

NEGOTIATION OF CONFLICTS AS A COMPETENCE OF THE NURSE

NEGOCIAÇÃO DE CONFLITOS COMO COMPETÊNCIA DO ENFERMEIRO

LA NEGOCIACIÓN DE CONFLICTOS COMO UNA COMPETENCIA DEL ENFERMERO

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Objective: to analyze conflict negotiation as a professional competence of the nurse in the hospital context. **Method:** integrative literature review. The databases were: PubMed, BDENF, CINAHL and LILACS from 2015 to 2019. **Results:** 17 published articles were selected. Among them: 12 qualitative studies, 4 quantitative studies and 1 mixed study. Two thematic categories were extracted: The conflict negotiation as a competence of the nurse, which brings the management of the conflict as a source of suffering and the need to interact with other competencies for effective management; and Negotiating strategies in conflict resolution, which presents ways of managing a conflict. **Conclusion:** the studies elected demonstrated that, in the hospital context, conflict negotiation, as a professional competence of the nurse, is permeated by insecurity.

Descriptors: Conflict. Negotiation. Nursing. Professional Competence. Hospitals.

Objetivo: analisar a negociação de conflito enquanto competência profissional do enfermeiro no contexto hospitalar. Método: revisão integrativa da literatura. As bases de dados foram: PubMed, BDENF, CINAHL e LILACS no período de 2015 a 2019. Resultados: foram selecionados 17 artigos publicados. Dentre eles: 12 estudos qualitativos, 4 quantitativos e 1 estudo misto. Foram extraídas duas categorias temáticas: A negociação de conflito como competência do enfermeiro, que traz a gestão do conflito como fonte de sofrimento e a necessidade de interagir com outras competências para a efetiva gestão; e Estratégias negociadoras na resolução de conflitos, que apresenta formas de gerenciar um conflito. Conclusão: os estudos elegidos demonstraram que, no contexto hospitalar, a negociação de conflito, enquanto competência profissional do enfermeiro, é permeada pela insegurança.

Descriptores: Conflito. Negociación. Enfermagem. Competência Profissional. Hospitais.

Objetivo: analizar la negociación de conflictos como competencia profesional de la enfermera en el contexto hospitalario. Método: revisión de la literatura integrativa. Las bases de datos fueron: PubMed, BDENF, CINAHL y

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LILACS en el período de 2015 a 2019. Resultados: Se seleccionaron 17 artículos publicados. Entre ellos: 12 estudios cualitativos, 4 cuantitativos y 1 mixto. Se extrajeron dos categorías temáticas: La negociación del conflicto como competencia del enfermero, que trae consigo la gestión de conflictos como fuente de sufrimiento y la necesidad de interactuar con otras competencias para una gestión eficaz; y Estrategias negociadoras en la resolución de conflictos, que presenta las formas de gestionar un conflicto. Conclusión: los estudios elegidos demostraron que, en el contexto hospitalario, la negociación de conflictos, como competencia profesional del enfermero, está permeada por la inseguridad.

Descriptores: Conflicto. Negociación. Enfermería. Competencia profesional. Hospitales.

Introduction

The singularity of hospital organizations has been highlighted by the assistance to users in situations that are increasingly critical. This fact has demanded from the health professionals who work there specific knowledge about their area of work, in order to face the constant technological changes, the diverse working conditions (sometimes acting in the integral care at the bedside, sometimes acting in a fragmented way), the behavioral alterations – manifested by the nursing team, through the stress – and the increasingly demanding users. This daily confrontation has many times provoked transformations in the work process, since the way of caring can be changed according to the assistance model adopted. As a result, the nursing team's lack of understanding may generate conflicts and cause disharmony in the work environment.

Conflict is a word from Latin, which refers to the idea of struggle, discussion, disagreement and opposition⁽¹⁾. In contemporary times, the management approach recognises that conflict, in hospital organisations, can be present. The fact of wanting to identify and approach it is a sign of organizational well-being of the health team, since the reflexion about this process may bring the understanding between parties involved, considering that the conflicts can be related to people of different values, beliefs, formations and opinions.

It is known that the nurse, in the hospital context, has several attributions that are articulated with the direct care with the user, as well as with the management function⁽²⁾. In

this direction, competences have been required of this professional, such as: practicality, information, attitudes, values, technical abilities, clinical reasoning and effective communication⁽³⁾.

