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Relationship between team culture and team performance through lens of knowledge sharing and team emotional intelligence

Samia Jamshed and Nauman Majeed

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Abstract

Purpose – *The purpose of this study is to investigate the relationship between team culture and team performance through the mediating role of knowledge sharing and team emotional intelligence.*

Design/methodology/approach – *The study advocated that team culture influences the knowledge sharing behavior of team members and the development of emotional intelligence skill at the team level. Further, it is hypothesized that knowledge sharing and team emotional intelligence positively influence team performance. By adopting a quantitative research design, data were gathered by using a survey questionnaire from 535 respondents representing 95 teams working in private health-care institutions.*

Findings – *The findings significantly indicated that knowledge sharing and team emotional intelligence influence team working. Furthermore, this study confirms the strong association between team culture and team performance through the lens of knowledge sharing and team emotional intelligence.*

Practical implications – *This investigation offers observational proof to health-care services to familiarize workers with the ability of emotional intelligence and urge them to share knowledge for enhanced team performance. The study provides in-depth understanding to managers and leaders in health-care institutions to decentralize culture at the team level for endorsement of knowledge sharing behavior.*

Originality/value – *This is amongst one of the initial studies investigating team members making a pool of knowledge to realize potential gains enormously and influenced by the emotional intelligence. Team culture set a platform to share knowledge which is considered one of the principal execution conduct essential for accomplishing and managing team adequacy in a sensitive health-care environment.*

Keywords *Team performance, Knowledge sharing, Team culture, Team emotional intelligence*

Paper type *Research paper*

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1. Introduction

The progressive trend of globalization, the significance of teams for organizational innovation and competitive advantage have turned out to be crucial for the survival of the organizations (Hirst *et al.*, 2009; Kianto *et al.*, 2016; Sharifirad, 2016). Gaining a competitive edge by using teamwork depends on factors of culture, emotional intelligence, leadership skills, knowledge sharing behavior and so on which may ultimately influence team performance (Anderson and West, 1998; Ayoko *et al.*, 2008). Many organizations face the challenge of finding ways to optimize team performance via transfer and share knowledge amongst the team individuals to achieve organizations competitive advantage (Zhang and Jiang, 2015). The performance of teams is influenced by various inputs factors such as leadership, culture, knowledge and supportive behaviors of team members (Heinemann and Zeiss, 2002).

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Though a growing strand of literature has investigated various factors influencing team performance, the earlier investigations have not yet examined the direct and the indirect effects of knowledge sharing and team emotional intelligence on team performance. Research scholars (Jamshed, 2018; Jamshed *et al.*, 2017; Jayasingam *et al.*, 2013; Kaur *et al.*, 2016; Shin *et al.*, 2016) have recommended studying the intervening influence of knowledge sharing and team emotional intelligence on the relationship between team culture and team performance. The purpose of this study is threefold: first, this study attempts to explore the influence of team culture on team performance as very few studies have investigated the influence of cultural factors on medical and paramedical teams working in health-care institutions; second, to investigate the mediating effects of knowledge sharing and team emotional intelligence on the relationship between team culture and team performance as the cultural factors induce team members to share knowledge and develops emotional intelligence skill at team level ultimately affecting team performance; and third, to explore how well the factors of knowledge sharing and team emotional intelligence are synchronized amongst team members within teams.

Health-care professionals working in interdisciplinary teams do not perform duties in a vacuum; they are affiliated to particular teams who provide them certain culture leading to serve the patients; therefore team culture is challenging as it needs to be adapted to different team structure (Liff and Andersson, 2013; Mueller, 2012). Team culture induces performance and the relationship among the members at the workplace. A conducive team culture enables team members to understand their team members' emotions and provide a platform for sharing knowledge. Recognizing the importance of knowledge sharing for optimum team performance, this study discerns the role of team culture to institutionalize knowledge sharing behavior amongst team members. Knowledge sharing delivers a two-way stream of knowledge comparable to knowledge exchange (Intezari *et al.*, 2017). The streams of integrated knowledge and the implementation of knowledge sharing are even more critical for the interprofessional health-care teams due to the complexity of the health-care system together with the changing demands in health care call for effective and efficient collaboration within teams (Körner *et al.*, 2016).

The team emotional intelligence is frequently marked down as a cure for challenging interpersonal problems (Samiuddin *et al.*, 2017). Though the antecedents of team level emotional intelligence have nominal research in relevance to how team culture influences the development of emotional competencies of team members. The culture enables individuals to manage emotional necessities that can be seen through various norms, beliefs, and standards of interaction. In fact, researchers agree that culture manages emotion: the norms established via culture allow individuals to familiarize, appraise and convey emotions within them and amongst their colleagues (Barczak *et al.*, 2010). Furthermore, management researcher (Stubbs, 2005; Stubbs Koman and Wolff, 2008) inspected the mediating role of group-level emotional intelligence on the connection between leader emotional intelligence and team performance and recommended to study the impact of culture on the advancement of the emotional intelligence of the members working in teams. In response to the noted calls, the authors attempt to close the gap by exploring the influence of team culture on knowledge sharing and team emotional intelligence resulting in an optimized team performance. Cultural barriers exist which might pose challenges to the universality of knowledge sharing behaviors and may obstruct effective knowledge sharing (Ma *et al.*, 2014). Therefore, this study enlightens the perspective that knowledge sharing practices are fundamental to improved patient care process and optimum team performance which is not realistic in absence of knowledge exchange.

