

# Interplay of clear, demanding, and important goals on project performance in community–academic health partnerships

Choiwai M. Chak • Lara Carminati • Celeste P. M. Wilderom

**Background:** Community–academic health partnerships (CAHPs) have become increasingly common to bridge the knowledge-to-practice gap in health care. Because working in such partnerships can be excessively challenging, insights into the individual-level enablers of high performance will enable better management of CAHPs.

**Purpose:** Steered by the goal-setting theory, this study examined the relations between goal clarity, goal stress, goal importance, and their interactions on perceived project performance among individuals working in CAHPs' constituting projects.

**Methodology:** Using a convergent mixed-method research design, online survey data were collected from 268 participants working in a variety of CAHP projects in three German-speaking countries. We tested the hypotheses using structural equation modeling, after which thematic analysis was carried out on the 209 open-ended responses.

**Results:** CAHP project performance was positively associated with goal clarity and negatively associated with goal stress. A three-way interaction analysis showed that when goal importance was high, the relationship between goal clarity and project performance remained positive regardless of the level of goal stress. The qualitative data corroborate this finding.

**Conclusion:** In CAHP projects, high goal importance offsets the negative effect of goal stress on project performance, indicating that workers who perceive the project goals as important can manage the stress associated with demanding goals better.

**Practice Implications:** To achieve high project performance in CAHPs, organizational and project leaders should (a) set clear project goals, (b) facilitate project workers in dealing with stress resulting from overly demanding goals, and (c) emphasize the importance of the project goals, especially when goal stress is high.

**Key words:** Community–academic health partnership, goal clarity, goal importance, goal setting, goal stress, project performance

Driven by the need to bridge the knowledge-to-practice gap in health care, community–academic health partnerships (CAHPs) have been increasingly used to address a range of complex health issues such as translational medicine, mental health, health disparity, cancer, and substance abuse (Lindquist-Grantz & Vaughn, 2016). In CAHPs, academic researchers collaborate with diverse community representatives (e.g., schools, community agencies, policymakers, and health care organizations) who share the same goal(s) to

produce relevant, valid, and feasible health research and interventions through different projects (Drahota et al., 2016). However, because of their inner complexity in implementation, such networked projects are prone to fail or not live up to their often lofty goals (Trotter et al., 2015). To facilitate the effective management and success of these increasingly team-based, boundary-crossing health care projects, it is crucial to draw greater attention to the enablers of high performance in goal attainment (Marek et al., 2015).

To date, despite the qualitative reports on thriving CAHPs, only a few studies have addressed their contextual variety (Lindquist-Grantz & Vaughn, 2016; Seaton et al., 2018) and provided theory-driven, quantitative examination of success enablers in dissimilar CAHP projects (Drahota et al., 2016). In particular, although (health care) project management research has largely focused on planning and controlling performance, the human side of management, such as motivating individual workers to strive for project goals, has been overlooked in its entirety (Gemünden, 2014; Seaton et al., 2018). Although few exploratory case studies have noted the positive influence of highly motivated individuals on CAHP project performance (Allen et al., 2011; Neuhann & Barteit, 2017), extant literature has largely neglected the impact of individual workers' motives, commitment, and

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experiences in association with the relative success of CAHP projects (Igel et al., 2018). However, increasing evidence indicates that when individual CAHP project workers are motivated and driven by their project purpose/goals, they show continuing support, commitment, and energy. This helps the project teams overcome the hardship of goal achievement, such as funding setback and turnover (Allen et al., 2011; Beck et al., 2000). Eventually, their perseverance and efforts may contribute to trusting, long-lasting, and successful partnerships (Beck et al., 2000). Thus, to facilitate effective CAHP project management, large-scale research attention to boosting individual project workers' goal-directed motivation is indispensable. To do so, we draw on goal-setting theory to guide us in investigating the intrapersonal effects of goal-directed motivation on enabling high project performance among individuals working in CAHP projects.

A fundamental pillar of goal-setting theory (Locke & Latham, 2006) is that having clear, challenging, and important goals can enhance individuals' motivation, as well as explain and predict high job performance (Latham, 2016). However, when goals are viewed as excessively challenging/demanding, the stress that arises in achieving them can have counterproductive effects on both motivation and job performance (Lee et al., 1991). To thoroughly unpack the intrapersonal processes and mechanisms explained by the micro lens of goal-setting theory (Locke & Latham, 2013), in this study, we specifically focus on individuals as the primary source of analysis. Ample research, however, has shown the parallelism of goal setting on work performance between individual and team levels (Kleingeld et al., 2011; Locke & Latham, 2013). Thus, the effects of goal setting on performance at the individual level can be extrapolated to the team level, especially in collaborative settings, such as CAHPs, where individuals pursue group-centric goals (Kleingeld et al., 2011). CAHP projects are essentially highly goal-directed network settings in which individuals representing various organizations form cross-functional teams to pursue shared, collective health goals (Johnston & Finegood, 2015). Thus, we assume that a high degree of project goal clarity, together with high project goal importance and low project goal stress (because of lack of overly demanding project goals) perceived by workers positively affects CAHP project performance. To test the effects of these three project goal characteristics in motivating individual workers to reach high project performance, we answer the question: *Given CAHPs' complexity and heterogeneity, what is the interplay of the three project goal perceptions: goal clarity, goal stress (because of excessively demanding goals), and goal importance on high-level project performance?*

