

Intragroup Conflict and Resolution Styles Among Staff Nurses in a Government Hospital

Princess Mary Lynn R. Sunico, RN, Joan P. Bacarisas, DM, MAN, RN

Graduate School of Allied Health Sciences, University of the Visayas

DOI: <https://dx.doi.org/10.51584/IJRIAS.2026.110200147>

Received: 08 February 2026; Accepted: 13 March 2026; Published: 21 March 2026

ABSTRACT

Workplace conflict is a common challenge in healthcare settings, affecting teamwork, communication, and patient care outcomes. This study examined the relationship between intragroup conflict and conflict resolution styles among staff nurses in a government hospital in Surigao City focusing on task, relationship, and process conflicts and how these relate to nurses' ways of handling disagreements. A quantitative descriptive–correlational research design was used. The respondents were staff nurses from different hospital units, varying in age, sex, educational attainment, years of service, area of assignment, and employment status. Data were gathered using a structured questionnaire composed of an intragroup conflict scale and a conflict resolution styles inventory measuring integrating, obliging, dominating, avoiding, and compromising styles. Descriptive statistics were used to summarize nurses' characteristics, levels of conflict, and conflict resolution styles, while inferential statistics were applied to determine significant relationships among the variables. The findings showed that nurses' personal and professional characteristics were significantly related to their levels of intragroup conflict. Relationship and process conflicts were particularly influential in shaping conflict management behaviors. Relationship conflict was significantly associated with the integrating style, while all types of intragroup conflict were significantly related to the dominating style. Process conflict was also significantly related to the compromising style. In contrast, obliging and avoiding styles were not significantly associated with any type of conflict. Intragroup conflict plays a crucial role in how nurses manage workplace disagreements, highlighting the need for effective conflict management programs to strengthen teamwork and support quality patient care.

Keywords: Intragroup conflict, Conflict resolution styles, Staff nurses, Hospital workplace, Teamwork

INTRODUCTION

Conflict is a natural part of interaction in dynamic workplaces such as hospitals, where the demands of accuracy, teamwork, and timely decision-making often lead to differences in opinions and priorities. In nursing practice, intragroup conflict may occur as task conflict, relationship conflict, or process conflict, and the way these conflicts are managed through styles such as integrating, obliging, dominating, avoiding, and compromising can determine whether disagreements lead to improvement or disrupt teamwork and patient care (Kayser & Kaplan, 2020; Skyvell Nilsson et al., 2024; Akhtar & Syeda, 2021). Studies show that constructive conflict resolution strengthens relationships and reduces stress, whereas unresolved conflict contributes to tension, burnout, and reduced care quality (da Silva Ferreira et al., 2024). In hospital settings, conflicts may arise from shift transitions, unclear roles, communication breakdowns, or competing priorities, which can delay care and weaken teamwork. While intergroup conflict has been widely studied, intragroup conflict among nurses in government hospitals remains less explored, particularly within contexts influenced by staffing shortages, hierarchical structures, and cultural values. This study therefore examines the interrelationship among personal characteristics, intragroup conflict, and conflict resolution styles among staff nurses in a government hospital in Surigao City, Philippines, aiming to support better teamwork, communication, and patient care while contributing to SDG 3 (Good Health and Well-being) and SDG 8 (Decent Work and Economic Growth).

Research Questions

This study was to assess the interrelationship among personal characteristics, intragroup conflict and conflict resolution styles among staff nurses in a government hospital in Surigao City, Philippines for the year 2025.

The study specifically answered the following queries:

What was the personal characteristics of the nurses in terms of:

- a. age;
- b. sex;
- c. civil status;
- d. highest educational attainment;
- e. years of nursing experience;
- f. years of experience in current hospital;
- g. current area assignment; and
- h. employment status?

What was the intragroup conflict encountered by staff nurses in terms of:

1. task conflict;
2. relationship conflict; and
3. process conflict?

What was the conflict resolution styles used by the nurses in terms of:

- a. integrating;
- b. obliging;
- c. dominating;
- d. avoiding; and
- e. compromising?

Was there a significant relationship between:

1. personal characteristics and intragroup conflict;
2. personal characteristics and conflict resolution styles; and
3. level of intragroup conflict and conflict resolution styles?

What organizational justice and professional identity enhancement plan could be proposed based on the findings of the study?

Statement of Null Hypothesis

H₀₁: There was no significant relationship between personal characteristics and intragroup conflict among nurses.

H₀₂: There was no significant relationship between personal characteristics and conflict resolution styles among nurses.

H₀₃: There was no significant relationship between the intragroup conflict and conflict resolution among nurses.

REVIEW OF RELATED LITERATURE AND STUDIES

Intragroup Conflict Among Nurse. Intragroup conflict is common among nurses working in interdependent teams. Among its types, task conflict is the most frequent but usually does not harm well-being, while relationship conflict is the most damaging as it increases stress, burnout, and depression. Process conflict also brings negative emotions, showing that unresolved conflicts can affect both the nurses' health and the hospital's work environment (Tafvelin et al., 2020). Intragroup conflict in hospitals often affects teamwork quality, communication, and overall performance. While task, relationship, and process conflicts may disrupt coordination and create tension among nurses, they can also encourage creativity and problem-solving when managed properly. Effective handling of these conflicts helps maintain collaboration, improves patient care, and promotes a more positive work environment (Suifan et al., 2020). In addition, intragroup conflict is shaped by the level of commitment and identification that nurses have with their group, organization, and profession. Strong affective, normative, and professional commitment can lessen relationship, process, and task conflicts, while personal factors such as self-esteem, self-control, and self-efficacy also influence how these conflicts develop. Leadership and organizational support also play an important role in preventing and reducing these conflicts by fostering identification, engagement, and a healthy work culture (Krajcsák, 2021).

Recent studies continue to show that intragroup conflict is a persistent issue in healthcare organizations. Nikitara (2024) found that conflicts in nursing are mainly caused by communication problems, leadership gaps, and high workloads, and that unresolved intragroup conflict negatively affects job satisfaction and care quality. Other studies identified relationship, task, logistical, and contribution conflicts among nurses and linked them to personality traits and workplace dynamics (Healthcare MDPI, 2023). Communication breakdowns among critical-care nurses intensify tensions and compromise patient safety (Ahmed et al., 2022), while poor teamwork resulting from intragroup conflict is directly linked to missed nursing care (Ghezalje et al., 2021). Weak colleague solidarity and role conflict also decrease job performance (Wang et al., 2023), whereas emotionally intelligent nurses demonstrate more collaborative responses to conflict (Kılıç, 2024). Studies from international and Philippine contexts show that workload, leadership, and lack of rest intensify tensions within nursing teams (Abraham, 2024; Alibudbud, 2023).

