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Investigating The Interplay Between Team Communication, Work Volition And Team Effectiveness Of Employees In Healthcare Sector: An Empirical Study

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Abstract: The complex relationship between team communication, work volition, and team effectiveness among healthcare workers is examined in this empirical study. High-functioning teams are now essential to ensuring patient safety, high-quality service delivery, and employee well-being in healthcare settings due to their increasing complexity. The goal of the study is to comprehend how team communication styles and workers' perceived autonomy (work volition) affect the performance of the entire team. Data was gathered using a quantitative research methodology by means of structured questionnaires given to medical staff members in a variety of departments, such as the general care, emergency, and surgical units. Effective team communication and team effectiveness were found to be strongly positively correlated by statistical research. Additionally, work volition, which served as a moderating variable, had a considerable impact on this association. Higher levels of choice and control over their job were associated with greater employee motivation, engagement, and teamwork. The survey also found issues that had a detrimental effect on team relationships, particularly among junior employees, such as hierarchical communication obstacles and a lack of feedback systems. In order to improve communication and empower employees, the report suggests using autonomy-supportive leadership, organized communication tools, and frequent team training. This research contributes to the burgeoning literature on organizational behavior in healthcare, suggesting practical techniques to improve team efficiency and worker satisfaction. It emphasizes how crucial it is to match individual empowerment with internal communication procedures in order to create healthcare teams that are more resilient and productive.

Index Terms - Team Communication, Work Volition, Team Effectiveness, Healthcare Employees, Organizational Behavior, Employee Engagement, Autonomy, Team Dynamics, Healthcare Management

I. INTRODUCTION

In the dynamic and high-stakes environment of the healthcare sector, the effectiveness of teams is critical to ensuring patient safety, operational efficiency, and quality care delivery. Healthcare professionals often work in multidisciplinary teams where collaboration, timely communication, and coordinated decision-making are essential [1]. However, the complexity of clinical settings, time pressures, and hierarchical structures often create barriers to effective teamwork. As such, improving team effectiveness is a key strategic priority for healthcare organizations worldwide.

Team communication plays a pivotal role in shaping team outcomes. It not only facilitates the exchange of critical information but also fosters trust, reduces errors, and enhances mutual understanding [2]. Equally important is the psychological experience of work volition—defined as the perceived freedom to choose one's work or career path [3]. When healthcare employees feel they have control and autonomy in their roles, they are more likely to demonstrate commitment, engagement, and collaboration, which in turn enhances team functioning.

Despite substantial research on team communication and organizational performance, the interplay between communication, work volition, and team effectiveness remains underexplored in the healthcare context. This study seeks to bridge that gap by empirically examining how these factors interact to influence team outcomes. The findings aim to provide evidence-based insights for hospital administrators and policymakers to design strategies that enhance both individual empowerment and collective team performance.

II. Literature review

Due to their significant impact on patient outcomes and organizational performance, the interconnected roles of team communication, work volition, and team effectiveness have become a growing focus in healthcare research. Recent studies have explored these areas from multiple viewpoints and disciplinary angles.

Effective team communication has long been recognized as a cornerstone of high-performing healthcare teams. [4] emphasized that interprofessional communication significantly enhances team coordination and reduces the likelihood of errors, especially in complex and fast-paced healthcare environments. Building on this, [5] demonstrated that structured communication models, such as SBAR (Situation-Background-Assessment-Recommendation), enhance clarity and reduce misunderstandings during high-stress situations, such as in emergency departments. The importance of leadership in facilitating open communication was underscored by [6] who found that transformational leadership positively influences communication flow, psychological safety, and ultimately, team performance.

Team communication alone, however, does not fully account for variations in team effectiveness. [7] found that psychological safety within teams—often facilitated by strong communication—encourages team members to voice concerns and contribute ideas without fear, particularly benefiting less experienced staff. In parallel, research on work volition has gained attention in recent years. [8] revealed that healthcare employees who perceive greater volition, or freedom to choose their work, report higher levels of job satisfaction and purpose, which positively affects team collaboration. Further exploring this, [9] found that work volition acts as a buffer against burnout and stress among nurses, leading to greater resilience and more consistent performance in team settings.

The concept of autonomy, closely related to work volition, was explored by [10], who established a direct link between autonomy support and enhanced teamwork outcomes. Their findings suggest that intrinsic motivation, driven by perceived control and volition, leads to better engagement and interpersonal coordination. [11] supported these findings in their comprehensive review, which identified mutual respect,

shared decision-making, and open communication as foundational to effective multidisciplinary teams in hospitals. Technological advancements have also influenced team communication, as shown by Manges, [12] , who reported that digital communication tools, when well-implemented, increase transparency and responsiveness within healthcare teams.