Goal-setting theory, although well established, has mostly been developed and tested in experimental and single organizational contexts and is also limited by an Anglo-Saxon bias. Given the lack of research examining the effects of goal setting on performance of real-life, interorganizational, networked health project settings (Johnston & Finegood, 2015), this study aims to make two theoretical and one health care management relevant contribution: First, by testing the key parts of goal-setting theory in a networked health care project setting, we offer empirical evidence of the interacting, motivational

influence of individual workers' perceived project goal clarity, stress, and importance on project performance. Second, we address the variable "goal stress" in CAHPs by showing how excessive hardship experienced by individual workers during project realization can obstruct their pursuit of project goals with potential risks of burnout, turnover, and project inefficiency. Third, by applying goal-setting theory to CAHPs within the German-speaking area of Europe, a setting in which health partnerships fail because of mismanagement, this study provides insights into how to properly manage people and enhance performance in CAHP networks. Because we lack both theory-driven and empirical management knowledge to address the high chance of health network failure to date, such insights are increasingly needed to improve the success of complex health care organizing.

## Theory

According to Locke and Latham (2006), the affective and cognitive evaluation of one's work can play an important role in driving one's motivation for goal-directed behaviors. This evaluative thinking about and dealing with the goals is called *goal appraisal* (Dietrich et al., 2012). Dietrich et al. (2012) suggested when individuals perceive their work goals as important, attainable, and progressing, they show more goal-striving behaviors and experience less stress at work. The same applies to team/network levels; individual project workers who find the team/network goals clear, challenging, and important tend to be more active and committed, contribute with more effort, and perform better in achieving the team/network goals (Kleingeld et al., 2011; Lemaire, 2020). Therefore, we expect that to sustain CAHP project workers' commitment and effort in achieving the project goals, they must recognize the clarity, difficulty, and importance of formal project goals. Yet, they must not find the goals excessively difficult or demanding, because the goal stress that arises may negatively affect performance (Lee et al., 1991). Given that CAHPs often aim to address complex and demanding health challenges, we wonder to what extent the interplay between individually perceived project goal clarity, stress, and importance predicts perceived project performance in diverse, cross-sectoral CAHP settings.

Although the aforementioned variables are deemed crucial in the process toward team goal performance (here: project performance), the subjective perception of project performance may also act as a feedback mechanism for individuals to decide on strategies to attain distal goals in highly dynamic settings (Latham, 2016; Locke & Latham, 2013). One's perception of the current level of performance, rather than the actual performance, can determine an individual's task persistence (Austin & Vancouver, 1996), and the achievement of proximal goals can reflect goal progress (Höchli et al., 2018). This last finding is in line with Lindquist-Grantz and Vaughn's (2016) insights on intended project goals, where CAHP workers engage in informal project goal evaluations and use the relative effectiveness of achieving proximal goals and partnership functioning (meaning how well the partnering team or coalition is functioning) as intermediate indicators to evaluate their sense of goal progress. Thus, subjective goal

progress reflections facilitate subsequent on-going engagement and can even contribute to resilience against adversities in goal attainment effort (Allen et al., 2011).

### **Effect of Goal Clarity on Project Performance**

Much evidence from the last half century validates the goal-setting theory (Latham, 2016). In particular, clear, specific goal tasks are powerful motivators of positive team performance (Lock & Latham, 2013). Because most of the goal setting-directed studies have been conducted in laboratory settings, mimicking intraorganizational behaviors, we wondered if, in real-life interorganizational project situations, individuals who work in CAHPs react as stipulated by the theory. Guided by the goal-setting theory and CAHP literature, we took a goal motivational approach to investigate individual workers' appraisal of CAHP project goal achievement and assumed that clear goals promote their perceived positive project performance.

*Hypothesis 1. Goal clarity is positively related to project performance.*

### **Goal Stress as a Negative Moderator**

Meta-analytic findings of goal setting on behavioral change support the positive moderating role of goal difficulty in the relationship between goal clarity and team performance (Kleingeld et al., 2011). More specifically, both clear and challenging team goals lead to higher performance, much more than either the "doing your best" type of goals or a complete absence of goals (Kleingeld et al., 2011). However, overly difficult or demanding goals can be detrimental to goal achievement (Epton et al., 2017). Individuals might be demotivated to pursue goals that are perceived beyond their ability to be achieved (Latham, 2016; Locke & Latham, 2013). Indeed, there is some evidence that when individuals experience high stress in reaching excessively difficult or demanding goals, they tend to feel overloaded and less committed to the work goals and thereby perform worse (Locke & Latham, 2013; Bakker & Demerouti, 2017). Hence, we hypothesize that high goal stress because of excessive project goal demands can mitigate the positive effects of clear goals on project performance.

