

Conflicts and Resolution Strategies Adopted by Nursing Professionals in a Brazilian Hospital

Conflitos e Estratégias de Resolução Adotadas por Profissionais de Enfermagem Em Hospital Brasileiro

Conflictos y Estrategias de Resolución Adoptadas por Profesionales de Enfermería en un Hospital Brasileño

RESUMO

Objetivo: Identificar os tipos de conflitos vivenciados por profissionais de enfermagem em unidades de internação hospitalar e analisar as estratégias adotadas para sua resolução. **Método:** Estudo quantitativo, transversal, realizado em um hospital filantrópico de alta complexidade na cidade de São Paulo, com a participação de 191 profissionais de enfermagem. A coleta de dados foi realizada por meio de questionário estruturado, e a análise foi conduzida no software SPSS 20.0, utilizando estatísticas descritivas, testes t, ANOVA, testes não paramétricos e correlação de Pearson, com nível de significância de 5% ($p < 0,05$). **Resultados:** Conflitos de tarefas apresentaram maior média de escores (32,4) do que os conflitos de relacionamento (23,5), com diferença estatisticamente significativa ($p < 0,001$). A colaboração foi a estratégia de enfrentamento mais utilizada (77,9), superando a competição (43,6), também com significância estatística. Identificou-se correlação negativa entre os escores de conflito e o uso da colaboração. **Conclusão:** Os conflitos operacionais são mais prevalentes do que os relacionais no contexto da enfermagem hospitalar, sendo a colaboração a principal estratégia adotada para seu enfrentamento.

DESCRITORES: Enfermagem; Equipe de Enfermagem; Administração de Recursos Humanos em Saúde; Negociação; Administração Hospitalar.

ABSTRACT

Objective: To identify the types of conflicts experienced by nursing professionals in hospital inpatient units and analyze the strategies adopted to resolve them. **Method:** A quantitative, cross-sectional study was conducted in a highly complex philanthropic hospital in the city of São Paulo, with the participation of 191 nursing professionals. Data collection was performed using a structured questionnaire, and analysis was conducted in SPSS 20.0 software, using descriptive statistics, t-tests, ANOVA, nonparametric tests, and Pearson's correlation, with a significance level of 5% ($p < 0.05$). **Results:** Task conflicts had a higher mean score (32.4) than relationship conflicts (23.5), with a statistically significant difference ($p < 0.001$). Collaboration was the most used coping strategy (77.9), surpassing competition (43.6), also with statistical significance. A negative correlation was identified between conflict scores and the use of collaboration. **Conclusion:** Operational conflicts are more prevalent than relational conflicts in the context of hospital nursing, with collaboration being the primary strategy adopted to address them.

DESCRIPTORS: Nursing; Nursing Team; Human Resource Management in Healthcare; Negotiation; Hospital Administration.

RESUMEN

Objetivo: Identificar los tipos de conflictos que experimentan los profesionales de enfermería en unidades de hospitalización y analizar las estrategias adoptadas para resolverlos. **Método:** Estudio cuantitativo transversal realizado en un hospital filantrópico de alta complejidad de la ciudad de São Paulo, con la participación de 191 profesionales de enfermería. La recolección de datos se realizó mediante un cuestionario estructurado y el análisis se realizó en el programa SPSS 20.0, utilizando estadística descriptiva, pruebas t, ANOVA, pruebas no paramétricas y correlación de Pearson, con un nivel de significancia del 5% ($p < 0,05$). **Resultados:** Los conflictos de tarea presentaron una puntuación media superior (32,4) a los conflictos de relación (23,5), con una diferencia estadísticamente significativa ($p < 0,001$). La colaboración fue la estrategia de afrontamiento más utilizada (77,9), superando a la competencia (43,6), también con significancia estadística. Se identificó una correlación negativa entre las puntuaciones de conflicto y el uso de la colaboración. **Conclusión:** Los conflictos operativos son más frecuentes que los relacionales en el contexto de la enfermería hospitalaria, siendo la colaboración la principal estrategia para abordarlos.

DESCRIPTORSE: Enfermería; Equipo de Enfermería; Gestión de Recursos Humanos en Salud; Negociación; Administración Hospitalaria.

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INTRODUCTION

The hospital environment, characterized by high complexity, dynamism, and pressure for results, favors the emergence of interpersonal and organizational conflicts. In this context, nursing professionals, especially nurses, play a strategic role in coordinating care, leading teams, and making decisions, and are often exposed to tensions related to tasks,

interpersonal interactions, and work management⁽¹⁾.

