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CONFLITOS DE TAREFAS E CONFLITOS AFETIVOS: RELAÇÕES COM A PERCEPÇÃO DE PLANEJAMENTO ESTRATÉGICO EM COOPERATIVAS MÉDICAS

TASK CONFLICTS AND AFFECTIVE CONFLICTS: RELATIONSHIPS WITH THE PERCEPTION OF STRATEGIC PLANNING IN MEDICAL COOPERATIVES

[TRADUÇÃO INGLESA]

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CASCAVEL/PR

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Dissertation presented in partial fulfilment of the requirements for the degree of Master of Science in Administration in the Department of Administration, Western Paraná State University.
Dissertation Supervisor: Dr. Ivano Ribeiro

Dissertação apresentada ao Programa de Pós-Graduação em Administração (PPGAdm) – Mestrado Profissional da Universidade Estadual do Oeste do Paraná, como requisito parcial para obtenção do grau de Mestre em Administração.
Orientador (a): Dr. Ivano Ribeiro

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Conflitos de tarefa e conflitos afetivos: relações com a percepção de planejamento estratégico em cooperativas médicas

Dissertação apresentada ao Programa de Pós-Graduação em Administração em cumprimento parcial aos requisitos para obtenção do título de Mestra em Administração, área de concentração Competitividade e Sustentabilidade, linha de pesquisa Estratégia e Competitividade, APROVADO(A) pela seguinte banca examinadora:

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DEDICATORY

I dedicate this master's degree to God, the director of my life, who allowed me to start and complete the master's degree, and to my daughter, my greatest love, who is my most incredible pride in this life. I would also like to thank my parents, who, despite being illiterate, have always invested in my education, giving me everything they did not have. I would also like to thank the cooperative I work for, which encourages me to learn continuously; finally, I would also like to dedicate this to my husband, who was flexible during my absences to study.

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RESUMO

Ezequiel, C. F. (2023). Conflitos de tarefas e conflitos afetivos: Relações com a percepção de planejamento estratégico em cooperativas médicas (Dissertação). Programa de Pós-Graduação em Administração (PPGAdm), Universidade Estadual do Oeste do Paraná – UNIOESTE, Cascavel, PR, Brasil.

O objetivo desta pesquisa foi analisar os conflitos de tarefa e conflitos afetivos, bem como suas relações com a percepção de planejamento estratégico em cooperativas de trabalho médico espalhadas pelo Brasil. Há uma extensa literatura que demonstra a complexa dinâmica relacionada ao conflito, em que características individuais, contextuais e organizacionais podem elevar ou reduzir os níveis de conflitos em uma equipe. Existem ainda diferenças entre os tipos de conflitos de tarefa e o afetivo, que determinam se serão prejudiciais ou, em algumas situações, benéficos, influenciando o foco nas decisões estratégicas. O contexto da gestão de cooperativas em saúde apresenta-se como um ambiente propício para compreender melhor esse fenômeno. Nesse cenário, um planejamento estratégico é desenvolvido de forma mais robusta, considerando todos os públicos envolvidos, como médicos cooperados, colaboradores, clientes, concorrentes, fornecedores e demais stakeholders. A pesquisa proposta adotou uma abordagem quantitativa, utilizando uma escala para mensuração baseada na tipologia de conflitos de tarefa e afetivo. Foi realizada a partir de dados coletados junto à alta gestão, com médicos membros de diretorias, superintendentes, gerentes e coordenadores. A divergência pode começar com um debate de diferentes pontos de vista, caracterizando o conflito de tarefas; também, pode acontecer sem consenso, evoluir para um conflito afetivo, impactando as relações humanas existentes na cooperativa. No entanto, a pesquisa concluiu que os conflitos nessa fase não influenciam a elaboração e implantação do planejamento estratégico. Portanto, ressalta-se a importância de uma gestão emocional eficaz, visando desenvolver uma maturidade organizacional que permita divergências argumentativas com a finalidade de melhorar a tomada de decisão, sem afetar o aspecto pessoal e emocional dos envolvidos. Isso tudo focado no processo e na execução da tarefa em prol dos melhores resultados, não se tornando confrontos pessoais.

Palavras-chave: Estratégia; Estratégia comportamental; Tomada de decisão; Conflitos; Equipes de trabalho;

ABSTRACT

Ezequiel, C. F. (2023). Task conflicts and affective conflicts: Relationships with the perception of strategic planning in medical cooperatives (Dissertation). Post-Graduate Program in Management (PPGAdm), State University of Western Paraná – UNIOESTE, Cascavel, PR, Brazil.

The objective of this research was to analyze task conflicts and affective conflicts and their relationships with the perception of strategic planning in medical work cooperatives spread across Brazil. There is an extensive literature that demonstrates the complex dynamics related to conflict, in which individual, contextual and organizational characteristics can increase or reduce conflict levels in a team. There are also differences between the types of task and affective conflicts, which determine whether they will be harmful or, in some situations, beneficial, influencing the focus on strategic decisions. The context of health cooperative management presents itself as a favorable environment to better understand this phenomenon. In this scenario, strategic planning is developed in a more robust way, considering all stakeholders involved, such as cooperating doctors, employees, customers, competitors, suppliers and other stakeholders. The proposed research adopted a quantitative approach, using a measurement scale based on the typology of task and affective conflicts. It was carried out based on data collected from senior management, with doctors who are members of boards, superintendents, managers and coordinators. The divergence can begin with a debate of different points of view and, characterizing the conflict of tasks, and without consensus, evolve into an affective conflict, impacting the human relationships existing in the cooperative. However, the research concluded that conflicts at this stage do not influence the preparation and implementation of strategic planning. Therefore, the importance of effective emotional management is highlighted, aiming to develop organizational maturity that allows for argumentative divergences with the aim of improving decision-making, without affecting the personal and emotional aspects of those involved, focusing on the process and execution of the task. in favor of the best solutions, not becoming personal confrontations.

Keywords: Strategy; Behavioral strategy; Decision making; Conflicts; Work teams;

LIST OF FIGURES

LIST OF TABLES

TABLE OF CONTENTS

1. INTRODUCTION

Individuals can react in different ways to a conflict situation. For some, expressing disagreement with others without compromising their emotional balance is easy. However, for others, disagreement can trigger an intensity of negative emotions that sometimes affect their mental health, resulting in a mixture of harmful feelings. In teamwork, the heterogeneity of the members contributes to different points of view and broadens the group's creativity, which can create conflicts. For Araujo (2021), dysfunctional conflicts, in turn, occur precisely when divergences, disagreements, and disputes cannot be managed, causing long-lasting disagreements and discussions and, consequently, damaging corporate management. The debate of opposing arguments, without consensus, causing dispute, is dysfunctional, in other words, harmful, as it can jeopardize achieving established goals and ceasing to be a task conflict, turning into an affective conflict.

Organizations can encourage the debate of ideas to make decision-making more assertive, ensuring teams have emotional balance, focus on the best outcome for a given project, and evaluate different ideas to improve the process. New ideas that emerge after extensive debate, with disagreement on concepts and processes, can creatively contribute to new results with innovative solutions.

Depending on the heterogeneity of the team, personal differences can arise when an idea is opposed, which can cause emotional distress in the absence of consensus. Cronin and Bezrukova (2019) emphasize the role of endogenous dynamics in changing the nature and intensity of organizational conflicts since cognitive conflicts reinforce individual confrontation and antipathies, implying more conflicts. The beneficial effects have been observed in some studies, such as Bantel and Jackson (1989), who found that the heterogeneity of the top management team in terms of education and functional background was positively associated with innovation in a large sample of banks.

