Informal peer control in self-managing teams

Dealing with underperforming team members

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Abstract

This research examines how individuals in self-managing teams use informal peer control in practice. Specially, it investigates how individuals use informal peer control to determine performance standards and how they use these standards to establish and deal with underperforming behaviour of team members. Previous management scholars show that informal peer control in self-managing teams can have both positive and negative effects on individual and team performances and job satisfaction. However, how informal peer control works in practice is underdeveloped in the current literature.

This qualitative research examines how nine individuals from three self-managing teams in a Dutch care organization, use informal peer control when dealing with underperforming team members. Data is collected by conducting semi-structured interviews and analysing collected documents. Subsequently, the collected data is transcribed, coded and analysed using the template analysis technique.

The insights contribute to the existing literature of informal peer control in three ways. First, results show that performance standards in the teams are determined on the basis of norm consensus. Second, results show multiple ways by which individuals used direct peer monitoring to establish underperforming behaviour of team members. Another interesting insight is that client-involvement is used as a way to establish team member's performances. Third, after underperformance is established, the individuals use various ways of direct and indirect peer monitoring to deal with the underperforming behaviour of team members. Additionally, these findings provide valuable insights for individuals in self-managing teams how they can deal with underperforming team members. After discussing the results and implications, suggestions for further research are made.

Key words: Informal peer control; underperformance; direct peer monitoring; indirect peer monitoring; performance management; self-managing teams

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1. Introduction

Accelerating trends in business and society forced modern organizations to move to less hierarchical organizational structures, characterised as self-managing teams (Lee & Edmondson, 2017). The concept of self-managing teams has been widely studied by various authors within scientific management scholars. These studies found that using self-managing teams lead to organisational advantages, such as an increase of job satisfaction, employee well-being, productivity, quality of product and services, a decrease of organizational costs and more team flexibility, which is demanded in today business and society (Cohen & Ledford, 1994; Cohen, Ledford, & Spreitzer, 1996; Cummings, 1978; Power & Waddell, 2004). Self-managing teams can be characterised as teams whose individuals work independently and can self-regulate on whole tasks (Spreitzer, Cohen, & Ledford, 1999). Together, these individuals are collectively responsible for each other's performances and therefore for the output they deliver (Wageman, 1997).

      In self-managing teams, employees make use of informal peer control (de Klepper, Joe Labianca, Sleebos, & Agneessens, 2017; Loughry & Tosi, 2008; Walter, Kreutzer, & Kreutzer, 2021). Informal peer control can be characterised as a form of organizational control that exists among individuals that have no formal authority over each other as they all share the same property of rights (De Jong, Bijlsma-Frankema, & Cardinal, 2014). This form of control allows every member in a self-managing team to become a potential controller in order to regulate team members' behaviours, such that individual and team performance are congruent to organizational goals (de Jong, Bijlsma-Frankema, & Cardinal, 2014; Kirsch, 1996). Literature on informal peer control focused on the effect of informal peer control in self-managing teams on individual-level and team-level performances. Results found significant positive effects of informal peer control on the overall performance of self-managing teams (De Jong & Bijlsma-Frankema, 2009). Further, individuals who perceived that they were being controlled by team members, increased their individual performance in a way it also increased the team-level performance (Stewart, Courtright, & Barrick, 2012). To become a controller in order to regulate team members' performances, individuals use direct and indirect peer monitoring (Loughry & Tosi, 2008).Direct peer monitoring can be characterised as noticing team members' performances and responding directly and openly towards these performances (Loughry & Tosi, 2008). Research on direct peer monitoring showed that direct peer monitoring is positive related to job satisfaction, but negative to the overall team performance. A possible explanation is that noticing and discussing team

members performances make individuals feel satisfied but distract them from team performances (Walter et al., 2021). However, not all individuals respond directly and openly towards team members' performances. As a result they start gossiping about and avoid responding to team members' underperforming behaviour, which can be characterised as indirect peer monitoring (Walter et al., 2021). Research showed that indirect peer monitoring is negative related to job satisfaction and positive related to the overall team performances. These findings differ from prior research that considered indirect peer monitoring as a cause for more employee behavioural problems (Loughry & Tosi, 2008). The effect of gossiping may depend on whether it is focused on individuals as a person or on their performances (Grosser, Kidwell, & Labianca, 2012). In sum, research showed that direct and indirect peer monitoring can have both positive and negative effects. However, what we do not know is how informal peer control, with direct and indirect peer monitoring, works in practice. In particular, how individuals in self-managing teams determine performance standards and use these standards to establish and deal with underperforming team members seems to be specifically relevant in this area. This is because these individuals all have the same property or rights, which means that they do not have the formal authority to intervene if team members underperform *(de Klepper, Labianca, Sleebos, & Agneessens, 2017; Lee & Edmondson, 2017)*. If underperformance continues, it can have consequences for team performances and organizational performances (Sonnentag & Frese, 2005). To explore this underdeveloped research area, the following research question is formulated:

How do employees within self-managing teams deal with underperformance of members, when using informal peer control?

Qualitative research methods are used since this research is aimed at finding in depth knowledge on how there is dealt with underperformance in self-managing teams. Interviews are conducted to gain a deeper insight on how individuals in self-managing teams use informal peer control to deal with underperforming team members. Further, documents were collected during the interviews to develop better understandings and insights relevant to the research question. The data for this research is collected at a Dutch care organization that provides specialist mental health care to people with complex psychiatric and social problems who prefer or need to be treated and supported at home. This care organization was chosen as it is well-known for its adherence to the principles of self-management.

The aim of this research is to get an understanding how individuals in self-managing teams deal with underperforming behaviour, while using informal peer control. In three ways these findings make a scientific contribution to the underdeveloped literature of

informal peer control in self-managing teams. First, the insights of this research contribute to understanding how individuals in self-managing teams establish performance standards when using informal peer control. These findings are relevant since it creates a deeper knowledge how individuals collectively establish their performance standards while having no formol authority over each other. Subsequently, insights show how individuals use informal peer control to establish underperforming behaviour of team members. These findings are relevant as they contribute to the underdeveloped area of how informal peer control is used to establish underperformance. This is important as the individuals themselves are responsible for monitoring their own and others' performances. Finally, the insights contribute to understanding how individuals deal with team members after they have established their underperforming behaviour. These findings contribute to the area of peer monitoring in self-managing teams, as it describes how it works in practice. In terms of practical relevance these insights are especially relevant for individuals working or involved in self-managing teams, because it provides them valuable information on how they can design and govern their performance management as it comes to establishing performance standards, establishing underperforming behaviour and dealing with underperforming behaviour. As a final point, these insights can be relevant for other practitioners who are involved in self-managing teams, as it can help them to get a better understanding of how performance management is designed and governed.

This master's thesis is structured in five chapters. In the next sup-chapter the theoretical background of this research is described. The chapter outlines the existing information in literature related to underperformance in self-managing teams. Thereafter in chapter three the methods applied in this qualitative research are discussed. In chapter four the results of this research are presented. Finally, the research question is answered in the conclusion and discussion and subsequently practical implications, limitations and suggestions for further research are discussed.

2. Theoretical background

This chapter describes the theoretical background of this research. First, a description is given of self-managing teams and the way by which performance management is organised in these teams. Thereafter, it is described how individuals in self-managing teams establish performance standards. In the third subchapter the importance of feedback seeking behaviour in self-managing teams is addressed. The next subchapter begins by distinguishing two types of underperformances. Subsequently it is described what mechanisms individuals in self-managing teams use to establish and resolve underperforming behaviour of team members. The fifth subchapter elaborates on conflicts in self-managing teams, which can be a consequence of underperformance. In the final subchapter a short summary is presented.

2.1 Performance management in self-managing teams

With the advent of self-managing teams formal peer control in traditional performance management is, being replaced by informal peer control (Lee & Edmondson, 2017). In formal peer control, performance management is owned and controlled by managers in line management on the basis of formally agreed frameworks of determined organizational and individual goals, policies, standards and required competences (Armstrong, 2006). Formal peer control relies on the managers direct supervision of employee behaviour or on monitoring the outcomes of employee behaviour. When is established that the behaviour or outcomes of an employee are below standards, managers have the authority to execute corrective decisions (Dermer & Lucas, 1986; Walter et al., 2021).

In self-managing teams, however, this hierarchical relationship between managers and employees is eliminated, since the employees [1] in these teams work more autonomously and share the same property of rights (de Klepper et al., 2017; de Klepper et al., 2017; Lee & Edmondson, 2017). Individuals in self-managing teams are in control of tasks that were previously performed by managers (Cummings, 1978; Wageman, 1997). This also applies for the way the individuals in the self-managing teams organize and coordinate performance management (Thoms, Pinto, Parente, & Druskat, 2002).

Self-managing teams (SMTs) are defined as: *"...groups of interdependent individuals that can self-regulate on relatively whole tasks [2]"* (Spreitzer et al., 1999, p. 644). In general, self-managing teams consist of ten to fifteen individuals who work with each other on a day-

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[1] The words *employees*, *individuals*, *participants*, *members*, *peers* are used synonymously throughout this thesis.
[2] The words *tasks* and *routines* are used synonymously throughout this thesis.

to-day basis and are able to perform any tasks the work requires (Cohen & Ledford, 1994). Together, these individuals are collectively responsible and dependent on each other for the output they deliver (Wageman, 1997). Moreover, the individuals in self-managing teams themselves, rather than managers, make collective decisions in terms of strategy formulation, project management, conflict management, and performance management (Cummings, 1978; Thoms et al., 2002; Yang & Guy, 2011). Due to this lack of managerial control and organizational structures, self-managing teams develop other control and coordination mechanisms (Bechky, 2006). These other mechanisms also determine the way by which performance management is coordinated and controlled in self-managing teams.

In terms of performance management, the individuals in self-managing teams control and coordinate their own and other's performances based on a clear role structure and negotiations (Barker, 1993; Bechky, 2006; de Jong et al., 2014). This process by which performance management is controlled and coordinated by members of a self-managing team is also known as informal peer control (De Jong et al., 2014; Loughry & Tosi, 2008). Informal peer control can be defined as: *"... a form of organizational control that occurs among workers who have no formal authority over one another"* (de Jong et al., 2014, p. 1704). In contrast to formal peer control, this form of organizational control emerges socially rather than from formal organizational structures. This is because the individuals of self-managing teams collectively establish performance standards, goals, norms about what constitutes as productive behaviour and use peer monitoring to notice the performing behaviour of co-workers and respond to these behaviours (Barker, 1993; De Jong & Bijlsma-Frankema, 2009; Loughry & Tosi, 2008). Informal peer control in self-managing teams must ensure that individual underperformance is prevented or adequately addressed, so that individual and team performances are congruent to organizational goals (De Jong et al., 2014; Loughry & Tosi, 2008).

2.2 Determining performance standards

As previously described, role structure and negotiations are two mechanisms by which coordination and control is accomplished in in self-managing team. These two mechanisms are also used in determining performance standards of routines (Bechky, 2006). Routines can be defined as: *"repetitive, recognizable pattern(s) of interdependent actions, involving multiple actors"* (Feldman & Pentland, 2003, p. 96).

In self-managing teams, however, work settings can be complex and dynamic as individuals work together on day-to-day basis and are able to perform any routine the work

requires (Lee & Edmondson, 2017). As a result, roles are looser and more dynamic, and expectations of routine performances can differ per individual. To establish a shared understanding of routine performances, individuals in self-managing team engage in negotiations and reflections. Overtime routine performances and reflections on routines become recognized patterns (i.e., performance standards). This process is also known as patterning. (Bechky, 2006; Kremser & Blagoev, 2020)

Patterning can be defined as the way in which: "*participants engage in and reflect on action sequences and share information and understanding through connections with other routine participants*" (Turner & Rindova, 2018, p. 1253). The individuals in self-managing teams use patterning to collectively coordinate their routines so that they in turn form a joint performance. Though, patterning is not always easy in a dynamic work setting as a self-managing team. This is because participants must often make contributions to multiple and overtime changing routines. For that reason, this process of patterning can also be identified as: temporal patterning (Kremser & Blagoev, 2020).

In the ongoing process of temporal patterning, individuals in self-managing teams can use three mechanisms by which the coordination of routines is negotiated: *sequence-based prioritizing, time-based prioritizing and role-based prioritizing* (Kremser & Blagoev, 2020). Individuals engage in sequence-based prioritizing to *"built shared temporal expectations about the appropriate sequential ordering of contributions to that routine"* (Kremser & Blagoev, 2020, p. 28). In timing-based prioritizing participants built shared temporal expectations about the performance of routines when certain events happen. For example, expectations of routines performances are devised into quantifiable units as homogeneous products (Kremser & Blagoev, 2020). However, in this process of prioritizing individuals may have different expectations of what they find urgent and important. As a result, local temporal conflicts over the patterning of routines can arise and in turn increase the complexity of coordination (Kremser & Blagoev, 2020).

In resolving these local temporal conflicts, role structure and negotiation play a crucial role as participants engage in role-based prioritizing. This type of prioritizing "*enables actors to address complex temporal conflicts by transforming them into social-relational conflicts in which actors negotiate who should adjust their line of conduct to whom"* (Kremser & Blagoev, 2020, p. 28). Resolving conflicts based on role structure and negotiation is further discussed in subchapter 2.5 Conflicts in self-managing teams.

When routines have been performed, reflective talks between involved and uninvolved individuals are held to evaluate the current routine performance and to negotiate

about future routine performances (Dittrich, Guérard, & Seidl, 2016; Kremser & Blagoev, 2020). When individuals perceive incompatibilities of a performed routine, it can trigger a negotiation process (Kremser & Blagoev, 2020). Reflecting on a routine performance at a team level can facilitate routine change and therefore expectations of performances (Deken, Carlile, Berends, & Lauche, 2016; Dittrich et al., 2016).

In self-managing teams this process of prioritizing and reflecting on routines is an ongoing iterative process, which can lead to a consistent pattern of temporal coordination of routines (i.e., a negotiated temporal order). However, this negotiated temporal order is not fixed forever. Changes in the team, such as a new colleague joining the team, can affect the pattern and therefore expectations about routine performances. The shape of the pattern can also be affected by features from the larger organizational context and taken-for-granted issues of the involved participants (Kremser & Blagoev, 2020).

2.3 Feedback in self-managing teams

Individuals in self-managing teams can use feedback seeking behaviour to ensure that their performances are congruent to individuals or team goals. Feedback seeking behaviour can be defined as: *"the conscious devotion of effort toward determining the correctness and adequacy of behaviour for attaining valued end states"* (Ashford, 1986, p. 466). This behaviour is important as there are no managers who provide the individuals from feedback (Ashford, De Stobbeleir, & Nujella, 2016; De Stobbeleir, Ashford, & Zhang, 2020). Moreover, the individuals in these teams do not have a formal responsibility to provide their colleagues from feedback (Wu, Parker, & De Jong, 2014). For these individuals, feedback can be extremely valuable because it gives them clarity about how they should perform or behave to achieve their desired outcomes. Furthermore, the degree by which individuals seek feedback at peers can be an important indication on a team's health and effectiveness (De Stobbeleir et al., 2020).

