



Human Resources Department

The Effect of Shared Temporal Cognitions and Pacing Styles on
Intragroup Conflict in Portuguese Healthcare Teams

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Abstract

This study aimed to evaluate the impact of two specific dimensions of time-related matters (shared temporal cognitions and pacing styles), as a cognitive contextual factor, on different types of team conflict. We hypothesized that the relationship between shared temporal cognitions and the different types of conflict is moderated by pacing styles. A total of 30 teams (245 individuals) participated in this study. All teams were part of different Portuguese healthcare centers. Globally, the results didn't support the hypotheses concerning the direct influence of time-related matters on intragroup conflicts, although shared temporal cognitions were related to all types of intragroup conflict. The results didn't support the hypothesis of the moderating role of pacing styles on the relationship between shared temporal cognitions and task conflict, relationship conflict and temporal conflict. Therefore, shared temporal cognitions help teams to avoid getting involved in conflicts that may affect their work while being deadline-action oriented doesn't mean that tension will build up in the team.

KEY-WORDS: *shared temporal cognitions, pacing styles, intragroup conflict, team work, healthcare, health*

Resumo

Este estudo tem como objective avaliar o impacto de duas dimensões específicas relacionadas com o tempo (cognições temporais partilhadas e *pacing styles*), como um factor cognitivo, nos diferentes tipos de conflito intragrupal. Supusemos também que a relação entre as cognições temporais partilhadas e os diferentes tipos de conflito é moderado pelos *pacing styles*. No total obtivemos respostas de 30 equipas (245 indivíduos). Todas as equipas faziam parte de diferentes centros de saúde portugueses. Em geral, os resultados não suportaram as hipóteses em estudo relativamente á influência directa dos assuntos relacionados com o tempo nos conflitos intragrupais, apesar das cognições temporais partilhadas estarem relacionadas com todos os tipos de conflito intragrupal. Os resultados também não provaram que existe um efeito moderador dos *pacing styles* na relação entre as cognições temporais partilhadas e o conflito de tarefa, relaciona e temporal. Então, as cognições temporais partilhadas ajudam as equipas a evitar conflitos que possam afectar o seu trabalho enquanto terem a tendência para trabalhar mais perto do tempo limite estabelecido em nada contribui para a emergência de conflito.

Palavras-chave: *shared temporal cognitions, pacing styles, conflito intragrupal, trabalho em equipa, cuidados de saúde, saúde*

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1. Introduction

Managing teams in organizations is increasingly challenging, especially when it comes to dealing with conflict within group members or teammates. The busy environment that we now face in our daily life and the tight deadlines we have to meet puts each individual under a lot of pressure in their workplace. This along with the team's inability to reach an agreement on different aspects when dealing with a certain task leads to the emergence of different kinds of conflict.

Teams deal with “time-related elements of teamwork” (Van der Ven, 2014) which includes schedules, deadlines and each member's individual temporal perspectives, task-related elements of teamwork which includes opinions and points of view regarding the task at hand and relationship-related elements of teamwork which refers to how each team member deals with each other. A successful team requires all members to be “in synch” when it comes to the way they work, the way they manage the ideas and opinions that each member gives out and the importance they give to time limits. An accordance with how time should be managed and of “what (task work) and who (teamwork)” to perform each task is also essential. (Van der Ven, 2014). Failing to be synchronized may result in intragroup conflicts and even the failure to meet whichever goals that were set by whoever is in charge. Thus, shared cognitions need to be shared by whoever takes part in said team (Gevers, Mohammed, & Baytalskaya, 2013), especially when it comes to healthcare teams.

Attending to and treating patients has increasingly become a timed challenge for doctors and nurses in Portuguese healthcare centers. The “15-minute” limit they have recently been given to listen to what patients have to say, make a diagnosis, plan necessary examinations and provide them with the best treatment for their illness has made it clear to everyone that there is the need for change when it comes to time, task and relationship management. Thus, sharing an understanding of what, when and how things should be done is increasingly important. Group performance involves sharing views about what needs to be done and when the team has to give it in. Studies show that, in groups, any problems or conflicts they are faced with are more easily dealt with when they share a conceptual system of ideas (Kerr & Tindale, 2004).

It is common in healthcare services for conflicts to occur as there may be differences of opinion when it comes to diagnosis, treatment plans and patient care. Authors indicate that healthcare organizations are potential conflict occurring places once it is a common organization where the diversity of healthcare providers and job functions that are played can cause communication failure and clash in roles (Vargas, 2010).

This dissertation aims to investigate the influence shared temporal cognitions have on the emergence of task, relation and time-related conflicts. Several studies have demonstrated that shared cognitions help group performance. However, research still remains on which cognitions need to be shared to improve particular aspects of performance (Gevers, Rutte, & van Eerde, 2006). Furthermore, we will be studying the moderation effect of an antecedent of shared temporal cognitions, pacing styles in the relationship between shared temporal cognitions and intragroup conflict. Blount and Janicik (2002) have produced valuable work regarding individual preferences for the use of time in relation to intra-group synchronization (Blount & Janicik, 2002). Taking their research as a basis for this investigation we suggest that shared temporal cognitions may arise when group members share or have similar pacing styles.

Overall, this project means to investigate how cognitive dimensions of teamwork (e.g. shared temporal cognitions) and pacing styles stimulate the occurrence of intragroup conflict (task, relationship and temporal conflict).

2. Literature Review

2.1. Health

Life expectancy is increasing in developed countries as healthcare improves and there is a lot more information on how to improve your lifestyle and live a healthier and more satisfying life. According to the World Health Organization's (from now on WHO) latest World Health Statistics Report, life expectancy in 2015 (World Health Organization, 2015), is 81 years (84 in women and 78 in men). However, this also tends to make the population older so the healthcare systems and everyone involved need to constantly adapt to the situation and work together to improve the quality of the service.

2.2. Healthcare in Portugal

According to the WHO, a good health system provides the population with “quality services when and where they need them (...) it requires a robust financing mechanism, well-trained and adequately paid workforce and reliable information on which to base decisions and policies; well-maintained facilities and logistics to deliver quality medicines and technologies” (World Health Organization, 2015). Furthermore, a well-functioning health system considerably improves the health of individuals from any threats to their health, helping them regardless of their financial possibilities and providing equitable access to people-centered care. The 2000 WHO Health systems rank showed that Portugal's Health System was the 12th best in the 190 United Nations member nations which indicated that Portugal successfully meets most of the requirements mentioned previously. Additionally, when it comes to doctors and nurses available for the patients, the WHO Statistics Report from 2015 shows that there are 42 physicians available per 10,000 populations which is more than the European average of 32,1. However, when it comes to nurses and midwifery personnel there are 61,1 available per 10,000 population compared to the European 80,2. (World Health Organization, 2015). However, the same report states that Portugal's Health System is the 27th most expensive health system per capita among the 190 United Nations member nations.

2.2.1. Healthcare Centers in Portugal

The Public Healthcare available provides hospitals, infirmaries and healthcare centers (family units). Healthcare Centers guarantee the user specific appointments with family doctors and basic infirmary treatments and minor surgeries.

According to an article from Público the Portuguese general medicine association indicated that in 2015 the changes to the healthcare have “stagnated” and that there is a lack of 800 family doctors in the country which highly affects patients and centers as there are a lot of people that have no family doctors available for them which overloads the healthcare centers and infirmaries that cannot meet the current demands (Borja-Santos, 2015).

A study regarding user satisfaction from the Direcção Geral de Saúde (from now on DGS) indicated that in 2015, in 2300 interviews made, the users are generally satisfied with the national health system but strongly defend the need for big changes (Direcção Geral de Saúde, 2015). Furthermore, a study made by Entidade Reguladora da Saúde (from now on ERS) to 101 healthcare centers in all of continental Portugal shows that the users are generally satisfied with the healthcare centers although some minor issues of the consult) were pointed out (e.g., the waiting time from the appointment date to the actual time (Entidade Reguladora de Saúde, 2009)

When it comes to the actual health personnel, studies have shown that they aren't completely satisfied with the service that they are allowed to provide. Most of them complain about the technical problems in their computer system and thus not being able to pay all the attention they need to the patient. According to a study made by the health ministry (Santos, et al., 2007), they haven't been satisfied with their job in health centers because everything takes too much time. Additionally, in 2014 the ministries and government began to discuss a time limit for each appointment looking towards assisting the most patients daily and actually thinking that it would be enough to attend to all the patients' needs. A lot was done to prevent it but now, in 2015, every health unit is strongly advised to follow this rule (e.g. rules of procedure). However, not all health centers have adhered to it and some even maintain the previous rule but even with all the setbacks some doctors and nurses face (e.g. computer system), this and it is certainly not the easiest rule to follow. Here is where teamwork steps in.