Among the types of conflict described in the literature, task conflict involves differences of opinion about the objectives or content of the work. It is often based on facts, data, or evidence, or their interpretation and application, according to Jehn (1997a), De Dreu, and Weingart (2003a). Task conflict can be considered functional, as it can enrich understanding between teammates. As group members debate their ideas and perspectives, they actively participate in the group process and, as a result, become more committed to the final decision (Amason, 1996). Affective conflict, on the other hand, concerns interpersonal relationships; it is what some people characterize as personality conflict and reflects resentment, lack of external

interests, animosity, or general dislike; it can arise from differences in values or personal style, as evidenced by Jehn (1997a); De Dreu and Weingart (2003a).

A healthy conflict would be capable of fostering the joint creation of actions, in which everyone would be involved in a project with respect, admiration, competence, and teamwork; divergent ideas would become a planned construction of solutions for the benefit of the organization, not for ego and individual interests. However, it is necessary to understand conflict in different organizational models; in this study, the environment investigated was that of medical cooperatives. This business model encourages everyone to cooperate, participate, and collaborate, and it is almost contradictory that there are conflicts in cooperation.

As Webering (2020) proposed, cooperatives are the organizational model that best creates conditions for cooperation between internal members or involving relations with external agents. Cooperatives have a very particular structure compared to other forms of business organization, mainly because making a profit is not their initial intention (Bialoskorski Neto, 1998). Cooperatives play an essential role in the Brazilian economy, where various workers from different branches unite for a common good, using their labor for growth and productivity. Suppose there is group work with group decision-making. In that case, there may be conflicts, so the behavioral aspects of individuals can interfere with interpersonal relationships and the performance of tasks in the organization. In studies on conflict, the cooperative model should be further explored to identify similarities and discrepancies with traditional organizations, which is not the subject of this study but makes further research possible.

1.1 RESEARCH PROBLEM

When studying how individuals react to their behavior in conflict, various approaches are observed, including the impact of conflict on team performance. Historically, the first researchers to describe and classify conflict terminology were Guetzkow and Gyr (1954), when they theorized about teams and decision-making processes, highlighting two types of conflict that could emerge in a workgroup. They differentiated between conflicts focused on the tasks the group was performing and conflicts based on interpersonal relationships within the group, naming them task conflicts and affective conflicts, respectively.

In 1994, Jehn proposed a measure to assess intra-group conflict from a two-dimensional viewpoint. It continued to be discussed and refined by Jehn (1997) in subsequent years.

According to this author, affective conflict would include emotional indicators, such as friction, tension, or anger between group members. In contrast, task conflict would involve cognitive indicators, such as different points of view and opinions on the planning and execution of group activities. Wars and battles are called conflicts; it seems complicated for ordinary people, who are used to thinking of conflict as something terrible, to report that they are facing task conflict in their teams and to evaluate the ideas generated by the conflict positively. "A little conflict stimulates information processing, but as conflict intensifies, the cognitive system shuts down, information processing is impeded, and team performance is likely to suffer" (De Dreu & Weingart, 2003).

Task conflict can be uncomfortable and stressful for individuals, reducing satisfaction (Amason & Schweiger, 1997). It can be difficult for people to appreciate the organizational benefits of task conflict while feeling the stress and anxiety it produces for them. Conflict is often associated with strong negative emotions such as anger, jealousy, frustration, and hatred (Jehn, 1997). Although conflict is an emotion-laden construct, there is still a lack of theoretical understanding about how emotions affect the measurement of task conflict or how task conflict manifests itself, either in behaviors or in the relationship with performance (Desivilya & Yagil, 2005).

Pinto and Vogt (2018) note that conflicts often arise when managers direct authority and power to employees who do not have as much knowledge in the area as others would have to develop and supervise activities. Simons and Peterson (2000) showed that the correlation between task conflict and affective conflict was higher when trust between team members was low, while high levels of trust tended to mitigate the correlation between task conflict and affective conflict. Given this, it is necessary to advance our knowledge of intra-group relations, human behaviors, levels of acceptance and divergence, team heterogeneity, and team maturity. Knowing this, it is possible to benefit from good conflict management, focusing on the work process and the organization's strategy. Similarly, there is a need to advance studies into medical cooperatives. In this context, the management of cooperatives is a suitable environment to understand this phenomenon better, given that inter-cooperation in this environment should stand out, i.e., if I cooperate with the other, the tendency is to minimize conflicts. This study is motivated by the search for better knowledge about conflicts in medical cooperatives. It focuses predominantly on the phenomena of task conflict and affective conflict and how they interact with the preparation and execution of the strategic planning of the medical cooperatives evaluated, according to the research question presented.

1.1.1 Research Question

What are the relationships between task conflict, affective conflict, and the perception of strategic planning in medical cooperatives?

1.2 OBJECTIVES

1.2.1 General

To analyze the relationship between task conflict, affective conflict, and the perception of strategic planning in medical cooperatives.

1.2.2 Specific

a. To identify the task conflicts and affective conflicts that exist in medical cooperatives;

b. To assess the perception of senior managers regarding the preparation and execution of strategic planning in medical cooperatives;

c. To analyze the dynamics of task and affective conflicts in medical cooperatives.

1.3 JUSTIFICATION AND CONTRIBUTION OF THE PRODUCTION

This study is justified by the importance of investigating task conflict in its different aspects. There is still a debate in the literature as to whether they contribute to a greater diversity of ideas and greater assertiveness in decision-making or whether they get in the way, as they can trigger affective conflicts, in which emotions emerge that impact the development and completion of the strategy, depending in part on the maturity of the group involved.

The adverse effects of affective conflict, which distracts people from the task and drains their energy, are so damaging that they outweigh the positive effects of task conflict (Amason & Sapienza, 1997). Research has shown that affective conflict is associated with stress, low satisfaction, absenteeism, turnover, low commitment, low creativity, and reduced individual performance (De Dreu & Weingart, 2003; Jehn, 1997; Pelled, 1996).

Conflict can generate destructive effects; firstly, it has undesirable consequences for the organization's functioning, as individuals and groups see their efforts blocked, developing feelings of frustration, hostility, and tension, which harms the performance of tasks and people's well-being. Therefore, if conflict can produce positive or negative results for people and groups or the organization in general, the critical question is how to manage conflict in such a way as to increase the positive effects and minimize the adverse effects. Some situations that might increase team members' stress or reduce their trust or the trust of other team members would make it more likely that task conflict could lead to affective conflict.

Conflict is a topic that has been increasingly studied in strategic decision-making, especially since the year 2000 (Tomei & Serra, 2014). This study could contribute to creating ways of managing conflict so that, in the future, organizations are prepared to develop their teams to discuss ideas healthily, maintain emotional balance, and focus on people's development and the best results for management. Studies by Jehn (1997) point out that high levels of task conflict can interfere with completion, so this type of conflict would be associated with good performance in teams dealing with problems that require quick solutions. However, task conflict would be associated with poor performance for decisions requiring more time. Other studies show evidence of the possibility of a negative influence of task conflict, leaving the subject open to further research and findings (De Dreu & Weingart, 2003).

