamwork performance.
- Conduct a research on the topic of family team program covering a wider range of primary centers including governmental and private sector..

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Appendices

Appendix 1- Questionnaire Judging Committee

No.	Name of Judge	University
1	Prof. Majed ELFarra	The Islamic University of Gaza
2	Dr.Samir Safi	The Islamic University of Gaza
3	Dr. Akram Samour	The Islamic University of Gaza
4	Dr. Yousof Bahar	The Islamic University of Gaza
5	Dr. Rushdy Wady	The Islamic University of Gaza
6	Dr. Nedal Abd –Allah	Al-Aqsa University of Gaza
7	Dr. Wael ElDaya	The Islamic University of Gaza
8	Dr. Yasser ElShurafa	The Islamic University of Gaza

Appendix 2- Questionnaire Arabic Version

الجامعة الإسلامية ـ غزة
كليـــة الدراســـات العليا
كليـــــة التجـــــــارة
قســـم إدارة الأعمـــال

بسم الله الرحمن الرحيم

الأخ/ت الفاضل/ ـة

السلام عليكم ورحمة الله وبركاته

الموضوع/ تعبئة استبانه

بهدف إعداد **دراسة ميدانية حول "العوامل المؤثرة على نجاح صحة العائلة في مراكز الرعاية الأولية في الأنـروا** " بغرض نيل درجة الماجستير في إدارة الأعمال من الجامعة الإسلامية بغزة، تم إعداد هذه الاستبانة.

لذا آمل من سيادتكم التفضل بتعبئة الاستبانة التالية بموضوعية وحيادية، شاكرة لكم جهودكم في دعم البحث العلمي، علماً بأن المعلومات المقدمة من طرفكم ستستخدم لأغراض البحث العلمي فقط.

شاكرة لكم حسن تعاونكم

الباحثة/
ليندا يوسف شاهين

المجموعة الأولى: البيانات الفردية

الرجاء اختيار البديل المناسب لكل من الفقرات التالية:

1- الجنس:

ذكر ☐ **أنثى** ☐

2- العمر بالسنوات:

أقل من 30 سنة ☐ **من 30- أقل من 40 سنة** ☐ **من 40- أقل من 50** ☐ **50 سنة فأكثر** ☐

3- المؤهل العلمي:

دبلوم ☐ **بكالوريوس** ☐ **دراسات عليا** ☐

4- المسمى الوظيفي الحالي :

ممرض عملي ☐ **قابلة قانونية** ☐ **مسئول قسم** ☐ **طبيب** ☐

5- عدد سنوات الخبرة في المسمى الوظيفي الحالي :

أقل من 5 ☐ **5 - أقل من 10** ☐ **10 - أقل من 20** ☐ **20 فأكثر** ☐

المجموعة الثانية: العوامل المؤثرة على نجاح برنامج صحة العائلة :

الرجاء تقييم العوامل المؤثرة على نجاح برنامج صحة العائلة حيث يكون التقييم من (1 – 10) والقيمة 10 تعتبر الأكثر تأثيراً.

أولاً: البناء الداخلي:

م.	البند	التأثير (1 – 10)
.1	يتبنى برنامج صحة العائلة بالوكالة بناءا داخليا بسيطا وسهلا.	
.2	توجد أقسام متعاونة حول المسئوليات المختلفة في البرنامج.	
.3	يناسب بناء العيادة احتياجات وراحة المراجعين صغارا وكبارا.	
.4	توجد أماكن انتظار واسعة وملائمة لراحة المراجعين.	
.5	يراعي البناء الداخلي للعيادات خصوصية المراجعين .	
.6	توجد تجهيزات طبية في الأقسام للتعامل مع كافة الفحوصات اللازمة للمرضى .	
.7	تسهل شبكات الانترنت والكمبيوتر عمل الفريق وتحقق السرعة في تقديم الخدمة .	

ثانياً: مهارات الموظفين :

م.	البند	التأثير (1 – 10)
.8	يمتلك موظفو برنامج صحة العائلة المهارات اللازمة لتقديم الخدمة الصحية لجميع أفراد العائلة ..	
.9	يتزود أفراد الفريق بكل ما هو جديد وحديث يتعلق بتطوير البرنامج.	

