

Conflict Management Strategies among Nurses: A Survey Study at a General Hospital

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ABSTRACT

OBJECTIVE: This study aims to examine the conflict management strategies used by nurses at Meuraxa General Hospital in Banda Aceh and to analyze the most common approaches for resolving workplace conflicts.

METHODOLOGY: The study employed a descriptive survey design, and 266 nurses were selected using snowball sampling. Data were gathered over a three-week period from August 10 to 31, 2025. Data were gathered using a structured questionnaire on conflict management strategies adapted from Marquis & Huston's framework. The questionnaire examined six strategies: compromise, competition, accommodation, smoothing, avoidance, and collaboration. Descriptive statistics were analyzed with SPSS v27 to display the frequency and percentage of each strategy.

RESULTS: The analysis revealed that most nurses used collaboration (61.28%) as their primary conflict management strategy, followed by compromise (54.1%), smoothing (51.33%), and competition (49.28%). Then, avoiding (54.89%) and accommodation (56.02%) were less frequently employed strategies. Overall, 49.25% of respondents demonstrated active conflict management.

CONCLUSION: This study finds nurses at Meuraxa General Hospital mainly use collaborative conflict management, with compromise and smoothing also common, aligning with collectivist values. However, reliance on these strategies may prioritize harmony over resolving root conflicts, potentially limiting organizational learning, assertive communication, and patient safety reporting. The findings suggest that hospitals should strengthen conflict management skills through ongoing training and leadership support, and incorporate conflict indicators into performance and quality initiatives to improve teamwork and care quality.

KEYWORDS: Conflict Resolution, Hospitals, Negotiating, Surveys, Quality of Healthcare

INTRODUCTION

Healthcare organizations, especially nursing units, often face conflicts due to complex interactions, rapid decision-making, and high workloads. In the past, conflicts in nursing were perceived as negative factors that disrupted workflow and reduced teamwork. Theorists in the early days of organizations believed that conflict was a sign of dysfunction that must be eliminated to maintain stability and productivity¹. Modern viewpoints emphasize that effective conflict management can lead to functional outcomes, including improved communication, increased creativity, and enhanced team cohesion². Nurses in clinical practice settings often face conflicts arising from differences in professional values, communication breakdowns, interpersonal tensions, unclear role expectations, and resource limitations. Previous studies demonstrate that unresolved conflict can lead to job dissatisfaction, burnout, turnover intentions, and compromised patient outcomes^{3,4}. Managing conflict effectively is linked to improved team performance, higher morale, and safer patient care environments⁵.

In nursing, conflict management strategies are often conceptualized using Marquis & Huston's framework, which comprises six approaches: avoidance, accommodation, competition, compromise, smoothing, and collaboration². Previous research has shown that individual characteristics, organizational culture, and leadership roles influence the use of strategy. In Aceh, a study found that effective conflict management had a significant positive impact on nurses' job satisfaction⁶. Other studies have shown that nurses often use avoidance and accommodation due to hierarchical structures and limited autonomy in healthcare systems⁷.

Evidence suggests that nurses worldwide prefer accommodating or compromising behaviors, particularly in collectivistic cultures where harmony is valued over conflict⁸. Reliance on non-confrontational strategies may inhibit constructive dialogue, impede problem resolution, and negatively impact psychological safety within teams⁹. Despite being the most effective long-term strategy, collaboration is often underused, even though it is strongly linked to healthier organizational climates and reduced medical errors⁴.

Although conflict management is gaining recognition, there is still limited data on hospital settings in Indonesia, especially in Banda Aceh. Nurses at Meuraxa General Hospital must navigate complex

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interpersonal dynamics due to diverse clinical demands, resource limitations, and evolving safety standards in a unique environment. Understanding the common conflict management strategies used by nurses in this setting is key to developing targeted interventions that enhance teamwork and improve the patient safety culture¹⁰.

This research aims to examine the conflict management strategies used by nurses at Meuraxa General Hospital and to identify the most common approaches. This study is important because it provides empirical evidence to support leadership training, enhance capacity-building efforts, and influence policies aimed at improving workplace relationships and patient safety outcomes.

METHODOLOGY

Study Design, Population, and Sample

A quantitative descriptive survey design was utilized in this study¹¹ to examine the conflict management techniques used by nurses at Meuraxa General Hospital in Banda Aceh. The study was carried out in clinical units comprising inpatient wards, emergency departments, intensive care units, outpatient clinics, surgical units, and other direct-care locations. Data was collected over a period of three weeks from August 10-31, 2025.

