

# INDIVIDUAL AND ORGANIZATIONAL STRATEGIES FOR THE MANAGEMENT OF HEALTH CONFLICTS: A SCOPING REVIEW

---

## ESTRATÉGIAS INDIVIDUAIS E ORGANIZACIONAIS PARA O GERENCIAMENTO DE CONFLITOS NA SAÚDE: REVISÃO DE ESCOPO

---

## ESTRATEGIAS INDIVIDUALES Y ORGANIZACIONALES PARA EL MANEJO DE CONFLICTOS EN LA SALUD: REVISIÓN DE ESCOPO

Carolina Cassiano<sup>1</sup>  
Sílvia Helena Henriques<sup>2</sup>  
Denise Maria Osugui<sup>3</sup>  
Sonia Maria Kalckmann de Macedo<sup>4</sup>  
LuanGagossian Savóia<sup>5</sup>  
Laura Andrian Leal<sup>6</sup>

**How to cite this article:** Cassiano C, Henriques SH, Osugui DM, Macedo SMK, Savóia LG, Leal LA. Individual and organizational strategies for the management of health conflicts: a scoping review. Rev baiana enferm. 2024;38:e55776.

**Objective:** To characterize individual and organizational conflict-management strategies used in the health team. **Method:** This is a scoping review. Evidence was collected from February to May 2023, in the databases Medical Literature Analysis and Retrieval System Online, Cumulative Index to Nursing and Allied Health Literature, Scopus, Nursing Database, and Latin American and Caribbean Literature in Health Sciences. **Results:** The sample included 28 articles, classified into two categories. Individual strategies: development of communication skills, empathy, self-knowledge, emotional intelligence, and respect; and organizational strategies: need for the implementation of preventive strategies, and proactive conflict management, including training sessions. **Final considerations:** Conflicts are unavoidable in complex environments such as those in health, as many perspectives and interests are present. It is essential to adopt proactive measures to identify, mitigate, and solve health conflicts in a constructive manner.

**Descriptors:** Health Services Administration. Conflict, Psychological. Health Management. Negotiating. Health Personnel.

*Objetivo:* caracterizar as estratégias individuais e organizacionais utilizadas para o gerenciamento de conflitos existentes entre a equipe de saúde. *Método:* trata-se de um estudo de revisão de escopo; a busca pelas evidências

---

Corresponding author: Carolina Cassiano, carolinacassiano03@gmail.com

<sup>1</sup> Universidade de São Paulo. Ribeirão Preto, SP, Brasil. <https://orcid.org/0000-0003-3549-2538>.

<sup>2</sup> Universidade de São Paulo. Ribeirão Preto, SP, Brasil. <https://orcid.org/0000-0003-2089-3304>.

<sup>3</sup> Universidade de São Paulo. Ribeirão Preto, SP, Brasil. <https://orcid.org/0000-0002-7452-4339>.

<sup>4</sup> Universidade de São Paulo. Ribeirão Preto, SP, Brasil. <https://orcid.org/0000-0001-5664-5682>.

<sup>5</sup> Universidade de São Paulo. Ribeirão Preto, SP, Brasil. <https://orcid.org/0000-0001-5278-1193>.

<sup>6</sup> Universidade de São Paulo. Ribeirão Preto, SP, Brasil. <https://orcid.org/0000-0002-8563-8980>.

*ocorreu entre fevereiro e maio de 2023, nas bases de dados Medical Literature Analysis and Retrieval System Online, Cumulative Index to Nursing and Allied, Scopus, Base de Dados da Enfermagem e Literatura Latino-Americana e do Caribe em Ciências da Saúde. Resultados: a amostra foi de 28 artigos, apresentados em duas categorias: estratégias individuais: desenvolvimento de habilidades de comunicação, empatia, autoconhecimento, inteligência emocional, respeito; e estratégias organizacionais: necessidade de implementar estratégias preventivas e de gestão proativa de conflitos, incluindo treinamentos e capacitações. Considerações finais: os conflitos são inevitáveis em ambientes complexos, como os de saúde, onde se encontram diversas perspectivas e interesses, sendo fundamental adotar medidas proativas para identificar, mitigar e resolver conflitos de maneira construtiva no âmbito da saúde.*

