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Organizational Competence of Public Hospitals in Project Management

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Abstract

Health organizations are challenged every day to manage their projects in a dynamic context of multifactorial complexity, are intrinsically linked to the organizational competences for PM and project success (on time and budget, with quality, in alignment with the requirements defined by the project owner and stakeholders), through articulation between people, resources, processes and project support structures.

The aim of this research was to study the Competence of Portuguese Public Hospitals in PM, carrying out a diagnosis of organizational competences in PM, reflecting on the existing competences and those that are needed, proposing strategies for its development. This study was carried in three public hospitals (51 respondents) and evidence that they can improve their organizational competence in PM. It also shows that there is a statistically significant association between the organizational competence in PM, the role of professionals in projects and their experience. On the other hand, the results also show that the success of projects is influenced by the existence of a PMO dedicated to supporting the project management activity in the organization. Likewise, the existence of a PMO, combined with certification or specific training in PM, and having already managed projects in the organization, didn't revealed a strong influence on the state of development of organizational competence to manage projects. The results demonstrate that these health organizations need to invest in the development of organizational competence for the success of their projects and that there are not many professionals with certification or specific training in PM. Hospital's need to improve people's competences and create internal structures to support PM.

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1. Introduction

Hospitals are entities with unique characteristics that operate 365 days a year, without interruption, operations-oriented, desirably through an integrated, efficient and planned management of available resources leading to the excellence of services provided to the population, increased productivity and reduced costs and waste. The desirable results are achieved through careful management of operations and introduction of innovation through projects, which relies on having a commitment to strengthening organizational competence in Project Management (PM). Health organizations integrate people, resources, processes and structures into projects and operations – looking forward to use the project as a resource to implement the strategy and achieve the business goals, providing efficiency and effectiveness to operations and promoter of organizational change - adding value to the business, which is the biggest challenge of PM.

The success of a project means delivery within the established time frame and budget, with the desired quality, in line with the requirements defined with the project owner and the interested parties. In order for success to be achieved, it is fundamental to have a set of organizational competences related, for example, to the existence of a Mission, Vision and Strategy (MVS) well defined by the top management, with the effective implementation of projects, and with raising the necessary resources for the projects and using them efficiently.

To achieve that goal, this paper shows the results and conclusions of a diagnosis of organizational competences in PM, based on the IPMA Organizational Competence Baseline (IPMA OCB 1.1), in a set of public hospitals, allowing a reflection on the type of existing competences, proposing strategies for their development and achievement of excellence, where the articulation between people, resources, processes and project support structures were explored.

2. Literature Review

This chapter provides an overview of the concepts used in the research work and its divided into; i) 2.1. Importance of projects and their relevance in the activity of organizations and in health and ii) 2.2. Individual and Organizational Competences and their influence on project success.

2.1. Importance of projects and their relevance in the activity of organizations and in health.

During the 21st century, knowledge and understanding of PM has been reinforced, and its importance recognized by organizations, being today applied in the most diverse sectors of the economy (1), where the need for a strong support structure for PM is evident (2,3). Today's organizations, including public sector health organizations, are concerned with the factors that impact their competitiveness (4), namely strategy (5,6), because they need to know where they want to go, how to their implementation needs to be put into action, through projects, and it is increasingly important to select, prioritize and execute projects (7) and, also, quality (8,9) as a fundamental element in operations and projects.

Good PM is considered a competitive weapon to achieve certain ends, providing the creation of value to the business throughout the value chain (10,11). Alignment with the organization's strategic objectives is a critical success factor (11), and this is when many projects begin to fail, combined with the timely completion of the project, according to the defined costs and satisfying the needs of customers or owners of the project (12,13).

2.2. Individual and Organizational Competences and their influence on project success

The success of projects is closely linked to the success of PM, which consists on applying knowledge, skills, tools and techniques to activities to meet project requirements (12,14).

In the strategic dimension, organizational competence is the ability of organizations to achieve their goals supported by the internal attributes that allow them to be achieved, such as the competence of individuals, the organizational structure and the organization's assets (15).