According to Cunha and Monteiro (2018), conflict is understood as essential to life. In interpersonal, group, and intergroup relationships, it is said that conflict occurs spontaneously because where there are people in a relationship who are supposed to collaborate to carry out a common task, there will always be the possibility of people disagreeing with each other, of having different interests and values, thus generating the possibility of conflicts arising.

There are various ways for managers or organizational psychologists to deal with conflict and avoid the most common problems, thus managing the organization with emotional intelligence and combining these factors with professional competence. Some possible approaches, in addition to those mentioned above, to reduce organizational tension are physical exercise, something that promotes relaxation, and psychological therapy as an escape valve for all the accumulated stress; as well as these, there are other techniques aimed at reducing stress and emotional exhaustion (Jesus & Almeida, 2020). To overcome conflicts, one must be willing to work with teammates and put yourself in their shoes. Listening to and solving the problems that make the environment conflictual is essential. However, managers' lack of skills to better deal with human behavior can make relationships conflictual for managers and employees (Pinto & Vogt, 2018).

For Jehn, Greer, Levine, and Szulankis (2008), researchers should continue to investigate the various aspects of task conflict, such as open discussion norms, to improve understanding of an important question: Is task conflict beneficial or detrimental to the functioning of the work group? Given this, this study could contribute to the management and understanding of organizational conflicts, understanding the transition from task conflict to affective conflict by analyzing the human behavior of individuals and contributing with alternatives for managing conflict in teams. We hope to understand the dynamics involved in the transition between the types of conflict, as well as their relationship with strategic planning, measured in this study by the preparation and implementation of strategic planning. These issues are central to the theoretical advancement and application of effective conflict management mechanisms in the empirical context of organizations.

1.4 DISSERTATION STRUCTURE

This study was divided into five chapters. Chapter 1 contains the introduction, the aim of which was to contextualize the content of the entire study, followed by the research problem, the general objective, and the specific objectives, ending with the justification and contribution of the technical production. Chapter 2 presented the theoretical references on the subject studied, subdivided into subsections, task conflict, and affective conflict, as well as the research hypotheses. Chapter 3 discusses the methodological aspects used in the study. Chapter 4 contextualizes the medical cooperative under study, and the phenomenon studied. Chapter 5 presents the results and characterization of the sample, descriptive analysis, validation of the measurement, and structural model. Chapter 6 discusses the results and the managerial implications with limitations and future studies. Chapter 7 also contains the final considerations.

2.   THEORETICAL AND PRACTICAL REFERENCES

2.1 CONFLICTS

Even though studies on conflicts in the organizational context are recent, existing research still does not offer consistent results on their relationship with the context, antecedents, and impacts, as evidenced by Elbanna (2006), Elbanna, Ali, and Dayan (2011). When a team has a high level of consensus around an alternative recognized as the best, the decision-making process tends to flow. However, if there are divergences around the possibilities, decision-making becomes a process of intra-group negotiation focusing on the process. In this way, the different preferences of the actors, with their different cognitive bases, can generate conflicts (Rindova, 1999).

In his seminal article on the beneficial and harmful effects of conflict in work groups, Jehn (1995) explains that conflict stems from discrepant views or interpersonal incompatibilities. Different types of conflict are described in the literature: task conflict and affective conflict. Task conflict occurs when the group members disagree about the activities (Jehn, 1995; Xin & Pelled, 2003). Affective conflict is linked to the contextual behavior of the group members, in which particular issues arise concerning other members of a team or even the affective aspects involved (Amason, 1996).

According to Robbins (2003), conflicts can improve the quality of decisions by exposing and considering diverse ideas, which are often undisclosed or poorly defended, thereby increasing the diversity and quality of ideas, goals, and activities. Conflict is an inevitable product of organizational life; if well managed, it can generate positive results, often necessary for the smooth running of the organization. In this way, conflict can help achieve desired goals, helping to pull the organization out of stagnation by encouraging the search for innovation, new strategies, and tactics. However, the harm can be dysfunctional both for the individual and for the group and its organization, which can lead to disunity, poor communications, and failure to meet targets, reducing the group's effectiveness and causing it to grind to a halt in more extreme cases, it can destroy the group and the organization, a fact that is not uncommon in organizations. "Conflict in itself is neither desirable nor undesirable. Its value can only be judged in terms of its effects on performance [...] taken to extremes, it can result in chaos and disorder." (Vecchio, 2008, p. 231).

Figure 1 shows that, in the feedback structure, the growth of affective conflict is exponential, while the growth of task conflict is linear. This means that affective conflict's adverse effects soon outweigh task conflict's positive effects (Cronin & Bezrukova, 2019).
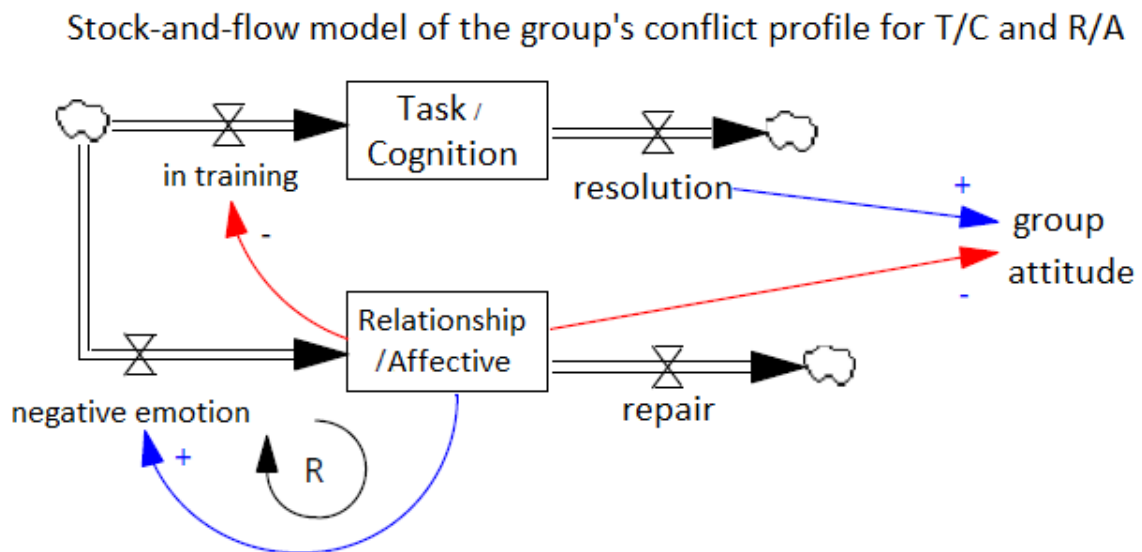
Stock-and-flow model of the group's conflict profile for T/C and R/A

Figure 1. Stock-and-flow model of the group's conflict profile.

Source: Nakaruma (2021); Cronin and Bezrukova (2019).

For Nakaruma (2021), who studied conflicts in a family business, the results confirmed that conflicts between board members impacted the company's decisions, sometimes postponed or not addressed in the depth required for a decision to be made. At the same time, these pending decisions also generated conflicts between board members, becoming a cycle of problems with consequences for the business.

