

Team Work Engagement and the Impact on Team
Adaptation

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As the culmination of many years of academic study, encompassing the majority of my life it is only natural to look back and think about the people that helped me through all the years, now that this dissertation comes to a close. It represents the end of a big part of my life and hopefully also the beginning of something better and more meaningful. It has not been an easy road, with the loss of loved ones, but they are remembered always for the love and the never-ending patience. This is my opportunity to present my appreciation.

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To my father, while sometimes we have our disagreements, the support and dedication was always felt and appreciated. Love can be difficult thing to express between father and son, but I sincerely never question its existence. It is apparent every day.

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ABSTRACT

Work engagement can be a determining factor for efficacy and performance levels of an employee. But as the structure of organizations changes and evolves, the demands become harder, more complex. It is necessary to think in a team context, for employees more and more are required to co-operate in order to achieve important strategic goals.

That is why the concept of team work engagement is important, is taken into consideration how the engagement of the team is a unique occurrence, with specific dynamics for interaction. More than simply combining the engagement levels of the individual team members, team work engagement is a result of many different aspects related to the interactions of the team members, with themselves, with their objectives as a team and with the organization.

The goal of this study is to add empirical information to the concept of team work engagement, in order to further show its importance in reaching high levels of performance and efficacy on a team level. For that purpose, team work engagement will be analyzed, as part of this study, for its impact on team adaptation.

A second level of this analysis corresponds to testing if human resources practices act as a moderator to the effect on team work engagement has on team adaptation

Keywords: Team work engagement, team adaptation, human resources management practices, team work

JEL Classification System-Numbers: J24, I10

RESUMO

O empenho no trabalho pode ser um fator determinante para os níveis de eficácia e performance de um funcionário, Mas com as alterações e evolução que afetam a estrutura das organizações, as exigências tornam-se mais difíceis, mais complexas. É necessário pensar no contexto de equipa, pois mais e mais é requisitado dos funcionários que cooperem de modo a atingir importantes objetivos estratégicos.

É por isso que o conceito de empenho no trabalho em equipa é importante, pois tem em consideração como o empenho numa equipa é ocorrência única, com dinâmicas específicas de interação. Mais do que uma simples combinação dos níveis de empenho individuais dos membros da equipa, empenho no trabalho em equipa é o resultado de vários aspetos relacionados com as interações dos membros da equipa entre si, com os objetivos da equipa e com a organização.

O objetivo deste estudo é o de acrescentar informação empírica ao conceito de empenho no trabalho em equipa, de modo a mostrar a sua importância para alcançar elevados níveis de performance e eficácia. Com esse propósito, empenho no trabalho em equipa será analisado, como parte deste estudo, em relação ao seu impacto na adaptação em equipa.

Um segundo nível desta análise corresponde a testar se práticas de gestão de recursos humanos atuam como moderador para o efeito do empenho no trabalho em equipa na adaptação em equipa.

Palavras-chave: Empenho no trabalho em equipa, adaptação em equipa, práticas de gestão de recursos humanos, trabalho em equipa

Números de Classificação do Sistema JEL: J24, I10

TABLE INDEX

Table 1. Changes in Modern Organizations - Schaufeli and Salanova, (2008).....	3
Table 2. Profession.....	24
Table 3. Time working at the Healthcare Unit.....	25
Table 4. Leadership Role.....	25
Table 5. Descriptive statistics and correlations between the variables in study.....	28
Table 6. Results of the hierarchical multiple regression of the moderation model – Team level HRM practices moderation.....	29
Table 7. Results of the hierarchical multiple regression of the moderation model – Individual level HRM practices moderation.....	30

FIGURE INDEX

Figure 1. Model for the emergence of team work engagement (Solid Arrows = direct effects; Dashed Arrows = correlational relationship) - Costa, Passos and Bakker, (2014).....	8
Figure 2. Team adaptation nomological network - Maynard, Kennedy and Sommer, (2015).....	19

INDEX

ACKNOWLEDGEMENTS	ii
ABSTRACT	iii
RESUMO	iv
TABLE INDEX	v
FIGURE INDEX	v
Introduction	1
Chapter I	3
Work Engagement	3
Defining Team Work Engagement	4
Emergent States and Shared Construct	6
Model of Emergence	8
Inputs	9
Team Processes	10
Emergent States	13
Outputs	16
Chapter II	16
Team Adaptation	16
Defining a model for Team Adaptation	17
Chapter III	20
Team Work Engagement, Team Adaptation, and Human Resources Management Practices	20
Chapter IV	22
Project “Saúde ao Centro” and Data Gathering	22
Methods	24
Sample	24
Procedure	25
Chapter V	27
Results	27
Aggregation	27
Hypotheses Test	28
Discussion	31
Bibliography	33
Attachments	38

Introduction

Change is a regular occurrence in many facets of life (personal and professional), it represents both an intimidating step into the unknown as well as a promising opportunity going forward. For a time (not that long ago), organizations focused heavily on the solidity of their business and workforce structures, avoiding change or trying to mitigate its effects on the organization. An emphasis on maintain a solid and unbendable working structure (e.g. employees need only to listen to their boss and do the same tasks day in and day out) is not a suitable stance for a competitive organization in 2015 (Schaufeli & Salanova, 2008).

Trying to avoid or ignore change, focusing only on control and efficiency is ironically very inefficient. Change, both internal and external, is inevitable; for that reason modern organizations have to be willing to adapt. In order to have a competitive edge, or just maintaining sustainability, organizations expect more from their workforce; they “expect their employees to be proactive and show initiative, collaborate smoothly with others in teams, take responsibility for their own professional development, and be committed to high-quality performance” (Schaufeli & Salanova, 2008: 380).

Adaptability, by definition the ability to adapt, has to be present in organizations, especially in regards to role of their employees. In order to tackle challenges more effectively, employees need to be adaptable. Merriam-Webster dictionary defines it as: “able to change or be changed in order to fit or work better in some situation or for some purpose”.

It is imperative that employees are able to adapt to individual challenges but also adapt to changes working as a team. Since a lot of the work done in modern organizations is based on team effort, the process of team adaptation (or group adaptation) gains more relevance.

In order to tackle operational objectives and perform at the highest level, it is important that employees feel engaged in their work. Work engagement can be defined as a “positive, fulfilling, work-related state of mind that is characterized by vigor, dedication, and absorption” (Schaufeli, Salanova, González-Romá & Bakker, 2002b: 74).

This is an important concern for Human Resources Management, since engaged employees “display a positive attitude towards work and high energy levels, which leads them to actively intervene in their work environment” (Costa, Passos, Bakker, 2014), and it is one of Human Resources (HR) departments goals to facilitate and encourage the engagement of employees.

Training and performance appraisal can be used by HR in order to motivate and appeal to an employee’s engagement at an individual level, but steps can also be taken to increase engagement at a team (or group) level. Promoting good relations between members of a team a solid team spirit as well as appraising team performance, can be a positive way to ensure a good level of engagement within the team.

Over the last few years many studies about work engagement have be published. However, a focus on the team level of work engagement is still fairly recent and as such requires empirical investigation in order to better understand the consequences for teams and organizations in general.

The fairly recent construct of Team Work Engagement, as it is conceptualized by authors Costa *et al.* (2014) add a new dimension to the study of employee work engagement on a team level and it is the basis of this dissertation.

The goal of this study is to further the research of Team Work Engagement, by hopefully adding relevant information and detail. To accomplish this task we structured this study in 5 main chapters. The first chapter, and the core of this study, is the concept of Team Work Engagement.

The second chapter refers to characteristics and conceptualization of Team Adaptation, while the third corresponds to the relation between Team Work Engagement, Team Adaptation and Human Resources Management Practices.

The fourth chapter is focused on the methods used as well as the hypotheses related to the correlation of the two main variable of my research: Team Work Engagement and Team Adaptation, as well as the data analysis.

And finally the fifth chapter is the conclusion of the research, the results of the data analysis regarding the correlation of variables, as well the interpretation of its meaning and a reflation on its importance to the Management of Human Resources.

Chapter I

Work Engagement

Work Engagement is a popular research topic in the study of areas such as Organizational Psychology and Human Resources Management. But why is work engagement relevant to organizations, and subsequently an important area of study, measurement and analysis?

A leading Human Resource Management expert, Dave Ulrich explains that “employees’ contribution becomes a critical business because in trying to produce more output with less employee input, companies have no choice but to try to engage not only the body but the mind and soul of every employee.” (Ulrich, 1997: 125).

There has been a paradigm shift in the focus of modern organizations in regards way business is conducted, moving from a singular focus on capital and economic principals to a greater emphasis on human capital, as illustrated by Schaufeli and Salanova (2008) (See Table 1):

Table 1. Changes in Modern Organizations - Schaufeli and Salanova, (2008).

From	To
Cost reduction	Customer satisfaction
Efficiency	Effectiveness
Employee satisfaction	Employee motivation
Control	Empowerment
Short-term focus on cash flow	Long-term focus on vision, planning, and growth
Vertical structure (chain on command)	Horizontal networks (collaboration in interdependent chains)
Dependence on company (e.g. company training)	Personal responsibility (e.g. employability)

As pointed in the table, modern organizations recognize the importance of employee motivation, independence and well-being (both physical and psychological). But this change in organizational perspective and attitude also signifies a bigger expectation on the employees ability to not only perform at the highest level but also to do more than just their job (job definition) but also to “go the extra mile” in their aim to accomplish defined objectives.

For that reason work engagement becomes an instrumental measurement for this level of modern employee performance.

Defining Team Work Engagement

Like it was pointed out in the introduction, work engagement is defined as a “positive, fulfilling, work-related state of mind that is characterized by vigor, dedication, and absorption” (Schaufeli, Salanova, González-Romá & Bakker, 2002b: 74).

This definition of work engagement focused on vigor, dedication and absorption is also followed by authors Costa *et al.*, (2014) in their conceptualization of team work engagement. These authors identified a gap related to the study of work engagement in a group/team environment. While the importance of work engagement was recognized by some of the literature, “the vast majority of studies have not presented a theoretical model framing the construct and explaining the mechanisms responsible for its existence.” (Costa *et al.*, 2014: 1).

For Costa *et al.* (2014), there is a need to conceptualize team work engagement as more than simply the combined levels of engagement of the individuals working together as part of a team. Team dynamics are significantly more complex for the use of individual focused work engagement concepts and measurement to be accurate and significant.

Understanding both the concept of work engagement and team are necessary in order to be able to accurately create a construct for team work engagement. For Costa *et al.*, (2014) the concept of team corresponds to “a distinguishable set of two or more people who interact, dynamically, interdependently, and adaptively towards a common valued

goal/objective/mission, who have been assigned specific roles or functions to perform, and who have a limited lifespan of membership” (Salas, Dickson, Converse & Tannenbaum, 1992).

The authors also mention that “the success of a team is dependent on the way team members interact with each other to accomplish the work” (Marks, Mathieu & Zaccaro, 2001).

Working alone or as part of a team are two very distinct aspects, and therefore are affected by work engagement differently. While individual level work engagement relies mostly on the job demands and job resources dynamic, work engagement on a team level is more complex.

According to the Costa et al. (2014), team work engagement is “dependent on the individual actions and cycles of interaction responsible for creating a shared pattern of behavior” (Morgeson & Hofman, 1999). This collective construct goes beyond the dependency on job resources and job demands, taking into account the dynamics of interaction between team members.

These interaction dynamics can add variable affective, cognitive and motivational outcomes that can affect the level of engagement. This means that “with the same resources and in an equally challenging environment, some teams might develop a higher level of engagement than others, because the effective cognitive and motivational outcomes of different patterns of interaction are likely to be different” (Costa *et al.* 2014: 3).