In the context of PM, it is important to distinguish the two types of competences in the light of the IPMA references and their importance in PM: the IPMA Organizational competence Baseline (IPMA OCB®) (12), centered on organizations and their assessment as a whole, while; the IPMA Individual Competence Baseline (IPMA ICB®) (16) focuses on individual domain competences, developed by one of the most important entities in the area, the International Project Management Association (IPMA), represented in Portugal through the Portuguese Project Management Association (APOGEP).

According to the IPMA ICB (16), “individual competence is the application of knowledge, skills and abilities, in order to achieve the desired results”. The aim of the IPMA ICB model (16) is to enhance and improve individual skills in Project, Program and Portfolio (PP&P) management, and to provide a wide range of skills that, when widely applied, support a complete knowledge of these management domains. This framework presents elements of technical, behavioral and contextual competence in PM, grouped into three dimensions, known as the competence eye: Perspective (contextual competences), People (interpersonal competences) and a Practice (technical skills).

The IPMA OCB (12), on the other hand, makes an important contribution to the universe of PP&P, which is the concept of organizational competence in PM, which takes into account the complexity of the work involved in the project, is supported by people and resources and integrates the processes, structures and cultures of the different internal and external stakeholders, promoting project-oriented governance and management processes in line with corporate governance and management systems (12).

The concept of competence defined by ISO 17024, cited in the IPMA OCB (12) is “the ability to apply knowledge and skills to achieve objective results”. Organizational competence from the perspective of PP&P management includes five groups of competences, as shown in the following figure:

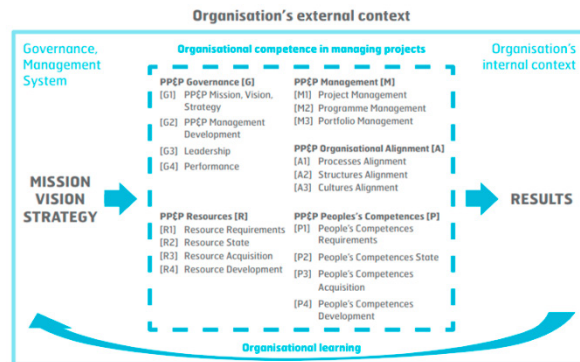


Fig. 1. Holistic view of IPMA OCB (12).

3. Objective

The aim of this research was to study the Competence of Portuguese Public Hospitals in PM, carrying out a diagnosis of organizational competences in PM in a set of public hospitals, reflecting on the existing competences and those that are needed, proposing strategies for its development.

4. Methods

Observational, cross-sectional study, with retrospective collection of information using a questionnaire based on the model of organizational competences of IPMA OCB v1.1 (IPMA, 2016), using Likert Scale (18), with the aim of assessing the (Organizational) Competence of Public Hospitals in PM: The mentioned questionnaire was applied to professionals who work or have worked on projects in three Portuguese public hospitals during six months (June to December 2022).

The questionnaire has 78 questions and is divided into: i) Characterization of the respondent and the organization where he/she works (15 questions); ii) Characterization of the last project that the respondent managed or in which he/she participated (7 questions) and iii) Characterization of organizational competence elements in PM (54 questions); and, Global characterization of the organization's competences (2 questions). The sample was a convenience sampling, as characterized by Emerson, R. (19), due to budget and time limitations.

5. Results and Discussion

The research carried out is relevant due to the lack of studies that provide a state of the art of the organizational competence in project management in public hospitals.

The sample distribution of this study, consisting of 51 respondents, is mostly male (70.6%), between 41 and 50 years old (43,1%), mostly (43,1%) with educational qualifications of Master's degree around 33.3% of participants work at middle management level, in Service Management and Hospital Administration positions.

Participants in the study do not hold a Certification or specific training in the area of PM (86,3%), however, 56.9% already managed projects, most of them (80,4%) managed 1 to 5 projects.