The complex relationship between conflict and trust can mean that task conflict has mixed effects on performance. In order to better achieve the theorized performance benefits of task conflict, a prior context characterized by trust is necessary. Then, norms that promote task conflict can be cultivated, and employees can be trained in conflict management. Suppose members debate appropriate duties and rewards assignments or the best member to do the job or get the funding. In that case, this can challenge the level of trust between members, decreasing confidence about who can do what and respecting each other's competencies and skills (Jehn & Mannix, 2001; Porter & Lilly, 1996).

Conflict can be functional or dysfunctional. Functional conflict is related to the task and the process, while dysfunctional conflict is related to affect. According to Robbins (2003), not all conflicts generate good results; some conflicts generate improvements, and others hinder performance; these can be divided into functional, which are almost always related to task and process conflicts, and dysfunctional, which are almost always related to conflicts involving relationships, affection and emotions between people and groups. Functional conflicts are promising and support the group's objectives, improving its performance constructively for the

organization; dysfunctional conflicts hinder the group's good development in a destructive way for both the group and the organization's objectives.

The positive aspects of conflict can be seen in situations such as: developing interpersonal relationship skills, promoting team spirit, increasing knowledge on a given subject, encouraging creativity and innovation. The negative aspects of conflict, on the other hand, have an impact on productivity as a result of wasted time and resources in conflict management, increased stress and anxiety, the risk of decisions being made based on non-business criteria, such as defending status and ego or revenge, which affects the organization's image, direct costs related to preparation, mediation, arbitration or legal costs resulting from the conflict (Falcão, 2013, p. 24). Conflict is a valuable reality in which learning how to manage situations is necessary. In this sense, conflict management is emphasized because it is preventative in nature and based on the cooperation, autonomy, and responsibility of the people involved in tense situations (Cunha & Monteiro, 2017).

2.2 TASK CONFLICT AND AFFECTIVE CONFLICT

For Hwang and Kanghyun (2023), organizational conflict has been proposed by dividing it into task conflict and affective conflict. Task conflict can easily be transformed into affective conflict; due to the emotional expression and misattribution of the conflict process, their study examined the effect of the transition from task conflict to affective conflict, conflict on burnout, and the moderating effect of leaders between task and affective, which increased when task conflict was transformed into affective conflict. According to Cronin and Berzukova (2019), there is a fine line between the types of conflict. In this sense, conflicts that begin in the task could evolve in a harmful way, potentially consuming the social cohesion of a team. Task conflict occurs between team members due to their expression of differences linked to preferences, visions, and opinions regarding aspects of their work (Amason & Sapienza, 1997). Depending on the team's level of maturity, task conflict can be beneficial, as it will broaden the possibilities for analyzing and resolving that task. Task conflicts are positive because they allow for greater identification and discussion of the different perspectives of each individual in the group, which increases understanding of the task and helps the team's performance (Amason & Schweiger, 1994; Salas *et al.*, 2015).

Task conflict can benefit the team somewhat (Bradley et al., 2015; Pelled et al., 1999). This is because the debates around a topic can produce a more critical view of the objective and object of the decision, so the results can be more assertive, given that there is a greater level of discussion, even allowing the implementation of decisions to be more effective, according to

Li and Hambrick (2005). Differences of opinion, which generate conflicting situations, can go beyond task-related aspects, thus potentiating negative emotions; this can diminish empathy and reduce the desire to continue participating actively in a team.

One question raised gives us a better understanding of the relationship between task conflict and affective conflict. For Somaraju *et al*. (2022), actions can be taken to help cushion the negative impact of affective conflict on tension and reduce the extent to which conflict turns into task disputes, for example, a rest day. Therefore, a flow may empty the task conflict and fill the affective conflict, suggesting that affective conflict and task conflict may share an everyday basis. This is consistent with the findings of Xin and Pelled (2003), who introduced negative affect daily. These authors make us reflect on the importance of managing task conflict so that it is not generalized that it will undoubtedly become affective conflict and that the gains of task conflict are not abandoned and influence the organization's performance. Based on this argument, the first hypothesis was created:

H1: In the environment of medical cooperatives, task conflict is positively related to affective conflict.

Conflict is disagreements between individuals from the same or different organizations (Omene, 2021). When considering team effectiveness, an important aspect of conflict in groups is negative emotion (Barki & Hartwick, 2004; Barsade, 2002). Jealousy, hatred, anger, and frustration are negative emotions often associated with conflict (Pinkley, 1990), which can negatively affect group processes and performance. According to Jehn (1997), these negative emotions can be present with any of the types of conflict, and it is the degree of emotion involved influences the effect of the conflict, not just the type of conflict.

Members who experience negative emotions associated with conflict are less likely to concentrate on the task and work effectively (Argyris, 1962; Ross, 1989). In affective conflict, this work found that negative emotions associated with conflict increased the negative effect of conflict on positive emergent states. This is consistent with previous research stating that the emotional aspect of conflict exacerbates its adverse effect (Barki & Hartwick, 2004; Gayle & Preiss, 1998). As well as making it difficult to take advantage of the benefits of cognitive conflict, affective conflict has another link with it. Both have a common antecedent: openness to divergence, as Jehn (1995) shows. This means that having the freedom to talk about what one disagrees with can show disagreements in perspective and personal differences.

Members who feel negative emotions associated with conflict are less likely to concentrate on the task and work effectively (Argyris, 1962; Ross, 1989). According to Vecchio (2008), differences are the leading causes of conflict, which, if managed appropriately, can generate beneficial effects for the organization by forming heterogeneous groups, stimulating varied ideas, challenging those involved, and providing superior results. Low conflict can lead to complacency and poor performance caused by a lack of innovation.

Affective conflicts are disagreements and incompatibilities between group members over personal issues unrelated to the task. Frequently reported affective conflicts are about social events, gossip, clothing preferences, political views, and hobbies (Jehn, 1997). Developing a posture of conflict avoidance can be an obstacle to conflict resolution, as it encourages the development of purely individual behaviors to the detriment of the collective, leading to negative associations with organizational commitment (Cordeiro & Cunha, 2018).

Suppose group norms allow open communication about conflicts related to task issues. In that case, members will willingly discuss task problems without feelings of threat or challenge (Jehn, 1997), which can decrease positive group states such as feelings of trust, respect, and cohesion within the group (Tjosvold, 1991). However, according to Jehn's (1997) findings, groups that promote open discussions about personal and non-task-related issues (i.e., affective conflict) will have lower levels of cohesion. Norms of open communication about affective conflict exacerbate the intensity and adverse effects on the group. Suppose group members do not have high emotional intelligence and maturity. In that case, affective conflict can come to the fore, leaving task conflict in the background, which may or may not impact the results planned by a given organization. Based on this argument, hypothesis 2 was created:

H2: In the environment of medical cooperatives, affective conflict is negatively related to strategic direction.

For Kucuk (2023), there is an association between task conflict and job satisfaction. In addition, the data collected in the UK and Turkey was analyzed separately, and the aim was to contribute to the literature in this field by analyzing the research model in a cultural context. According to the results, the relationship between task conflict and job satisfaction is negative. However, there is no evidence of an effect of culture on this model. This study contributes to the literature by presenting new evidence on the antecedents of job satisfaction; it is one of the pioneering studies that provide evidence of the impact of the perceptions and personal

characteristics of disputants in task conflict on task conflict outcomes; it has contributed to the limited cross-cultural studies on conflict and job satisfaction literature.