In highly complex hospitals, conflicts are common and usually associated with work stress, functional disarticulation, and difficulties in cooperation among members of the multidisciplinary team. Effective mediation of these situations is essential for professional well-being and quality of care. The choice of coping strategies is influenced by factors such as age, experience, and organizational culture^(2,3,4,5,6).

Among the main factors that intensify conflicts are ineffective communication, lack of consensus on care protocols, and structural barriers such as work overload and unequal distribution of resources⁽²⁾. Conflicts between nurses, nursing technicians, and other health professionals are also recurrent, often resulting from clinical disagreements and communication failures^(2,7).

Internal conflicts within the nursing team are equally prevalent and negatively impact group cohesion, job satisfaction, and quality of care. Their causes include communication failures, interpersonal disagreements, personal contempt (48.6%), labor violations (46.6%), and differences in educational background (26.7%). Although many are short-lived, they require immediate response through negotiation and the search for agreements^(8,9,10,11,12).

Such conflicts can take different forms: interprofessional conflicts, such as those involving nurses and doctors, often arise from differences in care priorities and communication styles⁽³⁾, while intrapersonal conflicts reflect internal tensions, such as demotivation, ethical dilemmas, and dissatisfaction, with negative effects on performance and working relationships⁽⁴⁾.

Although inevitable in organizations, conflicts are not inherently dys-

functional. When well managed, they can foster innovation, review practices, and institutional development. On the other hand, the absence of effective strategies tends to compromise the organizational climate, generate emotional exhaustion, and negatively affect care.

Given this scenario, this study aims to identify the types of conflicts experienced by nursing professionals in hospital inpatient units and analyze the strategies used to resolve them, with a view to contributing to the improvement of conflict management in nursing.

METHODS

This is a cross-sectional correlational study, developed in four surgical inpatient units of a large, high-complexity, philanthropic general hospital located in the city of São Paulo during 2018. The institution has 469 operational beds, five blocks, and approximately 6,422 workers, of whom 2,237 are part of the nursing team, composed of nurses, technicians, and assistants. The study was conducted in four surgical inpatient units, selected for their homogeneous characteristics in terms of the number of nursing professionals, care model, client profile, and physical structure.

The study population consisted of 204 professionals working in the four selected inpatient units, covering morning, afternoon, and night shifts. After applying the inclusion criteria, the final sample totaled 191 professionals: 54 nurses and 137 technicians and assistants.

Professionals who worked in one of the selected units, with at least three months of experience in the role, who were on duty at the time of data collection, and who formally consented by signing the Free and Informed Consent Form (FICF) were included. Those temporarily assigned

to other units, those who were only covering absences in the study units, and those who were in a trial period at the institution were excluded.

The research observed the ethical principles established in Resolution No. 466/2012 of the National Health Council, ensuring anonymity, confidentiality, and voluntary participation⁽¹³⁾. The project was approved by the Research Ethics Committees of the Federal University of São Paulo (UNIFESP) and the hospital institution, under substantiated opinion No. 1,060,067 (CAAE: 42445515.9.3001.5461).

Data collection was performed using a structured questionnaire, preceded by a meeting with the Nursing Coordinators to present the research objectives and procedures. The instrument was previously tested with six professionals, allowing for adjustments. The questionnaires and consent forms were delivered in person at the beginning of shifts in brown envelopes to ensure confidentiality.

A descriptive and inferential analysis was performed on the scores for types of conflicts (task and relationship) and resolution (competition and collaboration). The scores were standardized on a scale of 0 to 100 points, which allowed for comparison between the different dimensions evaluated. For example, in the case of task conflict, consisting of five items, the minimum and maximum raw scores (5 and 25 points, respectively) corresponded to the extremes of the standardized scale, i.e., 0 and 100 points⁽¹⁴⁾.

The data were entered into a Microsoft Excel® spreadsheet and analyzed using SPSS® 20.0 software. Descriptive analyses (absolute and relative frequencies, measures of central tendency and dispersion) and statistical tests were used: Student's t-test (for independent and paired samples), Analysis of Variance (ANO-

VA) with Duncan's test for multiple comparisons, Mann-Whitney and Kruskal-Wallis nonparametric tests (with Dunn-Bonferroni post-test when necessary), and Pearson's correlation coefficient. A significance level of 5% ($p < 0.05$) was adopted. The results are presented in tables and scatter plots.

