

Teamwork KSAs and self-managing structures

Teamwork KSAs in self-managing teams and non-self-managing groups in elderly care nursing homes



Radboud Universiteit

Keywords: Teamwork KSAs, Self-managing teams, Non-self-managing groups, Elderly care.

Master Thesis in Organisational Design & Development

(MAN-MTHODA)

Mandy Versteeg

S1008082

Abstract

This research dives into the difference in required teamwork KSAs between self-managing teams and non-self-managing groups in the elderly care nursing home sector. The methodology consists of a qualitative, inductive, comparative case study. Data is collected through documents and interviews. Results show that self-managing teams and non-self-managing groups both require teamwork KSAs that are coherent with other industries, but differ on certain aspects. These results show the theoretical contribution that teamwork KSAs differ due to characteristics of the healthcare sector. The insights from this study can practically be used by policy makers, elderly care nursing home institutions and care workers. Further research can dive into the differences between teamwork KSAs for self-managing groups and teams and non-self-managing groups and teams.

Table of contents

1. Introduction	5
2. Theoretical Framework	8
2.1 Self-managing teams and non-self-managing groups teams	8
2.1.1 Teams and groups	8
2.1.2 Self-managing vs. non-self-managing	8
2.1.3 Self-managing teams and non-self-managing groups	10
2.1.4 Context of elderly care nursing homes	11
2.2 Teamwork KSAs	12
2.2.1 Teamwork KSAs in general	12
2.2.2 Teamwork KSAs in healthcare sector	15
3. Methodology	18
3.1 Research design	18
3.2 Empirical setting	19
3.3 Data collection	21
3.4 Data analysis	23
3.5 Ethics	27
4 Results	29
4.1 Teamwork KSAs self-managing team	29
Knowledge	29
Skills	31
Abilities	33
4.2 Teamwork KSAs non-self-managing group	33
Knowledge	34
Skill	34
Abilities	36
5 Discussion	37
5.1 Comparison	37
5.2 Theoretical contribution	38
Knowledge	39
Skill	39
Abilities	41
5.3 Practical contribution	41
5.4 Limitations	42
6 Conclusion	43
7 References	44

8	Appendix	49
	Appendix A: Interview guide	49
	Appendix B: Quotes self-managing team	52
	Appendix C: Quotes non-self-managing group	55

1. Introduction

“They applauded me when I stopped the self-managing team” states Vincent Maas, after reversing the implementation of self-managing teams in the elderly care organisation Laurens (Beurden, 2017). Shortly after, healthcare provider Cordaan followed (*Cordaan stopt met zelfsturing in wijkzorg - Skipr*, z.d.). The introduction of self-managing teams aimed to enhance efficiency in the collaboration of care workers (Monsen & deBlok, 2013), which is critical given the projected shortage of 135,000 healthcare workers by 2031 (*Onderzoek*, 2022). While half of the healthcare institutions in the Netherlands have embraced self-managing structures (Redactie, 2015), recent reorganisations show limited prospects for success. The increasing focus on self-managing teams has underscored the need to examine the requirements for effective teamwork. Numerous studies have explored the necessary knowledge, skills, and abilities (KSAs) for working in self-managing teams (Doblinger, 2022) as well as the required teamwork KSAs across diverse industries (Stevens & Campion, 1994). However, the application of these findings to the elderly care sector remains limited. Given the challenges faced by self-managing structures in elderly care organisations, it is time to shed light on this issue. Hence, this research aims to investigate the differences in the required KSAs for teamwork between self-managing teams and non-self-managing groups within the context of elderly care nursing homes.

Recent reorganisations (Beurden, 2017; *Cordaan stopt met zelfsturing in wijkzorg - Skipr*, z.d.) highlight the existence of differences between self-managing teams and non-self-managing groups. A team emerges when managerial tasks are transferred to the team level (van Amelsvoort & Benders, 1996), accompanied by shared purpose, goal, and the understanding among team members that they must collaborate to achieve their collective objectives (G. V. Lee, 2009). Self-managing teams adhere to a shared leadership structure (Weerheim et al., 2018) and enjoy a broader degree of autonomy (Tjepkema, 2003). Non-self-managing groups lack team-level managerial tasks and are not perceived as a team (van Amelsvoort & Benders, 1996). These groups adhere a traditional management structure, with their activities primarily focused on operational tasks (Weerheim et al., 2018).

In the last decades, teams have become a more important work design in organisations (Stevens & Campion, 1994). This sparks the interest in understanding how teamwork can be executed effectively. Stevens and Campion (1994) synthesized insights from various fields and created 14 specific teamwork KSAs. With the rise of self-managing teams, research on individual

competences required for this work design has been conducted (Doblinger, 2022). However, the healthcare sector has not been investigated yet. This sector, and specifically the elderly care nursing homes context, is characterized by a client-centred approach (Bosman et al., 2008) and multidisciplinary teams (Johnson et al., 2018), which requires different teamwork KSAs than studied in other sectors.

The objective of this research is to examine the differences in teamwork KSAs between self-managing teams and non-self-managing groups within the context of the elderly care nursing homes. This objective leads to the following research question:

How do self-managing teams and non-self-managing groups differ in their required teamwork knowledge, skills and abilities (KSA) in the elderly care nursing home context?

In order to answer this research question, the following sub-questions will be answered:

1. What is the difference between self-managing teams and non-self-managing groups in the elderly care nursing home context?
2. What are required KSAs for teamwork?
3. How do care workers in the elderly care nursing home context identify teamwork KSAs in a self-managing team?
4. How do care workers in the elderly care nursing home context identify teamwork KSAs in a non-self-managing group?

A multiple case study is conducted, comparing a self-managing team and a non-self-managing group in elderly care nursing homes, focussing on the required teamwork KSAs for efficient teamwork. A constructivist paradigm aligns with this methodology (Baxter & Jack, 2015), enabling participants to share experiences and construct meaning (Lather, 1992; C.-J. G. Lee, 2012). Data collection involves documents and semi-structured interviews. The study involved 12 professionals from two elderly care nursing homes, evenly split between the self-managing team and non-self-managing group. Data analysis follows the Gioia method (Gioia et al., 2013).

The results indicate similarities and differences in required teamwork KSAs between the two groups. Both groups require knowledge on care, organisation and each other. The self-managing team emphasizes joint vision knowledge, whereas the non-self-managing group emphasizes understanding the team manager's role. Both cases require skills surrounding collaboration, communication and knowledge sharing. In addition, the self-managing team prioritizes responsibility and professional skills, while the non-self-managing group

emphasized leadership and personal skills. In the self-managing team, an important ability is to ask for help, while self-confidence is an ability highlighted by the non-self-managing group.

This research delivers a theoretical contribution to the understanding of teamwork KSAs in self-managing teams and non-self-managing groups within a client-centred sector (Bosman et al., 2008). The healthcare sector, characterized by this client-centred approach, employs multidisciplinary teams (Kutzscher et al., 1997). Research has explored teamwork KSAs in different industries (Stevens & Campion, 1994) and for self-managing teams (Doblinger, 2022), but there is limited understanding of the specific KSAs required for self-managing teams in client-centred sectors. The client-centred approach and multidisciplinary teams suggest distinct teamwork KSAs compared to non-client-centred sectors. This research contributes empirically to understanding teamwork KSAs in elderly care self-managing teams in. Previous research emphasizes teamwork in the elderly care sector (Clark, 1995; Ellingson, 2002; van Dijk-de Vries et al., 2017), and extensive research has explored the general KSAs (Stevens & Campion, 1994). However, the combination of these subjects has not yet been investigated in the elderly care sector.

This research contributes practically to policy makers, elderly care nursing home organisations and care workers. The healthcare worker shortage pressures healthcare organisations and policy makers to rethink healthcare organization (Pauka, 2023). Self-managing teams have the potential to achieve efficiency (Monsen & deBlok, 2013), but this redesign requires teamwork and teamwork KSAs. This research informs policy makers in creating transformative policies. Elderly care organisations can utilize the insights for the forced focus on skill acquirement (Kotto, 2023). Care workers can enhance their KSAs and select the organisational design that suits them best.

Chapter 2 operationalizes concepts and provides theoretical background. Chapter 3 details the research methodology. Chapter 4 presents results. Chapter 5 concludes the study and chapter 6 hosts the discussion.

2. Theoretical Framework

In the theoretical framework, the research is grounded in the existing body of literature. The first section focuses on the existing literature and theories surrounding self-managing and non-self-managing groups, first in general and then specified to the elderly care nursing home sector. The second part concentrates on the knowledge, skills and abilities (KSAs) essential for teamwork, both in general and for the specific context.

2.1 Self-managing teams and non-self-managing groups teams

The first section distinguishes between teams and groups. Section 2.1.2 explains self-managing and non-self-managing structures. Definitions are given in section 2.1.3 and section 2.1.4 contextualizes these concepts within elderly care nursing homes.

2.1.1 Teams and groups

Salas et al. (2008) underlines the notion of a team as a group of individuals. However, not every group of individuals is a team. Teams differ from groups based on shared vision and cooperativeness: teams share a common purpose and understand the importance of working together in order to complete their tasks (G. V. Lee, 2009). A group does not. Van Amelsvoort and Benders (1996) differentiate teams from groups based on managerial influence, highlighting the importance of collaborative problem solving and consensual decision making in the absence of direct managerial control (van Amelsvoort & Benders, 1996). Without direct managerial influence, a group becomes a team (van Amelsvoort & Benders, 1996). According to this theory, a team must always be self-managing. Tjepkema (2003) refines this statement by creating four levels of autonomy in which a team can be specified (Table 1). Level 1 is seen as a group of individuals and level 4 as a self-managing team (Tjepkema, 2003). Level 2 and 3 could indicate levels where a team forms under direct managerial influence, or where a self-managing group of individuals performs.

2.1.2 Self-managing vs. non-self-managing

Van Amelsvoort and Bender (1996) propose that groups can possess varying levels of autonomy, ranging from no autonomy within the group to a self-directed team. Self-managing teams and non-self-managing groups fit within this spectrum. Non-self-managing groups do

not lack autonomy entirely, and self-managing teams differ from self-directed teams. In self-managing teams, the responsibility for monitoring and managing performance lies with the team members, while the overall design of the group as a performing unit remains the responsibility of management (Seers et al., 1995). Self-designing teams take responsibility for team design, including decisions regarding task structure, membership changes and decision-making norms (Seers et al., 1995).

The difference between a self-managing team and a non-self-managing group lies in the scope of responsibilities. A non-self-managing group executes operational activities, while a self-managing team also monitors and manages team results (Tjepkema, 2003). Self-managing teams possess collective autonomy and collaborate interdependently to plan, manage, and execute tasks in pursuit of a shared goal (Magpili & Pazos, 2018). Individuals within self-managing teams perform functions such as planning, organizing, staffing and controlling autonomously (Salem et al., 1992). High levels of autonomy within the team result from the absence of a visible manager (Salem et al., 1992).

However, varying levels of autonomy exists within self-managing teams and non-self-managing groups. Tjepkema (2003) provides task types and their corresponding degrees of autonomy based on an analysis of team tasks in 500 US organizations. Table 1 presents this overview.

Table 1

Overview of tasks and degree of autonomy for teams

Responsibility	Degree of autonomy
1. Compensation and reward decisions	Level 4
2. Disciplinary action	
3. Performance appraisal of team members	
4. Product adaptations and development	
5. Budgeting	
6. Design of the facilities	
7. Purchase of equipment	Level 3
8. Choosing team leaders	
9. Schedule vacations	
10. Cross-functional teamwork	
11. Recruitment and selection of team members	Level 2
12. Contacting external customers	
13. Liaise with suppliers	
14. Continuous improvements	
15. Quality assurance	Level 1
16. Planning production	
17. Maintenance and repair of equipment	
18. Educating each other	
19. Housekeeping	

Note. Withdrawn from (Tjepkema, 2003)

Level 4 teams fit with Doblinger's (2022) findings that self-managing teams are responsible for budget, personnel decisions and product quality. Non-self-managing groups are solely responsible for executing the assigned work by their manager (Seers et al., 1995). They primarily focus on operational tasks, often referred to as the core production activities (Weerheim et al., 2018). Non-self-managing groups are categorized at level 1 in terms of the autonomy degree proposed by Tjepkema (2003) and are seen as individuals who do not work collaboratively in a team (Tjepkema, 2003).