Nevertheless these specific characteristics of team work and how it relates to work engagement remain largely unexplored and misrepresented in the research for team work engagement. The existing research has not been able to “account for the differences between individual and team work engagement, or do not put forward specific team-level models of engagement” (Costa *et al.*, 2014: 3).

Consequently team work engagement as a construct/theoretical model was something that was lacking in the study of work engagement, creating an opportunity for Costa,

Passos and Bakker to present “a model of team work engagement emergence based on the existing team effectiveness literature” (Costa *et al.*, 2014: 5).

The authors conceptualize team work engagement “as a shared, positive and fulfilling, motivational emergent state of work-related well-being”, and similarly to the work engagement on an individual level construct (Schaufeli & Bakker, 2004; Schaufeli & Bakker, 2010) it is divided into three different dimensions: team vigor, team dedication and team absorption.

According to the authors team vigor corresponds to “high levels of energy and for a willingness to invest effort in work and persistence in the face of difficulties (e.g., conflict, bad performance feedback)” (Costa *et al.*, 2014: 5).

As for team dedication it stands for a “shared strong involvement in work and an expression of a sense of significance, enthusiasm, inspiration, pride and challenge while doing so” (Costa *et al.*, 2014: 5).

And finally team absorption is “a shared focused attention on work, whereby team members experience and express difficulties detaching themselves from work, such as a team members talk about their work during breaks, commenting on time passage quickly, and not engaging in non-work-related interactions when working” (Costa *et al.*, 2014: 5).

While this definition of team work engagement is based on the definition of work engagement by Schaufeli and Bakker (2003), this team focused structure takes into account interaction patterns within a team and “reflects two essential constructs rooted in the literature on teams and teamwork: emergent states and shared constructs” (Costa *et al.*, 2014: 5).

Emergent States and Shared Construct

Regarding emergent states, Marks, Mathieu and Zaccaro (2001) define them as “constructs that characterize properties of the team that are typically dynamic in nature and vary as a function of a team context, input, processes and outcomes” also that

“emergent states describe cognitive, motivational and effective states of teams, as opposed to the nature of their member interaction” (p. 357).

Costa *et al.*, (2014) proposed that team work engagement is an emergent state, a characteristic exclusive to teams, separating itself from Torrente *et al.* (2012b) definition of team work engagement as a shared psychological state.

According to Costa *et al.*, (2014) team work engagement is therefore a unique emergent state that is exclusive to a specific team and that “originates in the cognition, affect, behaviors, or other characteristics of individuals, is amplified by their interactions, and manifests at a higher level” (Kozlowski & Klein, 2000).

The fact that team work engagement is an emergent state serves to separate its construct from work engagement at the individual level, “it does not depend on job resources but essentially on the complex interplay of team’s inputs, processes, and output, and on team member’s interactions” (Costa *et al.*, 2014: 6)

Costa *et al.*, (2014) state that the conceptualization of team work engagement that they have created has a higher level of complexity in comparison to other concepts previously presented in the literature, but still, “it reflects the complexity inherent to human systems and is embedded in actual models for conceptualizing teamwork” (Costa *et al.*, 2014: 6).

The other characteristic that separates the construct of work engagement in a team context, as opposed to an individual context, is the assumption of sharedness. Meaning that the members of the team must have a similar level of perception in regards to their collective degree of work engagement.

According to Costa *et al.*, (2014), effectively ascertain a team’s collective energy and involvement, “team members must consider the behavior of all team members and how they all interact during team processes” so that “every team member is assessing a common observable experience and not how they, individually feel” (Costa *et al.*, 2014: 7).

The members of a team are all exposed to the same observable stimuli, and thus “are likely to display a common understanding of what they perceive” (Costa *et al.*, 2014: 7).

Model of Emergence

Being conceptualized as a shared emergent state, the authors (Costa et al., 2014) proposed a model of emergence for team work engagement based on the “input-mediator-output-input framework” aka IMO (Ilgen, Johnson & Juundt. 2005). This allows the authors to “consider team processes and emergent states as mediating mechanisms between team inputs and team outputs” (Marks *et al.*, 2001).

It is important to point out that the authors recognize the influence that individual and contextual variables may have on the interaction of team members, and consequently on team processes, but they argue “that the emergence of team work engagement is essentially linked to team interpersonal processes and less related to individual and contextual variables” (Costa *et al.*, 2014: 7).

The model for the emergence of team work engagement proposed by authors Costa et al., (2014) is illustrated in Figure 1:

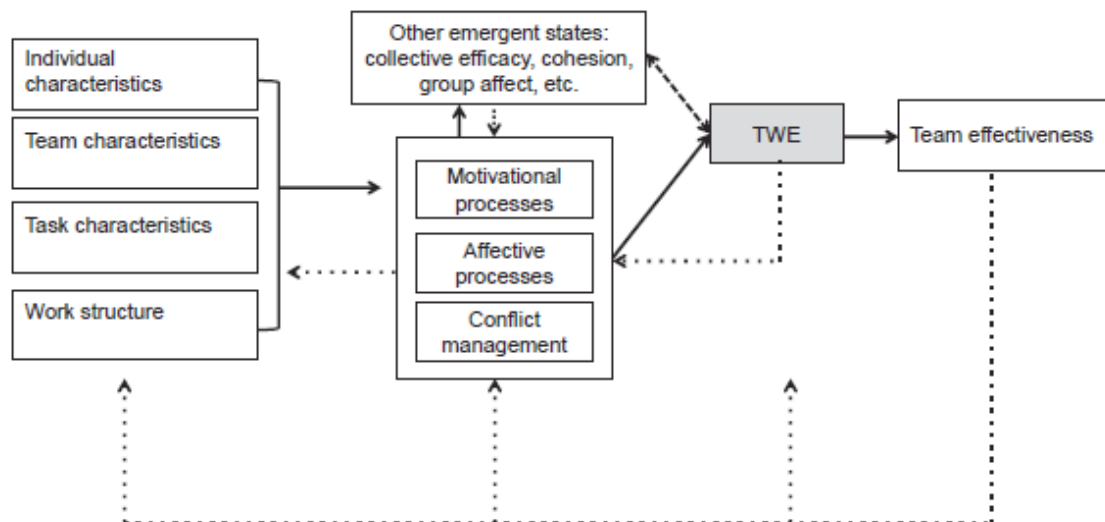


Figure 1. Model for the emergence of team work engagement (Solid Arrows = direct effects; Dashed Arrows = correlational relationship) - Costa, Passos and Bakker, (2014)

Inputs

Regarding the inputs for the model, Costa *et al.*, (2014) integrated the four most commonly proposed variables in the existing literature related to Gladstein's (1984) inputs-processes-output model of team effectiveness: individual characteristics, team characteristics, task characteristics and work structure.

These input variables are relevant to the emergence of team work engagement for potential of affecting the interaction of team members, in a direct or indirect manner. Salas *et al.* (2007), considers that individual characteristics include variables such as team orientation and personality.

“Team orientation is the propensity to consider the other's behavior when interacting and also the belief in the importance of common (team) goals over individual members' ones” (Salas, Sims & Burke, 2005). That means that the higher the level of team orientation present in a team, the more likely it is that the team members will willing to invest in their work, avoiding conflicting with their fellow team members.

As for personality, extraversion (Costa & McCrae, 1985; Eysenck, 1998) is considered to be an important predictor of positive feelings (Watson & Clark, 1997); also Emmons and Diner (1986) encountered a significant correlation between extroversion and positive affect, but not for negative effect.

Also regarding the individual characteristic input, Costa *et al.*, (2014) point out that “the individuals' level of work engagement might work as an input variable for team work engagement, because individuals will already be more predisposed to feel and display vigour, dedication and absorption towards work” (Costa *et al.*, 2014: 8).

Regarding team characteristics, these include the variables of team's culture and climate, as well as the teams' power structure. Bakker *et al.*, (2011) pointed that teams with a climate for engagement will favor collective engagement. This climate for engagement consists of the shared perception of a “challenging, resourceful, and supportive environment and encompasses the six areas of work life proposed by Maslach and Leiter (2008): realistic and challenging workload, control, reward, community and collaboration, fairness and values” (Costa *et al.*, 2014).

Moving to task characteristics, a multitude of different tasks may require a varying level of interdependence between the members of a team, and that is considered the “touchstone of emergent states” (Costa *et al.*, 2014: 9).

The more team members are involved in team processes through interaction, the more likely they are to develop a shared cognitive, affective and motivational states like team work engagement.

The last relevant input is work structure, which is related to work assignment, formal and informal norms for teams and teams’ communication structure, and it defines “who has access to what information and when, as well as the behaviors that are considered appropriate, and these two aspects will shape the nature of team members’ interaction” (Costa *et al.*, 2014: 9).

Team Processes

Moving to the second area of the model we find team processes. Costa *et al.* (2014) consider that in regards to the emergence of team work engagement the most relevant interpersonal processes are the one focused on motivation, affect management and conflict management.

Motivational processes as a relevant construct for work engagement at an individual level as existed for some time, for instance in 1997 Bandura “highlights the importance of both self and collective efficacy for performance: believing in one’s capacity for successful accomplishment of a certain task leads to increased effort and persistence, both characteristics of engagement” as well as proposing that “two of the ways by which efficacy is developed are experiencing success and/or receiving positive feedback” (Costa *et al.*, 2014).

The “banner” of motivational processes includes a variety of different types of interactions. Collective efficacy can be promoted pointing out progress or accomplishments made individual members of a team or by acknowledging each team members’ competences or attributes (the best qualities that they add to the team).

Interactions such as these can result in “shared positive attributions about the future and in perseverance and therefore in increased shared energy and involvement with work” (Costa et al., 2014: 10).

Other motivational interactions like positive feedback and constructive criticism can be relevant not only to develop efficacy (Bandura, 1997) but also to point out meaningful progress made by a team.

It is also important to talk about exhorting team members to work harder, as a motivational process. Encouraging members to “give it a little more” can be done both formally or informally, and “by the existence of performance norms and consequent mutual monitoring may also account as a motivational interaction aimed at increasing the teams’ energy and involvement” (Costa *et al.*, 2014: 10).

In regards to affective processes, these can include regulating team members’ emotions, (Marks et al., 2001), and this affect regulation corresponds to “the process of initiating, maintaining, modulating, or changing the occurrence, intensity, or duration of internal feeling states” (Eisenberg, Fabes, Gunthrie & Reiser, 2000).

Seeing as team work engagement is a positive shared state of well-being related to work, there is an implication of the existence of a positive affective tone inside the team. The management of affect and promotion of this positive affective tone can occur through these different processes (that are not mutually exclusive), according to Costa *et al.*, (2014).

The first process is the use of controlled interpersonal affect regulation strategies to improve affect (Niven, Totterdell & Holman, 2009) like positive engagement and acceptance. Positive engagement can be achieved by team members connecting to another team member on an empathic level related to their situation or affect in order to improve their affect. According to Costa *et al.*, (2014): “When presented with a difficult task, team members may try to change the way others think about the situation, suggesting that they will be able to succeed and giving advice on possible courses of action; they may point out feedback; faced with irritated co-workers, team members can make themselves available to listen to what is bothering him or her, allowing him or her to vent his or her emotions” (p. 11).

In the case acceptance, this is a relationship-oriented strategy that is based on communicating validation to a team member. By expressing care and concern for the team or the other members, a team member can boost the self-esteem and others feel special. Some of the strategies used for this effect are related with the use of humor and jokes as a way to improve the team members' affect.

It is also important to mention how affect regulation within the teams can be a representation of a controlled attempt to wield interpersonal-level influence over the attitudes and behaviors of the members of team, and not on their affective experience.