The study population at Meuraxa General Hospital included 428 registered nurses. The sample was selected through purposive sampling to ensure that all actively practicing nurses were properly represented. Approximately 266 eligible respondents were identified using the inclusion criteria and a specific sampling timeframe to determine the sample size.

The Inclusion criteria included: (1) registered nurses (PNS, PPPK, or contract) actively working in clinical units; (2) at least one year of tenure at Meuraxa General Hospital at the beginning of data collection; (3) direct involvement in patient care; (4) availability throughout the entire data collection period; and (5) willingness to give informed consent and complete the questionnaire.

Exclusion criteria included: (1) nurses on extended leave (sick, maternity, study leave, or annual leave exceeding 14 working days); (2) nurses assigned temporarily outside the hospital; (3) administrative nurses with no patient-care role; and (4) incomplete questionnaires (>20% unanswered items).

Instrument

A structured questionnaire was used to collect data, with two sections: respondent characteristics and conflict management strategies. The conflict management tool was developed by Daniyanti and Kamil⁶ and aligns with the conflict management framework². The tool contains 20 items classified into six strategy domains: compromise (1–4), competition (5–7), cooperation (8–10), smoothing (11–13), avoidance (14–16), and collaboration (17–20).

A five-point Likert scale was used to measure responses, which ranged from 'never' (1) to

'always' (5). The strategy categorization was determined, with scores \geq the mean indicating that the strategy is used frequently¹². The instrument's psychometric properties are acceptable, with validity correlations of 0.632 and Cronbach's alpha of 0.75⁶.

Data Analysis

The data analysis was conducted using SPSS version 27. The data was checked for completeness, coding accuracy, outliers, and missing values before analysis. To summarise demographic variables and conflict management strategies, descriptive statistics were used, including frequencies, percentages, means, and standard deviations. The prevalence of each strategy was measured as the percentage of respondents with domain scores above the sample mean¹². The findings were presented in both tabular and narrative formats.

Ethical Statement

Ethics approval was obtained from the Health Research Ethics Committee of Universitas Syiah Kuala (No. 113004310725). All participants provided written informed consent, and participation was entirely voluntary. All procedures adhered to the principles of the Declaration of Helsinki and local research governance standards.

RESULTS

Demography of Respondents

Table I: Demographics of Respondents (n=266)

Demography	Frequency	%
Gender		
Woman	212	79.7
Man	54	20.3
Age (Years)²² (Min-Max= 22-50; M= 34.31±5.84; Median=34.5; Mode= 35)		
Last Education		
Diploma	169	63.5
Bachelor of Nursing	93	35
Master of Nursing	4	1.5
Employment Status		
Civil Employee	33	12.4
PPPK	159	59.8
Contract	74	27.8
Marital Status		
Unmarried	47	17.7
Marry	215	80.8
Widow/Widower	4	1.5

Working Period (Years)

(Min-Max= 1-28; M=7.58±5.93; Median= 6; Mode= 2)

As shown in **Table I**, a total of 266 nurses were involved in this study. The majority of respondents (79.7%) were females, with an average age of 34.31±5.84 years (range 22–50). The majority of respondents had a Diploma in Nursing (63.5%), and PPPK employed 59.8%. The majority of participants (80.8%) were married, and the average length of employment was 7.58±5.93 years, ranging from 1 to

28 years.

Conflict Management Strategy

Table II: Conflict Management Strategy Among Nurses (n= 266)

Strategy	Category	f	%
Sub Variables			
Compromise	Most frequently used	145	54,51
	Least utilized	121	45,49
Competition	Most frequently used	131	49,25
	Least utilized	135	50,75
Accommodation	Most frequently used	117	43,98
	Least utilized	149	56,02
Smoothing	Most frequently used	136	51,13
	Least utilized	130	48,87
Avoidance	Most frequently used	120	45,11
	Least utilized	146	54,89
Collaboration	Most frequently used	163	61,28
	Least utilized	103	38,72
Variable			
Conflict Management	Most frequently used	131	49,25
	Least utilized	135	50,75
Total		266	100%

Based on **Table II**, the three most frequently used conflict management strategies among nurses (n = 266) were collaboration, compromise, and smoothing. Collaboration was the dominant strategy, reported by 61.28% of nurses, highlighting a strong preference for cooperative and problem-solving approaches in conflict situations. Then, it was followed by compromise (54.51%), indicating nurses' tendency to seek mutually acceptable solutions, and smoothing (51.13%), reflecting efforts to maintain harmony and reduce tension. Overall, these findings suggest that nurses predominantly favor constructive, relationship-oriented strategies for managing workplace conflict.