*Descritores: Administração de Serviços de Saúde. Conflito Psicológico. Gestão em Saúde. Negociação. Pessoal de Saúde.*

*Objetivo: Caracterizar las estrategias individuales y organizacionales utilizadas para el manejo de conflictos en la equipo de salud. Método: este es un estudio de revisión de escopo; la busca por las evidencias ocurrió entre febrero y mayo de 2023 en las bases de datos Medical Literature Analysis and Retrieval System Online, Cumulative Index to Nursing and Allied, Scopus, Base de Datos de Enfermería, y en la Literatura Latinoamericana y del Caribe en Ciencias de la Salud. Resultados: la muestra incluyó 28 artículos, presentados en dos categorías. Estrategias individuales: desarrollo de habilidades de comunicación, empatía, autoconocimiento, inteligencia emocional, respeto; y estrategias organizacionales: necesidad de implementar estrategias preventivas y de manejo proactivo de conflictos, incluyendo entrenamientos y capacitaciones. Consideraciones finales: es inevitable que surjan conflictos en ambientes complejos como los de la salud, donde se encuentran diversas perspectivas e intereses. Es fundamental adoptar medidas proactivas para identificar, mitigar, y resolver conflictos de una manera constructiva, en el escopo de la salud.*

*Descriptorios: Administración de los Servicios de Salud. Conflicto Psicológico. Gestión en Salud. Negociación. Personal de Salud.*

## Introduction

Conflicts are complex phenomena, common in daily life. They can emerge in many areas of society, including workplaces<sup>(1)</sup>, and can be described as mutual disagreements that trigger hostility between two or more people<sup>(2)</sup>. Considering a context in which professional activities are conducted by a team, such problems would unavoidably emerge<sup>(3)</sup>. However, it is important to understand that the presence of conflict is not necessarily negative. It is an opportunity for growth and development for the individual, the team, and the organization as a whole. When conflicts are not well-managed, they can cause negative consequences for organizations and their employees. Furthermore, a conflict that is not adequately resolved can lead to loss of productivity, disruption of the organizational climate, and additional financial burdens to the health and education systems<sup>(4-5)</sup>.

With that in mind, the professional responsible and the organization itself must seek strategies that can solve existing conflicts and prevent those that may take place in the future, in order to keep the team united and avoid a negative impact on

the workflow<sup>(6)</sup>. In the field of health, situations involving some type of conflict are common. They can involve patients, their caregivers, relatives, and the health team<sup>(1)</sup>. Among health workers, who are the object of this study, conflicts can be triggered intra- or interprofessionally<sup>(7)</sup>. Health workers are a group with a high propensity for conflict, since they interact with many different people<sup>(8)</sup>. Another reason is the high degree of complexity of the tasks and stressful events these professionals are exposed to every day, including the unpredictability of occurrences, health care, and organizational structure<sup>(9)</sup>.

As a result, the health worker responsible for managing conflict must be able to negotiate, plan, coordinate, control, evaluate, follow-up, and have scientific and technical knowledge to be able to lead their team. To do so, they must understand each team member, considering their particularities and implementing efficient interventions to prevent and solve conflicts<sup>(10)</sup>.

Management is a relevant process if one is to deal with existing conflicts in a proactive and structured manner<sup>(11)</sup>. It is the practice of preventing,

identifying, and negotiating differences in the workplace rationally and effectively, using managerial skills or even established organizational guidelines. Therefore, individual and organizational strategies can be employed to manage conflict.

Nonetheless, there are still gaps in literature concerning some specific conflict-solving strategies, indicating the need to characterize individual and organizational systematized models and strategies that can be used by health workers. As a result, mapping these strategies through a scoping review can help summarize current knowledge using effective and scientifically proven methods. Mapping and gathering the available evidence on efficient conflict-management strategies in the health team can help prevent their negative impacts in the organization, promoting a healthy and collaborative workplace, in addition to improving the quality of patient care. Furthermore, learning to mediate conflicts effectively using individual strategies can also help develop interpersonal and communicational skills. These are important for the worker in the role of mediator and the other professionals involved. It is also relevant for the work process in the context of health.