Conflict Resolution Styles. Conflict naturally arises in healthcare because of heavy workloads, unclear roles, and communication gaps, often leading nurses to experience moderate levels of intragroup conflict. Conflict management training can reduce job-related conflicts and encourage collaborative approaches that improve teamwork and patient care (Rezaei et al., 2022). Studies show that compromising, collaborating, and accommodating are the most commonly used resolution styles, while avoiding and competing are less preferred, and these choices are often influenced by factors such as gender, age, education, and work experience (Hussain et al., 2023). Emotional intelligence also influences how nurse managers handle conflicts, with higher levels associated with integrating and compromising approaches that strengthen workplace relationships (Assi et al., 2023). In Philippine hospitals, nurses commonly rely on collaboration to resolve conflicts, as it promotes mutual understanding and effective problem-solving (Abraham, 2024), while supportive environments improve patient safety, caring behaviors, and professional self-efficacy (Berdida & Alhudaib, 2024).

Research across international contexts shows similar patterns in conflict resolution styles, with collaborative and compromising approaches contributing to better teamwork and patient outcomes (Bashir et al., 2022; Lemana et al., 2024). Contextual relationships may shape how conflicts are handled, while unresolved conflicts negatively affect patient care and staff morale (Baddar et al., 2023; Konlan et al., 2023). Personal characteristics such as self-regulation, openness, reflexivity, and character strengths also influence how individuals respond to intragroup conflict (Bohm et al., 2020; Suifan et al., 2020; Harel et al., 2020; Niemiec, 2022). Studies on group dynamics further show that individual identity, workplace context, and trust influence cohesion and conflict management in nursing teams (Paunova & Li-Ying, 2023; Liu, 2022; Ahmed & Gaballah, 2023). These findings highlight that both personal and organizational factors shape intragroup conflict and conflict resolution among nurses.

Personal Characteristics on Conflict Resolution Styles. Personality traits and emotional intelligence play an important role in shaping how individuals manage and resolve conflicts. Evidence shows that agreeableness, extraversion, openness, and conscientiousness are linked to collaborative styles such as integrating and

compromising, while neuroticism tends to correlate with avoiding or less constructive approaches (Tehrani & Yamini, 2020). Traits such as agreeableness and emotional stability also support constructive conflict strategies in leadership and organizational settings, suggesting that personal characteristics influence whether conflicts are addressed cooperatively or defensively (Soomro et al., 2023). Emotional intelligence further shapes conflict resolution approaches, as individuals with higher emotional intelligence are more likely to use integrating and compromising strategies that promote collaboration and problem-solving while relying less on dominating, avoiding, or obliging approaches (Valente & Lourenço, 2020).

In nursing practice, conflict management is also influenced by personal characteristics such as age, education, and experience. Studies show that accommodation, collaboration, and compromising are the most commonly used strategies, with younger or less experienced nurses tending to use compromising and accommodating approaches, while more experienced and highly educated nurses prefer collaboration (Nikitara et al., 2024). Generational and career stage differences further influence workplace behavior, as younger nurses are more likely to change jobs when leadership and support are weak, while older nurses demonstrate stronger organizational commitment but may remain due to limited alternatives (Pressley & Garside, 2023). Research also shows that resilience and psychological well-being increase with age and experience, enabling senior nurses to manage workplace stress more effectively, whereas younger nurses often experience lower resilience and greater vulnerability to stress (Foster et al., 2020). These findings highlight the importance of considering demographic and experiential factors when developing conflict management and retention strategies in nursing environments.

Intragroup Conflict on Conflict Resolution Styles. Intragroup conflict has been shown to influence how individuals manage and resolve disputes within teams, with commitment, identification, and emotional intelligence playing important roles. High levels of commitment and identification can reduce relationship, process, and task conflicts, while personal traits such as self-esteem, self-control, and self-efficacy moderate these effects (Krajcsák, 2021). Emotional intelligence also shapes conflict management, as it helps team members regulate emotions, improve collaboration, and maintain group performance (Ferreira, 2022). Furthermore, the intensity of conflict affects outcomes, where high levels of relationship and task conflict increase emotional exhaustion and reduce work engagement, but cooperative conflict management can buffer these negative effects (Esbaty & Korunka, 2021). Overall, intragroup conflict and conflict resolution styles are closely connected, and effective management depends on personal and group factors that either strengthen or weaken the impact of conflicts.

Intragroup conflict plays a significant role in shaping how nurses handle disputes in their professional settings. Studies show that cultural background and personal characteristics influence the type of conflict experienced and the strategies used to manage it. Egyptian nursing students reported more intergroup conflicts, while Nigerian students encountered more interpersonal conflicts, with both groups favoring collaborating strategies to resolve issues (Fakhry & El Deep, 2020). In clinical settings, ICU nurses reported high levels of competitive and intragroup conflicts during stressful environments such as the COVID-19 pandemic but frequently relied on collaborative and accommodating strategies to maintain harmony and ensure patient safety (Alkorashy et al., 2024; Ahmed et al., 2020). Among nurse managers, accommodating and compromising styles were more common, though these were not always linked to better staff relationships (Ibrahim et al., 2020). In the Philippines, intragroup conflict remains a common challenge among nurses, and it is often addressed through collaborative conflict resolution styles, with collaborating identified as the most frequently used approach while competing was least preferred (Abraham, 2024; Palacio, 2022).

RESEARCH METHODOLOGY

Design. The study used a quantitative descriptive-correlational research design. In this study, the descriptive design was used to present a clear and detailed picture of the situation of staff nurses in the government hospital in Surigao City. It described the respondents' demographic characteristics, the level of intragroup conflict they experienced, and the conflict resolution styles they used in their workplace. On the other hand, the correlational design was used to determine whether relationships existed among the main variables, specifically between personal characteristics (such as age, sex, educational attainment, and years of experience) and the nurses' level of intragroup conflict and preferred conflict resolution styles.

Environment. This study was conducted in a government hospital in Surigao City.

Respondents. The respondents of the study were the 117 staff nurses employed in a government hospital.

Sampling Design. This study used a complete enumeration.

Inclusion Criteria and Exclusion Criteria. The study included registered nurses who were employed in the hospital for at least three months at the time of data collection. Only nurses who were actively engaged in direct patient care and were willing to participate voluntarily were included. The three-month employment period ensured that respondents were already familiar with the hospital's routines, team dynamics, and organizational culture, allowing them to provide informed and reliable responses regarding their experiences with conflict and resolution practices. Nurses who were on extended leave, had submitted resignation or retirement notices, or held purely administrative or supervisory positions, such as nurse supervisors or head nurses, were excluded from the study. Their roles and responsibilities differed from those of staff nurses and may have influenced their perspectives on intragroup conflict and resolution styles.