Thus, the hospital nurse has to deal with many demands and tasks with a high degree of exigencies and responsibilities that, depending on their experience and their scientific knowledge and attitudes, may or may not favour conflicting relations in this work context.

In this sense, it is essential that the nurse also develops conflict management skills in order to ensure quality in the care assistance and organizational health. For this, it is essential that you have, as a dexterity, the ability to communicate, observe, listen, have a critical sense and empathy to glimpse all the faces of a conflict⁽¹⁾.

Study conducted with nursing professionals from a public hospital in the Northeast region of Brazil with the objective of analyzing the nursing team's perception of the hospital nursing manager's role, pointed out that this team is a generator of conflicts and managing them is a challenge for the nurse⁽⁴⁾.

In this direction, this study presents the following questions: Is conflict negotiation the professional competence of the nurse? How is conflict negotiation conducted by the nurse in the hospital context?

Reflecting on the negotiation of conflicts by the nurse in the hospital context as a professional competence is justified by the fact that it is a pressing issue that needs deepening of professionals in this area. In addition, because

the hospital context reveals complex situations, in which knowing how to negotiate conflicts will bring positive results both for the care provided to the user of the services and for the institution.

Thus, the objective of this study is to analyze conflict negotiation as a professional competence of the nurse in the hospital context.

Method

It is an integrative review of the literature, a method that allows the analysis of the existing bibliography on a given theme, obeying standards of scientific and methodological rigour⁽⁵⁾. For this, six steps were taken, as suggested by the review study⁽⁶⁾: identification of the subject and research question; sampling or search of primary studies in the literature; determination of the information to be collected and categorization of the selected studies; evaluation of the studies included in the review; interpretation of the results; and presentation of the review or synthesis of the results.

The guiding question for this work was: "What scientific evidence is available in the literature that deals with the issue of conflict negotiation as a competence of the professional nurse in the hospital context?". The PICO strategy was used to build the question, being P - population, patient or problem, the nurse in the hospital context, I - intervention or area of interest, in the case of the professional's managerial competences, the element C - comparison between intervention or group, which was not employed, due to the type of revision, for the element O - outcome, the conflicts negotiation was considered⁽⁷⁾.

For the primary studies search, the following databases were selected and consulted: National Library of Medicine National Institutes of Health (PubMed), Nursing Databases (Bdenf), Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Latin American and Caribbean Center on Health Sciences (LILACS). For this, the following Health Science Descriptors (DeCS) were used addressed to the proposed theme: PUBMED: Nursing/Conflict/Negotiating, Professional competence, hospitals;

BDEFN: *Enfermagem*, Nursing/Conflict, *Conflito/Negociação*, Negotiating, *Competência profissional*, Professional competence, *Hospitais*, Hospitals; CINAHL: Nursing/Conflict/Negotiating, Professional competence, hospitals; LILACS: *Enfermagem*, *Conflito/Negociação*, *Competência profissional* and *Hospitais*.

Considering the current scenario of the health sector, marked by high demands, competitiveness, cost and growing exigencies that can contribute to the development of conflict, the inclusion criteria were thus established for the conduct of the integrative review: primary studies that addressed the competencies of the professional nurse in conflict management, published in English, Spanish and Portuguese, from January 2015 to September 2019. Studies of literature review, editorial, theses, dissertations, books and response letter were excluded. The database search for primary studies occurred from September to October 2019.

In the purpose of integrating the available data, the evidence classification was employed, which determines the level of evidence according to the clinical question used in the study: level I - systematic reviews with randomization; level II - clinical study with randomization; level III - non-randomized clinical study; level IV - cohort and control case; level V - systematic review of qualitative studies; level VI - descriptive studies; and level VII - opinion of experts⁽⁸⁾.