*Hypothesis 2. Goal stress negatively moderates the relationship between goal clarity and project performance, such that this relationship is weak when goal stress is high.*

### **Three-way Interaction Between Goal Clarity, Goal Stress, and Goal Importance**

Empirical evidence has shown that individuals must find the team or organizational goals important to perform well (Cifalinò et al., 2020; Locke & Latham, 2013) or to show high motivation in meeting group-centric goals in collaboration (Kleingeld et al., 2011). In fact, goal importance is one of the key moderators of goal-setting theory (Locke & Latham, 2013). Individuals who recognize the significance of superordinate goals tend to demonstrate goal-striving behaviors with higher motivation and consistency and perform better under

adversity (Höchli et al., 2018). Thus, the intrinsic motivation to achieve work goals can buffer the negative effects of high job demands (e.g., stress) on performance (Bakker & Demerouti, 2017). This means that goal importance is likely to counteract the negative effect of goal stress on the relationship between goal clarity and project performance. Therefore, we formulate:

*Hypothesis 3. Goal importance negatively moderates the negative moderation of goal stress on the relationship between goal clarity and project performance, such that this moderation of goal stress is weak when goal importance is high.*

The conceptual model that guided the testing of the three derived hypotheses is displayed in Supplemental Digital Content 1 (<http://links.lww.com/HCMR/A87>).

## **Methods**

### **Study Design and Context**

This study was conducted using a convergent mixed-method design (Fetters et al., 2013). We tested the goal-setting hypotheses quantitatively with survey data obtained from individual project workers in various CAHP projects. To better interpret and illustrate the findings, we also analyzed the qualitative evidence from the same individuals.

### **Participants and Sampling**

The same sample and respondent selection procedures were used for our quantitative and qualitative investigations. After conducting a pilot test with 20 experts working in a CAHP in Germany, we administered a self-administered online survey via Qualtrics XM software (Qualtrics, Provo, UT) between June and September 2019.

With a specific focus on community-academic health care projects, we adopted a purposive sampling method for recruiting and selecting individual respondents. We first screened the websites of all higher education institutions and CAHP networks in Germany, Austria, and German-speaking cantons in Switzerland to generate a list of academic and community members working in health and social care disciplines (e.g., medicine, nursing, psychology, allied health, and social sciences). Only those whose details were publicly available on the webpages of their affiliated organizations were eligible to participate in the study.

To increase the sample size and representativeness and minimize sampling bias, we adopted snowball sampling. Provided the data collection period took place during summer vacation period, potential respondents were given 4 weeks to respond. A reminder was sent before the official end date of the data collection process. All respondents gave online informed consent. The study was approved by the ethics committee of our university.

This study is part of a larger study. A total of 578 individuals out of 8,422 potential respondents completed the survey (a response rate of 6.9%). Among these, 322 respondents reported participation in a CAHP project (55.7%). After excluding the responses with any missing data in our study variables ( $n = 46$ ) and removing extreme outliers based on

Mahalanobis distance ( $n = 8$ ; Filzmoser, 2005), the final sample fit for quantitative analysis involved 268 participants (46.4%).

## Measures

Unless otherwise specified, the survey answers were rated on a 5-point scale, ranging from 1 (*almost never*) to 5 (*almost always*).

**Goal importance.** We adopted Cifalinò and colleagues' (2020) approach to measure the belief in goal importance. When evaluating goal importance, the authors suggested the scales should be rated rather than ranked for two reasons: multiple goals can be perceived equally important, and the magnitude between different goals is critical in goal importance research. However, as different projects often have to reach multiple, unique sets of goals in highly diverse CAHP settings, we asked the respondents to select the best description of their official project goals from a list of commonly reported CAHP goals, such as creating new products or services (Drahota et al., 2016), generating new knowledge and insights (Lindquist-Grantz & Vaughn, 2016), or implementing effective health measures/programs (Drahota et al., 2016). If the respondents could not identify any fitting project goals, they were invited to enter their specific goals as open text ( $n = 21$ ). Then, we asked them to use a 5-point Likert scale to rate the relative importance of each selected goal (1 = *not important at all*, 5 = *extremely important*). Goal importance was calculated as the mean of these items' scores (Cifalinò et al., 2020).

**Goal clarity.** We then asked respondents to rate the overall project goal clarity with reference to the selected goals. We adopted the six-item measures from the validated and translated German version of the goal clarity scale (Lee et al., 1991; Putz & Lehner, 2002). A sample item is "I have specific, clear goals to aim for in my project tasks" ( $\alpha = .76$ ).