2.2.2. Teamwork in Healthcare

According to a study made by healthy ministry to health personnel in Portugal, the health professionals state that the good functioning of health centers implies an organized and stable teamwork (Santos, et al., 2007). Teamwork is important in many organizations and in healthcare it is certainly no different and it may even be the most important given that they constantly deal with people in difficult and unexpected health conditions. Being successful depends on each member of the team equally specifically on the way they collaborate and work together to successfully overcome whichever obstacles or challenges they may have to face along the way. This relates to the phenomenon of “team cognition” which refers to “the ways in which teams process and use their information” (Van der ven, 2014), in other words, it refers to the shared understanding and information between team members about how things should be done in the workplace. There is a vast investigation on the shared understanding of what should be done and who should do it in team settings as being essential for the team to succeed (Van der ven, 2014) but there is still some research to be done about the “when” (e.g. (Gevers, Rutte, & van Eerde, 2006).

2.3. Shared Temporal Cognitions

Team cognition is a global sharing of an understanding and awareness of certain aspects that teamwork requires. Research shows that the more cognition is shared between team members the higher the coordination between team members and the better the team performance (Standifer, et al., Time in teams: cognitions, conflict and team satisfaction, 2015). Shared temporal cognitions are a form of team cognition (Standifer, et al., 2015) and it describes the extent to which team members share a common perspective about the appropriate way to use time when working towards achieving certain goals (e.g. deadline) in a group project or assignment. In other words, the members of the team need to share an understanding of how they should manage their time when dealing with deadlines in their daily tasks. Individuals enter teams with completely different perceptions of time and how to manage it. Time-based characteristics are one of the most task-relevant attributes nowadays where effective time management is an imperative for organizations (Mohammed & S., 2014). Time is now being studied more frequently as in these fast-moving days, time is something that we sometimes lack in our everyday life. Individuals manage their time in the workplace through individual

preferences or characteristic and through how the actual organization they are working in sets their temporal agenda. Individual preferences are shown in constructs such as pacing styles (how individual spread their time from start to finish) which will be discussed later on and time urgency (feeling chronically hurried) (Van der ven, 2014). Differences in the way team members perceive time leads to disagreements and conflict which, as Gevers et al. (2014) suggest, will only be overcome if they work towards building synchronization in the team (Van der ven, 2014).

2.4. Intragroup Conflict

According to Jehn (1995), conflict is defined as “incompatibilities or perceptions by the parties involved that they hold discrepant views or have interpersonal incompatibilities” (Jehn, 1995). Conflict arises when at least one member of the team or group involved in some kind of interaction is aware of even a slight difference or incompatibility in points of view and perspectives. (Figueiredo, 2012). In other words, when team or other groups members don’t agree on a certain idea or matter that is being discussed you will most likely witness a slight “battle” when figuring out who is right and who is not. Figueiredo (2014), states that “conflict is a process that begins when one of the parts involved feels that they are being negatively influenced by the other”. The main goal of these disagreements and conflicts is to fight for reason. Other authors define conflict as the process of being aware of a difference between whoever is taking part in the interaction and a certain opposition and incompatibility of goals and values (Vargas, 2010). In other words, not being in agreement is sometimes seen as a threat to whoever is involved in the discussion. Every time that there is interaction in the workplace there is always a chance that conflict will arise. Vargas (2010), states that this conflict refers to “the tension that an individual or a group can experience as a consequence of perceiving differences in relation to others”.

Conflict is not always seen as something positive for an organization but recent studies suggest that conflict increases the quality of decision-making and helps find solutions that involve various viewpoints (Wit, Jehn, & Greer, 2012). In other words, as people think differently there can be many different but valuable and effective ways to solve an issue or get started on a challenging project or assignment; conflict is seen as an asset to the organization. However, other studies consider conflict as destructive and the source of attrition (Vargas, 2010).

Overall, some of the reasons that lead to conflict are: different perception of reality, diverging interests, values, beliefs, information and wishes, lack of material and human resources, competition and miscommunications (Vargas, 2010).

2.4.1. Conflict Types

2.4.1.1. Task Conflict

Task conflict is considered to be the most valuable type for an organization in comparison to others. It refers to the disagreement within team members regarding ideas, opinions and viewpoints concerning whichever task has been assigned to them (Passos, Silva, & M. Santos, 2011). In other words, this type of conflict arises when individuals in a certain team can't seem to reach a consensus about the task at hand.

Task conflict in its moderate version is considered healthy for an organization as it can motivate team members to be more creative, to compete with each other without necessarily being a bad thing and can lead to a better understanding of the task at hand in the end as different perspectives are discussed in the process. Additionally, task conflict enables teammates to share their experiences and express their points of view and opinions more frequently which increases self-confidence and the sense of accomplishment (Wit, Jehn, & Greer, 2012) . However, this type of conflict can easily become a more serious type if not dealt with effectively (Meer, 2013).

2.4.1.2. Relationship Conflict

Relationships conflict is the most frequent type and it is based on how team members deal with each other. This type of conflict refers to differences in viewpoints and opinions regarding personal and social matters and it involves feelings of frustration and tensions between team members (Passos, Silva, & M. Santos, 2011). It is also known as emotional conflict and it is the most destructive for the team's performance and interpersonal relationships (Meer, 2013).

If individuals aren't getting along as they should in a teamwork environment they are likely to miss any deadlines or fail to meet any goals that they have been assigned to in the workplace. Additionally, a lot of time is wasted on finding solutions for relationships or emotional conflicts among employees and staff members especially as they arise from differences in personalities, attitudes and perceptions (Meer, 2013).

2.4.1.3. *Temporal Conflict*

Temporal conflict is a type of process conflict which refers to the differences in how team members think the task should be executed or the work should be done. Time is something that teams frequently lack in this increasingly demanding business world as they are constantly faced with tight schedules and deadlines so it is clear that conflicts related to time will easily occur. Temporal conflict can then be described as the “disputes among members about time, and is related to the more general notion of process conflict”). (Standifer, et al., 2015)

There isn't a lot of research done in this area but the subject of time is increasingly being investigated so not a lot can be said about the impact of this type of conflict in the organization. However, some authors indicate that temporal conflict negatively affects team performance, affective responses of team members, create unhealthy competition, loss of motivation and job dissatisfaction. (Passos, Silva, & M. Santos, 2011) (Meer, 2013). Nonetheless, other authors a low level of temporal conflict is considered to be positive as it may sometimes “stimulate healthy competition and motivation among individuals” (Meer, 2013).

Thus, we suggest that as team members gain even more shared understanding and perception of how to use their time when performing different tasks the chances of getting involved in conflicts with each other decreases.

H1a: High shared temporal cognitions reduce the chances of team's task conflict.

H1b: High shared temporal cognitions reduce the chances of team's relationship conflict.

H1c: High shared temporal cognitions reduce the chances of team's temporal conflict.

2.5. **Pacing Styles**

Deadlines are important especially when it comes to motivating both individuals and groups and to influence their “patterns and intensity of goal directed behavior”. Many authors have studied the complex nature of task behavior focusing on the negative consequences of using deadlines but how people work towards meeting them is much more varied (Gevers, Mohammed, & Baytalskaya, 2013).

In every team there are always different views and preferences of how time should be managed when working towards a common goal or in some kind of task (Blount & Janicik, 2002). In other words, individuals manage their time in different ways and work towards deadlines at different speeds and with different goals. Some people prefer to work in a steady and stable manner until they reach the established deadline and others prefer to work under pressure, working harder closest to the deadline. Furthermore, some individuals like to focus on the task at hand from the beginning and get it all done from the start to avoid any stressful situations and be more relieved near the end while others only plan on getting the work done in the beginning but don't really pull through. Thus, pacing styles can be said to be the way and individual uses their time under deadline conditions. Gevers, Mohammed, & Baytalskaya (2013), have defined and measured a construct called "pacing styles". Pacing style is the "distribution of effort over time in working toward deadlines" (Gevers, Mohammed, & Baytalskaya, 2013)

2.5.1. Types of Pacing Styles

Research is limited and not many authors have studied or measured pacing styles so we were limited to one item only (e.g. Gevers). Gevers et al. (2006), have been focusing on three styles: early action, deadline action and steady action pacing styles (Gevers, Rutte, & van Eerde, 2006). Early action pacing style refers to individuals that choose to begin their assigned tasks right away and work hard toward being all done long before their established deadline, deadline action pacing style refer to individuals that prefer to work under pressure and concentrate all their efforts closer to the deadline and steady action pacing style refers to individuals that work in a stable and fixed pace throughout until they reach the deadline. However, other authors have added two more pacing styles to the item which can be allocated in between the ones previously mentioned. U-shaped shows "more effort in task execution at the start as well as at the end of the allotted time with a break in between" and the inverted U-shaped "complete the bulk of the work half-way through the allotted time" (Gevers, Mohammed, & Baytalskaya, 2013).

2.5.2. Effects of Pacing Style

The way each individual manages their time in deadline situations can have an effect on any decisions that need to be made regarding lifestyle and may impact a lot of team member behavior and work-related outcomes in the workplace. The type of pacing style

people follow will have an influence on the behavior of each employee when performing their assigned tasks. Awareness of how individuals pace their time in deadline situations can be helpful for superiors to figure out who is fitter for a specific job (Gevers, Mohammed, & Baytalskaya, 2013). However, different pacing styles in a team create a form of temporal diversity that can result in many problems which can lead to conflicts within team members and the failure to meet the time limits that were set. Although there isn't enough evidence of this, we suggest that teams with individuals who work closer to the deadline are more likely to get involved in conflicts.

