**Letter of Resubmission**

The present proposal is a resubmission of proposal #1666/20, submitted last year. I thank the three reviewers of the first submission for their positive evaluations of the proposal and for their insightful comments that were very helpful for 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 the present proposals 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 enables me to extend and clarify the conceptual framework that explains how the congruence between formed leadership structures and leadership structure schemes (LSS) is related to Self-Management Team (SMT) effectiveness. As part of the theatrical extension, task-relevant information elaboration was added as an additional mediator of this relationship and SMT effectiveness is now measured by both team performance and satisfaction from team relationships. An additional change is that the present proposal suggests two studies in order to support the research model- an extensive field study (500 self-management teams in “Clalit” community clinics) and an additional experimental study (120 student teams). Last, we 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 these changes as contributing to a more rigorous proposal that enhances its potential contribution. The following are specific responses to each reviewer’s comments. Please note that I considered only the comments which were relevant to the present proposal.

**Reviewer 1**

Thank you for seeing merit in this research agenda and for your positive comments about the strong terms and the 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 that this research has for the public healthcare sector and to community clinics in health services, where SMTs are very common. I claim that the research insights can lead organizations and practisionars to develop intervention methods to overcome such incongruence between LSS and formed structures, and subsequently, enhance SMTs effectiveness.

**Reviewer 2**

Thank you for the positive evaluation of the proposed work and its expected impact. Following your very 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 impression that this model is more central to our formations.
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 moderated 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 proposal now includes an additional experimental study where, in order to strengthen casualty, I manipulate the team leadership structures (one leader/shared leadership) and compose the teams by their members’ LSS levels (centralized/decentralized) to demonstrate the congruence effect on the expected model outcomes.
5. Following your minor comments, I fixed tautological sentences and explained better the requested sections. Additionally, I explain that the "NEMALA" is a web-based software that enables the research team to collect of survey data in a variety of display modes (both on PCs and mobile devices) and is certificated by the “Clalit” organization. Hence, we will use this software to collect the field study data.
6. Regarding your question about expected influences of the physicians’ statues/profession (who 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 structures forms are diverse between clinics. The pilot study revealed a similar level of perceived leadership scores for physicians and nurses. It gives an initial indication of the diversity that can be found in clinics to perceive leadership, therefore, in their leadership structures

**Reviewer 3**

I was very 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 comment, I revised the introduction to clarify this research's contribution as addressing the literature gap of factors that influence the relationship between diverse SMTs structures and their effectiveness. Additionally, following your recommendation, we will add to the Jehn and Mannix’s )2001) relationship conflict scale, the four items scale of Pelled et al., (1999) which its items as 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 assisted me in revising this proposal.