**Goal stress.** Goal stress (because of excessive goal demands) was measured with the validated German version of the four English operationalization items (Lee et al., 1991; Putz & Lehner, 2002). A sample item is "My goals in this project are much too difficult" ( $\alpha = .74$ ).

**Perceived project performance.** The degree of perceived project performance was measured using the four-item variable "perceptions of coalition success" from the Collaboration Assessment Tool developed by Marek et al. (2015). The respondents were asked to rate different project performance dimensions of achieving the project goals and objectives (e.g., efficiency, effectiveness) on a scale from 0 to 10 (Marek et al., 2015). A sample item was "How successful is this project in implementing strategies to address project goals and objectives?" ( $\alpha = .78$ ).

**Control variable.** We controlled for individuals' roles (managerial vs. nonmanagerial) in the projects (Drahota et al., 2016), which may influence the perceptions of goal

clarity, stress, importance, and project performance in collaborative work settings.

**Qualitative data.** At the end of the survey, we asked the respondents to write freely about all factors they considered essential to increase the chances of their project's success; 209 respondents wrote down their view. Analysis focused on the four key variables was discussed herein.

## Quantitative Data Analysis

We computed the mean, standard deviation, and reliability for each variable (see Table 1). All the studied variables were moderately correlated with each other, with correlations ranging from .20 to .37; hence, there was no concern of multicollinearity. We performed a confirmatory factor analysis (CFA) to test the validity and distinctiveness of the study variables.

## Qualitative Data Analysis

To enrich the quantitatively derived results, we performed a thematic analysis (Braun et al., 2018) on the answers to the following open-ended question: "What else do you think is needed to increase the likelihood of this type of health project's success?" The analysis involved the following five steps: Two bilingual team members familiarized themselves with the data by, first, engaging in repeated reading of the written responses; second, performing open coding based on segments of the raw survey responses; third, arranging the open codes iteratively with goal-setting concepts (goal clarity, stress, and importance); fourth, reviewing the open codes and related themes; and last, reporting the emergent themes (Braun et al., 2018).

## Results

### Survey Respondent Characteristics

All respondents reported working in different CAHP projects. They were between 25 and 72 years of age ( $M = 44.0$ ,  $SD = 11.63$ ), and around 49% of them ( $n = 132$ ) were men (see Table 2). Most respondents were from the academic sector (77.24%). Most respondents were working in a CAHP project that was in the execution phase (56.72%,  $n = 152$ ), followed by those working in a final closing phase (14.22%,  $n = 38$ ), planning phase (12.7%,  $n = 34$ ), closed phase (8.58%,  $n = 23$ ), initiation phase (6.72%,  $n = 18$ ), and monitoring phase (1.11%,  $n = 3$ ). We asked the respondents to answer the questions with reference to the specific CAHP project in which they spent most of their time. The top three project goals in these CAHP projects are generating new knowledge and insights (88.4%,  $n = 237$ ), facilitating knowledge and information exchange (48.9%,  $n = 131$ ), and implementing effective health measures/programs (48.5%,  $n = 130$ ). Only 48 respondents (17.91%) were fully funded by their CAHP projects.

### Quantitative Findings

**CFA and measurement model.** We conducted CFA to test the validity and distinctiveness of our study measures. Based on the suggested cutoff points from literature, that is,

**TABLE 1: Means, standard deviations, and zero-order correlations of the study's variables (N = 268)**

Variables		1.	2.	3.	4.
1.	Project performance				
2.	Goal clarity	.37***			
3.	Goal stress	-.35***	-.27***		
4.	Goal importance	.22***	.34***	-.20***	
	Cronbach's $\alpha$	.78	.76	.74	—
	Mean	7.26	4.12	2.31	4.22
	SD	1.40	.58	.70	.56

Note. SD = standard deviation.  
\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

ratio of  $\chi^2$  to degree of freedom ( $\chi^2/df < 2$ , comparative fit index (CFI)  $\geq .95$ , root-mean-square error of approximation (RMSEA) [95% CI]  $< .06$  [.00, .08], and standardized root mean square residual (SRMR)  $\leq .08$  (Schreiber et al., 2006), the hypothesized four-factor model (goal clarity, stress, importance, and perceived project performance) showed a good overall fit,  $\chi^2(85)_{\text{Project performance}} = 116.63$ ,  $\chi^2/df = 1.37$ , CFI = .97, RMSEA = .04 [.02, .05], SRMR = .05 (see, Supplemental Digital Content 2, <http://links.lww.com/HCMR/A88>). We compared this to alternative models drawn from both the theory and the correlations between the variables (e.g., three-factor model in which goal clarity and stress are combined into one construct, where overall fit was  $\chi^2(88)_{\text{Project performance}} = 278.21$ ,  $\chi^2/df = 3.16$ , CFI = .81, RMSEA = .09 [.08, .10], SRMR = .08. The evidence from the  $\chi^2$  difference test on the alternative models was that our hypothesized four-factor model has the best fit. Hence, sufficient discriminant validity was obtained vis-a-vis the four core constructs (Schreiber et al., 2006).