In their research, Tsai and Bendersky (2016) demonstrated that task conflicts or cognitive conflicts are expressed in the form of debates and are associated with greater information sharing, so there is a perception of receptivity towards divergent opinions among individuals. It is also believed that cognitive conflicts arising from constructive discussion of different points of view influence the effect of information sharing.

Although the competencies of team managers are linked to technical aspects or challenging skills, which are aligned with the knowledge and application of management tools and best practices, soft skills recognize that the behavioral aspects of project managers are fundamental to the quality of the final product or service. In this sense, issues linked to team characteristics, group participation, level of interaction, capacity for cooperation, and exchange of information can be developed in the team (Cohen & Bailey, 1997).

The effects of group processes on group performance have been extensively analyzed from a decision-making perspective (Jehn, 1995; Simons & Peterson, 2000). The decision-making perspective of research on work groups introduces an input-process-output model of group decision-making. A decision-making approach to workgroup research advocates the beneficial effects of task conflict on group performance, such as sharing a more comprehensive range of information and better communication through many perspectives during group discussions (Jehn & Mannix, 2001).

In addition, group members may be afraid to express their (unshared) ideas, as they may contradict the group, thus preventing a fully informed decision. Task conflict refers to task-related disagreements that can encourage the exchange of ideas and improve the quality of the decision (Jehn & Mannix, 2001). It can play a crucial role in revealing information they possess individually and personal perspectives on the issues at hand (De Dreu & Weingart, 2003). When individual information is shared openly, better-quality decision outcomes and creativity can be generated and are expected to benefit the group's performance in carrying out complex tasks. While low levels of task conflict may not benefit group performance, high levels of task conflict (intense and frequent task-related disagreements) can have negative consequences. On the other hand, moderate levels of task conflict can lead to better quality decision-making, innovation, and creativity, benefiting the organization as a whole.

A widespread theoretical assumption holds that task-related disagreements stimulate critical thinking and can, therefore, improve group decision-making. Two recent meta-analyses have shown, however, that task conflict can have a positive effect, a negative effect, or no effect

on the quality of decision-making (De Dreu & Weingart, 2003). In two studies, we build on the suggestion of both meta-analyses that affective conflict determines whether a task conflict is positively or negatively related to decision-making.

Marras (2009) argues that conflict is a dispute between personal and organizational interests and that only good communication between the parties can improve or reduce the consequences that conflict can cause in the workplace, including a drop in the productivity and motivation of those involved, the quality of results, the climate and changes in behavior. These negative factors can trigger symptoms for the employee's mental health. According to Griffin (2007, p. 450), "conflict is the disagreement between two or more individuals, groups or companies," which, negatively, causes discord and antipathy and, positively, motivates learning and the search for new challenges. Robbins et al. (2010) approach conflict as a point of perception: the individual can oppose, interact, or not have the same principles or expectations, crossing boundaries.

H3: In the cooperative environment, task conflict is positively related to strategic direction.

Visando clarificar os passos da execução da pesquisa e permitir futuras replicações, no capítulo seguinte, é apresentado o método utilizado para operacionalização do estudo. Nele, destaca-se o modelo proposto, o delineamento da pesquisa, os procedimentos de coleta e análise de dados.

3. RESEARCH METHODS AND TECHNIQUES FOR TECHNICAL PRODUCTION

This chapter presents the methods adopted to carry out this research, covering the research design, the instrument and source of the data, and the analyses carried out.

3.1 RESEARCH DESIGN

As for the approach to the problem, the research method used was quantitative, based on theoretical construction and the construction of the proposed model. Thus, It was possible to test hypotheses based on numerical measurement and statistical analysis to understand the proposed relationships. The research was descriptive in terms of objectives because it aimed to describe facts and phenomena in a given reality or establish relationships between variables. This type of research addresses the characteristics of a group, individual, or situation, grouped by factors: age, gender, occupation, and behavior (Gil, 2008; Beuren, 2009).

This research sought to analyze the relationship between task conflict, affective conflict, and their perceptions of the strategic planning of medical cooperatives nationwide. As for the method of approach, this study uses the hypothetical-deductive method advocated by Lakatos and Marconi (1991), which identifies a gap that constitutes the research question and proposes an attempt to answer it by formulating one or more research hypotheses.

3.2 RESEARCH INSTRUMENT AND DATA COLLECTION PROCEDURES

The survey instrument was designed and applied using Google Forms; it was also in person in a printed version at a meeting at the headquarters of one of the cooperatives in Paraná, in Curitiba, in November 2022. The questionnaire sent out was divided into three parts: the first part addressed questions related to the participants' sociodemographic characteristics (gender, age, level of education, and time in office) and information about the cooperative unit. The questions in this instrument were objective and straightforward, seeking to characterize the profile of the participants and the size and region of the cooperative where the respondents worked.

The second part sought to identify the levels of task and affective conflict, according to Jehn's typology (1994), which shows the Intra-Group Conflict Scale (ICS). The scale is made up of eight conflict-related questions, four of which are related to task conflict and four to affective conflict, answered on a 5-point Likert scale, with one being for nothing, i.e., this question has no impact on my day-to-day life, and five being for a lot, where the question presented would have a considerable impact on the cooperative's routine.

The third part of the instrument aimed to measure the organization's strategic direction through the perception of the preparation and implementation of strategic planning. The Strategic Plan Perception Scale, by Aydin, Karakulle, and Polat (2022), consists of 21 questions, also on a 5-point Likert scale, where one is for disagree and 5 for agree, depending on the respondent's perception to mark the number that comes closest to their reality in the cooperative, agreeing or disagreeing with it.

3.3 RESEARCH SAMPLING

In 2023, there were 340 medical cooperatives in Brazil; it was impossible to obtain a respondent from each unit, but the total sample of respondents was 111 managers, including directors, superintendents, managers, coordinators, and team leaders working in various medical cooperative units in the country. Of these respondents, 25 answers were obtained in person by administering a questionnaire at a meeting of managers in Paraná; the other 86 answers were obtained via an online form, Google Forms. To respond, the link was sent via online message to 246 participants in a group of managers of medical cooperatives and own services nationwide via the WhatsApp tool.

3.4 DATA ANALYSIS PROCEDURES

The hypotheses were tested using Structural Equations Modeling (SEM), estimated using the Partial Least Squares (PLS) method, according to Ringle, Wende, and Becker (2016). SmartPLS 4.0 software was used to carry out the tests. Modeling is a multivariate analysis technique that combines factor analysis and multiple regression methods to examine the structure of the interrelationships between constructs. This technique allows complex modeling to be handled and offers robustness in the absence of data normality and compatibility with smaller samples (Hair et al., 2019). The PLS approach offers a wide range of possibilities for studies in the social sciences (Nitzl & Chin, 2017), making it suitable for the objectives of this study.

The proposed model tested the independent variables related to task conflict and affective conflict and the dependent variables linked to strategic direction, measured by preparation and implementation, according to Aydin, Karakulle, and Polat (2022).

4.   RESEARCH BACKGROUND

4.1 CHARACTERIZATION OF THE BACKGROUND AND ORGANIZATION

When related to tasks and processes, cognitive situations, such as the ability to reason and resolve, stand out amid the creativity developed for new perspectives and new horizons to broaden decision-making. When it comes to relationships between people in the group, triggering emotions and feelings, which can be harmful when confronted or discussed, can generate dissatisfaction, discomfort, and unease, which may or may not affect the strategic direction of an organization. In the cooperative environment, inter-cooperation is one of the most critical competencies, so it is imagined that everyone cooperates to achieve the established goals. However, the work is done in groups, and the heterogeneity of the groups fosters a diversity of opinions, leaving the cooperative environment susceptible to conflicts and, at the same time, responsible for achieving the common objectives.