There are two ways by which the individuals in self-managing teams can seek for feedback: by inquiry and by monitoring (Ashford & Cummings, 1983). Feedback through inquiry involves individuals pro-actively engaging in interactions with other colleagues by directly asking for feedback. Feedback through monitoring involves individuals observing their environment to gather information from situations or others' behaviours (Ashford & Cummings, 1983). Although some studies found positive effects of feedback inquiry and feedback monitoring on individual performances, others found no effect (Anseel, Beatty, Shen, Lievens, & Sackett, 2015; Ashford & Black, 1996).

As described, individuals in self-managing teams can be valuable sources when providing feedback. When individuals perform feedback seeking behaviour, they involve themselves in social interactions (Wu et al., 2014). By means of these social interactions, individuals may consider whether they perform feedback seeking behaviour. Wu et al. (2014) studied the effect of attachment anxiety and avoidance anxiety on the degree by which individuals in a flexible work environment engage in feedback seeking behaviour. Individuals with a high degree of attachment anxiety, perceive themselves as incapable, unlovable and therefore need a high need for approval (Brennan, Clark, & Shaver, 1998; Wu et al., 2014). Contradictory, individuals with a high degree of avoidance attachment, perceive a high need for self-reliance as they find it difficult to trust and rely on others (Brennan et al., 1998; Wu et al., 2014). Wu et al. (2014) found positive significant effects of attachment anxiety on the degree to which individuals engage in feedback seeking behaviour. This is because feedback seeking behaviour can be seen as a positive strategy to improve individuals' performances. On the other hand, they found that attachment avoidance was not related to feedback seeking behaviours of peers (Wu et al., 2014).

Further, a study by De Stobbeleir et al. (2020) found that high tasks interdependency and psychological safety are important antecedents of the degree of feedback seeking behaviour performed by individuals. When tasks of individuals are characterized as high interdependent, feedback from peers can become a valuable resource (De Stobbeleir et al., 2020). This is because peers may obtain relevant information on how certain tasks need to be performed or what behaviours positively affect the outcome of the task. Furthermore, the psychological safety that the individuals experience in their work setting influences the tendency of individuals seeking feedback. Individuals that experience a work setting as psychologically safe, perceive lower risk of image los and ego risk and therefore perform more feedback seeking behaviour (De Stobbeleir et al., 2020). Final, result showed that feedback seeking behaviour has positive effects on the teams' level of creativity. As a result of higher level of collective arguing, more input is delivered, which in turn improve work ideas and therefore leading to higher levels of team creativity (De Stobbeleir et al., 2020).

2.4 Underperformance in self-managing teams

2.4.1 Types of underperformances

A distinction can be made between two types of employee underperformance: acute/episodic underperformance and chronic underperformance (Pindek, 2020). Acute/episodic

underperformance arises when an employee is: *"... carrying out a task in a way that does not meet the standards for performance or that results in outcomes that are noticeably worse than they could have been in a different option of carrying out the task had been chosen"* (Pindek, 2020, p. 3). An important characteristic of this type of underperformance is that it is limited in time. On the other hand, chronic underperformance arises when an employee is: *"... not meeting standards for effectiveness requirements in terms of quality and/or quantity of the output that the employee has produces over time"* (Pindek, 2020, p. 3). Unlike acute/episodic underperformance, this type of underperformance is persistent in time. Both types of underperformances reduce employees' self-efficacy, negatively affect their ability of self and social evaluations, and will lead to negative emotions (Pindek, 2020, p. 3). So, in general it is important that individual underperformance is adequately established and resolved. Individuals in in self-managing teams establish and deal with underperforming behaviour by peer monitoring (Loughry & Tosi, 2008).

2.4.2 Dealing with underperformance

As a result of informal peer control, individuals in self-managing teams design and implement peer control to monitor performances (Walter et al., 2021). Two types of peer monitoring can be distinguished: *direct peer monitoring* and *indirect peer monitoring* (Loughry & Tosi, 2008). Direct peer monitoring can be defined as: *"...noticing peers' behavior or results and responding directly and openly, such as praising coworkers when they do a good job, cor- recting coworkers when they make mistakes, report- ing dishonest coworkers, and discussing how everyone does the job"* (Loughry & Tosi, 2008, p. 885). So, when individuals notice that team members are making mistakes or being dishonest, other team members can use direct peer monitoring to re-establish their underperforming behaviour (De Jong & Bijlsma-Frankema, 2009; de Klepper et al., 2017; Loughry & Tosi, 2008). These expressions of direct peer monitoring can be directed to tasks-related behaviours and norm-related behaviours of other team members (Druskat & Kayes, 2000).

The extent to which members of a group collectively agree about what constitutes as productive and appropriate work behaviour is defined as norm consensus (De Jong & Bijlsma-Frankema, 2009, p. 2). An important starting point is that norms can vary within and between self-managing teams. When it comes to norms in teams, two types can be distinguished. Namely, voluntary norms that emerge spontaneously within the teams and organizationally norms that are induced by external sources to the team (De Jong et al., 2014). The difference between these two types of norms is that organizationally induced

norms are more functional than voluntary norms. For example, organizationally norms prescribe what counts as productive behaviours (De Jong et al., 2014). Further, organizationally induced norms are less distinctive in their content than voluntary norms as they originate from a single source, such as management, and are applied to all the teams in an organization. Because norms can vary between individuals or teams, team members can have different direct peer monitoring strategies to regulate team members' behaviours (De Jong & Bijlsma-Frankema, 2009).

Walter et al. (2021) found that informal peer control has a positive relation with direct peer monitoring. They suggest that a shared vision and goals stimulate team members to perform direct peer monitoring on each other's behaviours. Further, they found that direct peer monitoring has a positive relationship with job satisfaction. It is assumed that openly praising or correcting team members' behaviour, makes individuals feels satisfied. Finally, prior research found mixed results as it comes to the effect of peer monitoring on team performance. A possible explanation for this is that direct peer monitoring is not always related to behaviour that affects individual or team objectives. Another possible explanation is that direct peer monitoring can distract individuals from their tasks (De Jong & Bijlsma-Frankema, 2009; Walter et al., 2021).

On the other hand, individuals in self-managing teams can also perform indirect peer monitoring. Indirect peer monitoring can be defined as: *"…gossip- ing about and avoiding poorly performing coworkers, behaviors that do not unambiguously link the coworker's actions with the consequences*" (Loughry & Tosi, 2008, p. 885).

In practice, underperforming individuals are not always aware that they are the target of indirect peer monitoring. This is because they are not always present when other team members gossip about their performance or behaviours (Ellwardt, Labianca, & Wittek, 2012). When individuals notice that they are the target of indirect peer monitoring, they may assign the indirect peer monitoring to the mood or personality of the team member who performs the monitoring rather than their own underperforming (de Klepper et al., 2017; Loughry & Tosi, 2008). Individuals that use indirect peer monitoring are often more concerned about their self-interest than the interests of team members, the team or even the organization (Loughry & Tosi, 2008).

Research on indirect peer monitoring found that informal peer control has a negative relation with indirect peer monitoring. This is because a shared vision and goals may reduce the need for gossiping and of team members' inappropriate behaviour (Walter et al., 2021). Further, indirect peer monitoring has a negative effect on job satisfaction and a positive effect

on the overall team performance. This suggests that gossiping about team members may provide relevant and time saving information on which other individuals can act. (Walter et al., 2021). However, gossiping still comes with some risks, as it is completely depended on whether an individual is experiencing the gossip from an employee perspective or an organisational perspective (Grosser et al., 2012).

In general, individuals who perform direct peer monitoring take greater risks than individuals who perform indirect peer monitoring. This is because individuals who perform indirect peer monitoring, avoid an open confrontation with team members. (Loughry & Tosi, 2008). Further, an uncomfortable social climate can originate when individuals resist being monitored and told that they are underperforming. Other team members can join these resisting individuals which only makes the situation worse, since being targeted for control by many others can lead to individuals leaving the organization (de Klepper et al., 2017). Finally, individuals performing direct peer monitoring can feel rejected and lose trust that their efforts will lead to successful outcomes (Loughry & Tosi, 2008).

A study by de Klepper et al. (2017) found that attempts of direct and indirect peer monitoring can be linked to informal hierarchy within an organization. Even in organizations with minimal formal hierarchical structures, employees do not have equal motivation to monitor other individuals' performances and behaviours. In particular, individuals who are disliked by many others and who have a low competence-based status are often being targeted for peer monitoring. In turn, being disliked by many others led to less peer monitoring attempts to others. Further, de Klepper et al. (2017) hypothesized that a higher individual competence-based status will lead to more peer monitoring attempts on other employees. However, result showed that individuals with a lower competence-based status engaged in more peer monitoring attempts than individuals with a higher competence-based status. Finally, individuals with a higher competence-based status are less likely to be the target for peer monitoring (de Klepper et al., 2017).

The way in which peer monitoring is carried out, is not only different between individual team members, but also between teams (De Jong & De Ruyter, 2004). As a result, self-managing teams can develop their own unique behaviour as it comes to direct peer monitoring, which in turn leads to differences within and between self-managing teams (de Jong et al., 2014; De Jong & De Ruyter, 2004). Some teams make more intensive use of direct peer monitoring as their joint responsibility and dependency makes it easier to observe each other performances and in turn detect underperforming behaviour (Fitch & Ravlin, 2004). In other teams, however, the extent to direct peer monitoring is used is rather low. Due

to a lack of trust, they find it difficult to control one another (Langfred, 2007). As a result, members avoid using direct peer monitoring as they are concerned that it can lead to intrateam conflicts (Druskat & Wolff, 2007; Langfred, 2007).

2.5 Conflicts in self-managing teams

 A conflict in general can be defined as: "*... an awareness on the part of the parties involved of discrepancies, incompatible wishes, or irreconcilable desire"* (Jehn, 1994, p. 224). Since members in a team contribute to the team via social and task input, conflicts may arise (De Dreu & Weingart, 2003). Two types of intrateam conflicts can be defined: relationship conflicts and tasks conflict. Relationship conflicts occurs: "*... when there are interpersonal incompatibilities among group members, which typically includes tension, animosity, and annoyance among members within a group"* (Jehn, 1995, p. 258). These types of conflicts can arise as a result of differences in personal taste, norms and values, and interpersonal style (De Dreu & Weingart, 2003). In general, relationships conflicts have negative effects on employees' job-satisfaction, task interferences, goodwill and understanding of other employees, and will lead to less desire of team members to stay in the team. In turn these effects influence employees' effective task performances, which can lead to task conflicts (Greer, Jehn, & Mannix, 2008; Jehn, 1995).

Task conflicts occurs: "… when there are disagreements among group members about the content of the task being performed, including differences in viewpoints, ideas, and options" (Jehn, 1995, p. 258). These types of conflicts can arise as a result of discrepancies in procedures and policies, judgments and interpretations about facts, and about the distribution of resources (De Dreu & Weingart, 2003). Empirical evidence of the consequences of task conflicts on the overall team performances show conflicting results. A study by Jehn (1994) found that task conflicts had positive effects on the team performances. However, other studies found that task related conflicts distracts employees from their tasks, which will lead to negative effects on the team performances (Greer et al., 2008; Jehn, Northcraft, & Neale, 1999). These negative effects of tasks conflicts are often associated with relationship conflicts. In turn, negative effects of relationship conflicts are in turn often associated with task conflicts (Greer et al., 2008). Because of this interrelation, both types of conflicts are related to each other.

As described in subchapter 2.2, conflicts between individuals in self-managing teams often arise because of conflicting expectations and visions of multiple routines in the same work setting (Kremser & Blagoev, 2020). In the negotiations to resolve conflicts, the

individuals can adopt a negotiated order perspective on roles. Strauss, Schatzman, Ehrlich, Bucher, and Sabshin (1963) argue that by this perspective, social order is repeatedly reconstructed through negotiation and interaction. In these negotiations and interactions, individuals know their own expectations and resources by which they can negotiate the conflict. Overall, most expectations and resources in these negotiations are socially shared (Bechky, 2006). However, most of the time they are held individually which leaves rooms for negotiation in solving conflicts (Bechky, 2006).

In the negotiations to resolve the conflict, the individuals in the self-managing team can use role-based prioritizing. Here, the functional responsibilities and social positions of the individuals involved are discussed (Kremser & Blagoev, 2020). Expectations about the consequences of the choice of one routine are compared to the expense of the other routine, which in turn create a shared understanding of both intentions of the routine performance (Kremser & Blagoev, 2020). In this process, conflicts are transformed in to social-relational conflicts in which the individuals negotiate who should adjust their routine performance (Kremser & Blagoev, 2020). In the end, role-based prioritizing is effective as it comes to resolving intra-role conflicts between individuals because of conflicting preferences and visions of routines.

2.6 Theoretical summary

In sum, individuals in self-managing teams themselves are responsible for their own performance management. To regulate their performance management the individuals use informal peer control. This form of organizational control must ensure that individual performances, and therefore team performances, are congruent to team and organizational goals. As a part of informal peer control, individuals can use direct peer monitoring and indirect peer monitoring when team members' performances are below standard. It is important that direct peer monitoring is performed in an adequate and effective way, as it can have positive influence on job satisfaction and the overall team performance. When direct peer monitoring is not performed in an adequate way it can lead to indirect peer monitoring and intra-team conflicts.

However, how individuals in self-managing teams establish and deal with underperforming behaviour of team members, when using informal peer control, is underdeveloped in the literature. For that reason, this research examines how members of self-managing teams deal with underperformance of members, when using informal peer control.

3. Methodology

This chapter outlines the methods that were used during this research. The chapter starts with a description of the research design. The next subchapter outlines the case of this research. Third, the sampling and data collection methods are discussed. Subsequently, the data analyzation process is described. The fifth subchapter elaborates on how this research met the quality criteria of qualitative research. Finally, in the last subchapter attention is given to research ethics.

3.1 Research design

This research studied how individuals of self-managing teams deal with underperforming behaviour of team members when using informal peer control. To get a better understanding of this process, a single qualitative case study has been conducted with an exploratory approach. Due to the sensitive and personal nature of underperformance in teams, it is difficult to collect data via a survey or experiment. For that reason there has been chosen for a qualitative research method (Symon & Cassell, 2012).

Symon and Cassell (2012) distinguish different perspectives for conducting a qualitative research. In this research the interpretivism perspective suited best as this perspective takes the human interpretation as starting point for developing knowledge about the social world (Symon & Cassell, 2012). In other words, socially constructed realities can only be understood via the meanings and interpretations of the participants. As a result, the researcher had to assess and understand the meanings and interpretations of the participants, in order to explain their social constructed behaviours (Symon & Cassell, 2012; Vennix, 2019).

3.2 Case description

A single case study with an exploratory approach has been executed because this study aimed at investing informal peer control in depth and in its real-life context (Yin, 2009).

