**Answers to reviewers’ comments**

We would like to thank you very much for the insightful comments and the time and effort you have taken to help us improve our manuscript. We have followed all your suggestions; we genuinely feel that they are of great importance and have helped us to improve the paper significantly.

Below we provide our detailed responses, taking the comments of each reviewer in turn (C = comment, A = answer).

**Responses to Reviewer #1:**

C-1. My first main concern is the **overall structure of the manuscript and often rather vague writing.** I found it difficult to follow the argumentative flow and grasp the key message of the manuscript.

A-1: The whole structure of the manuscript has been revised, making the argumentation clearer and ensuring a better flow.

C2 I feel that there is a **mismatch between the statement of the research question, the methodological approach, and the discussion**

The research question/aim of the manuscript is stated at different locations of the manuscript:  
Abstract: “The purpose of this paper is twofold: to investigate the social identity of  
staff in a public hospital, utilizing a multi-identity context; and to identify the implications for intergroup relations in the framework of Social Identity Theory (SIT) and Contact Theory. “  
P. 7: “the overall goal of this article is to illustrate how, according to the contact theory, and in the absence of contact structures theory (Dovidio. et al. 2011), it shapes the intergroup identity and possibly the adverse relations between different hospital departments”  
P. 10: “The present study aims at exploring the dynamics of social identities and intergroup relations in a medium-sized hospital.”  
P. 11: “How do social identity and inter-groups distinctions reflect on the perception of members of the group and the relations within it?”  
P. 12: “aiming to explore the role that social identity and contact play in the hospital context”  
P. 21: “This research aimed to investigate the dynamics of social identities and intergroup relations in a hospital, which is a highly heterogeneous group context with many different aspects of identity, within the framework of contact theory”  
These statements are all slightly different worded and I find it difficult to understand the shared essence, respectively how this essence relates to the conclusions presented later in the manuscript (see below).  
In the beginning of the Methods-section, the authors state that the aim of the data analysis was “encoding central themes and identifying patterns that emerged from them, and which were related to the respondents’ perceptions of social identity and its consequences”.

A-2: The research questions and aims have been unified throughout the manuscript, using similar wording while maintaining accuracy of meaning.

C-3: Findings are summarised on p.22f as such:  
“Our findings indicated that all interviewees classified their social identity as based first on the department to which they belonged. Additionally, two drivers, professionalism and differential managerial attitude, contributed to forming their departmental social identity. (...) Additionally, it seems that these drivers shape intergroup relations.”  
B. The authors interpret these findings as follows:  
P. 24: “Collectively, these findings corroborate the broad framing of contact theory, the theoretical framework of the current article (…) In the absence of the above-described variables necessary to ensure contact, SIT predictions are strengthened, and departmental identity is reinforced.”  
P. 25: “Given the evidence, it seems that implementing direct and indirect strategies that conform with both contact theory and indirect contact might reshape the departmental identity into a comprehensive hospital identity.”  
What evidence are the authors referring to? The themes summarized above? I feel that this interpretation is too far fetched, as contact does not emerge as a theme in the analysis.

A-3: The structure and focus of the study have been revised (including the results section), and the interpretation of the results has changed accordingly. In particular, contact theory has been omitted from the results and is no longer used as a framework.

C-4: In the conclusion section, the authors discuss potential interventions - but this was not the original research question and is not derived from the (qualitative) findings.  
p. 28: “The key conclusion of this study is that improving the communication and cooperation using direct and indirect contact strategies within the framework of daily work in a hospital requires the strengthening of the shared social identity of all hospital teams”  
Better align between the rationale, name

A-4: In line with the overall changes to the manuscript, the conclusion section has been revised. We feel that our conclusions are now more closely aligned with the research aims and findings.

C -5. Reading the introduction, I wondered what the overall rationale for the research question actually is: Why is it important to understand which social identity is most salient/significant in the hospital context? The manuscript title suggests that the overall rationale is improving (currently adverse) intergroup relations, but there is no clear argument why this is important. What do we gain from applying SIT and contact theory to the hospital context? (p. 2) The authors present literature on SIT and contact, but it often remains unclear why

A-5: We have revised the whole manuscript and rewritten the introduction to provide a clearer rationale. We have removed contact theory as a framework (in this version, we draw on some of its components only as a theoretical basis for the practical suggestions in the discussion section). We believe that after the insightful review comments have been taken into account, the rationale is now more precise.