Instrument. This study used a three-part questionnaire. Part I gathered the personal and professional characteristics of the respondents, including age, sex, civil status, highest educational attainment, years of nursing experience, years of service in the current hospital, employment status, and area of assignment, to describe the respondents' profile and examine relationships with intragroup conflict and conflict resolution styles. Part II adopted Jehn's Intragroup Conflict Scale (Jehn, 1995), which measured task, relationship, and process conflict using nine items rated on a five-point Likert scale from 1 (strongly disagree) to 5 (strongly agree), where higher scores indicated greater perceived conflict. Part III used the Rahim Organizational Conflict Inventory-II (ROCI-II) developed by Rahim (1983) to assess five conflict resolution styles—integrating, obliging, dominating, avoiding, and compromising—through 26 items rated on a five-point Likert scale from 1 (rarely) to 5 (always), with higher mean scores indicating stronger use of a particular conflict management style.

Data Gathering Procedures. The proposed research titles were submitted and approved by the Graduate School Research Committee, after which a research adviser was assigned. Transmittal letters were sent to the Dean of the College of Allied Health Sciences and the Chief of Hospital to secure permission and coordinate with the Nursing Service Office. A design hearing evaluated the methodological rigor and ethical compliance of the proposal, and revisions were incorporated before submitting the study to the Institutional Ethics Review Board (IERB) for ethical clearance. Data gathering began after the notice to proceed was issued. Staff nurses from different hospital departments were recruited, and questionnaires were distributed using a face-to-face intercept method at convenient times. Respondents completed the questionnaires privately, and each was checked for completeness before retrieval until the required sample size was reached. The responses were encoded in Microsoft Excel and forwarded to a statistician for analysis. Results were presented in tables and the manuscript was presented during the final defense. All questionnaires were shredded after the defense to ensure confidentiality and ethical compliance.

Statistical Treatment of Data. The statistical data were analyzed. The frequency distribution and simple percentage were used to present the personal characteristics of the staff nurses, such as age, sex, civil status, educational attainment, employment status, and years of experience. The weighted mean score and standard deviation were used to determine the level of intragroup conflict and the extent of conflict resolution styles among the staff nurses. The weighted mean showed the overall average response for each indicator, while the standard deviation described the consistency or variability of responses among the participants. Then, Chi-Square and Cramer's V was used to determine whether significant relationships existed between personal characteristics and the study variables. Cramer's V was used to assess the strength of the relationship whenever significance was found. And the Pearson r was used to examine the relationship between the level of intragroup conflict and the conflict resolution styles of the staff nurses.

Ethical Considerations. Ethical considerations are an essential component of any research study. The study was submitted for ethical approval prior to data gathering.

Presentation, Analysis, And Interpretation Of Data

Table 1 Personal Characteristics of the Nurses

Profile	f	%
Age		
20 to 39 years old (young adult)	109	93.20
40 to 64 years old (middle adult)	8	6.80
Sex		
Male	33	28.20
Female	84	71.80
Civil Status		
Single	83	70.90
Married	34	29.10
Highest Educational Attainment		
Bachelor's Degree	95	81.20
With MA units	13	11.10
Master's Degree	9	7.70
Years of Experience in the nursing profession		
1 to 3 years	49	41.90
4 to 6 years	15	12.80
7 to 9 years	21	17.90
10 years or more	32	27.40
Years of Experience in the hospital		
1 to 3 years	74	63.20
4 to 6 years	12	10.30
7 to 9 years	16	13.70
10 years or more	15	12.80
Area of Assignment		
Emergency Department	7	6.00
FaMed Ward	5	4.30
HD Unit	9	7.70
ICCU	9	7.70
Medical Ward	20	17.10
OB-ER	4	3.40
OB-GYNE Ward	8	6.80
Operating Room	10	8.50
Pedia Ward	12	10.30
Peritoneal Dialysis Unit	6	5.10
PICU	11	9.40
Surgery Ward	16	13.70
Employment status		
Regular	58	49.60
Job Order	59	50.40

Note. $n=117$.

As shown in Table 1, the results reveal patterns relevant to understanding workplace dynamics and conflict experiences. The predominance of young, early-career nurses suggests a nursing workforce that may still be developing professional skills and adaptive competencies crucial for effective collaboration. Research shows that individual characteristics such as age and work experience influence how nurses interact, adjust to clinical

roles, and engage in team processes within complex healthcare environments (Patigayon et al., 2025). The largely female and single composition of the sample reflects demographic trends in the nursing profession that can shape interpersonal styles and relational expectations, while educational attainment also contributes to nurses' preparedness for leadership, communication, and conflict handling (Patigayon et al., 2025). The mix of professional experience levels and generally short tenure in the current hospital suggests variability in familiarity with organizational culture and team norms, which may contribute to adjustment challenges and relational stress in high-pressure healthcare settings (Ayusti et al., 2023). The distribution of nurses across different clinical units and employment statuses also reflects a heterogeneous workforce with diverse clinical exposures and employment conditions that influence perceptions of job security, support, and role expectations (Patigayon et al., 2025). These characteristics suggest that younger and less experienced nurses may still be developing conflict management competencies, highlighting the need for targeted support and training to strengthen constructive conflict resolution and teamwork in nursing practice (Nikitara et al., 2024).

Table 2 Intragroup Conflict Encounter by Staff Nurses

Dimensions	Mean score	SD	Interpretation
Task Conflict			
1. There are differences of opinion within the team about the task.	3.68	1.143	Agree
2. There are disagreements about how the work should be done.	3.15	1.101	Neutral
3. There is conflict in the team about the content of the tasks being done.	3.06	1.093	Neutral
Factor mean	3.29	1.012	Moderate conflict
Relationship Conflict			
1. There is personality conflict among members in the team.	3.23	1.094	Neutral
2. There is tension among team members.	2.91	1.134	Neutral
3. People in the team don't get along well.	2.69	1.118	Neutral
Factor mean	2.95	0.975	Moderate conflict
Process Conflict			
1. Members disagree about who should do what.	2.68	1.089	Neutral
2. There is conflict about task responsibilities.	2.68	1.024	Neutral
3. We argue about the procedures to follow in completing the work.	2.68	1.173	Neutral
Factor mean	2.67	0.972	Moderate conflict
Grand mean	2.97	0.859	Moderate conflict

Note. $n=117$.