As a result, this study proposes the following research questions: *Which strategies are used by health organizations to manage conflict between workers?* and *Which individual strategies are used by health workers to manage the conflicts that emerge within the team?*

The implementation of individual and organizational strategies to manage health conflicts is a continuous process which requires the commitment of all those involved. Considering the above, this study aimed to characterize the individual and organizational strategies used to manage conflicts in the health team.

## Method

This is a scoping review. This methodology seeks to find gaps in current scientific literature. It involves the mapping of relevant studies in the field of interest that are significant for summarizing research evidence<sup>(12)</sup>. The review was constructed according with the steps

recommended by the JBI checklist<sup>(13)</sup> Preferred Reporting Items for Systematic reviews and Meta-Analyses - extension for Scoping Reviews (PRISMA-ScR)<sup>(14)</sup>. The review followed five steps: identifying the research question, finding studies relevant to the topic, choosing studies, mapping the data, and presenting the results<sup>(15)</sup>.

Data collection for this study considered five databases: Medical Literature Analysis and Retrieval System Online (MEDLINE) via PubMed; Cumulative Index to Nursing and Allied Health Literature (CINAHL); Scopus, Nursing Database (BDENF); and Latin American and Caribbean Health Sciences Literature (LILACS).

The sample was formed by the 1,635 studies found in these databases. We included articles with different approaches, published from 2000 to 2023, in accordance with their goals and guiding questions, as long as they discussed conflict-resolution strategies in the hospital and Primary Health Care (PHC) environments and were written in Spanish, English, and Portuguese. This period was chosen as it allowed for a broad analysis of conflict-resolution strategies in health in the last few decades. We excluded letters to the editor, abstracts from event annals, as well as studies whose information did not address the population, the concept, and the context of interest for this study.

To ensure the reliability of data and the methodological transparency of this review, the protocol was submitted for registration in the Open Science Framework (OF/Center for Open Science/USA), earning the DOI number: 10.17605/OSMIO/OSF.IO/8BE5S. To elaborate the research question, we used the mnemonic PCC, which stands for (Population, Concept and Context)<sup>(15)</sup>, where the population was the health workers; the concept included strategies, negotiation, and conflict management and resolution; and the context were health facilities, hospitals, and primary care. Research was carried out from February to May 2023, with remote access to the databases of the Coordination for the Improvement of Higher Education Personnel (CAPES), using the Federated Academic Community (CAFe) with a login of the Universidade de São Paulo.

After an early investigation, terms from the Medical Subject Headings (MeSH), CINAHL Headings, and Health Sciences Descriptors (DeCS) were used to determine the search vocabulary. Furthermore, non-controlled descriptors were incorporated to increase the precision of the research. The strategy was implemented by three independent researchers, following JBI guidelines<sup>(13)</sup>. At first, the indexes of titles of specific topics in each database were identified, such as MeSH terms, CINAHL headings, and DeCS descriptors, as well as their synonyms, that is, all keywords. The terms that were found were combined using the Boolean operators “AND” and “OR”.

The search strategy adopted for PubMed was adjusted for application in other electronic databases. The terms used in the search were the following: (P) – “Health Personnel” AND (C) - strategies OR “Conflict Resolution” AND (C) – “Health Facilities”. For the search in the national databases, the following strategy was used: “*Pessoal de Saúde*” AND *Estratégias* OR *Negociação* OR “*Resolução de Conflitos*” AND “*Instalações de Saúde*” OR *Hospitais* OR “*Atenção Primária à Saúde*”.

The results collected in the databases were transferred into the Rayyan reference management software, developed by the Qatar Computing Research Institute (QCRI)<sup>(16)</sup>. Duplicates were then removed, and the studies