Self-managing teams and non-self-managing groups differ in leadership structures. Self-managing teams adopt a shared leadership structure, whereas non-self-managing groups work within a traditional management structure (Weerheim et al., 2018). A shared leadership structure represents an emergent team phenomenon with dispersed leadership roles among team members (Zhu et al., 2018). These team members are engaged in both leadership and operational tasks (Weerheim et al., 2018). They supervise themselves and their team members (Weerheim et al., 2018). In contrast, non-self-managing groups operate within a traditional management structure, where leadership and operational tasks are segregated. The manager performs leadership tasks such as planning, organising, directing, staffing and monitoring, while the operational tasks are carried out by the individual group members (Weerheim et al., 2018).

2.1.3 Self-managing teams and non-self-managing groups

In conclusion, the difference between self-managing and non-self-managing lies in the scope of responsibilities and the leadership structures. One of the differences lies in the concept of group or team. According to Van Amelsvoort and Benders (1996), a team only exists when there is no direct managerial influence. Tjepkema (2003) nuances this with four degrees of autonomy, ranging from level 1, a group with no self-management, to level 4, a self-managing team. These two levels are used within this research, resulting in the following definitions:

A team is a group of individuals without direct managerial influence (van Amelsvoort & Benders, 1996), who share a common purpose and goal and understand that they have to work together as a unit to complete their task (G. V. Lee, 2009). Self-managing teams possess collective autonomy for planning, management and execution of tasks (Magpili & Pazos, 2018) and implements a shared leadership structure (Weerheim et al., 2018).

A group is a collection of individuals that have direct managerial influence (van Amelsvoort & Benders, 1996), that does not share a common purpose and goal and does not understand that collaboration is required to complete their tasks (G. V. Lee, 2009). The primary focus is on the operational tasks (Weerheim et al., 2018) and the group is solely responsible for executing the work assigned by their manager (Seers et al., 1995). They work under a traditional management structure (Weerheim et al., 2018).

2.1.4 Context of elderly care nursing homes

To specify to this study, self-managing teams and non-self-managing groups are illustrated in the context of elderly care nursing homes. The first section focusses on self-managing teams and the second section on the non-self-managing groups.

Self-managing teams within the elderly care nursing homes are most compatible with NSSL nursing homes. These nursing homes consists of small living units that typical house between 6 and 15 residents, containing their own homelike facilities like kitchens and living rooms (Vermeerbergen et al., 2021). Due to the design of the nursing home, workers are responsible for both health and social tasks and decision making autonomy regarding their execution (Vermeerbergen et al., 2021). Due to this large scope of responsibility and autonomy, self-managing teams in the elderly care nursing home context undertake eight different roles (de Bruin et al., 2022). Among these roles, team members are responsible for patient care and are expected to contribute as team players (de Bruin et al., 2022). Additionally, six other roles are assigned to individual team members: schedule planning, nursing records checking, financial management, checking the record of the teams' productivity, maintaining a positive team atmosphere and resolving minor conflicts, as well as collaborating with municipalities for internal and external projects (de Bruin et al., 2022). Moreover, the team members of the self-managing team hold the responsibility of checking for new members and mentoring them during their starting phase (de Bruin et al., 2022).

Non-self-managing groups in the elderly care nursing homes fit most with conventional large-scale nursing homes. These nursing homes consists of long hospital-like hallways and their living units contain more than 20 residents (Vermeerbergen et al., 2021). The care for the residents is divided between centralized units, which reduces the scope for resident involvement in daily activities (Vermeerbergen et al., 2021). The primary focus lies on the core production, (Weerheim et al., 2018) which aligns with the role of patient carer. This is similar to the role shared by team members in a self-managing team (de Bruin et al., 2022). The role of team

player is not important for self-managing groups, since they are not classified as a team, considering the argumentation of Van Amelsvoort and Benders (1996). The remaining six roles described by de Bruin et al. (2022) are not part of the care workers' tasks within the team, as they fall under the responsibility of the manager or other centralized units.

2.2 Teamwork KSAs

In this section, the importance of teamwork knowledge, skills and abilities (KSA) is highlighted. First, teamwork KSAs are discussed in general, following the literature review conducted by Stevens and Campion (1994). The second section focusses on the healthcare sector and its characteristics. The last section places teamwork KSAs in the context of the elderly care nursing homes.

2.2.1 Teamwork KSAs in general

In this research, the emphasis is on teamwork knowledge, skills and abilities. *Knowledge* in teamwork refers to the factual information that the team members must possess, including information about the team's mission and the roles and responsibilities of individual members (Beaubien & Baker, 2004). *Skill* is defined as the learned capacity to perform some type of task (Beaubien & Baker, 2004). It differs from knowledge, because skills involve a physical component that can be developed through practice and feedback (Beaubien & Baker, 2004). An example of teamwork skill in is clear communication (Beaubien & Baker, 2004). *Ability* refers to an acquired or natural capacity that enables an individual to perform a particular task successfully (Kim et al., 2015). Ability differs from skill, because an ability may not require intentional training and can be obtained naturally.

Stevens and Campion (1994) review the literature on groups to determine the required KSAs for teamwork. They combine insights from social technical systems theory, organizational behaviour literature, industrial engineering, and social psychology, to create 14 specific KSAs required for teamwork, divided in five subcategories (Stevens & Campion, 1994). The authors find KSAs that are specifically required for teamwork and are focussed on the individual, rather than the team as a whole (Stevens & Campion, 1994). The subcategories are divided in two themes: interpersonal and self-management KSAs (Stevens & Campion, 1994).

Stevens and Campion (1994) identified three subcategories of interpersonal KSAs that are essential for effective teamwork: conflict resolution, collaborative problem solving and

communication. These three subcategories have a total of 10 specific KSAs associated with them. In Table 2, an overview of the interpersonal KSAs is given and the specific KSAs are colour coded to their specific category within KSAs. Conflict resolution and collaborative problem solving consists of knowledge on how to identify situations and what strategy to implement. Communication combines knowledge, skills and abilities in order to execute it correctly. It requires knowledge on communication networks, skills on communication (verbally and non-verbally) and listening, and the ability to engage in greetings and small talk. The last is seen as an ability, because it can be acquired naturally, while communication and listening are skills that need to be practiced. According to Van Amelsvoort and Benders (1996), only without the direct intervention of managers, teams have to work together to solve problems between team members and commit to consensual decision making. This requirement aligns with the subcategories of conflict resolution and communication identified by Stevens and Campion (1994). Additionally, the concept of consensual decision making relates to collaborative problem solving, as teams need to work together to solve problems and make decisions collectively. Based on the arguments of Van Amelsvoort and Benders (1996), non-self-managing groups do not require interpersonal KSAs, because they do not have to commit to problem solving and consensual decision making, where self-managing teams do require these teamwork KSAs.

Table 2*Overview of interpersonal KSAs*

Subcategory	Specific KSAs
Conflict resolution	<ol style="list-style-type: none"> 1. Recognizing and encouraging desirable team conflict, while discouraging undesirable team conflict. 2. Recognizing the type and source of conflict and implementing an appropriate conflict resolution strategy. 3. Employ a win-win negotiation strategy instead of a win-lose strategy.
Collaborative problem solving	<ol style="list-style-type: none"> 4. Identifying situations which require a participative group problem solving and utilizing the proper degree and type of participation. 5. Recognizing obstacles to collaborative group problem solving and implementing the appropriate corrective actions.
Communication	<ol style="list-style-type: none"> 6. Understanding communication networks and utilizing decentralized networks to enhance communication where possible. 7. Communicating openly and supportively, which consists of messages that are <ol style="list-style-type: none"> a. Behaviour- or event-oriented b. Congruent c. Validating d. Conjunctive e. Owned 8. Listening nonevaluative and appropriately using active listening techniques. 9. Maximizing harmony between nonverbal and verbal messages and interpreting the nonverbal messages of others. 10. Engaging in ritual greetings and small talk and recognizing the importance of that.



Note. Withdrawn from (Stevens & Campion, 1994)

The self-management KSAs consists of the two subcategories: goal setting and performance management and planning and task coordination (Stevens & Campion, 1994). These subcategories are associated with two specific KSAs each. Goal setting consists of the knowledge about specific, challenging and accepted team goals and how to set these (Stevens & Campion, 1994). Performance management consists of the skills to monitor and evaluate individuals and provide feedback on both the team and individual level (Stevens & Campion, 1994). Planning and task coordination consist of the skill of coordinating and of the knowledge about role expectations and how to divide the workload (Stevens & Campion, 1994). Self-management skills are logically required in teams that perform self-management. Performance

management is indicated by Tjepkema (2003) in the level 4 degree of autonomy. The assumption is therefore that these self-management KSAs are only required for self-managing teams and that non-self-managing groups do not require such KSAs.

Table 3

Overview of self-management KSAs

Subcategory	Specific KSAs
Goal setting and performance management	<ol style="list-style-type: none"> 1. Establishing specific, challenging, and accepted team goals. 2. Monitoring, evaluating, and providing feedback on the overall team performance and the individual team member performance.
Planning and task coordination	<ol style="list-style-type: none"> 3. Coordinating and synchronizing activities, information, and task interdependencies between team members. 4. Helping in establishing tasks and role expectations of the individual team members and ensuring proper balancing of the workload in the team.



Note. Withdrawn from (Stevens & Campion, 1994)

Based on the extensive literature review of Stevens and Campion (1994), five subcategories of teamwork KSAs can be distinguished. These subcategories emphasize the importance of knowledge in recognizing specific situations and implementing appropriate strategies. Skills are significant as well, as they often require deliberate training. Ability only forms a small part, primarily manifesting within the informal contact between team members during ritual greetings or small talk. The KSAs found by Stevens and Campion (1994) are relevant in different industries, for self-managing and non-self-managing structures. Nevertheless, based on the arguments made by Van Amelsvoort and Benders (1996), it is plausible to state that these teamwork KSAs are only required for teams operating without direct managerial intervention. Consequently, non-self-managing groups may not require these identified KSAs, while self-managing teams do.

2.2.2 Teamwork KSAs in healthcare sector

The healthcare sector is characterized by a client-centred approach (Bosman et al., 2008). This approach leads to multidisciplinary teams (Kutzscher et al., 1997). Members from different

healthcare professions work together and this is key to achieve quality patient outcomes (Johnson et al., 2018). Healthcare workers value these team practices, due to the complexity of healthcare issues that require different types of expertise (Solheim et al., 2007). The multidisciplinary teams in the healthcare sector require good collaboration, both within and between the healthcare teams, required for achieving effective patient care (Simin et al., 2010). However, these teams also cause a higher change on role conflict (Johnson et al., 2018). Due to the different roles in the team, conflict might arise between these roles. Interpersonal conflict management and backing up and helping another are key team processes to solve this role conflict (Johnson et al., 2018). These team processes suggest important teamwork KSAs that are required by healthcare workers. Other characteristics of the healthcare sector imply different required teamwork KSAs when compared to other sectors that are less client intensive. Healthcare workers are known to employ the skill of caregiving and recognizing the emotions of others (Smith, 2011) in supporting relationships and managing conflicts with colleagues (Riley & Weiss, 2016). Due to the client intensity in the healthcare sector, appropriate support and supervision should be in place to enable the healthcare workers to cope with the emotional demands of their work (Riley & Weiss, 2016). Both these characteristics suggest that care workers in the elderly care sector should require teamwork KSAs surrounding the emotional supporting of each other. In the self-managing team, the team would also require KSAs surrounding the supervision of the emotional demands.

The context of the healthcare sector has an effect on the required teamwork KSAs for its employees. Since half of the healthcare institutions in the Netherlands adhere to a self-managing structure (Redactie, 2015), it is important to know how self-managing teams and non-self-managing groups in the healthcare sector differ in their teamwork KSAs. Extensive research has been conducted on the required teamwork KSAs in various industries (Stevens & Campion, 1994) and on the required teamwork KSAs for self-managing teams (Doblinger, 2022). However, this has not yet been specified to a sector with such an intensive client-centred approach (Bosman et al., 2008).

The elderly care nursing home context is an ideal context to focus on the differences in teamwork KSAs between self-managing teams and non-self-managing groups. Extensive research has proven the significance of teamwork in the elderly care sector (Clark, 1995; Ellingson, 2002; van Dijk-de Vries et al., 2017). Recent reorganisations from self-managing teams to non-self-managing groups in practice (Beurden, 2017; *Cordaan stopt met zelfsturing in wijkzorg* - *Skipr*, z.d.) show that there are differences in making these structures work

properly. Arguments by Van Amelsvoort and Benders (1996) show that teamwork KSAs are required in self-managing teams, but might not be required for non-self-managing groups.

3. Methodology

This section outlines the methodology. Firstly, the research design is explained as a qualitative, inductive, comparative case study. Following that, the empirical setting is described. Section three details the data collection process, including the types of data gathered and the approach used. Section four outlines the methods employed for data analysis. Finally, the last section highlights the significance of ethics in this research.