Supplementary health care in Brazil comprises four main types of care: group medicine, medical cooperatives, companies' plans and health insurance. Medical cooperatives have 340 health operators throughout the country; the health plans are marketed to beneficiaries, and the contractual coverage of the procedures on the National Supplementary Health Agency's list is carried out by the cooperative's doctors and accredited diagnostic and therapeutic support units. Some cooperatives have their hospital services, totaling 144 of the brand's hospitals. According to Cordeiro (1984), this brand provides a continuous flow of patients through the various segments of the corporate medical complex; this is what leads to the characterization of medical cooperatives not exactly as companies whose leaders appropriate profit but as a re-actualization of autonomous medical practice that is integrated into the process of corporate medicine.

Group medical companies are those dedicated to providing medical and hospital care in return for cash payments - on a pre-payment basis -whether for profit or not. They are subdivided into those that maintain an infrastructure based essentially on their resources, with doctors being their employees or using accredited resources.

Insurers operate with financial institutions and market plans solely through the reimbursement system, characterized by exclusive free choice or the additional offer of an accredited network for care. In the case of self-management, the companies draw up the design of their health plans and define the operating rules. They bear the risks of using the system of payment for services rendered. They can administer the plan directly or hire a specialized

administrator, and, for care, they can have their services, usually outpatient clinics, and use the accredited network.

Cooperatives are formally defined as companies set up to provide services to their members, the cooperative doctors, in the common interest and without the aim of making a profit. They can be made up of at least twenty participants, known as cooperative members, who, when they join, pay in capital in the form of shares. Cooperatives selling health plans are made up of cooperative doctors responsible for serving users in their private practices or in accredited hospitals, laboratories, and clinics. In general, they operate on a pre-payment basis or possibly on a cost-of-operation basis (expenses for care provided, plus a management fee). Given the above, medical cooperatives are an essential research object for investigating phenomena related to conflict, according to the instrument applied in Appendix A.

5. RESULTS

This section presents the data analysis, initially by characterizing the study sample. Next, the model was validated through the reliability of the constructs tested with the interviewees; the instrument was pre-tested before being applied in person and sent online. Finally, the hypotheses of this research were tested.

The data collected from the questionnaires, sent to the managers of the medical cooperatives, underwent an initial analysis to identify any outliers and compose a final database that is robust enough for the statistical tests to be carried out. The scales used, even though they were validated instruments, were only analyzed after a new validation of the constructs by evaluating the measurement model. At this stage, the scales' convergent validity and discriminant validity were checked (Byrne, 2010; Hair, 1998).

5.1 SAMPLE CHARACTERIZATION AND DESCRIPTIVE ANALYSIS

The sample evaluated in this study consisted of 111 responses. The results shown in Table 01 describe the sociodemographic characteristics of the interviewees. We can see that the average age was 45; the gender of the respondents was balanced, as they were practically half male and half female; the level of education was high, as most of the professionals had specializations and postgraduate degrees; the average time in the cooperative was relatively high, at 13 years, as was the time in the position, which averaged five years. There are senior management positions in health cooperatives, which are predominantly medium-sized, i.e., over 20,000 beneficiaries and under 100,000 beneficiaries, located in various regions of the country.

Table 1 – Socio-demographic characteristics of the interviewees

Data	Relative frequency	Average
Age		45.5
Women	53	
Men	58	
Higher Education	11	
Specialization	81	
Master's/PhD	19	

Time working for the cooperative		13.9
Time in position		5,8
Short	16	
Medium	61	
Long	32	

Source: Research data (2023).

5.2 VALIDATING THE MEASUREMENT MODEL

This stage consisted of verifying the measurement model, which assesses whether the observed variables represent the constructs, considering that these are not measured directly (Hair et al., 2014). In order to measure the relationship between the variables analyzed, their factor loadings were checked. According to Comrey and Lee (1992), factor loadings are classified as negligible (less than 0.31), poor (equal to or greater than 0.32 and up to 0.44), reasonable (equal to or greater than 0.45 and up to 0.54), good (equal to or greater than 0.55 and up to 0.62), very good (equal to or greater than 0.63 and up to 0.70) and excellent (equal to or greater than 0.71). Figure 2 shows the research measurement model and the factor loadings of the constructs investigated (values between the constructs in blue and the observable variables in yellow). Only the questions with excellent factor loadings, i.e., greater than 0.71, remain.
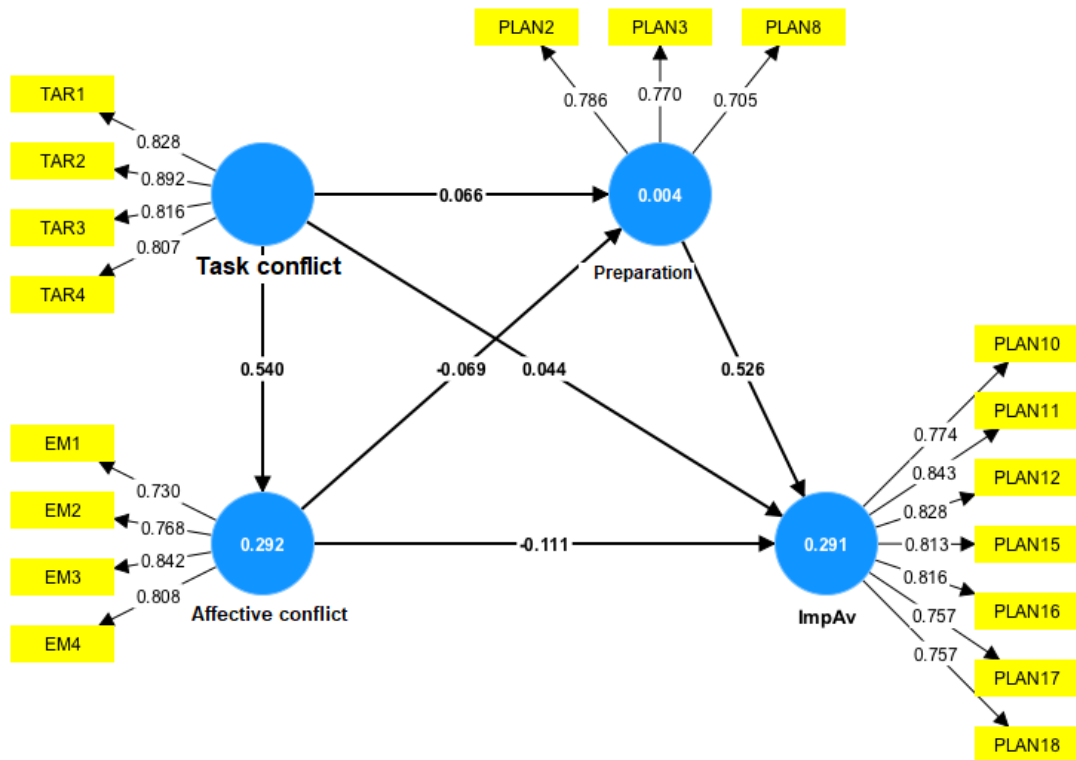
Figure 2. Research measurement model

Source: Research data (2023).