DISCUSSION

The findings show that nurses at RSUD Meuraxa most often use collaboration and compromise to manage conflicts. Meanwhile, avoidance and accommodation are among the least common strategies for resolving workplace conflict. These results suggest that nurses generally address conflict through cooperation and open dialogue, defining characteristics of collaborative strategies. Collaboration highlights teamwork through open communication and shared decision-making that considers everyone's interests, an approach proven to improve nursing team effectiveness and minimize miscommunication in clinical units¹³.

The preference for collaborative strategies mirrors the cultural traits of Indonesia's healthcare workforce, which generally values harmony, collectivism, and positive interpersonal relationships at work. Daniyanti and Kamil also stated that nurses in Aceh prefer cooperative conflict management approaches because open conflict can cause emotional distress and destabilize team cohesion⁶. Indonesia's collectivist culture further supports this behavior,

emphasizing the importance of maintaining good relationships and preventing divisions as core organizational values in the healthcare setting¹⁴.

Nonetheless, the frequent use of compromise and smoothing strategies suggests that some nurses may prioritize maintaining social harmony over fully addressing underlying issues. Compromise, often seen as a quick way to resolve conflicts, can lead to temporary solutions because each side only partially meets its interests, leaving the fundamental causes of the conflict unaddressed². Similarly, smoothing, which involves avoiding confrontation and temporarily easing tension, is widely reported as a common approach among nurses, especially within hierarchical work relationships or in situations with power imbalances within teams¹².

Overreliance on compromise and smoothing can subtly impact the patient safety culture, especially concerning incident reporting practices¹⁵. Research shows that nurses who steer clear of conflict or overly focus on maintaining harmony are less inclined to report safety incidents, fearing they might offend colleagues or create tension within the team^{10,16}. These tendencies may weaken the effectiveness of incident reporting systems, which are vital for preventing adverse events and enhancing service quality¹⁷.

Furthermore, avoiding or diffusing conflict without addressing underlying issues can hinder organizational learning. Healthcare organizations need cultures where conflict is seen as an opportunity for process improvement and patient safety risk identification, rather than as a threat to team harmony¹⁸. Therefore, while collaborative strategies positively impact patient safety, the frequent reliance on compromise and smoothing indicates a need to enhance nurses' ability to choose more effective strategies. These solution-focused conflict management strategies promote long-term improvements.

Overall, the pattern of conflict management strategies reveals both strengths and limitations in nurses' conflict skills. The main strength is their strong inclination toward collaboration, fostering open communication and teamwork. However, the prominence of compromise and smoothing suggests a need to improve nurses' conflict analysis and assertive communication skills to enable them to resolve disputes effectively without risking relationships or patient safety.

CONCLUSION

This study shows that nurses at Meuraxa General Hospital primarily rely on collaboration, with less use of compromise and smoothing. This suggests a preference for constructive, relationship-focused conflict resolution, aligning with collectivist cultural values. However, overusing compromise and smoothing might favor social harmony at the expense of addressing underlying issues, thereby limiting

organizational learning, assertive communication, and safety reporting. These insights highlight key policy considerations, such as integrating conflict management skills into hospital policies through ongoing training, fostering supportive leadership that promotes psychological safety, and including conflict management metrics in performance and quality assessments to improve teamwork and care quality.

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Conflict of interest: The authors declare no conflict of interest in the study.

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Data Sharing Statement: The corresponding author can provide data supporting the findings of this study upon request. Privacy or ethical restrictions bound us from sharing the data publicly.

AUTHOR CONTRIBUTION

Putra A: Responsible for the study's conception, methodology design, and supervision of data collection.

Kamil H: Managed the project administration, aided in data interpretation, and supervised the manuscript review and editing process.

Yuswardi Y: Involved in developing instruments, validating data, and reviewing literature.

Mahdarsari M: Involved in the recruitment, data curation, and field supervision of participants.

Fitri A: Performed a formal data analysis and assisted in drafting the outcomes.

Maurissa A: Involved in conducting statistical checks and contributed to writing the discussion.

The final manuscript was reviewed and approved by all authors.

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