Legend: A score of 1.00 to 1.80 is very low conflict (strongly disagree), 1.81 to 2.60 is low conflict (disagree), 2.61 to 3.40 is moderate conflict (neutral), 3.41 to 4.20 is high conflict (agree), and 4.21 to 5.00 is very high conflict (strongly agree).

Table 2 shows that staff nurses experienced an overall moderate level of intragroup conflict, indicating that disagreements are a normal aspect of daily teamwork rather than ongoing disruptions. This may be explained by the complex and time-pressured nature of hospital nursing practice, where collaboration, rapid clinical judgment, and coordination across shifts often lead to differences in perspectives on task organization and patient care decisions. Moderate conflict reflects active engagement in negotiating responsibilities and clarifying expectations rather than dysfunctional relationships (De Dreu & Beersma, 2020; Almost et al., 2022; Nikitara et al., 2024; Bollen et al., 2023). Task conflict emerged as the most evident dimension, showing that nurses frequently encounter differences in work methods, clinical decisions, and prioritization of care, often influenced by variations in experience, education, and professional judgment. Relationship and process conflicts also appeared at moderate levels, reflecting occasional interpersonal tensions and disagreements related to task delegation, role clarity, and workflow coordination within demanding clinical environments (Omisore & Abiodun, 2021; Jelinčić et al., 2024). Overall, these findings suggest that moderate intragroup conflict reflects the realities of collaborative clinical practice and highlights the importance of effective communication,

leadership support, and structured coordination to manage disagreements constructively and maintain teamwork and quality patient care.

Table 3 Conflict Resolution Style Used by the Staff Nurses

Dimensions	Mean score	SD	Interpretation
Integrating Style			
1. I try to investigate issues with others to find a solution acceptable to us.	3.91	0.794	Agree
2. I try to integrate my ideas with those of others to come up with a decision jointly.	3.97	0.725	Agree
3. I try to work with others for a proper understanding of a problem.	4.12	0.779	Agree
4. I try to bring all concerns out in the open to resolve them in the best possible way.	3.96	0.724	Agree
5. I try to find a mutually beneficial solution through openness.	4.12	0.697	Agree
6. I exchange accurate information with others to solve a problem.	4.03	0.742	Agree
Factor mean	4.02	0.526	High
Obliging Style			
7. I try to satisfy the expectations of others.	3.81	0.787	Agree
8. I keep the peace by accommodating others' wishes.	3.61	0.937	Agree
9. I give in to the wishes of others.	3.32	0.786	Neutral
10. I accommodate the views of others.	3.76	0.773	Agree
11. I try to maintain harmony by putting others' needs ahead of mine.	3.67	0.900	Agree
Factor mean	3.63	0.629	High
Dominating Style			
12. I am firm in pursuing my side of the issue.	3.38	0.888	Neutral
13. I use my influence to get my ideas accepted.	2.79	1.118	Neutral
14. I use my authority to make decisions in my favor.	2.65	1.191	Neutral
15. I try to overpower others to win the conflict.	2.16	1.129	Disagree
16. I press to gain my personal advantage.	2.15	1.157	Disagree
Factor mean	2.63	0.904	Moderate
Avoiding Style			
17. I try to stay away from disagreements.	3.62	1.007	Agree
18. I avoid discussing controversial issues.	3.61	1.066	Agree
19. I avoid conflict by not taking sides.	3.74	0.968	Agree
20. I keep disagreements to myself to avoid tension.	3.17	0.967	Neutral
21. I sidestep issues rather than confront them.	2.97	1.133	Neutral
Factor mean	3.42	0.774	High
Compromising Style			
22. I negotiate with others to find a middle ground.	3.72	0.818	Agree
23. I give and take to reach a mutually acceptable solution.	3.88	0.659	Agree
24. I try to split differences to resolve a conflict.	3.64	0.649	Agree
25. I make concessions to reach a compromise.	3.71	0.670	Agree
26. I try to find a fair combination of our proposals.	3.79	0.752	Agree
Factor mean	3.75	0.559	High

Note. $n=117$.

Legend: A score of 1.00 to 1.80 is very low (strongly disagree), 1.81 to 2.60 is low (disagree), 2.61 to 3.40 is moderate (neutral), 3.41 to 4.20 is high (agree), and 4.21 to 5.00 is very high (strongly agree).

Conflict Resolution Style	f	%
Integrating	50	42.7
Obliging	18	15.4

Dominating	7	6.0
Avoiding	12	10.3
Compromising	30	25.6
Total	117	100

Based on the tables presented, the analysis showed that integrating was the most preferred conflict resolution style among nurses (42.7%) and had the highest factor mean (4.02), indicating that nurses commonly practice open discussion, joint problem-solving, and mutually beneficial solutions to address conflicts. This reflects the collaborative nature of nursing work where effective teamwork and communication are essential for patient safety and continuity of care (Chuang et al., 2022; Djukic et al., 2021; Hsu et al., 2023). Compromising ranked second (25.6%, mean = 3.75), suggesting that nurses also use middle-ground solutions to resolve disagreements quickly and maintain workflow efficiency, particularly in time-pressured clinical settings (Rahim, 2021; Xu & Liu, 2022; Al-Hamdan et al., 2021). Obliging (15.4%, mean = 3.63) and avoiding (10.3%, mean = 3.42) were used moderately and selectively to preserve team harmony or temporarily reduce tension, while dominating emerged as the least preferred style (6.0%, mean = 2.63), indicating that nurses generally avoid assertive or competitive approaches that may disrupt teamwork and communication (Kim & Park, 2022; Graham et al., 2021; Chuang et al., 2022). Overall, the findings indicate that nurses favor collaborative conflict management strategies, highlighting the importance of communication, teamwork, and shared responsibility in maintaining positive working relationships and ensuring safe and effective patient care