This research has been conducted at a Dutch care organization that provides specialist mental health care to people with complex psychiatric and social problems who prefer or need to be treated and supported at home. This care organization was chosen as it is well-known for its adherence to the principles of self-management. After all, this research examined how members of self-managing teams deal with underperformance while using informal peer control. This type of case selection can be characterized as diverse case selection (Seawright & Gerring, 2008), as the researcher selected nine employees over three

teams who differed in expertises and duration of corporation. This selection method was chosen because the researcher wanted to examine whether there were differences based on these characteristics when dealing with underperforming team members.

The organization has over 350 employees, of which the majority works in 55 self-managing teams. The employees who work in the self-managing teams are autonomous and perform, beside their own tasks, tasks that are usually performed by managers. The teams are heterogenous and consist of an average of seven employees which can include functions as psychiatrist, social psychiatric nurse, social psychological nurse, therapists, clinical specialists, social workers, and ambulant practitioners. The work of the caregivers can be characterised as individualistic since most of the time they work alone in treating a client.

In terms of performance management, management has drawn up a policy framework in which one performance standard and several work standards have been formulated. The purpose of these standards is to keep the organizations as healthy as possible. This allows the individuals to self-regulate their organization of work and business operations. They realize this by establishing their own goals, norms and by monitoring each other's performances. Furthermore, these individuals are highly dependent on each other's specialisms in the care they provide to their clients. For that reason, well performing teams are essential in providing high quality care to their clients.

3.3 Data collection

3.3.1 Sample

The contact with the organization started with an online meeting with two members of management. After agreement on the research topic, the researcher made an invitation by which participants could apply to participate in this research. The invitations were sent to the individuals of the self-managing teams in the beginning of April. Within three weeks six teams applied to participate. However, due to the capacity of the researcher, only three teams were chosen.

The participants and the teams in this research were selected based on purposive sampling, which is a non-probability sample. Through this type of non-probability sampling, the researcher chose the participants on the basis of his own judgement (Symon & Cassell, 2012). An advantage of purposive sampling is that the researcher had the possibility to select suitable participants and exclude less suitable ones. In doing so, the researcher chose participants of teams who differed in expertise's and duration of corporation. This allowed

the researcher to explore different ways of dealing underperformance in-depth, based on these characteristics. Table 1 provides an overview of the participants of the three self-managing teams in this research. Fictional names are used for the participants. Furthermore, names of non-participants in chapter 4 are also based on fictional information.

Orientational interview		Team X - Shortest duration of corporation		Team Y - Second-longest duration of corporation		Team Z - Longest duration of corporation	
Name:	Function:	Name:	Function:	Name:	Function:	Name:	Function:
1. Willem	Ambulant Psychiatric Nurse	2. Jan	Social Psychiatric Nurse	9. Paula	Social Psychiatric Nurse	6. Diede	Social Psychiatric Nurse
		3. Thomas	Social Psychological Nurse	4. Sofie	Social Psychiatric Nurse	7. Lotte	Ambulant Practitioner
		8. Hannah	Social Worker GGZ	5. Anne	Creative Visual Therapist	10. Gerda	Social Psychological Nurse

Table 1: Overview of participants

3.3.2 Semi-structured interviews

In this qualitative research, a total of ten interviews have been conducted. First, a preliminary orientational interview was conducted to get a better basic understanding of the organization itself. After the interview, the researcher was sent a policy framework drawn up by the management of the organization. This policy framework contributed to the researchers' basic understanding of the organization. Further, the orientational interview provided insights on how performances management is organized and practiced by the individuals. Lastly, the orientational interview provided insights in how the individuals provide mental health care to people with complex psychiatric and social problems. The information of the orientational interview contributed to the design and structure of the individual interviews. Subsequently, nine individual interviews were conducted with the members of the three participating self-managing teams. In this research the individual interviews served as the main source of data collection. This is because the interviewees shared their interpretations and meaning on how to deal with underperformance (Symon & Cassell, 2012).

In conducting individual interviews, a semi-structured interview guide was used. This semi-structured interview guide allowed the researcher to have a composed list of

predetermined open questions, without having a fixed order (Symon & Cassell, 2012). Besides the prepared open questions, the semi-structured interview guide allowed the researcher to elaborate on questions more in-depth when they were relevant in the context of this research. Finally, the open-ended questions allowed the interviewees to formulate their answers based on their own interpretations and meanings. This allowed the researcher to get better understanding of interpretations and meanings of how individuals in a self-managing team deal with underperformance of team members (Bleijenbergh, 2016; Symon & Cassell, 2012; Vennix, 2019). Lastly, during the interviews the researcher requested documents on topic that were discussed, which contributed to a better understanding of interviewees' interpretation and meanings.

A disadvantage of the semi-structured interview guide was that, in the first interview, the researcher was too focused on asking the question in the guide instead of a spontaneous question. However, after transcribing and reflecting on the transcript, the researcher changed this behaviour during the interview.

The semi-structured interview guide consisted of five parts (see Appendix C: Interview guide individual interview English). The first part of the interview consisted of general questions that were used to get to know the interviewee. The second part of the interview consisted of questions that were used to gather information about the composition and dynamic of the self-managing team in which the interviewee is working. Subsequently, in the third part questions regarding the organization of treatment were asked. This was accomplished by asking the interviewees to illustrate a treatment that from their perspective was successful. Thereafter, in the fourth part, the interviews were asked if there had been situations where a treatment was less successful, in order to capture possible situations of underperformance. The fifth and final part of the interview served as the ending and the interviewees were asked to reflect on the interview.

Due to covid-19 pandemic, all interviews have been conducted online due to national regulations. The interviews all took place via the online conferencing tool Jitsi at the researchers' home. The duration of the interview varied between 50 to 90 minutes and are all conducted in Dutch. Online interviews are a good replacement for data collection as face-to-face interviews (Lo Iacono, Symonds, & Brown, 2016). This is because interviewees can be less concerned about time as they are already at home or in a comfortable environment. Further, online interviews offer a higher flexibility with regard to time and location, and can therefore be cheaper (Lo Iacono et al., 2016; Quartiroli, Knight, Etzel, & Monaghan, 2017). On the other hand, online interviews can lead to a loss of social contact and energy with the

interviewee. This is due to the fact that only the upper body is visible and body language is more difficult to perceive (Quartiroli et al., 2017).

Before interviews were executed, permission of the interviewees was asked to audio and/or video record the interview. Recording the interviews ensured that all information was captured, and it gave the researcher the opportunity to carefully listen to the respondents. However, after video recording three interviews, the researcher decided to only audio record the interviews. Due to poor internet connections the video recording became very blurry.

3.4 Data analysis

After conducting an interview, the researcher transcribed the interview within the same day, to avoid loss of information. All interviews are transcribed manually with the transcription tool F4Transkript. This tool supported the researcher in manually transcribing the interviews in an efficient way. When transcribing the interviews, every spoken word and silence has been transcribed. In this way the researcher transcribed precisely what has been asked and said, where there were hesitations and silences, and where there was laughter and crying (Bleijenbergh, 2016, p. 65). The interviewees and their responses within this research are anonymized at all times (Symon & Cassell, 2012).

During the analysis the researcher used both the deductive approach of Crabtree and Miller (1992), and an inductive approach of Boyatzis (1998). The deductive approach allowed the researcher to have a priori template of codes derived from literature. Conversely, the inductive approach allowed the researcher to use an inductive data-driven approach. This combination of approaches complemented the research question by allowing the principles of performance management in self-managing teams to be integral to the deductive analysis, while allowing solutions on how to deal with underperformance to emerge from the data by using inductive coding (Fereday & Muir-Cochrane, 2006)

The deductive approach of Crabtree and Miller (1992) allowed the operationalization of concepts based on previous researches and literature on performance management in self-managing teams (see Appendix E: Priori themes and initial template). These operationalized concepts, also known as sensitizing concepts (Van Den Hoonaard, 1997), were used by the researcher as an analytical starting point during the analyzation. These concepts played a role in understanding the interpretations and meanings of the interviewees as it came to situations of dealing with underperformance of team members. Conversely, the inductive approach of Boyatzis (1998) allowed a data-driven approach by which the researcher recognized relevant real-life situations in the interviews and gave these situations a code. By consciously

comprising real-life situations with the operationalized concepts, patterns were recognized by the researcher.

In the above-described analyzation process, the researcher used the template analysis technique. This technique offered a high degree of structure in processing and analysing the textual data with the flexibility to adjust into the needs of this research (King, 2012; Symon & Cassell, 2012). Furthermore, this technique did not set a list of fixed coding levels for the researcher. The coding levels that the researcher used during coding are hierarchical coding (i.e., overarching themes that can be narrowed into more specific themes), parallel coding (i.e., segments of text that can be classified with more than one code) and integrative themes (i.e., themes that pervade much of the data by crosscutting other clusters) (King, 2012, p. 7). As a result of not having a fixed list of sequent coding levels, the researcher was able to develop more themes in the data in relation to the research question (King, 2012; Symon & Cassell, 2012). In coding, the researcher used three levels, namely open coding, axial coding and selective coding. In Table 2, an example of the coding process is given. For an overview with examples of each axial code, its definition and the selective code to which it is applied see Appendix F: Coding scheme. The researcher used Atlas.ti as a tool for coding and analysing the interview transcripts and collected documents.

Interview:	Quote:	Open code:	Axial code:	Selective code:
Interview 7 (7:108)	"[...] We did not intervene quickly enough in the beginning; it was already a given. When you talk about it every time, then you think to yourself, yes it was also no problem before [...]"	Avoid intervening because in the beginning no intervention was made either	Indirect peer monitoring	Underperformance in self-managing teams

Table 2: Example coding process

The steps that the researcher took to perform template analysis technique are based on the steps described by King and Brooks (2017) (see Figure 1). The first step in the coding process was to become familiar with the data. First, the researcher realised this by transcribing his own interviews. Subsequently, before coding the researcher read through each transcript to get familiar with the data. In this process the researcher already engaged and reflected on his data for a first time. In step two, open codes were appointed to the data according to the inductive approach of Boyatzis (1998). The researcher coded everything that

seemed interesting to his understanding to the research question. Subsequently, the researcher appointed axial codes to the data with the use of the a priori deductive themes (i.e., sensitizing concepts) (Crabtree & Miller, 1992). This allowed the researcher to focus on the particular topics that are under investigation in the research. However, when a priori theme could not be appointed to the data, inductive codes were created. The inductive codes created in this research are client involvement, improved application procedure, improved induction period and improved monitoring of treatments complex clients.

The entire coding process consisted of three iterations. In each iteration three interviews were conducted, transcribed and coded. Then, the main propositions that derived from the data were summarized. Based on these propositions, a comparison was made to the literature to see what was already known about these propositions. If a proposition could be linked to a theoretical concept, the concept was added to the template of deductive priori themes. Further, because the propositions were summarized, the researcher was able to compare, verify and examine the findings with other interviewees from the same team or from another team. This process of comparative analysing allowed to researcher to generate knowledge about the patterns and themes of the interviewees their interpretations and meanings of underperformance in self-managing teams. This process of comparative analysing continued after each iteration until all interviews were conducted. In the end this allowed the researcher to develop a way of understanding the interpretations and meanings of the interviewees' as it came to situations of underperformance in their social context (Greckhamer, Furnari, Fiss, & Aguilera, 2018; Thorne, 2000). In step three, after all
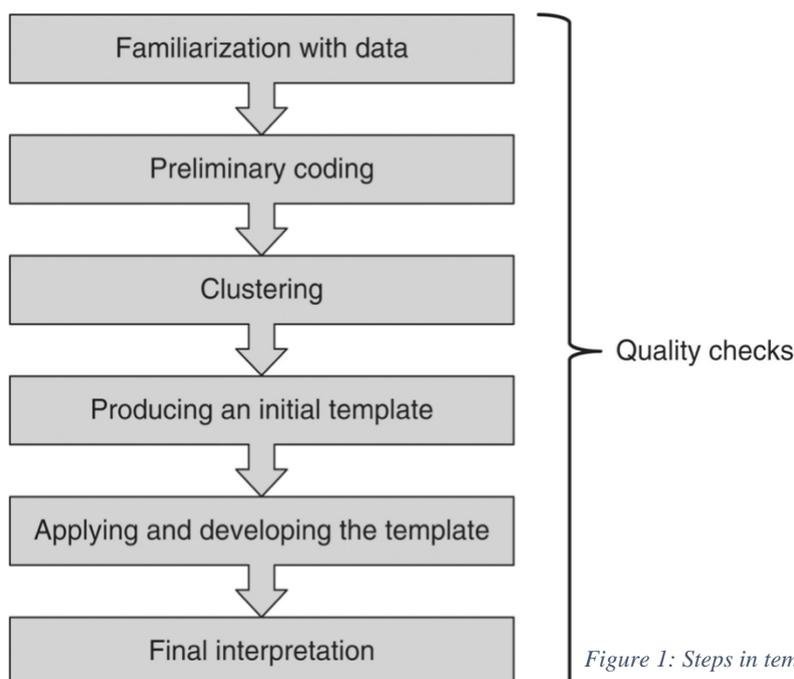
Figure 1: Steps in template analysis

transcripts were matched with fitting codes, the researcher organized them into meaningful clusters (i.e., selective coding). In this research all codes were clustered into three selective codes: setting the performance standards, underperformance in self-managing teams and underperformance as an occasion for learning. In the next step, the researcher formulated the initial template (see Appendix E: Priori themes and initial template). In step five, the researcher returned to the coded transcripts with the initial template. By systematically working through the transcripts the researcher identified coded segments of data with different codes or uncoded segments of data with new codes (King & Brooks, 2017). As a result, the researcher replaced codes in the initial template and started going through the transcripts from the beginning. After the researcher had gone through all the transcripts and no further changes were made to the template, the final version of the template originated. Then, the researcher revisited the data once more and applied it to the whole data set. Finally, in the last step, the researcher started interpretating the coded data, by summarizing and prioritizing the main findings that were relevant in the light of the research question. Further, the researcher explored if there were themes that related to each other (King & Brooks, 2017). In the end, the main findings in this analysis process formed the structure and content of the result chapter. The Dutch quotations of the interviewees are translated into English when used in the result chapter.

3.5 Research quality

To ensure a high quality of qualitative research, the researcher adhered to the four quality criteria of Guba and Lincoln (1989). These four criteria by which the quality can be assessed are credibility, transferability, dependability and confirmability (Symon & Cassell, 2012). The following section describes how the researcher met these criteria.

A research is *credible* as it demonstrates a match between the constructed realities of the respondents and the realities attributed to them by the researcher (Symon & Cassell, 2012). Two techniques are used to ensure a credible research. First, the researcher kept record of his original constructions and his personal development of the constructions throughout the research. By doing this, the researcher verified whether his original constructions have been changed during the research due to constructions of the interviewees (Symon & Cassell, 2012). Second, the researcher realized credibility by peer debriefing. By discussing the proposition of the interviews with his supervisor, the researcher received feedback which encouraged reflexivity of the researcher.