H2a: Teams who work closer to the deadline are more likely to experience task conflict.

H2b: Teams who work closer to the deadline are more likely to experience relationship conflict.

H2c: Teams who work closer to the deadline are more likely to experience temporal conflict.

2.6. Shared Temporal Cognitions and Pacing Styles

There is a significant amount of research done on individual characteristics regarding time but there is not enough information on how each member's time management affects the group/team as a whole (e.g. team performance). Findings have showed that individual differences regarding how they manage their time may have an effect on group processes and group performance (Gevers, Rutte, & van Eerde, 2006). Working in a team project is always challenging especially when a certain time limit or deadline is imposed, as each team member will have their own "perception of the temporal aspects of the task" (Gevers, Rutte, & van Eerde, 2006). In other words, each person has their personal temporal cognitions which are likely going to reflect on the choice of individual pacing styles. Deadlines trigger the expression of pacing styles (Gevers, Rutte, & van Eerde, 2006). Tett and Burnett (2003), suggest that the conditions imposed by whoever is in charge may have an effect on the manifestation of individual pacing styles in group member's temporal cognitions, except for short time limits as, like Gever's suggests, "temporal cognitions will reflect personal pacing styles and that group members are therefore more likely to share temporal cognitions about a task when their pacing styles are similar" (Gevers, Rutte, & van Eerde, 2006). We then

expect individuals are more likely to share temporal cognitions about a task at hand when they have similar pacing styles.

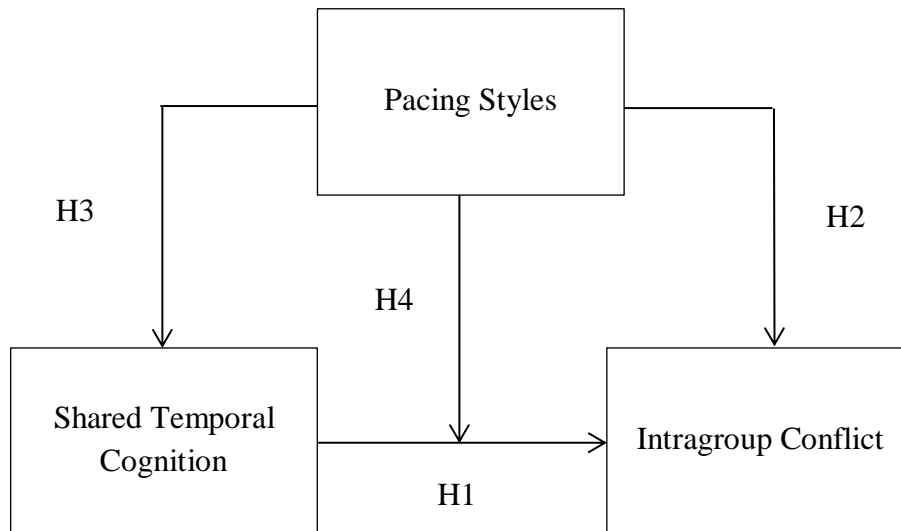
H3: Pacing styles is positively related to shared temporal cognitions about the group task.

2.7. Shared Temporal Cognitions, Pacing Styles and Intragroup Conflict (Task, relation and time-related)

Having defined each concept, this study also aims to investigate the moderation effect of pacing styles on the relationship between shared temporal cognitions and intragroup conflict. Literature suggests that shared temporal cognitions and pacing styles are related to and we will be investigating it as well. According to Standifer et al (2015) shared temporal cognitions “enables teams to interpret cues more accurately and to make decisions more compatibly which helps minimize the occurrence of temporal”. Therefore, we can suggest that teams that lack shared temporal cognitions will be more susceptible to getting involved in conflicts (Standifer, et al., 2015). Based on research, we suggest that high shared temporal cognitions will reduce the chances of individuals getting into conflict and we expect pacing styles to act as a mechanism that moderates the relationship between the presence of STC and the occurrence of intragroup conflict (Standifer, et al., 2015). In other words, we expect that shared temporal cognitions reduce intragroup conflict specially when teams have an early action pacing style.

H4: Pacing styles moderate the relationship between shared temporal cognitions and intragroup conflict in a way that the effect of shared temporal cognitions in healthcare teams on conflict (positive or negative) will be higher in early action pacing styles.

Figure 1 – Conceptual Model



Notes: *H4* refers to the mediating effect of pacing styles between shared temporal cognitions and intragroup conflict.

3. Method

3.1. Procedure and Participants

3.1.1. Participants

A total of 30 teams (245 individuals) participated in this study. We collected data from doctors, nurses and administration staff who work in healthcare centers across Portugal. Data was collected during the first few months of 2015. The teams consisted, on average, of 15,7 team members (S.D=7,92). The participants were, on average, 46 years old (S.D=10,4) and 80% were female. Most of the respondents were administration staff.

Table 1- Research Methods for Health Teams

	N	M	SD	Minimum	Maximum
N teams	30			1	30
N Individuals	245				
Gender		1.81	0.39	1	2
Age		46	10.41	26	65
Job Position		2.10	0.86	1	4
Leadership Role		1.16	0.37	1	2
Team Size		15.17	7.92	1	50

3.1.2. Procedure

This dissertation is part of an investigation made in Healthcare Centers around Portugal and it consisted of two phases.

Phase 1 – Qualitative study which involves semi-structures interviews.

The first phase was done between January and February 2015 and involved the elaboration of individual semi-structured interviews to health professionals that made themselves available for it. The participants were required to participate voluntarily in an interview so we then could collect enough information to move on to the next phase of the data collection. We sought at this stage to survey the main facilitators for work effectiveness in the health unit context as well as the main challenges and obstacles they face. The interview script consisted of 6 general questions (See Annex 2 – Interview Guide). All the health professionals that were involved in this phase signed a consent

form (See Annex 1 – Consent Form) after being provided with all the details of the projects. 18 Interviews were conducted in total.

Phase 2 – Quantitative study which involves a structured questionnaire especially elaborated for the subject, answered by health professionals of different health units.

This stage comprises of four phases:

Identification of health facilities that show willingness to participate in the study

This project involved studying the health unit as a whole and not each participant individually; we chose to interview a minimum of 30 health facilities in order to carry out our statistical analysis and to test our proposed models. We contacted all healthcare units that are part of the Lisbon and Vale do Tejo Regional Health Administration, inviting them to take part in the study. This participation did not require all professionals to answer the questionnaire (See Annex 3 - Questionnaire). A response rate of 30% or higher per health unit is enough to consider its participation in the study.

Data Collection

The questionnaires were filled individually by different healthcare professional from the different health units that showed willingness to participate. Each investigator left questionnaires in different health facilities along with an extra document explaining the study and participation conditions in more detail (informed consent) and envelopes for returning the completed questionnaires with guaranteed anonymity and prevent other professionals from having access to the answers in the absence of the investigator.

Data processing

This project focuses on health facilities as a whole so all individual responses will be combined to team level or health facility. Thus, it was essential for us to know the origin of all answers (which health unit they belonged to) although there was no interest in identifying the professional who responded. All participation is voluntary but the more informants we obtained the better the representation of the unit.

Final Report preparation

At the end of the study, a final report will be prepared with the global analysis of all the participating health centers. There were enough health units so we were able to make a global analysis of the participating health facilities based on the teamwork effectiveness model used to develop this study. Additionally, we will elaborate a report for each health unit that is interested in knowing their individual results concerning the satisfaction and team effectiveness of health professionals.

3.2. Measures

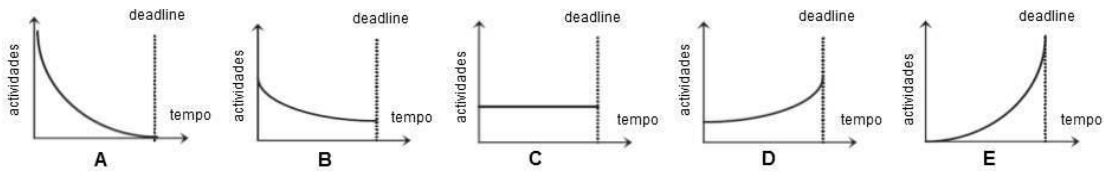
Shared Temporal Cognitions

A self-report four-item scale was used to measure STC (Gevers, Rutte, & van Eerde, 2006). We asked each member of each team to rate to which extent they agreed or disagreed with statements such as: “In my team, we share the same opinion about deadlines” and “In my team, we agree on how we should distribute the time available for each task”. Respondents used a seven-point Likert scale ranging from “totally disagree” to “totally agree” ($\alpha=0.92$).

Pacing Styles

PS was measured using a five graph scale each one representing different uses of time (Gevers, Mohammed, & Baytalskaya, 2013). Respondents had to choose the graph that most approximately represented the way their personal use of time in deadline situations. Each graph represents a certain rate of task activities to progress up to the deadline. The first graph presents an early action pacing style which indicates that the individual starts and finished whichever tasks they are assigned to as soon as possible. The third graph show a constant action pacing style that indicates that the individual spreads their tasks evenly over the time available from start to finish and the fifth graph shows the deadline action pacing style. This graph describes someone who does most of the work near the deadline, more under pressure. Graphs two and four show a moderate tendency of the first and last pacing styles.