RESULTS

This section presents the main findings of the quantitative analysis, focusing on the types of conflicts experienced (tasks and relationships) and the resolution strategies adopted (collaboration and competition). The data, organized by descriptive

measures, statistical tests, and scatter plots, allow us to understand the intensity of conflicts and their relationship with coping modes, contributing to the understanding of the managerial profile of nurses in highly complex hospital contexts.

Table 1 shows the mean, standard deviation, minimum, maximum, quartiles, and median values, as well as the total number of respondents. Also noteworthy is the analysis of the differences between task and relationship conflict scores, as well as between collaboration and competition strategies, whose values were tested for statistical significance using Student's t-test for paired samples.

statistically significant ($p < 0.001$), indicating a predominance of operational conflicts over interpersonal ones.

Regarding conflict resolution strategies, greater adherence to the collaboration strategy was observed, with a mean of 77.9 points (SD = 20.4), a median of 83.3, and an interquartile range between 66.7 and 91.7. These results indicate a strong preference for approaches based on dialogue, cooperation, and the search for integrative solutions.

In contrast, the competition strategy had an average of 43.6 points (SD = 29.2), with a median of 41.7 and a wide variation (0 to 100), showing a more moderate use of this approach, characterized by assertive or imposing attitudes. The average difference between collaboration and competition was 34.3 points (SD = 32.1), also statistically significant ($p < 0.001$), which reinforces the tendency of nursing professionals to prefer collective strategies for dealing with conflicts.

In order to deepen the understanding of the relationship between the types of conflicts experienced by nursing professionals and the strategies adopted for their resolution, Pearson's correlation analysis was performed between conflict scores (tasks and relationships) and coping strategies (competition and collaboration). This analysis aims to identify patterns of association between variables, allowing us to infer possible behavioral trends in coping with conflicts in the hospital environment (Table 2).

Table 1 - Distribution of conflict scores and conflict resolution strategies.

Variables	Mean	Standard Deviation	Minimum	Maximum	1st Quartile	Median	3rd Quartile	N	p
Task Conflict	32,4	18,8	0,0	80,0	20,0	30,0	45,0	191	<0,001
Relationship Conflict	23,5	19,3	0,0	79,2	8,3	20,8	29,2	191	
Difference (Tasks-Relationships)	8,9	11,5	-45,8	46,7	0,8	8,3	15,8	191	
Competition Strategy	43,6	29,2	0,0	100,0	25,0	41,7	66,7	191	<0,001
Collaboration Strategy	77,9	20,4	8,3	100,0	66,7	83,3	91,7	191	
Difference (Collaboration - Competition)	34,3	32,1	-66,7	100,0	8,3	33,3	58,3	191	

p – Descriptive level of Student's t-test for paired samples.

The descriptive analysis of the scores obtained in Table 1 shows that task conflicts had a mean of 32.4 points (SD = 18.8), with values ranging from 0 to 80. The median was 30.0, and the quartiles (Q1 = 20.0; Q3 = 45.0) indicate that, for most participants, conflicts related to task execution, distribution of responsibilities,

and work organization occur with moderate intensity.

Relationship conflicts, on the other hand, had a lower average of 23.5 points (SD = 19.3), ranging from 0 to 79.2. The median was 20.8, with an interquartile range between 8.3 and 29.2, suggesting lower intensity compared to task conflicts. The mean difference between the two types of conflict was 8.9 points (SD = 11.5),

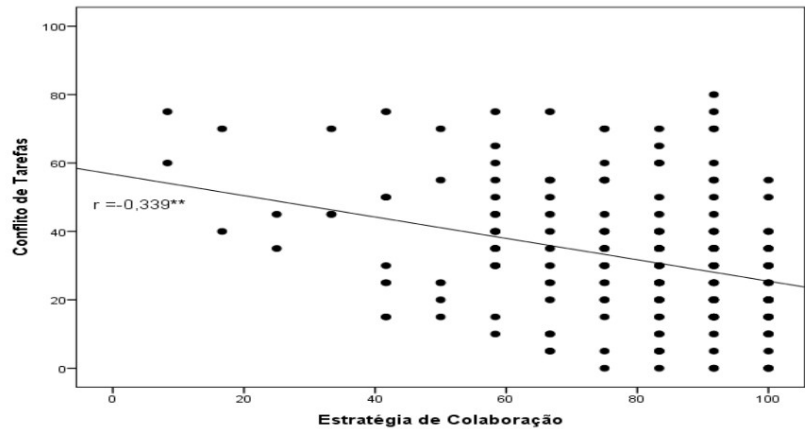
Table 2 - Distribution of Pearson's correlation (r) between conflict type scores and conflict resolution strategies.