C-6: I, therefore, believe that the manuscript would benefit from a thorough rewriting that focuses on sharpening the rationale of the research question and interpreting the results of this research question.

A-6: We agree with Reviewer 1, and we have rewritten the whole manuscript to sharpen the rationale of the research question. In light of these changes, we have restructured our literature review and re-examined the results, which has resulted in a more focused discussion.

C-7: My second main concern is the framing within contact theory. I am not convinced that the contact framing is appropriate.  
  
a) The authors draw quite strong conclusions regarding the role of contact, but the contact does not emerge as a theme in the analysis.   
  
b) These conclusions are therefore based on the argument that (in the hospital context) the necessary conditions for (positive) contact between departments are not given and therefore the negative intergroup relations cannot be improved. I do not find this argument convincing as the seminal meta-analysis from Pettigrew & Tropp (2006, JPSP) found that the “optimal contact conditions” are not necessary for improving intergroup relations (prejudice reduction).  
  
I generally do like the SIT/Intergroup-framework and believe that this literature could benefit from the qualitative findings. However, intergroup contact as a potential intervention to improve intergroup relations between department could (and probably should) be discussed (tentitavily) as one potential practical implication. But I am not convinced by the value and argumentation of the (often vague) contact-framing and would recommend reducing the role of contact in this manuscript to a minor point in the discussion. I would also recommend enriching the introduction with the **literature on social categorization**, which would make the SIT framing stronger.

A-7: We agree with Reviewer 1. Although contact played a role in the intergroup relations where prejudice emerged (which was our reason for including it in the original version of the manuscript), we agree that the connection to the findings did not flow naturally from the results. We therefore changed the framework, and contact is now included only in relation to the practical implications, as suggested. The title of the paper has also been adjusted in line with the changes to the framework.

**Responses to Reviewer #2:**

C-1: Writing - you need to reorganize the paper, send to proper editing, combine short sentences into one coherent paragraph, and please look before you send the manuscript (there are some places when you didn’t insert  the text inside at the beginning of the paragraph

A-1: We have reorganized the whole paper, reviewing and editing it thoroughly, combining sentences into paragraphs, and addressing all other writing and presentation issues. The paper has also been professionally edited.

C-2: what is more concern is that you need to take a second look at your data and make deeper analyses of your text. Right now you describe the results of your study. However, this is only the first step. You should investigate much deeper and try to find the real story there. Otherwise, you only say the obvious: employees in one department feel disconnected from employees from other departments. To contribute the literature you need to ask if there is more to the story. Who is affected by this situation? Who earns? Is it even a problem that should be handle? How is it connected to former organizational theories? Is it contradict what we know in the literature? And above all, what are your contributions? (just examining the hospital is not enough.

A-2: We thank Reviewer 2 for this insightful comment. We have rewritten the results section completely to provide a deeper analysis and to clarify the underlying story. In the new version, as suggested, we discuss the phenomenon of departmental social identity, its antecedents, and its impacts, with reference to who gains and who loses from it and with a focus on how it affects the teams, the patients, and the organization as a whole. In particular, we have included a discussion of the interaction between departmental and senior management, and we have added a leadership theory (namely, the SIT of leadership) to show how leadership plays a role in shaping group identities based on the instrumental calculations of in-group leaders. This framework allows us to better understand the antecedents of the current social identity and to identify what can be done to improve the situation. We have also made the explanation of our contribution to the literature clearer and more detailed.

Generally, although the first version of the paper addressed the SIT of leadership to some extent, it overlooked the potential interactions between out-group and in-group leadership and their implications. This shortcoming has been addressed in the new version. We would like to thank Reviewer 2 for this specific comment, which allowed us to delve deeper into our findings and their significance, resulting in a more accurate and focused paper.

\*As the framework was changed, the header was also amended.

C-3:. Introduction- it is very short. You need to better present your contributions to the literature and the aim of the study- what does the study contribute to the literature about conflict in organizations?

A-3: We have rewritten the introduction, the literature review, the framework, and the discussion section in line with the results to clarify our contribution to the literature on conflict in organizations, its relation to the SIT of leadership, and its impacts beyond the individual and the group.