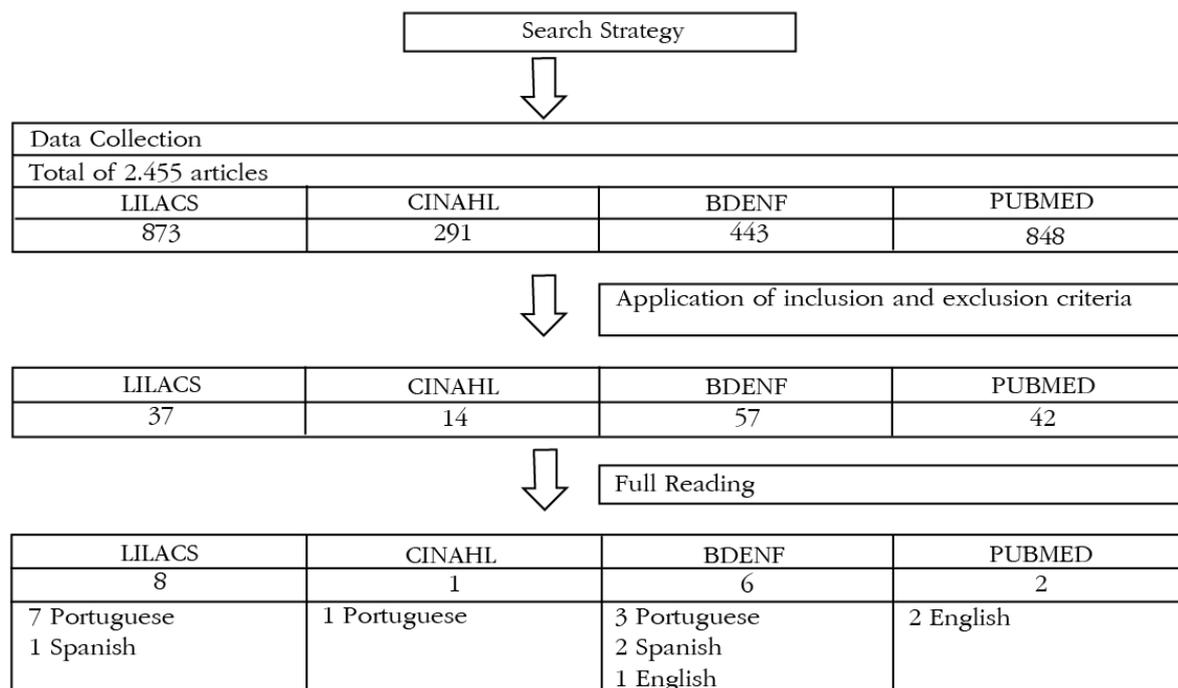
Results and Discussion

2,455 studies were identified, of which 2,305 were automatically excluded due to duplicity and for being outside the proposed time period. Thus, a sample of 150 studies was obtained at the end of the first stage of the articles' evaluation. Among these, 37 (24.66%) were found in LILACS; 14 (9.33%) in CINAHL; 57 (38%) in BDEFN; 42 (28%) in PUBMED. In the second stage, a complete reading of the 150 studies was made to identify those that answered satisfactorily the research question and/or were pertinent to the objective of the study. From this process, a sample of 17 articles was obtained, 8 (47.05%)

from LILACS, 1 (5.88%) from CINAHL, 6 (35.29%) from BDNF and 2 (11.76%) from PUBMED. The

detailing of the research phases is presented in Flowchart 1.

Flowchart 1 – Phases of the Integrative Review



Source: Created by the authors.

17 articles published between 2015 and 2019 were selected, 4 in 2018, 2017 and 2016, 3 in 2019 and 2 in 2015. Regarding the methodological approach, 12 (70.58%) publications were qualitative studies, among them 2 in Spanish, 1 in English and 9 in Portuguese; the quantitative studies were 4 (23.52%), 1 in Spanish, 2 in English and 1 in Portuguese; 1 (0.05%) mixed research in Portuguese. Regarding the level of

evidence, among the 17 studies, 5 (29.5%) were classified with type of clinical question Prognosis/Prediction or Etiology, all with level of evidence IV; 12 (70.5%) were classified as clinical question of Significance, level of evidence II - Clinical trial with randomization. This result shows that most have a strong level of evidence. Charts 1a and 1b present the synthesis of the studies characterization.