**Hypotheses testing.** We tested *Hypothesis 1* by examining the direct effect of goal clarity on perceived project performance, which was positive and significant (see Table 3, Model 1,  $\beta = .35$ ,  $p < .001$ ). The effect of individuals' role (managerial vs. nonmanagerial) in the projects was not significant in any of the models of Table 3. We tested *Hypothesis 2* by examining the interaction between perceived goal clarity and goal stress. The interaction did not have a significant relationship with perceived project performance (see Table 3, Model 2,  $\beta = -.04$ , ns). *Hypothesis 2* was not supported. Lastly, in terms of *Hypothesis 3*, the effect of the three-way interaction between perceived goal clarity, stress, and importance on perceived project performance was significant (see Table 3, Model 3,  $\beta = .10$ ,  $p < .01$ ). This last model yielded a reasonable fit,  $\chi^2(137) = 216.04$ ,  $\chi^2/df = 1.57$ , CFI = .92, RMSEA = .05 [.03, .06], SRMR = .07.

Figure 1 illustrates the three-way interaction between goal clarity, stress, and importance with perceived project performance. The plot shows that, when goal importance was low, the slopes depended on the level of goal stress: When goal stress was also low, the slope was steep ( $\beta = .38$ ,  $p < .01$ ), and the slope

became insignificant when goal stress was high ( $\beta = -.06$ , ns). Conversely, when goal importance was high, the slopes did not depend on the level of goal stress and were similar: When goal stress was low, the slope was steep ( $\beta = .36$ ,  $p < .01$ ), as well as when goal stress was high ( $\beta = .47$ ,  $p < .01$ ). These results showed that when goal importance was high, regardless of the perceived goal stress, the relationship between goal clarity and perceived project performance remained positive and significant.

Overall, these findings supported the hypothesized three-way interaction effect that when goal importance was high, the relationship between goal clarity and project performance remained positive regardless of the level of goal stress.

### Qualitative Findings

To extend the understanding of CAHP workers' project goal pursuits, we perused the data collected from the answers to our open-ended question. We identified two major themes.

**Goal stress.** A number of respondents mentioned various stressors that could hamper goal attainment, including the urge for better working conditions, leadership, resources, and organizational support, as well as reduction in bureaucracy and other duties. One of the major themes was, however, the stress associated with achieving overambitious goals as a result of great competition in acquiring third-party funds. For instance, one health researcher noted: "the acquisition of third-party funds based on competition leads to too much being packed into the projects; to manage it in a short time and with the existing resources."

Similarly, another respondent who worked in the health technology field expressed the frustration and uncertainty of long-term goal pursuit because of limited running time and lack of project sustainability:

*More funding is needed for personnel and considerably longer project durations. Example: Developing, testing and marketing a prototype in three years is more than utopian. Since these are often the requirements [of the projects], it is more than frustrating. Also, such projects are not sustainable because of their short running*

TABLE 2: Survey respondent characteristics (N = 268)	
Age, Mean (SD)	44.0 (11.64)
Gender, n (%)	
Female	136 (50.75)
Male	132 (49.25)
Country of residence, n (%)	
Germany	190 (70.90)
Switzerland	25 (9.33)
Austria	17 (6.34)
United States/United Kingdom	2 (0.75)
Not specified	34 (12.69)
Organization type, n (%)	
Research/university	207 (77.24)
University hospital	28 (10.45)
Nongovernmental organization	12 (4.48)
Professional association	3 (1.12)
Government authority	5 (1.87)
Health care and social welfare facilities	8 (2.99)
Business/industry	3 (1.11)
Health insurance and insurance	2 (0.75)
Role in project, n (%)	
Managerial	188 (70.15)
Nonmanagerial	80 (29.85)
Project phase, n (%)	
Initiation phase	18 (6.72)
Planning phase	34 (12.69)
Execution phase	152 (56.72)
Monitoring phase	3 (1.11)
Final phase	38 (14.18)
Closed project	23 (8.58)
Job position funded by the project, n (%)	
Full time	48 (17.91)
Part time	66 (24.63)
Not funded	153 (57.09)
Not specified	1 (0.37)
Nature of project goals, n (%)	

(continues)

TABLE 2: Survey respondent characteristics (N = 268), Continued	
Generating new knowledge and insights	237 (88.4)
Facilitating knowledge and information exchange (e.g., ideas, evidence, or expertise)	131 (48.9)
Implementing effective health measures/ programs	130 (48.5)
Creating new products/services (e.g., publications, technology, equipment, health measures)	114 (42.5)
Facilitating sustainable structural/systemic changes in society	100 (37.3)
Facilitating sustainable partnership between the project partners	86 (32.1)
Building community capacity/readiness	68 (25.4)
People/professional development (e.g., empowerment, new knowledge, skills, or better work quality)	58 (21.6)
Increasing the uptake of existing products/ services	56 (20.9)
Others	26 (9.6)