Graph 1 – Pacing Styles Graphs



Intragroup Conflict

Task Conflict

TC was measured through a modified three-item scale based on Jenh's (1995)'s intragroup conflict scale (Passos, Silva, & M. Santos, 2011). Participants were required to answer to how often situations such as “there are disagreements in the team regarding ideas expressed by some team members” occur. Respondents used a seven-point Likert scale ranging from “never” to “always” ($\alpha=0.85$).

Relationship Conflict

RC was measured through a modified three-item scale based on Jenh's (1995)'s intragroup conflict scale (Passos, Silva, & M. Santos, 2011). Participants were required to answer to how often situations such as “there are conflicts between team members” occur. Respondents used a seven-point Likert scale ranging from “never” to “always” ($\alpha=0.74$).

Temporal Conflict

TempC. was measured through a modified three-item scale based on Standifer et al. (2011)'s scale (Passos, Silva, & M. Santos, 2011). Participants were required to answer to how often situations such as “there are disagreements between team members about how the available time for each takes should be distributed” occur. Respondents used a seven-point Likert scale ranging from “never” to “always” ($\alpha=0.87$).

4. Data Analysis

Aggregation

Aggregation

We were interested in studying the participants as teams so we then had to aggregate all individual team members to the team level to proceed with our analysis. To justify aggregation, we computed Rwg (Standifer, et al., 2015) designed for multiple-item scales. Not all Rwg(j) values were in accordance with the required criteria (≥ 0.7) in some measures so considering the low values we decided to exclude one of the teams (team 24). We then repeated the analysis and for all measures, the Rwg(j) values were approximately in accordance to the criteria: STC (Rwg(j) = 0.64); PS (Rwg(j) = 0.80); CT (Rwg(j) = 0.79); CR (Rwg(j) = 0.67); CTemp (Rwg(j) = 0.71). According to these results we found it appropriate to aggregate the answers on an individual level to the team level.

Once this study was conducted in the team-level the individual answers were aggregated o the team-level for us to be able to proceed with the data analysis. To justify the aggregation we evaluated the teams using the Rwg(j) (James, Rwg: An assessment of within group interrater agreement, 1993). As initially not all values met the criteria we had to remove one of the teams but as we repeated the analysis we were then able to proceed with the aggregation (See Table 2 – Descriptive statistics and correlations among all team-level variables)

Hypothesis Testing

The correlations, means, and standard deviations for all variables at the team level being studied are in presented in Table 2 – Descriptive statistics and correlations among all team-level variables. We found that some of the results reveal significant correlations between variables. The predictive variables shared temporal cognitions and pacing styles do not correlate ($r = -.36, p > .01$) while STC correlates negatively and significantly with all criteria variables.

Table 2 – Descriptive statistics and correlations among all team-level variables

	Rwg(j)	M	SD	1	2	3	4	5
1.Shared Temporal Cognitions	.64	4.69	0.72	(.92) ¹				
2.Pacing Styles	.80	3.27	0.45	-.36	-			
3.Task Conflict	.79	3.60	0.65	-.66	.20	(.85) ¹		
4.Relational Conflict	.67	3.17	0.74	-.54	.16	.82	(.74) ¹	
5.Temporal Conflict	.71	3.24	0.66	-.79	.33	.91	.87	(.87) ¹

N = 29 teams

All correlations are statistically significant if $p < .01$.

¹Cronbach Alpha

To test the hypothesis we used Multiple Regression using the ENTER method. Thus, the main effects of each variable were entered in the first step of the model and the interaction effects are part of the second step. The predicting variables were previously centered according to Aiken & West's procedure (Aiken & West, 1991). When it comes to the direct effects, the results showed that there is a significant and negative effect of shared temporal cognitions on all the criteria variables (See Table 3 – Estimated parameters for the hypotheses indirect effects, for all healthcare teams). Therefore, the results showed that there is a negative and significant principal effect of shared temporal cognitions on task conflict but no effect from pacing styles ($B = -.60$, $p < .001$ e $B = -.05$, $p > .05$, correspondingly). This model explains 39% of the variance ($F = 9.90$, $p > .05$). Regarding Relational conflict, the results showed that shared temporal cognitions has a negative and significant principal effect on it ($B = -.56$; $p < .01$) while pacing styles have no effect ($B = -.06$, $p > .05$). This model explains 23% of the variance ($F = 5.26$, $p > .05$). Lastly, a negative and significant effect by the shared temporal cognitions on temporal conflict was verified ($B = -.70$, $p < .001$) but no significant effect was seen by pacing styles ($B = .08$, $p > .05$). This model explains 60% of the variance so the results allow us to support and validate the hypothesis.

When it comes to the moderation effects of pacing styles on the relationships between shared temporal cognitions and task conflict the results have shown that when the interaction between the two predicting variables was added to the equation, the interaction wasn't statistically significant, as was with the F change (See Table 3 – Estimated parameters for the hypotheses indirect effects, for all healthcare teams). Thus, the results don't allow us to support Hypothesis 3, regarding task conflict. Secondly, the

moderation effects of pacing styles on the relationships between shared temporal cognitions and relationship conflict the results have shown that when the interaction between the two predicting variables was added to the equation, the interaction wasn't statistically significant, as was with the F change (See Table 3 – Estimated parameters for the hypotheses indirect effects, for all healthcare teams Thus, the results don't allow us to support Hypothesis 3, regarding relationship conflict. Finally, when it comes to the moderation effects of pacing styles on the relationships between shared temporal cognitions and temporal conflict the results have shown that when the interaction between the two predicting variables was added to the equation, the interaction wasn't statistically significant, as was with the F change (See Table 3 – Estimated parameters for the hypotheses indirect effects, for all healthcare teams. Thus, the results don't allow us to support Hypothesis 3, regarding temporal conflict.

Table 3 – Estimated parameters for the hypotheses indirect effects, for all healthcare teams

Model	Task Conflict		Relationship Conflict		Temporal Conflict	
	Step 1	Step 2	Step 1	Step 2	Step 1	Step 2
1.Main effects						
Shared Temporal Cognitions	-.60***(.14)	-.56**(.16)	-.56**(.18)	-.56**(.20)	-.70***(.12)	-.69***(.13)
Pacing Styles	-.05(.23)	-.05(.23)	-.06(.29)	-.06(.30)	.08(.19)	.08(.19)
2.Interaction						
Shared Temporal Cognitions x Pacing Styles		.23(.32)		-.02(.41)		.05(.26)
Adj. R ₂	.39	.38	.23	.20	.60	.59
ΔR ₂		.01		.00		.00
F	9.90	6.65	5.26	3.37	22.04***	14.157***
ΔF		.51		.00		.03

Note. Non-standardized Betas are presented

Os valores dos erros estandardizados são apresentados entre parênteses

* $p < .05$; ** $p < .01$; *** $p < .001$

5. Discussion

Researchers are increasingly interested in studying and understanding time-related aspects in teams and as little research has been made in the health sector we decided to focus on healthcare centers in Portugal. This study aimed to evaluate shared temporal cognitions and pacing styles in different intragroup conflict. Overall, the results supported the hypotheses in the direct influence of shared temporal cognitions but not in the direct influence of pacing styles. When it comes to the moderation effect of pacing styles none of the results supports the hypotheses being tested.

Regarding the direct influence of shared temporal cognitions and pacing styles in the task conflict, the results allowed us to support hypothesis 1a but not 2a. As expected, as individuals gain a more shared understanding of how they should perform their assigned tasks the chances that tension between team members and consequently conflict will occur are significantly reduced. However, when it comes to pacing styles no effect was verified which means that there is no proof that teams that work near the deadline are more likely to get involved in task-related conflicts.

Furthermore, regarding the direct influence of shared temporal cognitions and pacing styles in the relationship conflict, the results allowed us to support hypothesis 1b but not 2b. We expected that as individuals share temporal cognitions the chances of building up tensions in the team is significantly reduced and after analyzing the data we were able to find proof that it does, in fact, influence the occurrence of relationship conflict. However, we weren't able to verify that teams who adopt deadline-action pacing styles are more likely to get involved in relationship conflicts.

Finally, when it comes to the direct influence of shared temporal cognitions and pacing styles in the temporal conflict, the results allowed us to support hypothesis 1c but not 2c. As we expected, as individuals gain a more shared understanding of how they should manage their time when performing a certain task, the chances that conflict will arise within the team are significantly reduced. As Gevers et. al (2014), suggest in their previous studies regarding shared temporal cognitions, the differences in the way team members perceive time when assigned different projects and assignments with different time limitations will most likely lead to disagreements between them and can only be overcome if all of the involved put an extra effort to build synchronization within the team (Van der ven, 2014). However, pacing styles have no effect on the occurrence of

temporal conflict in teams in healthcare centers. There wasn't any significant proof that the closer you work to the deadline the more likely you are to get into temporal conflicts.