3.1 Research design

To answer the research question, a qualitative, inductive, comparative research approach is used, focusing on the teamwork KSAs in self-managing teams and non-self-managing groups in the elderly care. The research involves an interpretative and naturalistic approach to the subject matter: the researcher studies things in their natural settings (Aspers & Corte, 2019). The participants are studied in their natural environment. In an inductive approach, a bottom-up approach and the input of the participants is used (Soiferman, 2010). The bottom-up approach shows because the researcher begins with specific observations and then moves to detecting themes and patterns in the data (Soiferman, 2010).

This research is a comparative case study, specifically comparing the required KSAs for teamwork in a self-managing team and a non-self-managing group within the context of the elderly care nursing homes. Case studies are an important methodology that can be widely used in various field to understand phenomena related to individuals, groups or organizations (Andrade et al., 2017). Case studies are suitable when investigating “how” and “why” questions and when contextual conditions are relevant for the study (Yin, 2003). This study explores how the two types of groups operate in their everyday roles, indicating the relevance of contextual conditions. The research centers on individual KSAs related to teamwork in two types of teams, requiring this research to be a multiple-case study design (Baxter & Jack, 2015).

Case studies fall within the constructivist paradigm (Baxter & Jack, 2015). In constructivism, the truth is relative and reality is socially constructed (Baxter & Jack, 2015). It acknowledges that multiple realities and understandings are co-created by the researcher and the responders, allowing for a close collaboration that enables participants to share their stories and offer a sense-making of their reality (Lather, 1992; C.-J. G. Lee, 2012). The methodological procedures

take place in the natural world, capturing the experiences of the participants in that world (C.- J. G. Lee, 2012). However, objectivity must be maintained in this subjective sensemaking.

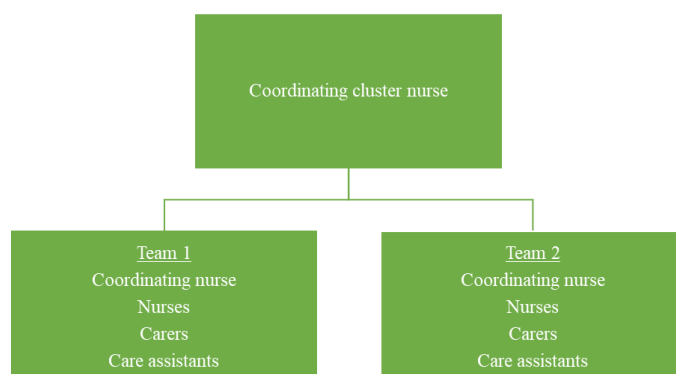
3.2 Empirical setting

Data collection for this study was conducted in two elderly care nursing homes. One contains a self-managing organisation structure, while the other is non-self-managing. Both organisations operate in a not-for-profit sector.

The self-managing team is part of a location from a regional care organisation, which operates in the eastern part of Gelderland with a net sales of €193,833,000.- (Internal document). The self-managing team, from now on called Horizon, is the result of a merger between between two care organisations and has been operational from September 1st 2020. The vision of the care organisation focuses on empowering individuals to live life on their own terms, offering their clients maximum freedom and control (Internal document). This vision shows the client-centred approach that this elderly care nursing home takes on (Bosman et al., 2008). The organisation provides both on-site care services and in-home care (Internal document). Horizon provides in-home care for elderly with dementia. Horizon is one of the two teams that is located on this location, however in the research the focus is only on Horizon. Horizon consists of 35 workers and provides care for 24 residents. The team consists of care workers in different job levels and therefore forms a multidisciplinary team (Kutzscher et al., 1997). Figure 1 shows a visual representation of the team composition.

Figure 1

Overview of self-managing team structure Horizon



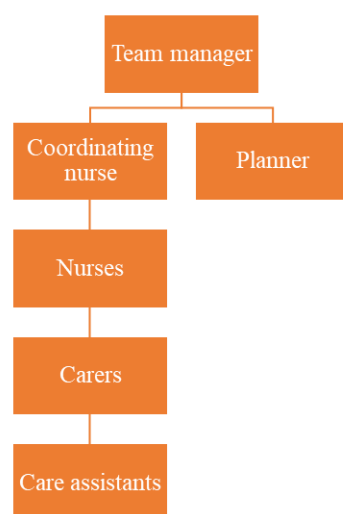
All team members share the role of patient carer and team player. Coordinating nurses actively participate in providing care in the morning. Schedule planning is assigned to a team member.

Nursing records are checked by all team members, but there was no mention of financial management in the interviews. Coordinating nurses, along with the team, are responsible for team productivity, maintaining a positive team atmosphere and resolving minor conflicts. The coordinating cluster nurse takes responsibility for project communication, including coordination with other teams and collaboration with municipalities. This aligns with the roles that de Bruin (2022) submit to self-managing teams. The coordinating nurses are responsible for performance appraisal of team members and developing the care practices. This places the self-managing team in the level 4 degree of autonomy in the overview presented by Tjepkema (2003). The team operates without direct managerial influence (van Amelsvoort & Benders, 1996), shares a common purpose and goal and understands that they have to work together as a unit to complete their task (G. V. Lee, 2009).

The non-self-managing group is part of a regional care organisation that operates in the middle of the Netherlands with a net sales of €14,105,827.- (Internal document). The organisation focuses on providing professional care for individuals with physical care needs and dementia (Internal document). Their vision is centred around delivering care with attention, aiming to increase the quality of life for all clients (Internal document). This vision steers the employees to a client-centred approach (Bosman et al., 2008). The group, from now on called Rainbow, consists of 7 workers and provides care for 12 residents. The seven workers differ in job levels, creating a multidisciplinary group (Kutzscher et al., 1997). Figure 2 shows a visual representation of the composition of the group.

Figure 2

Overview non-self-managing group structure Rainbow



In this group, the nurses, carers and care assistants are responsible for the patient care. The coordinating nurses divide their time between patient care and a leadership role, spending 50 per cent of the time on both roles. The leadership role contains administrative tasks, maintaining a positive team atmosphere and resolving minor conflicts. The team manager is not responsible for patient care, but is responsible for budgeting, checking the groups productivity, resolving bigger conflicts and communication with internal and external projects. Scheduling is done by an external planner. The patient carers are solely responsible for the patient care, which places them in the level 1 degree of autonomy in the overview presented by Tjepkema (2003). The non-self-managing group has direct managerial influence (van Amelsvoort & Benders, 1996), primarily focus on the operational tasks and work under a traditional management structure (Weerheim et al., 2018).

3.3 Data collection

Data is collected through documents and interviews, creating methodological triangulation by using different data sources (Heale & Forbes, 2013). Triangulation adds richness and depth to the research (Heale & Forbes, 2013). The documents include annual reports, job descriptions and assessment criteria used for job reviews. See table 4 for an overview of the analysed documents.

Table 4

Overview of analysed documents

	Type of document	Number of pages	Type of team
1	Job description coordinating nurse	3	Non-self-managing
2	Job description nurse	3	Non-self-managing
3	Job description employee care and welfare B	2	Non-self-managing
4	Job description employee care and welfare D	3	Non-self-managing
5	Job description employee care and welfare E	3	Non-self-managing
6	Policy annual review and future review	4	Non-self-managing
7	Future conversation guide	2	Non-self-managing
8	Annual document 2021	68	Non-self-managing
9	Course for 2025	61	Non-self-managing
10	Course for 2025 in short	4	Non-self-managing
10	Job description coordinating cluster nurse	6	Self-managing
11	Job description coordinating nurse	7	Self-managing
12	Job description carer	6	Self-managing
13	Job description care assistant	6	Self-managing
14	Quality report 2021	58	Self-managing
15	Quality plan 2022	17	Self-managing

An interview is a conversation between two persons, which is initiated by the interviewer to obtain research relevant information (Luo & Wildemuth, 2009). In this study, semi-structured interviews are conducted, which combine a pre-determined set of open questions while allowing the interviewer to delve deeper into specific answers or themes (*What Are Semi-Structured Interviews?*, 2022). These interviews use open questions and provide flexibility to tailor questions, allowing the exploration of complex research questions (Fylan, 2005). Semi-structured interviews provide an appropriate format for discussing sensitive topics (Fylan, 2005). The topic of the interview could result in sensitive topics, creating the necessity to respond in an appropriate and understanding way.

The interviews are conducted with the caregivers in two elderly care nursing homes. In total, 12 interviews were conducted, evenly distributed between the self-managing team and non-self-managing group. See Appendix A for the interview guide. The selection criteria for the interviewees are based on their job level. The intention was to interview three types of job levels in both cases: nurses, carers and care assistants. Two people per job level were selected for the interviews, to give a clear overview of the teamwork KSAs required per job level for both cases. In the self-managing team, two nurses, two carers and two care assistants were interviewed. In the non-self-managing group this was not possible due to time constraints and limited availability. Therefore, the choice is made to conduct an interview with the team manager, who is not part of the care team herself, to obtain an overview of the required KSAs per job level. Table 5 shows an overview of the interviewed team members in both organisations.

Table 5*Overview of interviewees*

ID	Job description	Gender	Age	Years in team	Team
1	Coordinating cluster nurse	Female	43	5	Self-managing
2	Coordinating nurse	Female	53	4	Self-managing
3	Carer with scheduling tasks	Female	43	20	Self-managing
4	Carer	Female	53	19	Self-managing
5	Care assistant	Female	33	9	Self-managing
6	Care assistant	Female	55	3	Self-managing
7	Team manager	Female	52	3	Non-self-managing
8	Coordinating nurse	Female	38	4	Non-self-managing
9	Nurse	Female	55	2	Non-self-managing
10	Nurse	Female	39	3	Non-self-managing
11	Carer with end responsibility	Male	52	2	Non-self-managing
12	Student nurse	Female	21	½	Non-self-managing

3.4 Data analysis

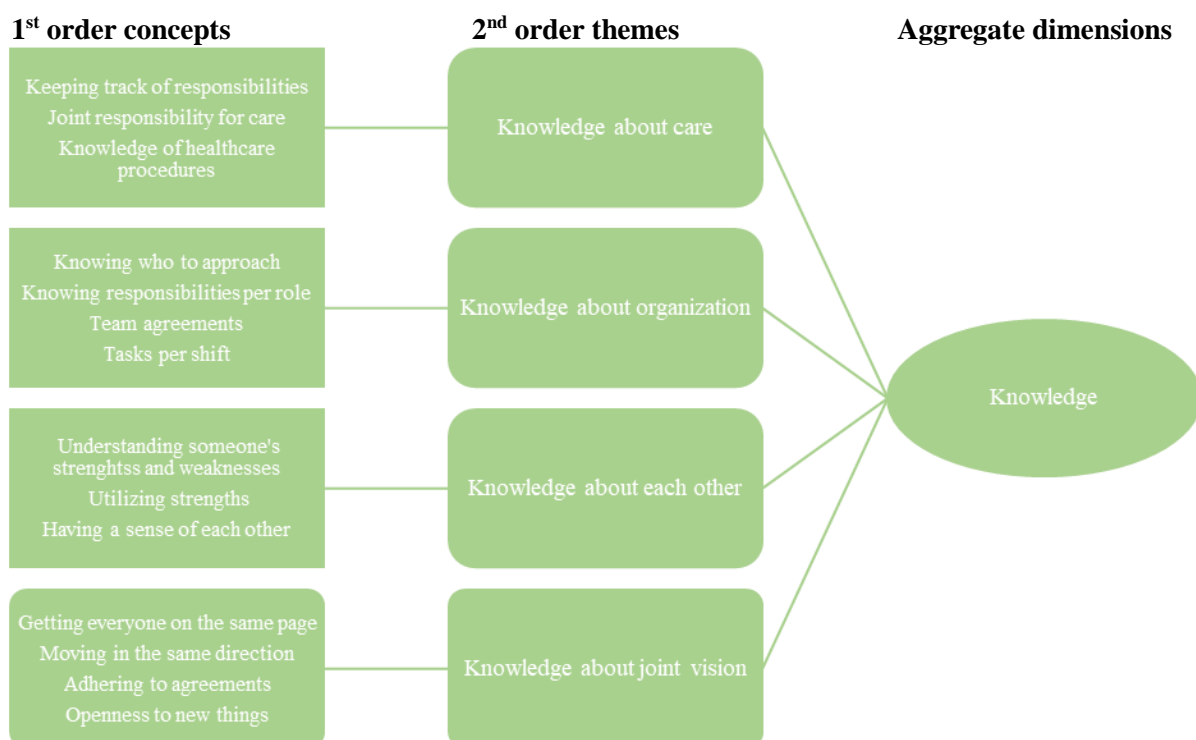
The documents were analysed and coded before the interviews were conducted, in order to use this input during the interviews. The interviews were audio recorded, transcribed verbatim and coded. The Gioia method is used for the inductive data analysis. The Gioia method focusses on creating concepts, instead of constructs (Gioia et al., 2013). A construct is formulated in such a way that it can be measured, while a concept is a more general notion that captures qualities that describe or explain a phenomenon (Gioia et al., 2013). The Gioia method was created because of a concern that advances in knowledge that are too strongly rooted in what we already know, delimit what we can know (Gioia et al., 2013). As stated in the theoretical framework, much research has been conducted on teamwork KSAs in different industries (Doblinger, 2022; Stevens & Campion, 1994). Nevertheless, considering the unique characteristics of the healthcare sector, it is crucial not to confine the analysis solely to established knowledge. Hence, the Gioia method enables receptivity to emerging concepts derived from the data.