A significant part of the respondents works in a health organization located in the south region of Portugal (47.1%), and 41.2% work in an organization with more than 3000 employees. The organization where participants work doesn't have a PMO (68,6%) and 56.9% do not know if the organization uses any IT tool to support PM.

The role of study participants is concentrated 51% as project team members and 31.4% as project managers. They dedicated an average of 10 hours/week to project activities. Implementation projects are the category with the most responses (60.8%) and the project's funding source is concentrated in 39.2% of the organization's Own Funds. The average project duration is 30 months. According to 47.1% of respondents, teams are made up of between 1 and 5 elements.

The largest range of respondents (49%) agree that the project was carried out successfully, globally fulfilling the scope, requirements, budget, quality and time, ensuring the satisfaction of the project owner.

The factors that influence the performance obtained in the different constructs and the overall performance in PM were explored, relating the dependent variables with independent variables, analyzing whether there are relationships between them and whether they are statistically significant.

Within the **Governance [G] competence group**, the OCE (Organizational Competence Elements) are the Mission, Vision, Strategy, Management Development, Leadership and Performance. The study showed that the **MVS** construct obtained the highest values, which revealed a clear orientation of H1 (Hospital 1) and H2 (Hospital 2) to establish, communicate, monitor and control the MVS of the project, with the interested parties, H3 (Hospital 3) stands out with lower degrees of agreement than the other hospitals. The proposed strategy for developing this competence involves strengthening the MVS alignment of the organization and projects and its internal dissemination, namely through an MVS Declaration for the entire organization, whether through internal communication using the available communication channels or developing internal workshops that have this purpose.

- In relation to the competence of **Management Development**, H1 and H2, more than H3, responded to changing circumstances in their context and environment, not only internal, but also external, taking into account the MVS of the projects, in order to meet the needs and expectations of the different stakeholders, which means that, at the highest level of management of these entities, the goals to be achieved are established and communicated, as well as resources and support are made available for the development of management of projects in these hospitals. It is proposed as a strategy, so that this competence is increased, the periodic review of lessons learned from other projects developed internally, as well as the exchange of experiences between the project teams, also reinforcing the cadence of feedback within the project teams. Also, the benchmarking of this organizational competence, with entities with a similar profile, adopting disseminated good practices, could be a way to increase this competence, or even promote the concept of innovation sessions to explore new approaches in this area.

- In relation to the competence element of **Leadership**, H1 achieved higher performance compared to the others, revealing the commitment and leadership in the different levels of management and that they seek not only to maintain but to develop the System of Management implemented and continuously develop the prioritized projects. Fostering Leadership competence in hospitals implies investment in the implementation of programs to develop new competences for leaders training these professionals for effective communication and for their governance functions.

These, in turn, will be able to carry out workshops with the teams to present the MVS of the projects, directing the activities and conduct of the members involved, being themselves an example of good practices. Leaders demonstrate leadership by defining and communicating clear goals for projects and clarifying expectations for PM, making resources available for all projects, and establishing effective and understandable communication with all stakeholders. Also, the decision-making process should be based on regulations and guidelines that should be put into practice.

- In relation to **Performance**, there is a great disparity between H1 and H3, H3 clearly needs to make a greater effort to achieve high levels of performance in PM, mobilizing the people and resources involved complying with the design of the organizational MVS, to achieve the proposed objectives and goals, efficiently and effectively. The strategy to increase this organizational competence, considering that PM must respond to defined performance targets and, therefore, to performance, through monitoring and controlling KPIs, it is recommended to reinforce training in area of management control, in order to better train the professionals involved in formulating clear objectives and targets, as well as measuring them. The benchmark identifies the Balanced Scorecard as the strategic management system to be used, so its implementation in hospitals could be a facilitator in measuring performance.

The **Management [M] competence group** comprises three following organizational competency elements: PM, Program Management and Portfolio Management. In the present study, we access the PM construct.