Costa *et al.*, (2014) use the example: “teams develop a set implicit and/or explicit norms about which some emotions should be displayed in the context of work and about how those norms should be displayed (Rafaeli and Sutton, 1987)”. Relating this information with the construct of team work engagement, the display rules can have an impact in its emergence in two ways: Explicit expression of emotion and expression of positive emotions.

By displaying their emotions in a deliberately explicit manner team members can facilitate an accurate appraisal of their affective state by others, increasing the likeliness of resulting in a shared a shared perception based on the explicitly of the information (decreasing the risk of contamination by personal interpretation).

On the other hand if the display rule focus on the positivity of the emotions being expressed, the emergence of team work engagement may also be facilitated, “more team members will express positive affect and act congruently with the definition of team work engagement, displaying enthusiasm and energy. This display will, in turn, reinforce team members' perception of teams' high level of engagement” (Costa *et al.*, 2014: 11).

Also important to point out that the affective climate of a team may be the result of emotional contagion (Bakker *et al.*, 2006; Torrente *et al.*, 2012b). This process is based on the fact that the transmission of non-verbal signs of emotion (like tone of voice or facial expressions) can create a subcontinent and automated reproduction by another team member, resulting in a similar emotional state.

In terms of the existence of conflict within the team, the process of conflict management is able to mitigate of extinguish situations of conflict before or after they originate

(Marks *et al.*, 2001). The conflict within the team can have a direct negative impact of the affect of its members, resulting in the propagation of self-centered behavior and a focus on the individual on him/herself to the detriment of the team, jeopardizing the accomplishment of collective team goals (DeWit, Greer & Jehn, 2012), also undermining the emergence of team work engagement.

Tackling conflict within the team, either by creating norms that limit its potential of arising, effectively preventing it, or by dealing with its effects after the fact, is very important as a facilitator of the emergence of team work engagement.

Emergent States

For author Marks *et al.*, (2001), emergent states can be considered to be both team inputs as well as proximal outcomes, meaning that team work engagement influence team processes as an input and as an output. Costa *et al.*, (2014) give an example to this point: “an increase in team work engagement may lead to an increased investment in strategic planning and energetic interactions, because team members feel more vigorous and dedicated which, in turn, may lead to better outcomes. Better outcomes, in turn, will foster future team work engagement” (p. 12).

The authors also point out that a decrease in team work engagement can lead to reduced motivating behaviors by team members, resulting from insufficient energy and involvement in the work may negatively impacts team member’s level of confidence in their own capabilities.

The previously mentioned and discussed interpersonal processes of affect management, motivation building and conflict management can lead to the creation of other types of emergent states. There is a positive dynamic correlational relationship between team work engagement and these emergent states. According to Costa *et al.*, (2014) since team work engagement and these emergent states exert positive influence over each other, it important to categorize and distinguish these mutual influences.

The authors singled out four specific emergent states that have the potential to co-occur with team work engagement: “collective efficacy, team potency, cohesion and group affect” (Costa *et al.*, 2014: 12).

Starting with collective efficacy and team potency, a sense of these emergent states can be achieved by motivating team member and building up their confidence. According to Bandura (1997) collective efficacy corresponds to a group's shared belief that they can execute their assigned tasks successfully. While collective efficacy is based on specific temporal focus and situations, team potency corresponds to a generalized belief to "any task or demand a group may confront" (Starjkovic, Lee & Nyberg, 2009), having both a broader temporal focus and outcome emphasis.

In regards to its connection with team work engagement, Salanova, Llorens and Schaufeli (2011) found that efficacy beliefs have a reciprocal influence on individual engagement through positive affect. On the team level, "both collective efficacy and group potency enhance the likelihood that the team members will persist, approach, and succeed in their tasks; they enhance the likelihood of finding vigorous, dedicated and absorbed teams" (Costa *et al.*, 2014: 13). Also, a high level of team work engagement within the team can positively impact the teams' perception of collective efficacy given that the members display the will to work and persistency in the face of adversity (related to the work).

It is important to point out that while both collective efficacy beliefs and being collectively engaged may lead to an increased energy, involvement and focus on work; they are two separate states, one is essentially cognitive while the other is motivational.

Moving to cohesion, according to authors Lieberman, Yalom and Miles (1973) this state relates to "a group property with individual manifestations of feelings of belongingness or attraction to the group" (p. 337).

The higher the level of attraction of team members to the group, the more likely it is that they will be willing to invest in accomplishing the teams' objectives, even though "members of high teamwork engaged teams are likely to feel attracted to the group and to want to stay in the team, team work engagement goes beyond the simple attraction to the group – it encompasses a positive affective state, a desire to work and be productive, and a high focus on tasks" (Costa *et al.*, 2014: 13).

According to authors Festinger, Schacter and Back (1950) cohesion focused on the tasks, task-based cohesion, corresponds to the shared commitment of the team members in accomplishing valuable goals, since the success of the team is prerequisite to reaching both collective and individual goals. The existence of a feeling of attraction to

the group as well as task-based cohesion can result in members of the team being more dedicated and focused on their work as well as displaying higher levels of vigour. In turn, this higher dedication and engagement of teams will lead the member to be more willing to help each other (Hallbeslen & Wheeler, 2008).

It is also important to point out that while team members may be dedicated to work hard tighter in order to achieve relevant goals, this does not necessarily mean they will feel positive or fulfilled about their work. High levels of dedication and hard-work, focused on achieving team goals, can simultaneously lead members to experience negative affective states like distress guilt or hostility, often associated with deadlines and timetables.

Moving on to group affect, it is common for work teams that perform similar tasks that produce identical results, that the team members may share a common affective state. For author George (1996) this common affective state can be described as “consistent or homogeneous affective reactions within a group” (p. 77), while Trotterdel *et al.*, (1998) and Totterdell (2000) discovered evidence that of the existence of a shared effective state within members of team. Also Barsade (2002), discovered that work teams with a happy organization and bond reported having more pleasant moods, levels of cooperation a reduced conflict, in comparison with work teams with an unhappy organization and bond.

In regards to the impact of this shared effective state, Costa *et al.*, (2014) point out that: “the existence of positive affect will correlate highly with team work engagement, because this emergent state has a positive affective nature: teams with positive group affect are more likely to exhibit team work than teams with negative group affect because the nature of team work engagement and of a positive affective states converges” also “engaged teams will tend to collectively display positive emotions such as joy and pride while working” (p. 14).

It is important to point out that while team work engagement and group are correlated, they are still two distinct constructs. Team work engagement is also defined by a strong motivational component and focus on team work. Positive group affect alone is insufficient to define team work engagement, because a positive group affect can have an impact that goes beyond the work, for example in enjoyable and playful breaks.

Outputs

The final aspect of the model, the outputs are mainly reflect in team effectiveness. Hackman (1987) defines team effectiveness as multilayered construct composed of three important criteria: team performance, satisfaction and viability. Team performance corresponds to the team productive output, its serves as way not analyze if the team was able to achieve or surpass the objectives related to their tasks.

Satisfaction is related to the balanced levels of satisfaction or frustration regarding personal needs that the team members experience. Finally, team viability, relates to the team members capacity to work together in the future.

According to Costa *et al.*, 2014): A good performance and feelings of satisfaction and desire to keep working together will facilitate motivation-focused interactions, as well as interactions with a positive affective valence” (p. 14).

Chapter II

Team Adaptation

In the ever changing dynamic of modern organizations, being able to adapt quickly and effectively is imperative. Change from within and without can have sudden and unexpected impact on the core business of an organization, so efforts have to be made to counter theses effects. Organizations have a need to coordinate teams in order from them to be able to adapt and overcome challenges as a group.

It is no wonder that the study of team adaptation is rich and diverse, but at the same time quite new, becoming a topic from empirical examination since approximately the turn of the century. Marks *et al.*, (2000) note that: “very little research on how teams adapt to novel environments” had been conducted until that point (Marks *et al.*, 2000: 971).

With numerous authors contributing to the study and empirical examination of team adaptation since the close to the year 2000, the literature as proliferated, creating some confusion regarding definitions and framework.

Maynard, Kennedy and Sommer point out the somewhat confusing state of team adaptation literature in their 2015 article: “Team adaptation: A fifteen-year synthesis (1998-2013) and framework for how this literature needs to adapt going forward”.

This article serves as my basis for definitions and the framework of the construct of team adaptation, since it is a result of extensive research and review of the literature (electronic databases; international journals; articles; conference proceedings; etc) regarding team adaptation. It provides a unified and synthesized look at the previous research done on this area, allowing new researchers to have a more leveled starting point going forward.

Defining a model for Team Adaptation

By analyzing various definitions of team adaptation existing in the literature, and grouping them based on the Input-mediator-output (IMO) framework (Ilgen, Hollenbrck, Johnson and Jundt, 2005), Maynard et al., (2015) observed the how team adaptation could be regards as an input, a mediator, a process or an outcome, depending on the construct.

According to Maynard *et al.*, (2015) in order to reach clarity in regards to the definitions of team adaptation, categories such as those present in the IMO framework have to have a unique a distinctive role, “researchers in this area need to come to a shared understanding of the actual process of adaptation (process and mediator), and what factors give rise to it including the team’s inherent capacity to adapt as well as other antecedent factors (input), and finally, what are the consequences of adaptation (outcome)” (Maynard *et al.*, 2015: 3)

With the aim to stat a unified and shared understanding of team adaptations, and building upon previous definitions, the authors have created their own definitions of team adaptive outcomes (outcomes), team adaptability (input) and team adaption processes (process).

In the context of team adaptive outcomes, and by analyzing the existing literature, Maynard et al., (2015) have realized that some authors and researchers use the term team adaptation when they actually they were focused on the understanding of the effects and implications on teams that do adapt (e.g., Klein & Pierce, 2001).

According to Baard and colleges (2014) when studying adaptation researchers often focus on specifically on just the impact the adaptation process has on performance. Therefore with the aim of creating a clear meaning for the outcomes of team adaptation, Maynard et al., (2015) define the consequences of adaptation on outcomes like effectiveness, performance and affective reactions of the members of the team as follows: “Team adaptive outcomes are the consequences of adaptation process, which may include constructs such as: various emergent states such as team cognition, team member’s effective reaction such as willingness to work tighter again, team effectiveness, and team performance” (Maynard *et al.*, 2015: 3).

Moving to team adaptability, Maynard *et al.*, (2015) conceptualize it as an input variable that serves as an antecedent to the team adaptation process. The authors base their construct on the research of other authors such as Hollenbeck, Ellis, Humphrey, Garza and Ilgen (2001), Randall, Resick and Church (2011) and Zaccaro and Bader (2003), agreeing that high levels of adaptability will promote the process of team adaptation, and culminating in their definition: “Team adaptability as the capacity of a team to make needed changes in response to a disruption or trigger” (Maynard *et al.*, 2015: 4).

With the definitions for both the antecedent and consequences of team adaption, the authors turn their attention to the process of team adaptation, what Maynard et al., (2015) refer to as “quintessentially adaptation”.

Based on Merriam-Webster’s Online Dictionary’s (2013) definition of adaptation “the act or process of adapting, the authors can easily consider team adaptation as a mediator or process variable. Another important point is author Stagl and colleges (2006) observation on team adaptation’s nature as a process that change the team as a response to a stimulation or a trigger.

For their definition of team process of team adaptation the authors utilize the team process framework created by Marks *et al.*,(2001), that stipulates that teams can engage in three different types of processes: transition, action and interpersonal.

The transition team processes are defined by the engagement of team members in activities such as mission analysis, planning, goal specification, and formulating strategies. In the action processes the focus of team members falls on addressing task accomplishment, monitoring progress and systems, coordinating with the other team members, and also monitoring and backing each other.

Consequently, the interpersonal team processes are present during the entirety of the team’s existence, focusing on tasks such as conflict management, motivation and confidence building, and affect management.