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2. Literature review

Recently the conception of work has drastically evolved from a narrow range of task performed by individuals to the collective efforts navigated by teams with diversified knowledge and skills of members (Farh *et al.*, 2012; Liu *et al.*, 2011; Tongo, 2015). This changing work pattern has been compelled by knowledgeable workers with the associated skill of emotional intelligence (Jordan and Lawrence, 2009; Liu and Liu, 2013; McIver *et al.*, 2013). Individuals working in teams can galvanize the performance by sharing knowledge and understanding of emotional expressions of team members discerned by the cultural factor (Sveiby and Simons, 2002; Xue *et al.*, 2011). Numerous studies exist in response to recognizing the determinants and antecedents of knowledge sharing behavior and emotional intelligence skills at the team level. The contribution of such studies, however, lacks in identifying what factors influences the knowledge sharing behavior of team members for enhanced team outcomes. This is amongst one of the initial studies investigating team members making a pool of knowledge to realize potential gains enormously and development of team emotional intelligence under influence of team culture. Previous studies (Pérez López *et al.*, 2004; Shin *et al.*, 2016; Willard-Grace *et al.*, 2014; Xue *et al.*, 2011) concluded that team culture collectively believes in teamwork, team members participation, respect and empowerment, and influences the knowledge sharing behavior of team members which subsequently affect team performance. It is thoughtful to envision that team members will seek to share knowledge, task standards, practices, essential suppositions that would enhance their working in teams.

2.1 Relationship of team culture and team performance

The culture of a team comprises vision, norms and principles and provides initiative for participation; thereby team members get familiar with all such knowledge that formulates the culture of a team. By practicing such team culture over a period of time lead to the team functions as a coherent team in completing team tasks (Kaur and Pankaj, 2013; Shin *et al.*, 2016; Weller *et al.*, 2014; Zhou *et al.*, 2011). Research provides evidence that team members belong to particular team structure, their behavior and attitude are influenced according to the prevailing culture of teams subsequently, influencing team performance (Avey *et al.*, 2008; Hann *et al.*, 2007). The team working in health-care institutions is an immersive intervention to trigger patient relevant discussions and to ensure error-free patient care. Health-care professionals working in teams provide an in-depth understanding of co-workers perception and capitalize on a team member's strength to ensure patient care (Weller *et al.*, 2014). Hence, the culture is one of the significant factors for preventing errors and enhanced team outcomes. Moreover, the quality of staff attitude, delivering patient care services requires the efficiency of clinical information systems and the effectiveness of the team processes for patient satisfaction (Jacobs *et al.*, 2013). The empirical evidence is lacking in regard to investigating the role of team culture in enhancing the performance of health-care teams. Therefore, this study seeks to extend the previous cross-sectional analysis (Davies *et al.*, 2007; Hann *et al.*, 2007; Katzenbach and Smith, 2015; Kessel *et al.*, 2012; Shortell *et al.*, 1994), investigating the role of team culture in interdisciplinary team performance suggesting team culture/team performance hypothesis.

2.2 Relationship of team culture and knowledge sharing

Knowledge sharing practices are successful if they are in accordance with cultural values. Despite growing recognition of the cultural factor influencing knowledge sharing behavior, very few studies investigated the impact of team culture on knowledge sharing behavior of team members (Ardichvili *et al.*, 2006; Chen and Lin, 2013; Wiewiora *et al.*, 2013; Zhang *et al.*, 2014). The culture supporting innovation and participation in team, influences if how and when team members share knowledge (Mueller, 2012; Titi Amayah, 2013). In visionary and innovative team culture, employees share their knowledge, an environment of trust and

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cooperation is developed (Casimir *et al.*, 2012; Intezari *et al.*, 2017; Jacobs *et al.*, 2013). Such factors of team culture stimulate knowledge sharing within teams with subsequent impact on team performance. When team members socialize with each other, it leads to the establishment of trust, cooperation and friendly environment which lead them to share their knowledge (Cheng *et al.*, 2008; Mueller, 2012). Through this networking the employees collect, store, modify, interpret, organize and utilize knowledge when they require it while doing different tasks. Simultaneously, it will enhance the commitment of employees, trust and reciprocity, and other positive attitudes. In the absence of knowledge sharing opportunities, it is impossible to establish a knowledge-based environment which encourages employees to actively share knowledge for integration and overcoming team difficulties (Prasad *et al.*, 2014). Hence, assuming the second hypothesis; that team culture stimulates employees to share their knowledge through participation in group discussions, and social networks.

2.3 Relationship of team culture, knowledge sharing and team performance

Team culture and knowledge sharing are amongst the imperative variables affecting team performance (He *et al.*, 2014; Jiang *et al.*, 2016; Mueller, 2014). Knowledge sharing may lead to better team performance by reducing team errors and accomplishing team tasks with enhanced information (Mesmer-Magnus and Dechurch, 2009; Plowman and McDonough, 2010). The excellence of knowledge sharing leads to the comprehensive utilization of alternatives available to the team members within teams. The occurrence of diverse knowledge sharing by team members and the quality of expressions varies due to individual competencies and behaviors of the members consequently influencing team performance (De Dreu and Weingart, 2003; Jehn and Chatman, 2000). Therefore, to determine how diversified knowledge sharing can be encouraged in miscellaneous teams to streamline the process and strategies of knowledge sharing has become an important area of research for the academicians and practitioners which are shaped by particular cultural contexts (Garavan and McCarthy, 2008; London and Sessa, 2006; Sessa and London, 2015). Knowledge sharing in health-care teams is critical as members belong to diversified backgrounds and mindsets and the sharing of skills, know-how is known to have a significant influence on the quality of team working (Kim *et al.*, 2012; Panahi *et al.*, 2016). Signifying the importance of sharing knowledge among health-care professionals facilitates the delivery of error-free patient care services. Thus, it is hypothesized that knowledge sharing has a significant positive relationship with team performance.

Moreover, corporate culture not only facilitates to understand the uniformity and patterns of behaviors within teams but may also influence the effectiveness of knowledge sharing (Mueller, 2012). In the context of health-care teams; knowledge turned out to be greatly compelled because of complex interdisciplinary tasks which require the contribution of a particular learning accessible in various areas. In such circumstances, team culture facilitates members to share knowledge for enhanced patient safety and is therefore appropriate to encourage knowledge sharing practices (Kim *et al.*, 2012). Considering the above arguments it is deduced that the relationship between team culture and team performance is mediated by knowledge sharing. As mediation suggests that a supportive team culture influences team members to exchange their knowledge which ultimately augments team performance.