.10	تعقد لأفراد الفريق من أطباء و ممرضين دورات تدريبية قبل البدء بتنفيذ البرنامج	
.11	يوجد لدى طبيب العائلة العلم الكافي للتعامل مع كافة الحالات المرضية.	
.12	يكون دائما تشخيص وعلاج الطبيب مناسبا لشكوى المريض .	
.13	يمكن تغطية العيادات التي يوجد فيها نقص بالموظف المناسب .	
.14	يتحلى موظفو البرنامج بالخبرة اللازمة للتعامل مع جميع أنواع الجمهور .	
.15	أشعر بعدم الرضا عندما أقدم الخدمة المطلوبة لنقص خبرتي في جميع أقسام العمل	

ثالثاً: التركيب :

أ- تقسيمات العمل :

م.	البند	التأثير (1 – 10)
.16	يوجد تعاون و تنسيق بين أقسام العمل بما يلبي احتياجات المرضى	
.17	توجد علاقة تكاملية بين أقسام العمل لتقديم الخدمة المتميزة للمراجعين .	
.18	يمتلك كل قسم مسئولياته الخاصة التي تحقق أهداف البرنامج.	
.19	تتوفر الثقة المتبادلة مع المراجعين بما يحقق السرية التامة و الخصوصية .	
.20	توجد سلاسة في العمل نتيجة تدفق المراجعين للعيادة وفق نظام المواعيد باليوم والساعة .	
.21	يقدم كل قسم تقريرا يوميا بعدد المراجعين ونوع الخدمة المقدمة لهم.	
.22	يوجد غموض في تقسيمات العمل مما يزيد من الضغوطات والتوتر النفسي للموظفين .	
.23	يوجد ظلم في تقسيم المهام في الفريق لذلك أشعر بعدم الرضا .	

ب- الرؤيا المشتركة :

م.	البند	التأثير (1 – 10)
.24	توجد رؤيا مشتركة لدى موظفي البرنامج لتحقيق الأهداف المرجوة.	
.25	تتبنى إدارة البرنامج أهدافا شاملة لتلبي الخدمة المتميزة .	
.26	يوجد لدى العاملين انتماء للعمل برغم العقبات التي يواجهها لينال رضا المراجعين.	
.27	يحقق الرضا الوظيفي للعاملين الرؤيا المشتركة في الفريق .	
.28	تؤثر تنقلات الموظفين بين العيادات بحيث يصبح هناك انتماءا اقل لتحقيق الأهداف .	
.29	تساهم الراحة النفسية للموظفين في المكان والعمل في نجاح البرنامج.	
.30	يؤثر نقص التدريب اللازم في كافة المجالات على تحقيق الرؤيا .	
.31	الرؤيا المشتركة معروفة لكل العاملين في البرنامج .	

ج- الإدارة :

م.	البند	التأثير (1 – 10)
.32	تضع الإدارة أهدافا واضحة وبسيطة لتحقيق نجاح البرنامج .	
.33	تضع الإدارة حلولا ومخارج للتغلب على جميع العقبات .	
.34	تتابع الإدارة بعين الإدراك والمسئولية تساؤلات الموظفين وتحاول الإجابة عليها بكل مصداقية .	
.35	تواصل الإدارة اجتماعاتها مع مدراء المناطق لبحث السبل المناسبة لتطوير البرنامج .	
.36	يتناسب الراتب الشهري لموظفي صحة العائلة مع انجازاتهم .	
.37	توجد علاوات وحوافز إذا حقق البرنامج النجاح المطلوب .	
.38	يوجد أسلوب الثواب والعقاب لتحقيق العدالة بين الموظفين .	
.39	تزود الإدارة الموظفين بالتغذية الراجعة لتصحيح الأخطاء .	

د- القيادة :

م.	البند	التأثير (1 – 10)
.40	تتبنى الإدارة القيادة الهادفة لتحقيق النجاح المرجو من البرنامج .	
.41	تعقد الإدارة ورشات عمل مع موظفي البرنامج للإجابة على استفساراتهم بخصوص العمل .	
.42	يتمتع الإداريين في البرنامج بالصفات القيادية اللازمة للتأثير في العاملين .	
.43	أتردد في تطوير عملي في البرنامج لأنني لا أشعر بالرضا الوظيفي.	
.44	يجيب مسئولي عن تساؤلاتي بخصوص البرنامج إجابات كافية .	
.45	يعقد مدير العيادة اجتماعا دوريا ليوصل شكوانا واقتراحاتنا للإدارة العليا .	
.46	يستمع مسئولي المباشر بكل احترام واهتمام لمشاكل موظفيه ويسعى جاهدا لحلها	

رابعا: برنامج صحة العائلة :

م.	البند	التأثير (1 – 10)
.47	يستقطب برنامج صحة العائلة أفضل الكوادر البشرية .	
.48	يشارك برنامج صحة العائلة خططه و أهدافه مع جميع العاملين .	
.49	يتبنى برنامج صحة العائلة آلية اتصال مفتوحة مع المجتمع المحلي .	
.50	يتوافق برنامج صحة العائلة مع متطلبات المرضى بكافة أنواعها .	
.51	يواكب برنامج صحة العائلة جميع التطورات الحادثة في مجال صحة العائلة .	
.52	يتكيف برنامج صحة العائلة مع الظروف و المتغيرات الصحية المحلية .	

انتهت الإستبانة ... شكراً

Appendix 3- Questionnaire English Version

The Islamic University of Gaza

Higher Studies Deanship

Faculty of Commerce

Business Administration Department

In the name of Allah, the most Merciful, the most Passionate

Dear Sir/Madam

Subject: Questionnaire

This questionnaire is prepared to conduct a field study about "Factors affect the Success of Family Health Program in UNRWA Health Centers" to obtain master degree from Business Administration department in the Islamic university of Gaza.