Based on Marks et al., (2001) framework, the authors define team adaptation process as: “adjustments to relevant team processes (i.e., action, interpersonal, transition) in response to the disruption or trigger giving rise to the need for adaptation” (Maynard *et al.*, 2015: 5).

The authors’ definition and positioning of team adaptability, team adaptation processes, and team adaptive outcomes, can be observed in their nomological network for team adaptation figure:

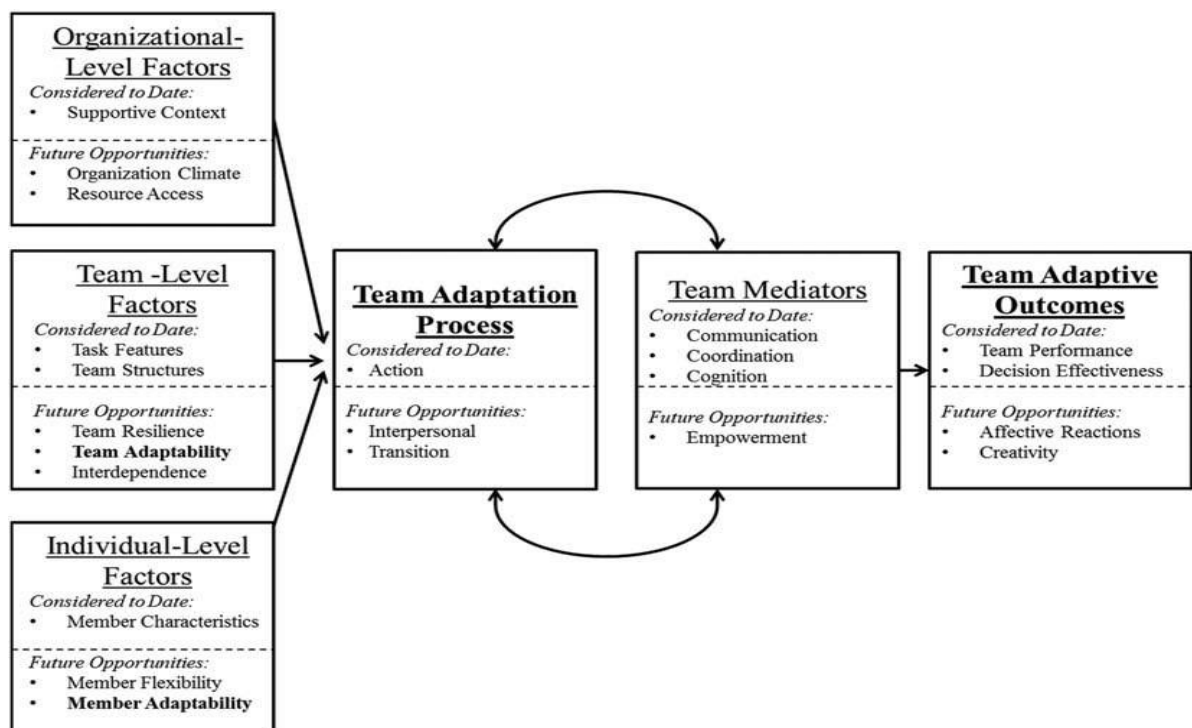


Figure 2. Team adaptation nomological network - Maynard, Kennedy and Sommer, (2015).

As an illustration of their Team adaptation nomological network, the authors utilize an example of a study conducted by Kahol, Vankipuram, Patel, and Smith (2011). The study consisted of observing 10 trauma teams in the field and showed that more deviations in team adaptation processes took place in cases where more experienced leaders were present in the teams, and so the adaptation process caused improved performance.

The example of this study influences Maynard *et al.*, (2015) definition of adaptability in a general sense: “characteristic possessed by teams or members of the team (i.e, experienced leaders), which enable *team adaptation process* (i.e, deviations in team processes from standard procedure) and shape *team adaptive outcomes* (i.e, surgical outcomes)” (Maynard et al., 2015: 5).

Chapter III

Team Work Engagement, Team Adaptation, and Human Resources Management Practices

As stated previously, the main goal of this dissertation is to add more information and detail to the concept of team work engagement (TWE), by analyzing its importance and impact on other team focused constructs, namely team adaptation (TA).

It is our goal to able to give some contribution to the still relatively recent concept of team work engagement as it was constructed and defined by Costa, Passos and Bakker (2014).

Not only that, but as a student of human resources management it is important to incorporate the relationship we’re trying to analyze (influence of TWE on TA) into a context of practical human resource management applications.

For that reason, we want to analyze not only what kind of relation can be established between team work engagement and team adaptation, but also what kind of impact can human resource management practices can have on this relation.

Consequently, the model of propositions/hypothesis is composed by these two main proposals:

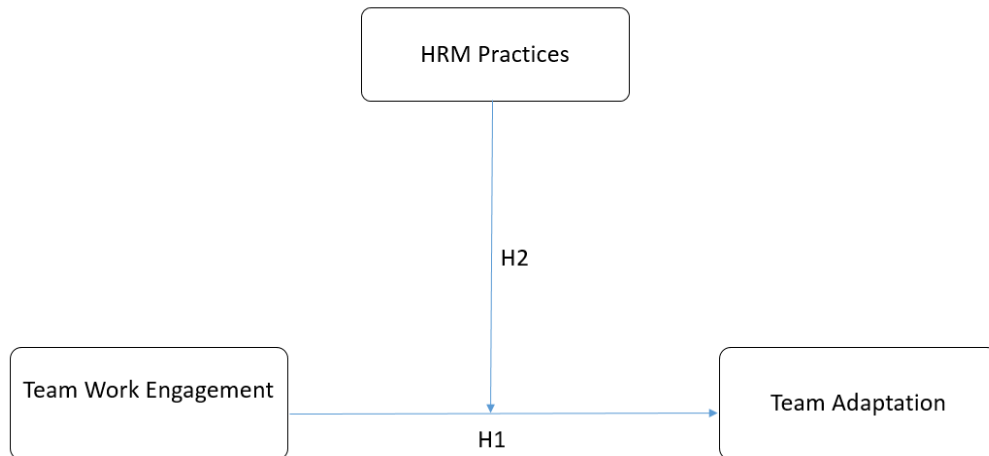


Figure 3. Hypothesis Model

H1: Team work engagement positively influences team adaptation processes.

H2: Human resources management practices moderate the relation between team work engagement and team adaptation.

H2a: Individual level human resources management practices (performance appraisal and training) moderate the relation between team work engagement and team adaptation.

H2b: Team level human resources management practices (team spirit promotion, impact of performance appraisal on team performance, and productive team

interaction) and moderate the relation between team work engagement and team adaptation.

In regards to the second hypothesis, it is important to make a distinction between team focused human resources management practices and the individual level ones. Performance appraisal and training are usually practices used on an individual level, so we believe it is important to make a separation between the human resources management practices.

While performance appraisal is commonly used as an individual level practice, its impact can extend beyond the individual being appraised. Individual appraisal can impact the performance of a team, so it is important to also consider its relevance as a team level practice.

The same goes for more abstract practices, like the promotion of a good team spirit or a healthy and productive interaction between members of a team. These may not possess a specific term, but their impact on team performance should also be considered.

Chapter IV

Project “Saúde ao Centro” and Data Gathering

Working with Professor Ana Margarida Passos, and having her as advisor for this dissertation created a very interesting opportunity for how empirical data would be collected. Professor Passos presented us, and other colleagues working on their thesis/dissertations, the possibility of gathering the data we required as part of a project, of which the professor was the scientific coordinator.

The project, entitled “Saúde ao Centro” consisted of an investigation led by researchers working at ISCTE – “Instituto Universitário de Lisboa”, focused on team work efficacy on a healthcare context, specifically on healthcare units within the “Grande Lisboa” area.

In order to include as many healthcare units in the project as possible, myself and my colleagues focused our attention and efforts on healthcare units closest to our residential areas.

A more detailed and illustrative explanation of the “Saúde ao Centro” project can be found on attachments A, B and C.

The manner of gathering information at the healthcare units was comprised of two phases: an interview phase and a survey phase. The interview phase serve as a way to measure and get an understanding of everyday challenges and constraints the affect healthcare professionals.

This phase served as a basis for the creation of the main tool of accessing information regarding team work efficacy in a healthcare context, creating the survey. The interview phase helped mold the structure and some of the questions that would be part of the survey.

An informed consent written by professor Passos regarding the interview request can be found on attachment A, while the interview scrip can be found on attachment D

The survey aimed to get a better understanding of the reality of team dynamics in healthcare units by incorporating inquiries to our (mine and my colleges) areas of study, specifically in case team work engagement and team adaptation.

A copy of the survey and a letter explaining the project written by professor Passos are present in attachments E and F respectively.

This project proved to be an excellent opportunity, not only for the larger sample that resulted from a shared information pool to me as my fellow colleges working under Professora Passos advisement, but also it elevated our own individual work into being part of a larger project.

As part of our contribution to the shared empirical data we contacted three healthcare units near our residential area (Barreiro), in order to request their assistance in delivering the survey and collecting the date.

While it as initially (and understandably due to heavy workload that is characteristic of healthcare professionals) difficult to gain administrative permission to deliver the survey, we were able to gather information from the following healthcare units:

- “Unidade de Saúde Familiar Eça (CS Barreiro) ”
- “Unidade de Saúde Familiar Lavradio (CS Barreiro) ”
- “Centro de Saúde Quinta da Lomba”

Methods

Sample

The combined sample of participants gathered by myself and my colleagues is composed of 30 teams (from 30 distinct healthcare units from the “Grande Lisboa” area) made up of 245 healthcare professionals (medical doctors, nurses and administrative personal).

In terms of composition of teams, the lowest number of participants in one team was 2 participants, while the maximum was 18 participants. The average age of the participants was 45,95 (S.D. = 10,41), the youngest participant being 26 and the oldest 65. In regards to gender, a huge majority of the participants were female, making up 80% of sample.

In regards to the distribution of participants in terms of their role in the healthcare units, how long they have worked there and if they are in a leadership position, tables 2, 3 and 4 (respectively) present more detailed information.

Table 2. Profession

	Frequency	Percentage
Medical Doctor	71	29%
Nurse	82	32,7%
Administrative	82	33,5%
Other	7	2,9%
No response	5	2%
Total	245	100%

Table 3. Time working at the Healthcare Unit

	Frequency	Percentage
Less than 2 years	28	11,4%
2 to 5 years	63	25,7%
5 to 10 years	68	27,8%
10 to 20 years	43	17,6%
More than 20 years	35	14,3%
No response	8	3,3%
Total	245	100%

Table 4. Leadership Role

	Frequency	Percentage
No	198	80,8%
Yes	38	15,5%
No response	9	3,7%
Total	245	100%

Procedure

Like it was mentioned previously the procedure of acquiring a sample of healthcare professional with the aim of gathering empirical data regarding the dynamics of team work, was connected with the “Saúde ao Centro” project.

In our personal experience getting access with this information, on the three healthcare units I visited in my residential area, required e-mail exchange with the Executive Director of the “Agrupamento de Centros de Saúde Arco Ribeirinho”, that encompassed all three healthcare units.

The authorization was given, and a copy of the exchanged e-mails between ourselves and the Executive Director can be found on attachment G.

Following the authorization, a meeting with administrative clinical coordinators was required on “Unidade de Saúde Familiar Lavradio (CS Barreiro)” and “Centro de Saúde Quinta da Lomba”. In these meetings I explained the objective and the details regarding the “Saúde ao Centro”, and delivered the informative paperwork as well as the survey. The surveys were collected from the healthcare units after a period of 2/3 weeks.

Variable Operationalization

Like it was mentioned previously the main variables being studied are: team work engagement, team adaptation, individual level human resources management practices and team level human resources management practices.