2.4 Relationship of team culture and team emotional intelligence

Team emotional intelligence in a group develops due to social interactions that occur between group members while sharing team relevant information which may be influenced by the team culture. Druskat and Wolff (2008) argued in their scholarly work that the establishment of team emotional intelligence may require the introduction of a clear system of cultural values among team members. Hence, it presumes that the team members

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acquire certain behaviors, for example, they display behavior as they comprehend their individual emotions and emotions of their team colleagues so they become more emotionally aware as a collective unit. The culture in which team functions may have ample influence on group-level emotional intelligence; which consequently affects team outcomes (Druskat and Wolff, 2008). The improvement of a team emotional intelligence may require instigating an expressive culture within teams that anticipate individuals will build up specific practices enabling them more emotionally mindful as an aggregate unit. Therefore it is hypothesized that; team culture has a significant positive relationship with team emotional intelligence.

2.5 Relationship of team culture, team emotional intelligence and team performance

Research emphasized to investigate the role of emotional intelligence in workgroups and teams (Druskat *et al.*, 2013). Team emotional intelligence has been turned out to be significantly identified as a predictor of team performance. The team is intellectualized as a social entity which over the period share the common experiences or events. Thus, working teams with recognized interactions of emotional bonds encourage members to accomplish the task with enhanced efficiency consequently influences the performance of the teams (Ghuman, 2016). Team emotional intelligence refers to the idea of the collective spirit of emotional intelligence possessed by members stimulated by the team culture. The team level emotional intelligence facilitate development of team synergy and nurture relationship (Ghuman, 2011). Therefore, it is suggested that teamwork expects individuals to depend on each other and the culture influences the development of team emotional intelligence that ultimately boosts performance. Teams to thrive their realism and method of working must be upheld by more extensive team culture. It is acknowledged that culture influences team performance (Shin *et al.*, 2016). The connection between team emotional intelligence and team performance can be inferred from previous research (Chang *et al.*, 2012; Weiss and Cropanzano, 1996). The shared experiences can lead to emotional reactions within the teamwork which may have an impact on the attitude and behavior of the members. Individual members of the group bring their emotions, moods, feeling and emotional intelligence to the team which in return develops collective emotional intelligence of the working team which ultimately impacts performance (Jamshed, 2018; Liu and Liu, 2013). Therefore, it is inferred from the above discussion that teams' emotional intelligence has a significant positive relationship with team performance. Furthermore, team emotional intelligence mediates the relationship between team culture/team performance.

2.6 Hypotheses

H1. Team culture has a significant positive relationship with team performance.

H2. Team culture has a significant positive relationship with knowledge sharing.

H3. Knowledge sharing has a significant positive relationship with team performance.

H4. The relationship between team culture and team performance is mediated by knowledge sharing.

H5. Team culture has a significant positive relationship with team emotional intelligence.

H6. Team emotional intelligence has a significant positive relationship with team performance.

H7. The relationship between team culture and team performance is mediated by team emotional intelligence.

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2.7 Theoretical framework

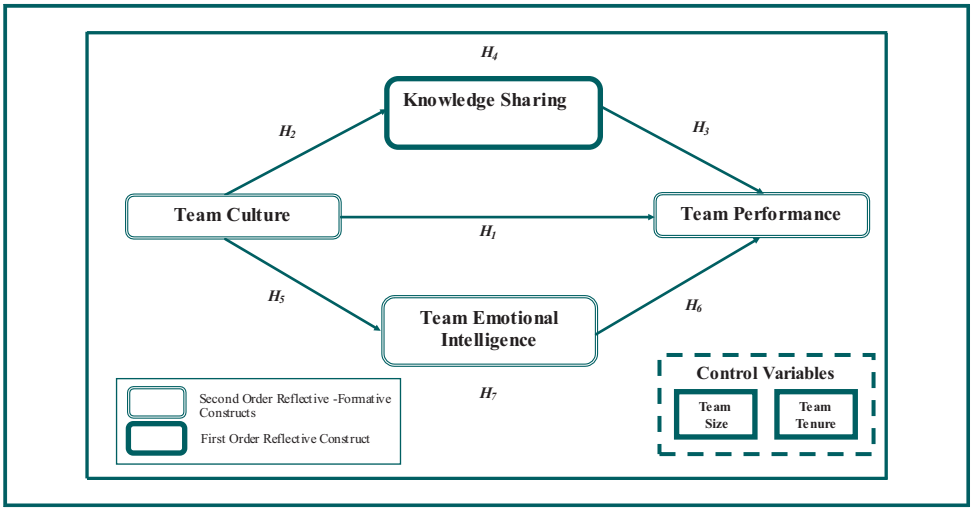
Figure 1 exhibits the theoretical framework of the research study which suggests that culture provides a medium to establish emotional bonds amongst team members (Beyer and Nino, 2001) which can satisfy the need of belongingness and led team members to share their knowledge. The theory of planned behavior (TPB) is one of the commonly used theories to understand individuals' attitudes or beliefs toward behaviors. Some meta-analyses have confirmed that the factors of TPB have a good explanatory power to predict human behaviors (Armitage and Conner, 2001). In this manner, some researchers have indicated that TBP has the ability to predict knowledge sharing intention. It was found that subjective cultural factors have a potential to influence the sharing of knowledge (Hagger *et al.*, 2002). Hence, knowledge is embedded in an individual's behavior and such behaviors are influenced by the cultural aspects which exhibit an individual's values, norms, and roles (Intezari *et al.*, 2017; Shin *et al.*, 2016). The research framework presents the four multi-dimensional constructs. The second-order construct of team performance captures the mechanism of team working which enables coordination among diversified health-care professionals consequently contributing to the team performance. The construct of team culture reveals the patterns of climatic factors which may induce team level emotional intelligence and knowledge sharing for peak performance. The entire construct of team emotional intelligence revolves around the working of team members and how collective emotional intelligence influences teams' performance.