Transferability is concerned with the research' potential to be valuable across other contexts or situations (Symon & Cassell, 2012). To realize transferability, the researcher provided a rich description of the research context. Not only information was provided about the subject of investigation, but also on the organization and the specialist care they provide. This must ensure that the reader is able to judge if the research might be transferable and useful in other contexts (Symon & Cassell, 2012). Further, the researcher provided a detailed description of the methodology and result chapter. This must also ensure the transferability of the research.

Dependability is concerned with the demonstration of how methodological changes and shifts are captured and made available for evaluation (Guba & Lincoln, 1989). As previously described, this research aimed at developing new insights on how individuals deal with underperforming team members. For that reason, it was important that changes in the method and thoughts were captured. Moreover, data collection and analyzation were an iterative process. To realize dependability the researcher provided a detailed description of the steps taken in the collection and analyzation of the data. Further, the researcher kept a writing notebook of the findings in the interviews throughout the research. On the basis of this notebook, the researcher made choices regarding questions for upcoming interviews.

Confirmability is concerned with the fact that the research must provide a detailed description of the data collection and analysis process such that the reader is assured that the data and outcomes are rooted in the contexts and persons apart from the researcher's imagination (Guba & Lincoln, 1989, p. 243). In other words, the researcher must clarify where the data is collected and how it is transformed into the findings of the research (Symon & Cassell, 2012). To make clear where the data came from, the researcher provided a rich description of how data was collected and analysed. Further, quotes have been used in the results chapter to prove the authenticity of the data. Eventually, this contributed to the confirmability of this research (Symon & Cassell, 2012).

3.6 Research ethics

To ensure research integrity, the researcher adhered to the principles of the Netherlands Code of Conduct for Research Integrity. These principles are: *honesty*, *scrupulousness*, *transparency*, *independence* and *responsibility* (KNAW et al., 2018). Research ethics are a crucial aspect in conducting research. When researchers do not adhere to these principles, it can lead, among other things to questionable research practices and research misconduct. In

turn this can have influence on the quality of the research, as well as the trust other people have in the research (Pimple, 2002).

Before data collection and analyzation took place, meetings with the two members of management were held. These meetings ensured that opinions and suggestions regarding to the research topic could be shared. This led to clarity and mutual agreement about the research topic. Additionally, this ensured honesty and transparency.

Further, participation in this research was achieved by full consensus as participants and non-participants of each team voted to participate. As a result, all members agreed on and were aware of the participation to this research. Further, the interviewees were informed about the topic of the research in two ways. Namely, before the interviews via e-mail and during the introduction of the interview. In the e-mail the interviewees were informed that the questions would be about performance management in self-managing teams. Before interviewing, once again, time was taken to explain the purpose of the research, the topics that were covered in the interview and the estimated duration. In this way, the researcher tried to gain the trust of the participants. Lastly, the interviewees were able to stop participating at any time they wanted to. The above steps ensured honesty and transparency.

The researcher informed the participants via e-mail and during the introduction of the interview that their identities and the identities of colleagues and clients are anonymized at all times. Further, the interviewees were asked if they agreed on the interview being recorded. The researcher informed the interviewees that the audio recording and other data of the interviews would be used in a confidential manner and for research purposes only. Moreover, the data is only in hands of the researcher and the only person with whom the data could be shared is the researcher' supervisor. These measures are taken to ensure the responsibility of the research.

As a final point, the researcher only used scientific and academic literature from credible sources. The researcher realized this by verifying the scientific and academic literature on two recognized websites, received by the supervisor. This is done to ensure scrupulousness of this research. Further, because of the sensitive nature of the research topic, it was extremely important that the researcher stayed independent at all times to ensure that no conflicts would arise. To ensure this, the researcher did not share stories and interpretations across interviews. Additionally, this is done to ensure scrupulousness of this research.

4. Results

In this chapter the findings of this research are discussed. These findings provide insights how the individuals in self-managing teams deal with underperforming team members. In the first subchapter it is described how performance management is organized within self-managing teams. In the next subchapter two types of monitoring are described by which individuals establish team members' performances. Thereafter, situations of underperformance are described. This subchapter elaborates on how individuals established and dealt with it the underperforming behaviour of team members. Finally, in the last subchapter it is described how the individuals used these situations of underperformance as occasions for learning.

4.1 Setting performance standards

4.1.1 Overview of performance standards

The data was collected in a Dutch care organization that provides specialist mental health care to people with complex psychiatric and social problems who prefer or need to be treated and supported at home. The care is provided by members of the self-managing teams who work most of the time individually on the treatment of a client. These members have a great amount of freedom and responsibility when it comes to the organization and execution of their work. However, management has drawn up a policy framework in which a single performance standard and several work standards have been formulated. The purpose of this policy framework is to keep the organization as healthy as possible.

The single performance standard, formulated by management, is that the self-managing teams must achieve a treatment time of 70% of the total contact hours. When a self-managing team reaches this standard, they will reach a healthy financial result since the teams are cost neutral from 70% treatment time. All self-managing teams are responsible for their own financial results. This requires entrepreneurship, affinity with the numbers and the ability to look ahead. Besides this single performance standard, management has not formulated any other performance standard for the self-managing teams. Reason is that management wants to devote the responsibility and freedom to the self-managing teams to determine and manage their own performance standards.

In addition, several work standards have been drawn up by management (Table 3), which must be met by the members of self-managing teams to ensure a high quality of specialist mental health care. Within these work standards the individuals in the self-

managing teams work independently which allows them to self-regulate their organization of work and business operations. This also applies to setting performance standards.

Overview of work standards by management to regulate the organization of work and business operations of the self-managing teams
- We always treat with involvement of the natural network such as family, relatives and immediate environment. We try to strengthen this network and limit the deployment of healthcare professionals;   - We always work together with the GP;   - Recovery is the outcome of a joint effort by the client, environment, GP and the team;   - We offer care at home as much as possible;   - We help restore connections and help prevent further isolation;   - We use the continuum idea of being sick and healthy;   - We provide care for as long as it is necessary and useful;   - We do not treat independently, but with the commitment and involvement of the entire team. At least every 10 contacts we visit the client together with a colleague to evaluate the progress and implementation of the frameworks;   - The treatment strategy is always in line with the client's request;   - In addition to expertise and experience in care, we use common sense and the relationship with the client to find a route to recovery together;   - We don't talk about but with the client;   - A psychiatrist is involved in every treatment. In any case, at the start and at the end, and during the multidisciplinary consultation and, where necessary, in between;   - We take the time it takes, we prefer rest to haste;   - We use E-Health to offer the client treatment and education and to involve the environment or other care providers;

Table 3: Work standards to regulate the organization of work and business operations of the self-managing teams

On self-managing team level, only three performance standards can be distinguished. The reason why the individuals did not formulate any more performance standards is because

they do not prefer to have many standards. According to the interviewees, having more standards does not fit within their perspective of being a self-managing team. An interviewee confirmed this with the following quote: *"We are not like that [having a lot of performance standards], that is not really expressed. We are happy that we are rid of all procedures and protocols [in which performance standards are drawn up] [...]"* (Interview 4, Social Psychological Nurse). All three self-managing teams shared the same performance standards. As a reminder, the composition of the participating teams and the sequence of the interviews is displayed in Table 4.

Team X - Shortest duration of corporation		Team Y - Second-longest duration of corporation		Team Z - Longest duration of corporation	
Name:	Function:	Name:	Function:	Name:	Function:
2. Jan	Social Psychiatric Nurse	9. Paula	Social Psychiatric Nurse	6. Diede	Social Psychiatric Nurse
3. Thomas	Social Psychological Nurse	4. Sofie	Social Psychiatric Nurse	7. Lotte	Ambulant Practitioner
8. Hannah	Social Worker GGZ	5. Anne	Creative Visual Therapist	10. Gerda	Social Psychological Nurse

Table 4: Composition participating teams

The first standard used by individuals to measure performances is the 70% treatment time drafted by the management of the organization. Though, according to the interviewees, the individuals within the self-managing teams do not adhere to this percentage that tightly. *"You do not necessarily do it to reach that 70%. But that comes naturally. So, it is not the case that when I fill in my agenda for the coming weeks, say that I have the idea that I must achieve 70%. [...] The main goal is that you provide good care. If you do that you will apparently get 70% automatically."* (Interview 8, Social Worker GGZ). Furthermore, the interviewees also indicated that at previous employers they were dissatisfied with the amount of performance standards. "*We all come from a larger organization. We all had the feeling that we were stuck there in a checklist* […]*"* (Interview 4, Social Psychological Nurse). The second performance standard used is the caseload of the individuals. The caseload is determined by the number and type of clients that an individual is treating at a given point in time. This is because the scope of the caseload depends on the complexity of the treatment being provided to the client. For example, a client with more complex problems needs more

specialized care and therefore treatment time, than a client with less complex problems. For that reason, there is not a fixed number of clients that determines a sufficient caseload. *"[...] This [type and complexity of treatment] is also reflected in the choice of which caseload to build up.[…] But if I have five people with severe depression, I say 'not right know' [to expending the caseload]"* (Interview 2, Social Psychiatric Nurse). Further, a sufficient scope of a caseload is inherent with the percentage of treating time of an individual. This is because the caseload determines the extent to which caregivers spend time treating clients. The last standard used are the methods and goals formulated in the treatment plan. For each client a personalized treatment plan is drawn up in which the goals and method of treatment are determined. Because each treatment is unique, there is no set format for a treatment plan. A starting point used by the individuals to arrive at a treatment plan is norm consensus.

4.1.2 Achieving norm consensus

Since the individuals in the self-managing team have the same authority over each other, team decisions and decisions regarding treatments are made by norm consensus. As a reminder, in chapter 2 norm consensus was defined as: "*the extent to which team members collectively agree about what constitutes productive work behaviour*" (De Jong & Bijlsma-Frankema, 2009, p. 2). The way by which consensus is established, differs per self-managing team.

In Team X, establishing norm consensus is a natural process by which the team arrives at a decision. An interviewee illustrated this with the following quote: *"We do everything by consensus. It's not like one person decides. It is a very natural process of decision making [...]"* (Interview 4, Social Psychological Nurse). Team Z, on the other hand, uses a scale of agreement that determines whether consensus is reached or not. When using this voting technique, every member of the self-managing team should rate their degree of agreement on a scale from one till seven. If someone scores below four, they disagree. Then it is up to the chairman of the meeting to hear the arguments and to see whether approval can still be obtained. *"[...] Ultimately, there must be consensus… if one says no, then it does not happen. We are actually pretty neat about that"* (Interview 7, Ambulatory Practitioner). This agreement scale must ensure that colleagues are not passed over and that the team does not move like a herd. Conversely, consensus also has its downsides. For example, when someone is the only one of the team who disagrees with a certain statement. One interviewee illustrated this downside by the following quote: *"I would give my own opinion, but if it does not come to a decision in the end. Then the team feeling will outweigh my idea whether it is*

right or not [...]" (Interview 5, Creative Visual Therapist). Furthermore, in achieving consensus is important that everyone can share their vision, even if they cannot attend at the meeting. For this reason, it is important that absent colleagues are represented by other colleagues.

Overtime, reaching consensus can lead up to performance expectations that are generally accepted by the individuals in the team. According to the interviewees, these expectations can change when new colleagues join the team, since they may be used to other working methods or have different preferences.

4.1.3 Drawing up a treatment plan

Before a treatment plan is drawn up, individuals in the self-managing team must decide whether they can provide care that the clients' problems require. The suitability of a clients' problem is determined by conducting one or more intake interviews. The main purpose of these intake interviews is to find the clients': *"[...] problem statement and the core of what it is about [...] "*(Interview 10, Social Psychological Nurse). Intake interviews are most of the time conducted at the client's home. After an intake have been conducted, the findings of the intake are discussed by the individuals in their weekly client consultation meeting.

Regarding the intake of new clients, reaching norm consensus in the team is extremely important. This is because everyone must agree to treat someone, as all individuals share the same responsibility as it comes to the overall performance of the team. Further, it is important that (new) clients must have a personal click with their caregiver. If a client finds the relationship uncomfortable another caregiver will be appointed. When every norm is met and the team reaches consensus regarding treatment of new client, a treatment plan will be drawn up. Eventually, it is the caregivers' own responsibility to determine how they practice this.

In general, a treatment plan is drawn up between the client and two colleagues, which can be two caregivers or a caregiver and a psychiatrist. When drawing up a treatment plan, priority is given to the care and goals that the client finds most important for a certain period. If the client is not capable to determine this himself, it is determined by the two caregivers. Examples of clients' goals in treatments plan are *"reduce clients' depression"* (Interview 8, Social Worker GGZ) and *"recover from psychological complaints such as anxiety or stress"* (Interview 10, Social Psychological Nurse). As previously described, the goals in a treatment plan and their progress are used as a performance standard by the individuals of the self-managing teams.

When formulating a treatment plan, caregivers among themselves or with the client, sometimes disagree about certain goals or methods. If this occurs, it is a requirement that they have an open attitude towards each other. This is because it is important to hear each other's arguments and weigh the pros and cons. According to the interviewees, they always reach consensus since the norm is that the client's well-being always comes first. One interviewee stated the following about the importance of reaching consensus: *"[…] it runs parallel to the treatment of the clients. If you as colleagues do not get along well through a door or do not dare to discuss or ask things, this will be at the expense of the treatment of the client. […]"* (Interview 5, Creative Visual Therapist).

Finally, when drawing up a treatment plan, feedback seeking behaviour can be an important mechanism to ensure that the right treating methods are chosen. Getting feedback from team members can be very valuable as it gives the individuals clarity about what treatment methods are suitable to achieve the goals in the treatment plan. One interviewee illustrated the importance of seeking feedback with the following quote*: "[…] I think it is very important that you take the initiative yourself in a self-managing team. Even if you run into something yourself. Do not continue to muddle with your own hassle, that will be at the expense of the treatment for the client. That is not possible. You are dealing with other people." (Interview 5, Creative Visual Therapist).* Further, the interviewees indicated that during treatments, feedback seeking behaviour can also be very valuable. They indicated that feedback seeking behaviour is extremely important as they work most of the time independent on a treatment. On average only every ten consultations a caregiver will visit the client together with a colleague to evaluate the progress and implementation of the treatment plan. One of the interviewees provided an example by which she indicated the importance of feedback seeking behaviour during a treatment. *"For example, I indicate that I have someone with anxiety symptoms. Who wants to do this with me to do an exposure? […]. Then my other colleague says, oh I can do that well and then we'll do it together"* (Interview 7, Ambulatory Practitioner). According to the interviewees, the most important factor in performing feedback seeking behaviour is experiencing enough safety. Sufficient safety ensures that individuals do not feel that they are being judged for seeking feedback in situations in which they ask for help. The interviewees indicated that in the past, less safety has sometimes led to uncomfortable and weird situations.