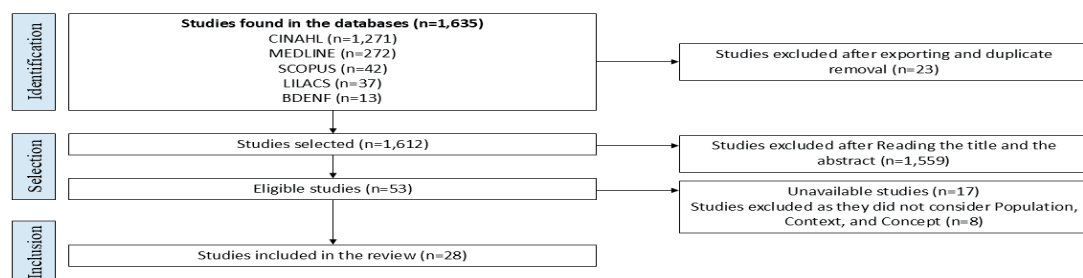
were selected and evaluated by two independent, blinded researchers. A third researcher mediated any disagreements. After the search was concluded using the strategy mentioned above, we proceeded with the selection of studies.

The analysis was based on the data reduction method, to conceptually classify the results after a critical reading<sup>(17)</sup>. The data extracted was organized in a spreadsheet, which allowed comparing and summarizing the information from the studies found. This systematic approach ensured organization and a detailed view of the topic proposed.

## Results

The search in the databases resulted in 1,635 articles. 1,271 were found in CINAHL, 272 in MEDLINE via PubMed, 42 in SCOPUS, 37 in LILACS, and 13 in BDEF. 23 articles were duplicates, and 1,612 were selected for analysis. After this stage, 1,559 articles were excluded as they were not in accordance with the goals of the study. As a result, 53 articles were read in full. 17 of them were excluded as they were not available in full, and 8 were not in accordance with the PCC strategy. Therefore, the final sample included 28 studies. The scheme of the identification, selection, and inclusion process is presented in Figure 1.

**Figure 1** - Flowchart of the process of selection of articles for the scoping review



Source: Created by the authors.

Of the 28 articles selected, 22 were in English (78.58%) and 6 in Portuguese (21.42%). The

year of publication varied from 2000 to 2022. Regarding the countries where the studies were

developed, the most common were Brazil, with six (21.43%); Canada, with four (14.28%); the United States with four (14.28%); South Africa, Australia, and Cyprus with two (7.15%); and Belgium, Greece, Iran, Jordan, Portugal, Serbia, Turkey, and the Netherlands with one (3.57%).

Regarding the type of index, 21 studies were indexed in international journals (75%), 5 in

national ones (17.86%), 1 in an international institutional repository (3.57%), and 1 in a national institutional repository (3.57%). There were 12 quantitative studies (42.86%), 8 (28.57%) qualitative ones, 5 document studies (17.86%), 1 mixed study (3.57%), 1 integrative review (3.57%), and 1 non-experimental study (3.57%). The characteristics of the studies are presented in Table 1.

**Table 1** - Characteristics of the studies that composed the sample of the scoping review, according to author, country, year, indexing journal/repository, study design, participants/data collection method. Ribeirão Preto, São Paulo, Brazil – 2023 (continua)

<b>Author /Country/ Year of Publication</b>	<b>Journal/Index Repository</b>	<b>Study design</b>	<b>Participants/Data Collection Method</b>
Haraway DL, Haraway WM 3rd. United States, 2005 <sup>(18)</sup>	Hospital Topics	Mixed study; inventory and open questionnaire	23 supervisors and managers of a health organization
Siu H, Spence Laschinger HK, Finegan J. Canada, 2008 <sup>(19)</sup>	The Journal of Nursing Administration	Predictive non- experimental study	678 registered nurses
Meth ND, Lawless B, Hawryluck L. Canada, 2009 <sup>(20)</sup>	Intensive Care Medicine	Qualitative case study; semi- structured interview	42 participants (physicians, nurses, social workers, hospital administrators, and biotechnologists)
Pereira A, Lima ACMV, Silva RS. Brazil, 2009 <sup>(21)</sup>	Revista de Enfermagem UFPE Online	Documental studies	Scientific Electronic Library Online Database (seven studies)
Morais FLSL. Brazil, 2010 <sup>(22)</sup>	Institutional Repository of UFPA	Qualitative study; semi-structured interview	Eight Family Health Strategy professionals (Four Community Health Workers, one dentist, one nurse, one doctor, one receptionist)
Barbosa SLS, Costa GF, Cordeiro LJJ, Alchieri JC. Brazil, 2011 <sup>(23)</sup>	Revista de Enfermagem UFPE Online	Integrative review	Scientific Electronic Library Online Database (32 articles and 1 book)
Pavlakakis A, Kaitelidou D, Theodorou M, Galanis P, Sourtzi P, Siskou O. Cyprus, 2011 <sup>(24)</sup>	International Nursing Review	Quantitative study; self-administered questionnaire	1,037 health professionals (nurses, physicians, psychologists, occupational therapists and physiotherapists)
Vaghetti HH, Padilha MICS, Lunardi Filho WD, Lunardi VL, Costa CFS. Brazil 2011 <sup>(25)</sup>	Acta Paulista de Enfermagem	Documental studies	4 theses and 6 dissertations MEDLINE, Lilacs Express, SciELO