In regards to the distribution of these variables in the shared survey* (part of the “Saúde ao Centro” project) they are as follows:

- Team adaptation - First group of questions (10 questions)
- Team work engagement – Second group of questions (9 questions)
- Group level human resources management practices – Eleventh group of questions (questions 1, 2 and 3)
- Individual level human resources management practices – Eleventh group of questions (questions 5 and 6)

*Please consult attachment D for more detailed information the relevant questions (to this study) in the survey.

Team adaptation – We used an adaptation of the scale developed by Marques-Quinteiro *et al* (2015). Participants were asked to point out their level of agreement regarding their experience on how they (as part of a team) dealt with problems or unexpected occurrences. They were asked a total of 10 questions regarding team adaptation and the participants level of agreement was measured using a 7 points Likert scale (1 = “Discordo totalmente” a 7= “Concordo totalmente”).

Team work engagement – We used an adaptation of scale of TWE developed by Costa et al. (2014). Participants were asked to point out their level of agreement regarding their experience on how they (as part of a team) felt and what impact their work had on them. A total of 9 questions regarding team work engagement were asked, the participants level of agreement was measured using a 7 points Likert scale (1 = “Discordo totalmente” a 7= “Concordo totalmente”).

Human resources management practices - Participants were asked to point out their level of agreement regarding their experience on how they (individually and as part of a team) felt human resources management practices impacted their work. A total of 6 questions regarding human resources management practices were asked, questions 1 to 4 focused on the group experience and questions 5 and 6 focused on the individual experience. The participants level of agreement was measured using a 7 points Likert scale (1 = “Discordo totalmente” a 7= “Concordo totalmente”).

Chapter V

Results

Aggregation

This study focuses on a team level analysis, for that reason the individually collected responses were aggregated into teams (each one corresponding to a healthcare unit). As a way to justify the aggregation, the agreement within the teams was evaluated by calculating the $R_{wg(j)}$ (James, Demaree, and Wolf, 1993). It is important to note that the value for the $R_{wg(j)}$ mean should not be lower than .70, and unfortunately none of the variables meets this requirement. Still, working with a relatively small sample of 30 teams, can justify the use of aggregation.

Hypotheses Test

On table 4 the values for the means, standard deviation and correlations for all the variables being studied. The results show mostly significant positive correlations, with the exception of the variable HRM Individual practices.

The predictor variable Team work engagement correlates significantly and positively with the moderator variable HRM Team practices ($r = .69, p < .01$) and criterion variable Team adaptation ($r = .64, p < .01$).

Table 5. Descriptive statistics and correlations between the variables in study

	<i>R_{wg(j)}</i>	<i>M</i>	<i>SD</i>	1	2	3	4
1. Team work engagement	.60	4.57	.70	(.96) ²			
2. HRM Team practices	.45	4.40	.68	.69**	(.77) ²		
3. HRM Individual practices	.52	4.52	.57	.16	.46*	(.36) ¹	
4. Team adaptation	.66	4.87	.66	.64**	.61**	.20	(.95) ²

Note. $N = 25$

*. Correlation is significant with $p < .05$.

**. Correlation is significant with $p < .01$.

The fidelity coefficients are presented diagonal, in parentheses.

¹Pearson's correlation coefficients.

² Cronbach's Alfa.

In order to analyze the hypotheses being studied we had use Hierarchical Multiple Regression, resorting to the ENTER method for the moderation models. Consequently the variables principal effects were part of the first step of the model, and the interaction effects were part of the second step of the model. The predictor variables we're previously centered, in accordance with the procedure proposed by Aiken and West (1991).

Regarding the direct effects, the results show a significant positive effect between the predictor variable team work engagement and the criterion variable (see Table 6). Therefore it can be verified that there is a significant positive principal effect by team work engagement to team adaptation ($B = .45, p < .05$).

This model explains 47% of the variance ($F = 11,48, p < .001$). This result allows the support of Hypothesis 1.

Table 6. Results of the hierarchical multiple regression of the moderation model – Team level HRM practices moderation

Model	Team Adaptation	
	Step 1	Step 2
1. Principal Effects		
Team work engagement	.45*(.18)	.45*(.19)
HRM Team practices	.23 (.19)	.22(.21)
2. Interaction		
Team work engagement X HRM Team practices		.03(.18)
<i>Adj. R</i> ²	.47	.44
ΔR^2		.00
<i>F</i>	11.48***	7.32**
ΔF		.03

Note: The betas presented are non-standardized

The values for the standardized errors are presented in parentheses

* $p < .05$; ** $p < .01$; *** $p < .001$

In the case of the effects of the moderation of human resources management team level practices in the relation between team work engagement and team adaptation the results show that when the interaction between the two variables was added to the equation, the interaction was not statistically significant, nor was the change in the value of the F . Therefore, the results do not the support of Hypothesis 2a.

Table 7. Results of the hierarchical multiple regression of the moderation model – Individual level HRM practices moderation

Model	Team Adaptation	
	Step 1	Step 2
1. Principal Effects		
Team work engagement	.58***(.13)	.53**(.15)
HRM Individual practices	.011(.17)	.12(.18)
2. Interaction		
Team work engagement		.17(.19)
X HRM Individual practices		
<i>Adj. R</i> ²	.44	.44
ΔR^2		.00
<i>F</i>	10.46**	7.17**
ΔF		.79

Note: The betas presented are non-standardized

The values for the standardized errors are presented in parentheses

* $p < .05$; ** $p < .01$; *** $p < .001$

Regarding the effects of the moderation of human resources management individual level practices in the relation between team work engagement and team adaptation the results show that the interaction was not statistically significant, nor was the change in the value of the F. Therefore, the results do not support of Hypothesis 2b.

The results do not support of Hypothesis 2a or of Hypothesis 2b, therefore Hypothesis 2 is not supported.

Discussion

The main goal of this study was to add a meaningful contribution to the existing knowledge regarding team work engagement. The fairly new conceptualization of work engagement as a team focus construct provided a very interesting and fresh opportunity for research.

Analyzing the impact team work engagement could have on another team focused concept, such as team adaptation seemed like an adequate fit. And since good levels of team adaptation are often connected with good performance and efficacy (Maynard et al., 2015), demonstrating that team work engagement could act as a predictor to team adaptation as a very promising and enticing research path.

Also with the aim of adding more empirical depth to the concept of team work engagement, human resources management practices (both on a team and on an individual level) were selected to act as mediators to the relation between team work engagement and team adaptation. A positive and significant impact of these mediator variables could add to the importance of team work engagement as a mediator of team adaptation.

The results supported hypothesis 1 and showed that team work engagement positively influences team adaptation. This study verified the predictive potential team work engagement could have on team adaptation.

In regards to the moderator variables, the results did not support hypothesis 2, meaning that individual and team level human resources management practices did not significantly impact the relation between team work engagement and team adaptation.

It is interesting to note nonetheless, that while both levels of practices did not have a significant impact, the values for team level practices were lower than the individual level.

It is important to reflect upon the context of the empirical data that was collected. The work executed by the professionals (medical doctors, nurses, and administrative staff) in healthcare units is very team focus in its nature, so utilizing a sample composed of these individuals was a very adequate fit for this study that so heavily focuses on team work.

The importance of team work to the quality and safety of the healthcare provided to patients seems is an undeniable fact, but unfortunately very little is still known regarding dynamics of healthcare teams (Salas & Frush, 2013).

That said, there were (inevitable) limitations to the process of gathering empirical data. The small numbers of teams, and sometimes a very small number of participants in those teams as to be considered when dwelling on the results of the study. Also important to note that the empirical data was collected over a relatively short period, not taking into account a temporal dimension.

In conclusion, this study (even with the expected limitations) showed a correlation between team work engagement and team adaptation, which allows us to verify that the former could be predictor of the later.

Regarding the human resources management practices, not significant effect was verified but still creates an interesting (yet entirely speculative) prospect. Human resources management often focuses heavily on individual performance, and regards team performance as the combination of all the individual performances of the members of the team. But a team dynamic is different than a simple amalgamation of individual dynamics.

The fact that human resources management practices showed no significant impact as mediator variables could be representative of a lack of focus on team dynamics or performance.

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Attachments

Attachment A – Informed Consent



CONSENTIMENTO INFORMADO

Projecto: *Saúde ao Centro*

Equipa: Prof^a Doutora Ana Passos, Doutora Patrícia Costa, Dr. Pedro Marques Quinteiro, Dr^a Catarina Santos (investigadores sénior) e Daniel Tavares, Diana Morais, Rafael Duarte, Márcio Fazenda, Alexandra Queimado e João Plácido (investigadores júnior)

O estudo

Nesta fase do projecto, pretendemos compreender os principais desafios e constrangimentos no dia-a-dia dos profissionais de saúde. Convidamo-lo(a) a participar nesta investigação porque a sua experiência e opinião enquanto profissional de saúde é muito importante e pode permitir-nos compreender melhor o assunto em questão. A sua contribuição é voluntária e pode decidir a qualquer momento não participar.

O método utilizado nesta fase envolve a realização de uma entrevista individual, com a duração máxima de 30 minutos.

Toda a informação fornecida durante a entrevista é confidencial. O seu nome não será em momento algum associado àquilo que disser.

Caso tenha qualquer questão, por favor contacte: Prof^a Doutora Ana Passos (ana.passos@iscte.pt)

Li toda a informação fornecida, tive oportunidade de colocar questões acerca dos aspectos menos claros para mim e aceito participar neste estudo. Compreendi ainda que a minha participação neste estudo não envolve qualquer compensação (monetária ou outra).

Nome do participante:

Assinatura:

Data:

Foi dada uma cópia deste formulário de consentimento informado ao participante.

Nome do investigador:

Assinatura :

Data:

Muito obrigada pela sua participação!

Attachment B – Demographic Data



DADOS DEMOGRÁFICOS

Projecto: *Saúde ao Centro*

Sexo:

M

F

Idade: _____

Profissão:

Médico(a)

Enfermeiro(a)

Administrativo(a)

Outra Qual? _____

Há quanto tempo trabalha neste Centro de Saúde?

Menos de 2 anos

2-5 anos

5-10 anos

10-20 anos

Mais de 20 anos

Tem funções de chefia?

Sim De quem? _____

Não

Muito obrigada pela sua participação

Attachment C – Informative Flyer

SAÚDE AO CENTRO
INVESTIGAÇÃO CIENTÍFICA EM CENTROS DE
SAÚDE PORTUGUESES



**BEM-VINDOS AO
PROJECTO SAÚDE AO
CENTRO!**

ISCTE IUL
Instituto Universitário de Lisboa

**A SUA PARTICIPAÇÃO É FUNDAMENTAL
PARA O SUCESSO DO PROJECTO!**

- Participe nas entrevistas individuais e de grupo
- Deixe a sua sugestão/comentário através do email saudeaocentro@gmail.com
- Participe no preenchimento de questionários que irá decorrer durante o ano de 2015

MUITO OBRIGADA!

Para mais informações sobre o projecto, contacte:
Prof.ª Doutora Ana Passos
(ana.passos@iscte.pt)


Telefone | 217903407

O QUE É O PROJECTO SAÚDE AO CENTRO?

Um projecto de investigação de um grupo de investigadores seniores e juniores do ISCTE-Instituto Universitário de Lisboa, focado na eficácia do trabalho em equipa em contexto de saúde, especificamente nos Centros de Saúde Portugueses.

QUAIS OS OBJECTIVOS?

O projecto procura identificar os **factores relacionados com trabalho em equipa** que contribuem para a **segurança dos pacientes**, para a **eficácia dos serviços** e para o **bem-estar dos profissionais de saúde**, dentro da prestação de serviços de saúde de 1ª linha.