4.2 Mechanisms for monitoring individual performance

As described in the previous chapter, three performance standards are used. The caregivers themselves are responsible for monitoring these performance standards. To monitor individual performances, two monitoring methods are used: peer monitoring and client-involvement. In first subchapter, five conditions are discussed that form the basis for qualified direct peer monitoring. In second, it is explained how clients can be a valuable source of feedback as it comes to the performances of caregivers.

4.2.1 Direct peer monitoring

The individuals in the self-managing teams perform direct peer monitoring to notice other caregivers' performances and hold them accountable if they are underperforming. Monitoring quality together means that colleagues need to be critical to one another and when necessary, address colleagues on their performances or behaviour. From the dataset, five conditions are identified that form the basis for qualified direct peer monitoring. These conditions are achieving norm consensus, providing constructive feedback, experiencing safety, team composition and psychical proximity.

      Achieving norm consensus – First, it is of great importance that the individuals within a self-managing team commonly agree what constitutes as productive behaviour and qualifies as high-quality care (i.e., achieving norm consensus). Norm consensus forms the basis for peer monitoring as the individuals in the team share the same performance expectations as it comes to providing high-quality care. Consequently, this allows the individuals to monitor each other, and hold each other to account for their behaviour and performance, without being personal. "*[…] you can discuss things and then you will not be addressed personally about something, but you can discuss things within the norms that everyone follows. Then it does not become addressing but discussing. Even if you do feel personally addressed, it should also be negotiable*" (Interview 5, Creative Visual Therapist). Moreover, norm consensus also allows the individuals to provide care according to their own preference and expertise. According to the interviewees, norm consensus leads to the acceptance and trust that a different way of working, is not inherently a poor performance.

      Providing constructive feedback – Providing feedback in direct peer monitoring should not be seen as being negative to one another but as a positive mechanism by which the individuals monitor and improve their quality to provide the best possible care to their clients. One interviewee illustrated that when performing direct peer monitoring: *"[…] you should*

not make a big deal out of it" (Interview 2, Social Psychiatric Nurse). However, other interviewees indicated some reasons why they perceive providing feedback as being negative to colleagues.

According to the interviewees it is hard to provide feedback on performances in a constructive way because you are also critical at the same time. They find this especially difficult when they perform direct peer monitoring to the same colleague time after time. One interviewee experienced a situation in which a colleague had structural treating time of 60% (i.e. underperformance). This colleague was addressed on his underperformance every month. When addressing him on his underperformance, the team tried to give him advice and guidance. However, his performance did not improve and after each month it became more difficult to provide constructive feedback. The interviewee illustrated her feeling by the following quote: *"I also notice that if I focus everything on the negative, I also become a negative person. I should not do that, it makes me unreasonable. Then I start to be nasty to someone as well […]"* (Interview 7, Ambulatory Practitioner).

Experiencing safety – The experienced safety of the individuals determines the extent to which peer monitoring is performed. The interviewees indicated that if less safety is experienced, less direct peer monitoring is performed. According to the interviewees, this feeling of safety is a result of being more personal to each other, instead of only business-like. Further, when safety is experienced, it is easier to perform peer monitoring as it is less likely to lead to uncomfortable situations. *"[…] There is enough safety to share things. The fact that there are differences of opinion has never led to confrontations"* (Interview 2).

Team composition – The composition of the team also determines the extent by which the individuals in the self-managing team perform direct peer monitoring. According to the interviewees, when a team becomes too large, it is difficult to monitor each other. This is because in a smaller team it is easier to monitor the underlying meaning of someone's thoughts or performed actions. Furthermore, the interviewees indicated that in a smaller team they see each other more frequently, they feel more connected to each other, what in turn stimulates direct peer monitoring. *"[…] The team is small, so you get involved with each other. You also feel when something is wrong. It is easier to speak to each other about it. When it comes to clients, too."* (Interview 2, Social Psychiatric Nurse). Further, in a small team everyone is also more aware of each other's qualities and downsides. For example, one interviewee needed to inform a client that he should start taking medication. Before meeting the client, the caregiver discussed her intended approach in their client consultation meeting. By sharing her approach with her team, the psychiatrist noticed that her intended approach

was not right, which could have affected the performance of the caregiver. As a result, he offered to join her on during this meeting as he had more experience having these conversations. The composition of the team contributed to the ability of discussing her intended approach and to her colleague performing peer monitoring. The interviewee confirmed this with the following quote: *"I think mainly because it is a small team. We all know what we are good at and know where our pitfalls lie […]"* (Interview 6, Social Psychiatric Nurse)

       Physical proximity – According to the individuals of the self-managing teams, they are more inclined to perform peer monitoring when they experience each other in physical proximity, rather than via mobile phone or online. When there is a lower degree of psychical proximity, the individuals are more inclined to keep things to themselves. The Covid-19 pandemic acted as a natural experiment that helped to understand the relevance of psychical proximity. Since all meetings had to take place digitally and the psychical proximity became larger. One interviewee stated the following about the influence of working digitally and the extent to which peer monitoring is performed: *"[…] Because it has such natural shapes [peer monitoring in real life], the danger is that if you do not see each other, it will fall away"* (Interview 2, Social Psychiatric Nurse). As a result, the individuals avoided direct monitoring which in turn lead to friction and irritations in the team. *"[…] Because of the distance you are less involved, so that you can make this known less quickly and friction can arise."* (Interview 2, Social Psychiatric Nurse). During the pandemic, reflective talks between the individuals led to solutions to stimulate and regain direct peer monitoring. In the end, they agreed that colleagues could work in pairs in the office again, according to the covid-19 guidelines. Another team agreed to introduce walking agreements in order to regain psychical proximity and therefore stimulate direct peer monitoring.

4.2.2 Client-involvement

Client-involvement can be seen as valuable method of evaluating and providing feedback about the caregivers performances. This is because the client experiences the consequences of performed actions by the caregivers. The way by which the clients evaluate and provide feedback to the caregivers is during scheduled evaluation moments. Each self-managing teams is different in terms of how they, together with the client, evaluate on a treatment. However, an important starting point is that the evaluations do not create a fixed framework of how future treatments should be performed. This because each treatment is unique to the client's problem. *" […] A person cannot be pigeonholed [treated generically]. I find that*

broad view, which you must have, of great importance." [...] "But I think if you completely shut it down with rules or agreements like we do or do not do this, then yes… [Then it works contradictory]" (Interview 10, Social Psychological Nurse).

An evaluation moment with another colleague and the client is scheduled approximately once a quarter. In this meeting the performance of the caregivers is evaluated based on the agreed treatment goals. During the evaluation, it may be decided that current working methods and goals need to be adjusted. Furthermore, it is possible that new working methods and goals may be added to the treatment plan. Finally, it may also be decided that the treatment can be ended. Ending a treatment is only possible once the psychiatrist has given approval. When it is decided that a treatment will be ended, a final interview will take place between the psychiatrist, a caregiver, and the client.

Most of the time the evaluation moment is scheduled at the client's home. It is important to keep in mind that not all clients are able to evaluate and talk about the performance of the caregiver. When this is the case, the two caregivers start the conversation by sharing their experience about the past period. This in turn must encourage the client to evaluate and talk about the past time. Further, it is important to hear out the client's opinion because the client's well-being is the starting point for a good treatment. *"[…] I always try to leave as much room as possible with the client. The possibility that the client can really say that if it does not work, it will not work. That it is not about me or my colleague, but about the client [...]"* (Interview 5, Creative Visual Therapist).

For example, an interviewee and a colleague were engaged in a treatment in which the client indicated at the evaluation moment that he did not want to continue working with the colleague. Despite that treatment goals were achieved, the client did not feel that he had a personal connection with this caregiver. The client indicated that he found it very difficult to discuss this, because he did not want to reject the therapist as a person. Both caregivers agreed on this replacement suggestion as the client's health and well-being is the starting point of a good treatment. Though, in a client evaluation it is extremely important that the client's problems are taken into account. This is because some clients can be manipulative. *"[…] You have to be careful about what kind of problems someone has.[…] it is important that we all take a good look at this."* (Interview 5, Creative Visual Therapist).

4.3 Dealing with underperformance

From the dataset, a single situation of episodic underperformance and three situations of chronic underperformance have been identified. For each situation of underperformance is

described why it is identified as underperformance, how the individuals established the underperforming behaviour and how it was dealt with.

4.3.1 Dealing with acute/episodic underperformance

Direct intervention via WhatsApp

Anne, the Creative Visual Therapist of Team Y, experienced underperformance of a colleague named Floor. Together they worked on the treatment of a client who experienced problems as a result of a traumatised past. The two caregivers took turns working individually with the client. The client's goal of the treatment was to improve her handling of negative emotions by carefully letting them in to her life. After each visit, the caregivers wrote in the clients' report to keep each other informed about the treatment. When reading the treatment report, Anne noticed that Floor was trying to get rid of these negative emotions as she thought it negatively affected the client's well-being. This behaviour deviated from their jointly agreed treatment method and therefore negatively affected the goals of the treatment. As a result, Anne established Floor's underperforming behaviour.

Anne found that it was extremely important to solve this underperforming behaviour and realign their working method as soon as possible. Anne illustrated this with the following quote: *"[…]it is important to be in line [work according to the same method and for the same goals], otherwise it is really not okay for the client [...]"* (Interview 5, Creative Visual Therapist). To address Floor on her underperformance, contact was made via WhatsApp. During this WhatsApp conversation both colleagues were able to hear out each other's opinions with respect to the expected working method and the goals of the treatment. This was possible as they work on the basis of equality and share the same norm. *"[...] what would be good for the client [...]"* (Interview 5, Creative Visual Therapist). As a result, Floor agreed that her behaviour deviated from their jointly agreed working method and treatment goals. Currently, Anne and Floor are still working on the treatment of this client. In preventing a similar situation from happening again, Anne and Floor continuously evaluate how the treatment is going by calling each other or texting each other on a daily basis.

4.3.2 Dealing with chronic underperformance

Insufficient peer monitoring leading to acceptance of underperformance

Team Z experienced chronic underperformance of a social psychiatric nurse, named Bart, for several months. Bart was a new colleague who recently joined their team. His underperforming behaviour expressed itself in the fact that his percentage of treatment time

was structurally below the target of 70% of the total contact hours. For that reason, Bart did not achieve a healthy financial result, which in turn negatively influenced the financial results of the team. Since the self-managing teams are responsible for their own financial results, it was up to the individuals in the team to re-establish his underperformance.

Diede, one of Bart's colleagues, established his underperforming behaviour by monitoring his agenda and individual figures. Monitoring each other's agenda, individual figures and team figures, is a responsibility performed out by each individual in this self-managing team to regulate and improve their performances. As a result, Diede started paying attention to Bart his agenda and individual figures. Diede did not intervene immediately because she first wanted to see if Bart would improve his behaviour by himself. However, after Diede continued to monitor Bart, his individual figures did not improve. *"Yes, then I kept my mouth shut for a while to give him the opportunity to respond […] Yes, that was my tactic to some extent. But not much happened […]"* (Interview 6, Social Psychiatric Nurse).

To re-establish the underperforming behaviour, Diede addressed Bart on his underperformance in an individual meeting. In this meeting Bart indicated that he was struggling with the acquisition of new clients, which in turn affected his percentage of treating time. To solve Bart's underperformance, they both agreed that their other colleagues would support him in the acquisition of new clients, so that the number of non-billable hours in the agenda would decrease and his percentage of treatment time would increase.

Even though the colleagues helped Bart in the acquisition of new clients, it did not contribute to the improvement of his performance. After Diede and her colleagues monitored Bart's his individual figures for two months his percentage of treatment time was still below 70%. Subsequently, Diede and her colleagues did not address Bart on his underperformance again. They hoped that he would recognize his underperformance and therefore improve his behaviour. However, Bart's performances did not improve. As a result, they got used to his underperforming behaviour. *"[…] We did not intervene quickly enough in the beginning; it was already a given. When you talk about it every time, then you think to yourself, yes it was also no problem before […]"* (Interview 7, Ambulatory Practitioner). Overtime, Bart's underperformance had a negative effect on the team atmosphere. For example, colleagues were less motivated to work any harder when they reached their goal of 70%. Further, colleagues started gossiping about Bart's negative performance. An interviewee illustrated this with the following quote: *"[…] Well we all thought, then I do not have to work that fast. He does not do it either. So why should we do it? But the team said: 'hahaha, so much worse*

than that, then apparently we do not have to do it either'" (Interview 7, Ambulatory Practitioner).

Because the individuals felt that this was not the way they wanted to work, they asked for consultation of their regional coach. The region coach gave the advice to document his underperforming behaviour. Diede and Lotte, however, did not follow his advice as they experienced this as not being collegial. Subsequently this led to the colleagues gossiping even more about Bart's underperformance. According to the interviewees this helped them in dealing with their negative emotions. Moreover, the colleagues also mutually agreed that their performance would make up for his underperformance. In the end, the underperformance was solved after Bart had left the team himself.

Continuous monitoring and requesting consultation of region coach

Team Y hired a social psychiatric nurse named Iris, whose qualities in the application interviews appeared to be promising. However, after two months it appeared that Iris was showing underperforming behaviour. The individuals in the team first noticed her underperforming behaviour when they received complaints of clients. These were complaints about the pre-arranged treatment method and progression of treatment goals. As a result, the individuals decided to evaluate Iris's treatment reports and treatment plans to examine what treatment choices she had made. They concluded that her treatment methods deviated from the agreed methods in the treatment plan. In turn this affected the extent to which treatment goals were achieved. To discuss and re-solve Iris's underperforming behaviour, her colleagues scheduled a team meeting.

According to the interviewees, Iris acted surprised when her colleagues suggested a meeting in which they wanted to discuss her underperformance. From her perspective she was not underperforming. An interviewee indicated that this had to do with her great lack of reflectivity. Her colleagues were able to substantiate her underperformance based on the complaints of clients, and her deviations from the treatment method and goals drawn up in the treatment. In the end, they jointly developed a list of points in which Iris needed to develop herself.

Two months later, the team reflected with Iris on her performance to see if any improvements were made. When comparing her performed treating methods with her points of development, it turned out that no progression in the treatment goals was made. As a result, the team and Iris jointly agreed to monitor and reflect on her performance every three weeks. Her colleagues individually kept record of Iris's performances on a daily basis. After

each reflection, the team asked Iris to write a conversation report so that they all agreed on what have been said and agreed on in these reflections.

At one point, her underperformance reached a peak as she gave wrong advice to a client regarding his medication during the treatment. A colleague, with whom Iris was working together in this treatment, noticed this mistake when her client started to refuse his medication. Iris advised the client that he could stop taking his medication, which in turn deteriorated the client's health and well-being. Subsequently, a conflict originated between these two colleagues. The interviewees indicated that this conflict negatively affected the team dynamic as they felt they had failed as a team. After this moment the team decided to ask for the consultation of the region coach in solving the conflicts and Iris's underperformance. However, the team was dissatisfied with the advice that the region coach gave, since his only advice was that the nurse should serve out her contract and that they should find a solution themselves. *"[…] The only thing we got back from the region coach was 'yes, she has to serve out her contract'. But she was not performing at all. We then asked if there was any other option that he could think of. No, he said, you have to solve it as a team. That did not help us much."* (Interview 4, Social Psychological Nurse). The underperformance was solved after Iris had fulfilled her contract and left the team.