The Gioia method follows three steps in the data analysis, namely creating first order concepts, second order themes and aggregate dimensions (Gioia et al., 2013). The first order analysis

focuses on adhering faithfully to informant terms and shows little attempt to create categories (Gioia et al., 2013). To stay close to informant terms, in vivo codes are used, which are terms that are directly taken from the data (Rivas, 2012). Many in vivo codes can emerge from the 12 interviews (Gioia et al., 2013), and similarities and differences between the codes are found during the research process. This results in second-order theoretical level of themes, which uses the informant terms and focusses on the abstract theoretical level (Gioia et al., 2013). These are then combined into aggregate dimensions (Gioia et al., 2013). The steps result in a data structure which shows the data in a sensible and visual aid, while also representing the progressions from raw data to terms and themes (Gioia et al., 2013). The data structure for the self-managing team is shown in Figure 3 and for the non-self-managing group in Figure 4.

Figure 3

Data structure self-managing team



1st order concepts

2nd order themes

Aggregate dimensions

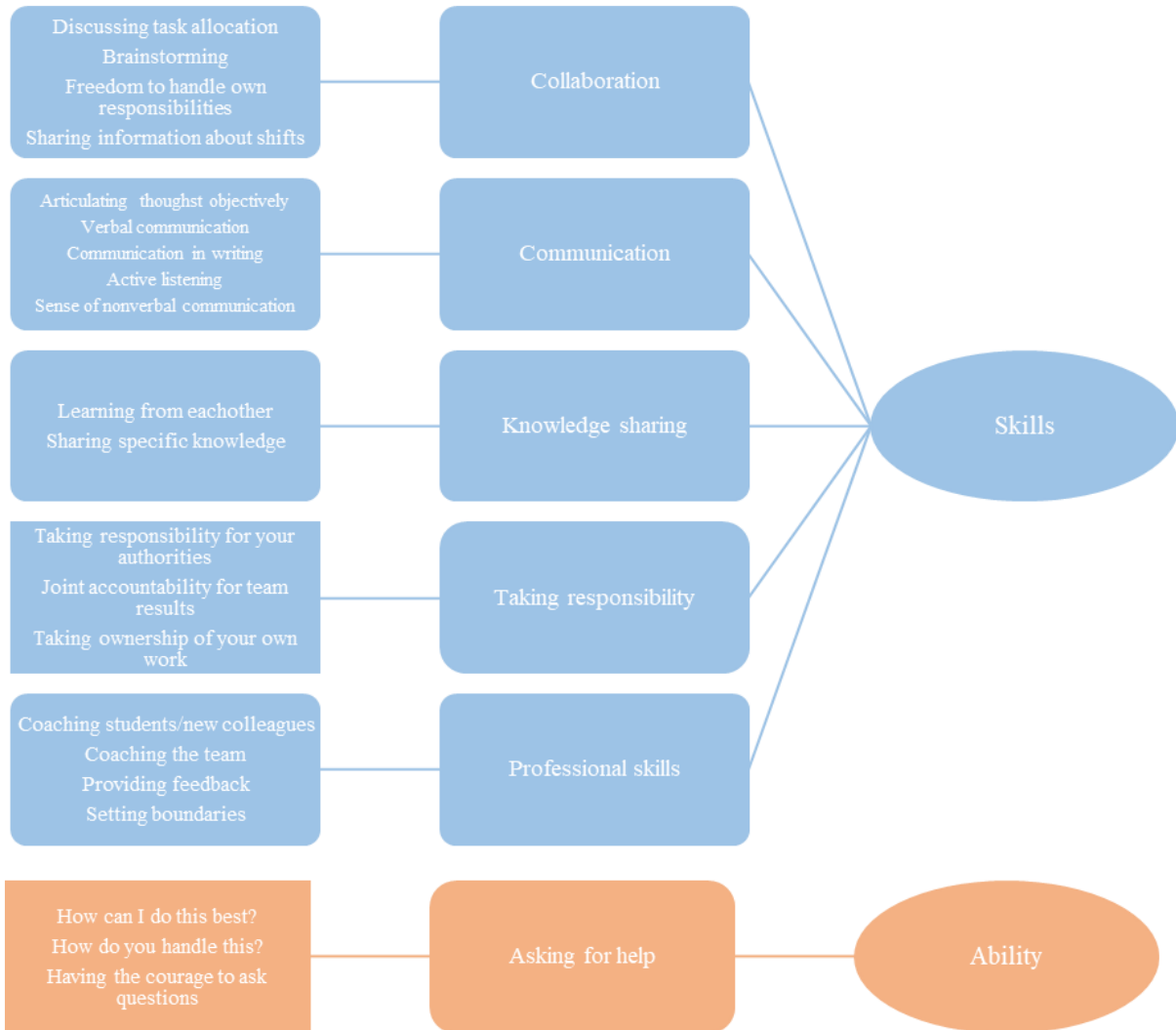
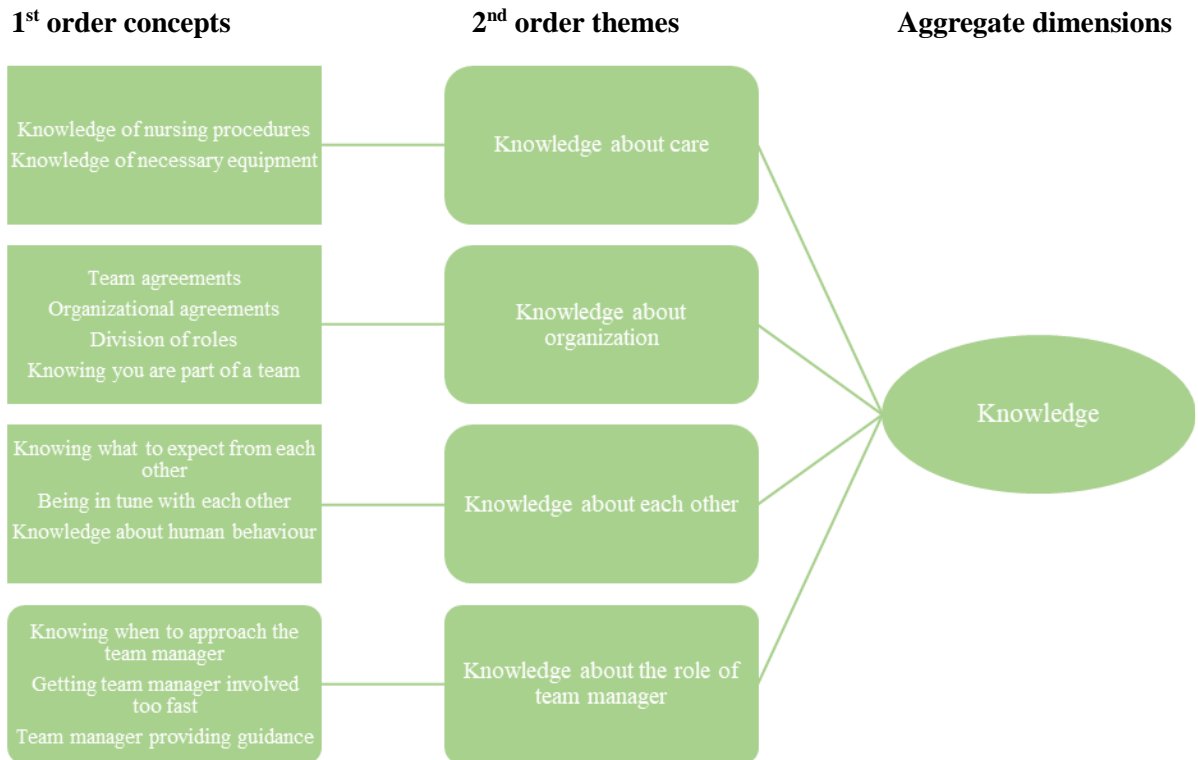
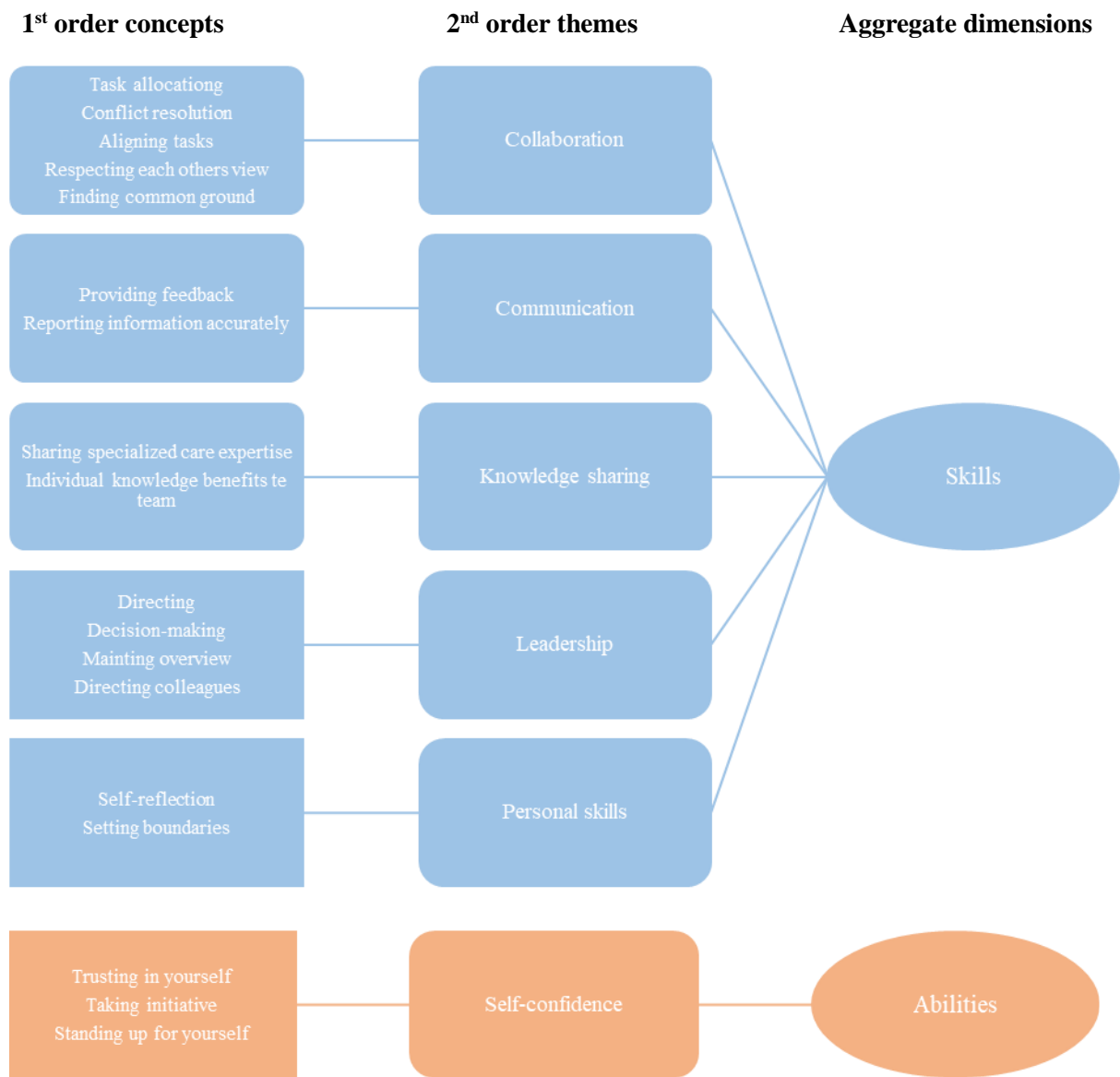


Figure 4

Data structure non-self-managing group





3.5 Ethics

There are three frequently raised issues in the ethical research; codes and consent, confidentiality and trust (Ryen, 2011). Consent relates to informed consent, relating to the subject's right to be informed about the nature of the research and the right to withdraw themselves from the research at any given time (Ryen, 2011). I ensure informed consent by explaining the research objectives to the participants and allowing withdrawal at any time. Confidentiality includes protecting the identity of the participants and the place and location of the research (Ryen, 2011). This is maintained by offering anonymity and storing data securely. Trust refers to the relationship between the researcher and the participants, and gives the researcher the responsibility to make sure that participants will not become reluctant to

participating in research again (Ryen, 2011). Trust is fostered through respectful treatment of participants. The organizations and participants will receive the research findings to benefit their own performance.