- The competence of **Project Management** in hospitals is not highly developed (highest results on H3), despite of the fact that all hospitals mention the existence of a PMO, having trained people in PM and many respondents have performed the role of project manager. PM is part of the management system and is supported by PM standards, comprises the management of functions at different levels within projects and can be developed in permanent units (e.g. PMO) or in temporary units. We propose that hospitals invest in the creation or expansion of an internal structure (e.g. PMO) that promotes organizational change and is responsible for developing competence in PM in the organization. This structure would have the mission of controlling and monitoring the development of PM in the hospital, as well as monitoring progress and consolidating reports for top management, communicating decisions about necessary changes within projects, management of lessons learned and proposals for corrective measures for the development of organizational competence in PM.

The **Organizational Alignment [A] group of competence** based on Process Alignment, Structural Alignment and Culture Alignment:

- In the **Alignment of Processes**, it is verified that all hospitals, especially H3, have gaps in the provision of procedures for the alignment of processes to be applied in projects, in the sharing of feedback and suggestions for their continuous improvement, as well as in ensuring the alignment of internal processes (e.g. delivery, support and leadership functions) and external processes (e.g. those of customers and partners) with the organizational strategy. Now, taking into account that projects are carried out by people through processes and that there are flaws in this alignment, the coordination of processes between hospital services and external stakeholders, ensuring that project goals are delivered effectively and efficiently, as well as performance goals. The suggested strategy to boost this competence involves creating an internal structure that will drive PM at the hospital (e.g. PMO), which would be responsible for drawing up appropriate regulations and guidelines for process alignment, identifying the relevant internal and external processes for the PM and its availability to all important managers and professionals; promoting the participation of project teams in the continuous improvement process; and, for applying continuous improvement cycles to process alignment.

- In the context of **Alignment of Structures**, respondents from the three hospitals, in particular from H3, pointed failures in providing procedures for the alignment of structures to be applied in projects (e.g. description of roles and responsibilities), in sharing feedback and in suggestions for continuous improvement, as well as ensuring the structural alignment of internal processes and external processes with the organizational strategy. Structural Alignment involves internal and external organizational units and other functions relevant to PM (e.g. PMO, teams), aligning internal and external stakeholders to the project, as well as managers and other professionals involved. The proposed strategy is similar to process alignment, but with a focus on structural alignment, through the creation or expansion of an internal PM structure (e.g. PMO), with the aim of acquiring alignment competence structural, aiming to ensure the effective and efficient delivery of the project objectives, as well as the performance goals defined by the top management.

- In the Hospitals' **Alignment of Cultures**, more aggravated in H3, the answers show weaknesses in the provision of procedures, regulations and guidelines, (e.g. principles of governance, codes of ethics and conduct) to be applied

in the projects, in the guarantee of alignment of the projects' culture with the culture of internal and external stakeholders, sharing feedback and suggestions for continuous improvement of the procedures defined for the cultural alignment of projects. The alignment of cultures in a project context is strongly conditioned by the specific cultural environment (e.g. values, visions, norms, symbols, beliefs and ethics) that influences the behavior of the people who manage them, which means that the culture of each project it must necessarily be aligned with the culture of relevant stakeholders (internal and external), creating the conditions for the effective and efficient delivery of project objectives and performance goals defined by top management, in line with Kucukyalcin, E. (20). As a strategy to promote Cultural Alignment, we suggest that hospitals develop and make available regulations and guidelines for cultural alignment, identifying how cultures can be aligned, and this alignment should be regularly checked and corrective actions taken to preserve it. For this purpose, as already mentioned in the previous alignment skills, it would be an added value for hospitals to create a specific internal structure for PM. For the development of the organizational alignment, it is not enough to define the guiding documentation to identify the relevant processes, mobilize the structures and align the culture with the interested parties, this is a continuous process in which it is necessary to periodically evaluate the alignment and always redefine it that necessary.

The **People's Competences [P]** group includes de OCE of People's competences Requirements, People's competences State, People's competences Acquisition and People's competences Development.