Collectively deciding to end the treatment

In Team Y, Sofie and her colleague were treating a client who was suffering from suicidal thoughts and anxiety disorder. Due to a lack of objectivity of both individuals, wrong choices in the treatment were made. As a result of these wrong choices, no progress was made and therefore the client's treatment goals were not achieved.

Another colleague established their underperforming behaviour as she became aware of a conflict between the two caregivers and an external party called 'Jeugd en Gezin' (Youth and Family). The two caregivers felt that this party had made wrong decisions in the care of the client's children. However, their colleague noticed that this external party did not make any wrong decisions. By addressing this situation to the Sofie and her colleague, they became aware of their lack of objectivity. In turned out that this lack of objectivity did not only affect the corporation with this external party, but also on the progress and goals of the overall treatment. Sofie confirmed this with the following quote: *"[…] That is why you get blinders on. Then you are in it, and you do not know it anymore. You then run around and do not realize that you are there completely sucked in […]"* (Interview 4, Social Psychological Nurse).

To solve this lack of objectivity, the team first needed to investigate how this could have happened in the first place. In their weekly team meeting they concluded that their high work pressure in combination with serious manipulative behaviour by the client led to less objective caregivers. This resulted in only agreeing with the client's preferences and not making any progression in the treatment. Subsequently, they agreed not treating this client any further, because this client's problems needed more specialist care than they could provide. For that reason, the psychiatrist, in agreement with the other colleagues decided that this treatment had to be stopped.

4.4 Underperformance as an occasion for learning

This subchapter describes how the individuals of the self-managing teams used the situations of underperformance in subchapter 4.3 as an occasion for learning. After the underperforming behaviour ended, intervisions were held. Reflective talks in the intervisions made it possible for the individuals to evaluate and negotiate about the occasions of underperformance. Reflecting and thereby learning from these situations is extremely important for the individuals in self-managing teams, as they themselves, are responsible for improving their organisation of work and working methods to ensure better performances. An interviewee illustrated this with the following statement: *"[…] in a self-managing team you automatically come up with methods together to secure things […] And you learn it by trial and error. You have to reinvent the wheel"* (Interview 4, Social Psychological Nurse). For each situation of underperformance in subchapter 4.3, it is described how the intervisions took place, what learning points originated and how these have been used to improve their organization of work and business operations and therefore ensuring better performances.

4.4.1 Improving team dynamic and induction period

The points of improvement described in this subsection are a consequence of the underperformance situation Bart in Team Z. It turned out that Bart's prolonged period of underperformance had a major impact on the team dynamic. According to an interviewee, everyone started to show suspicious behaviour which led to separation in the team. The suspicious behaviour expressed itself, for example, in calling colleagues to check what kind of work they had done that day. After a while, the colleagues agreed in their weekly team meeting that this is not the way they wanted to work together. As a result, they scheduled an intervision to evaluate on the underperformance situation, the consequences that followed, and negotiate about possible improvements. In the intervision each individual was given the

opportunity to share his or her experience and vision on the underperformance situation and the consequences that followed. Then everyone was asked what improvements could be made to prevent this from happening again in the future. As a result of reflective talks in the intervision the individuals agreed that they needed to improve their team dynamic in which peer monitoring and feedback seeking behaviour is possible and improve their guidance for new colleagues during the induction period.

First of all, by using their agreement scale the individuals achieved consensus on introducing rounds of positivity into their weekly team meetings to improve their team dynamic. In these positivity rounds the individuals are able to share positive private or work-related matters. By discussing more positive matters, they experienced a higher degree of personal involvement. This higher degree of personal involvement ensured that direct peer monitoring is no longer avoided. This is because the individuals no longer experience direct peer monitoring as being negative or personal towards someone. The individuals indicated that direct peer monitoring can be seen as an important mechanism, as there are no managers that establish and act on individuals' performances. Further, being more personally involved with each other led to a higher degree psychological safety. In turn this psychological safety contributed to the individuals performing more feedback seeking behaviour. In the past, less safety had sometimes led to weird situations when colleagues asked for feedback. As a result of more psychological safety, the individuals are more inclined to seek feedback from each other when they encounter problems.

Second, the individuals agreed to improve their guidance of new colleagues during their induction period. Since Bart was not properly instructed during his induction period about how to acquire new clients, it eventually led to underperformance. Better guidance and instruction must ensure that new colleagues are better informed about how work should be performed and what is expected of them. The team realized this by assigning a supervising role to a colleague who provides guidance to the new colleague during this induction period. In the beginning this supervising colleague and new colleague have weekly evaluation meetings. In these meeting, the working methods and performances of the new colleague are reflected on. An interviewee illustrated this change by the following quote: "[...] *at least every so often there is a conversation with new employees about how they think it is and how we think it is going. Also, to ask what they still need* [...]" (Interview 4, Social Psychological Nurse). This must ensure that misinterpretations and misperceptions are quickly resolved so that individual or team performances are congruent to performance standards

4.4.2 Improving application procedure and induction period

The points of improvement described in this subsection are a consequence of the underperformance situation of Iris in Team Y. After Iris left the team, one colleague scheduled an intervision to evaluate on the underperformance situation, the consequences that followed, and negotiate about possible improvements. In line with the intervision of Team X, each individual was asked to share his or her experience and vision on the underperformance situation and the consequences that followed. Then everyone was asked what improvements could be made to prevent this from happening again in the future. As a result of reflective talks in the intervision, the individuals agreed that their application procedure and induction period of new colleagues needed to be improved. Ever since, two permanent colleagues are now responsible for the application procedure and the guidance of new colleagues during the induction period.

According to the interviewees, the search for a new colleague is an excellent moment to make up the balance in the team. Since the individuals themselves are responsible for the application procedure it is important to determine with what kind of expertise and person the team wants to hire. They accomplish this by first mapping out the expertise's, qualities and competences that are currently present in the team. For example, one interviewee stated that after this process of mapping, it became clear that in the search for a new colleague, they were not looking for a person with a dominant character. When the individuals reach consensus about the applicant's profile a vacancy is drawn up and posted online. The applications for the vacancy are reviewed by the two responsible individuals and shared with the other members. In previous situations the applicant would have had only one application interview with two random team members. Nowadays, the application interview consists of two rounds, which ensures that the entire team can speak and assess the applicant. After the two interviews, the team will evaluate the suitability of the applicant for their team. Here, it is important that the team reaches consensus on hiring a new colleague. If no consensus is reached, it can be decided to invite the applicant for an extra interview with the colleague or colleagues who are in doubt. Another option is to reject the applicant and continue the search for a new colleague. This improved process should ensure that misjudgements of applicants' qualities are prevented, which may ultimately can lead to underperformance.

Further, the individuals agreed to improve their guidance for new colleague during their induction period. They realized this by drawing up schedules of three weeks in which all colleagues take turns in guiding the new colleague. This must ensure that the new colleague

can ask questions and become familiar with the expectations regarding the way of working in the team. After three weeks, the two individuals who were also responsible for the application process, have an evaluation with the new colleague. In preparation for this evaluation, they ask the new colleague to write an evaluation report of the first three weeks. *"After those three weeks, we have a first evaluation meeting. Then we follow someone longer, if necessary, at least one more time. Even longer if necessary"* (Interview 9, Social Psychiatric Nurse). Eventually, this should ensure that there is sufficient attention and guidance for new colleagues.

4.4.3 Improving the monitoring of clients with complex problems

The points of improvement described in this subsection are a consequence of the underperformance of Sofie and her colleague in Team Y. After the team collectively decided to stop treating this client due to the complexity of her problems, they advised Sofie to go on leave a week earlier. This because her lack of objectivity had caused suffer severe stress symptoms. During this leave, Sofie realised that her behaviour had a negative influence on the client's treatment. *"Then I was able to detach myself from the case that I had taken home with me. Then I was able to look objectively at what had happened. It was only then that I realised that the woman had let us all play off against each other [...]"* (Interview, 4) After her leave, Sofie scheduled an intervision with all team members to reflect on the situation that occurred.

During the intervision, they evaluated the whole situation based on the goals and methods drawn up in the treatment plan and by reading the treatment reports. As a result of reflective talks in the intervision, they found two other causes that contributed to the development of their underperforming behaviour. First, they concluded that the psychiatrist made a wrong assessment of treatability of the clients' problem. Despite the expressed doubts of the two caregivers, he assessed her treatable. Second, other colleagues could have intervened using direct peer monitoring during their client consultation meetings. Sofie and her colleague often shared their experiences and struggles with regard to this treatment in these meetings. However, the atmosphere in the team was not optimal, due to a transition in which the team found themselves. An interviewee confirmed this by the following quote: *"[...] One part of the team was more into his computer then instead of participating in the MDO [client consultation meeting]"* (Interview 4, Social Psychological Nurse). As a result of this participation, other colleagues were not aware of them struggling.

To prevent this from happening again, the colleagues in the intervention concluded that two improvements needed to be made. Subsequently, these improvements were discussed in their team meeting and consensus was reached to act on them. First, the team agreed that clients whose problems may pose a risk to caregivers, need to be discussed in every client consultation meeting. Further, participation in their client consultation meeting participation is obligatory. This must ensure that bottlenecks in treatment are immediately discussed and resolved. Both improvements are important because the individuals in the self-managing team are collectively responsible for the overall team performance. By discussing treatments of clients on a team-level, colleagues can provide each other with feedback when they notice that an individual is struggling or when colleagues ask questions. In turn this can ensure that underperformance is prevented or resolved sooner.

5. Conclusion and discussion

The first part of this chapter elaborates on the findings that answer the research question. Simultaneously, the contribution of the findings to the current literature are discussed. In the second part implications for practice are described. In the third chapter the limitations of this research and recommendations for future research are mentioned. Finally, the researcher's role in the research is discussed.

5.1 Conclusion and discussion

In self-managing teams individuals use informal peer control because the hierarchical relationship between managers and employees is eliminated. This form of control allows the individuals to become controllers to establish performance standards, monitor and regulate team members' performances (De Jong et al., 2014). The individuals use two types of monitoring to establish and act o n performances of team members. Namely, direct peer monitoring and indirect peer monitoring (Loughry & Tosi, 2008). Prior research found that informal peer control has positive relation with direct peer monitoring and a negative relation with indirect peer monitoring (Walter et al., 2021).

Further, prior research studied the effect of direct and indirect peer monitoring on the overall team performances and job satisfaction. The results showed that direct peer monitoring had both positive and negative effects on overall team performance. In terms of job satisfaction, direct peer monitoring had positive effects (De Jong & Bijlsma-Frankema, 2009; Walter et al., 2021). On the other hand, results found that indirect peer monitoring had both positive effect on the overall team performance and negative effect on the job satisfaction (Walter et al., 2021).

Despite that these studies showed interesting results on the effect of informal peer control in self-managing teams, research on how it works in practice is underdeveloped. For that reason, the aim of this study was to examine how individuals in self-managing teams deal with underperforming team members when using informal peer control. Consequently, this led to the following research question:

How do individuals within self-managing teams deal with underperforming team members, when using informal peer control?

During the study, insight was gained on how the individuals in the self-managing team determined performance standards and how they are used to establish and deal with underperforming behaviour of team members when using informal peer control.

First, results showed that the individuals in the self-managing teams used norm consensus to determine performance standards in terms of an individual's caseload and goals for a treatment. This research contributes to the literature of performance management in self-managing teams as results showed how individuals agreed on performance standards using norm consensus. Results showed that the process of achieving norm consensus depends on the duration of corporation. In a team that cooperates for a shorter period of time, consensus comes more naturally. On the other hand, a team that cooperates for a longer period of time developed an agreement scale. On the basis of this scale every individual can express their degree of agreement towards the performance standards in discussion. This must ensure that every colleague is heard and not passed over.

Second, in establishing underperforming behaviour of team members the individuals in the self-managing teams used direct and indirect peer monitoring. These finding contribute to the study of Loughry and Tosi (2008). In their study they found two types of monitoring (direct- and indirect peer monitoring) by which individuals in self-managing teams notice and act on team members' performances. This research contributes to the study of Loughry and Tosi (2008) as results showed how the individuals use direct and indirect peer monitoring to established underperforming behaviour. During treatments the individuals compared the treatment reports with the prearranges treatment plans. By doing so the individuals compared whether their team members adhere to the predetermined working methods and performance standards. Underperformance was established when individuals noticed deviations from the agreed treatment method and progress towards treatment goals. Further, the individuals established underperformance of team members by monitoring their agenda's. In doing so, the individuals checked whether their members a sufficient caseload to achieve a sufficient percentage of treating time. Finally, underperformance was established by monitoring team member's individual figures with the performance standards.

Furthermore, the results showed that individuals use three ways of direct peer monitoring to deal with the underperforming behaviour of team members. These findings contributes to the research of Loughry and Tosi (2008) by adding how the individuals in self-managing teams use direct peer monitoring to deal with underperformance. To begin with, individuals contacted team members directly via WhatsApp or by calling when they noticed their underperforming behaviour. As a result, the underperforming behaviour was adequately discussed and resolved. Further, the individuals scheduled team meetings to collectively evaluate the underperforming behaviour. Subsequently, the individuals negotiated how they should provide guidance to the underperforming team member. However, when the

individuals did not succeed in solving the underperforming behaviour themselves, they asked for the consultation of their region coaches. Region coaches gave advice to the individuals on how to resolve the underperformance themselves. As a final point, the results showed that norm consensus, constructive feedback, degree of experienced safety, team composition and psychical proximity are conditions that form the basis for performing qualified direct peer monitoring.

Initially, when direct peer monitoring did not resolve the underperformance, it led to individuals performing indirect peer monitoring. Subsequently, this negatively affected the team atmosphere as individuals started gossiping and excluding underperforming team members. These results further contribute to the research of Loughry and Tosi (2008), by adding how continuing underperformance led to indirect peer monitoring.

Interestingly, this study found that besides direct peer monitoring, client involvement was used to establish team members' performances. Clients are seen as a valuable source of feedback and are therefore used to establish individual and team performances. This finding contributes to the literature of performance monitoring in self-managing teams, as another type of monitoring can be distinguished to establish team members' performances.

Finally, the results showed that after situations of underperformance, intervisions were held between the individuals in the self-managing team. The purpose of these intervision was to evaluate, negotiate and learn of these occasions of underperformance. As a result of these interventions, the teams came up with improvements by which they try to avoid similar situations from happening again in the future.

The main contribution of this research to the literature of informal peer control in self-managing teams is that the findings showed how individuals in self-managing teams deal with underperforming team members. The results showed how individuals established and dealt with team member's underperforming behaviour using direct and indirect peer monitoring. In addition, results showed conditions that contribute to performing qualified direct peer monitoring. Above all, the individuals in the self-managing teams are collective responsibility to deal with underperforming team members. As a final point, results showed how the individuals had learned from the underperformance situations by holding intervision sessions.