3. Methodological approach

3.1 Sample and procedure

The population used in this study comprised of interprofessional teams working in health institutions of Pakistan. The health sector is selected as health-care institutions are bound to provide timely coordinated patient care services (Kellogg *et al.*, 2017) which require an interdependent process of knowledge sharing and emotional understanding amongst employees. To promulgate a culture of patient-centered care and recognition of error-free processes; health-care institutions extensively focus on the teamwork. The health-care teams for superior patient care services must learn to adopt new technologies, exchange knowledge and provide innovative team-based solutions for quality performance. For

Figure 1 Conceptual framework



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meeting such requirements the members of the teams are required to collaborate and interdependent in health-care organizations (Almost *et al.*, 2016).

A total of 108 interprofessional teams comprising of 637 members including team leaders were purposefully approached to answer a survey questionnaire. The "team" being a unit of analysis is comprised of individuals who were members of respective medical and paramedical teams. Following Podsakoff *et al.* (2012); to reduce common method variance data collected from two different sources. Team leaders were asked to complete the survey questionnaire to assess the team performance and team members completed the survey for team culture, team emotional intelligence and knowledge sharing. Out of distributed survey questionnaires, a total of 95 teams having 440 team members and 95 leaders yielding a valid response rate of 87 per cent in terms of teams and 83 per cent with regard\ to total respondents were returned and found to be valid for the purpose of data analysis. The team size and team tenure are two control variables of this study. Each team comprised of minimum 4 members stretched to 7 members (M = 4.52, SD = 2.31). Team tenure ranged from 12 months to 60 months (M = 35.15, SD = 8.3). The gender distribution of 535 respondents explains 54 per cent (289) of the respondents were females and the remaining 46 per cent (246) were males. According to the level of education, 44 per cent (232) of the respondents are found to be at the postgraduate level. Demographic summary of the respondents is presented in Table I.

3.2 Operationalization of constructs

The study constructs were operationalized using a multi-item scale consist of positively and negatively phrased statements with a total of 51 items. The constructs were assessed using five-point Likert scale (1 = strongly disagree; 5 = strongly agree) and seven-point Likert Scale (1 = strongly disagree; 7 = strongly agree) respectively. To assess the culture of the team, a 16-item (shorter version) team climate inventory condensed by Kivimaki and Elovainio (1999) was used that exhibited a satisfactory level of reliability and validity. The knowledge sharing was surveyed in light of the eight-items scale created by Bartol *et al.*

Table I Demographic summary of respondents ($N = 535$)

Variables	*Frequency (%)*
Gender	
Male	286 (46)
Female	289 (54)
Age in Years	
20-25 years	74 (13.83)
26-30 years	129 (24.11)
31-35 years	182 (34.01)
36 and Above	138 (25.79)
Missing Values	12 (2.24)
Team Tenure	
1-2 years	137 (25.61)
2-3 years	194 (36.26)
3-4 years	89 (16.64)
4-5 years	64 (19.44)
5 years and Above	51 (11.96)
Qualification	
High school	33 (6.17)
More than high school	127 (23.74)
College graduate	132 (24.67)
Postgraduates	232 (43.36)
Others	11 (2.06)

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(2009), which best fits to capture both "explicit "and "tacit" knowledge sharing in workgroups and teams (Bunderson, 2003; Srivastava *et al.*, 2006). Further, team emotional intelligence was evaluated by utilizing 16-items team emotional intelligence scale developed by Jordan and Lawrence (2009). Finally, the measure of team performance was evaluated utilizing 11 items, embraced by (Shortell *et al.*, 1991). This instrument is generally utilized for measuring team performance in health-care services.

3.2.1 Control variables. The study is statically controlled by the team size and team tenure. For measuring the team size in this study, the questionnaire offer option in which team size will be measured by asking for the respondents to indicate the aggregate number of team members. The team size differs from four to seven individuals in each team. Further for monitoring the team tenure; team members who have not worked minimum for a period of 12 months in one team are not allowed to participate in the study.

4. Data aggregation

To ensure the study constructs captures the team level phenomena; the research study used team referent multi-items. All constructs except team performance responded were rated by the team members and were aggregated to the team level. To justify the processes of aggregation, the inter-rater agreement index ($rWG_{(J)}$) was calculated for all teams. The indices of $rWG_{(J)}$ for all teams are above the acceptable threshold value of 0.70 (James *et al.*, 1984). The second step involves the calculation of the intra-class correlation coefficient ICC(1) and ICC(2) to assess the data aggregation reliability (Bliese and Halverson, 1998). The values of ICC(1) are found to be statistically significant and absolute values for this study are greater than the acceptable minimum cutoff value of 0.05 (Bliese and Jex, 2002) with values ranges in between 0.159 and 0.339. The values of ICC(2) are greater than the minimum acceptable cutoff value of 0.70 (Lance *et al.*, 2006; Nunnally, 1978) with values ranging from 0.745 to 0.892 (James *et al.*, 1984) as reported in Table II. Further the results of F-tests for all team level measures were revealed as significant ($p <$ 0.01). The significant F values for team culture F (95,440) = 3.981, $p < 0.01$, for team emotional intelligence F (95,440) = 6.955, $p < 0.01$ and knowledge sharing F (95,440) = 3.271, $p < 0.01$ The high *rwg*, high value of ICC(1) and ICC(2), and significant F statistics justified aggregation for analyzing the relationship amongst variables.