We expected that the more similar the way individuals managed their time in deadline conditions the more they shared temporal perceptions of time. In other words, that similarity in pacing styles meant that team members shared temporal cognitions. However, we were not able to find statistical significance to prove this hypothesis so pacing styles and shared temporal cognitions are not related.

The results from the present study did not allow us to support the moderation effect of pacing styles on the relationship between shared temporal cognitions and intragroup conflict. This moderation didn't show in any of the three types of conflict (task, relationship and temporal) so we could not prove, although shared temporal cognitions reduces the occurrence of intragroup conflict are, that this relationships was dependent on the similarity in pacing styles. In others words, that shared temporal cognitions in healthcare teams reduce intragroup conflict especially when teams have an early action pacing style.

Limitations

During the course of the investigations we found that contacting the different health centers directly was nearly impossible. A full report had to be elaborated in order to get the authorization to do interviews and questionnaires to health personnel which limited our time span to get more responses than we actually did. Secondly, we weren't able to get as many health center teams to take part in our investigation as we would like but nonetheless the population sample was very significant. Finally, as health personnel deal with a very busy environment on a daily basis not all individuals were available to answer the questionnaires. However, these limitations were easily overcome in the end.

Future Research

This study proves that there is still a lot to be studied in what concerns time-related matters and it can be directed to other sectors in different countries. Conflict is something that we have to deal with frequently so it is completely pertinent to do more research about it, especially in different sectors and contexts. We suggest that in the

future, researchers should study the relationship between these variables and objective performance indicators (e.g. n° of complaints, n° of patients per day) as this could help us to understand how shared perceptions and time management similarities impact the patients and how they affect the team's performance in the workplace.

Overall, the goal of this study was to contribute to a better understanding on the relationship between individual temporal characteristics and perceptions and intragroup conflicts as a key process for teamwork effectiveness. However, the results were not as positive and conclusive as we would like so further investigations should be made.

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7. Annex

Investigation Tools

Annex 1 – Consent Form

CONSENTIMENTO INFORMADO

Projecto: *Saúde ao Centro*

Equipa: Prof^ª Doutora Ana Passos, Doutora Patrícia Costa, Dr. Pedro Marques Quinteiro, Dr^ª Catarina Santos (investigadores sénior) e Daniel Tavares, Diana Morais, Rafael Duarte, Márcio Fazenda, Alexandra Queimado e João Plácido (investigadores júnior)

O estudo

Nesta fase do projecto, pretendemos compreender os principais desafios e constrangimentos no dia-a-dia dos profissionais de saúde. Convidamo-lo(a) a participar nesta investigação porque a sua experiência e opinião enquanto profissional de saúde é muito importante e pode permitir-nos compreender melhor o assunto em questão. A sua contribuição é voluntária e pode decidir a qualquer momento não participar.

O método utilizado nesta fase envolve a realização de uma entrevista individual, com a duração máxima de 30 minutos.

Toda a informação fornecida durante a entrevista é confidencial. O seu nome não será em momento algum associado àquilo que disser.

Caso tenha qualquer questão, por favor contacte: Prof^ª Doutora Ana Passos (ana.passos@iscte.pt)

Li toda a informação fornecida, tive oportunidade de colocar questões acerca dos aspectos menos claros para mim e aceito participar neste estudo. Compreendi ainda que a minha participação neste estudo não envolve qualquer compensação (monetária ou outra).

Nome do participante:

Assinatura:

Data:

Foi dada uma cópia deste formulário de consentimento informado ao participante.

Nome do investigador:

Assinatura :

Data:

Muito obrigada pela sua participação!

Guião entrevista

Bom dia/boa tarde. O meu nome é XX e faço parte da equipa de investigação do projecto Saúde ao Centro. Pode ver aqui a apresentação do projecto [entregar flyer]. O projecto procura identificar os factores relacionados com trabalho em equipa que contribuem para a segurança dos pacientes, para a eficácia dos serviços e para o bem-estar dos profissionais de saúde, dentro da prestação de serviços de saúde de 1ª linha. Nesta altura, estamos na primeira fase do projecto, que implica entrevistas com profissionais de saúde destes centros, de maneira a compreender um pouco melhor como é o seu dia-a-dia e as suas principais questões em termos de trabalho e de trabalho em equipa. Pretendemos, com isto, obter uma visão o mais aproximada da vossa realidade possível, para prepararmos as fases seguintes.

A participação nesta entrevista é voluntária, e não vincula nem o profissional nem o centro de saúde à participação em fases posteriores do projecto.

Para ser mais fácil registar e analisar as suas respostas, pedia-lhe autorização para gravar a entrevista. Em nenhum momento do projecto o seu nome será identificado.

Antes de começar, tem alguma questão que queira esclarecer em relação ao projecto?

Pode falar-me um pouco do seu trabalho? Como é que é um dia de trabalho típico?

O que é que lhe permite trabalhar de uma forma mais eficaz? (probes: o que o(a) faz sentir que consegue fazer as suas tarefas, desenvolver as suas capacidades, contribuir)

Quais são as maiores dificuldades que sentem que o(a) pode impedir de oferecer aos pacientes a qualidade dos cuidados que deseja?

Como são as relações entre colegas? (probes: Sente-se apoiados pelos colegas? Existem desentendimentos? Sente-se apoiado(a) pelos seus superiores hierárquicos? Recebe feedback dos vossos superiores?)

De que formas é que os aspectos menos satisfatórios do seu contexto de trabalho poderiam ser melhorados?

Há alguma outra questão que gostasse de acrescentar?

Muito obrigada pela sua participação.

Annex 3 - Questionnaire

QUESTIONÁRIO

1. Este questionário insere-se num projecto de investigação levado a cabo por um grupo de investigadores do ISCTE-Instituto Universitário de Lisboa, focado na eficácia do trabalho em equipa em contexto de saúde, especificamente nas Unidades de Saúde Portuguesas. O principal objectivo deste projecto é identificar os factores relacionados com trabalho em equipa que contribuem para a segurança dos pacientes, para a eficácia dos serviços e para o bem-estar dos profissionais de saúde, dentro da prestação de serviços de saúde de 1ª linha.
2. Os dados recolhidos serão exclusivamente analisados pela equipa de investigação, estando garantido o anonimato.
3. As perguntas estão construídas de modo a que apenas tenha de assinalar a resposta que lhe parecer mais adequada. Procure responder sem se deter demasiadamente em cada questão.
4. Não há respostas certas ou erradas. O que nos interessa é exclusivamente a sua opinião pessoal.
5. Para cada pergunta existe uma escala. Pode utilizar qualquer ponto da escala desde que o considere adequado.
6. Responda a todo o questionário de seguida, sem interrupções.

Para qualquer esclarecimento, ou para receber informação adicional sobre o estudo por favor contacte: Prof.ª Doutora Ana Margarida Passos (ana.passos@iscte.pt).

Obrigado pela sua colaboração!

1.As questões que a seguir se apresentam procuram descrever os comportamentos da equipa na Unidade de Saúde. Indique em que medida concorda com cada uma delas utilizando a escala de resposta:

Discordo Totalmente	Discordo muito	Discordo em parte	Não concordo nem discordo	Concordo em parte	Concordo muito	Concordo Totalmente
1	2	3	4	5	6	7

A nossa equipa é eficaz...

1.	A levar a cabo acções criativas para resolver problemas para os quais não há respostas fáceis ou diretas.	1	2	3	4	5	6	7
2.	A encontrar formas inovadoras de lidar com situações inesperadas.	1	2	3	4	5	6	7
3.	Em ajustar-se e lidar com situações imprevistas, mudando rapidamente de foco e tomando medidas adequadas	1	2	3	4	5	6	7
4.	A desenvolver planos de acção alternativos, num curto espaço de tempo, para lidar com imprevistos	1	2	3	4	5	6	7
5.	Na atualização periódica das competências técnicas e interpessoais para melhorar o desempenho das tarefas em que está envolvida.	1	2	3	4	5	6	7
6.	Na procura e desenvolvimento de novas competências para dar resposta a situações/ problemas.	1	2	3	4	5	6	7
7.	A ajustar o estilo pessoal de cada membro ao da equipa como um todo	1	2	3	4	5	6	7
8.	Na melhoria das relações interpessoais tendo em consideração as necessidades e aspirações de cada membro.	1	2	3	4	5	6	7
9.	A permanecer calma e com comportamentos positivos mesmo em situações de elevado stress.	1	2	3	4	5	6	7
10.	A manter o foco mesmo quando lida com várias situações e responsabilidade.	1	2	3	4	5	6	7

2. As seguintes afirmações referem-se a sentimentos que algumas equipas têm em relação ao seu trabalho. Por favor, leia atentamente cada um dos itens a seguir e responda se a sua equipa já experimentou o que é relatado, em relação ao trabalho realizado na Unidade de Saúde. Utilize, por favor, a mesma escala apresentada anteriormente.