The reliability and convergent validity of the constructs were then assessed using Cronbach's Alpha (CA), Composite Reliability (CR) and Average Variance Extracted (AVE). Both CA and CR are used to assess whether the sample is free of bias or whether the answers are reliable. CA values above 0.60 are considered adequate and CR values between 0.70 and 0.90 are considered satisfactory (Hair *et al*., 2014).

Following on from this, the Convergent Validity was observed, obtained by observing the AVEs. To do this, the Fornell and Larcker criterion was used (Henseler *et al*., 2009), i.e., the AVE values must be greater than 0.50 (AVE > 0.50). The AVE is the portion of the data (in the respective variables) explained by each of the constructs, respective to their sets of variables, or how much, on average, the variables correlate positively with their respective constructs. In this study, it is accepted that the model converges to a satisfactory result, as all the criteria evaluated are within the appropriate values, as shown in Table 02.

Table 2 - Convergent validity

Items	Cronbach's Alpha	Composite Reliability	Average Variance Extracted
Task conflict	0.856	0.903	0.699
Affective conflict	0.799	0.867	0.621
ImpAv	0.905	0.925	0.638
Preparation	0.633	0.798	0.569

Source: Research data (2023).

As seen in Table 02, the model shows validity and reliability, with CA and CR higher than 0.70 for all constructs (Hair Jr. *et al.*, 2017), except preparation, which obtained a CA of 0.63, but still within acceptable standards. AVE also showed values higher than those required for the model's robustness, with loadings higher than 0.5 for all constructs. In order to observe discriminant validity, the Fornell-Larcker criterion was initially considered, as shown in Table 3.

Table 3 - Discriminant validity - Square root of AVE (diagonal), Fornell criterion

Items	Task conflict	Affective conflict	ImpAv	Preparation
Task conflict	**0.836**			
Affective conflict	0.540	**0.788**		
ImpAv	-0.001	-0.105	**0.799**	
Preparation	0.028	-0.034	0.531	**0.754**

Source: Research data (2023).

Note that all the values of the square roots of the AVEs (in bold) are higher than the correlation of each construct, confirming the discriminant validity of the model. Based on this analysis, Pearson's coefficient (R^2) was checked, which assesses the portion of the variance of the endogenous variables explained by the structural model, indicating the quality of the fitted model. Cohen and McKay (1988) suggest that $R^2 = 2\%$ is classified as a small effect, $R^2 = 13\%$ as a medium effect, and $R^2 = 26\%$ as a large effect. Thus, the proposed model has a high explanatory power, as its value is 0.29 or 29%.

5.3 VALIDATING THE STRUCTURAL MODEL

The hypotheses proposed in this study were then tested using the Student's t-test, p-value, and least squares beta-β coefficients (standardized regression coefficients), as shown in Figure 3.
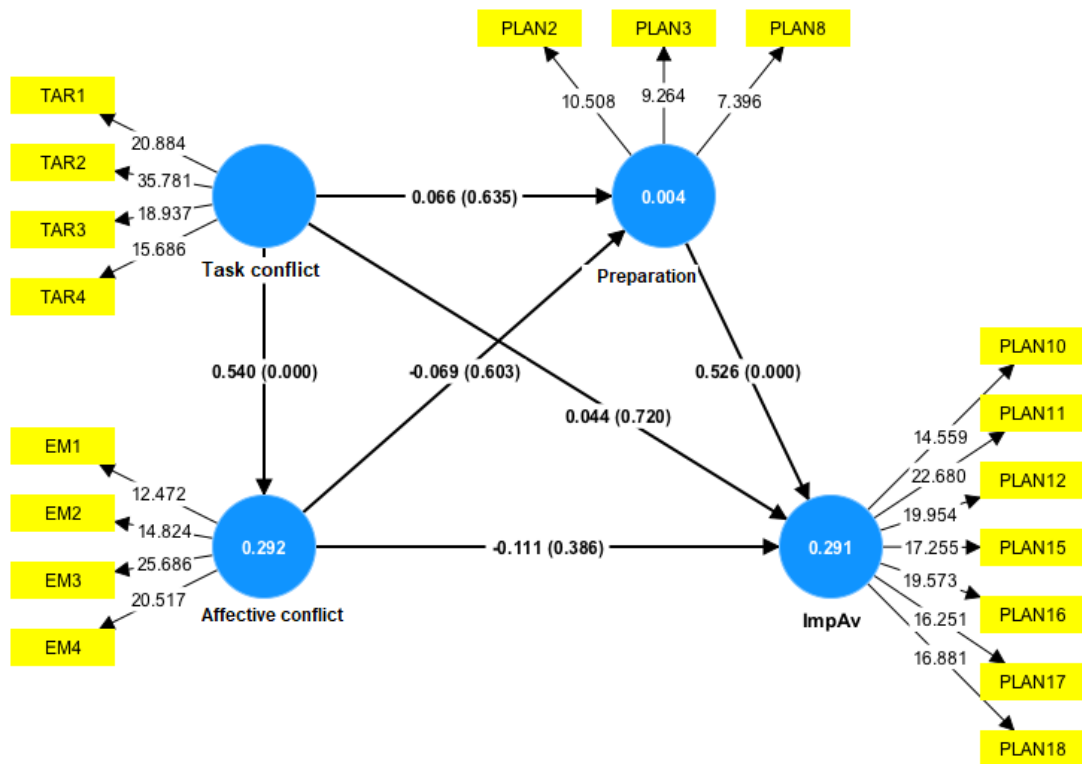
Figure 3. Final analysis structure of the research.

Source: Research data (2023).

For a significance level of 5%, a p-value of less than 0.05 or a t-student value above 1.96 are considered significant. The β values range from -1 to + 1, with values close to 1 indicating a strong positive association between the constructs; values close to -1 indicate a strong negative association between the constructs and values close to 0 indicate a weak relationship between the constructs.

Table 4 - Results of the hypothesis test

	Beta coefficient	Standard Deviation	t-statistics	p-value
Task conflict -> Affective conflict	0.540	0.063	8.552	0.000
Task conflict -> ImpAv	0.044	0.123	0.359	0.720
Task conflict -> Preparation	0.066	0.139	0.474	0.635
Affective conflict -> ImpAv	-0.111	0.128	0.866	0.386
Affective conflict -> Preparation	-0.069	0.133	0.519	0.603
Preparation -> ImpAv	0.526	0.083	6.351	0.000

Source: Research data (2023).

From the results in Table 4, it was possible to verify support for the hypotheses formulated. Table 5 shows the status of each of them.

Table 5 - Hypotheses

	Hypotheses	Status
H1	In the environment of medical cooperatives, task conflict is positively related to affective conflict.	Supported
H2	In the environment of medical cooperatives, affective conflict is negatively related to strategic direction.	Not supported
H3	In the cooperative environment, task conflict is positively related to strategic direction.	Not supported

Source: Research data (2023).

6.   DISCUSSION OF RESULTS

The cooperative environment offers fertile ground for studying group dynamics, particularly regarding conflicts and their impact on strategic decision-making. This study sought to explore the relationship between task conflicts, affective conflicts, and strategic direction in such environments, inspired by the contributions of researchers such as Jehn (1997), De Dreu and Weingart (2003), and Simons and Peterson (2000).