4 Results

In the result section, the data analysis is conducted and the highlights are shown. The results chapter answers the research questions how care workers in the elderly care nursing home context identify teamwork KSAs in a self-managing team and a non-self-managing group. The result section consists of two parts. In part one, the teamwork KSAs that are found in the self-managing team are explained. In the second part, the focus is on the teamwork KSAs found within the non-self-managing group.

4.1 Teamwork KSAs self-managing team

The self-managing team Horizon consists of 35 care workers, whom are divided into the roles of (coordinating) nurses, carers and care workers. From the document analysis and the interviews held with six members of the team, the following KSAs were mentioned as important for teamwork. An overview of the important quotes linked to the aggregate dimensions can be found in Appendix B.

Knowledge

The participants in the study emphasized the significance of knowledge in achieving effective teamwork. They identified four key types of required knowledge: knowledge about care, knowledge about the organization, knowledge about each other and knowledge about a joint vision.

Knowledge about care was highlighted as crucial for performing one's job effectively and achieving the team's goal of providing quality care and a positive experience for the nursing home residents. Understanding the complexity of care practices and being able to apply that knowledge were seen as instrumental in delivering optimal outcomes. A participant explains: "In collaboration, it is also simply pleasant when people have knowledge without having to ask everything again." (ID 1, Coordinating cluster nurse, Female, 43).

Knowledge about the organization included understanding the various tasks and roles within the organization and knowing where to access necessary information. It is more important to know where to access necessary information than to know all this information, as explained by a participant: "You need to have the information, but most importantly, you need to know where to find it." (ID 1, Coordinating cluster nurse, Female, 43). In order to understand the various tasks and roles, the self-managing team brought together a document in which they provided

all the expected tasks during a certain shift: "We all looked at each shift and what exactly we expect from someone. We have neatly put it on paper, and we have worked it out for each shift." (ID 4, Carer, Female, 53). This type of knowledge ensured that team members were well-informed and equipped to navigate the organizational structure to obtain the resources and support they needed. Having this knowledge about the roles and tasks is typical for multidisciplinary teams and the knowledge might help to prevent role conflicts.

Furthermore, participants recognized the importance of knowledge about each other. Having insight into each team member's strengths, communication preferences, and working styles facilitated smoother collaboration. By adjusting their communication approaches accordingly, team members could enhance their interactions and foster effective teamwork. A simple example about dealing with morning moods was given by a participant:

I know how a colleague is. There are some who have a morning mood, and that's fine. I only ask what is necessary. I quickly sense how a colleague is and what I can and cannot say. (ID 6, Care assistant, Female, 55).

Lastly, the participants underlined the significance of a shared vision. Team members were expected to possess knowledge about the collective vision shared by both the team and the organization. This shared understanding allowed them to align their efforts, work cohesively, and pursue shared goals. An example was given by a participant of when this shared vision was not the case:

It is important that team members are on the same page. An example is when we mention during tours that family members can help themselves to coffee when they visit. However, when a family member did so, another colleague said it wasn't allowed. It's unfortunate. (ID 2, Coordinating nurse, Female, 53)

Another example was given by a participant whom had an encounter with one of her colleagues. She explained that in the nursing home they adhere to a type of caring style where the wishes of the resident are the most important. Her colleague was still used to the caring style where hard working and delivering fast results were required:

I was providing care to a resident, and she told me that she didn't want to wear a pyjama yet. Fine, so I dressed her in clothes. Then my colleague comes in and says that we should put on the pyjama. I said no, she doesn't want that. I'll change her into pyjamas later. (ID 5, Care assistant, Female, 33).

Both these examples illustrate the client-centred approach that is present in the elderly care nursing home context.

In essence, the participants acknowledged that knowledge about care, organizational aspects, and interpersonal dynamics, was a fundamental pillar of successful teamwork. It enabled team members to perform their roles proficiently, navigate the organization effectively, adapt their communication strategies, and work together harmoniously toward a common vision.

Skills

Participants shared their perspectives on various skills that played an important role in achieving successful collaboration. Based on these interviews and document findings, five important skills were found, discussed in order.

Collaboration was seen as an important skill. Given the demanding nature of delivering round-the-clock care to the residents, team members engaged in discussions regarding task allocation and carefully shared information about shift events. A participant explained the need for these discussions because of the shifts that follow each other: "There is always a handover somewhere, so you really need to be able to coordinate and align who does what." (ID 1, Coordinating cluster nurse, Female, 43) The participants emphasized the need for well-aligned work processes and task distribution, while also embracing the freedom to handle their responsibilities in their own unique ways — a facet they found enjoyable in their work. A participant explains what she finds so enjoyable about this freedom: "The fact that you are your own boss and can confidently say, 'Yes, I can do that.' And when other people see it too, that's what makes it enjoyable. It gives you freedom within the team." (ID 5, Care assistant, Female, 33). To achieve the best possible team results, team members would come together and engage in brainstorming sessions, exploring innovative ideas and approaches. A nurse explains that they often use brainstorm session to explore coaching styles and ideas for the team: "And then, actually, brainstorming together, discussing what would work and what wouldn't, and who else we could potentially ask." (ID 1, Coordinating cluster nurse, Female, 43).

Communication skills played a crucial role in effective teamwork, including both effective expression and active listening. The ability to articulate thoughts accurately and objectively, both verbally and in writing, was highlighted as important: "You need to be able to express yourself, both verbally and in writing. You should be able to write reports and explain what you mean, what you're asking for, and what you expect." (ID 2, Coordinating nurse, Female, 53). Equally important was the skill of active listening, which involved not only hearing the words

spoken but also paying attention to nonverbal cues exhibited by team members. A carer explained the importance of understanding the nonverbal communication: "And also look at someone's facial expressions. Someone can say, 'I feel great,' while you can tell from their face that they're on the verge of tears." (ID 4, Carer, Female, 53). The participants recognized the significance of these communication skills in their day-to-day work, enabling proper and effective communication among team members.

Knowledge sharing was seen as a skill that accompanies the required knowledge for effective teamwork. Participants highlighted the value of learning from one another by sharing specific knowledge gained through their individual experiences and work. Sharing your own knowledge and being open to learn from others is important: "You always learn from each other. It's useful to observe others and see how they do things, like asking yourself, 'How do you do that?'" (ID 1, Coordinating cluster nurse, Female, 43). The team consists of different job levels and works together in multidisciplinary teams, allowing the team members to learn from each other.

Taking responsibility for your own work and for the team result was given as an important skill. Participants emphasized the need to assume responsibility for maintaining up-to-date nursing procedures, taking responsibility for your own work and being responsible for the team results. What is important to see is that there is both an individual as a collective part of responsibility. "You need to take responsibility for your own work." (ID 1, Coordinating cluster nurse, Female, 43), is explained by the coordinating cluster nurse. A care assistant adds: "Generally, you are collectively responsible for the end result." (ID 5, Care assistant, Female, 33).

Participants emphasized the importance of certain professional skills in obtaining effective teamwork. They highlighted the significance of setting and respecting boundaries, particularly during challenging conversations with colleagues. A participant explains how this can be seen during arguments between team members:

Because sometimes you have those moments when something affects you so negatively that you feel like you can't talk to someone at that moment. We need to let it sink in first. And sometimes, someone simply doesn't want to talk, and you just have to respect that. (ID 4, Carer, Female, 53)

This example shows how the team members employ the recognition of emotions of others in supporting relationships with each other. Next to that, coaching skills were deemed essential, with different job levels having distinct coaching roles. Carers and care assistants coached students and new colleagues, requiring the ability to explain procedures effectively. Nurses

played an active coaching role within the team, providing team members with the necessary knowledge and guiding their interactions. Participants acknowledged that providing feedback posed challenges due to a fear of hurting each other's feelings. To address this issue, a feedback training focussing on the principles of giving and receiving constructive feedback was taken. As a result, participants reported increased feedback moments, improved feedback provision, and better mutual understanding when feedback was given. This is explained well by one of the participants: "Coincidentally, we recently had a training session on feedback, and since the feedback training, I've noticed that almost all colleagues are much more open to it." (ID 5, Care assistant, Female, 33).

Through these insights, the study revealed multiple skills required for effective teamwork, including collaboration, communication, knowledge sharing, taking responsibility, and professional skills.

Abilities

During the research, participants emphasized the importance of seeking help within the team. Asking for help is seen as an ability, because it can be a naturally acquired. In the team, participants explained that they were able to ask each other for help easily and found value in learning from one another's experiences. One participant shared her personal journey regarding asking for help, revising on her previous struggles in a different team and the lessons she has learned within her current team. She expressed:

I used to think for a long time, 'Oh no, I won't tell anyone that I struggle with this.' And then I realized that I was being too hard on myself. Now, I have also asked my colleagues how I can do this best. (ID 5, Care assistant, Female, 33).

In this narrative, participants highlighted the importance of acknowledging and embracing the ability to ask for help. They shared their experiences of learning from one another within the team, creating a supportive environment where seeking assistance was welcomed and valued.

4.2 Teamwork KSAs non-self-managing group

The non-self-managing Rainbow team consists of 7 care workers, whom are divided into the roles of (coordinating) nurses, carers and care workers. From the document analysis and the interviews held with five members of the team and the team manager, the following KSAs were mentioned as important for teamwork. The knowledge, skills and abilities are discussed

separately. An overview of the important quotes linked to the aggregate dimensions can be found in Appendix C.

Knowledge

In the pursuit of effective teamwork, participants stressed the importance of knowledge across four crucial aspects: knowledge about care, knowledge about the organization, knowledge about each other, and knowledge about the role of the team manager.

Expertise in care practices was highlighted as a critical component for efficient teamwork. In addition, participants recognized the significance of understanding the organization, including team agreements and role divisions. In non-self-managing groups, clear distinctions existed between roles at different job levels: "I also believe that there should be a kind of role differentiation. If you are a nurse, you should definitely have a different role than a care assistant." (ID 9, Nurse, Female, 55). This shows the multidisciplinary team and might be a cause for role conflict. Furthermore, comprehending how to function as part of a team proved valuable. Understanding each other's backgrounds and capabilities was also deemed essential for successful collaboration. Participants emphasized that having knowledge about each other enabled them to set appropriate expectations, communicate effectively, and foster stronger working relationships. A participant explains: "The people in this team are also former colleagues who were already accustomed to working together. I think that makes a difference; we already know what to expect from each other." (ID 10, Nurse, Female, 39). Lastly, participants acknowledged the importance of knowing when and how to engage with the team manager, emphasizing the need for balanced involvement without relying excessively on the manager's assistance. This balanced involvement is not yet found well in the group, as indicated by a participant: "I think there are quite a few colleagues who immediately go to the team manager and say, 'You solve it'"(ID 10, Nurse, Female, 39).

Skill

Among the various KSAS, skills emerged as the primary focus in the non-self-managing group when considering the importance of teamwork. Participants identified five distinct skill subgroups as crucial: collaboration, communication skills, knowledge sharing, leadership, and personal skills.

Collaboration was deemed essential for effective task allocation and conflict resolution. The round-the-clock nature of care required team members to engage in discussions to determine responsibilities and address any conflicts that arose. The importance of aligning tasks is explained by a participant: "In the end, I do think that is a skill. Because if you don't coordinate

with each other, you don't know what others will do, and then nothing will be accomplished."(ID 10, Nurse, Female, 39). Participants stressed the importance of respecting each other's individual visions and finding common ground: "Everyone has their own vision of care, and you simply have to respect that. You need to find a middle ground." (ID 12, Student nurse, Female, 21)

Communication skills included the ability to provide feedback and report information accurately. Both nurses and the team manager expressed challenges in delivering personal feedback, with many colleagues relying on the team manager for such discussions. The team manager explains the following distinction: "Giving feedback in terms of practical actions like 'You forgot this, that's fine' is one thing. But once it becomes more personal, it also gives a sense of addressing the individual rather than their performance." (ID 7, Team manager, Female, 52). Reporting skills were also deemed crucial due to the round the clock care, as accurate and thorough reporting ensured that colleagues had the necessary information to fulfil their shifts.