Therefore, kindly fill in this questionnaire objectively, and your information will be used for academic research purposes only.

Your efforts in supporting academic research are highly appreciated

Researcher
Linda Yousif Shahin

Section one: Personal Information

Kindly choose the appropriate choice from below:

1- **Gender:** Male ( ) Female ( )

2- **Age :** less than 30 ( ) 30 – less than 40 ( ) 40 – less than 50 ( ) 50 – above ( )

3- **Educational Qualification:** Diploma ( ) Bachelor ( ) Postgraduate ( )

4- **Current position:** Practical nurse ( ) Registered midwife ( ) Head of department ( ) Doctor ( )

5- **Experience years in current position**: less than 5 ( ) 5 – less than 10 ( ) 10 – less than 20 ( ) 20 – above

Section two: Factors affect success of Family Program

Kindly evaluate factors affect success of family program, as your evaluation is from (1-10). 10 is the most effective value.

1- Internal Building

#	Item	Effect 1-10
1	Family program in UNRWA has simple and easy internal building	
2	There are cooperative departments about different responsibilities of the program	
3	Clinics building suits needs and comfort of patients/visitors of all ages	
4	There are wide and adequate waiting spaces for patients/visitors	
5	The internal building considers privacy of patients/visitors	
6	There are medical equipment in all departments to deal with all necessary checks for patients	
7	Internet and computer networks facilitate work of teams and achieve speed in service providing.	

2- Employees' Skills

#	Item	Effect 1-10
8	Family program employees have the required skills to provide health services to all members of the family	
9	Employees provide themselves with what is latest and new in terms of developing the program	
10	Before implementing the program, employees (doctors – nurses) attend training courses.	
11	Family doctor has adequate knowledge to deal with all medical cases	
12	Doctor's diagnosis and treatment always meet patients' cases.	
13	Clinics that have shortage are being covered with appropriate employee	
14	Program employees have enough experience to deal with all categories of audience.	
15	I feel unsatisfied when I provide the required service due to my lack of experience in all department of the work.	

3- Structure

a- Work divisions

#	Item	Effect 1-10
16	There are cooperation and coordination among work departments to meet patients' needs.	
17	There is integrated relation among work departments to provide distinct service for patients	
18	Each department has its own responsibility that fulfill program goals	
19	There is mutual trust with patients, which achieves full confidentiality and privacy.	
20	There is flexibility at work as a result of receiving visitors according to work agenda (day and time)	
21	Each department submits daily report about number of visitors and type of services	
22	There is an ambiguity in terms of work divisions, which increases employees' stress and nervousness	
23	I feel unsatisfied because tasks division in the team are unfair	

b- Joint Vision:

#	Item	Effect 1-10
24	There is a joint vision for program employees to fulfill anticipated goals	
25	Program administration adopts comprehensive goals to provide the distinct service	
26	Despite hindrances faced during serving visitors and patients, employees have loyalty to work	
27	Job satisfaction achieves the joint vision for employees	
28	Employees rotation does affect, as the loyalty decreases to fulfill goals	
29	Psychological comfort at work and in workplace contributes in success of program	
30	Lack of adequate training affects on achieving the vision	
31	Joint vision is known to all employees in the program	

c- Administration

#	Item	Effect 1-10
32	The administration puts clear and simple goals to achieve success for the program	
33	The administration puts solutions and alternatives to overcome all hindrances	
34	The administration follows considerably and responsibly employees' questions and tries to answer them credibly	
35	The administration continues in holding meetings with areas managers to discuss appropriate methods to develop the program.	
36	The monthly salary of family program employees suits their achievements	
37	There are promotions and incentives if the program achieved the anticipated success	
38	Punishment and reward method is applied to fulfill fairness among employees	
39	The administration provides employees with feedback to correct mistakes	

d- Leadership

#	Item	Effect 1-10
40	The administration adopts constructive leadership to achieve anticipated success of the program	
41	The administration holds workshops with UNRWA employees to answer their inquires about work	
42	The administrative clerks at the program have leadership characteristics needed to influence the employees.	
43	Because of my job dissatisfaction, I feel hesitant to develop my work in the program	
44	My director fully answers my questions about the program	
45	Clinic director holds regular meeting to deliver our complaints and suggestions to the higher administration	
46	My line manager listens respectively and carefully to employees' problems and tries persistently to solve them	

4- Family Health Program

#	Item	Effect 1-10
47	Family program attracts the best human cadres	
48	Family program shares its plans and goals with all employees	
49	Family program adopts an open communication method with local society	
50	Family program matches with patients' demands of all types	
51	Family program catches up with all developments in family health field	
52	Family program adapts with local health changes and conditions	

Thank You …