SAÚDE NO CENTRO

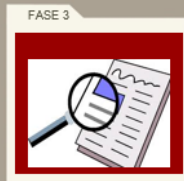
INVESTIGAÇÃO CIENTÍFICA EM CENTROS DE SAÚDE PORTUGUESES



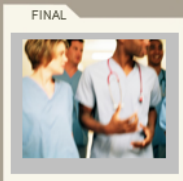
FASE 1



FASE 2



FASE 3



FINAL

- Fase 1: realização de entrevistas individuais e/ou de grupo, junto de profissionais de saúde
- Fase 2: recolha de dados quantitativos através de questionários
- Fase 3: Disponibilização de um relatório relativo ao Centro de Saúde em causa, se requisitado
- Final: Melhoria dos processos de equipa e da eficácia do serviço

CONVIDAMO-LO A PARTICIPAR ACTIVAMENTE NA NESTE PROJECTO!

O que vai acontecer?

Um grupo de investigadores está neste momento no terreno a implementar o projecto. Neste sentido, o seu Centro de Saúde poderá receber a visita de um investigador a partir de dezembro de 2014.

Este investigador irá convidar diversos profissionais do Centro de Saúde a participar em entrevistas breves, em local e horário a combinar entre ambos. Posteriormente, os profissionais irão receber questionários (em formato electrónico, por email, ou em papel) para preencher.

A sua contribuição é fundamental!

O objectivo da fase inicial é o de recolher o máximo de informação possível junto dos profissionais de saúde, acerca daquilo que consideram ser os *maiores obstáculos ao seu desempenho profissional e bem-estar pessoal no contexto de trabalho*.

Como pode participar?

Pode contribuir para o projecto de diversas maneiras! A equipa de investigação estará presente em diversos Centros de Saúde a partir de **dezembro de 2014**. Nesses momentos, poderemos solicitar-lhe que participe numa curta entrevista individual ou de grupo. *Fale connosco!*

Está disponível um email (saudeaocentro@gmail.com) onde, anonimamente, poderá deixar a sua opinião sobre os aspectos que funcionam menos bem no(s) Centro(s) de Saúde. *Conte-nos a sua visão!*

Durante os primeiros meses de 2015, estará disponível um questionário em papel e online, com questões específicas sobre o seu contexto de trabalho. Ajude-nos a compreendê-lo, preenchendo o questionário e divulgando-o pelos seus colegas!

Attachment D – Interview Script



Guião entrevista

Bom dia/boa tarde. O meu nome é XX e faço parte da equipa de investigação do projecto Saúde ao Centro. Pode ver aqui a apresentação do projecto [entregar flyer]. O projecto procura identificar os factores relacionados com trabalho em equipa que contribuem para a segurança dos pacientes, para a eficácia dos serviços e para o bem-estar dos profissionais de saúde, dentro da prestação de serviços de saúde de 1ª linha. Nesta altura, estamos na primeira fase do projecto, que implica entrevistas com profissionais de saúde destes centros, de maneira a compreender um pouco melhor como é o seu dia-a-dia e as suas principais questões em termos de trabalho e de trabalho em equipa. Pretendemos, com isto, obter uma visão o mais aproximada da vossa realidade possível, para prepararmos as fases seguintes.

A participação nesta entrevista é voluntária, e não vincula nem o profissional nem o centro de saúde à participação em fases posteriores do projecto.

Para ser mais fácil registar e analisar as suas respostas, pedia-lhe autorização para gravar a entrevista. Em nenhum momento do projecto o seu nome será identificado.

Antes de começar, tem alguma questão que queira esclarecer em relação ao projecto?

1. Pode falar-me um pouco do seu trabalho? Como é que é um dia de trabalho típico?
2. O que é que lhe permite trabalhar de uma forma mais eficaz? (*probes*: o que o(a) faz sentir que consegue fazer as suas tarefas, desenvolver as suas capacidades, contribuir)
3. Quais são as maiores dificuldades que sentem que o(a) pode impedir de oferecer aos pacientes a qualidade dos cuidados que deseja?

4. Como são as relações entre colegas? (*probes*: Sente-se apoiados pelos colegas? Existem desentendimentos? Sente-se apoiado(a) pelos seus superiores hierárquicos? Recebe feedback dos vossos superiores?)
5. De que formas é que os aspectos menos satisfatórios do seu contexto de trabalho poderiam ser melhorados?
6. Há alguma outra questão que gostasse de acrescentar?

Muito obrigada pela sua participação.

QUESTIONÁRIO

1. Este questionário insere-se num projecto de investigação levado a cabo por um grupo de investigadores do ISCTE-Instituto Universitário de Lisboa, focado na eficácia do trabalho em equipa em contexto de saúde, especificamente nas Unidades de Saúde Portuguesas. O principal objectivo deste projecto é identificar os factores relacionados com trabalho em equipa que contribuem para a segurança dos pacientes, para a eficácia dos serviços e para o bem-estar dos profissionais de saúde, dentro da prestação de serviços de saúde de 1ª linha.
2. Os dados recolhidos serão exclusivamente analisados pela equipa de investigação, estando garantido o anonimato.
3. As perguntas estão construídas de modo a que apenas tenha de assinalar a resposta que lhe parecer mais adequada. Procure responder sem se deter demasiadamente em cada questão.
4. Não há respostas certas ou erradas. O que nos interessa é exclusivamente a sua opinião pessoal.
5. Para cada pergunta existe uma escala. Pode utilizar qualquer ponto da escala desde que o considere adequado.
6. Responda a todo o questionário de seguida, sem interrupções.

Para qualquer esclarecimento, ou para receber informação adicional sobre o estudo por favor contacte: Prof.ª Doutora Ana Margarida Passos (ana.passos@iscte.pt).

Obrigado pela sua colaboração!

1.As questões que a seguir se apresentam procuram descrever os comportamentos da equipa na Unidade de Saúde. Indique em que medida concorda com cada uma delas utilizando a escala de resposta:

Discordo Totalmente	Discordo muito	Discordo em parte	Não concordo nem discordo	Concordo em parte	Concordo muito	Concordo Totalmente
1	2	3	4	5	6	7

A nossa equipa é eficaz...

1.	A levar a cabo acções criativas para resolver problemas para os quais não há respostas fáceis ou diretas.	1	2	3	4	5	6	7
2.	A encontrar formas inovadoras de lidar com situações inesperadas.	1	2	3	4	5	6	7
3.	Em ajustar-se e lidar com situações imprevistas, mudando rapidamente de foco e tomando medidas adequadas	1	2	3	4	5	6	7
4.	A desenvolver planos de acção alternativos, num curto espaço de tempo, para lidar com imprevistos	1	2	3	4	5	6	7
5.	Na atualização periódica das competências técnicas e interpessoais para melhorar o desempenho das tarefas em que está envolvida.	1	2	3	4	5	6	7
6.	Na procura e desenvolvimento de novas competências para dar resposta a situações/ problemas.	1	2	3	4	5	6	7
7.	A ajustar o estilo pessoal de cada membro ao da equipa como um todo	1	2	3	4	5	6	7
8.	Na melhoria das relações interpessoais tendo em consideração as necessidades e aspirações de cada membro.	1	2	3	4	5	6	7
9.	A permanecer calma e com comportamentos positivos mesmo em situações de elevado stress.	1	2	3	4	5	6	7
10.	A manter o foco mesmo quando lida com várias situações e responsabilidade.	1	2	3	4	5	6	7

2. As seguintes afirmações referem-se a sentimentos que algumas equipas têm em relação ao seu trabalho. Por favor, leia atentamente cada um dos itens a seguir e responda se a sua equipa já experimentou o que é relatado, em relação ao trabalho realizado na Unidade de Saúde. Utilize, por favor, a mesma escala apresentada anteriormente.

Em relação ao **nosso trabalho nesta Unidade de Saúde sentimos que:**

1.	Quando estamos a trabalhar sentimo-nos cheios de energia	1	2	3	4	5	6	7
2.	Sentimo-nos com força e energia quando estamos a trabalhar	1	2	3	4	5	6	7
3.	Estamos entusiasmados com este trabalho	1	2	3	4	5	6	7
4.	Este trabalho inspira-nos	1	2	3	4	5	6	7
5.	Durante o trabalho, temos vontade de participar nas diversas actividades	1	2	3	4	5	6	7
6.	Somos felizes quando estamos envolvidos neste trabalho	1	2	3	4	5	6	7
7.	Estamos orgulhosos com o nosso trabalho nesta Unidade	1	2	3	4	5	6	7
8.	Estamos imersos no trabalho desta Unidade	1	2	3	4	5	6	7
9.	“Deixamo-nos levar” pelas actividades deste trabalho	1	2	3	4	5	6	7

3. As questões que se seguem dizem respeito à **forma como a sua equipa funciona enquanto grupo**. Indique, por favor, com que frequência cada uma destas situações se verifica na realização do vosso trabalho. Utilize, por favor, a seguinte escala:

Nunca	Raramente	Poucas vezes	Às vezes	Muitas vezes	Quase sempre	Sempre
1	2	3	4	5	6	7

Com que frequência:

1.	Existem conflitos pessoais entre os membros da equipa	1	2	3	4	5	6	7
2.	Existem divergências sobre a forma de utilizar os recursos disponíveis	1	2	3	4	5	6	7
3.	Existe atrito entre os membros da equipa	1	2	3	4	5	6	7
4.	Existe conflito de ideias entre os membros da equipa	1	2	3	4	5	6	7
5.	Existe desacordo entre os membros sobre a forma de distribuir o tempo disponível na realização de tarefas	1	2	3	4	5	6	7
6.	Existe confronto de opiniões sobre o trabalho	1	2	3	4	5	6	7
7.	Existe desacordo na equipa em relação às ideias expressas por alguns membros	1	2	3	4	5	6	7
8.	Existe desacordo entre os membros sobre o tempo que é necessário despendido para realizar as tarefas	1	2	3	4	5	6	7
9.	Os conflitos pessoais são evidentes	1	2	3	4	5	6	7
10.	Os membros da equipa estão em desacordo sobre quem deve fazer o quê	1	2	3	4	5	6	7
11.	Os membros da equipa estão em desacordo em relação à rapidez com que as tarefas devem ser realizadas	1	2	3	4	5	6	7
12.	Existe conflito sobre a delegação de tarefas	1	2	3	4	5	6	7

4. Tendo por base o trabalho desenvolvidos pela vossa equipa na Unidade de Saúde, indique, em que medida concorda com cada uma das seguintes afirmações. Utilize, por favor, a escala seguinte:

Discordo Totalmente	Discordo muito	Discordo em parte	Não concordo nem discordo	Concordo em parte	Concordo muito	Concordo Totalmente
1	2	3	4	5	6	7

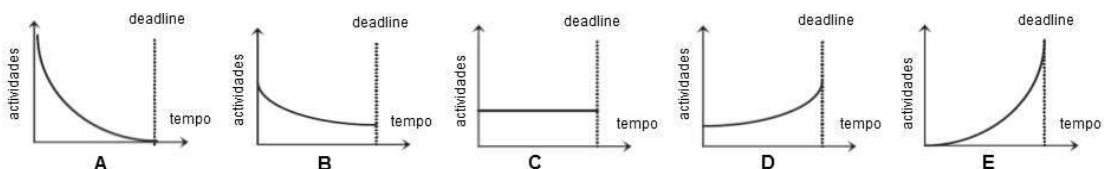
No nosso dia a dia de trabalho, na nossa equipa:

1.	Sabemos o que queremos alcançar	1	2	3	4	5	6	7
2.	Debatemos entre nós a melhor forma de fazer o trabalho.	1	2	3	4	5	6	7
3.	Reunimos com frequência para assegurar uma cooperação e comunicação efectiva.	1	2	3	4	5	6	7
4.	Temos o cuidado de dar uns aos outros informação relacionada com o trabalho.	1	2	3	4	5	6	7
5.	Sincronizamos o trabalho em equipa, reduzindo a comunicação ao mínimo indispensável.	1	2	3	4	5	6	7
6.	Partilhamos informação relevante com eficácia e nos momentos chave.	1	2	3	4	5	6	7
7.	Antecipamos o que cada membro da equipa vai fazer e/ou precisar em determinado momento.	1	2	3	4	5	6	7
8.	Ajustamos o nosso comportamento para nos anteciparmos às acções dos outros membros da nossa equipa.	1	2	3	4	5	6	7

5. Pense agora na sua **chefia directa nesta Unidade de Saúde** e indique em que medida concorda ou discorda com cada afirmação. Utilize, por favor a mesma escala:

1.	Tenho uma boa relação com a minha chafia directa	1	2	3	4	5	6	7
2.	Sou consultado pela minha chafia directa quando esta toma decisões que me afectam directamente ou afectam a minha equipa	1	2	3	4	5	6	7
3.	Nesta unidade os colaboradores têm receio em exprimir a sua discordância perante as suas chefias directas	1	2	3	4	5	6	7

6. Pense no trabalho realizado pela sua equipa na Unidade de Saúde. Analise os seguintes modelos, veja a descrição de cada um deles e indique o que melhor representa a forma como a sua equipa organiza o tempo. Escolha **APENAS uma opção**.