Chart 1a – Characterization of selected articles by authors, title and journal, year, database (continued)

| Authors | Title | Journal/Year/ Database |
|--|---|--|
| Ramos FRS, Vargas MAO, Schneider DG, Barlem ELD, Scapin SQ, Schneider AMM ⁽⁹⁾ | Ethical conflict as a trigger for moral suffering: survey of Brazilian nurses | Rev enferm UERJ / 2017 / LILACS |
| Wood-Molina T, Rivas-Ribeiro E ⁽¹⁰⁾ | Conflictividad ética en enfermeras/os de unidades de cuidados críticos en un hospital del sur de Chile | Enfermería Universitaria / 2017 / LILACS |
| Eduardo EA, Peres AM, Kalinowski CE, Cunha ICKO, Bernardino E ⁽¹¹⁾ | The negotiator that we have and the negotiator that we want in nursing | Texto Contexto Enferm / 2016 / LILACS |
| Pinhatti EDG, Vannuchi MTO, Sardinha DSS, Haddad MCL ⁽¹²⁾ | Job rotation of nursing professionals among the sectors of a hospital: a management tool in conflict resolution | Texto Contexto Enferm / 2017 / LILACS |

Chart 1a – Characterization of selected articles by authors, title and journal, year, database (conclusion)

| Authors | Title | Journal/Year/ Database |
|---|---|---|
| Leal LA, Soares MI, Silva BR, Brito LJS, Bernardes A, Henriques SH ⁽¹³⁾ | Professional competencies for hospital nurses: a documentary analysis | Rev Enfermagem Centro-Oeste Mineiro / 2019 / LILACS |
| Camelo SHH, Soares MI, Chaves LDP, Rocha FLR, Silva VLS ⁽¹⁴⁾ | Nurse managers at a teaching hospital: training, responsibilities and challenges | Rev enferm UERJ / 2016 / LILACS |
| Leal LA, Soares MI, Silva BR, Bernardes A, Camelo SHH ⁽¹⁵⁾ | Clinical and management skills for hospital nurses: perspective of nursing university students | Rev Bras Enferm / 2018 / LILACS |
| Tironi NM, Bernardino E, Haddad MCL, Nimtz MA, Torres DG, Peres AM ⁽¹⁶⁾ | Assignments and competencies of nursing managers: a descriptive exploratory research | Online braz j nurs / 2017 / LILACS |
| Grubaugh ML, Flynn L ⁽¹⁷⁾ | Relationships Among Nurse Manager Leadership Skills, Conflict Management, and Unit Teamwork. | J Nursing Adm / 2018 / CINAHL |
| Beserra EP, Gubert FM, Martins MC, Vasconcelos VM, Figueiredo GA, Silva LA, et al. ⁽¹⁸⁾ | Conflict management in nurse training | J Nurs UFPE online / 2018 / BDEF |
| Souza MS, Barlem JGT, Hirsch CD, Rocha LP, Neutzling BRS, Ramos AM ⁽¹⁹⁾ | Dimensionamento e escalas de pessoal de enfermagem: competências dos enfermeiros | Enferm Foco / 2018 / BDEF |
| Amestoy SC, Peixoto RS, Garcia RP, Santos BP, Silva CN, Braga DD ⁽²⁰⁾ | Percepção de enfermeiros-líderes sobre o gerenciamento de conflitos no ambiente hospitalar | Rev enferm UFESM / 2016 / BDEF |
| Cordero-Maldonado E, García-Domínguez JA, Romero-Quechol GM, Flores-Padilla L, Trejo-Franco J ⁽²¹⁾ | Dimensiones de la relación interpersonal del profesional de enfermería en una unidad de segundo nivel | Rev Enferm Inst Mex Seguro Soc/2019/ BDEF |
| Santos JLG, Lima MADS, Pestana AL, Colomé ICS, Erdmann AL ⁽²²⁾ | Estratégias utilizadas pelos enfermeiros para promover o trabalho em equipe em um serviço de emergência | Rev Gaúcha Enferm / 2016 / BDEF |
| Thofehrn MB, Montesinos MJL, Jacondino MB, Fernandes HN, Gallo CMC, Figueira AB ⁽²³⁾ | Work process of nurse in health production in a university hospital in Múrcia/Espanha | Cienc Cuid Saude / 2015 / BDEF |
| Ika C, Novieastari E, Nuraini T ⁽²⁴⁾ | The role of a head nurses in preventing interdisciplinary conflicts | Enferm Clin / 2019 / PUBMED |
| Kim WS, Nicotera AM, McNulty J ⁽²⁵⁾ | Nurses' perceptions of conflict as constructive or destructive | J Adv Nurs / 2015 / PUBMED |

Source: Created by the authors.