Em relação ao **nosso trabalho nesta Unidade de Saúde** sentimos que:

1.	Quando estamos a trabalhar sentimo-nos cheios de energia	1	2	3	4	5	6	7
2.	Sentimo-nos com força e energia quando estamos a trabalhar	1	2	3	4	5	6	7
3.	Estamos entusiasmados com este trabalho	1	2	3	4	5	6	7
4.	Este trabalho inspira-nos	1	2	3	4	5	6	7
5.	Durante o trabalho, temos vontade de participar nas diversas actividades	1	2	3	4	5	6	7
6.	Somos felizes quando estamos envolvidos neste trabalho	1	2	3	4	5	6	7
7.	Estamos orgulhosos com o nosso trabalho nesta Unidade	1	2	3	4	5	6	7
8.	Estamos imersos no trabalho desta Unidade	1	2	3	4	5	6	7
9.	“Deixamo-nos levar” pelas actividades deste trabalho	1	2	3	4	5	6	7

3. As questões que se seguem dizem respeito à **forma como a sua equipa funciona enquanto grupo**. Indique, por favor, com que frequência cada uma destas situações se verifica na realização do vosso trabalho. Utilize, por favor, a seguinte escala:

Nunca	Raramente	Poucas vezes	Às vezes	Muitas vezes	Quase sempre	Sempre
1	2	3	4	5	6	7

Com que frequência:

1.	Existem conflitos pessoais entre os membros da equipa	1	2	3	4	5	6	7
2.	Existem divergências sobre a forma de utilizar os recursos disponíveis	1	2	3	4	5	6	7
3.	Existe atrito entre os membros da equipa	1	2	3	4	5	6	7
4.	Existe conflito de ideias entre os membros da equipa	1	2	3	4	5	6	7
5.	Existe desacordo entre os membros sobre a forma de distribuir o tempo disponível na realização de tarefas	1	2	3	4	5	6	7
6.	Existe confronto de opiniões sobre o trabalho	1	2	3	4	5	6	7
7.	Existe desacordo na equipa em relação às ideias expressas por alguns membros	1	2	3	4	5	6	7
8.	Existe desacordo entre os membros sobre o tempo que é necessário despender para realizar as tarefas	1	2	3	4	5	6	7
9.	Os conflitos pessoais são evidentes	1	2	3	4	5	6	7
10.	Os membros da equipa estão em desacordo sobre quem deve fazer o quê	1	2	3	4	5	6	7
11.	Os membros da equipa estão em desacordo em relação à rapidez com que as tarefas devem ser realizadas	1	2	3	4	5	6	7
12.	Existe conflito sobre a delegação de tarefas	1	2	3	4	5	6	7

4. Tendo por base o trabalho desenvolvidos pela vossa equipa na Unidade de Saúde, indique, em que medida concorda com cada uma das seguintes afirmações. Utilize, por favor, a escala seguinte:

Discordo Totalmente	Discordo muito	Discordo em parte	Não concordo nem discordo	Concordo em parte	Concordo muito	Concordo Totalmente
1	2	3	4	5	6	7

No nosso dia a dia de trabalho, na nossa equipa:

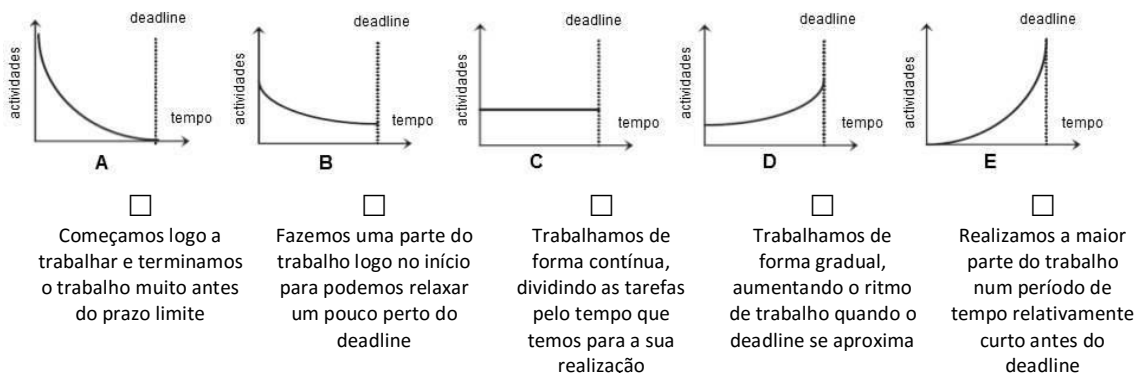
1.	Sabemos o que queremos alcançar	1	2	3	4	5	6	7
2.	Debatemos entre nós a melhor forma de fazer o trabalho.	1	2	3	4	5	6	7
3.	Reunimos com frequência para assegurar uma cooperação e comunicação efectiva.	1	2	3	4	5	6	7
4.	Temos o cuidado de dar uns aos outros informação relacionada com o trabalho.	1	2	3	4	5	6	7
5.	Sincronizamos o trabalho em equipa, reduzindo a comunicação ao mínimo indispensável.	1	2	3	4	5	6	7
6.	Partilhamos informação relevante com eficácia e nos momentos chave.	1	2	3	4	5	6	7
7.	Antecipamos o que cada membro da equipa vai fazer e/ou precisar em	1	2	3	4	5	6	7

	determinado momento.							
8.	Ajustamos o nosso comportamento para nos anteciparmos às acções dos outros membros da nossa equipa.	1	2	3	4	5	6	7

5. Pense agora na sua **chefia directa nesta Unidade de Saúde** e indique em que medida concorda ou discorda com cada afirmação. Utilize, por favor a mesma escala:

1.	Tenho uma boa relação com a minha chafia directa	1	2	3	4	5	6	7
2.	Sou consultado pela minha chafia directa quando esta toma decisões que me afectam directamente ou afectam a minha equipa	1	2	3	4	5	6	7
3.	Nesta unidade os colaboradores têm receio em exprimir a sua discordância perante as suas chefias directas	1	2	3	4	5	6	7

6. Pense no trabalho realizado pela sua equipa na Unidade de Saúde. Analise os seguintes modelos, veja a descrição de cada um deles e indique o que melhor representa **a forma como a sua equipa organiza o tempo**. Escolha **APENAS uma opção**.



7. As questões que se seguem dizem respeito à forma **como a equipa gere o seu tempo**. Indique-nos a frequência com que estas situações ocorrem na equipa. Utilize, por favor, a seguinte escala:

Discordo Totalmente	Discordo muito	Discordo em parte	Não concordo nem discordo	Concordo em parte	Concordo muito	Concordo Totalmente
1	2	3	4	5	6	7

Na minha equipa...

1.	Temos a mesma opinião sobre o cumprimento de prazos.	1	2	3	4	5	6	7
2.	Pensamos de forma semelhante sobre a forma de usarmos o tempo no trabalho	1	2	3	4	5	6	7
3.	Concordamos sobre a forma de distribuir o tempo disponível durante o trabalho	1	2	3	4	5	6	7
4.	Temos ideias semelhantes no que se refere ao tempo necessário para realizarmos as tarefas necessárias.	1	2	3	4	5	6	7

8. Pense agora na **forma como a sua equipa trabalha** nesta Unidade de Saúde. Não se trata da forma como acha que a equipa devia trabalhar mas sim no que faz na maioria das vezes. Utilizando a mesma escala indique em que medida concorda ou discorda com cada afirmação:

Na minha equipa...

1.	Os membros complementam a informação entre si	1	2	3	4	5	6	7
2.	Reflectimos sobre a forma como podemos melhorar os métodos de trabalho	1	2	3	4	5	6	7
3.	Procuramos em conjunto analisar as possíveis causas dos erros cometidos	1	2	3	4	5	6	7
4.	Discutimos abertamente os erros porque consideramos que os erros e as suas soluções são uma fonte importante de informação	1	2	3	4	5	6	7
5.	Avaliamos o que pretendemos aprender de acordo com os resultados obtidos	1	2	3	4	5	6	7
6.	Planeamos testar novos métodos de realizar o trabalho	1	2	3	4	5	6	7
7.	Retiramos conclusões em conjunto tendo por base as ideias discutidas no seio da equipa	1	2	3	4	5	6	7
8.	Se alguma coisa corre mal, a equipa investe tempo a analisar o	1	2	3	4	5	6	7

	problema							
9.	Procuramos obter feedback sobre o nosso desempenho de outras pessoas (por exemplo, utentes, outras equipas ou unidades de saúde, etc.)	1	2	3	4	5	6	7
10.	Avaliamos se o resultado do nosso trabalho está de acordo com o esperado	1	2	3	4	5	6	7
11.	Testamos métodos alternativos para realizar o trabalho	1	2	3	4	5	6	7
12.	Consideramos útil analisar os nossos erros	1	2	3	4	5	6	7
13.	Se um membro dá a sua opinião sobre um assunto a seguir pergunta aos outros a opinião sobre o mesmo assunto	1	2	3	4	5	6	7
14.	Procuramos obter feedback sobre os métodos utilizados na realização das tarefas	1	2	3	4	5	6	7
15.	Durante a realização do trabalho, se alguma coisa não é clara, fazemos perguntas uns aos outros abertamente.	1	2	3	4	5	6	7
16.	Discutimos entre todos as falhas cometidas durante a realização das tarefas	1	2	3	4	5	6	7
17.	Analisamos o nosso desempenho em função das outras equipas/ unidades	1	2	3	4	5	6	7
18.	Encorajamo-nos a olhar para o nosso trabalho de diferentes perspectivas	1	2	3	4	5	6	7
19.	Os erros cometidos são discutidos abertamente	1	2	3	4	5	6	7
20.	Os membros comunicam os seus erros no sentido de evitar que outros membros comentem os mesmos erros	1	2	3	4	5	6	7

9. Continue a pensar na forma como a sua equipa trabalha como um todo e indique em que medida concorda com cada uma das afirmações. Continue a utilizar a mesma escala.