Começamos logo a trabalhar e terminamos o trabalho muito antes do prazo limite

Fazemos uma parte do trabalho logo no início para podemos relaxar um pouco perto do deadline

Trabalhamos de forma contínua, dividindo as tarefas pelo tempo que temos para a sua realização

Trabalhamos de forma gradual, aumentando o ritmo de trabalho quando o deadline se aproxima

Realizamos a maior parte do trabalho num período de tempo relativamente curto antes do deadline

7.As questões que se seguem dizem respeito à forma **como a equipa gere o seu tempo**. Indique-nos a frequência com que estas situações ocorrem na equipa. Utilize, por favor, a seguinte escala:

Discordo Totalmente	Discordo muito	Discordo em parte	Não concordo nem discordo	Concordo em parte	Concordo muito	Concordo Totalmente
1	2	3	4	5	6	7

Na minha equipa...

1.	Temos a mesma opinião sobre o cumprimento de prazos.	1	2	3	4	5	6	7
2.	Pensamos de forma semelhante sobre a forma de usarmos o tempo no trabalho	1	2	3	4	5	6	7
3.	Concordamos sobre a forma de distribuir o tempo disponível durante o trabalho	1	2	3	4	5	6	7
4.	Temos ideias semelhantes no que se refere ao tempo necessário para realizarmos as tarefas necessárias.	1	2	3	4	5	6	7

8.Pense agora na **forma como a sua equipa trabalha** nesta Unidade de Saúde. Não se trata da forma como acha que a equipa devia trabalhar mas sim no que faz na maioria das vezes. Utilizando a mesma escala indique em que medida concorda ou discorda com cada afirmação:

Na minha equipa...

1.	Os membros complementam a informação entre si	1	2	3	4	5	6	7
2.	Reflectimos sobre a forma como podemos melhorar os métodos de trabalho	1	2	3	4	5	6	7
3.	Procuramos em conjunto analisar as possíveis causas dos erros cometidos	1	2	3	4	5	6	7
4.	Discutimos abertamente os erros porque consideramos que os erros e as suas soluções são uma fonte importante de informação	1	2	3	4	5	6	7
5.	Avaliamos o que pretendemos aprender de acordo com os resultados obtidos	1	2	3	4	5	6	7
6.	Planeamos testar novos métodos de realizar o trabalho	1	2	3	4	5	6	7
7.	Retiramos conclusões em conjunto tendo por base as ideias discutidas no seio da equipa	1	2	3	4	5	6	7
8.	Se alguma coisa corre mal, a equipa investe tempo a analisar o problema	1	2	3	4	5	6	7
9.	Procuramos obter feedback sobre o nosso desempenho de outras pessoas (por exemplo, utentes, outras equipas ou unidades de saúde, etc.)	1	2	3	4	5	6	7
10.	Avaliamos se o resultado do nosso trabalho está de acordo com o esperado	1	2	3	4	5	6	7
11.	Testamos métodos alternativos para realizar o trabalho	1	2	3	4	5	6	7
12.	Consideramos útil analisar os nossos erros	1	2	3	4	5	6	7
13.	Se um membro dá a sua opinião sobre um assunto a seguir pergunta aos outros a opinião sobre o mesmo assunto	1	2	3	4	5	6	7
14.	Procuramos obter feedback sobre os métodos utilizados na realização das tarefas	1	2	3	4	5	6	7
15.	Durante a realização do trabalho, se alguma coisa não é clara, fazemos perguntas uns aos outros abertamente.	1	2	3	4	5	6	7
16.	Discutimos entre todos as falhas cometidas durante a realização das tarefas	1	2	3	4	5	6	7
17.	Analisamos o nosso desempenho em função das outras equipas/ unidades	1	2	3	4	5	6	7
18.	Encorajamo-nos a olhar para o nosso trabalho de diferentes perspectivas	1	2	3	4	5	6	7
19.	Os erros cometidos são discutidos abertamente	1	2	3	4	5	6	7
20.	Os membros comunicam os seus erros no sentido de evitar que outros membros comentem os mesmos erros	1	2	3	4	5	6	7

9. Continue a pensar na forma como a sua equipa trabalha como um todo e indique em que medida concorda com cada uma das afirmações. Continue a utilizar a mesma escala.

Na minha equipa...

1.	Elaboramos as nossas ideias com base na informação e ideias dos outros membros.	1	2	3	4	5	6	7
2.	Os membros ouvem atentamente o que os outros elementos têm a dizer	1	2	3	4	5	6	7
3.	Os erros são analisados exaustivamente por todos	1	2	3	4	5	6	7
4.	Analisamos o nosso desempenho em comparação com outras equipas/ unidades	1	2	3	4	5	6	7
5.	Procuramos testar métodos de trabalho alternativos	1	2	3	4	5	6	7
6.	Procuramos aprender e desenvolver as nossas competências	1	2	3	4	5	6	7
7.	Estamos dispostos a arriscar em novas ideias de modo a descobrir o que funciona melhor	1	2	3	4	5	6	7
8.	Discutimos frequentemente os métodos de trabalho	1	2	3	4	5	6	7
9.	Avaliamos regularmente a forma como colaboramos uns com os outros	1	2	3	4	5	6	7
10.	Reconsideramos regularmente os nossos procedimentos de trabalho	1	2	3	4	5	6	7
11.	Avaliamos os resultados das nossas acções	1	2	3	4	5	6	7
12.	Não toleramos os erros uns dos outros	1	2	3	4	5	6	7
13.	É difícil pedir auxílio aos outros membros	1	2	3	4	5	6	7
14.	Somos capazes de discutir entre nós problemas e assuntos difíceis	1	2	3	4	5	6	7

10. Pense agora na forma como a sua **equipa na Unidade de Saúde funciona como um todo**. Indique em que medida concorda ou discorda com cada uma das seguintes afirmações. Utilize, por favor, a seguinte escala:

Discordo Totalmente	Discordo muito	Discordo em parte	Não concordo nem discordo	Concordo em parte	Concordo muito	Concordo Totalmente
1	2	3	4	5	6	7

1.	A minha equipa é composta por indivíduos que trabalham separadamente.	1	2	3	4	5	6	7
2.	A minha equipa está dividida em dois ou mais subgrupos	1	2	3	4	5	6	7
3.	Se eu digo “nós” quando falo sobre a minha equipa, refiro-me a todos os membros da equipa, e não apenas a uma parte deles	1	2	3	4	5	6	7
4.	Esta Unidade de Saúde tem um bom desempenho	1	2	3	4	5	6	7
5.	Os utentes desta Unidade de Saúde estão satisfeitos	1	2	3	4	5	6	7
6.	A minha equipa nesta Unidade de Saúde é eficaz	1	2	3	4	5	6	7

11. As questões que se seguem dizem respeito às **práticas de gestão de recursos humanos (RH)** na sua unidade de saúde. Indique em que medida concorda com cada uma das afirmações. Utilize, por favor, a mesma escala.

1.	A Gestão de RH na unidade de saúde promove um verdadeiro espírito de equipa	1	2	3	4	5	6	7
2.	O sistema de avaliação de desempenho promove a boa performance da equipa	1	2	3	4	5	6	7
3.	A minha equipa reúne com frequência para trocar ideias entre si.	1	2	3	4	5	6	7
4.	Eu e a minha equipa temos recebido formação suficiente	1	2	3	4	5	6	7
5.	As acções de formação que tenho frequentado são úteis para o trabalho que realizo nesta unidade	1	2	3	4	5	6	7
6.	O sistema de avaliação de desempenho é útil.	1	2	3	4	5	6	7

12. Pense agora no **comportamento da liderança** da sua chefia. Indique em que medida concorda com cada uma das afirmações. Por favor, continue a utilizar a mesma escala.

1.	Revê resultados de desempenho relevantes com a equipa	1	2	3	4	5	6	7
2.	Monitoriza a equipa e o desempenho dos colaboradores	1	2	3	4	5	6	7
3.	Sugere novas formas de realizar o trabalho	1	2	3	4	5	6	7
4.	Fornece feedback positivo quando a equipa tem um bom desempenho	1	2	3	4	5	6	7
5.	Contribui com ideias concretas para melhorar o desempenho da equipa.	1	2	3	4	5	6	7
6.	Comunica questões relativas ao trabalho realizado pela equipa e ao seu desempenho	1	2	3	4	5	6	7
7.	Desafia o modo como as coisas estão a funcionar	1	2	3	4	5	6	7
8.	Mantém-se informado sobre o que as outras equipas/unidades estão a fazer.	1	2	3	4	5	6	7
9.	Implementa ou ajuda a equipa a implementarem soluções para os problemas	1	2	3	4	5	6	7
10.	Repara em falhas nos procedimentos ou trabalho desenvolvido pela equipa.	1	2	3	4	5	6	7
12.	Comunica o que é esperado da equipa.	1	2	3	4	5	6	7
13.	Participa na resolução de problemas com a equipa	1	2	3	4	5	6	7
14.	Assegura que a equipa tem objectivos claros de desempenho.	1	2	3	4	5	6	7
15.	Mantem padrões de desempenho claros	1	2	3	4	5	6	7

Para terminar, gostaríamos de lhe solicitar alguns dados socio-demográficos, indispensáveis ao tratamento estatístico dos questionários:

1.Sexo: Masculino Feminino

2.Idade: _____ anos

3. Profissão: Médico(a) Enfermeiro(a) Administrativo(a) Outra Qual? _____

4. Há quanto tempo trabalha nesta Unidade de Saúde?

Menos de 2 anos 2 a 5 anos 5 a 10 anos 10 a 20 anos Mais de 20 anos

5. Tem funções de chefia? Não Sim De quem? _____

6.Número de pessoas que trabalham na sua equipa: _____

MUITO OBRIGADO PELA SUA PARTICIPAÇÃO!

Attachment F – Letter explaining the Study



À direcção da Unidade de Saúde

Enquanto Coordenadora científica do Projecto Saúde ao Centro, gostaria de solicitar a sua autorização para aplicar um questionário a um conjunto de profissionais (médicos, enfermeiros, administrativos) da vossa unidade de saúde. Trata-se de um projecto de investigação levado a cabo por um grupo de investigadores do ISCTE-Instituto Universitário de Lisboa, focado na eficácia do trabalho em equipa em contexto de saúde, especificamente nas Unidades de Saúde Portuguesas.