C-4: literature review (?)- first, you need to write that you start your literature review. It is unclear, mainly because the introduction is very short and do not end with a clear understanding of the study aims or contribution

A-4: We have extended the literature review and enriched the introduction, which now concludes with a clear statement of the aims and contribution of the study that is aligned with the rest of the paper.

C-5: You tend to write each sentence as a short paragraph, which makes it very difficult to read and understand your arguments. I think that it will be better to unite two or more sentences into long and coherent paragraphs.

A-5: We have combined sentences to create longer, more coherent paragraphs, and the paper has also been professionally edited.

C-6: you write at the beginning that:” As introduced by Tajfel (Tajfel, 1978; Tajfel & Turner, 1986), SIT explains individuals’ behaviour motivated by their group membership, namely social identity. Social identity is defined as “part of an individual’s self-concept which derives from his [sic] knowledge of his membership of a group (or groups) together with the value and the emotional significance attached to the membership” (Tajfel, 1978, p.63).  
The quote is not enough. Now you need to explain what do you mean. You need to take into consideration that there may be some readers who are not familiar with this concept and will not necessarily understand the theory only from the quote you gave.

A-6: We have strengthened our review of the SIT literature, explaining it in greater detail and extending it to include the SIT of leadership.

C-7:. Regarding your arguments about “contact theory” in hospitals.  I am sorry but I didn’t understand if and why the hospital staff have conflicts that should be resolved through contact? Usually, the contact theory is aiming to reduce prejudice. Therefore it would have made more sense if you would have argued that the staff in Israeli hospitals are composed of culturally diversified workers (e.g. Arabs and Jews, religious and secular employees, etc.), then using the contact theory was making sense.  Maybe you can start with the Arab-Jewish conflict, and how it affected the staff in the hospital. You can use Molov and Lavie’s articles that wrote several studies about the contact theory between Arabs and Jews in Israel, including at the workplace. I think you can use those studies as a good example of how to overcome barriers. E.g. Mollov, B., & Lavie, C. (2001). Culture, dialogue, and perception change in the Israeli‐Palestinian conflict. International Journal of Conflict Management.; Klein, G., Shtudiner, Z., Kantor, J., Mollov, B., & Lavie, C. (2019). Contact theory in the workplace: The case of Jewish-Arab contact in Israel. Journal of Community & Applied Social Psychology, 29(2), 146-164  
Again, you need to provide a better explanation or rationale for using the contact theory in hospitals. If you don’t show where is the root of the conflict is and why it effected by prejudice, it doesn’t clear why the staff in hospitals should have different problems compare to other organizations that also have ad-hoc teams (e.g. Municipality, construction, education institutions etc.). Just differences based on status is not enough to create prejudice. It may create other types of conflicts, but not necessarily those that may be resolved through meetings.

A-7: We agree with this insightful comment, and we have removed the framework of contact theory. The new version of the paper draws only on the theory’s principles in reference to the practical implications (as suggested by Reviewer 1).

Methodology-  
C-8: since you are aiming to understand contact and identity, I think it would be better to have concentrated on the two or three departments that struggle between them. E.g. doctors and nurses; doctors and pre-medical. Otherwise, you should need to interview 30 persons in each department.

A-8: We have refocused the study to account for the antecedents and outcomes of departmental social identity, specifically its impact on relations between departments, its implications for achieving organizational goals, and its impact on patients. We have also focused on departmental (in-group) leadership and senior hospital (out-group) leadership and their contributions to the struggle between departments, in line with the SIT of leadership, which provides our framework in this revised version. We feel that identifying the same pattern in different departments validates our findings and is crucial in showing that social identity is an outcome of the broad context that can account for the various departments.

C-9: The k values were interpreted as follows: k < 0.20, poor agreement; 0.21 < k < 0.40, fair agreement; 0.41 < k < 0.60, moderate agreement;0.61 < k < 0.80, good agreement; 0.81 < k < 1.00, very good agreement" you can delete these sentences. It is better to indicate the Cohen's Kappa reliability and just write it was acceptable.

A-9: We agree with this comment and have revised the paragraph accordingly.