Na minha equipa...

1.	Elaboramos as nossas ideias com base na informação e ideias dos outros membros.	1	2	3	4	5	6	7
2.	Os membros ouvem atentamente o que os outros elementos têm a dizer	1	2	3	4	5	6	7
3.	Os erros são analisados exaustivamente por todos	1	2	3	4	5	6	7
4.	Analisamos o nosso desempenho em comparação com outras equipas/ unidades	1	2	3	4	5	6	7
5.	Procuramos testar métodos de trabalho alternativos	1	2	3	4	5	6	7
6.	Procuramos aprender e desenvolver as nossas competências	1	2	3	4	5	6	7
7.	Estamos dispostos a arriscar em novas ideias de modo a descobrir o que funciona melhor	1	2	3	4	5	6	7
8.	Discutimos frequentemente os métodos de trabalho	1	2	3	4	5	6	7
9.	Avaliamos regularmente a forma como colaboramos uns com os outros	1	2	3	4	5	6	7
10.	Reconsideramos regularmente os nossos procedimentos de trabalho	1	2	3	4	5	6	7
11.	Avaliamos os resultados das nossas acções	1	2	3	4	5	6	7
12.	Não toleramos os erros uns dos outros	1	2	3	4	5	6	7
13.	É difícil pedir auxílio aos outros membros	1	2	3	4	5	6	7
14.	Somos capazes de discutir entre nós problemas e assuntos difíceis	1	2	3	4	5	6	7

10. Pense agora na forma como a sua **equipa na Unidade de Saúde funciona como um todo**. Indique em que medida concorda ou discorda com cada uma das seguintes afirmações. Utilize, por favor, a seguinte escala:

Discordo Totalmente	Discordo muito	Discordo em parte	Não concordo nem discordo	Concordo em parte	Concordo muito	Concordo Totalmente
1	2	3	4	5	6	7

1.	A minha equipa é composta por indivíduos que trabalham separadamente.	1	2	3	4	5	6	7
2.	A minha equipa está dividida em dois ou mais subgrupos	1	2	3	4	5	6	7
3.	Se eu digo "nós" quando falo sobre a minha equipa, refiro-me a todos os membros da equipa, e não apenas a uma parte deles	1	2	3	4	5	6	7

4.	Esta Unidade de Saúde tem um bom desempenho	1	2	3	4	5	6	7
5.	Os utentes desta Unidade de Saúde estão satisfeitos	1	2	3	4	5	6	7
6.	A minha equipa nesta Unidade de Saúde é eficaz	1	2	3	4	5	6	7

11. As questões que se seguem dizem respeito às **práticas de gestão de recursos humanos (RH)** na sua unidade de saúde. Indique em que medida concorda com cada uma das afirmações. Utilize, por favor, a mesma escala.

1.	A Gestão de RH na unidade de saúde promove um verdadeiro espírito de equipa	1	2	3	4	5	6	7
2.	O sistema de avaliação de desempenho promove a boa performance da equipa	1	2	3	4	5	6	7
3.	A minha equipa reúne com frequência para trocar ideias entre si.	1	2	3	4	5	6	7
4.	Eu e a minha equipa temos recebido formação suficiente	1	2	3	4	5	6	7
5.	As acções de formação que tenho frequentado são úteis para o trabalho que realizo nesta unidade	1	2	3	4	5	6	7
6.	O sistema de avaliação de desempenho é útil.	1	2	3	4	5	6	7

12. Pense agora no **comportamento da liderança** da sua chefia. Indique em que medida concorda com cada uma das afirmações. Por favor, continue a utilizar a mesma escala.

1.	Revê resultados de desempenho relevantes com a equipa	1	2	3	4	5	6	7
2.	Monitoriza a equipa e o desempenho dos colaboradores	1	2	3	4	5	6	7
3.	Sugere novas formas de realizar o trabalho	1	2	3	4	5	6	7
4.	Fornece feedback positivo quando a equipa tem um bom desempenho	1	2	3	4	5	6	7
5.	Contribui com ideias concretas para melhorar o desempenho da equipa.	1	2	3	4	5	6	7
6.	Comunica questões relativas ao trabalho realizado pela equipa e ao seu desempenho	1	2	3	4	5	6	7
7.	Desafia o modo como as coisas estão a funcionar	1	2	3	4	5	6	7
8.	Mantém-se informado sobre o que as outras equipas/unidades estão a fazer.	1	2	3	4	5	6	7
9.	Implementa ou ajuda a equipa a implementarem soluções para os problemas	1	2	3	4	5	6	7
10.	Repara em falhas nos procedimentos ou trabalho desenvolvido pela equipa.	1	2	3	4	5	6	7
12.	Comunica o que é esperado da equipa.	1	2	3	4	5	6	7
13.	Participa na resolução de problemas com a equipa	1	2	3	4	5	6	7
14.	Assegura que a equipa tem objectivos claros de desempenho.	1	2	3	4	5	6	7
15.	Mantém padrões de desempenho claros	1	2	3	4	5	6	7

Para terminar, gostaríamos de lhe solicitar alguns dados socio-demográficos, indispensáveis ao tratamento estatístico dos questionários:

1. Sexo: Masculino Feminino

2. _____ anos

Idade:

3. Profissão: Médico(a) Enfermeiro(a) Administrativo(a) Outra Qual? _____

4. Há quanto tempo trabalha nesta Unidade de Saúde?

Menos de 2 anos 2 a 5 anos 5 a 10 anos 10 a 20 anos Mais de 20 anos

5. Tem funções de chefia? Não Sim De quem? _____

6. Número de pessoas que trabalham na sua equipa: _____

MUITO OBRIGADO PELA SUA PARTICIPAÇÃO!

Descriptive Analysis (Individual-level)

Annex 4 – Individual Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Unit	245	1	30	16,87	8,180
Gender	242	1	2	1,81	,393
Age	221	26	65	45,95	10,413
Job Position	240	1	4	2,10	,864
Headship	236	1	2	1,16	,368
Px. per Team	215	1	50	15,17	7,924
Valid N	197				

Annex 5 – Individual Unit Distribution

Unit	N	%
1	5	2,0
2	11	4,5
3	7	2,9
4	2	,8
5	5	2,0
6	5	2,0
7	3	1,2
8	9	3,7
9	3	1,2
10	4	1,6
11	17	6,9
12	11	4,5
13	6	2,4
14	3	1,2
15	13	5,3
16	8	3,3
17	6	2,4
18	5	2,0
19	10	4,1
20	12	4,9
21	18	7,3
22	7	2,9
23	18	7,3
24	7	2,9
25	9	3,7

26	9	3,7
27	10	4,1
28	11	4,5
29	2	,8
30	9	3,7
Total	245	100,0

Annex 6 – Individual Gender Distribution

Gender	N	%
Male	46	18,8
Female	196	80,0
Total	242	98,8
Total	245	100,0

Annex 7- Individual Age Group Distribution

Age Group	N	%
26 - 34	40	16,2
35 - 43	53	21,6
44 - 52	58	23,7
53 - 60	52	21,2
>60	18	7,4
Total	221	90,1
Total	245	100,0

Annex 8- Individual Job Position Distribution

Job Position	N	%
Doctor	71	29,0
Nurse	80	32,7
Administration	82	33,5
Other	7	2,9
Total	240	98,0
Total	245	100,0

Annex 9- Individual Headship Distribution

Headship	N	%
No	198	80,8
Yes	38	15,5
Total	236	96,3
Total	245	100,0

Annex 10- Individual Team-Size Distribution

Age Group	N	%
1 - 9	65	26,5
10 - 18	70	28,6
19 – 27	71	28,9
28 - 36	8	3,3
>36	1	0,4
Total	215	87,7
Total	245	100,0

Correlation Analysis

Annex 11 – Internal consistency measurement for Shared Temporal Cognitions

Cronbach's Alpha	N of Items
,918	4

Annex 12 - Internal consistency measurement for Temporal Conflict

Cronbach's Alpha	N of Items
,871	3

Annex 13 - Internal consistency measurement for Relationship Conflict

Cronbach's Alpha	N of Items
,743	3

Annex 14 - Internal consistency measurement for Task Conflict

Cronbach's Alpha	N of Items
.851	3

Annex 15 – Group Descriptive Statistics

	rwg_CR	rwg_CT	rwg_CTemp	rwg_STC	rwg_P6
Valid N	30	30	30	30	30
Mean	.5246	.7783	.7064	.6330	.8026
Std. Deviation	.81507	.14633	.15474	.26667	.14114
Minimum	-3.59	.48	.39	-.42	.51
Maximum	1.00	.99	.98	.93	1.00

Note: as this value did not meet the Rwg(j) criteria we decided to remove team 24.