*times, the resulting frequent personnel changes and the missing transition to the market.*

Moreover, the lack of external project support can also have negative repercussions on respondents' morale and dedication, resulting in a deviation away from goal pursuit and creating shortcomings in their performance. One clinical researcher noted:

*The development, execution and implementation of relevant health projects requires more time for creative freedom and thoughts...nevertheless, I think that the external conditions are extremely bad in Germany for implementing attractive research. All involved and committed employees feel torn apart and have no time capacities.*

**Goal importance and clarity.** Several respondents also highlighted the cruciality of recognizing the importance of project goals and being committed or motivated to achieve them. A comment by a medical researcher exemplifies how, even under serious and varied undesirable resource conditions (i.e., lack of organizational support, financial resources, and a poor working environment), a project's goal importance gives meaning to and supports an individual's commitment to project goal pursuit and help overcome the challenges experienced:

*Leadership qualities are also rather rare and organization is not our strength. Half-way, there are hardly any results, a large part of the set goals remains untouched.*

**TABLE 3: Standardized coefficients of moderation analysis (N = 268)**

Dependent variable	Project performance		
	Model 1 <sup>a</sup>	Model 2 <sup>a</sup>	Model 3 <sup>a</sup>
Intercept	-.00	-.02	-.24
Goal clarity	.35***	.36***	.39***
Goal stress	-.35***	-.34***	-.40***
Goal importance	.01	.03	.03
Goal Clarity × Goal Stress		-.04	-.07
Goal Clarity × Goal Importance		.08*	.09*
Goal Stress × Goal Importance		.08	.07
Goal Clarity × Goal Stress × Goal Importance			.10**
Project role (managerial vs. nonmanagerial)	-.01	-.00	-.00

<sup>a</sup>Model 1 signifies the model with the independent variables only,  $\chi^2(85) = 146.83$ ,  $\chi^2/df = 1.73$ , CFI = .93, RMSEA [95% CI] = .05 [.04, .07], SRMR = .07. Model 2 consists of independent variables and their two-way interactions,  $\chi^2(124) = 195.43$ ,  $\chi^2/df = 1.58$ , CFI = .92, RMSEA [95% CI] = .05 [.03, .06], SRMR = .07. Model 3 consists of independent variables and their three-way interactions,  $\chi^2(137) = 216.04$ ,  $\chi^2/df = 1.57$ , CFI = .92, RMSEA [95% CI] = .05 [.03, .06], SRMR = .07. All models are controlled for the respondents' role (managerial vs. nonmanagerial) in community-academic health partnership projects.  
\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

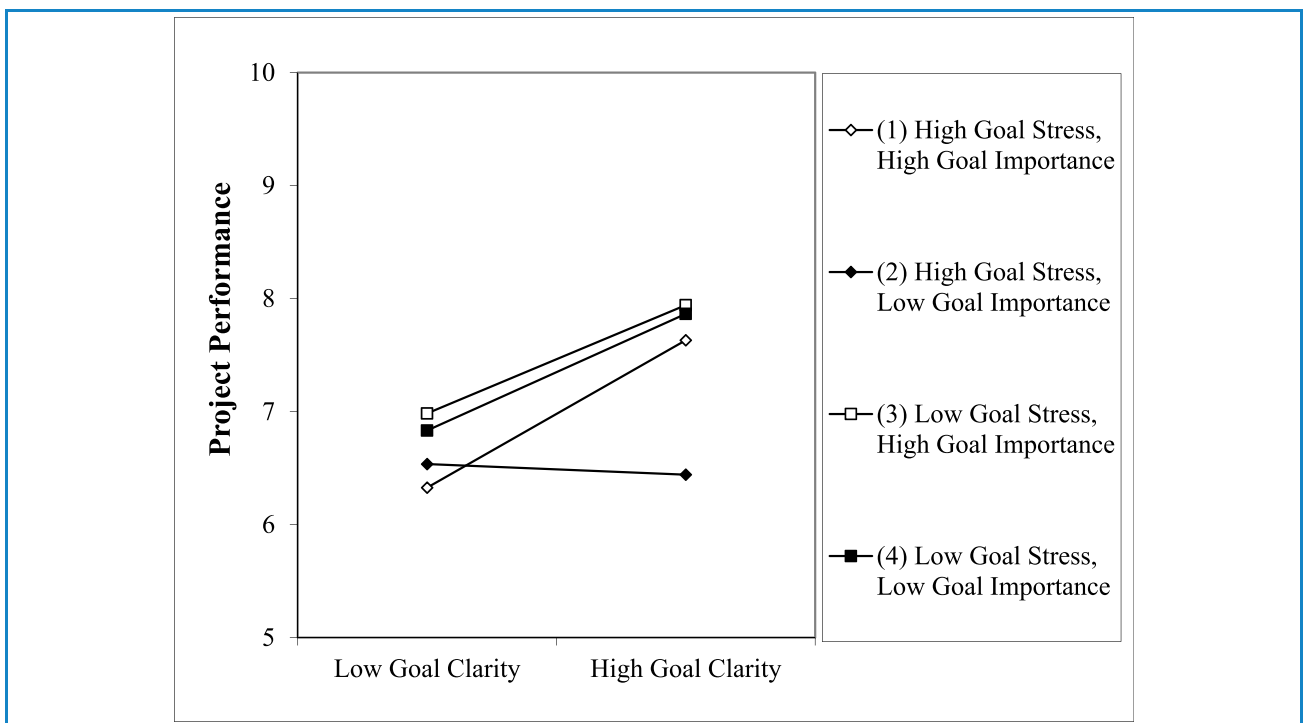
Moreover, I have no support because my post doc quit for exactly these reasons before I was hired...I work 7 days per week at least 9 hours per day and get only 65% salary...Research is frustrating enough because experiments usually do not work out...Nobody here wants to die of any diseases; but there is still no money for research...That's the reason why many good people, who could be hired as professors, leave research or Germany. None of us wants to work like that anymore, and yet we do it and do not go on strike because the well-being of those we are researching is more important to us.