Knowledge sharing involved the sharing of specialized care expertise with colleagues who may not possess the same level of education or background in care. Participants recognized the importance of leveraging their individual knowledge to benefit the entire team. The multidisciplinary team consists of different job levels and expertise's. This example shows how these job levels can learn from each other and work together.

Leadership skills include directing, decision-making, and maintaining an overview of team activities. Nurses explained that the person responsible for overseeing the day had to effectively direct colleagues in task allocation and maintain a comprehensive view of the team's progress. A participant explains his role when carrying the end responsibility for the day: "At some point, I can say, 'What is the most important thing? What should we do first, and what can we do later?'" (ID 11, Carer with end responsibility, Male, 52). Care workers were afforded certain decision-making freedoms within this context. It was also highlighted that understanding the role of the team manager and knowing when to seek their assistance were crucial aspects of leadership.

Personal skills encompassed self-reflection and boundary-setting. The coordinating nurse observed a lack of self-reflection within the team, suggesting that deeper introspection about individual actions and motivations could enhance teamwork: "I don't want to say that nobody does that, but if everyone does it a little better, self-reflecting on why they do certain things, it

would make a difference." (ID 8, Coordinating nurse, Female, 38). The team manager emphasized the significance of setting boundaries not only with colleagues but also with residents and their families. The skill of setting boundaries is important due to the client-centred approach that the elderly care nursing home commits to.

Abilities

Participants stressed the importance of self-confidence in their work, particularly for those in lower-level positions. Some participants highlighted that individuals in lower-level positions often hesitated to speak up when they perceived something was amiss, doubting their own knowledge and insights. A participant explained a situation where colleagues hesitated to speak up about the mistakes of a substitute and commented: "You can also simply trust yourself that you can see and determine things well." (ID 9, Nurse, Female, 55). Additionally, a care worker in a position of responsibility believed that individuals should voice their thoughts more readily rather than waiting for someone else to express them. This is an example of role conflict: speaking up against someone in a different and often hierarchically higher role results in conflicts.

5 Discussion

The discussion consists of four sections. The first section focusses on the research question how self-managing teams and non-self-managing groups differ in their required teamwork KSAs in the context of the elderly care nursing homes. In section 2, the theoretical contribution is discussed and the practical contribution follows in section 3. Lastly, the limitations of this study with contributions to future research are presented.

5.1 Comparison

This study aimed to show the differences in teamwork KSAs between self-managing teams and non-self-managing groups in the elderly care nursing home sector. Figure 5 gives an overview of both the similarities and the differences between the two cases. In this section, only the differences are highlighted. In the self-managing team, knowledge about the joint vision was important for effective teamwork, while the non-self-managing group implicated that it was important to have knowledge about the role of the team manager. Skills were mentioned most as a requirement for effective teamwork, differing in the required skills for the self-managing team to take responsibility and develop professional skills, while the non-self-managing group focused on leadership and personal skills. The cases also differed in their required abilities: in the self-managing team it is important to be able to ask for help, while in the non-self-managing group gaining self-confidence was an important ability. See figure 5 for the entire overview.

Figure 5

Overview of teamwork KSAs

Self-managing team	Knowledge			Non-self-managing group
	<u>Focus</u> <i>Knowledge about nursing procedures</i>	Knowledge about care	<u>Focus</u> <i>Knowledge about nursing procedures</i>	
	<i>Understanding roles and tasks</i> <i>Knowing where to find information</i>	Knowledge about organisation	<i>Understanding team agreements</i> <i>Understanding role divisions</i>	
	<i>Insight in each other's strengths</i>	Knowledge about each other	<i>Understanding each other's background</i> <i>Understand each other's capabilities</i>	
	<i>Understanding the joint vision</i>	Knowledge about joint vision VS Knowledge about role team manager	<i>Understanding balanced involvement of team manager</i>	
	Skills			
	<u>Focus</u> <i>Aligning tasks</i> <i>Organizing work</i>	Collaboration	<u>Focus</u> <i>Aligning tasks</i> <i>Conflict resolution</i>	
	<i>Verbal communication</i> <i>Listening</i>	Communication skills	<i>Written communication</i> <i>Giving feedback</i>	
	<i>Knowledge sharing between all job levels</i>	Knowledge sharing	<i>Knowledge sharing hierarchically</i>	
	<i>Taking responsibility for own work</i> <i>Taking responsibility for team results</i>	Taking responsibility VS Leadership	<i>Directing</i> <i>Decision making</i> <i>Keeping overview</i>	
	<i>Setting/respecting boundaries</i> <i>Coaching</i> <i>Giving feedback</i>	Professional skills VS Personal skills	<i>Setting boundaries</i> <i>Self-reflection</i>	
	Abilities			
	<u>Focus</u> <i>Asking for help</i> <i>Learning from each other</i>	Asking for help VS Self-confidence	<u>Focus</u> <i>Speaking up</i> <i>Telling your thoughts assertively</i>	

5.2 Theoretical contribution

This section relates the findings of this study to the existing literature on teamwork KSAs and the characteristics of the healthcare sector. Knowledge, skills and abilities are discussed in that order.

Knowledge

Both the self-managing team and the non-self-managing group emphasized the significance of acquiring knowledge pertaining to care, the organization, and team members. Interestingly, the non-self-managing group emphasized the need for clear delineation of roles and tasks, whereas the self-managing team strived for equality by distributing responsibilities more evenly. Having knowledge about the team goals and the tasks and role expectations in the team is mentioned by the literature review of Stevens and Campion (1994). Knowledge for care is specific for this sector, since it relates to the technical knowledge required to perform the required tasks. Having knowledge about each other is not mentioned in the literature of Stevens and Campion (1994). This knowledge could be specific for the healthcare industry, since they focus on emotions of others in their relationships with colleagues (Smith, 2011). Other sectors focus more on the knowledge surrounding effective conflict resolution and collaborative problem solving (Stevens & Campion, 1994), which is not mentioned by the participants operating in the elderly care nursing homes.

The self-managing team identified the presence of a shared vision as critical for teamwork, which can be linked to the importance of understanding the team goals in other sectors (Stevens & Campion, 1994). In contrast, the non-self-managing group placed importance on comprehending the role of the team manager. Varying opinions existed among colleagues regarding when it was appropriate to involve the manager. This is most likely a result from the traditional management structure in which the group operates (Weerheim et al., 2018).

Skill

Collaboration was indicated as a crucial teamwork skill. The self-managing team emphasized the significance of aligning tasks, sharing information about shift events, and engaging in collective brainstorming. While the non-self-managing group also recognized this, they additionally focused on conflict resolution. The existence of divergent perspectives on care delivery necessitated finding common ground. Having knowledge about how to effectively solve conflict is a skill that is mentioned in other sectors as well (Stevens & Campion, 1994), but the importance could be increased by the client-centred approach in healthcare (Bosman et al., 2008) and the existence of multidisciplinary teams (Kutzscher et al., 1997). The self-managing team mentioned they rarely had conflict, which can be attributed to their shared vision on care delivery. The lack of this shared vision could explain the emphasis on conflict resolution in the non-self-managing group.

In terms of communication skills, the self-managing team relied more on verbal communication and the non-self-managing group on written. Communication is an important skill required for teamwork in different sectors (Stevens & Campion, 1994). Another significant aspect mentioned was the skill of active listening, which extended beyond verbal cues to include non-verbal signals. The non-self-managing group did not prioritize listening skills, they emphasized the importance of giving feedback and expressed difficulties in doing so. The self-managing team also acknowledged challenges in providing feedback but had received training in this area, recognizing it as a crucial skill for efficient teamwork. Both active listening and giving feedback is a skill that is required for teamwork in other sectors as well (Stevens & Campion, 1994). It is striking that active listening was not mentioned in the non-self-managing group, since it is an important skill for teams in various industries and sectors (Stevens & Campion, 1994).

Knowledge sharing emerged as a crucial aspect in both groups. In the self-managing team, knowledge was shared among all team members, irrespective of job level. In contrast, the non-self-managing group appeared to place greater emphasis on transferring knowledge to colleagues in lower-level positions. The existence of multidisciplinary teams in the healthcare sector (Bosman et al., 2008) could explain why knowledge sharing is seen as a crucial skill in the elderly care sector, but is not mentioned in teamwork KSAs regarding other industries (Stevens & Campion, 1994).

For the self-managing team, taking responsibility is important, which is also mentioned in other sectors (Stevens & Campion, 1994). The non-self-managing group does not focus on taking responsibility. Within the self-managing team, the focus lay on developing professional skills such as setting and respecting boundaries, coaching, and delivering feedback. Providing feedback is also seen as an important teamwork skill in other industries (Stevens & Campion, 1994). In contrast, the non-self-managing group placed greater emphasis on personal skills, like setting boundaries. Both groups emphasized the importance of setting boundaries, which relates to the client-centred approach in healthcare (Bosman et al., 2008) and the emotional capacity that healthcare workers use in managing relationships with others (Riley & Weiss, 2016). The non-self-managing group also emphasized the value of self-reflection, which was not mentioned by the self-managing team. However, self-reflection may be inherent in the requirement for team members to take responsibility for their own work. These skills could relate to the interpersonal conflict management that healthcare workers in multidisciplinary teams require to solve role conflicts (Johnson et al., 2018) and therefore be specific to the sector.

Abilities

Within the self-managing team, the ability to seek help was regarded as important. Conversely, in the non-self-managing group, self-confidence was highlighted, particularly important for lower-level positions. These two abilities differed significantly and could be explained by the organizational structure of the respective cases. In a self-managing team equality is considered, so team members must actively seek help or explanation from their peers since no hierarchical coaching role exists. However, this ability is not mentioned in the study by Doblinger (2022), in which the focus lies on the individual capacities required for working in a self-managing team. Therefore, this skill could be specific to the elderly care nursing home sector. In contrast to the flatness of the self-managing team, the presence of hierarchy in the non-self-managing group engendered fear among lower-level employees, inhibiting them from speaking up to those in higher positions. These abilities differ severely from the required ability for teamwork mentioned in other industries. The ability for non-healthcare teams lies in engaging in ritual greetings and small talk (Stevens & Campion, 1994).

5.3 Practical contribution

This study contributes to policy makers, elderly care nursing home organisations and care workers. The quality and accessibility of the Dutch healthcare is under pressure due to shortage of care workers (de Groot & Kaljouw, 2022). The inspection for healthcare urges policy makers and healthcare organisations to rethink healthcare organization (Pauka, 2023). Self-managing teams could be this reorganisation (Monsen & deBlok, 2013) when conducted in the proper way. Transferring managerial tasks to the team level creates a team (van Amelsvoort & Benders, 1996) and triggers required teamwork KSAs. Policy makers are urged to provide healthcare organisations with information about this transformation.

Due to the shortage in the labour market, it is becoming more important to focus on the skills that an employees has (Kotto, 2023). Organisations that focus on the acquiring of new skills by their employees have an employee retention that is seven percent higher than organisations that do not focus on this (Kotto, 2023). Healthcare organisations can use the insights from this study to select and train their employees based on their specific organisational design.

The shortage on the labour market puts healthcare employees under pressure for delivering the growing care with less and less care workers (de Groot & Kaljouw, 2022). This study gives an overview of the required teamwork KSAs for a certain organisational design. Care workers can

use these insights in picking the right organisational design for themselves and working on the required KSAs that help them to collaborate more effectively and efficiently.

5.4 Limitations

During the start of the research, the focus was on comparing self-managing and non-self-managing teams. However, a group of individuals is only transformed into a team when managerial tasks are transferred to the team level (van Amelsvoort & Benders, 1996). This replaced the focus to self-managing teams and non-self-managing groups. The overview by Tjepkema (2003) shows 4 levels, suggesting the possibility of creating four cases: a self-managing team, a self-managing group, a non-self-managing team and a non-self-managing group. This is suggested for future research.

The selection criteria for the participants of the interviews in this study were strong, but due to time constriction and availability these criteria could not be performed correctly. In the self-managing teams, participants from different job levels in the team participated in the interviews. This was not the case for the non-self-managing group. For future research, the suggestion is to have a range of participants in all job levels of the team. An addition can be made in obtaining an equal distribution in male/female participants. Research suggests that there are differences in the perceptions of effective teamwork competences between male and female healthcare workers (Leggat, 2007).

A limitation of the Gioia method is the risk of going native: getting too close the informants view (Gioia et al., 2013). A way to solve this is have one team member in the research obtain an outsider perspective (Gioia et al., 2013). This was not entirely possible within this study, since this was an individual study. The outsider perspective is obtained by the supervisor, but for future research the recommendation is to give this role to a team member who is more closely involved in the research.