5. Data analysis

The current research study uses the technique of partial least square – structural equation modeling (PLS-SEM) for data analysis by utilizing the software Smart-PLS (version 3, M3) for the measurement (outer) model and the structural (inner) model estimation. This software authentically supports a variety of research variables and recommended to use when data is not restricted to the normally distributed assumptions (Hair *et al.*, 2011). The subsequent section presents the measurement and structural model analysis.

Table II Data aggregation indices

Constructs	*Mean*	*SD*	*Intraclass correlation* *ICC(1)*	*ICC(2)*	F- *Statistics*
Team Culture	4.08	0.324	0.159	0.752	3.981**
Team EI	5.61	0.529	0.265	0.852	6.955**
Knowledge sharing	4.06	0.384	0.267	0.745	3.271**

Notes: ***$p < 0.001$; **$p < 0.01$; *$p < 0.05$

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5.1 Measurement model estimation

Primarily, to evaluate the reliability and validity of the measurement model; a series of confirmatory factor analysis (CFA) was conducted to demonstrate the reliability and validity of the measurement model. As exhibited in Table III, the values of the composite reliability for all the latent constructs are above 0.80 indicating strong internal consistency reliability (Hair *et al.*, 2006). The convergent validity is assessed by the estimates of Average Variance Extracted (AVE) indicating the extent of variance shared by the indicators of the constructs. The AVE values of all construct are higher than the acceptable threshold value of 0.50 as recommended by (Hair *et al.*, 2014). Further CFA evaluates the inter-factor and cross-factor loadings to establish the adequate level of validity. The convergent validity is fulfilled; if the loading of each item exceeds 0.70 (Hair *et al.*, 2014). As reported in Table III, the item loadings of all latent constructs are above than 0.70 and the estimates of AVE for all

Table III Reliability and convergent validity

Variable	*Items*	*Loadings*	*CR*	*AVE*
Team Culture				
Vision (VIS)	VIS2	0.796	0.821	0.538
	VIS3	0.721		
	VIS4	0.680		
Participative Safety(PS)	PS1	0.791	0.834	0.556
	PS2	0.743		
	PS3	0.726		
	PS4	0.722		
Support for innovativeness (SIN)	SIN1	0.798	0.774	0.534
	SIN2	0.710		
	SIN4	0.681		
Task orientation (TOR)	TOR1	0.844	0.816	0.690
	TOR2	0.817		
Team Emotional Intelligence				
Awareness of own emotions (AWR)	AWR1	0.894	0.926	0.767
	AWR2	0.915		
	AWR3	0.862		
	AWR4	0.820		
Management of Emotion (MGT)	MGT1	0.770	0.794	0.566
	MGT2	0.805		
	MGT3	0.697		
Awareness of others emotions (AWRO)	AWRO2	0.890	0.879	0.708
	AWRO3	0.915		
	AWRO4	0.841		
Management of other Emotion (MGTO)	MGTO1	0.749	0.801	0.574
	MGTO2	0.793		
	MGTO4	0.722		
Knowledge Sharing (KS)	KS1	0.794	0.843	0.519
	KS2	0.775		
	KS3	0.668		
	KS8	0.758		
Team Performance (TP)				
Absolute Technical Quality (ABTQ)	ABTQ1	0.836	0.899	0.689
	ABTQ2	0.865		
	ABTQ3	0.787		
	ABTQ4	0.831		
Meeting family need (MFN)	MFN1	0.828	0.820	0.695
	MFN2	0.827		
Turnover (TO)	TO1	0.713	0.785	0.550
	TO2	0.766		
	TO3	0.744		

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constructs exceed the minimum cut off value of 0.50, resulting in the realization of convergent validity for all constructs. The final measurement model is exhibited in Figure 2.

Further, the discriminant validity of the measurement model is evaluated to find the extent to which a particular latent construct is distinguished from other constructs (Hair *et al.*, 2006). To fulfill the condition of discriminant validity the square root of the AVE values for each construct is compared with the correlational values among the constructs. Table IV presents the square root of the AVE's higher than the inter-construct correlational values demonstrating an adequate level of discriminant validity.

Recently statistical experts criticized the Fornell and Larcker (1981) criteria for determining discriminant validity as sometimes it may not be able to detect issues of discriminant