- In relation to **People's Competences Requirements**, it was found that the existing procedures in various guiding documentation are not considered sufficient, that the people allocated to the projects need to reinforce their skills and that the competence requirements do not even they are always available in projects when they are needed, and this scenario is more aggravated in H3, although it is also insufficient in H1 and H2. Projects are carried out by people, whether they are managers, team members or other professionals involved and, as such, must have certain requirements in terms of competences (e.g. competence matrix and description of the function to be performed), well defined so that roles are not confused, in order to satisfy the hospital's needs with regard to MVS, not forgetting the importance of teamwork and communication between the people involved. To increase this competence, the strategy could be based on the clear definition of the qualitative and quantitative requirements necessary for the competences of the people working on the projects, where the Human Resources department is fundamental, as it is responsible for establishing or implementing the regulations and internal guidelines, with the competence to define, plan and control competence requirements deemed necessary.

- The **People's competences State** also revealed a great lack, with the lowest degrees of agreement in this group, regarding the periodic performance of diagnoses of the skills of the people allocated to the projects and corrective actions to mitigate possible identified failures. The state of competences is measured by comparing the defined requirements and the current state, enabling strengths and weaknesses to be identified, both from an individual and team perspective, down to the organizational level, exploring the potential of strengths and the mitigation of weaknesses. In this context, the contribution of the Human Resources department in assessing people's skills is also crucial. Hospitals will be able to adopt a training strategy for the professionals involved in projects, by investing in training and development programs for people, taking coaching and mentoring as an example, or, at the limit, by reinforcing the hiring of personnel with the required skills.

- In the **People's competences Acquisition**, low degrees of agreement were obtained in the three hospitals, especially H3, pointing to the insufficient adequacy of people to the functions they perform in the projects, that the existing procedures used in hiring people are still little robust and that there are weaknesses in the use of available internal and external recruitment sources. The strategy to follow to increase this competence should be the elaboration of an action plan, with the necessary measures for the development of contracting procedures, which respond to the identified needs (pre-defined competence requirements and corresponding definition of attributions) to achieve the MVS of the projects, resorting to appropriate sources, internal or external. The Human Resources department is the promoter of this strategy, in conjunction with other management professionals.

- **People's competences Development** questions were answered with higher levels of agreement than the rest of the OCE group's, albeit low, indicating discrepancies in terms of skills development procedures regarding personal development opportunities to improve existing skills, in addition to of considering not having a sufficiently active role in the competence development process. Taking into account what has already been mentioned in this group, it appears that it is absolutely essential to invest in the development of the skills of the people who implement projects, based on

the defined competence requirements, not only to achieve the MVS of the project, but also to meet the people's expectations, with regard to their personal development, promoting top management support and respective resources.

The strategy to reinforce this competence should be based on the construction of a grid of competence requirements and the development of regulations and guidelines, also providing career development opportunities and new forms of competence reinforcement, such as coaching, mentoring, training at the workplace, face-to-face, at a distance, simulation or professional certification, with development goals desirably based on skills requirements, adjusted between the professional and the managers. It is necessary to professionalize PM in hospitals, since the vast majority of respondents seem to have worked on projects by “accident”. Much more than job descriptions, it is necessary to develop models of competences adjusted to project deliverables, which in the context of health are quite specific. In this sense, the creation of a functional structure responsible for PM could be the most viable way to increase organizational competence in hospitals.

The **Resources [R]** group has four competency elements: Resource Requirements, Resource State, Resource Acquisition, and Resource Development.

- In relation to **Resource Requirements**, the research shows low degrees of agreement (less than 3), even though the highest in this group, thus expressing the respondents their opinion as to the fact that the management of resource requirements allocated to projects is not the most appropriate, as well as there is no full understanding and application of the guidance documentation made available for this purpose. All projects need resources to be executed, whose needs must be expressed in order to carry out their MVS. The definition of requirements must be evaluated for the short, medium and long term and confronted with the resources available at the moment, resulting from this evaluation the identification of limitations for the acquisition of resources and for the development of resources. Since in hospitals the management of resource requirements (e.g. stock of material and its distribution, quality of material, release of monetary means), whether in qualitative terms or in terms of volume is handled by functional services (Logistics, Purchasing, Procurement, Finance, among others), which are responsible for establishing appropriate regulations and guidelines, the best strategy to promote this competence will be the creation of a PMO whose competences, as previously mentioned, would be a plus. The articulation of the PMO with these services would not only enhance the availability of resources at the right time, but also their proper use.