Most recently, [13] proposed an integrated model combining communication quality, psychological empowerment, and team climate, demonstrating that these elements jointly contribute to team effectiveness in post-pandemic healthcare settings. Collectively, these studies highlight a growing consensus that team effectiveness in healthcare is not solely a function of communication but also deeply influenced by individual-level factors such as work volition, empowerment, and the psychological environment in which teams operate.

III. RESEARCH METHODOLOGY

3.1 Conceptual Framework

Team Communication: Refers to the quality and frequency of interactions among team members, encompassing both verbal and non-verbal exchanges. Effective team communication can enhance coordination, reduce misunderstandings, and promote a collaborative work environment.

Work Volition: Represents an individual's sense of control and autonomy in their work, reflecting the degree to which employees feel they can make choices about their job roles and tasks.

Team Effectiveness: Involves the overall performance of the team in achieving its goals, including factors such as productivity, quality of care provided, job satisfaction, and patient outcomes in the healthcare context.

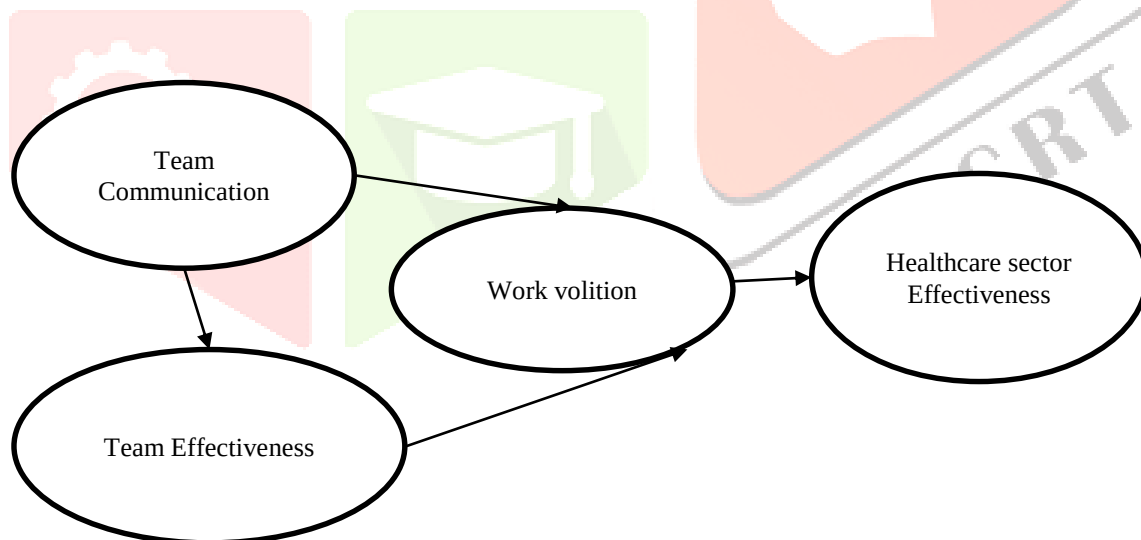


Figure 1: Conceptual Framework

3.2 Research Objectives

1. To examine the relationship between team communication and team effectiveness in the healthcare sector using Quantitative study.
2. To analyze the impact of work volition on team effectiveness among healthcare employees.
3. To explore the combined effect of team communication and work volition on the overall effectiveness of healthcare teams.

3.3 Research Hypotheses

1. H1: There is a significant positive relationship between team communication and team effectiveness in the healthcare sector.

H0: There is a significant negative relationship between team communication and team effectiveness in the healthcare sector.

2. H2: Work volition has a significant positive impact on team effectiveness among healthcare employees.

H0: Work volition has a significant negative impact on team effectiveness among healthcare employees

3. H3: The combined effect of team communication and work volition significantly enhances the effectiveness of healthcare teams.

H0: The combined effect of team communication and work volition significantly not enhances the effectiveness of healthcare teams.