During the interviews, directing questions were often asked. Directive questions can be used to access specific areas of information during an interview (Tracy, 2019). However, this is in contrast with the inductive approach of this research, where the researcher works with the input of the participant (Soiferman, 2010). This was noticed after the first two interviews, after which feedback and advice to reduce the usage of directive questions was asked and implemented.

6 Conclusion

This research focussed on the required teamwork KSAs and how this differs between self-managing teams and non-self-managing groups in the elderly care nursing home sector. The following research question was answered:

How do self-managing teams and non-self-managing groups differ in their required teamwork knowledge, skills and abilities (KSA) in the elderly care nursing home context?

Both cases required knowledge, skills and abilities in order to foster effective teamwork. Knowledge about care, the organisation and each other was required in both cases. The difference in knowledge was that the members of the self-managing team required knowledge about a shared vision, while the individuals in the non-self-managing group needed knowledge about the role of the team manager. Regarding the skills, participants in both organisations indicated the importance for collaboration, communication and knowledge sharing for effective teamwork. The self-managing team mentioned skills regarding taking responsibility and developing professional skills, while the non-self-managing group stated skills regarding leadership and developing personal skills. The abilities in the two cases differed. An important ability in the self-managing team was the ability to ask for help, while the focus in the non-self-managing group was on the ability of gaining self-confidence.

The theoretical contribution of this research lies in the context of the client-centred approach of the sector. Teamwork KSAs based on self-managing teams or non-self-managing groups, have not yet been studied in a sector that has such a strong client-centred approach. This study found that both cases highlighted the importance of having knowledge about team members, which could be attributed specifically to the healthcare sector. Teamwork skills that can be attributed to the healthcare sector are conflict resolution, knowledge sharing and boundary setting.

The practical contribution delivers insights to the required teamwork KSAs for policy makers, elderly care nursing home organizations and care workers themselves. Due to the shortage of healthcare workers (de Groot & Kaljouw, 2022), healthcare should be organised in different ways (Pauka, 2023). The insights of this study can help policymakers in sharing knowledge about the organisation, elderly care nursing homes in selecting and training their employees and gives insight to care workers in their required skills.

7 References

- Andrade, S. R. D., Ruoff, A. B., Piccoli, T., Schmitt, M. D., Ferreira, A., & Xavier, A. C. A. (2017). O ESTUDO DE CASO COMO MÉTODO DE PESQUISA EM ENFERMAGEM: UMA REVISÃO INTEGRATIVA. *Texto & Contexto - Enfermagem*, 26(4).
<https://doi.org/10.1590/0104-07072017005360016>
- Aspers, P., & Corte, U. (2019). What is Qualitative in Qualitative Research. *Qualitative Sociology*, 42(2), 139-160. <https://doi.org/10.1007/s11133-019-9413-7>
- Baxter, P., & Jack, S. (2015). Qualitative Case Study Methodology: Study Design and Implementation for Novice Researchers. *The Qualitative Report*. <https://doi.org/10.46743/2160-3715/2008.1573>
- Beaubien, J., & Baker, D. (2004). The use of simulation for training teamwork skills in health care: How low can you go? *Quality & safety in health care*, 13(Suppl 1), i51-i56.
<https://doi.org/10.1136/qshc.2004.009845>
- Beurden, P. van. (2017, oktober 2). 'Ik kreeg applaus toen ik zelfsturing stopte'. *Zorgvisie*.
<https://www.zorgvisie.nl/ik-kreeg-applaus-toen-ik-zelfsturing-stopte/>
- Bosman, R., Bours, G. J. J. W., Engels, J., & De Witte, L. P. (2008). Client-centred care perceived by clients of two Dutch homecare agencies: A questionnaire survey. *International Journal of Nursing Studies*, 45(4), 518-525. <https://doi.org/10.1016/j.ijnurstu.2006.12.002>
- Clark, P. G. (1995). Quality of Life, Values, and Teamwork in Geriatric Care: Do We Communicate What We Mean?1. *The Gerontologist*, 35(3), 402-411. <https://doi.org/10.1093/geront/35.3.402>
- Cordaan stopt met zelfsturing in wijkzorg—Skipr. (z.d.). Geraadpleegd 3 maart 2023, van
<https://www.skipr.nl/nieuws/cordaan-stopt-met-zelfsturing-in-wijkzorg/>
- de Bruin, J., Doodkorte, R., Sinervo, T., & Clemens, T. (2022). The implementation and outcomes of self-managing teams in elderly care: A scoping review. *Journal of Nursing Management*, 30(8), 4549-4559. <https://doi.org/10.1111/jonm.13836>
- de Groot, H. N., & Kaljouw, M. J. (2022, oktober 13). *Problemen door tekort aan personeel in zorg en jeugdhulp*.

file:///C:/Users/mandy/Downloads/Brief+van+IGJ+en+NZa+over+personeeltekorten+in+zorg
+en+jeugdhulp.pdf

- Doblinger, M. (2022). Individual Competencies for Self-Managing Team Performance: A Systematic Literature Review. *Small Group Research*, 53(1), 128-180.
<https://doi.org/10.1177/10464964211041114>
- Ellingson, L. L. (2002). Communication, Collaboration, and Teamwork among Health Care Professionals. *Communication Research Trends*, 21(3).
- Fylan, F. (2005). Semi-structured interviewing. *A handbook of research methods for clinical and health psychology*, 5(2), 65-78.
- Gioia, D. A., Corley, K. G., & Hamilton, A. L. (2013). Seeking qualitative rigor in inductive research: Notes on the Gioia methodology. *Organizational research methods*, 16(1), 15-31.
- Heale, R., & Forbes, D. (2013). Understanding triangulation in research. *Evidence Based Nursing*, 16(4), 98-98. <https://doi.org/10.1136/eb-2013-101494>
- Johnson, A., Nguyen, H., Groth, M., & White, L. (2018). Reaping the Rewards of Functional Diversity in Healthcare Teams: Why Team Processes Improve Performance. *Group & Organization Management*, 43(3), 440-474. <https://doi.org/10.1177/1059601118769192>
- Kim, K. Y., Pathak, S., & Werner, S. (2015). When do international human capital enhancing practices benefit the bottom line? An ability, motivation, and opportunity perspective. *Journal of International Business Studies*, 46(7), 784-805. <https://doi.org/10.1057/jibs.2015.10>
- Kotto, K. (2023, mei). *Talent Trends in Nederland, mei 2023*. <https://business.linkedin.com/nl-nl/talent-solutions/global-talent-trends>
- Kutzscher, L. I. T., Sabiston, J. A., Laschinger, H. K. S., & Nish, M. (1997). The Effects of Teamwork on Staff Perception of Empowerment and Job Satisfaction. *Healthcare Management Forum*, 10(2), 12-17. [https://doi.org/10.1016/S0840-4704\(10\)60874-5](https://doi.org/10.1016/S0840-4704(10)60874-5)
- Lather, P. (1992). Critical frames in educational research: Feminist and post-structural perspectives. *Theory into practice*, 31(2), 87-99.
- Lee, C.-J. G. (2012). Reconsidering Constructivism in Qualitative Research. *Educational Philosophy and Theory*, 44(4), 403-412. <https://doi.org/10.1111/j.1469-5812.2010.00720.x>

- Lee, G. V. (2009). From group to team. *The Learning Professional*, 30(5), 44.
- Leggat, S. G. (2007). Effective healthcare teams require effective team members: Defining teamwork competencies. *BMC health services research*, 7, 1-10.
- Luo, L., & Wildemuth, B. M. (2009). Semistructured interviews. *Applications of social research methods to questions in information and library science*, 232.
- Magpili, N. C., & Pazos, P. (2018). Self-managing team performance: A systematic review of multilevel input factors. *Small Group Research*, 49(1), 3-33.
<https://doi.org/10.1177/1046496417710500>
- Monsen, K., & deBlok, J. (2013). Buurtzorg Nederland. *AJN The American Journal of Nursing*, 113(8), 55. <https://doi.org/10.1097/01.NAJ.0000432966.26257.97>
- Onderzoek: Tekort aan zorgpersoneel op lange termijn alleen maar groter. (2022, januari 20).
<https://nos.nl/artikel/2413851-onderzoek-tekort-aan-zorgpersoneel-op-lange-termijn-alleen-maar-groter>
- Pauka, G. (2023). *Anders organiseren van ouderenzorg bij krapte op de arbeidsmarkt* (p. 4).
<file:///C:/Users/mandy/Downloads/Anders+organiseren+van+ouderenzorg+bij+krapte+op+de+arbeidsmarkt.pdf>
- Redactie, S. (2015, december 22). Helft zorginstellingen zet in op zelfsturende teams. *Skipr*.
<https://www.skipr.nl/nieuws/helft-zorginstellingen-zet-in-op-zelfsturende-teams/>
- Riley, R., & Weiss, M. C. (2016). A qualitative thematic review: Emotional labour in healthcare settings. *Journal of Advanced Nursing*, 72(1), 6-17. <https://doi.org/10.1111/jan.12738>
- Rivas, C. (2012). Coding and analysing qualitative data. *Researching society and culture*, 3(2012), 367-392.
- Ryen, A. (2011). Ethics and qualitative research. *Qualitative research*, 3, 416-238.
- Salas, E., Cooke, N. J., & Rosen, M. A. (2008). On Teams, Teamwork, and Team Performance: Discoveries and Developments. *Human Factors*, 50(3), 540-547.
<https://doi.org/10.1518/001872008X288457>

- Salem, M., Lazarus, H., & Cullen, J. (1992). Developing Self-managing Teams: Structure and Performance. *Journal of Management Development*, 11(3), 24-32.
<https://doi.org/10.1108/02621719210009956>
- Seers, A., Petty, M. M., & Cashman, J. F. (1995). Team-Member Exchange Under Team and Traditional Management: A Naturally Occurring Quasi-Experiment. *Group & Organization Management*, 20(1), 18-38. <https://doi.org/10.1177/1059601195201003>
- Simin, D., Milutinovic, D., Brestovacki, B., Andrijevic, I., & Cigic, T. (2010). Improvement of teamwork in health care through interprofessional education. *Srpski Arhiv Za Celokupno Lekarstvo*, 138(7-8), 480-485. <https://doi.org/10.2298/SARH1008480S>
- Smith, P. (2011). *The emotional labour of nursing revisited: Can nurses still care?* Bloomsbury Publishing.
- Soiferman, L. K. (2010). Compare and Contrast Inductive and Deductive Research Approaches. *Online Submission*.
- Solheim, K., McElmurry, B. J., & Kim, M. J. (2007). Multidisciplinary teamwork in US primary health care. *Social Science & Medicine*, 65(3), 622-634.
<https://doi.org/10.1016/j.socscimed.2007.03.028>
- Stevens, M. J., & Campion, M. A. (1994). The Knowledge, Skill, and Ability Requirements for Teamwork: Implications for Human Resource Management. *Journal of Management*, 20(2), 503-530. <https://doi.org/10.1177/014920639402000210>
- Tjepkema, S. (2003). Verscheidenheid in zelfsturende teams. *Handboek werken, leren en leven met groepen*. Houten: Bohn Stafleu van Loghum.
- Tracy, S. J. (2019). *Qualitative research methods: Collecting evidence, crafting analysis, communicating impact*. John Wiley & Sons.
- van Amelsvoort, P., & Benders, J. (1996). Team time: A model for developing self-directed work teams. *International Journal of Operations & Production Management*, 16(2), 159-170.
<https://doi.org/10.1108/01443579610109901>
- van Dijk-de Vries, A., van Dongen, J. J. J., & van Bokhoven, M. A. (2017). Sustainable interprofessional teamwork needs a team-friendly healthcare system: Experiences from a

collaborative Dutch programme. *Journal of Interprofessional Care*, 31(2), 167-169.

<https://doi.org/10.1080/13561820.2016.1237481>

Vermeerbergen, L., McDermott, A. M., & Benders, J. (2021). Managers Shaping the Service Triangle: Navigating Resident and Worker Interests Through Work Design in Nursing Homes. *Work and Occupations*, 48(1), 70-98. <https://doi.org/10.1177/0730888420930770>

Weerheim, W., Van Rossum, L., & Ten Have, W. D. (2018). Successful implementation of self-managing teams. *Leadership in Health Services*, 32(1), 113-128. <https://doi.org/10.1108/LHS-11-2017-0066>

What are Semi-structured Interviews? (2022, april 6). Delve. <https://delvetool.com/blog/semi-structured>

Yin, R. K. (2003). Design and methods. *Case study research*, 3(9.2), 84.