Strategies	Conflicts	
	Tasks	Relationships
Competition	0,013	-0,005
Collaboration	-0,339*	-0,302*

The results presented in Table 2 indicate weak and negative correlations, but statistically significant ($p < 0.001$), between conflict scores and collaboration strategy. Specifically, a correlation of -0.339 was observed between task conflict and collaboration, and -0.302 between relationship conflict and collaboration. These findings suggest that the greater the perception of conflict—whether operational or relational—the less likely it is that a collaborative strategy will be used to resolve it. On the other hand, no significant correlations were identified between conflict scores and the competition strategy ($r = 0.013$ for tasks and $r = -0.005$ for relationships), indicating no association between these variables. These results reinforce the complexity of dealing with conflicts in nursing practice, pointing to the need to strengthen the use of collaborative strategies even in high-tension contexts.

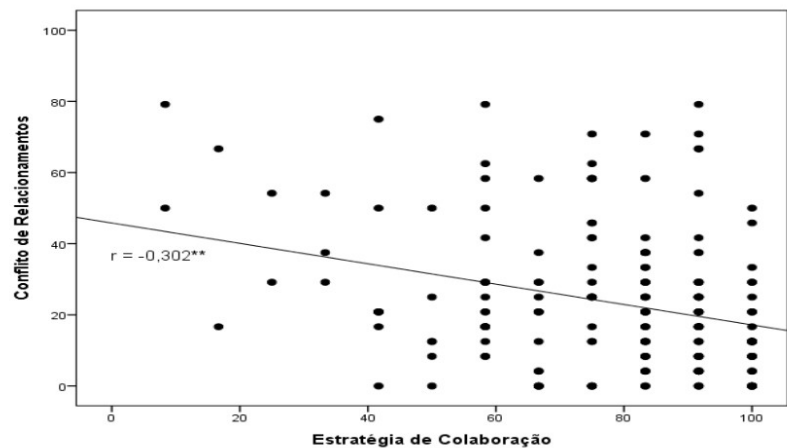
Figures 1 and 2 illustrate the dispersion of task and relationship conflict scores in relation to the use of the collaboration strategy, showing a negative correlation between these variables. The graphs indicate that higher levels of conflict are associated with less adoption of cooperative approaches, which contributes to understanding the behavior of nursing professionals in conflict situations in the hospital environment.

Figure 1 - Scatter plot between task conflict score and collaboration strategy.



In Figure 1, it can be observed that as task conflict scores increase, there is a tendency for collaboration strategy scores to decrease.

Figure 2 - Scatter plot between relationship conflict scores and collaboration strategy.



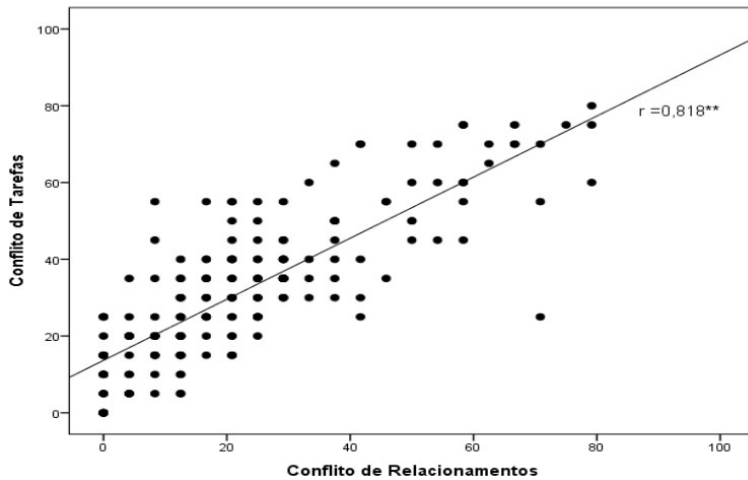
A similar pattern is identified in Figure 2, which relates relationship conflict scores to collaboration, indicating that higher levels of interpersonal conflict are associated with less adoption of collaborative strategies.