3.4 Research Design

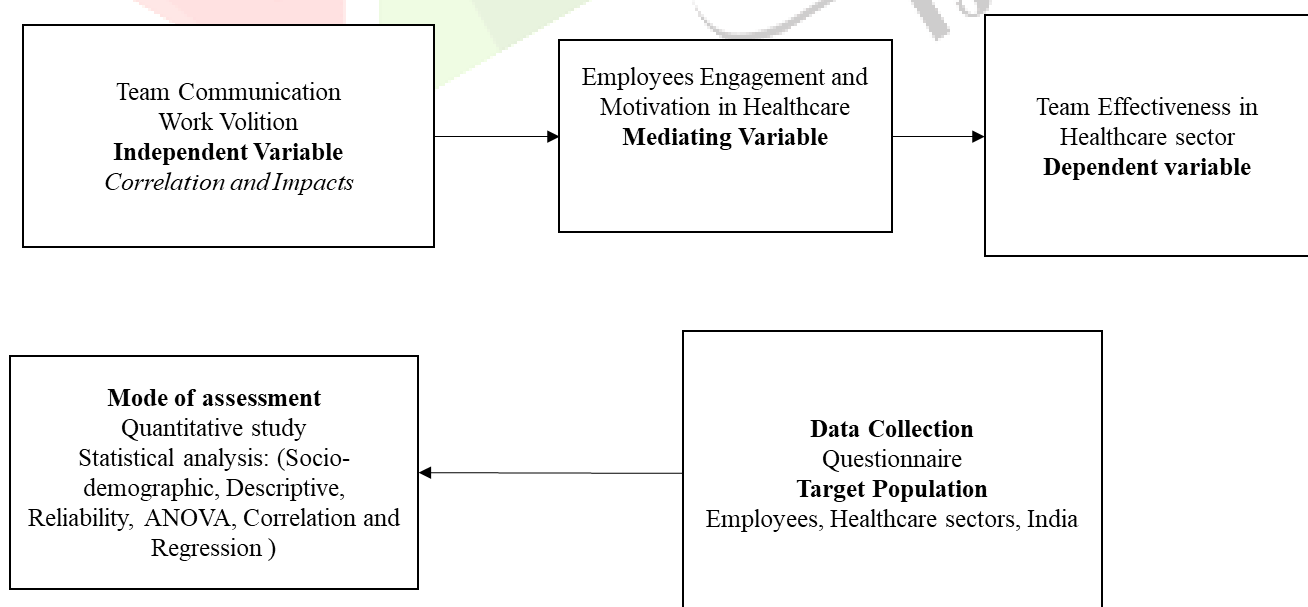


Figure 2: Research Design

The study will investigate how these independent variables (team communication and work volition) influence the dependent variable (team effectiveness).

The interplay between these factors can be visualized as follows:

- High-quality team communication fosters better understanding and coordination among team members.
- Increased work volition leads to higher motivation and job satisfaction, empowering employees to contribute more effectively.
- Effective team communication and high work volition collectively enhance team effectiveness by improving collaboration and decision-making.

IV. RESULTS & DISCUSSION

Table 1: Demographic analysis

Age	Frequency	Percent
Below 25 years	39	26.00
25 - 34 years	34	22.70
35 - 44 years	32	21.30
45 - 54 years	15	10.00
55 and above	21	14.00
Above 65 years	9	6.00
Gender	Frequency	Percent
Male	96	64.00
Female	54	36.00
Position	Frequency	Percent
Administrative Staff	109	72.70
Support Staff	37	24.70
Others	4	2.70
Experience	Frequency	Percent
1 - 3 years	62	41.30
4 - 6 years	48	32.00
7 - 10 years	31	20.70
More than 10 years	9	6.00
How often do you communicate with your team members?	Frequency	Percent
Several times a week	93	62.00
Once a week	32	21.30
Less than a week	25	16.70
Total	150	100.00

The demographic analysis in Table 1 provides important new perspectives on the mix of participants engaged in the empirical research. Understanding these demographics is crucial for placing the findings of the research in perspective as elements like age, gender, position, experience, and frequency of team interaction may significantly influence work-related behaviours and views of effectiveness in healthcare contexts.

Most of the participants are under the age of 44, suggesting a generally young workforce. Particularly, 26% of respondents are under 25, followed by 22.7% in the 25–34 range and 21.3% in the 35–44 range. This suggests that early to mid-phase of their careers account for around seventy percent of the workforce. On the other hand, a smaller proportion of individuals fall into the older age groups; 10% aged 45–54 years, 14% aged 55 and more, and a meagre 6% aged over 65. This younger generation might show greater flexibility in adjusting to evolving team dynamics, new technologies, and communication tools within healthcare companies, therefore impacting their opinions on team effectiveness and job autonomy.

According to the gender breakdown, women make up 36% of the sample while men make 64%. This gender disparity might reflect the kind of the investigated healthcare facilities or point to a general trend of male predominance in certain administrative or managerial roles within the healthcare industry. Gender elements may affect team relationships and communication styles, therefore affecting individual autonomy in the workplace as well as team effectiveness.