In addition, numerous respondents explicated the importance of “clear project goals” and “clear common goals” to enhance project success. One project manager wrote: “all stakeholders have a clear vision of the objectives; recognize the meaning of these objectives; and have sufficient resources at their disposal.”

These findings underline that the interplay between goal clarity, stress, and importance as crucial project dynamics in relation to individual effort and work achievement.

## Discussion

Through testing the key parts of goal-setting theory in a real-life network setting, we offer empirical evidence of the interplay between the motivational influence of perceived project goal clarity, stress, and importance toward project performance. The hypothesized three-way interaction is supported. Both the quantitative and qualitative results indicate that a key factor in positive project performance is whether individual CAHP workers perceive their project goals as clear and important.



**Figure 1.** Unstandardized three-way interaction on the effect of goal clarity, stress, and importance on project performance (N = 268).

Although goal stress shows a direct, negative relationship to project performance ( $\beta = -.35, p < .01$ ; see Table 3), our quantitative results indicate that the boundary role of goal stress is seemingly insignificant in the presence of goal importance. Our qualitative data corroborate this finding, suggesting that when the goals are clear, individuals who recognize the importance of their project can maintain high project engagement and performance despite excessively difficult tasks and lack of resources and organizational or network support. Thus, when their sense of project goal stress is high, enhancing the project goal clarity and importance may motivate people to perform well (see also Höchli et al., 2018).

Although our quantitative evidence reveals no significant interaction between goal clarity and goal stress on perceived project performance, our qualitative evidence suggests that an overly demanding *project/job* environment can demotivate CAHP workers; reduce their commitment and involvement to pursue project goals; and lead to stress, frustration, burnout, and turnover intention. In particular, undesirable *project/job* conditions can make them *feel* overburdened and hinder successful *project* goal attainment. These contextual issues and struggles are, however, seldom reported or discussed in detail in the Germanic CAHP contexts, contributing to a vicious circle of ill-managed projects (see also Igel et al., 2018). Hence, situationally determined, high CAHP project stress can hinder project success.

To sum up, this study has at least two theoretical implications for the goal-setting literature and one for health care management research. First, it extends goal-setting theory to the current CAHP literature by providing empirical evidence of the boundary role and influence of individual perceived goal importance in relation to goal clarity and stress on project performance; we strengthen the conceptual clarity of the goal assessment processes in a wide range of CAHP contexts with (often part-time) workers from diverse disciplines. This is important because, despite the recent increase in CAHP literature, our understanding of the individual motivational determinants of project successes remains inadequate and requires more empirical scrutiny (Drahota et al., 2016). For this reason alone, we propose to supplement the goal-setting findings reported herein with the principles of the job demands–resources theory (Bakker & Demerouti, 2017) and to engage in new multilevel field research on achieving high project performance.

Second, our qualitative findings have enabled us to unravel some of the reality behind the well-established constructs of goal-setting theory in CAHP settings. In particular, we showed how project goal stress relates not only to the level of project difficulty but also and more importantly to the concrete work environments and resources available to achieve the project goals (Austin & Vancouver, 1996). Indeed, the many diverse and real (*job-type*) hardships experienced by CAHP *project* workers can reduce their strength in pursuing *project* goals and potentially increase the risks of burnout, turnover intention, and project inefficiency (Bakker & Demerouti, 2017). This study therefore contributes to future studies in which organizational behavioral theories can be tested in project management situations, given not only the increase of project work

in many organizations but also the fact that the behavioral side of project work has hardly been systematically examined (Gemünden, 2014).