Zhu, J., Liao, Z., Yam, K. C., & Johnson, R. E. (2018). Shared leadership: A state-of-the-art review and future research agenda. *Journal of Organizational Behavior*, 39(7), 834-852. <https://doi.org/10.1002/job.2296>

8 Appendix

Appendix A: Interview guide

Introduction (max 5 minutes)

Today we are going to talk about your experience of working together within a team in elderly care and what knowledge, skills and qualities you need to do so. Before we start, I would like to ask you to sign a consent form. It is important to know that participation in this study is voluntary, you can stop our conversation or your participation in the entire study at any time. Our conversation will be recorded using this telephone. I will keep the information confidential and the data will be processed anonymously.

Is this all clear? Do you have any questions? If not, I would like to ask you to sign the consent form. I will then turn on the recorder.

Present document and ask for signature

Team structure (10 minutes)

We start with general questions about your work and the team. The questions are also on this form.

Provide form and start asking questions

- Would you like to tell something about your working day today? What activities have you performed/are you going to perform?
 - Do you perform tasks other than care tasks? (Making schedules, ordering resources, reporting, contacting relatives, dealing with complaints). If yes, would you describe these tasks?
 - If problems arise at work, are you allowed/able to solve them yourself or does someone else take care of it?
- Can you talk a bit about how your team is put together?
 - What are the different roles?
 - *Examples: team coach, team leader, scheduler, coordinating nurse*
 - How are decisions made within the team?
 - *Together, one person, decisions made by board?*
 - Do you collaborate with other departments? How often? How does it work?
 - *Examples: other care teams, service desk, secretariat, etc.*

Introductory question (5 minutes)

We will start with 3 general questions. I will list them and then I would like to ask you to answer these questions. The questions are also in this form. ***Indicate on form***

- What comes to mind when thinking of required *knowledge* for teamwork?
- What comes to mind when thinking of required *skills* for teamwork?
- What comes to mind when thinking of required *competences* for teamwork?

I would like to ask you to answer these questions. There are no wrong answers, I am curious about your associations. I will not interrupt you. You can present it as you like, the order doesn't matter. I will let you talk for about 5 minutes and then we will continue with the rest of the interview.

Knowledge (10 minutes)

The following questions are about the knowledge you need to work together in your team. Knowledge in teamwork is about certain factual information you need as a team member. The definition of knowledge is also on the form, should you want to look back at it.

Note on document where the definition is

- What knowledge do you need to be able to work together in your team?
- Can you give examples of how you use this knowledge in your current work?
- Did you learn this knowledge here or did you already possess it?
- What knowledge would you still like to learn in order to work better together in your team?

Skills (10 minutes)

The following questions are about the skills you need to work together in your team. Skills are the learned ability to perform a certain tasks, in this case the task is working together in the team. It is different from knowledge because a skill is something you have to practice to develop it. The definition of skills is also on the document, should you want to look back at it.

Note on document where definition is

- What skills do you need to work together in your team?
- Can you give examples of how you use these skills in your current work?
- What skills would you still like to learn to work better together in your team?

Abilities (10 minutes)

The following questions are about the abilities you need to work together in your team. In this research, I see abilities as practices designed to ensure that you as team members have the right tools to perform the tasks. So in this case, it is about things that the work offers you to ensure you can work well together in the team. The definition of competencies is also on the document, should you want to look back at it.

Note on document where definition is

- What do you need from your employer to be able to work together in your team?
- Which of these competences are offered by your employer?
- Which competences would you still like to get from your employer?

Closure (5 minutes)

We are now through the core of the interview. I would like to use the last 10 minutes as a conclusion. I have some closing questions for you.

- Were the questions clear?
- Knowledge in teamwork is about certain factual information you need as a team member. Are there any other examples of knowledge needed for teamwork in your team that come to mind?
- Skills are the learned ability to perform a certain task, in this case the task is working together in the team. It is different from knowledge because a skill is something you have to practice to develop it. Are there any other examples of required skills for working together in your team that come to mind?
- In this study, I think of abilities as practices designed to ensure that you as team members have the right tools to perform the tasks. So in this case, these are things that the organisation offers you to ensure that you can work well together in the team. Are there any other examples of required competences for working together in your team that come to mind?
- Are there any other things you would like to share?
- Do you have any questions of your own?

Demographic data (5 minutes)

In the final piece of the interview, I like to go over some general data with you that provides context to my data.

Gender

Male/Female/Other

Age
Functional description
Number of years' work experience in elderly care
Number of years within the team
Contract hours per week

Ending

Thank you for participating in this interview and my research. Would you like to see the typed-out interview? Would you like to be informed about the results of these interviews, e.g., in the form of an article?

Appendix B: Quotes self-managing team

Knowledge

Theme	Quote
Knowledge about each other	"I know how a colleague is. There are some who have a morning mood, that's fine, then I only ask what is necessary. I quickly sense how a colleague is and what I can and cannot say." (ID 6, Care assistant, Female, 55).
Knowledge about organization	"You need to have the information, but most importantly, you need to know where to find it." (ID 1, Coordinating cluster nurse, Female, 43). "We all looked together during each shift at what exactly do we expect from someone. We have all documented it properly, we have worked it out for each shift." (ID 4, Carer, Female, 53).
Knowledge about care	"In collaboration, it is also simply pleasant when people have knowledge without having to ask everything again." (ID 1, Coordinating cluster nurse, Female, 43).
Joint vision	"It is important that team members are aligned and on the same page. An example is that during tours, we say that family members

can help themselves to coffee when they visit. However, when a family member did so, another colleague said it was not allowed. That was unfortunate." (ID 2, Coordinating nurse, Female, 53)

Skill

Theme	Quote
Collaboration	<p>"There is always some form of handover, so you really need to coordinate who does what." (ID 1, Coordinating cluster nurse, Female, 43)</p> <p>"And then actually brainstorming together, what would work and what would not work, and who else can we possibly ask?" (ID 1, Coordinating cluster nurse, Female, 43)</p> <p>"You need to distribute the workload effectively as a team." (ID 3, Carer with scheduling tasks, Female, 43)</p> <p>"Being your own boss, and I really like that. And when other people see that too. That's what's enjoyable, it also gives you freedom within the team." (ID 5, Care assistant, Female, 33)</p>
Communication skills	<p>"You need to be able to articulate what you mean, what you want to say." (ID 2, Coordinating nurse, Female, 53)</p> <p>"You need to be able to express yourself, both verbally and in writing. You need to be able to write reports and explain what you mean, what you're asking, and what you expect." (ID 2, Coordinating nurse, Female, 53)</p> <p>"I think listening to each other. I always find that important." (ID 5, Care assistant, Female, 33)</p>

	"And also looking at someone's facial expressions. Someone can say, 'I feel great,' while you can tell from their face that they're about to cry." (ID 4, Carer, Female, 53)
Knowledge sharing	"You always learn from each other. It's helpful to observe others and see how they do things." (ID 1, Coordinating cluster nurse, Female, 43)
Taking responsibility	"I simply believe that you should keep up with your competencies, and you are responsible for that yourself." (ID 3, Carer with scheduling tasks, Female, 43)
	"You need to take responsibility for your own work." (ID 1, Coordinating cluster nurse, Female, 43)
	"In general, you are collectively responsible for the end result." (ID 5, Care assistant, Female, 33)
Professional skills	"Because sometimes there are moments when something just doesn't sit well with me, and I simply cannot talk to you at that moment. We need to let it sink in first." (ID 4, Carer, Female, 53)
	"And sometimes someone just doesn't want to talk, and you just have to respect that." (ID 4, Carer, Female, 53)
	"It's also important to provide reasons for why you do something, not just telling someone they have to do it, but explaining the why behind it." (ID 1, Coordinating cluster nurse, Female, 43)
	"There's also a lot of on-the-job coaching. Just being present, showing yourself." (ID 2, Coordinating nurse, Female, 53)
	"We recently had a feedback training, and since the training, I've noticed that almost all colleagues are much more open to it." (ID 5, Care assistant, Female, 33)

"You should be able to give each other feedback and address things with each other." (ID 4, Carer, Female, 53)

Appendix C: Quotes non-self-managing group

Knowledge

Theme	Quote
Knowledge about each other	"The people in this team are also former colleagues who were already used to working together. I think that makes a difference, we already know what to expect from each other." (ID 10, Nurse, Female, 39)
	"It's helpful to know that there are different types of people. If you're a thinker and I'm a doer, I will interact with you differently." (ID 9, Nurse, Female, 55)
Knowledge about organization	"I also believe that you should be aware of what a team is and how it functions." (ID 8, Coordinating nurse, Female, 38)
	"These are essentially agreements on how we do things together. It's important to have knowledge of that." (ID 7, Team manager, Female, 52)
	"I also think that there should be some sort of role distribution. If you're a nurse, you should have a different kind of role than a caregiver." (ID 9, Nurse, Female, 55)
	"So you temporarily switch roles. It's no longer an equal playing field, but I assume my role where I get to make decisions." (ID 9, Nurse, Female, 55)
Knowledge about care	"If you don't have the knowledge, you have to first read up on it or let colleagues who have the knowledge brief you, otherwise it just takes longer." (ID 11, Carer with end responsibility, Male, 52)

Knowledge about role of team manager "And then she also says, 'Now we're going to involve the team manager because she needs to set the boundaries from her position.'" (ID 9, Nurse, Female, 55)

"I think there are quite a few colleagues who immediately turn to the team manager, saying, 'You solve it.'" (ID 10, Nurse, Female, 39)

"Ultimately, you need guidance from a team manager on how to create a safe working environment. But in the end, you have to do it together." (ID 10, Nurse, Female, 39)

Skill

Theme

Quote

Collaboration

"I ultimately think that's a skill. If you don't coordinate with each other, you don't know what others are going to do, and that won't lead to anything productive." (ID 10, Nurse, Female, 39)

"Then I discuss with my colleague, whom I work with, what we're going to do today." (ID 9, Nurse, Female, 55)

"People are also willing to discuss and suggest trying something different, and I think that's fine." (ID 11, Carer with end responsibility, Male, 52)

"Yesterday, we also agreed to schedule moments for discussions during the morning and evening shifts." (ID 8, Coordinating nurse, Female, 38)

"Everyone has their own vision of care, and you just have to respect that. You need to find a middle ground." (ID 12, Student nurse, Female, 21)

Communication skills	<p>"I notice that giving feedback is often avoided. If someone is dissatisfied with something, they quickly turn to a team manager and say, 'You solve this.'" (ID 10, Nurse, Female, 39)</p> <p>"Feedback regarding practical actions, like pointing out a forgotten task, works fine. But when it becomes more personal, it also becomes a matter of addressing the person instead of their performance." (ID 7, Team manager, Female, 52)</p> <p>"I think reporting is also a skill that needs to be mastered." (ID 12, Student nurse, Female, 21)</p> <p>"You need to mention the whole story and not leave out any details. Otherwise, it causes confusion for the colleague who has to take over, and it also leads to annoyance." (ID 11, Carer with end responsibility, Male, 52)</p>
Knowledge sharing	<p>"Yes, because you can assist a hostess with your knowledge. A hostess may not necessarily have a healthcare-related background, but it's beneficial if you can share your knowledge on dementia or your knowledge on diabetes with the hostess." (ID 7, Team manager, Female, 52)</p>
Leadership	<p>"You actually need to have an overview and be able to coordinate." (ID 8, Coordinating nurse, Female, 38)</p> <p>"At some point, I can prioritize and ask, 'What is the most important thing? What should we do first, and what can we do later?'" (ID 11, Carer with end responsibility, Male, 52)</p> <p>"Look, if it's a small decision, we don't wait for a team meeting. For example, the senior staff member and a colleague might think, 'We think this is a good idea, let's try it out.'" (ID 10, Nurse, Female, 39)</p>

"When I'm working with a temporary employee and an intern, I have to think for three people at once. That's also part of my job." (ID 9, Nurse, Female, 55)

"When I'm in charge of a shift, I always take a walk around the facility around 4:30 PM. I check if everyone is present, who is there? I get a sense of the atmosphere." (ID 11, Carer with end responsibility, Male, 52)

Personal skills

"One must also be able to reflect." (ID 8, Coordinating nurse, Female, 38)

"I'm not saying that nobody does it, but if everyone does it a little better, introspect and ask themselves, 'Why am I doing this?'" (ID 8, Coordinating nurse, Female, 38)

"You must also have the competence to set boundaries." (ID 7, Team manager, Female, 52)

Ability

Theme

Quote

Self confidence

"That you can also trust yourself to see and determine things correctly." (ID 9, Nurse, Female, 55)

"Also, gaining insight into 'I see this, is it correct?' and not always waiting for someone else." (ID 11, Carer with end responsibility, Male, 52)