**Table 1** - Characteristics of the studies that composed the sample of the scoping review, according to author, country, year, indexing journal/repository, study design, participants/data collection method. Ribeirão Preto, São Paulo, Brazil – 2023 (continua)

<b>Author /Country/ Year of Publication</b>	<b>Journal/Index Repository</b>	<b>Study design</b>	<b>Participants/Data Collection Method</b>
Greer LL, Saygi O, Aaldering H, Dreu CKW. Netherlands, 2012 <sup>(26)</sup>	Medical Education	Documental studies	Not recorded
Stecker M, Stecker MM. United States, 2014 <sup>(27)</sup>	Issues in Mental Health Nursing	Quantitative study; self-administered questionnaire	617 participants (physicians, nurses, students, teachers, managers, patient caregiver)
Sexton M, Orchard C. Canada, 2016 <sup>(28)</sup>	Journal of Interprofessional Care	Cross-sectional, qualitative questionnaire	182 health professionals (89 nurses, 33 rehabilitative science professionals, 24 physicians, 13 social workers, 9 pharmacists, 15 others)
Pinhatti EDG, Vannuchi MTO, Sardinha DSS, Haddad MCL. Brazil, 2017 <sup>(29)</sup>	Texto & Contexto Enfermagem	Exploratory, descriptive and qualitative study; focus group	22 professionals (nurses and nursing technicians)
Archambault-Grenier MA, Roy-Gagnon MH, Gauvin F, Doucet H, Humbert N, Stojanovic S, et al. Canada, 2018 <sup>(30)</sup>	Acta Paediatrica	Quantitative study; questionnaire	946 health professionals (nurses, physicians, others)
Pitsillidou M, Farmakas A, Noula M, Roupa Z. Cyprus, 2018 <sup>(31)</sup>	Journal of Nursing Management	Quantitative study; questionnaire	300 health professionals
Vrgović P. Serbia, 2018 <sup>(32)</sup>	International Social Work	Quantitative study; inventories	60 social workers; 883 local government officials from other institutions such as medical centers, health jobs, and primary and secondary schools
Crilly J, Greenslade JH, Johnston A, Carlström E, Thom O, Abraham L, et al. Australia, 2019 <sup>(33)</sup>	Emergency Medicine Australasia	Cross-sectional quantitative study; self-reported Scales	206 employees (nurses, physicians, others)
Freedman BD. Australia, 2019 <sup>(34)</sup>	Collegian	Documental studies	CINAHL, MEDLINE, OVID (29 articles)
Koesnel A, Bester P, Niesing C. South Africa, 2019 <sup>(35)</sup>	Health SA Gesondheid	Exploratory qualitative study; individual interviews	13 nursing managers

**Table 1** - Characteristics of the studies that composed the sample of the scoping review, according to author, country, year, indexing journal/repository, study design, participants/data collection method. Ribeirão Preto, São Paulo, Brazil – 2023 (conclusion)