Hypothesis Testing (Group-level)

H1a: High shared temporal cognitions reduce the chances of team’s task conflict.

H1b: High shared temporal cognitions reduce the chances of team’s relationship conflict.

H1c: High shared temporal cognitions reduce the chances of team’s temporal conflict.

H2a: Teams who work closer to the deadline are more likely to experience task conflict.

H2b: Teams who work closer to the deadline are more likely to experience relationship conflict.

H2c: Teams who work closer to the deadline are more likely to experience temporal conflict.

H3: Pacing styles is positively related to shared temporal cognitions about the group task.

Annex 16 – Shared temporal cognitions, Pacing styles and Intragroup Conflict correlation (Pearson's *r*)

		STC_mean	P6_mean	CR_mean	CT_mean	CTemp_mean
STC_mean	Pearson Correlation Sig. (2-tailed) N	1 29	-.359 29	-.536** 29	-.657** 29	-.791** 29
P6_mean	Pearson Correlation Sig. (2-tailed) N	-.359 29	1 29	.163 29	.203 29	.332 29
CR_mean	Pearson Correlation Sig. (2-tailed) N	-.536** 29	.163 29	1 29	.818** 29	.865** 29
CT_mean	Pearson Correlation Sig. (2-tailed) N	-.657** 29	.203 29	.818** 29	1 29	.909** 29
CTemp_mean	Pearson Correlation Sig. (2-tailed) N	-.791** 29	.332 29	.865** 29		

** . Correlation is significant at the 0.01 level (2-tailed).

H4: Pacing styles moderate the relationship between shared temporal cognitions and intragroup conflict in a way that the effect of shared temporal cognitions in healthcare teams on conflict (positive or negative) will be higher in early-action pacing styles.

Annex 17 – Moderation analysis effect of pacing styles on shared temporal cognitions and relationship conflict (correlations)

		CR_mean	STC_c	P6_c	STCXP6
Pearson Correlation	CR_mean	1.000	-.536	.163	.207
	STC_c	-.536	1.000	-.359	-.400
	P6_c	.163	-.359	1.000	.109
	STCXP6	.207	-.400	.109	1.000
Sig. (1-tailed)	CR_mean	.	.001	.199	.141
	STC_c	.001	.	.028	.016
	P6_c	.199	.028	.	.287
	STCXP6	.141	.016	.287	.
N	CR_mean	29	29	29	29
	STC_c	29	29	29	29
	P6_c	29	29	29	29
	STCXP6	29	29	29	29

Annex 18 – Verification of model fit

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.537 ^a	.288	.233	.64805
2	.537 ^b	.288	.203	.66084

Model	R Square Change	F Change	df1	df2	Sig. F Change
1	.288	5.260	2	26	.012
2	.000	.003	1	25	.955

a. Predictors: (Constant), P6_c, STC_c

b. Predictors: (Constant), P6_c, STC_c, STCXP6

Annex 19 – Verification of coefficient fit (ANOVA)

Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	4.418	2	2.209	5.260	.012 ^a
Residual	10.919	26	.420		
Total	15.337	28			
2 Regression	4.419	3	1.473	3.373	.034 ^b
Residual	10.918	25	.437		
Total	15.337	28			

a. Predictors: (Constant), P6_c, STC_c

b. Predictors: (Constant), P6_c, STC_c, STCXP6

c. Dependent Variable: CR_mean

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	3.171	.120		26.348	.000
STC_c	-.559	.181	-.548	-3.090	.005
P6_c	-.055	.289	-.034	-.191	.850
2 (Constant)	3.168	.131		24.108	.000
STC_c	-.563	.200	-.552	-2.813	.009
P6_c	-.056	.295	-.034	-.190	.851
STCXP6	-.023	.412	-.010	-.057	.955

a. Dependent Variable: CR_mean

Annex 20 – Shared temporal cognition and Pacing styles interaction (multiple regression)

Model	Beta In	t	Sig.	Partial Correlation	Collinearity Statistics
					Tolerance
1 STCXP6	-.010 ^a	-.057	.955	-.011	.838

a. Predictors in the Model: (Constant), P6_c, STC_c

b. Dependent Variable: CR_mean

Annex 21 – Moderation analysis effect of pacing styles on shared temporal cognitions and task conflict (correlations)

		CT_mean	STC_c	P6_c	STCXP6
Pearson Correlation	CT_mean	1.000	-.657	.203	.362
	STC_c	-.657	1.000	-.359	-.400
	P6_c	.203	-.359	1.000	.109
	STCXP6	.362	-.400	.109	1.000
Sig. (1-tailed)	CT_mean	.	.000	.146	.027
	STC_c	.000	.	.028	.016
	P6_c	.146	.028	.	.287
	STCXP6	.027	.016	.287	.
N	CT_mean	29	29	29	29
	STC_c	29	29	29	29
	P6_c	29	29	29	29
	STCXP6	29	29	29	29

Annex 22 – Verification of model fit

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.658 ^a	.432	.389	.50635
2	.666 ^b	.444	.377	.51114

Model	R Square Change	F Change	df1	df2	Sig. F Change
1	.432	9.904	2	26	.001
2	.011	.514	1	25	.480

a. Predictors: (Constant), P6_c, STC_c

b. Predictors: (Constant), P6_c, STC_c, STCXP6

Annex 23 – Verification of coefficient fit (ANOVA)

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	5.078	2	2.539	9.904	.001 ^a
	Residual	6.666	26	.256		
	Total	11.744	28			
2	Regression	5.213	3	1.738	6.651	.002 ^b
	Residual	6.532	25	.261		
	Total	11.744	28			

a. Predictors: (Constant), P6_c, STC_c

b. Predictors: (Constant), P6_c, STC_c, STCXP6

c. Dependent Variable: CT_mean

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.605	.094		38.342	.000
	STC_c	-.598	.141	-.670	-4.234	.000
	P6_c	-.054	.226	-.038	-.240	.812
2	(Constant)	3.631	.102		35.725	.000
	STC_c	-.555	.155	-.622	-3.583	.001
	P6_c	-.048	.228	-.033	-.208	.837
	STCXP6	.228	.318	.117	.717	.480

Annex 24 – Shared temporal cognition and Pacing styles interaction in task conflict (multiple regression)

Model	Beta In	t	Sig.	Partial Correlation	Collinearity Statistics	
					Tolerance	
1	STCXP6	.117 ^a	.717	.480	.142	.838

a. Predictors in the Model: (Constant), P6_c, STC_c

b. Dependent Variable: CT_mean

Annex 25 – Moderation analysis on effect of pacing styles on shared temporal cognitions and temporal conflict.

		CTemp_mean	STC_c	P6_c	STCXP6
Pearson Correlation	CTemp_mean	1.000	-.791	.332	.335
	STC_c	-.791	1.000	-.359	-.400
	P6_c	.332	-.359	1.000	.109
	STCXP6	.335	-.400	.109	1.000
Sig. (1-tailed)	CTemp_mean	.	.000	.039	.038
	STC_c	.000	.	.028	.016
	P6_c	.039	.028	.	.287
	STCXP6	.038	.016	.287	.
N	CTemp_mean	29	29	29	29
	STC_c	29	29	29	29
	P6_c	29	29	29	29
	STCXP6	29	29	29	29

Annex 26 – Verification of model fit

Model	R Square Change	F Change	df1	df2	Sig. F Change
1	.629	22.039	2	26	.000
2	.000	.033	1	25	.857

- a. Predictors: (Constant), P6_c, STC_c
- b. Predictors: (Constant), P6_c, STC_c, STCXP6

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	7.598	2	3.799	22.039	.000 ^a
	Residual	4.482	26	.172		
	Total	12.079	28			
2	Regression	7.604	3	2.535	14.157	.000 ^b
	Residual	4.476	25	.179		
	Total	12.079	28			

- a. Predictors: (Constant), P6_c, STC_c
- b. Predictors: (Constant), P6_c, STC_c, STCXP6
- c. Dependent Variable: CTemp_mean

Annex 27 – Verification of coefficient fit (ANOVA)

Annex 28 – Verification of coefficient fit (ANOVA)

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	3.244	.077		42.074	.000
STC_c	-.698	.116	-.772	-6.029	.000
P6_c	.080	.185	.055	.429	.671
2 (Constant)	3.249	.084		38.617	.000
STC_c	-.689	.128	-.762	-5.378	.000
P6_c	.081	.189	.056	.428	.672
STCXP6	.048	.263	.024	.182	.857

a. Dependent Variable: CTemp_mean

Annex 29 – Shared temporal cognition and Pacing styles interaction in temporal conflict (multiple regression)

Model	Beta In	t	Sig.	Partial Correlation	Collinearity Statistics
					Tolerance
1 STCXP6	.024 ^a	.182	.857	.036	.838

a. Predictors in the Model: (Constant), P6_c, STC_c

b. Dependent Variable: CTemp_mean