Table 4 Relationship between Personal Characteristics and Intragroup Conflict

Independent Variables	chi value	p value	Cramer's V value	Decision	Interpretation
Task Conflict					
Age	14.176	.223	--	Failed to reject Ho	Not significant
Sex	27.087	.004	.481	Reject Ho	Significant
Civil Status	23.083	.017	.446	Reject Ho	Significant
Highest Educational Attainment	64.299	.000	.524	Reject Ho	Significant
Years of Service in the Profession	71.985	.000	.453	Reject Ho	Significant
Years of Service in the Hospital	62.300	.002	.421	Reject Ho	Significant
Area of Assignment	1.522E2	.029	.344	Reject Ho	Significant
Employment Status	24.623	.010	.459	Reject Ho	Significant
Relationship Conflict					
Age	15.305	.225	--	Failed to reject Ho	Not significant
Sex	25.833	.011	.470	Reject Ho	Significant
Civil Status	20.641	.056	--	Failed to reject Ho	Not significant
Highest Educational Attainment	42.234	.012	.425	Reject Ho	Significant
Years of Service in the Profession	67.679	.001	.439	Reject Ho	Significant
Years of Service in the Hospital	84.298	.000	.490	Reject Ho	Significant
Area of Assignment	2.340E2	.000	.425	Reject Ho	Significant
Employment Status	26.138	.010	.473	Reject Ho	Significant
Process Conflict					
Age	11.352	.499	--	Failed to reject Ho	Not significant
Sex	33.072	.001	.532	Reject Ho	Significant
Civil Status	16.513	.169	--	Failed to reject Ho	Not significant
Highest Educational Attainment	46.385	.004	.445	Reject Ho	Significant
Years of Service in the	65.334	.002	.431	Reject Ho	Significant

Profession					
Years of Service in the Hospital	75.300	.000	.463	Reject Ho	Significant
Area of Assignment	1.301E2	.529	--	Failed to reject Ho	Not significant
Employment Status	23.106	.027	.444	Reject Ho	Significant
Overall conflict					
Age	37.760	.049	.568	Reject Ho	Significant
Sex	41.938	.018	.599	Reject Ho	Significant
Civil Status	50.648	.002	.661	Reject Ho	Significant
Highest Educational Attainment	1.123E2	.000	.693	Reject Ho	Significant
Years of Service in the Profession	1.419E2	.000	.636	Reject Ho	Significant
Years of Service in the Hospital	1.502E2	.000	.654	Reject Ho	Significant
Area of Assignment	3.189E2	.035	.498	Reject Ho	Significant
Employment Status	51.633	.000	.664	Reject Ho	Significant

Legend: Significant if p value is < .05. Dependent variable: Intragroup Conflict. Cramer’s V values: A value of >0.25 is very strong, >0.15 is strong, >0.10 is moderate, >0.05 is weak, and >0 is no association.

The findings in Table 4 indicate that intragroup conflict among staff nurses is significantly shaped by professional and organizational characteristics rather than solely by interpersonal factors. Significant relationships were observed between task conflict and sex, civil status, educational attainment, years of service, length of service in the hospital, area of assignment, and employment status, suggesting that differences in professional background, clinical reasoning, authority, workload distribution, and access to information influence disagreements related to clinical decisions and work approaches. In contrast, age was not significantly related to task conflict, indicating that disagreements are driven more by clinical responsibilities and situational demands than by generational differences (Almost et al., 2021). Relationship conflict also showed significant associations with sex, educational attainment, years of service, hospital tenure, area of assignment, and employment status, reflecting how professional hierarchies and perceived status differences may create interpersonal tensions, while age and civil status were not significant predictors (Wei et al., 2022). Similarly, process conflict was significantly related to sex, educational attainment, years of service, hospital tenure, and employment status, indicating that disagreements over task delegation and workflow are influenced by differences in experience, authority, and accountability, whereas age, civil status, and area of assignment were not significant due to the standardized and policy-driven nature of hospital procedures (Al-Hamdan et al., 2020). Overall intragroup conflict showed significant relationships with all examined personal characteristics, indicating that conflict arises from the interaction of demographic, educational, and organizational factors in complex hospital environments. These findings highlight the need for institutional conflict management strategies, including leadership development, clear role delineation, standardized workflows, and communication mechanisms, to reduce tensions, strengthen teamwork, and improve patient care outcomes (Labrague & De los Santos, 2021; Shahriari et al., 2022).

Table 5 Relationship between Personal Characteristics and Conflict Resolution Styles

Independent Variables	chi value	p value	Cramer’s V value	Decision	Interpretation
Integrating Style					
Age	12.321	.420	--	Failed to reject Ho	Not significant
Sex	25.153	.014	.464	Reject Ho	Significant
Civil Status	26.617	.009	.479	Reject Ho	Significant
Highest Educational Attainment	31.565	.138	--	Failed to reject Ho	Not significant
Years of Service in the Profession	64.181	.003	.428	Reject Ho	Significant

Years of Service in the Hospital	69.603	.001	.445	Reject Ho	Significant
Area of Assignment	1.287E2	.540	--	Failed to reject Ho	Not significant
Employment Status	18.168	.111	--	Failed to reject Ho	Not significant
Obliging Style					
Age	7.038	.900	--	Failed to reject Ho	Not significant
Sex	13.935	.378	--	Failed to reject Ho	Not significant
Civil Status	11.780	.546	--	Failed to reject Ho	Not significant
Highest Educational Attainment	20.308	.777	--	Failed to reject Ho	Not significant
Years of Service in the Profession	75.625	.000	.464	Reject Ho	Significant
Years of Service in the Hospital	61.319	.013	.418	Reject Ho	Significant
Area of Assignment	1.384E2	.592	--	Failed to reject Ho	Not significant
Employment Status	26.592	.014	.477	Reject Ho	Significant
Dominating Style					
Age	13.092	.786	--	Failed to reject Ho	Not significant
Sex	34.016	.013	.539	Reject Ho	Significant
Civil Status	27.216	.075	--	Failed to reject Ho	Not significant
Highest Educational Attainment	74.743	.000	.565	Reject Ho	Significant
Years of Service in the Profession	90.206	.001	.507	Reject Ho	Significant
Years of Service in the Hospital	91.449	.001	.510	Reject Ho	Significant
Area of Assignment	1.743E2	.886	--	Failed to reject Ho	Not significant
Employment Status	45.510	.000	.624	Reject Ho	Significant
Avoiding Style					
Age	27.083	.042	.481	Reject Ho	Significant
Sex	22.086	.140	--	Failed to reject Ho	Not significant
Civil Status	31.484	.012	.521	Reject Ho	Significant
Highest Educational Attainment	47.362	.039	.450	Reject Ho	Significant
Years of Service in the Profession	72.428	.013	.454	Reject Ho	Significant
Years of Service in the Hospital	94.775	.000	.520	Reject Ho	Significant
Area of Assignment	1.826E3	.351	--	Failed to reject Ho	Not significant
Employment Status	36.410	.003	.558	Reject Ho	Significant
Compromising Style					
Age	9.035	.700	--	Failed to reject Ho	Not significant
Sex	23.885	.021	.452	Reject Ho	Significant
Civil Status	13.155	.358	--	Failed to reject Ho	Not significant
Highest Educational Attainment	27.995	.260	--	Failed to reject Ho	Not significant
Years of Service in the Profession	42.945	.198	--	Failed to reject Ho	Not significant
Years of Service in the Hospital	47.781	.091	--	Failed to reject Ho	Not significant
Area of Assignment	1.320E2	.485	--	Failed to reject Ho	Not significant
Employment Status	28.133	.005	.490	Reject Ho	Significant

Legend: Significant if p value is $< .05$. Dependent variable: Conflict Resolution Styles. Cramer’s V values: A value of >0.25 is very strong, >0.15 is strong, >0.10 is moderate, >0.05 is weak, and >0 is no association.