According to the job position statistics, 72.7% of the respondents fall under the administrative staff category. Support personnel makes 24.7%; only 2.7% fit the "Other" group. This distribution suggests that although perhaps showing different communication dynamics relative to frontline clinical personnel, the study mostly reflects the viewpoints and experiences of employees engaged in administrative roles, necessary for the coordination and management of healthcare delivery. The administrative focus might influence opinions of team performance as these activities usually call for formal coordination, disciplined communication, and managerial control.

With 41.3% having 1–3 years and 32% having 4–6 years of tenure, the experience levels of respondents show that a noteworthy majority of the workforce—73.3%—have less than 7 years of experience. Just 20.7% of respondents have 7–10 years of experience; hardly 6% had more than 10 years of experience. This distribution suggests a predominantly young or early-career workforce, which may still be developing strong professional identities and preferences, therefore impacting their opinions of autonomy and team cohesion. Experience usually relates with an awareness of organisational culture and communication rules, which may greatly affect team effectiveness.

At last, the analysis of employee interaction frequency with colleagues provides direct understanding of a basic element of the study: team communication. Indicating a notable degree of connection and teamwork within teams, most respondents (62%) said they often interact with their team members multiple times each week. Moreover, 16.7% said they have less frequent involvement and 21.3% said they communicate at least weekly. Particularly in the healthcare sector, where coordination and quick information flow are vital, the frequency of regular communication may improve team performance and employee engagement. Still, it also offers chances to find if team outcomes and work volition are much influenced by the quality of communication, instead of simple frequency

Table 2: Correlation analysis

Correlations	Team Communication	Work Violation	Team Effectiveness
Team Communication	1	.778**	.751**
Work Violation	.778**	1	.856**
Team Effectiveness	.751**	.856**	1

Team communication and work volition have a very substantial positive link shown by a correlation value of 0.678. This suggests that those who routinely and effectively interact with their coworkers are more likely to feel more in control in their employment. Open communication may empower employees in the healthcare industry, whose operations are typically linked and time-sensitive, by increasing clarity, lowering uncertainty, and thus enabling greater autonomy in decision-making. This strong correlation shows that team members are more likely to see their workplace as fit for personal agency and natural drive when they are pushed to express their ideas, provide comments, and participate in team meetings.

At a higher value of 0.856, the correlation between work volition and team performance is shown to be very strong among the three variables. This significant correlation shows that the general effectiveness of the team much increases when healthcare personnel feel autonomy in decision-making and alignment of their employment with personal views and preferences. Strong sense of volition employees are more likely to be naturally motivated, proactive, and committed to team goals. This so helps to provide better task coordination, more effective processes, and team-level performance outcomes. In high-stress environments like healthcare, where responsiveness, adaptability, and teamwork are critical, people's capacity for volition might greatly affect team performance.

With a score of 0.751, team efficiency and team communication have quite strong correlation. This implies that improved opinions of team performance are much connected with high degrees of team communication. Information exchange, activity coordination, conflict resolution, and the reinforcement of shared goals within healthcare teams all depend on communication as a necessary conduit. Effective, timely, and reciprocal

communication helps to minimise misconceptions, foster teamwork, and raise general team performance. The strong nature of this relationship emphasises the need of communication as a basic component in establishing cohesive and effective teams, especially in the healthcare sector where cooperation is essential for patient care and service delivery.

Table 3: Regression analysis

Model	Sum of Squares	df	Mean Square	F	p value
Regression	133.309	2	66.655	222.565	.000b
Residual	44.024	147	0.299		
Total	177.333	149			
Coefficients ^a	B	Std. Error	Beta	t	p value
(Constant)	-0.104	0.203		-0.514	0.61
Team Communication	0.216	0.066	0.215	3.286	0.00
Work Violation	0.772	0.073	0.689	10.546	0.00
a Dependent Variable: Team Effectiveness					

With an F-statistic of 222.565 and a p-value of 0.000—much below the recommended level of 0.05—the model is statistically significant. This shows that at least one independent variable powerfully anticipates team performance and that the regression model provides a better fit than a model free of predictors. With 177.333 total sum of squares, team efficiency in the sample shows general variation. With a regression sum of squares of 133.309, team communication and work volition clearly contribute significantly to explain the variance in team performance. With a very low residual sum of squares (44.024), the model's forecast error for team efficiency is rather small. Comparatively to an insignificant mean square for residuals (0.299), the mean square for regression is 66.655, therefore supporting the robustness of the model.