- In relation to **Resource State**, hospitals need to fill in gaps in terms of applying procedures for analyzing, identifying and evaluating the state of resources, as well as identifying corrective actions in the face of non-compliance with requirements and stimulating teams and project managers in sharing feedback with each other on resource states.

The state of resources is obtained by comparing current resources and the requirements defined in the projects, bridging the discrepancies found through planning mechanisms for their mitigation, either by acquiring new resources or by developing existing resources. Again, the strategy for creating the PMO, in conjunction with the functional structures, could be a means of strengthening this competence. Diagnoses should be carried out on the status of resources and corrective actions implemented whenever necessary, as well as the procedures, standards and guidelines that allow identifying the status of resources and encouraging the sharing of feedback between those involved in the projects, with a view to continuous improvement.

- In relation to **Resource Acquisition**, respondents consider that there are flaws in the assessment and adequacy of suppliers/service providers and in the use of sources to acquire them, and that they are not given enough feedback regarding the acquisition and what procedures were used, as well as consider that there are discrepancies between the moment in which the resources are needed and the moment in which they are made available. Allocation of the right resources at the right time is crucial for the execution of projects.

As mentioned in the previous elements, the PMO creation strategy could boost the development of this competence, supporting the functional services in the resource acquisition process, ensuring that the acquisition processes are efficient and effective, basing the selection of resources on pre-requisites -defined, and that they are made available when needed.

- Finally, in relation to **Resource Development**, we found differences from the available development of resources to the requirements, as well as in terms of existing procedures and the sharing of feedback between those involved in the project with a view to their improvement and, also, in terms of measures leading to the adequacy of the resource development process. The availability of the necessary resources for the projects, in a timely manner, is fundamental to satisfy the resource requirements necessary for the delivery of the MVS. The most appropriate strategy to be adopted by hospitals for the development of resources is the creation or expansion of a permanent internal structure focused

on PM in hospitals (e.g. PMO) which, in conjunction with the functional services, would have the mission to ensure this development process.

Regarding to the overall characterization of the hospitals' competences, the respondents considered that the organization still doesn't have the necessary competences for the success of projects and that it is not project-oriented.

The influencing factors of the performance in PM were investigated revealed that there is no strong association between the variables under study. The data obtained showed a weak or moderate and statistically significant association between the state of development of organizational competence in PM, the function in projects and the respondent's professional experience. On the other hand, results also indicate that the success of projects is influenced by the existence of a PMO dedicated to supporting the PM activity in the organization. Also, the existence of a PMO, holding certification or specific training in PM and having already managed projects in the organization, didn't revealed a strong influence on the state of development of organizational competences to manage projects. The results express that these health organizations need to invest in the development of organizational competence for the success of their projects and that there aren't many professionals with certification or specific training in PM in the health area, perhaps being little aware of this area of expertise.

6. Conclusion and future work

This research shows that health organizations need to improve their PM competence, and it is essential to align people, structures, processes and resources for the success of projects and to create functional structures that support PM, such as PMO's and training professionals in PM.

Therefore, their development requires a strong strategic commitment from top management, as it focuses in particular on governance and project leadership, should therefore have a permanent place in the organization, combining organizational learning and innovation applied to projects, processes, structures and culture.

As future work, we propose that strategies should be adopted to distinct research, namely case studies and qualitative analyzes through interviews, expanding the universe of hospital units to be diagnosed. This is a theme that could start to awaken the interest of the scientific community and the health sector. Future work could focus on the diagnosis of competences organizations in PM in a larger number of public entities companies and their comparison with existing competences in entities with different governance models such as Public-Private Partnerships in health, drawing conclusions from this useful for the knowledge of PM and for the continuous development of PM competence in the health sector.

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