Based on Table 5, the findings indicate that conflict resolution styles among nurses are influenced by specific profile characteristics rather than demographic factors as a whole. Sex was significantly associated with integrating, obliging, dominating, and compromising styles, while age was significantly related only to avoiding style (Nikitara et al., 2024; Almost et al., 2022; Wei et al., 2022). Civil status was associated with integrating, avoiding, and dominating styles, and educational attainment with dominating, avoiding, and compromising styles (De Dreu & Beersma, 2020; Al-Hamdan et al., 2020). Years of service in the profession and in the hospital were significantly associated with integrating, obliging, dominating, and avoiding styles, indicating the influence of professional experience and institutional familiarity (Nikitara et al., 2024; Labrague et al., 2021). Area of assignment showed no significant relationship with conflict resolution styles, while employment status was associated with obliging, dominating, avoiding, and compromising styles but not with integrating (Wei et al., 2022). Overall, the findings show that conflict resolution styles among nurses are shaped by specific profile characteristics, highlighting the need for mentorship, leadership development, and communication training to strengthen teamwork and patient care

Table 6 Intragroup Conflict and Conflict Resolution Styles

Variables	r value	p value	Decision	Interpretation
Integrating				
Task conflict	-.125	.164	Failed to reject Ho	Not significant
Relationship conflict	-.190	.040	Reject Ho	Significant
Process conflict	.044	.635	Failed to reject Ho	Not significant
Overall conflict	-.106	.257	Failed to reject Ho	Not significant
Obliging				
Task conflict	.011	.903	Failed to reject Ho	Not significant
Relationship conflict	-.136	.142	Failed to reject Ho	Not significant
Process conflict	.111	.233	Failed to reject Ho	Not significant
Overall conflict	-.006	.952	Failed to reject Ho	Not significant
Dominating Style				
Task conflict	.183	.048	Reject Ho	Significant
Relationship conflict	.429	.000	Reject Ho	Significant
Process conflict	.457	.000	Reject Ho	Significant
Overall conflict	.405	.000	Reject Ho	Significant
Avoiding Style				
Task conflict	-.008	.932	Failed to reject Ho	Not significant
Relationship conflict	-.145	.119	Failed to reject Ho	Not significant
Process conflict	.052	.575	Failed to reject Ho	Not significant
Overall conflict	-.038	.685	Failed to reject Ho	Not significant
Dominating Style				
Task conflict	.065	.488	Failed to reject Ho	Not significant
Relationship conflict	-.112	.228	Failed to reject Ho	Not significant
Process conflict	.192	.038	Reject Ho	Significant
Overall conflict	.056	.548	Failed to reject Ho	Not significant

Legend: Significant if p value is $\leq .05$. Dependent Variable: Conflict Resolution Styles. Pearson r interpretation: A value greater than .5 is strong (positive), between .3 and .5 is moderate (positive), between 0 and .3 is weak (positive), 0 is none, between 0 and $-.3$ is weak (negative), between $-.3$ and $-.5$ is moderate (negative), and less than $-.5$ is strong (negative).

The findings in Table 6 demonstrate that nurses’ conflict resolution behaviors vary depending on whether the conflict is task-related, interpersonal, or procedural, reflecting the realities of hospital work where time pressure, hierarchical structures, and patient safety concerns shape interactions. A significant negative relationship

between relationship conflict and integrating style indicates that interpersonal tension reduces nurses' willingness to collaborate, as personal criticism or lack of respect undermines trust and open communication (Jehn et al., 2021; Almost et al., 2020). Integrating style remained unrelated to task and process conflicts, suggesting that nurses are still willing to collaborate on technical issues when professional relationships are preserved. Obliging and avoiding styles showed no significant relationships with conflict types, indicating that these behaviors are often guided by professional norms, respect for authority, and the need to maintain harmony rather than conflict intensity (Shao et al., 2022; Wei et al., 2021). In contrast, dominating style showed significant positive relationships with all forms of intragroup conflict, suggesting that nurses may resort to assertive control when conflicts intensify, particularly in relationship and process disagreements (De Dreu & Gelfand, 2020). Compromising style was significantly associated only with process conflict, reflecting nurses' tendency to negotiate when disagreements involve workflow or task allocation (O'Neill et al., 2021). Overall, the findings highlight that relationship and process conflicts most strongly influence conflict management behaviors, emphasizing the need for emotional intelligence, respectful communication, and supportive leadership to maintain teamwork, nurse well-being, and patient safety.

CONCLUSION AND RECOMMENDATIONS

Conclusion. The study concludes that specific personal and professional characteristics, including sex, civil status, educational attainment, years of service in the profession, years of service in the hospital, and employment status, significantly influence nurses' conflict resolution styles. Sex, for instance, was associated with integrating, dominating, obliging, and compromising styles, highlighting how gender-related communication patterns shape conflict behaviors. Similarly, professional experience and organizational tenure strengthened collaborative approaches such as integrating and compromising while also influencing dominating and avoiding tendencies. Employment status further affected how nurses balance assertiveness and accommodation in conflict situations. Intragroup conflict analysis revealed that relationship and process conflicts most strongly impact nurses' responses, increasing dominating tendencies and decreasing collaborative engagement, whereas task conflict had a weaker influence. Integrating and compromising behaviors were reduced in the presence of relationship conflict, while dominating behaviors increased in response to relationship and process conflicts. These patterns underscore that both individual characteristics and situational factors jointly determine how nurses manage conflicts in hospital settings.

Recommendations. Based on the findings, hospital administrators and nurse managers in the government hospital in Surigao City are encouraged to implement the proposed Conflict Resolution Enhancement Program to reduce controlling and confrontational responses among nurses. Nurse supervisors should receive training in conflict mediation, emotional intelligence, and communication to recognize early signs of interpersonal and workflow-related conflict and intervene before these escalate. Staff nurses are encouraged to strengthen integrating and compromising skills to promote collaboration and teamwork in patient care. The Human Resource and Training Office, in collaboration with nursing schools and department heads, should implement regular in-service training and continuing professional development programs focused on conflict management, teamwork, and professional communication, reinforced through mentorship and scenario-based learning. Hospital administrators may also develop clear institutional policies on conflict management and grievance handling with standardized procedures for reporting, mediating, and resolving conflicts, while future studies may further examine organizational and individual factors influencing intragroup conflict and conflict resolution among nurses.