Figure 2 Final outer model

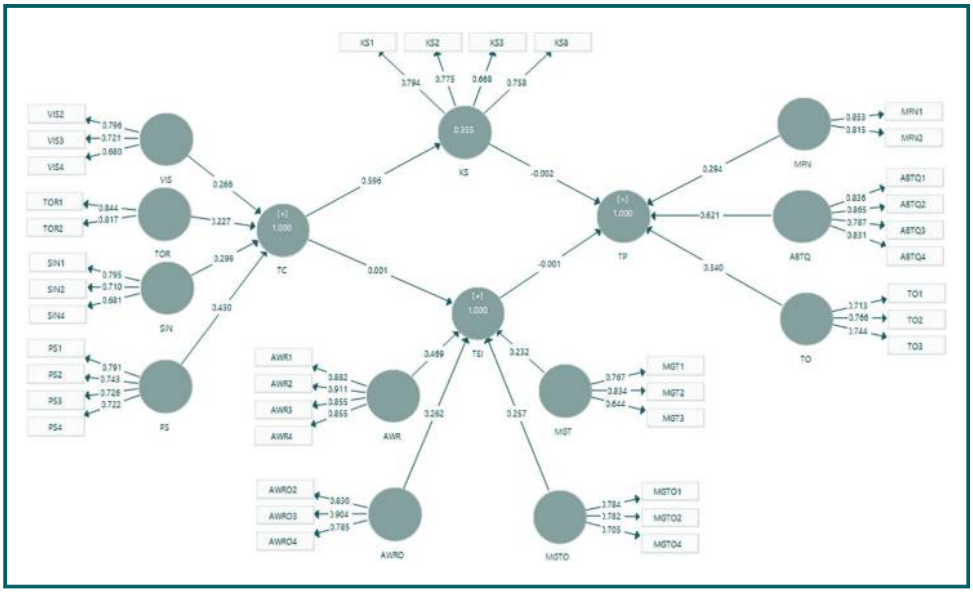

Table IV Discriminant validity – correlation matrix

Constructs	*ABTQ*	*AWR*	*AWRO*	*KS*	*MFN*	*MGT*	*MGTO*	*PS*	*SIN*	*TO*	*TOR*	*VIS*
ABTQ	*0.830*											
AWR	0.269	*0.876*										
AWRO	0.284	0.463	*0.841*									
KS	0.394	0.391	0.285	*0.720*								
MFN	0.430	0.108	0.119	0.131	*0.834*							
MGT	0.230	0.525	0.468	0.328	0.107	*0.752*						
MGTO	0.279	0.718	0.491	0.407	0.160	0.582	*0.758*					
PS	0.220	0.556	0.376	0.369	0.139	0.449	0.456	*0.746*				
SIN	0.062	0.441	0.344	0.354	0.035	0.376	0.366	0.599	*0.730*			
TO	0.417	0.141	0.172	0.180	0.444	0.170	0.149	0.101	0.037	*0.741*		
TOR	0.149	0.317	0.322	0.384	0.084	0.399	0.340	0.550	0.507	0.115	*0.830*	
VIS	0.337	0.516	0.371	0.376	0.159	0.410	0.480	0.474	0.377	0.147	0.442	*0.734*

Notes: The diagonal italic values are the square root Of AVE values shared between the latent variables and all other variables; Legend: ABTQ: absolute technical quality, AWR: Awareness of emotions, AWRO: awareness of other emotions, KS: knowledge sharing, MFN: Meeting family needs, MGT: management of emotions, MGTO; management of other emotions, PS: participative safety, SIN: support for innovativeness, TO: Turnover, TOR: task orientation, VIS: vision

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reliability viably (Henseler *et al.*, 2015). Therefore, an alternate approach was recommended based on HTMT to assess the discriminant validity. Considering the fact that the discriminant validity assessment has the goal to ensure that a reflective construct has the strongest relationships with its own indicators (Hair *et al.*, 2014); the values of HTMT should be less than 0.85 (Kline, 2011) or 0.90 (Gold and Arvind Malhotra, 2001) as reported in Table V.

5.2 Structural model estimation

The procedure of bootstrap re-sampling technique was utilized in Smart-PLS to test the significance of path coefficients (Hair *et al.*, 2014). Results revealed that out of seven hypotheses six hypotheses are supported by the data as reported in Table VI. Test of significance revealed that team culture has the strongest impact on knowledge sharing (β = 0.724, $p < 0.001$) and thereafter on team emotional intelligence (β = 0.545, $p <$ 0.001). The indirect path coefficient reveals that team emotional intelligence mediates the relationship of team culture and team performance (β = 0.131, $p < 0.01$) whereas as the direct relationship of team culture and team performance was found to be statistically insignificant. Moreover, the indirect path coefficients reveal that knowledge sharing mediates the relationship of team culture and team performance (β = 0.250, $p < 0.001$). Overall the models explain the variance of 63.5 per cent for team performance, 52.4 per cent for knowledge sharing and 29.7 per cent for team emotional intelligence respectively. The PLS results of the structural model are depicted in Figure 3.

Table V Analysis of Heterotrait-Monotrait ratio

Constructs	*ABTQ*	*AWR*	*AWRO*	*KS*	*MFN*	*MGT*	*MGTO*	*PS*	*SIN*	*TO*	*TOR*	*VIS*
ABTQ												
AWR	0.308											
AWRO	0.348	0.527										
KS	0.246	0.614	0.343									
MFN	0.622	0.238	0.195	0.214								
MGT	0.326	0.701	0.624	0.447	0.249							
MGTO	0.429	0.874	0.686	0.617	0.346	0.795						
PS	0.412	0.634	0.400	0.719	0.364	0.753	0.607					
SIN	0.289	0.733	0.520	0.864	0.120	0.699	0.676	0.801				
TO	0.544	0.245	0.176	0.210	0.780	0.284	0.293	0.279	0.176			
TOR	0.268	0.487	0.622	0.622	0.054	0.759	0.566	0.872	0.891	0.226		
VIS	0.413	0.707	0.303	0.545	0.305	0.654	0.592	0.804	0.880	0.335	0.431	

Notes: ABTQ: absolute technical quality, AWR: Awareness of emotions, AWRO: awareness of other emotions, KS: knowledge sharing, MFN: Meeting family needs, MGT: management of emotions, MGTO; management of other emotions, PS: participative safety, SIN: support for innovativeness, TO: Turnover, TOR: task orientation, VIS: vision

Table VI Structural model analysis

Hypotheses No.	*Relationship*	*Path coefficients*	t *–statistics*	p *values*	*Sig. level*	*Results*	R^2
1	TC → TP	0.117	0.951	0.342	Nc	Not supported	0.635
2	TC → KS	0.724	14.421	0.000	***	Supported	0.524
3	KS → TP	0.321	3.173	0.002	**	Supported	0.297
4	TC → TEI	0.545	7.418	0.000	***	Supported	
5	TEI → TP	0.459	5.830	0.000	***	Supported	
6	TC → KS → TP	0.250	2.968	0.003	***	Supported	
7	TC → TEI → TP	0.233	4.404	0.000	***	Supported	

Notes: ***$p < 0.001$; **$p < 0.01$; *$p < 0.05$; nc: not significant at $p > 0.05$