<b>Author /Country/ Year of Publication</b>	<b>Journal/Index Repository</b>	<b>Study design</b>	<b>Participants/Data Collection Method</b>
Moeta ME, Du Rand SM. South Africa, 2019 <sup>(36)</sup>	Curationis	Qualitative, exploratory, descriptive, and contextual study; conflict setting and semi-structured interviews	11 nursing unit managers
Moreira FTLS, Callou RCM, Albuquerque GA, Oliveira RM. Brazil, 2019 <sup>(37)</sup>	Revista Gaúcha de Enfermagem	Descriptive, qualitative study; in-depth interviews	6 physicians, 10 nurses and 11 nursing technicians/assistants
Mosadeghrad AM, Mojibafan A. Iran, 2019 <sup>(38)</sup>	International Journal of Health Care Quality Assurance	Quantitative, descriptive, and cross-sectional study; questionnaire	563 hospital managers
Baçoğul C. Turkey, 2020 <sup>(39)</sup>	Perspectives in Psychiatric Care	Cross-sectional, descriptive and relational quantitative study; questionnaire	228 nurses
Patton CM. USA, 2020 <sup>(40)</sup>	Leadership in Health Services	Qualitative study; semi-structured interviews	13 medical imaging technologists
Van Keer RL, Deschepper R, Huyghens L, Bilsen J. Belgium, 2020 <sup>(41)</sup>	Journal of Transcultural Nursing	Documental studies	Based on the results of an ethnographic field study in an ICU of a multi-ethnic hospital urban hospital in Belgium
Andriopoulou M, Charos D, Kolypera V, Vivilaki VP, Tziallas D. Greece, 2021 <sup>(42)</sup>	Journal of Nursing Management	Quantitative cross-sectional study; questionnaires	185 nurses and medical staff (93 physicians and 92 nurses)
Costa DL. Portugal, 2021 <sup>(43)</sup>	Open Access Scientific Repositories of Portugal	Descriptive, exploratory, quantitative study; questionnaire	37 nurse managers
Assi MD, Eshah NF, Rayan A. Jordan, 2022 <sup>(44)</sup>	SAGE Open Nurses	Quantitative descriptive cross-sectional correlational study; self-reported scales	197 nursing managers
House S, Wilmoth M, Stucky C. United States, 2022 <sup>(45)</sup>	Nursing Outlook	Qualitative study; open questions	285 participants (nurses and civilian and military doctors)

Source: Created by the authors.

The scientific production regarding individual and organizational strategies for the management of conflicts in health was divided into two

categories: Individual Strategies and Organizational Strategies. Table 2 shows the objectives of the studies and their main results:

**Table 2** – Objectives and summary of the main results found by the studies

(continua)

Objective	Main results Category 1: Individual Strategies Category 2: Organizational Strategies
Report the results of the efforts of a health organization in the Northwest of Florida to deal with the challenge, providing professional conflict management and resolution training as part of their continuous program of personal development <sup>(18)</sup> .	<u>Organizational strategies</u> Continuous training in conflict management and resolution in service for managers and supervisors of all levels.
To examine the impact of the professional practice environment perceived by the nurses, regarding the approaches and management of nursing conflict, as well as their perceptions regarding unit efficacy from the perspective of Deutsch's theory of constructive conflict management <sup>(19)</sup> .	<u>Individual strategies</u> Open and honest communication, incorporating the team into decision making.  <u>Organizational strategies</u> Organizational policies and guidelines that facilitate collaborative practice.
To understand the conflicts in the setting of the ICU, as experienced by physicians and administrators, and to explore methods to resolve conflicts when there is any disagreement between physicians, families, and administration <sup>(20)</sup> .	<u>Organizational strategies</u> Organizational support, prevention, resolution, and decision making from educational organizational initiatives, emphasizing improvements in communication competence.
To identify and reflect on the competencies and skills of nurses regarding conflict management in the nursing team <sup>(21)</sup> .	<u>Individual strategies</u> Humility to learn, teamwork, and a good relationship, knowing how to deal with differences, having mutual understanding, and a balance from reason/emotion.
To understand the changes in the personal and professional dimensions of the Family Health Strategy workers, with experiences in rounds of conversation in Community Therapy Groups <sup>(22)</sup> .	<u>Organizational Strategy</u> Community Therapy.
To analyze the importance of the posture adopted in the professional relations between health workers <sup>(23)</sup> .	<u>Individual strategies</u> Knowledge of managers regarding those under their coordination through continued training, technical and ethical posture, mutual respect, professional knowledge, as well as personal and professional quality of life among subjects.
To investigate the existence and management of conflicts among health workers in public hospital services in Cyprus; to evaluate which factors lead to conflict among workers; to evaluate the consequences of the emergence of conflicts; and to consider management strategies <sup>(24)</sup> .	<u>Individual Strategy</u> Improved Communication.  <u>Organizational strategies</u> Roles defined at the organization, correct description of the service, fair management practices; education about conflict management for health workers in the sample and managers.