Chart 1b – Characterization of selected articles according to authors, study delineation, location and level of evidence

(continued)

| Authors | Study Delineation | Location | Level of Evidence |
|--|--------------------------|---|--------------------------|
| Ramos FRS, Vargas MAO, Schneider DG, Barlem ELD, Scapin SQ, Schneider AMM ⁽⁹⁾ | Survey type study | Capitals of the 27 Federative Units of Brazil | Level II |
| Wood-Molina T, Rivas-Ribeiro E ⁽¹⁰⁾ | Quantitative study | Chile | Level IV |

Chart 1b – Characterization of selected articles according to authors, study delineation, location and level of evidence (conclusion)

| Authors | Study Delineation | Location | Level of Evidence |
|---|--------------------------|------------------------------|--------------------------|
| Eduardo EA, Peres AM, Kalinowski CE, Cunha ICKO, Bernardino E ⁽¹¹⁾ | Qualitative study | Curitiba, Brazil | Level II |
| Pinhatti EDG, Vannuchi MTO, Sardinha DSS, Haddad MCL ⁽¹²⁾ | Qualitative study | Brazil | Level II |
| Leal LA, Soares MI, Silva BR, Brito IJS, Bernardes A, Henriques SH ⁽¹³⁾ | Qualitative study | Paulista countryside, Brazil | Level II |
| Camelo SHH, Soares MI, Chaves LDP, Rocha FLR, Silva VLS ⁽¹⁴⁾ | Quanti-qualitative study | Paulista countryside, Brazil | Level II |
| Leal LA, Soares MI, Silva BR, Bernardes A, Camelo SHH ⁽¹⁵⁾ | Qualitative study | Paulista countryside, Brazil | Level II |
| Tironi NM, Bernardino E, Haddad MCL, Nimtze MA, Torres DG, Peres AM ⁽¹⁶⁾ | Qualitative study | State of Paraná, Brazil | Level II |
| Grubaugh ML, Flynn L ⁽¹⁷⁾ | Quantitative study | Colorado (USA) | Level IV |
| Beserra EP, Gubert FM, Martins MC, Vasconcelos VM, Figueiredo GA, Silva LA, et al. ⁽¹⁸⁾ | Reflexive Study | Pernambuco, Brazil | Level IV |
| Souza MS, Barlem JGT, Hirsch CD, Rocha LP, Neutzling BRS, Ramos AM ⁽¹⁹⁾ | Quantitative study | South Region of Brazil | Level IV |
| Amestoy SC, Peixoto RS, Garcia RP, Santos BP, Silva CN, Braga DD ⁽²⁰⁾ | Qualitative study | South Region of Brazil | Level II |
| Cordero-Maldonado E, García-Domínguez JA, Romero-Quechol GM, Flores-Padilla L, Trejo-Franco J ⁽²¹⁾ | Descriptive study | Mexico | Level IV |
| Santos JLG, Lima MADS, Pestana AL, Colomé ICS, Erdmann AL ⁽²²⁾ | Qualitative study | South Region of Brazil | Level II |
| Thofehrn MB, Montesinos MJL, Jacondino MB, Fernandes HN, Gallo CMC, Figueira AB ⁽²³⁾ | Qualitative study | Murcia (Spain) | Level II |
| Ika C, Novieastari E, Nuraini T ⁽²⁴⁾ | Qualitative study | Djakarta (Indonesia) | Level II |
| Kim WS, Nicotera AM, McNulty J ⁽²⁵⁾ | Qualitative study | Spain | Level II |

Source: Created by the authors.

The analysis of the studies made it possible to construct two categories, namely: “Negotiation

of conflict as a competence of the nurse” and “Negotiating strategies in conflict resolution”.

Negotiation of conflict as a competence of the nurse

It was observed, in the articles that compose the sample, that conflict management is an inherent competence of the nurse's work and contributes to the well-being of the health organization. In the hospital organization, the nurse is considered a health services manager. They play a fundamental role in team relations, as they articulate and interact with different workers and are identified by the leadership and coordination of the health work process. However, in performing this role, this professional faces the need to manage conflicts, which has been referred to as a source of moral suffering⁽⁹⁻¹⁰⁾.