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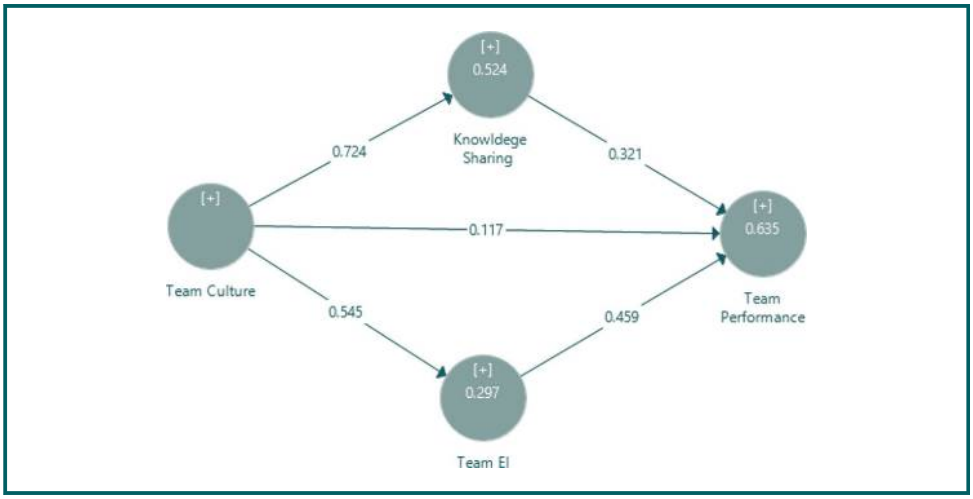
Figure 3 Structural model analysis



5.2.1 Predictive relevance (Q^2) and substantive effect (f^2). This study assessed the predictive relevance (Q^2) based on the blindfolding technique for independent constructs and substantive effect (f^2) analysis of the dependent constructs (Hair *et al.*, 2013). The technique of blindfolding allows calculating Q^2 value (Giesser, 1974) which represents criteria of evaluation for the cross-validated predictive relevance of PLS-path model. The value bigger than zero indicating PLS path model has a certain amount of predictive relevance for that specific construct (Hair *et al.*, 2013). The results for blindfolding revealed for the current research study are presented in Table VII. The substantive effect size $f^2$is the evaluation of R^2, it refers to the situation if any specific independent variable is removed from the research framework, it examines its subsequent effect size of the removed variable on the dependent variable (Hair *et al.*, 2013). According to Chin (2010), Hair *et al.* (2014), the values of f^2can be compared to 0.02, 0.15, 0.35 to identify whether the independent variables have small, medium, or large effect respectively. As indicated in Table VI, knowledge sharing (f^2= 0.107) has medium effect, team culture (f^2= 0.018) has small effect and team emotional intelligence (f^2= 00.324) has large effect on team performance.

Additionally, this study estimates the goodness of fit (GoF) to assess the model fitness. It reveals how well the collected data is consistent with the research model and in the otherwise situation if data is inconsistent with the model it will lead to ambiguous estimations and conclusions drawn from such data becomes questionable. The GoF can be calculated by computing the geometric mean of the average AVEs and the average R^2 by using formula ($\sqrt{}$ GoF = Average AVE's $\times$ Average R^2). The criteria to evaluate GoF values suggests that if GoF values are no fit (less than 0.1); small (between 0.1 to 0.25); medium

Table VII Predictive relevance (Q^2) and effect (f^2) analysis

Independent Constructs	*Dependent Constructs*	Q^2 *included*	Q^2 *excluded*	R^2 *included*	R^2 *excluded*	f^2
TP		0.586		0.635		
	KS		0.561		0.596	0.107
	TC		0.338		0.360	0.018
	Team EI		0.473		0.517	0.324

Notes: TP = Team Performance; KS = Knowledge Sharing; TC = Team Culture; Team EI = Team Emotional Intelligence

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(between 0.25 to 0.36); or large (greater than 0.36) enough to be considered as globally fit (Wetzels, 2009). The computation of GoF for this research study indicated the research model is 53.9 per cent achieves the level of fitness.

6. Discussion

This study investigates the influence of team culture, knowledge sharing and team emotional intelligence on team performance. The culture of the team is a crucial ambient input of team performance through the mediated role of knowledge sharing and team emotional intelligence in health-care institutions. The results of the study indicate that knowledge sharing positively influences team performance of health-care teams. In addition, team emotional intelligence influences the performance of teams by facilitating team members' behaviors essential to team effectiveness. Moreover, there was an insignificant relationship between team culture and team performance. Based on this study, data reveals interesting findings and provide significant extensions to the evidence based on the direct relationship between team culture and team performance. The contradictory findings of the first hypothesis suggest that team culture does not have a direct impact on team performance which might be due to the context of the study. It is possible that the nature of culture possess by the teams working in health-care institutions of Pakistan follows the centralized organizational culture and there is no significant sub-culture at team level which might have influenced the performance of the teams. The organizations in Pakistan believes in collectivism and most of the time do not allow the occurrence of sub-culture. Consequently, it has no effect on team performance. Furthermore, this could be interpreted by the specific culture of the health-care institutions. It may happen that interdisciplinary teams are very much committed to accomplishing the complex team tasks, the team culture could not influence the performance of teams respectively.

The lack of evidence to support a direct relationship between team culture and team performance suggest that sub-culture is not necessary for the effective functioning of the team. However, it does not mean that team culture is not important for teamwork. As noted by the empirical results team culture is verified to have an indirect and positive influence on team performance via the mediation of knowledge sharing and team emotional intelligence. The results reveal that team culture influences the knowledge sharing behavior of team members hence endorsed the arguments of the earlier studies (Kaur *et al.*, 2016; Mueller, 2012; Shin *et al.*, 2016; Weller *et al.*, 2014; Zhou *et al.*, 2011). Specifically, the findings revealed that team culture broadens the knowledge sharing amongst team member. As a commitment to acquire and exchange knowledge is related to the quality of the interpersonal relationships of the members and such relationships relies on the greater extent of culture. Team culture provides mutual support for the team working, facilitate the communication, and enable team members to respect and share knowledge consequently affecting performance (Jamshed *et al.*, 2017; Kessel *et al.*, 2012; Kucharska and Kowalczyk, 2016; Pérez López *et al.*, 2004). Moreover, the findings support that teams do not operate in a vacuum. There is a certain culture developed in teams which stimulate members to understand each other emotions and perform effectively (Intezari *et al.*, 2017; Sağ *et al.*, 2016; Shin *et al.*, 2016). There were minimal studies investigating the influence of team culture on the development of emotional intelligence skill at the team level. This study assumed that team culture allow members to share beliefs about the team environment which might have positive implications for the overall team performance (Hu and Randel, 2014; Hussain *et al.*, 2016; Mueller, 2014).