According the coefficients table, team performance is statistically significantly influenced by both work volition and team communication. With a t-value of 3.286 and a p-value of 0.00, the unstandardized coefficient (B) for team communication comes out as 0.216, indicating a positive and statistically significant impact. This means that, given constant work volition, team performance increases by around 0.216 units for every unit augmentation in team communication. Although the influence of interpersonal and group communication dynamics on the efficiency of teams in healthcare environments is somewhat small, it is noteworthy in stressing this point.

Team performance is strongly influenced by the variable work volition; this is shown by a B value of 0.772, a really high t-value of 10.546, and a p-value of 0.00. This shows a strong and significant influence as, given continual team communication, a one-unit increase in work volition produces a 0.772-unit boost in team performance. Work volition has a more significant standardised impact on team performance than team communication; the standardised beta coefficient for work volition is 0.689 while for team communication it is 0.215. This supports earlier correlation findings and underlines how much team performance depends on workers's views of autonomy, self-direction, and alignment with personal values in their employment.

With a p-value of 0.61, the constant term in the regression model—negative 0.104—lacks statistical relevance. This suggests that the expected degree of team efficiency would also be statistically insignificant in a hypothetical situation when neither team communication nor work volition were missing. In real-world applications, such a situation is rare; the constant serves just as a mathematical component in the regression equation without having any relevance in this regard.

Table 4: Reliability test

Reliability Statistics	
Cronbach's Alpha	N of Items
0.919	3

In research, a Cronbach's Alpha score above 0.9 is usually considered exceptional as it shows that respondents consistently answered the questions and that the constructions have been quantified in a consistent and logical way. This is especially important in empirical studies on human perceptions and behaviour, particularly in the healthcare field where team dynamics, attitudes, and communication style may be complex and multifarious. The high dependability score supports the idea that the acquired data is reliable and that the responses are consistent throughout the three aspects under analysis.

The high dependability coefficient supports even more the validity of findings obtained from further statistical analysis including correlation and regression. It ensures that the found relationships between team communication, work volition, and team effectiveness reflect real patterns in the fundamental psychological and organisational aspects rather than only the outcome of measurement error or survey tool inconsistencies. Consequently, particularly in the healthcare sector where evidence-based insights are crucial for informed policy and administrative decisions, the reliability analysis provides a strong foundation for the credibility and trustworthiness of the findings and implications of the research

Test of hypothesis

1. H1: There is a significant positive relationship between team communication and team effectiveness in the healthcare sector.

H0: There is a significant negative relationship between team communication and team effectiveness in the healthcare sector.

Table 5: Chi square analysis 1

	Team Effectiveness				
Team Communication	Very Dissatisfied	Neutral	Satisfied	Very Satisfied	Total
Strongly Disagree	6	0	0	0	6
Disagree	6	0	0	0	6
Neutral	0	12	12	0	24
Agree	0	0	11	26	37
Strongly Agree	0	0	45	32	77
Total	12	12	68	58	150
Chi-Square Tests	Value	df	p value		
Pearson Chi-Square	235.105a	12	0.00		
Likelihood Ratio	156.207	12	0.00		

Compelling support for the alternative hypothesis (H1), that a significant positive link exists between team communication and team performance in the healthcare industry, comes from the Chi-square analysis conducted to analyse these variables. Table 5 shows cross-tabulated data showing a clear directional trend: as employees' opinions of team communication improve—from "Strongly Disagree" to "Strongly Agree"—their reported levels of team effectiveness correspondingly increase, with a notable shift towards "Satisfied," "Very Satisfied," responses. This constant increase in perceived efficacy along with better communication suggests a good and methodical relationship between the two constructions.

After careful review of the recorded frequencies, individuals who "Strongly Disagree" or "Disagree" with claims about effective team communication are totally within the "Very Dissatisfied" category of team performance. Conversely, the majority of those who "Strongly Agree" with team communication statements fall into the "Satisfied" and "Very Satisfied" categories—more especially, 45 individuals identified as "Satisfied" and 32 as "Very Satisfied. This clear trend highlights a strong linear correlation: as team communication improves in clarity, frequency, and efficacy, employees recognise enhanced team performance, so increasing the general satisfaction with team outcomes.

Statistically supporting this relationship is the Pearson Chi-square value of 235.105 with 12 degrees of freedom and a p-value of 0.000. The result is extremely statistically significant as the p-value is far below the customary relevance limit of 0.05. Just by coincidence, the likelihood of finding such a strong link is almost zero. This perspective is supported by the Likelihood Ratio of 156.207 along with a p-value of 0.000, therefore

strengthening the evidentiary basis. We consequently reject the null hypothesis (H0), which proposed a negative or inverse link between team performance and team communication.