The first hypothesis (H1) suggests that, in cooperative environments, there is a positive correlation between task conflicts and affective conflicts, which was corroborated by the data collected. This result mirrors previous studies by Nawaz, Ishaq, Ahmad, Faisal, and Raza (2022), who observed how operational disagreements can precipitate emotional tensions, impacting the organizational environment.

Surprisingly, hypothesis H2, which proposed a negative relationship between affective conflict and strategic direction, found no support in the data. This observation partially contradicts Jehn's (1997) predictions, suggesting that negative emotions in the workplace do not necessarily impede strategic execution. Similarly, hypothesis H3, positing a positive relationship between task conflict and strategic direction, was also not confirmed. This result challenges the ideas of Cosier, Dalton, and Taylor (1991), indicating that the relationship between operational conflict and strategic effectiveness may be more complex than initially anticipated.

This study highlights the multifaceted nature of conflicts in cooperative environments. The results confirm Simons and Peterson's (2000) hypothesis about transitioning from task to affective conflict. However, the lack of support for hypotheses H2 and H3 suggests that factors such as communication and team trust, as discussed by De Dreu and Weingart (2003), may play a more significant role in strategic success.

6.1 MANAGEMENT IMPLICATIONS

The research conducted over two years in the post-COVID-19 pandemic period revealed interesting aspects about the dynamics of conflicts in medical cooperatives. During this period, the mental health of the population gained prominence, which may have influenced the results obtained. The profile of the respondents, primarily managers at strategic levels of the cooperatives, suggests a more significant development of emotional balance at this hierarchical

level. The results confirmed that the conflict, which originated in the divergence of ideas and was intensified by the conflict over tasks, evolved into affective conflict. However, the research showed that these conflicts did not affect the preparation and execution of the cooperatives' strategic planning, a surprising finding worthy of analysis.

This result suggests the need to explore further the level of emotional overload of the individuals involved in the conflicts. The cooperative environment, which naturally promotes inter-cooperation, group work, and innovation, indicates that suppressing divergent ideas, characteristic of task conflict, may not be the most effective approach and could lead to more conservative strategic results.

Because of this finding, a future concern arises: How can we manage the emotions involved and create actions that prevent adverse impacts on employees' physical and mental health? The research points to the importance of strengthening bonds of trust, promoting transparent communication, and providing impartial psychological support. In addition, it is crucial to mature leaders through training focused on active listening and psychological preparation, enabling teams to work together towards the best path in executing processes. This approach must be taken without losing respect for divergent opinions, personalizing disagreements, and building up negative feelings such as anger, hatred, resentment, fear, and mistrust.

6.2 LIMITATIONS AND FUTURE RESEARCH

This study offers a first overview of the dynamics of conflicts in cooperative environments in the medical field, focusing mainly on employees at the strategic level. However, we recognize some limitations that make future research possible. Firstly, the analysis could be expanded to include employees at tactical and operational levels. Such an expansion would allow for a more detailed understanding of variations in the perception and types of conflict, as well as the impact of these conflicts on organizational strategy at different hierarchical levels.

In addition, it would be enriching to investigate the experience of conflict among cooperative doctors who are not part of the medical cooperative's management. Although not directly involved in day-to-day management, these professionals play a crucial role in the Assembly's decisions. Investigating how their academic and professional background influences the management of their emotions and the dynamics of conflicts, especially in critical

situations concerning patient health care, as well as the divergence of political opinion on the management of the medical cooperative, could offer valuable insights.

Another promising direction for future studies would be to explore how professional maturity and confidence in cognitive abilities affect conflict dynamics and employees' strategic decisions. This line of investigation, suggested by the findings of Nawaz et al. (2022), could reveal how different types of conflict impact job satisfaction and individual performance. This approach would contribute to a more comprehensive understanding of the effects of conflict in cooperative environments.

Finally, we suggest extending this research to other sectors, such as agribusiness and finance, to assess whether conflicts manifest themselves similarly or differently, impacting strategies differently. Investigating the emotions that arise during affective conflicts, the strategies for managing them, and the effects of these conflicts on employees' mental health in the long term could provide crucial information for developing more efficient conflict management strategies.

7. FINAL CONSIDERATIONS

This study offers significant contributions to both theory and management practice in the context of cooperatives. In theoretical terms, our results provide empirical proof that conflicts, both task and affective, are a natural occurrence in environments with a diversity of people, behaviors and ideas. Contrary to some existing theories, we found that despite the presence of these conflicts, they did not negatively impact strategy planning and execution in the medical cooperatives studied. This suggests a complexity in the dynamics of conflicts that goes beyond traditional approaches, creating new gaps for research.

From a practical point of view, the study highlights the importance of effective conflict management, including communication skills, problem-solving, and emotional management, as highlighted by Brett (2001), Pondy (1992), and Putnam and Poole (1987). Managers play a crucial role in integrating agents, motivating and developing their teams to form effective and productive groups. Furthermore, it is suggested that training in emotional intelligence can be a valuable strategy for minimizing the negative impacts of affective conflicts on employees.

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APPENDIX A - ICS - INTRAGROUP CONFLICT SCALE

Jehn, K. A. (1994). Enhancing effectiveness: an investigation of advantages and disadvantages of value- based intragroup conflict. *International Journal of Conflict Management, Bingley (11),* 1. 56-73.

Answer on a scale of 1 to 5: None (1) to (5) A lot

rc1 How much friction is there between members of your work unit?

rc2 How much conflict is evident in your work unit?

rc3 How much tension is there between the members of your work unit?

rc4 How much affective conflict is there between members in your work unit?

tc5 How often do people in your work unit disagree about opinions on the work being done?

tc6 How often are there conflicts of ideas in your work unit?

tc7 How much conflict over the work you do is there in your work unit?

tc8 To what extent are there differences of opinion in your work unit?

STRATEGIC PLAN PERCEPTION SCALE

Aydin, E., Karakulle, I., & Polat, H. (2022). Strategic Plan Perception Scale: A Scale Development Study. *Dumlupınar Üniversitesi Sosyal Bilimler Dergisi, (72)*, 172-181.

Answer on a scale of 1 to 5, where: Strongly Disagree (1) to (5) Strongly Agree

1 The organization I work for has a clear mission and vision.

2 The organization's mission and vision are known by all employees.

3 The mission and vision of the organization are defined by the joint decision of the employees.

4 I believe that the organization I work for has achievable goals.

5 The organization's existing resources are sufficient to achieve the goals and objectives specified in the strategic plan.

6 The SWOT analysis was carried out during the preparation of the strategic plan process.

7 The organization's objectives are determined solely by the executive members.

8 The organization's objectives are determined with the participation of all employees.

9 Any work I do in the organization contributes to the organization's objectives.

10 The organization's current strategic planning is being implemented.

11 There is compatibility between the annual work program and the organization's strategic planning.

12 The strategic planning process is implemented according to procedures.

13 The organization I work for has a strategic planning department or strategy-related unit.

14 All employees have responsibilities related to strategic planning.

15 Strategic planning is put into practice immediately in the respective period.

16 The activities to achieve the organization's goals and objectives in the strategy are a guide for employees and managers.

17 During the implementation period of strategic planning, it is periodically assessed whether employees fulfill their duties and responsibilities.

18 Managers monitor the strategic planning process.

19 Every year it is checked whether the strategic planning objectives have been achieved.

20 Strategic planning practices and results are analyzed and evaluated.

21 At the end of the strategic planning period, the level of mission fulfillment is measured.