REFERENCES

1. Abraham, M. (2024). Intragroup conflict among staff nurses in district hospitals in Tarlac: Basis for conflict management strategies. [Unpublished undergraduate thesis]. Tarlac State University.
2. Ahmed, S. A. E. M., & Gaballah, S. (2023). Conflict and communication gap among the critical care nurses during care of patients with COVID-19. *International journal of Africa nursing sciences*, 18, 100499.
3. Akhtar, N., & Syeda, S. H. (2021). Conflict management styles as predictors of organizational commitment in university teachers. *Journal of Behavioural Sciences*, 31(1), 98.
4. Al-Hamdan, Z., Shukri, R., & Anthony, D. (2020). Conflict management styles used by nurses in

- Jordanian hospitals: A cross-sectional study. *Journal of Nursing Management*, 28(3), 621–630. <https://doi.org/10.1111/jonm.12973>
5. Alibudbud, R. C. (2023). Workplace conflicts and coping strategies among Filipino nurses: Implications for mental health and work performance. *Philippine Journal of Nursing*, 93(1), 45–54.
 6. Alkorashy, H. A., Alosaimi, A. A., Alruwaili, N. F., & Alshahrani, S. N. (2024). Conflict occurrence and preferred management styles among ICU nurses during the first wave of COVID-19 pandemic: A cross-sectional study in Saudi Arabia. *Nursing in critical care*, 29(2), 407-416.
 7. Almost, J., Wolff, A. C., Mildon, B., Price, S., Godfrey, C., Robinson, S., & McCormick, J. (2022). Managing and mitigating conflict in healthcare teams: An integrative review. *Journal of Nursing Management*, 30(5), 1185–1196. <https://doi.org/10.1111/jonm.13594>
 8. Ayusti, E., Sari, N. L., & Pradana, K. A. (2023). Factors influencing workplace conflict among hospital nurses: The role of tenure and professional experience. *International Journal of Research and Review*, 10(9), 612–618.
 9. Berdida, D. J. E., & Alhudaib, N. (2025). Linking patient safety, caring behaviours and professional self-efficacy with missed nursing care among Filipino emergency room nurses: a structural equation model study. *Journal of clinical nursing*, 34(6), 2181-2193.
 10. Bhandari, P. (2023, June 22). Correlational Research | When & how to use. Scribbr. Retrieved October 5, 2025, from <https://www.scribbr.com/methodology/correlational-research/>
 11. Bollen, A., Fletcher, A., & McNamara, M. (2023). Role clarity, workflow coordination, and team effectiveness in acute healthcare settings. *Journal of Interprofessional Care*, 37(4), 612–620. <https://doi.org/10.1080/13561820.2022.2109487>
 12. Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage publications002E
 13. da Silva Ferreira, R., Marcon, G. B., Júnior, R. A. R., & Neto, J. M. F. A. (2024). Conflict management in the hospital environment and the nursing sector: a literature review. *Brazilian Journal of Health Review*, 7(5), e73093-e73093.
 14. De Dreu, C. K. W., & Beersma, B. (2020). Team conflict: The hidden costs of conflict and the benefits of constructive disagreement. *Current Opinion in Psychology*, 33, 6–11. <https://doi.org/10.1016/j.copsyc.2019.06.005>
 15. Esbati, Z., & Korunka, C. (2021). Does intragroup conflict intensity matter? The moderating effects of conflict management on emotional exhaustion and work engagement. *Frontiers in psychology*, 12, 614001.
 16. Fakhry, S., & El Deep, S. (2020). Predominant conflict types and resolution strategies among Nursing student of different cultures. *Egyptian Journal of Nursing and Health Sciences*, 1(Second Issue), 48-69.
 17. Ferreira, C. I. D. M. (2022). Intragroup Emotional Intelligence and Conflict Management in Agile Software Development Teams.
 18. Foster, K., Roche, M., Giandinoto, J. A., & Furness, T. (2020). Workplace stressors, psychological well-being, resilience, and caring behaviours of mental health nurses: A descriptive correlational study. *International journal of mental health nursing*, 29(1), 56-68.
 19. Ghezjeljeh, T. N., Rafii, F., & Haghani, H. (2021). The relationship between teamwork and missed nursing care in hospital units. *Journal of Nursing Management*, 29(2), 185–195. <https://doi.org/10.1111/jonm.13145>
 20. Halevy, N., Jun, S., & Chou, E. Y. (2020). Intergroup conflict is our business: CEOs' ethical intergroup leadership fuels stakeholder support for corporate intergroup responsibility. *Journal of Business Ethics*, 162(1), 229-246.
 21. Harel, T. O., Maoz, I., & Halperin, E. (2020). A conflict within a conflict: intragroup ideological polarization and intergroup intractable conflict. *Current Opinion in Behavioral Sciences*, 34, 52-57.
 22. Hussain, N., Kousar, R., Asif, M., & Bibi, S. (2023). Conflict resolution styles among nursing staff in a public sector hospital: A cross sectional study. *Annals of Punjab Medical College*, 17(1), 50–53. <https://doi.org/10.29054/apmc/2023.1298>
 23. Ibrahim, N. M., Ahmed, S. A. E. M., & Shereif, W. I. (2022). Critical care nurses' conflict and communication gap during care of patients with corona virus. *Port Said Scientific Journal of Nursing*, 9(2), 1-25.
 24. Jehn, K. A. (1995). A multimethod examination of the benefits and detriments of intragroup conflict. *Administrative Science Quarterly*, 40(2), 256–282. <https://doi.org/10.2307/2393638>