Third, building on goal-setting theory in real-life, networked health care project settings (Johnston & Finegood, 2015), we provide new insights into effective management of CAHPs by investigating the effects of three goal attributes on the performance of CAHP projects. This has been done in the German-speaking area of Europe, a setting in which CAHPs are emerging yet mismanagement contributing to project failure does occur (Neuhann & Barteit, 2017).

### **Practice Implications**

Although individuals engaging in CAHPs are often intrinsically motivated and committed to tackling difficult and complex health problems (Neuhann & Barteit, 2017), such partnerships can have an alarmingly high failure rate (Trotter et al., 2015). Hence, the findings have two major practical implications for CAHPs to increase their chances of success.

First, our quantitative and qualitative evidence at the project level suggests that CAHP leaders at the organizational and project levels should support CAHP workers' recognition of project significance and meaningfulness, for example, through organizing (peer) performance feedback (Locke & Latham, 2013) and not deplete it. Our evidence at the project realization level parallels that obtained at the individual level (Kleingeld et al., 2011); individuals perform better at work when they are highly committed to pursue the project goals that they find clear, challenging, and important and get performance feedback (Latham, 2016). By emphasizing the significance and its goals of the project, managers/leaders can positively enhance the effect of clear project goals. Enhancing workers' perceived goal clarity and importance (in various ways) can stimulate individual commitment to continue pursuing project goals, even if it seems difficult to reach.

Second, excessive goal stress may increase the risk of frustration and unwanted job turnover as well as compromise project success. Thus, CAHP leaders may facilitate project workers in dealing with the daily challenges by offering adequate social support, autonomy, recognition, and regular constructive feedback (Locke & Latham, 2013). Particularly, when human and financial resources are limited, these job resources can indirectly reduce workers' stress and improve their positive work attitude, engagement, and performance (Bakker & Demerouti, 2017).

### **Limitations, Future Research, and Conclusion**

This study's findings are subject to some limitations. First, given the lack of consolidated information on CAHPs in German-speaking countries, we identified potential participants through a purposive sampling method, which may have led to response biases. In fact, our sample is overrepresented by academics (77.24%). This may limit the generalizability of the results for those working in the community contexts. To reduce the risk of this bias, we adopted snowball sampling. *T* tests also showed no significant differences in any study variables between the two groups of respondents. Yet, to understand



both groups' project/job dynamics better, future studies should aim for a more equal representation of both academic and community workers.

Second, we adopted a cross-sectional design and used perceived (instead of objective) measures of performance as the criterion variable. Although the findings could therefore be subject to common method bias, we conducted CFA and compared the hypothesized model with a one-factor model. In line with other research (Lance et al., 2010), we believe that this bias is not a big concern here, because we adopted a convergent mixed-method design to counterbalance the inherent limitations of a cross-sectional design. The qualitative data have not only enriched the quantitative results but have also increased confidence in the robustness of them. Nonetheless, we suggest that future research should conduct longitudinal, joint project-and-job level studies to find out how CAHP workers' sense of project goal value and performance may wax and wane over time (D'Aunno et al., 2017) and how the here studied cognitive predictors of project performance might interact with affective job predictors like emotional salience and felt relational support from others (Dietrich et al., 2012).

Third, given our interest in the motivational effects of intrapersonal dynamics on project performance, we specifically focused on examining individual CAHP workers' cognitive appraisal of formal project goals. CAHP is, however, in essence a network setting involving complex relations between partner representatives (and their intraorganizational members; Johnston & Finegood, 2015). Thus, having established these individual-level, motivational processes, we encourage future research to explore the team- or organizational-level dynamics to depict a more bird-eye picture of the factors affecting partners' dedication in project goal pursuit. For instance, future studies should examine how interactive dynamics (or potential mismatches) between CAHP workers' cognitive network-, project-, and job-level goals (i.e., personal or career goals) may affect project performance (Lemaire, 2020). Such studies must provide fruitful insights into how CAHPs may achieve better results.

To conclude, our quantitative results point to the meaningfulness of project goals for CAHP workers. Clear and (highly) challenging goals are not enough for CAHP project success; to achieve a high level of project performance, the project goals must be felt as particularly important or personally meaningful to individual CAHP workers. Many of the qualitative comments added that a number of related, deenergizing job issues can compromise project success. Effective leadership, at network, organizational, work unit, and project levels, could resolve this alarming professional disservice. Policy and research should pay more attention to the influence of requisite leader behaviors, or substitutes thereof, to attain more CAHP project achievements. One of the most important organizational behavioral theories led us to recommend that CAHP project importance must be safeguarded so that they can reach the intended higher levels of public health.

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