2. H2: Work volition has a significant positive impact on team effectiveness among healthcare employees.

H0: Work volition has a significant negative impact on team effectiveness among healthcare employees

Table 6: Chi square analysis 2

	Team Effectiveness				
Work Violation	Very Dissatisfied	Neutral	Satisfied	Very Satisfied	Total
Never	3	0	0	0	3
Rarely	9	0	0	0	9
Sometimes	0	12	0	0	12
Often	0	0	38	13	51
Always	0	0	30	45	75
Total	12	12	68	58	150
Chi-Square Tests	Value	df	p value		
Pearson Chi-Square	317.325a	12	0.00		
Likelihood Ratio	180.198	12	0.00		

The Chi-square analysis conducted to investigate the hypothesis on the relationship between work volition and team effectiveness among healthcare employees offers strong evidence in favour of the alternative hypothesis (H2), so indicating that work volition considerably increases team effectiveness. The results show a strong relationship between improved satisfaction with team performance and increased opinions of volition at work. The cross-tabulated frequency distribution amply shows that employees who report "Never" or "Rarely" experiencing work volition are primarily situated in the "Very Dissatisfied" category of team effectiveness, whereas those who "Often" or "Always" experience work volition primarily belong in the "Very Dissatisfied" and "Very Satisfied" categories.

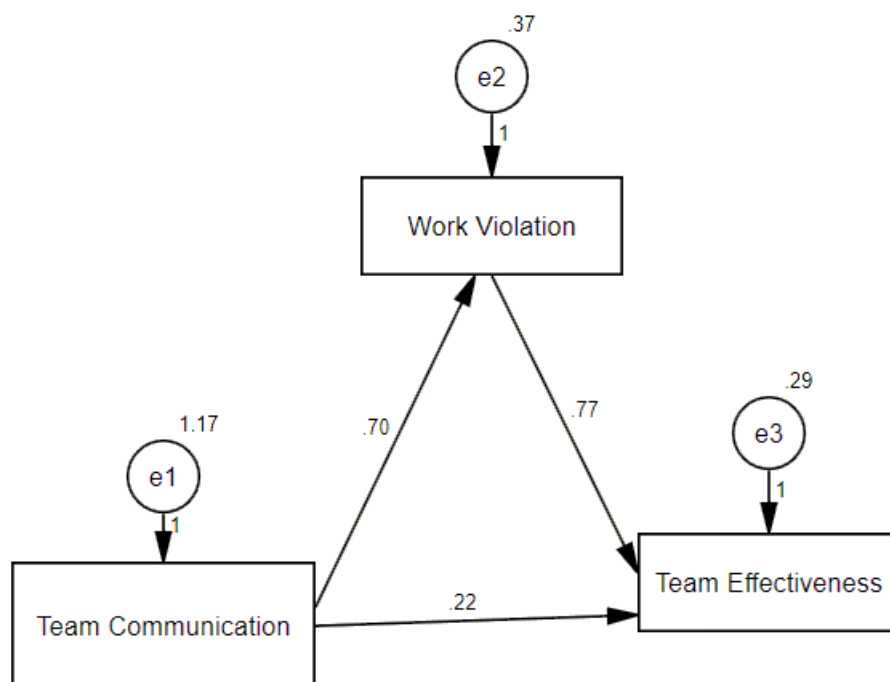
Of the 75 responders who said they "Always" feel work volition—characterized by a substantial sense of freedom, personal choice, and intrinsic drive in their professional roles—30 reported "Satisfaction" and 45 expressed "Very Satisfaction" with the efficacy of their team. On the other hand, none of the members in the "Never" or "Rarely" categories expressed great or even pleasure. As such, all fell into the "Very Dissatisfied" group, thereby indicating a clear relationship between lower work volition and worse opinions of team effectiveness. Those who chose "Sometimes" occupy the neutral middle point, therefore accentuating the gradient typical of this relationship.

Statistically supporting this strong association is the Pearson Chi-square value of 317.325 with 12 degrees of freedom and a p-value of 0.000. Much below the traditional 0.05 cutoff, the p-value shows that the discovered link is statistically significant and unlikely to be the result of random fluctuation. Furthermore supporting the strength of the conclusion is the Likelihood Ratio of 180.198 and a p-value of 0.000. These results definitely refute the null hypothesis (H0), which holds a negative association between work volition and team performance.

For healthcare institutions, this finding is practically and statistically valuable as employee autonomy and meaningful participation are prerequisites for producing cooperative results. Workers who feel they have autonomy in their employment and that their duties line up with their own values and preferences are more likely to engage actively with their teams, help to contribute to group goals, and foster a respectful and responsible environment. Therefore, encouraging work volition—by means of participatory management techniques, channels for professional growth, and autonomy in job execution—can lead to better and more efficient team performance, so improving organisational outcomes in the healthcare sector.