Despite the insignificant direct relationship between team culture and team performance. These findings demonstrate that team culture, knowledge sharing, and team emotional intelligence may indeed matter in the delivery of superior team performance. Finally, the results of this study support prior research indicating that knowledge sharing enables team members to reduce medical errors, and consequently their cost, by providing a decision

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support for staff and ultimately enhance team performance (Fiscella *et al.*, 2017; Willard-Grace *et al.*, 2014). The results also show that knowledge sharing from multiple fields is central for innovative performance and to accomplish complex tasks for interdisciplinary health-care teams. Further, the findings signify that the amount of knowledge, created by health-care professionals working in teams, is tremendous and sharing of knowledge is identified as a contributing factor to deliver the quality of care.

7. Practical implications

The results presented in this research study comes from the existing body of literature and findings of the study to provide useful insights to practitioners in relation to the importance of team dynamics for enhanced team performance. Based on the study findings teams should be encouraged to consider the aspects of team culture such as vision, support for innovativeness, participative safety and task orientation to obtain more effective team outcomes. The findings of the study indicated that team culture exists within teams as evident from within team agreement that influences team performance. Team culture implies the development of team level emotional intelligence makes them more emotionally intelligent. This should be taken into account by team leaders and managers when they manage teams. This might be carried out by providing leverage to team leaders to develop and adhere to their respective team culture which supports innovation and interaction to supplement team outcomes.

Moreover, the study findings brought forth practical implications for managers and leaders in health-care institutions to decentralize culture to the team level instead of following the organizational culture. Culture induces members to share knowledge which leads to the augmented team performance for interprofessional team working in health-care institutions (Körner *et al.*, 2016). The mediating mechanisms of knowledge sharing and team emotional intelligence may indeed matter in the delivery of error-free quality services. Management should periodically monitor such factors as a key checkpoint to elude declining team performance. Finally, the results of the study reinforced that team performance is the outcome of the synergistic amalgamation of behavioral and structural factors. Managers who want to enhance team outcomes should design strategies to strengthen team members' ability to understand each other emotions who belongs to diversified knowledge and work together to deliver quality patient services. Furthermore, managers should develop their own charisma as a mean to improve team culture which can boost team working. As a team can benefit from cultivating a team level culture even though its direct effect is not manifested in their team performance. The study provides a unique model which can be widely applicable for the interprofessional team working to optimize team performance in health-care institutions.

8. Limitations and future research directions

The following study limitations are unavoidable despite the fact that the study has achieved the objective. Firstly the sample of the research provided a unique insight into the health-care teams of private hospitals, the sample taken from other public hospital teams might have produced different results. Therefore, the effects assessed with this research are significant for the teams working in private hospitals and the results may not be generalized to other sectors. So future research may be conducted to explore knowledge sharing mechanisms and emotional intelligence skill at team level consequently influencing team performance in public sector hospitals.

Secondly, this research is amongst the very few attempts that has made to analyze the association between higher-order formative dependent and independent variables including the influence of mediating variables in the context of private hospitals of Pakistan. The current scope of the study does not focus on the different types of knowledge sharing

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individually and its subsequent impact on the dimensions of the team performance. Therefore future research could be carried out to analyze the impact of first order reflective dimensions.

Thirdly this study is designed under quantitative deductive and cross-sectional time frame that was considered appropriate for testing the current model of the research. However, future research can be designed on a longitudinal design that can be used to test the proposed relationships. It is believed that a longitudinal study may help to better understand the causal relationships among the study variables in diffident periods of time.

Fourthly, regardless of the fact that team members share their knowledge within a given team culture influencing the performance of teams. It is recommended to explore which specific organizational culture give rise to the team culture. Finally, this study has utilized only team size and team tenure as control variables, however, for future research, the other control variables such as qualification, age, and gender may be examined.

9. Conclusion

The findings drawn from the study strongly acknowledge the theoretical framework depicting hypothesized relationships as all path coefficients are statistically significant except hypothesis one exhibiting a direct relationship between team culture and team performance. Considering the findings of the study it is possible to rethink the role of team culture at the team level performance. As this relation did not give statistically significant results. However, the team level emotional intelligence and the knowledge sharing amongst team members affect the team performance. This implies that the team performs better when members exchange their rich and diversified knowledge with each other. It is plausible to think that the team members with a lower level of emotional intelligence can affect the dynamics of interpersonal relationships amongst team members which may impact the team performance.

The idea that the culture effect teams emotional regulation is a novel concept. A study by Bstieler and Hemmert (2010) realized that the cultural factor boosts the interaction amongst team members due to the mutual care, respect, and support provided to each other. Further knowledge sharing is definitely a contributing factor which leaves to better team performance and it is substantial to think that team culture is an enabler to that could improve knowledge sharing behavior for the improved team outcomes. When team members achieve the highest standards of performance; members encourage each other to share their expertise by interacting more intensively stimulated by participative team culture.

Furthermore, the study advances research on team performances by identifying knowledge sharing and team emotional intelligence as significant intervening mechanisms of team performance in health-care institutions. The research (Stubbs Koman and Wolff, 2008) is silent and has ignored the connection despite the recommendation that team culture may be one of the contextual determinants of team emotional intelligence. The current findings provide valuable insight by exploring the extent of team culture in developing emotional intelligence skill and knowledge sharing at the team level which can ultimately affect team performance.

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