To minimize this suffering, some authors mention aspects that are essential to provide conflict resolution, among which are adequate basic training and the use of management instruments, such as planning, leadership, autonomy and adequate time management^(11-12,26). Studies complement, highlighting as main competencies of the managerial nurse: communication, flexibility, decision making and strategic vision, management of people, materials and hospital cost, interpersonal relationship and teamwork^(15,27).

With regards to communication and teamwork, it was observed that it is required of the nurse to acquire other competencies or capacities so that they can act effectively in day-to-day hospital practice. In this respect, it is known that conflict mediation is one of the essential capacities for the good work progress of the whole team⁽²⁸⁾.

Conflicts are common among human beings. They consist of disagreements resulting from contestations of values or desires that cause the disruption of order. They can be functional, constructive, or dysfunctional, of a negative nature, pushing away those who perceive them⁽²⁹⁾. Independent of professional ability, conflicts can lead to frequent anguish, disagreement and dissatisfaction at work, making the climate hostile⁽¹⁸⁾. Mediation can contribute to minimize dissatisfactions and demotivation, maintaining

the harmony and balance of the team, which reflects positively on all the care provided⁽²⁸⁾.

In order to manage conflicts in the assistance units, it is essential to know their origin, since there are no determined protocols for this purpose. They often arise from problems related to the type of dialogue, organizational structure and individual behavior. To solve them, it is necessary to develop action plans that comprehend all the parties involved and recognize the differences between people, since every human being is a unique being⁽³⁰⁻³²⁾.

It is noteworthy that the nurse is the leader of people management, because they interact directly and successively with the work team. Being so, not only the nursing manager, but each nurse, as a leader, is also responsible for the administration of the human resource in the organization. However, knowledge about leadership and administration are essential to the management of the institution, regardless of the area of occupation. In view of this, the professional responsible for the management of the process must possess competencies, abilities and assertive attitudes to manage conflicts⁽¹⁷⁾.

In this way, the managing nurse must be endowed with the leadership ability to manage conflicts. To this end and to comply with the exigencies of the institutions, which require ethical posture and attitude of the nurse to achieve objectives and excellence in teamwork, interpersonal communication is crucial⁽³³⁾.

It is highlighted the importance of the formation centres, regarding the training of these professionals. It is essential to implement strategies to develop clinical and management competences, strengthening, in students, the professional capacities indispensable for an appropriate action in face of the integrality of the care^(13-14,18,20,30).

Negotiating strategies in conflict resolution

In contemporaneity, the environments are more competitive every day and with more pressure, which favors the arising of conflicts.

Faced with this reality, the changes in the model of attention require a commitment to the development of good practices of dialogue, relationship and interpersonal management. This change, each day, distances itself more from the hegemonic medical model, welcoming new styles of health care that contribute to the strengthening and reliability of the assistance practices and management of the nurse⁽¹⁸⁾.

Routinely, it is highlighted the time spent by leading nurses on conflict resolution, who do not always fulfill the expectations of the parties, so they can be satisfied. Whatever the type of conflict, it is believed that the differential of good resolution is directly linked to a conscious tactic, in which mediation is established through communication and listening.

For a good resolution of conflicts, it is necessary to know them. Among the various types that exist, these stand out: latent conflict, which is the undeclared conflict, not existing a clear conscience of those involved, eventually not being necessary to intervene; perceived conflict, in which there is existence and perception of the conflict, but there is no open manifestation of it; felt conflict, that already affects both parties, and in which there is emotion and conscious form; and there is a manifest conflict, which affects all parties, it is clear to third parties and can damage the team dynamics⁽¹⁾.

Therefore, mediation highlights itself as a process of intervention on the various types of conflicts and should be used in a manner that seeks a solution acceptable to those involved, contributing to the reduction of negative impacts and, particularly in the hospital environment, to the maintenance of relations based on respect and trust⁽³⁴⁾.