These visual findings reinforce the statistical results presented in Table 2 and suggest that intensified conflicts may hinder the choice of cooperative approaches, requiring specific inter-

ventions to strengthen the culture of dialogue and joint resolution in the hospital environment.

Figures 3 and 4 show the dispersion between conflict scores and the scores of the resolution strategies adopted by nursing professionals.

Figure 3 - Scatter plot between conflict scores.



Graph 3 shows a strong positive correlation between task and relationship conflict scores, indicating that as the perception of one type of conflict increases, the other also tends

to intensify, suggesting coexistence or overlap between the operational and relational dimensions of conflict in everyday hospital life.

Figure 4 - Scatter plot between strategy scores.

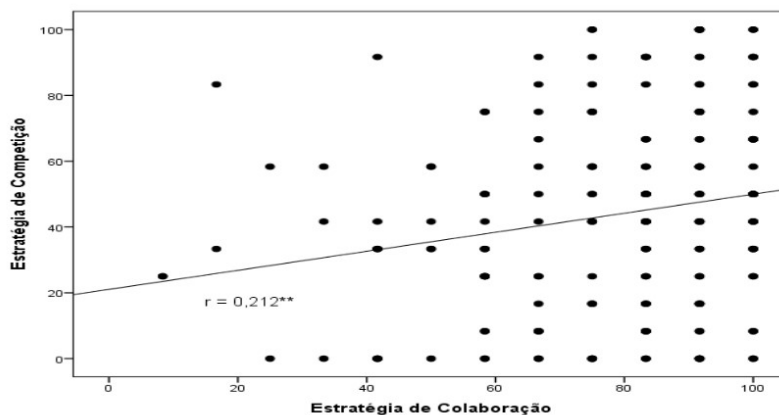


Figure 4 shows a positive but weak correlation between the scores for collaboration and competition strategies, which points to the possibility of partial coexistence of these approaches in the coping styles adopted by professionals. These findings reinforce the complexity of conflict management in nursing, revealing that differ-

ent dimensions of conflict and their respective resolution strategies can be related in simultaneous and complementary ways.

DISCUSSION

The findings of this study highlight the significant presence of conflicts

in the daily lives of nursing professionals in hospital units, with a predominance of task conflicts. These conflicts are often associated with operational challenges, such as work organization, role overload, and undefined responsibilities, which, at moderate intensity, can drive institutional improvements. However, when exacerbated, they compromise team efficiency, quality of care, and professional satisfaction.

Although less prevalent, relationship conflicts also deserve attention, as they reveal weaknesses in communication flows, interpersonal interactions, and interprofessional dynamics. Considering that nursing constitutes the largest health category in Brazil⁽¹⁵⁾, it is natural that its professionals are more exposed to situations of tension and vulnerability in hospital contexts. Intense conflicts, regardless of their nature, generate deleterious effects, such as emotional exhaustion, absenteeism, turnover, weakening of cooperative ties, and deterioration of the organizational climate. Studies with nurse leaders point to relationship conflicts as especially prevalent in this group⁽¹⁶⁾, revealing the interdependence between different types of conflict, both marked by emotional components that emerge from the perception of threat, instability, and disruption of working relationships⁽¹⁷⁾.

In this study, collaboration was observed to predominate as a coping strategy ($p < 0.001$), surpassing competition. The valorization of practices based on dialogue, active listening, and joint construction of solutions expresses an orientation toward strengthening healthier and more productive professional relationships⁽¹⁸⁾. International findings corroborate this trend⁽¹⁹⁾, although other studies identify avoidance as a recurring strategy, especially in environments marked by denial or postponement of conflicts⁽²⁰⁾. In some contexts, the

adoption of a compromise strategy, aimed at partial reconciliation of interests, is also observed.

Statistical analysis revealed a negative correlation between conflict scores and the use of collaboration, indicating that more intense levels of conflict tend to reduce the adoption of cooperative approaches⁽²¹⁾. This reinforces the idea that collaboration and competition obey different logics: while the former privileges the common good, consensus, and shared responsibility, the latter is generally associated with individual interests, power struggles, centralized decision-making, and ambiguity in professional roles⁽¹⁸⁾. In this sense, it is essential that managers recognize and intervene appropriately in conflicts, promoting training focused on a culture of cooperation and the strengthening of relational skills.