25. Jelinčić, D. A., Šprah, L., & Rožman, M. (2024). Emotional regulation, communication quality, and interpersonal conflict among hospital nurses. *BioMed Central Nursing*, 23(1), 87. <https://doi.org/10.1186/s12912-024-01487-3>
26. Kaitelidou, D., Kontogianni, A., Galanis, P., Mallidou, A., & Pavlakis, A. (2021). Conflict management and job satisfaction among nurses working in public hospitals. *BioMed Central Nursing*, 20(1), 1–9. <https://doi.org/10.1186/s12912-021-00673-9>
27. Kayser, J. B., & Kaplan, L. J. (2020). Conflict management in the ICU. *Critical Care Medicine*, 48(9), 1349-1357.
28. Kılıç, A. (2024). The relationship between emotional intelligence and conflict management styles among nurses. *Nursing Ethics*, 31(3), 412–425. <https://doi.org/10.1177/09697330231201243>
29. Krajcsák, Z. (2021). Solving intra-group conflicts by supporting employees' identification and commitment. *International Journal of Organizational Analysis*, 29(4), 1030-1043.
30. Labrague, L. J., & De los Santos, J. A. A. (2021). Fear of COVID-19, psychological distress, work satisfaction and turnover intention among frontline nurses. *Journal of Nursing Management*, 29(3), 395–403. <https://doi.org/10.1111/jonm.13168>
31. Liu, H. Y. (2022). The moderating role of team conflict on teams of nursing students. *International Journal of Environmental Research and Public Health*, 19(7), 4152.
32. McCombes, S. (2023, June 22). Descriptive Research | Definition, Types, Methods & Examples. Scribbr. <https://www.scribbr.com/methodology/descriptive-research/>
33. Multidisciplinary Digital Publishing Institute (MDPI) (2023). Workplace conflict and its dimensions among nurses in healthcare settings. *Healthcare*, 11(2), 154–168. <https://doi.org/10.3390/healthcare11020154>
34. Munangatire, T., Tomas, N., & Alweendo, M. M. (2023). Nurses' experiences of conflict management at a teaching hospital in Namibia: A qualitative study. *Journal of Nursing Management*, 31(X), Article 6663194.
35. Niemiec, R. M. (2022). Pathways to peace: Character strengths for personal, relational, intragroup, and intergroup peace. *The Journal of Positive Psychology*, 17(2), 219-232.
36. Nikitara, M., Dimalibot, R., & Latzourakis, E. (2024). Conflict management in nursing: Analyzing styles, strategies, and influencing factors: a systematic review. *Nursing Reports*, 14(4), 4173–4192. <https://doi.org/10.3390/nursrep14040304>
37. Omisore, B. O., & Abiodun, A. R. (2021). Organizational conflicts: Causes, effects and remedies. *International Journal of Academic Research in Economics and Management Sciences*, 10(3), 1–15. <https://doi.org/10.6007/IJAREMS/v10-i3/10862>
38. O'Neill, T. A., McLarnon, M. J. W., & Carswell, J. J. (2021). Variability in conflict and its impact on team functioning. *Journal of Organizational Behavior*, 42(2), 186–205. <https://doi.org/10.1002/job.2493>
39. Palacio, D. J. (2022). Conflict in the Workplace and Effectiveness of Conflict Management in a Selected Level III Department of Health Hospitals: Implications to Nursing Education and Practice. *Educational Research (IJMCER)*, 4(2), 335-344.
40. Patigayon, E. L., Manalo, R. P., & Dela Cruz, J. P. (2025). Organizational communication and work values as predictors of collaboration among hospital nurses. *International Journal of Research and Scientific Innovation*, 12(1), 45–53.
41. Paunova, M., & Li-Ying, J. (2023). Interactive effects of self-concept and social context on perceived cohesion in intensive care nursing. *Applied Psychology*, 72(1), 268-296.
42. Polit, D. F., & Beck, C. T. (2008). *Nursing research: Generating and assessing evidence for nursing practice*. Lippincott Williams & Wilkins.
43. Pressley, C., & Garside, J. (2023). Safeguarding the retention of nurses: A systematic review on determinants of nurse's intentions to stay. *Nursing open*, 10(5), 2842-2858.
44. Rahim, M. A. (1983). A measure of styles of handling interpersonal conflict. *Academy of Management Journal*, 26(2), 368–376. <https://doi.org/10.5465/255985>
45. Rezaei, F. A., Moghadam, A. S., Nabavi, F. H., & Vashani, H. B. (2022). The effect of implementing conflict management program on the rate of job conflict and nurses' conflict resolution styles. *Sciences*, 29(1), 166-178.
46. Shahriari, M., Baloochestani, E., & Barati, M. (2022). Professional ethics, conflict management, and teamwork among nurses: Implications for patient care. *Journal of Nursing Ethics*, 29(3), 789–800. <https://doi.org/10.1177/09697330211049064>

47. Shao, R., Fu, Y., & Liu, Y. (2022). How workplace conflict influences employee behavior: The role of conflict management styles. *International Journal of Conflict Management*, 33(1), 62–85.
48. Skyvell Nilsson, M., Gadolin, C., Larsman, P., Pousette, A., & Törner, M. (2024). The role of perceived organizational support for nurses' ability to handle and resolve ethical value conflicts: A mixed methods study. *Journal of advanced nursing*, 80(2), 765-776.
49. Suifan, T. S., Alhyari, S., & Sweis, R. J. (2020). A moderated mediation model of intragroup conflict. *International Journal of Conflict Management*, 31(1), 91-114.
50. Tafvelin, S., Keisu, B. I., & Kvist, E. (2020). The prevalence and consequences of intragroup conflicts for employee well-being in women-dominated work. *Human Service Organizations: Management, Leadership & Governance*, 44(1), 47-62.
51. Tekleab, A. G., Karaca, A., Quigley, N. R., & Tsang, E. W. K. (2020). Reexamining conflict–performance relationships: A meta analytic investigation. *Journal of Management*, 46(8), 1703–1739. <https://doi.org/10.1177/0149206318817525>
52. Wang, C., Li, X., & Zhang, Y. (2023). Role conflict, colleague solidarity, and job performance among nurses: A structural equation modeling approach. *Journal of Nursing Scholarship*, 55(2), 229–238. <https://doi.org/10.1111/jnu.12842>
53. Wei, H., Sewell, K. A., Woody, G., & Rose, M. A. (2022). The state of the science of nurse work environments in the United States: A systematic review. *International Journal of Nursing Sciences*, 9(2), 243–253. <https://doi.org/10.1016/j.ijnss.2022.03.004>
54. Yuan, Z., Yin, J., & Sun, J. (2025). The paradox of team conflict revisited: An updated meta-analysis of the team conflict–team performance relationships. *Journal of Applied Psychology*.
55. Zamboni, S., et al. (2022). Characteristics of nurse managers' conflict management competency: A systematic review. *Journal of Nursing Management*, XX(XX), XX–XX.
56. Zhang, Y., Zhang, L., Liu, Y., & Wang, H. (2023). Role clarity, teamwork, and conflict management in hospital nursing units. *Journal of Nursing Administration*, 53(4), 201–208. <https://doi.org/10.1097/NNA.0000000000001287>