The choice of the most appropriate strategy for conflict resolution depends on several situations, such as: the practicality of solving the problem, the individuality of those involved and the relevance of the issue⁽³⁵⁾. Among the conflict resolution strategies, these stand out: effective communication and feedback with the multidisciplinary team; observation capacity, which requires the nurse to have an overall vision, but with a focus on compliance with norms and

routines; discernment in the comprehension of various situations, being ethics and discretion indispensable in this process. Added to this is the commitment, given that, by involving the whole team, the work becomes more pleasant, and the strategic leadership is indispensable, since the leader's posture leads the team in a positive and satisfactory manner and involves it in all processes with responsibility⁽³⁶⁾.

Other studies reiterate as effective strategies to be used by nurses for conflict resolution: quality user service, effective communication, knowing how to work in a team, being ethical, having good posture, knowing how to listen, recognizing their role before the team⁽²³⁻²⁵⁾.

It is emphasised that staff dimensioning as a strategy for the competence of the nurse for conflict resolution, since, when carried out properly, it can minimise the workload, enhance the value of each other's work and consequently reduce conflicts^(19,21).

It is reaffirmed that the leadership of the nurse is fundamental in the management of conflicts, because the leader must assume effective integrated communication, be responsible for coordination and negotiation, as a way of interdisciplinary prevention of conflicts; they must also have a broad vision and flexible character in confronting hostilities, with a view to maintaining a propitious, healthy and harmonious work environment, in order to protect the quality of the health service^(11,24).

It is considered that the success of mediation and technical knowledge, already mentioned as recommended practices for conducting and resolving conflicts, is also identified with the importance of dialogue, when there is the involvement of users and their families⁽³⁷⁾.

With the knowledge of the types of conflicts it is essential to possess the ability to mediate them. This ability is essential when applied effectively in order to be resolute and fair. Therefore, the mediator must have with them some principles: to have credibility, to be impartial, to be aware of the situation, to be malleable in their decisions and as transparent as possible, always remaining ethical⁽²⁸⁾.

Among the limitations of this study, it highlights the reduced search period for articles and the restriction of selection to only three languages. Thus, it is recommended the extension for longer periods and with other languages, in order to better contribute to deepen the knowledge on the subject. It is emphasized that this study can contribute to reflections on the harmonious environment of nursing assistance, by permeating complex situations in which knowing how to negotiate conflicts will bring positive results both for the care provided to the service user and for the institution.

Conclusion

This study allowed the identification of current scientific publications that addressed the issue of conflict management, emphasizing the ability to negotiate as one of the competences of the nurse in the hospital context, in order to organize the work process and bring benefits to the organization.

It is understood that the articles alluded to several types of conflicts and that they are inherent to the interaction of human resources with the work environment, and it is up to the nurse, responsible for the team, to manage them in order to promote an adequate work environment, motivating the worker for good nursing practices.

The selected studies revealed the difficulties of the nurse, as a care manager, in relation to the competence to manage conflicts, since both sides involved are not always able to be satisfied with the proposed resolutions. To make this task viable, management strategies are needed, highlighted in this study: knowing how to lead, negotiate, plan, be fair in front of situations, evaluate, have scientific and technical knowledge so that they can lead the team. It is also necessary to know the team, its particularities and the personality of each worker, to avoid new occurrences of conflicts, having in sight the main objective of quality care to the user.

It is reiterated that the behaviour of the nurse in a conflicting situation depends on their knowledge, abilities and attitudes as a manager,

their personal aptitudes in the negotiation process and the use of the most propitious strategy to resolve or reduce the conflicts that occur at work.

Nursing training institutions have the responsibility to implement innovative strategies or methodologies with a focus on the development of managerial competencies yet in the graduation field, such as conflict management, necessary for the demands of the health work market.

Collaborations:

1 – conception, project, analysis and interpretation of data: Denise Maria Osugui, Silvia Helena Henriques, Eliza Maria Rezende Dázio, Zélia Marilda Rodrigues Resck, Laura Andrian Leal and Roberta Seron Sanches;

2 – writing of the article and relevant critical review of the intellectual content: Denise Maria Osugui, Silvia Helena Henriques, Eliza Maria Rezende Dázio, Zélia Marilda Rodrigues Resck, Laura Andrian Leal and Roberta Seron Sanches;

3 – final approval of the version to be published: Denise Maria Osugui, Silvia Helena Henriques, Eliza Maria Rezende Dázio, Zélia Marilda Rodrigues Resck, Laura Andrian Leal and Roberta Seron Sanches.

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