Additionally, structural and organizational factors aggravate the conflicts experienced by nursing professionals. Multiple employment relationships and long working hours contribute to overload, increasing tension in the workplace. Nursing technicians and assistants, in particular, face more adverse conditions, such as low wages, precarious contracts, and the need for informal activities, which directly affect their physical and mental health⁽²²⁾. Precarious working conditions, combined with a lack of infrastructure and supplies, aggravate ergonomic strain and increase vulnerability to conflicts⁽²³⁾.

Relationship conflicts, in turn, are complex and multi-causal phenomena, manifesting themselves at multiple levels - from interpersonal interactions to relationships with clients, family members, and multidisciplinary teams. These conflicts can result from communication failures, undefined responsibilities, divergent values, and discriminatory factors such as racism and ageism^(24,25). In

critical clinical situations, especially in emergencies, nursing professionals experience ethical-relational conflicts with family members related to unrealistic demands, control of care, verbal abuse, and controversial decisions, such as hospitalizations and life support^(26,27).

From an interprofessional perspective, conflicts are influenced by power struggles, decision-making difficulties, and a lack of effective communication^(28,29). Ethical conflicts, on the other hand, arise from moral dilemmas and adverse institutional conditions, such as resource scarcity and limited professional autonomy⁽³⁰⁾. In this scenario, the role of leadership is crucial. Strategies based on active listening, empathy, negotiation, and ethical conduct are indispensable for mediating tensions and promoting collaborative and sustainable work environments⁽³¹⁾. Effective conflict management therefore requires continuous investment in team training, institutional support structures, and the development of emotional and relational skills by leaders^(24,28,29,31).

Nursing professionals exposed to high levels of conflict often report symptoms of burnout, which can result in increased absenteeism and, in more severe cases, termination of employment (Mobaraki et al., 2020). The mental and physical health of these workers directly impacts the quality of care provided, since professionals under stress and subjected to unhealthy conditions tend to have greater difficulty in offering safe, effective, and humanized care⁽³²⁾.

From an interprofessional perspective, conflicts are often influenced by power struggles, difficulties in decision-making processes, and a lack of effective communication between team members^(28,29). Ethical conflicts, in turn, arise from moral dilemmas and adverse institutional conditions, such as resource scarcity, work over-

load, and limited professional autonomy⁽³⁰⁾.

In this context, the role of leadership becomes central. Strategies based on active listening, empathy, negotiation, and ethical conduct are fundamental for mediating tensions and building more collaborative, safe, and sustainable work environments⁽³¹⁾. Effective conflict management therefore requires continuous investment in team training, institutional support structures, and the strengthening of emotional and relational skills on the part of leaders and managers^(24,28,29,31).

The absence of such strategies can have significant impacts on the health of professionals. Those exposed to high levels of conflict often report symptoms of burnout, which contributes to increased absenteeism and, in more severe cases, to the termination of employment⁽³²⁾. The mental and physical health of the nursing team directly influences the quality of care provided, as professionals under stress and subjected to unhealthy conditions have greater difficulty in offering safe, effective, and humanized care⁽³³⁾.

CONCLUSION

The study revealed the significant presence of conflicts in the daily routine of hospital nursing, with a predominance of task-related conflicts, especially those associated with work organization, overload, and undefined roles. These conflicts had higher scores than interpersonal conflicts, which, although less frequent, negatively impact the organizational climate and the well-being of teams.

Collaboration stood out as the main coping strategy, significantly surpassing competition and reflecting the value placed on dialogue and the joint construction of solutions. However, the negative correlation between the intensity of conflicts and the use of collaboration suggests that higher

tensions reduce the adoption of cooperative practices.

The main contribution of the study is the articulation between types of conflict, coping strategies, and the highly complex hospital context, highlighting management patterns that are still little explored in the national literature. The findings reinforce the need for investments in continuing education focused on the devel-

opment of relational, emotional, and communication skills, as well as in management models based on mediation and cooperation.

Limitations include the fact that the research was conducted in a single hospital and the use of a self-administered instrument, which may limit generalization and introduce response biases. Nevertheless, the results offer relevant insights for improv-

ing conflict management in nursing.

It is recommended that future research explore the influence of organizational, cultural, and subjective factors on conflict dynamics and the strategies adopted, expanding knowledge about their impacts on the quality of care, working conditions, and mental health of teams.

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