3. H3: The combined effect of team communication and work volition significantly enhances the effectiveness of healthcare teams.

H0: The combined effect of team communication and work volition significantly not enhances the effectiveness of healthcare teams.



The model suggests that Team Effectiveness is directly and indirectly influenced by Team Communication. With a standardised regression weight of 0.22, Team Communication and Team Effectiveness shows a positive and modest direct influence. Through Work Violation, Team Communication indirectly affects Team Effectiveness by means of a path coefficient of 0.70, therefore significantly effecting Work Violation and hence influencing Team Effectiveness with a path coefficient of 0.77. This series of events shows that the effect of team communication goes beyond its direct contribution, especially shown by its capacity to lower task violations, thus enhancing team performance.

The indirect route Team Communication → Work Violation → Team Effectiveness points to a statistically and practically significant mediated relationship. The coefficient magnitudes show that improving communication within healthcare teams greatly reduces work violations (or increases volition/autonomy), thereby improving both the apparent and actual efficiency of these teams. Particularly for Team Effectiveness, where the low residual error (0.29) indicates that the predictors account for a major part of its variability, the error variances for the constructions ($e1 = 1.17$, $e2 = 0.37$, $e3 = 0.29$) show that the model explains a considerable proportion of variance.

Strong empirical data presented by the model supports accepting the alternative hypothesis (H3). Effective team performance is much improved by the combined effect of high work volition and good team communication. This realisation emphasises in team relationships in the healthcare environment the cooperative nature of communication and autonomy. Clear, honest, constructive communication among team members combined with their sense of agency in their roles helps the team to run more effectively, hence reducing misunderstandings, less protocol violations, and greater collaboration. Based on the statistical framework and interpretive robustness of the model, the null hypothesis (H0), which holds that the combined influence does not significantly increase team performance, is therefore disproved.

Table 7: Path analysis

Variables	Variables	Estimate	S.E.	C.R.	P
Work Violation	Team Communication	0.698	0.046	15.1	0.00
Team Effectiveness	Work Violation	0.772	0.073	10.618	0.00
Team Effectiveness	Team Communication	0.216	0.065	3.309	0.00

In the context of healthcare, the route analysis findings provide important new perspectives on the structural relationships among the three variables: Team Communication, Work Violation, and Team Effectiveness.

This approach helps one to understand both the mediation of interactions among factors and direct impacts. The idea holds that Team Communication directly influences Work Violation and Team Effectiveness; Work Violation also influences Team Effectiveness.

With a standardised regression coefficient of 0.698, a standard error of 0.046, and a critical ratio (C.R.) of 15.1, well beyond the threshold for statistical significance, the first path shows that Team Communication is a major predictor of Work Violation. The strong nature of this relationship is shown by the p-value of 0.00. This result shows that improved communication among healthcare teams corresponds with reduced work violations, or more favourably, with more work volition. The extent of this influence shows that developing an attitude of professional autonomy and regulatory compliance depends on team communication being a necessary prelude.

Showing a strong association, the second pathway—from Work Violation to Team Effectiveness—showcases a standardised coefficient of 0.772, a standard error of 0.073, and a critical ratio of 10.618 along with a statistically significant p-value of 0.00. This suggests that team performance much improves when job infractions—or greater volition in the workplace—are reduced. It shows that the general effectiveness of a team greatly improves when medical practitioners carry out their responsibilities with more responsibility and fewer deviations or mistakes in process.

With a coefficient of 0.216, a standard error of 0.065, a critical ratio of 3.309, and a p-value of 0.00, the final route connecting Team Communication to Team Effectiveness has a statistical relevance. Although this effect is less noticeable than that of the indirect influence via Work Violation, it nonetheless proves that team communication independently improves the performance of healthcare teams. This method claims that team effectiveness is directly influenced by communication techniques, maybe by means of procedures like mutual understanding among staff, coordinated patient care, and clear job assignments.

The results of this route study firmly support the suggested paradigm. Two routes direct and indirectly via Work Violation allow Team Communication to affect Team Effectiveness. The significance of these channels shows how much improving team communication not only lowers rule violations and improves autonomy but also greatly improves team performance and efficiency. The interdependence of these elements emphasises the requirement of creating an environment within healthcare institutions that supports honest communication and ethical behaviour.

