**Letter of Resubmission**

The present proposal is a resubmission of proposal #1666/20, submitted last year. I would like to thank the three reviewers of the first submission for their positive evaluations of the proposal and for their insightful comments, which were extremely helpful in preparing the revised submission. Below, I point out the main changes that I have made and then provide a detailed response to each reviewer separately.

The main difference between the previous and present version of the proposal is that, following the reviewers’ comments and suggestions, this version presents one research model only (a team-level model, based on “model 2” in the previous proposal), rather than two connected research models. This change has enabled me to extend and clarify the conceptual framework that explains how the congruence between formed leadership structures and leadership structure schema (LSS) is related to the effectiveness of self-managed teams (SMTs). As part of the theoretical extension, task-relevant information elaboration has been added as an additional mediator of this relationship, and SMT effectiveness is now measured both by team performance and by satisfaction with team relationships. An additional change is that the present version suggests two studies in order to support the research model: an extensive field study (500 SMTs in Clalit community clinics); and an additional experimental study (120 student teams). Finally, we have conducted an additional preliminary study, which was a technical pilot study in eight Clalit community-clinic SMTs, in order to test both the field-study design and the measurements, as well as the preliminary procedure.

I hope that you find that these changes contribute to a more rigorous proposal, enhancing its potential contribution. The following are specific responses to each reviewer’s comments. Please note that I considered only the comments that were relevant to the present version of the proposal.

**Reviewer 1**

Thank you for seeing merit in this research agenda and for your positive comments about the strength and originality of the proposed models. Your concerns about the weaknesses in model 1, which discussed leadership perception at the individual level, and for the ability to connect this model to model 2, was one of the primary considerations in the decision to remove model 1 from the present proposal and to continue to develop model 2.

Following your request to understand better how the results could be used to improve the healthcare system's functioning, I now highlight the practical significance of this research for the public healthcare sector and for community clinics in healthcare services, in which SMTs are extremely common. I suggest that the research insights can help organizations and practitioners to develop intervention methods to overcome such incongruence between LSS and the formed leadership structures, subsequently enhancing SMTs’ effectiveness.

**Reviewer 2**

Thank you for the positive evaluation of the proposed work and its expected impact. Following your insightful comments and helpful ideas, I have revised the present proposal as follows:

1. I followed your suggestion to develop model 2 (the team-level model) and remove model 1 from the proposal, following your suggestion that this model is more central to our objectives.
2. Following this change, I have revised and extended the conceptual part of the proposal to strengthen the research hypotheses.
3. I now explain in more detail the moderating effect of LSS diversity.
4. Thank you for the excellent suggestion to complement the field study with a smaller study to validate the main findings. The revised proposal now includes an additional experimental study in which, in order to better demonstrate causality, I manipulate the team-leadership structures (one leader/shared leadership) and compose the teams according to their members’ LSS levels (centralized/decentralized) to demonstrate the congruence effect on the expected model outcomes.
5. Following your minor comments, I have amended tautological sentences and better explained the requested sections. Additionally, I have explained that "NEMALA" is a web-based software application that enables the research team to collect survey data in a variety of display modes (both on PCs and mobile devices), and which has been certified by Clalit’s information security unit. Hence, we will use this software to collect the field-study data.
6. Regarding your question concerning the expected influence of the physicians’ status/profession (they have the formal title of “clinic manager”) on their perceived leadership, please see our preliminary results section. The semi-structured interview study supports the claim that managers from different functions/professions are perceived as leaders and that leadership-structure forms are diverse among clinics. The pilot study revealed a similar level of perceived leadership scores for physicians and nurses. This provides an initial indication of the diversity that can be found in clinics regarding perceived leadership and, therefore, in their leadership structures.

**Reviewer 3**

I was extremely glad to find that you a strong proponent of this proposal, and I appreciate your confidence in the potential contributions of the results.

Following your comments, I have revised the introduction to clarify this research's contribution in terms of addressing the gap in the literature concerning the factors that influence the relationship between diverse leadership structures and SMTs’ effectiveness. Additionally, following your recommendation, we will add Jehn and Mannix’s )2001) Relationship-Conflict scale and the four-item scale of Pelled et al. (1999) as these items are relevant for our context.

Once again, I thank all three reviewers for their time and for providing me with encouraging evaluations and extremely helpful reviews, which have assisted me in revising this proposal.