Este projecto compreende no total duas fases de recolha de dados. A primeira fase foi realizada entre os meses de Janeiro e Fevereiro de 2015 e implicou a realização de entrevistas individuais a um conjunto de profissionais de saúde. Estamos neste momento a iniciar a 2ª fase de recolha de dados com a aplicação deste questionário.

Os questionários são distribuídos em papel por um dos membros da equipa de investigação e demora sensivelmente 15 minutos a preencher. Será fornecido um envelope para cada questionário. Os envelopes serão recolhidos uma semana mais tarde por um membro da equipa. Desta forma asseguramos a privacidade e anonimato das respostas. Aproveito igualmente para salientar que o nome da unidade de saúde não será mencionado em qualquer documento.

Estou inteiramente ao dispor para responder a qualquer questão relacionada com este projecto e a aplicação dos questionários (ana.passos@iscte.pt).

Com os melhores cumprimentos,

(Prof.ª Doutora Ana Margarida Passos)

Attachment G – Email exchange with the Executive Director of the “Agrupamento de Centros de Saúde Arco Ribeirinho”

Boa tarde, o meu nome é Daniel Tavares e sou aluno do mestrado em Gestão de Recursos Humanos do ISCTE. Como parte da minha tese de mestrado estou a tentar recolher informação relacionada com dinâmicas de trabalho em equipa (médicos/infermeiros/pessoal administrativo) num contexto de centros de saúde. Para esse efeito desloquei-me hoje (11 de Maio) aos centros de saúde do Lavradio e da Quinta da Lomba, e tentei averiguar a possibilidade de entregar inquéritos. Foi-me dito em ambos os casos de deveria requisitar autorização por escrito para o poder fazer.

Como tal, venho por este meio requisitar a autorização para distribuir estes inquéritos nos centros de saúde do Lavradio e Quinta da Lomba.

Em anexo segue um comunicado da coordenadora do meu estudo/orientadora de tese a explicar do nosso estudo.

Muito obrigado pela atenção e melhores cumprimentos,

Daniel Tavares

Response:

Caro Dr. Daniel Tavares

Antes de mais agradeço o seu interesse por realizar parte do seu trabalho em unidades do nosso ACES. Quanto à autorização não tenho nada a opor desde que se comprometa a enviar-nos uma cópia do seu trabalho no final.

Obrigado, cumprimentos

Com os melhores cumprimentos

Paulo Espiga
Director Executivo
ACES Arco Ribeirinho

Response:

Boa noite Sr Director,

Antes agradeço a rapidez da resposta e da natureza positiva da mesma. Comprometo-me então a enviar uma cópia do meu trabalho final de tese de mestrado para este e-mail, a quando da sua conclusão (Setembro/Outubro).

Muito obrigado e os melhores cumprimentos,

Daniel Tavares

Attachment H – SPSS calculations 1

		Statistics						
		Unidade	Sexo	Idade	Profissao	Tempo_Unidade	Chefia	Px_equipa
N	Valid	245	242	221	240	237	236	215
	Missing	0	3	24	5	8	9	30
Mean		16,87	1,81	45,95	2,10	2,97	1,16	15,17
Std. Deviation		8,180	,393	10,413	,864	1,231	,368	7,924

Unidade

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	5	2,0	2,0	2,0
	2	11	4,5	4,5	6,5
	3	7	2,9	2,9	9,4
	4	2	,8	,8	10,2
	5	5	2,0	2,0	12,2
	6	5	2,0	2,0	14,3
	7	3	1,2	1,2	15,5
	8	9	3,7	3,7	19,2
	9	3	1,2	1,2	20,4
	10	4	1,6	1,6	22,0
	11	17	6,9	6,9	29,0
	12	11	4,5	4,5	33,5
	13	6	2,4	2,4	35,9
	14	3	1,2	1,2	37,1
	15	13	5,3	5,3	42,4
	16	8	3,3	3,3	45,7
	17	6	2,4	2,4	48,2
	18	5	2,0	2,0	50,2
	19	10	4,1	4,1	54,3
	20	12	4,9	4,9	59,2
	21	18	7,3	7,3	66,5
	22	7	2,9	2,9	69,4
	23	18	7,3	7,3	76,7
	24	7	2,9	2,9	79,6
	25	9	3,7	3,7	83,3
	26	9	3,7	3,7	86,9
	27	10	4,1	4,1	91,0
	28	11	4,5	4,5	95,5
	29	2	,8	,8	96,3
	30	9	3,7	3,7	100,0
	Total	245	100,0	100,0	

Profissao

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	71	29,0	29,6	29,6
	2	80	32,7	33,3	62,9
	3	82	33,5	34,2	97,1
	4	7	2,9	2,9	100,0
	Total	240	98,0	100,0	
Missing	System	5	2,0		
Total		245	100,0		

Tempo_Unidade

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	28	11,4	11,8	11,8
	2	63	25,7	26,6	38,4
	3	68	27,8	28,7	67,1
	4	43	17,6	18,1	85,2
	5	35	14,3	14,8	100,0
	Total	237	96,7	100,0	
Missing	System	8	3,3		
Total		245	100,0		

Px equipa

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	1	,4	,5	,5
	3	1	,4	,5	,9
	4	12	4,9	5,6	6,5
	5	9	3,7	4,2	10,7
	6	19	7,8	8,8	19,5
	7	7	2,9	3,3	22,8
	8	10	4,1	4,7	27,4
	9	6	2,4	2,8	30,2
	10	8	3,3	3,7	34,0
	11	11	4,5	5,1	39,1
	12	9	3,7	4,2	43,3
	13	5	2,0	2,3	45,6
	14	5	2,0	2,3	47,9
	15	7	2,9	3,3	51,2
	16	4	1,6	1,9	53,0
	17	5	2,0	2,3	55,3
	18	16	6,5	7,4	62,8
	19	4	1,6	1,9	64,7
	20	10	4,1	4,7	69,3
	21	18	7,3	8,4	77,7
	22	11	4,5	5,1	82,8
	23	11	4,5	5,1	87,9
	24	3	1,2	1,4	89,3
	25	4	1,6	1,9	91,2
	26	4	1,6	1,9	93,0
	27	6	2,4	2,8	95,8
	28	1	,4	,5	96,3
	29	2	,8	,9	97,2
	30	2	,8	,9	98,1
	32	2	,8	,9	99,1
35	1	,4	,5	99,5	
50	1	,4	,5	100,0	
	Total	215	87,8	100,0	
Missing	System	30	12,2		
Total		245	100,0		

Attachment I – SPSS Calculations 2

Descriptive Statistics

	Mean	Std. Deviation	N
adaptation_mean	4,9175	,63726	25
twe_c	,0565	,73844	25
prh_equipa_c	,0000	,68056	25
twexprheq	,3332	,57498	25

Correlations

		adaptation_mea n	twe_c	prh_equipa_c	twexprheq
Pearson Correlation	adaptation_mean	1,000	,692	,608	,185
	twe_c	,692	1,000	,691	,139
	prh_equipa_c	,608	,691	1,000	,367
	twexprheq	,185	,139	,367	1,000
Sig. (1-tailed)	adaptation_mean	.	,000	,001	,187
	twe_c	,000	.	,000	,254
	prh_equipa_c	,001	,000	.	,036
	twexprheq	,187	,254	,036	.
N	adaptation_mean	25	25	25	25
	twe_c	25	25	25	25
	prh_equipa_c	25	25	25	25
	twexprheq	25	25	25	25

Variables Entered/Removed^a

Model	Variables Entered	Variables Removed	Method
1	prh_equipa_c, twe_c ^b	.	Enter
2	twexprheq ^b	.	Enter

a. Dependent Variable: adaptation_mean

b. All requested variables entered.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	,715 ^a	,511	,466	,46558	,511	11,481	2	22	,000
2	,715 ^b	,511	,441	,47625	,001	,025	1	21	,875

a. Predictors: (Constant), prh_equipa_c, twe_c

b. Predictors: (Constant), prh_equipa_c, twe_c, twexprheq

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4,977	2	2,489	11,481	,000 ^b
	Residual	4,769	22	,217		
	Total	9,746	24			
2	Regression	4,983	3	1,661	7,323	,002 ^c
	Residual	4,763	21	,227		
	Total	9,746	24			

a. Dependent Variable: adaptation_mean

b. Predictors: (Constant), prh_equipa_c, twe_c

c. Predictors: (Constant), prh_equipa_c, twe_c, twexprheq

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	4,892	,094		52,234	,000
	twe_c	,449	,178	,520	2,523	,019
	prh_equipa_c	,232	,193	,248	1,204	,241
2	(Constant)	4,882	,115		42,529	,000
	twe_c	,454	,185	,526	2,458	,023
	prh_equipa_c	,220	,213	,234	1,029	,315
	twexprheq	,029	,184	,027	,159	,875

a. Dependent Variable: adaptation_mean

Excluded Variables^a

Model	Beta In	t	Sig.	Partial Correlation	Collinearity Statistics	
					Tolerance	
1	twexprheq	,027 ^b	,159	,875	,035	,840

a. Dependent Variable: adaptation_mean

b. Predictors in the Model: (Constant), prh_equipa_c, twe_c

Descriptive Statistics

	Mean	Std. Deviation	N
adaptation_mean	4,9175	,63726	25
twe_c	,0565	,73844	25
prh_individual_c	,0000	,56639	25
twexprhind	,0635	,57446	25

Correlations

		adaptation_mean	twe_c	prh_individual_c	twexprhind
Pearson Correlation	adaptation_mean	1,000	,692	,203	,408
	twe_c	,692	1,000	,158	,420
	prh_individual_c	,203	,158	1,000	,002
	twexprhind	,408	,420	,002	1,000
Sig. (1-tailed)	adaptation_mean	.	,000	,165	,021
	twe_c	,000	.	,225	,018
	prh_individual_c	,165	,225	.	,496
	twexprhind	,021	,018	,496	.
N	adaptation_mean	25	25	25	25
	twe_c	25	25	25	25
	prh_individual_c	25	25	25	25
	twexprhind	25	25	25	25

Variables Entered/Removed^a

Model	Variables Entered	Variables Removed	Method
1	prh_individual_c , twe_c ^b		. Enter
2	twexprhind ^b		. Enter

a. Dependent Variable: adaptation_mean

b. All requested variables entered.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	,698 ^a	,487	,441	,47652	,487	10,460	2	22	,001
2	,711 ^b	,506	,435	,47882	,019	,789	1	21	,384

a. Predictors: (Constant), prh_individual_c, twe_c

b. Predictors: (Constant), prh_individual_c, twe_c, twexprhind

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4,751	2	2,375	10,460	,001 ^b
	Residual	4,996	22	,227		
	Total	9,746	24			
2	Regression	4,932	3	1,644	7,170	,002 ^c
	Residual	4,815	21	,229		
	Total	9,746	24			

a. Dependent Variable: adaptation_mean

b. Predictors: (Constant), prh_individual_c, twe_c

c. Predictors: (Constant), prh_individual_c, twe_c, twexprhind

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	4,885	,096		51,092	,000
	twe_c	,584	,133	,677	4,377	,000
	prh_individual_c	,108	,174	,096	,620	,541
2	(Constant)	4,877	,096		50,578	,000
	twe_c	,528	,148	,612	3,564	,002
	prh_individual_c	,119	,175	,106	,680	,504
	twexprhind	,167	,188	,151	,888	,384

a. Dependent Variable: adaptation_mean

Excluded Variables^a

Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics
						Tolerance
1	twexprhind	,151 ^b	,888	,384	,190	,819

a. Dependent Variable: adaptation_mean

b. Predictors in the Model: (Constant), prh_individual_c, twe_c