5.1.1 Practical implications.

By examining the results and findings of this research, four practical implications can be indicated for the self-managing teams in the organization.

First of all, the results showed several specific underperformance situations in which individuals used direct and indirect peer monitoring to deal with underperforming team members. These situations can be used as a reference for individuals or teams who are experiencing or experienced similar situations of underperformance. For teams who are currently experiencing similar situations of underperformance, these findings can help them in dealing with underperforming team members. Teams who experienced situations of underperformance themselves, can use these situations to compare. Also, these insights can be used as learning points for individuals or teams in general.

Secondly, the results showed five basic conditions by which qualified direct peer monitoring can be performed. For the self-managing teams, these conditions can be used to evaluate and improve the way by which they perform direct peer monitoring. On the one hand, these insights can be used by individuals in self-managing teams who just recently started working together. They can discuss these insights in their team meetings to develop or improve their team dynamic in which direct peer monitoring can be performed. On the other hand, these insights can be used by individuals in self-managing teams who are already working together for a longer period of time. They can discuss these insights to evaluate and improve their team dynamic in which direct peer monitoring can be performed. Additionally, management can use these insights to evaluate how they can support the self-managing teams in improving their team dynamic in which they perform direct peer monitoring. A support framework could be developed to help the self-managing teams in developing and maintaining a team dynamic in which qualified direct peer monitoring can be performed. This framework can also be used by region coaches when providing consultation to individuals or teams.

The last practical implications relate to the improvements that have been made after the intervisions. First of all, hiring candidates with insufficient qualities has led to situations of underperformance in teams. A disorganised application procedure led to candidates being inadequately assessed and therefore to mismatches. For that reason, it is important that teams have a well-organized application procedure. To begin with, teams could appoint two permanent individuals that are responsible for the application process. They are responsible for mapping the qualities of the team, drawing up a job profiles and scheduling interviews so that each team member speaks to the candidate. Finally, these two individuals are responsible for scheduling a meeting in which is decided whether the candidate will be accepted or rejected. In this decision-making process, it is important that the two responsible individuals monitor if consensus is achieved. The second improvement is the induction period of new

colleagues. When new colleagues join the team, the individuals themselves are responsible for taking care of the induction period of this new colleague. To realise this, individuals can draw up an induction plan in which all members are directly involved. The individuals take turns in guiding the new colleague. In this way, the new colleague can be taught the right working methods and become familiar with team members. It is recommended that progress is evaluated every three weeks so that it can be decided whether longer guidance is needed.

5.1.2 Limitations

In addition to the findings and implications, there are also a number of limitations of this research. The first group of limitations relate to the transferability of the research. This research was only conducted among caregivers who provide specialist mental health care to people with complex psychiatric and social problems that prefer or need to be treated and supported at home. For that reason, the findings on how individuals deal with underperforming team members can only be interpreted and used in the domain of this type of care and organization. It is possible that individuals in self-managing teams that provide different types of care or work in other branches then healthcare, deal differently with underperforming team members. Besides, this research has only been conducted in three self-managing teams. In total, the organization has fifty-five self-managing teams. For that reason, it is possible that other self-managing teams deal differently with underperforming team members.

The second group of limitations relate to the way by which data is collected. First, data collecting only lasted for two months. As a result, it was not it was not possible to examine how individuals are dealing with current situations of underperformance. Further, during the first three interviewees, a weak internet signal in combination with video recording, caused the online conferencing tool to freeze or blur. Sometimes these moments lasted for several minutes which made it difficult to understand parts of the interview. This could have led to the loss of valuable data. Moreover, because interviews were conducted online, it was more difficult to detect non-verbal communication such as body posture and emotions. Moreover, one participant did not have a functioning webcam. As a consequence, no facial expressions or body language are observed. This may have affected the way by which the data was interpreted. As a final point, only interviews and documents are used as data collection methods and therefore no triangulation of data has been achieved. Observations of treatments, team meetings or client evaluation moments could have improved the quality of the data and therefore the quality of the research.

The final group of limitations relates to the type of participants in this research. In terms of representatives of this research, only caregivers participated in this research. Psychiatrists and region coaches did not participate. As a result, less in depth-information has been collected of each group. Further, only interviews with caregivers who experienced underperformance have been conducted. Interviews with underperforming colleagues could have improved the quality of the data. This is because data would have been collected from multiple perspectives. Using data from multiple perspectives can decrease the risk of bias by the researcher (Symon & Cassell, 2012). As a final point, two participants recently joined the organization. As a result, they had little to no experience on situations of underperformance and how there was dealt with these situations. This may have affected the quality of the data and therefore the quality of the research.

5.2 Suggestions for further research

Considering the results and limitations of this research, three suggestions for future research are provided. To begin with, five conditions were identified that form the basis for qualified direct peer monitoring. These five conditions are identified by only three teams within this organization. Further longitudinal research can investigate whether these five basic conditions also apply to other teams within this organisation, the healthcare sector or in other industries. Besides that further research can specify these conditions even more, it can also expend them with possible new conditions. Subsequently, these insights may help self-managing teams in developing a team dynamic in which performing direct peer monitoring is optimal.

Second, quantitative studies already examined the effect of informal peer control, direct peer monitoring and indirect peer monitoring. In a relative short period time, this qualitative study identified several ways by which individuals in self-managing teams deal with underperforming members. More longitudinal research could allow for more extensive insights and deeper knowledge on how individuals in self-managing teams deal with different occasions of underperformance. By conducting observations, more information on the interactions in dealing with underperformance can be provided. These extensive insights can shed new light on how individuals in this particular organization, the healthcare sector or in other industries, deal with underperforming team members when having informal peer control. Additionally, these insights can lead to an overview of practices to deal with different types of underperformances.

Lastly, an interesting finding was that the individuals in the teams use client-involvement as a way to monitor team member's performances. However, in this research no situation was found in which underperformance was identified through the use of client involvement. It would be interesting if further research can examine how individuals in self-managing teams use client-involvement as a way to establish and act on underperformance. By conducting more research, extensive knowledge can be gathered that help understand how client-involvement works in practice and how it is used to establish and deal with underperforming team members.

5.3 Reflexivity

Qualitative research requires the reflexivity on the role of the researcher. In this final subchapter I reflect on my role as a researcher to be aware of my assumption about the phenomenon being studied, and the way my presence influenced both the research process and results (Symon & Cassell, 2012). To begin with, my educational background may have influenced some of my interpretation, ideas and actions. This is because I was educated in qualitative organizational research in a western university. Researchers who are educated in a different type of educational background may have other interpretations, ideas and actions on how to perform qualitative research.

Further, during the data collection and analyzation process I tried to keep an interpretivist approach. The starting point of this approach is that it takes the human interpretation as starting point for developing knowledge about the social world. However, the way I interpreted the data after transcribing and coding the interviews may differ from other researchers. Moreover, because of the iterative process of data collection and analyzation, none of the interviews had exactly the same structure or questions asked. Therefore, the answers given by the interviewees and the structure of the interview could have affected my interpretation of the results.

A third point to consider is the researcher's pre-existing knowledge and assumptions. From my perspective, my limited amount of pre-existing knowledge had little influence on my own assumptions and interpretations of the data. This is because informal peer control in self-managing teams was a completely new topic for me. Further, due to my lack of knowledge on specialist mental health care, I entered the interviews neutrally and open-minded. However, in the beginning I struggled with understanding terms that the participants used the light of their provision. For that reason, it was sometimes hard to understand how the

individuals organized their work and business operations. This lack of understanding could have resulted in misinterpretations by the researcher.

Further, in the invitations to participate in this research, it was announced that my research was about performance management within self-managing teams. As a result, participants may have already been aware that questions about underperformance could be asked. This may have influenced which topics they did or did not discuss during the interviews, the content of the answers and my interpretation of the information.

As a final point, prior to this research I had limited knowledge of how specialist mental health care is provided. I now realize that providing this care to people with these problems is more complex and heavier than I thought. For that reason, it made me appreciate the work of these caregivers even more.

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Appendices

Appendix A: Interview guide orientational interview English

Introduction

First, I would like to thank you for your time and participation with this research. My name is Tom Rondhout and I am currently a master student in Organizational Design and Development at Radboud University Nijmegen. For the completion of my master I am currently writing my master thesis that focuses on performance management within self-managing teams.

Purpose and content of the interview

As part of my master's thesis, I am conducting research within a few self-managing teams of [Name organization]. The aim of this interview is to get a better picture of [Name organization] as an organization, its self-managing teams and the care they provide. The topics that will be discussed are: general background of the respondent, self-managing teams [Name organization], type of care provided by the self-managing teams and the organisational structure within [Name organization]. The information from this interview forms a basis for further research. The interview would take approximately 30-45 minutes.

Anonymity and Confidentiality

I would like to record the interview so that I can work out all the information that is being discussed. The recording, the interview transcript and the results are at all times handled completely anonymously and confidentially. I would like to know if you agree with this. Before the interview will start, do you have any further questions?

1.1 General information interviewee

- Could you introduce yourself?
- How long have you been working for [Name organization]?
- What position do you fulfil within [Name organization]?
- Could you explain what the position entails?
- Could you explain what your responsibilities are within your self-managing team?

1.2 Self-managing team (s) [Name organization]

- Have you worked in self-managing teams before? If so, in which one?

- What is the biggest difference with that self-managing team compared to the self-managing team of [Name organization]?

- If not, what is the biggest difference with working in an organization without self-managing teams?

Could you tell me a bit more about the composition of the self-managing teams within [Name organization]?

- In general, what is the composition of a self-managing team?

- How many members does a self-managing team consist of on average?

- Could you describe the different functions in your team and how they relate to each other?

In the 'kaderboekje' I read that in addition to the functions, various roles are fulfilled in the self-managing teams. Could you tell me more about this?

- Could you briefly explain the responsibilities of each role?

- How long on average is a role fulfilled?

- From your perspective, what makes [Name organization]'s self-managing teams successful? Can you give an example?

- From your perspective, where could [Name organization]'s self-managing teams improve? Can you give an example?

1.3 Care provided by [Name organization]

Could you tell me what type of care [Name organization] provides?

- Could you briefly explain each type of care with an example?

- Is there cooperation with external parties in the provision of care?

    If so, can you explain which parties?

- From your perspective, what makes the care provision of [Name organization] unique?

    Could you describe this with an example?

- From your perspective, how could [Name organization] improve its care provision?

    Could you describe this with an example?

1.4 Structure of [Name organization]

I am also interested in the structure of [Name organization].

- Despite the self-managing teams, are there many management layers in the organization or is the organization quite flat?

       Could you give an example showing this?

- Does management play a major role in your self-managing team?

       If so, could you describe what shows this?

       If not, could you describe what shows this?

- Could you describe which systems are used in the organization to inform with the self-managing teams?

       Could you give an example showing this?

- Which systems are used within the self-managing teams?

       Could you give an example showing this?

1.5 Conclusion of the interview

- Do you have any relevant additions that could be of added value to this research? Perhaps topics I forgot to ask?

- How did you experience the interview?

- Do you have any feedback for me?

- Word of thanks.

Appendix B: Interview guide orientational interview Dutch

Introductie

Allereerst wil ik u bedanken voor uw tijd en participatie in dit onderzoek. Mijn naam is Tom Rondhout en ik ben momenteel een master student Organisational Design and Development aan de Radboud Universiteit Nijmegen. Voor de afronding van mijn master schrijf ik momenteel mijn master thesis die zicht focust op de performance management binnen zelfsturende teams.

Doel en inhoud interview

Als onderdeel van mijn masterscriptie doe ik onderzoek binnen enkele zelfsturende teams van [Name organization]. Het doel van dit interview is om een beter beeld te krijgen van [Name organization] als organisatie, haar teams en de zorg die wordt verleend door deze teams. De onderwerpen die behandeld zullen worden zijn: algemene achtergrond respondent, zelfsturende teams [Name organization], type zorg die wordt verleend door de zelfsturende teams en de structuur binnen [Name organization]. De informatie uit dit interview vormt een basis voor het verdere onderzoek. Het interview zou ongeveer 30-45 minuten duren.

Anonimiteit en vertrouwelijkheid

Graag zou ik het interview willen opnemen zodat ik alle informatie die wordt besproken kan uitwerken. De opname, het interview transcript en de resultaten zullen volledig geanonimiseerd worden en uiterst zorgvuldig worden behandeld. Gaat u hiermee akkoord? Heeft u verder nog vragen voordat het interview zal plaatsvinden?

1.1 Algemene informatie geïnterviewde

- Kunt u zichzelf voorstellen?
- Hoelang bent u al werkzaam voor [Name organization]?
- Welke functie vervult u binnen [Name organization]?
- Kunt u toelichten wat de functie inhoudt?
- Kunt u toelichten wat uw verantwoordelijkheden zijn binnen het zelfsturende team waarin u werkzaam bent?

1.2 Zelfsturende team(s)

- Heeft u in het verleden al eerder in zelfsturende teams gewerkt? Zo ja, in welke?
- Wat is het grootste verschil met dat zelfsturende t.o.v. het zelfsturende team waarin u werkzaam bent?
- Zo nee, wat is het grootste verschil met werken in een organisatie zonder zelfsturende teams?

Kunt u iets meer vertellen over de samenstelling de zelfsturende teams binnen [Name organization]?

- Wat is in het algemeen de samenstelling van een zelfsturend team?
- Uit hoeveel leden bestaat gemiddeld een zelfsturend team?
- Kunt u de verschillende functies in uw team beschrijven en hoe deze met elkaar samenhangen?

In het kaderboekje las ik dat er naast de functies, diverse rollen worden vervuld in de zelfsturende teams. Kunt u mij hier meer over vertellen?

- Kunt u kort de verantwoordelijkheden van iedere rol toelichten?
  - Hoelang wordt gemiddeld een rol vervult?
- Vanuit uw perspectief, wat maakt de zelfsturende teams van [Name organization] succesvol?   Kunt u daarbij een voorbeeld geven?
- Vanuit uw perspectief, waarin zouden de zelfsturende teams van [Name organization] zich kunnen verbeteren?
  - Kunt u daarbij een voorbeeld geven?

1.3 Zorgverlening van [Name organization]

Kunt u mij vertellen welke type zorg jullie vanuit [Name organization] verlenen?

- Kunt u elk type zorg kort toelichten met een voorbeeld?
- Wordt er bij het verlenen van de zorg samengewerkt met externe partijen?
  - Zo ja, kunt u toelichten welke partijen?
- Vanuit uw perspectief, wat maakt de zorgverlening van [Name organization] uniek?
  - Kunt u dit beschrijven aan de hand van een voorbeeld?
- Vanuit uw perspectief, waarin zou [Name organization] haar zorgverlening in kunnen verbeteren?
  - Kunt u dit beschrijven aan de hand van een voorbeeld?

1.4 Structuur [Name organization]

Verder ben in geïnteresseerd in de structuur van [Name organization].