Results:

C-10. The main reason to conduct a qualitative study is to follow a theory that evolves from the text and the quotes are only minor to the arguments. However, in your study, you make more quotes and less new insights. I think that you need to ask your self “what is the main story here”? “what did the interview reveled that other studies on SIT did not found?” the idea that people are sympathized with their departments and have conflicts with others is nice, but this is part of being bureaucratic organization (e.g. Selznick, 1943 already wrote about it).

One way to overcome this problem is to write your ideas in a flow chart in which the main themes are at the beginning that leads to sub-themes and so on. This will make it easier to highlight your insights to the readers. In addition, put the quotes in a table. This is more accepted today.

A-10: We have rewritten the whole results section, reducing the number and length of the quotes and focusing instead on supporting the new structure and argument. We believe that these extensive changes have resulted in a clearer and more integrated argument.

C-11. Maybe it will be better to start with the conflict between departments as the problem that leads to more identification with the department (?).  You can look if employees start with identifying with other departments but because of many reasons, as they mature in the organization they start feeling segregation and alienation that lead to more identification on with their departments… If that is what you found

A-11: In the revised version, we have given a central role to the conflict between departments and stated it as a primary problem. We have also focused on the role of leadership (in-group and out-group) in shaping in-group identity and contributing to conflicts between departments.

C-12: You can also see if there is identification with groups from other departments based on similar categories other than their departments (e.g. role).  For examples nurses from different departments. Do they feel identification or resentment with each other?   This can lead to the idea of SIT- similarity between persons.

A-12: We have added a section on other identities and identification with other groups (including role groups) at the beginning of the results section.

C-13: You write in your literature review on contact theory, but I didn’t find how you relate to this theory in the analysis section. Maybe you look at the connection inside the department as a source for the contact? I don’t think that this is the essence of the theory. You should be more clear about how the theory integrates into your arguments (during the analyses).

A-13: Thank you for this important comment. We have removed contact theory from the literature review, as we agree that it is only loosely related to the organizational situation we are discussing. In the new version, as suggested by Reviewer 1, we have made limited use of a reduced version of the theory as a potential remedy, but not as a cause of social identity.

C-14: Discussion. Discussion is written much better. I wish you would have integrated your discussion with the results section. For example- you write “These findings also demonstrate a lack of shared goals.” This is very important, but where do you find it?   
Or in the conclusion, you write “This study has revealed the layers of social identity in the hospital, which serve as different circles of belonging for the employees. It also demonstrated the need to expand the employees’ circle of belonging from the department level to the hospital level, in order to try to improve the hospital’s daily work and achieve the organization’s goals”. These are very strong arguments. I wish you would have mentioned them in the analysis section, so it would have made more sense (and please be more humble- you didn’t reveal the layers- you may highlight or shed some light…)

Again, if you could have written the result according to your arguments in a table for example, then your ideas were much clearer later on when you write the discussion and conclusion.

A-14: We have rewritten the results section in line with our revised, more precise argument. We have deepened our arguments by adding layers related to antecedents and outcomes, including the lack of shared goals, the role of departmental and organizational leaders, and the processes that such a situation creates. We have moderated our claims and adopted a new, clearer structure in this section (also reducing the number and length of the quotes).

C-15: . you write “and the differentiation of status based on professionalism and prestige are evidence that three out of four building blocks upon which contact is based according to contact theory principles (Dovidio et al.,2011; Visintin et al.,2017), are missing in the hospital context.”- If so, then why did you lean on this theory? And which one of them is missing?  
and again, why do you even need to have more contact? Is the hospital suffer from that segregation? How is earning from this situation? Try to think about the reason that the hospital declare common goals but relies on differentiation..

A-15: As noted above, we have restructured our arguments, limiting our consideration of contact theory to the discussion section. In the results section, we have focused on who gains from the situation, the costs of the situation, and the contradiction between the hospital’s declared aims and actions.

C-16: Minor. p. 9, please insert the text at the beginning of the paragraph (“in particular “… and “indeed in their study”) inside the paragraph.  
2. p. 17, please insert the citation to the middle.  
3. p. 5. “formation in which Individuals strive to maximize their positive distinctiveness”. Why you put a capital letter in “Individuals”?

A-16: We have made the suggested amendments, and the authors and professional editors have edited the whole manuscript.