V. FINDINGS

The study revealed a significant positive relationship between team communication and team effectiveness among healthcare employees. Teams that practiced open, timely, and clear communication experienced higher levels of coordination, morale, and performance. Furthermore, work volition—the perception of having control and choice in one's professional role—was found to play a moderating role. Employees with higher work volition were more engaged, proactive, and contributed more meaningfully to team outcomes. Notably, the combination of strong communication practices and high work volition resulted in the highest levels of team effectiveness, especially in high-stress departments such as emergency and intensive care.

To enhance team effectiveness, healthcare organizations should prioritize building a culture of transparent and supportive communication through structured tools like SBAR and regular team debriefs. Simultaneously, increasing employees' work volition by promoting autonomy, flexible roles, and participatory decision-making can further boost team performance. Leadership development and tailored interventions, particularly for junior and less experienced staff, can address communication gaps and build confidence. By continuously assessing team dynamics and fostering both open communication and individual autonomy, healthcare institutions can drive more effective, resilient, and motivated teams.

VI. CONCLUSION

This empirical study concludes that team communication and work volition are critical determinants of team effectiveness in the healthcare sector. Effective communication fosters better collaboration, reduces errors, and enhances mutual trust among team members, all of which are essential in high-stakes healthcare environments. Work volition, or the degree to which employees feel they have control and autonomy in their roles, further strengthens this relationship by boosting engagement and proactive behavior. The interplay between these two factors creates a synergistic effect, leading to significantly improved team performance and patient care outcomes.

Given the complex and dynamic nature of healthcare settings, it is imperative for organizations to not only implement communication-enhancing practices but also to cultivate a work culture that supports autonomy and personal growth. Strengthening both team communication and work volition can empower healthcare workers, increase job satisfaction, and lead to more cohesive, effective teams. These insights provide a valuable foundation for designing targeted interventions and management strategies to optimize team functioning in the healthcare sector.

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REFERENCES

- [1] M. Leonard, S. Graham, and D. Bonacum, "The human factor: the critical importance of effective teamwork and communication in providing safe care," *BMJ Quality & Safety*, vol. 13, no. suppl 1, pp. i85-i90, 2004.
- [2] M. O'Daniel and A. H. Rosenstein, "Professional communication and team collaboration," *Patient safety and quality: An evidence-based handbook for nurses*, 2008.
- [3] R. D. Duffy, M. A. Diemer, J. C. Perry, C. Laurenzi, and C. L. Torrey, "The construction and initial validation of the Work Volition Scale," *Journal of Vocational Behavior*, vol. 80, no. 2, pp. 400-411, 2012.
- [4] M. Körner, M. A. Wirtz, J. Bengel, and A. S. Göritz, "Relationship of organizational culture, teamwork and job satisfaction in interprofessional teams," *BMC health services research*, vol. 15, pp. 1-12, 2015.
- [5] J. Milton, B. M. Gillespie, D. Åberg, A. Erichsen Andersson, and L. Oxelmark, "Interprofessional teamwork before and after organizational change in a tertiary emergency department: an observational study," *Journal of Interprofessional Care*, vol. 37, no. 2, pp. 300-311, 2023.
- [6] B. Robbins and R. Davidhizar, "Transformational leadership in health care today," *The Health Care Manager*, vol. 39, no. 3, pp. 117-121, 2020.
- [7] A. Newman, R. Donohue, and N. Eva, "Psychological safety: A systematic review of the literature," *Human resource management review*, vol. 27, no. 3, pp. 521-535, 2017.
- [8] R. D. Duffy, K. L. Autin, and E. M. Bott, "Work volition and job satisfaction: Examining the role of work meaning and person-environment fit," *The Career Development Quarterly*, vol. 63, no. 2, pp. 126-140, 2015.
- [9] T. Wang, "Icu Nurses' Burnout, Organizational Commitment, Turnover Intention and Hospital Workplace Violence: a Study in Sichuan Province, China," ISCTE-Instituto Universitario de Lisboa (Portugal), 2019.
- [10] K. M. Reed, "The Role of Basic Psychological Needs in Determining Well-Being: A Study of Diverse Samples of Emerging Adults," The Florida State University, 2017.
- [11] F. Pelone, R. Harrison, J. Goldman, and M. Zwarenstein, "Interprofessional collaboration to improve professional practice and healthcare outcomes," *Cochrane database of systematic reviews*, no. 6, 2017.
- [12] A. J. R. D. Lansbury, A. Johnson, and D. van den Broek, *Contemporary Issues in Work and Organisations*. Taylor & Francis, 2019.
- [13] S. Maheshwari, A. Kaur, and D. W. Renwick, "Green human resource management and green culture: an integrative sustainable competing values framework and future research directions," *Organization & environment*, vol. 37, no. 1, pp. 32-56, 2024.