- Ondanks de zelfsturende teams, zijn er veel bestuurslagen te herkennen in de organisatie of staat iedereen dicht bij elkaar? Kunt u een voorbeeld geven waaruit dit blijkt?

- Speelt het management een grote rol binnen jullie zelfsturende team?

  Zo ja, kunt u beschrijven waaruit dit blijkt?

  Zo nee, kunt u beschrijven waaruit dit blijkt?

- Kunt u beschrijven welke systemen er worden gebruikt in de organisatie om met de zelfsturende teams te informeren?

  Kunt u daarbij een voorbeeld geven?

- Welke systemen worden er binnen de zelfsturende teams gebruikt?

  Kunt u daarbij een voorbeeld geven?

1.5 Afsluiting interview

- Heeft u nog relevante aanvullingen die van toegevoegde waarde kunnen zijn voor dit onderzoek? Wellicht onderwerpen die ik ben vergeten te vragen?

- Hoe heeft u het interview ervaren?

- Heeft u feedback voor mij?

- Bedankwoord.

Appendix C: Interview guide individual interview English

Introduction

First, I would like to thank you for your time and participation with this research. My name is Tom Rondhout and I am currently a master student in Organizational Design and Development at Radboud University Nijmegen. For the completion of my master, I am currently writing my master thesis that focuses on performance management within self-managing teams.

Purpose and content of the interview

As part of my master's thesis, I conduct research within a few self-managing teams of [Name organization]. The purpose of this interview is to better understand how work is organized within the self-managing teams of [Name organization] and how their daily work is carried out. The interview would take approximately 60-75 minutes.

Anonymity and Confidentiality

I would like to record the interview so that I can work out all the information that is being discussed. The recording, the interview transcript and the results are at all times handled completely anonymously and confidentially. I would like to know if you agree with this. Before the interview will start, do you have any further questions?

1.1 General information interviewee

- Could you introduce yourself?
- How long have you been working for [Name organization]?
- What position do you fulfil within [Name organization]?
- Could you explain to me what the position entails?
- Could you describe what your responsibilities are within your self-managing team?

1.2 General information self-managing team

- Could you describe what types of care you primarily provide with your team?
- Could you describe the different positions in your team and how they are interrelated?
- Could you describe what the main goals of your self-managing team are?
- From your perspective, how would you describe the team dynamic within your self-managing team?

If positive, could you describe how this is accomplished?

If negative, could you describe how this is accomplished?

1.3 Successful performance(s) of the self-managing team

- Could you give an example of a particular case that you have carried out successfully with your team?

- In what way were you aware of each other's performance during this particular case?

- How did you as a team determine in this particular case which tasks had more priority?

- How did you determine in this particular case that the performances were successful?

- Could describe how in this particular case the performances were expressed?

> - Could you give me another example of successful case?

1.4 (a) Less successful performance(s) of the self-managing team

You just gave an example of a case/ examples of cases that have been successful.

- Has there also been a situation and/or case where the performance was less successful? (For example, struggle to accomplish team goals, individual goals and / undesirable behaviour)

- Could you explain to me what happened in this particular case?

- Who were involved in this particular case and what was their role in it?

- From your perspective, what was in this particular case the cause for this performance?

- Could you describe what influence this particular performance had on the team dynamic?

- How did you as a team negotiated that the performance in this case was less successful?

- What actions did you as a team take to re-establish the performance?

- From your perspective, did those actions re-established the performances?

If yes, could you explain how you experienced those actions?

If no, could you explain how you experienced those actions?

(b)

- From your perspective, what have you as a team learned from this particular situation?

- Can you give a specific example of how this is visible in similar contemporary situations?

- What did you as an individual specifically learned from this particular case?

> - Could you give me another example of a case that went less well?

1.5 Conclusion of the interview

- Do you have any relevant additions that could be of added value to this research? Perhaps topics I forgot to ask?

- How did you experience the interview?

- Do you have any feedback for me?

- Word of thanks.

Appendix D: Interview guide individual interview Dutch

Introductie

Allereerst wil ik u bedanken voor uw tijd en participatie met dit onderzoek. Mijn naam is Tom Rondhout en ik ben momenteel een masterstudent Organisational Design and Development aan de Radboud Universiteit Nijmegen. Voor de afronding van mijn master ben ik momenteel mijn masterscriptie aan het schrijven die zich richt op performance management binnen zelfsturende teams.

Doel en inhoud van het interview

Als onderdeel van mijn masterscriptie doe ik onderzoek binnen enkele zelfsturende teams van [Name organization]. Het doel van dit gesprek is om beter te begrijpen hoe het werk wordt georganiseerd in het zelfsturende teams van [Name organization] en hoe het dagelijks werk door hen wordt uitgevoerd. Het interview zou ongeveer 60-75 minuten duren.

Anonimiteit en vertrouwelijkheid

Ik wil het interview graag opnemen zodat ik alle informatie die wordt besproken kan uitwerken. De opname, het transcript van het interview en de resultaten worden te allen tijde volledig anoniem en vertrouwelijk behandeld. Ik zou graag willen weten of u het hiermee eens bent. Heeft u nog vragen voordat het gesprek begint?

1.1 Algemene informatie geïnterviewde

- Kunt u zichzelf voorstellen?
- Hoe lang werkt u al bij [Name organization]?
- Welke functie vervult u binnen [Name organization]?
- Kunt u mij uitleggen wat de functie inhoudt?
- Kunt u omschrijven wat uw verantwoordelijkheden zijn binnen uw zelfsturende team?

1.2 Algemene informatie zelfsturend team

- Kunt u omschrijven welke soorten zorg u voornamelijk verleent met uw team?
- Kunt u de verschillende functies in uw team beschrijven en hoe deze met elkaar samenhangen?
- Kunt u omschrijven wat de belangrijkste doelen van uw zelfsturende team zijn?

- Hoe zou u vanuit uw perspectief de teamdynamiek binnen uw zelfsturende team omschrijven?

    Indien positief, zou u kunnen beschrijven hoe dit wordt bereikt?

    Indien negatief, zou u kunnen beschrijven hoe dit wordt bereikt?

1.3 Succesvolle prestatie(s) van het zelfsturende team

- Kunt u een voorbeeld geven van een specifieke case die u met uw team succesvol heeft uitgevoerd?
- Op welke manier waren jullie op de hoogte van elkaars prestaties in dit specifieke geval?
- Hoe hebben jullie als team in dit specifieke geval bepaald welke taken meer prioriteit hadden?
- Hoe hebben jullie in dit specifieke geval vastgesteld dat de uitvoeringen succesvol waren?
- Zou u kunnen beschrijven op welke manier in dit specifieke geval de prestaties tot uitdrukking kwamen?

> - Kunt u mij nog een voorbeeld geven van een succesvolle zaak?

1.4 (a) Minder succesvolle prestatie (s) van het zelfsturende team

U heeft zojuist een voorbeeld gegeven van een case/ voorbeelden van cases die succesvol zijn geweest.

- Is er ook een situatie en/ of geval geweest waarin de prestaties minder succesvol waren? (Bijvoorbeeld moeite hebben met het behalen van teamdoelen, individuele doelen en/ of ongewenst gedrag)
- Kunt u mij uitleggen wat er in dit specifieke geval is gebeurd?
- Wie waren bij deze specifieke zaak betrokken en wat was hun rol daarin?
- Wat was vanuit uw perspectief in dit specifieke geval de oorzaak van deze prestatie?
- Kunt u beschrijven welke invloed deze specifieke prestatie had op de teamdynamiek?
- Hoe heb je als team besproken dat de prestatie in dit geval minder succesvol was?
- Welke acties heeft u als team ondernomen om de prestatie te herstellen?
- Hebben die acties, vanuit jouw perspectief, de prestaties hersteld?

    Zo ja, kunt u uitleggen hoe u die acties heeft ervaren?

    Zo nee, zou u kunnen uitleggen hoe u die acties heeft ervaren?

(b)

- Vanuit uw perspectief, wat hebben jullie als geleerd van deze specifieke situatie?

- Kunt u een concreet voorbeeld geven van hoe dit zichtbaar is in vergelijkbare hedendaagse situaties?

- Wat heeft u als individu specifiek geleerd van deze situatie?

 - Kunt u mij nog een voorbeeld geven van een minder succesvolle case?

1.5 Conclusie van het interview

- Heeft u relevante aanvullingen die van toegevoegde waarde kunnen zijn voor dit onderzoek? Misschien onderwerpen die ik ben vergeten te vragen?

- Hoe heb je het interview ervaren?

- Heeft u feedback voor mij?

- Dankwoord.

Appendix E: Priori themes and initial template

A priori themes	
Performance management in self-managing teams	Related concepts: Informal peer control, Patterning, Sequence-based prioritizing, Time-based prioritizing, Reflective talks, Feedback through inquiry, Feedback through monitoring
Underperformance in self-managing teams	Related concepts: Acute/ episodic underperformance, Chronic underperformance, Direct peer monitoring, Indirect peer monitoring, Organizationally norms, Voluntary norms
Conflicts in self-managing teams	Related concepts: Task conflicts, Relationship conflict, Negotiation order

Table 5: A priori themes

Initial template used for coding			
Quote/ statement:	Open coding:	Axial coding:	Selective coding:
		Organizationally norms Voluntary norms Prioritizing Reflective talks Feedback through inquiry Sequence-based prioritizing Time-based prioritizing	Setting performance standards in self-managing teams
		Direct peer monitoring Indirect peer monitoring Client involvement Acute/ episodic underperformance Chronic underperformance Task conflicts Relational conflict Reflective talks	Underperformance in self-managing teams

	Reflective talks	Underperformance as an occasion for learning
	Improved application procedure	
	Improved monitoring of treatments complex clients	
	Improved induction period	
	Norm consensus	

Table 6: Initial template used for coding

Appendix F: Coding scheme

Interview and Code ID:	Quote:	Axial code (including definition):	Selective code:
9 (9:40)	"Nou wat … geen 70"	Organizationally norms - Standards that are induced by a single external source to the team. These types of standards are more functional and prescribe what counts as productive behaviour and are applied to all teams in an organization (De Jong et al., 2014).	Setting performance standards in self-managing teams
6 (6:155)	"We zijn … te hangen"	Voluntary norms - Standards that emerge spontaneously within teams. These types of standards are less functional than organizational induced norms and could be difference across teams De Jong et al., 2014).	Setting performance standards in self-managing teams
2 (2:120)	"Ja, alleen … kunnen lossen"	Sequence-based Prioritizing - Prioritizing between routine participants to build shared temporal expectations about the appropriate sequence of contributions of performances towards a routine (Kremser & Blagoev, 2020).	Setting performance standards in self-managing teams
2 (2:110)	"Maar als … vrij natuurlijk"	Time-based prioritizing - Prioritizing between routine participants to build shared temporal expectations about the performance of routines for when certain events happen (Kremser & Blagoev, 2020).	Setting performance standards in self-managing teams
3 (3:15)	"Dan gaan … dat eens"	Reflective talks - Joint conversations between involved and uninvolved routine participants to evaluate the current routine performance and negotiate about future routine performances (Dittrich et al., 2016; Kremser & Blagoev, 2020).	Setting performance standards in self-managing teams

7 (7:55)	"Ja eigenlijk … client beter"	<u>Feedback through inquiry</u> - Individuals pro-actively engaging in interactions with other colleagues by directly asking for feedback (Ashford & Cummings, 1983).	Setting performance standards in self-managing teams
4 (4:92)	"Dat is … konden toevoegen"	<u>Direct peer monitoring</u> - "…noticing peers' behav- ior or results and responding directly and openly, such as praising coworkers when they do a good job, cor- recting coworkers when they make mistakes, report- ing dishonest coworkers, and discussing how everyone does the job" (Loughry & Tosi, 2008, p. 885)	Underperformance in self-managing teams
7 (7:108)	"Het vervelende … functioneert niet"	<u>Indirect peer monitoring</u> - "…gossip- ing about and avoiding poorly performing coworkers, behaviors that do not unambiguously link the coworker's actions with the consequences" (Loughry & Tosi, 2008, p. 885).	Underperformance in self-managing teams
5 (5:127)	"Niet zo … zijn allen"	<u>Client involvement</u> - Scheduled evaluations moments with the persons being treated and the caregiver to evaluate his performance.	Underperformance in self-managing teams
5 (5:33)	"Toen kwam … wat afstemming"	<u>Acute/ episodic underperformance</u> - "… carrying out a task in a way that does not meet the standards for performance or that results in outcomes that are noticeably worse than they could have been in a different option of carrying out the task had been chosen" (Pindek, 2020, p. 3).	Underperformance in self-managing teams
4 (4:90)	"Klachten uit … onderbouwingen, ja"	<u>Chronic underperformance</u> - "… not meeting standards for effectiveness requirements in terms of quality and/or quantity of the output that the employee has produces over time" (Pindek, 2020, p. 3).	Underperformance in self-managing teams

4 (4:101)	"Maar ze … haar dragen"	<u>Relational conflict</u> - "… when there are interpersonal incompatibilities among group members, which typically includes tension, animosity, and annoyance among members within a group" (Jehn, 1995, p. 258).	Underperformance in self-managing teams
2 (2:52)	"Echt duidelijke … nu weet"	<u>Task conflicts</u> - "… when there are disagreements among group members about the content of the task being performed, including differences in viewpoints, ideas, and options" (Jehn, 1995, p. 258).	Underperformance in self-managing teams
8 (8:59)	"Uiteindelijk denk … weer evalueren"	<u>Negotiation order</u> - In this process of negotiation and interaction, individuals in a role know their own expectations and resources by which they can negotiate the conflict (Bechky, 2006; Strauss et al., 1963).	Underperformance in self-managing teams
7 (7:99)	"Iedereen heeft … is, ja"	<u>Reflective talks</u> - Joint conversations between involved and uninvolved routine participants to evaluate the current routine performance and negotiate about future routine performances (Dittrich et al., 2016; Kremser & Blagoev, 2020).	Underperformance in self-managing teams
4 (4:137)	"Dat is … aanbod gekomen"	<u>Improved application procedure</u> - The enhanced process recruiting and selecting new colleagues.	Underperformance as an occasion for learning
4 (4:164)	"Toen ik … hem breder"	<u>Improved monitoring of treatments with complex clients</u> - The enhanced supervision of caregivers who deal with complicated patients.	Underperformance as an occasion for learning
9 (9:83)	"Nou als … het gaat"	<u>Improved induction period</u> - The enhanced process of mentoring new colleagues after they have been hired.	Underperformance as an occasion for learning

| 7 (7:142) | "Ja, dan … netjes in" | <u>Norm consensus</u> - The extent to which members of group collectively agree about what constitutes as productive work behaviour is defined as norm consensus (De Jong & Bijlsma-Frankema, 2009, p. 2). | Underperformance as an occasion for learning |

Table 7: Coding Scheme

Appendix G: Interview transcripts

The interview transcripts have been submitted to the supervisor.