**Table 2** – Objectives and summary of the main results found by the studies (continua)

<b>Objective</b>	<b>Main results</b> <b>Category 1: Individual Strategies</b> <b>Category 2: Organizational Strategies</b>
To understand the meaning of hierarchical structures in the organizational culture of Brazilian hospital work (25).	<u>Organizational strategies</u> Discussions about hierarchical structures involving workers and managers.
To analyze the findings about the relationships between intragroup conflict and team results; to discuss potential conflict-resolution technics for intragroup conflicts; and to explore how they related with the field of medical education <sup>(26)</sup> .	<u>Individual strategies</u> A proactive approach was adopted, encouraging open communication, focusing on information sharing, creative thinking, and an effort to understand the points of view and desires of others. <u>Organizational strategies</u> To encourage cooperative interdependence, to maintain explicit guidelines on how and where to expose, deal, and manage conflicts.
To explore the prevalence of stress in the work place, differences in gender, and the relationship between experiencing stress and the lack of civility in the workplace <sup>(27)</sup> .	<u>Organizational strategies</u> The implementation of measures to create cultures in the workplace that are characterized by respect, civility, and constructive interactions with the team.
To investigate the impact of communication competence, problem-solving skills, and conflict resolution education and training on the perceive ability of health workers to deal with conflict <sup>(28)</sup> .	<u>Individual Strategy</u> Communication. <u>Organizational strategies</u> Dissemination of effective conflict-resolution techniques according with evidence-based research; training.
To unveil the feelings and perceptions of nursing professionals who worked in rotation between the different wards of a hospital as part of a management tool for conflict-resolution <sup>(29)</sup> .	<u>Organizational Strategy</u> Nursing professionals rotated between wards.
To explore how pediatric health workers experienced and dealt with end-of-life conflicts and identify the best strategies to deal with them <sup>(30)</sup> .	<u>Individual strategies</u> Discussions with patients and their relatives, and with professional colleagues; improving peer-to-peer communication (health workers), carrying out multidisciplinary meetings to discuss cases, shared decision making through group discussions, ethics, communication, and respect to cultural differences. <u>Organizational strategies</u> Training.
To register the types of conflict management health professionals in hospitals in Cyprus found in their daily work, and to explore the conflicts, their parameters and causes, as well as the ambiguity in the roles assumed by hospital workers <sup>(31)</sup> .	<u>Individual strategies</u> Mutually beneficial negotiations and commitment as a method; understanding the reasons for the conflicts. <u>Organizational strategies</u> Provide adequate training to develop communication skills and conflict management strategies.

**Table 2** – Objectives and summary of the main results found by the studies

(continua)

<b>Objective</b>	<b>Main results</b> <b>Category 1: Individual Strategies</b> <b>Category 2: Organizational Strategies</b>
To associate the frequency of stressors at work with the interpersonal conflict-solving skills in social workers and employees of other institutions in Novi Sad, Serbia <sup>(32)</sup> .	Organizational strategies To consider hiring more collaborators and to organize work procedures so there are less interruptions, deadlines, and bureaucracies; to organize activities to relief stress.
To describe the perceptions of the clinical body and the work environment in the emergency room; to exploit the association between personnel demographic data, ways of coping, and work environments <sup>(33)</sup> .	<u>Individual strategies</u> To develop active coping behaviors and positive thinking.
To explore the risk factors and the causes of interpersonal conflict in nursing treatment centers (healthcare nursing workplace), and to test the applicability of the SCARF model Status, Certainty, Autonomy, Relationship and Justice) in explaining, predicting and mitigating interpersonal conflicts <sup>(34)</sup> .	Organizational strategies The SCARF model was applied to help managers project services to optimize a constructive conflict resolution strategy. To support the health administrators to project services, in such a way as to optimize the constructive resolution of conflicts and support specialists in conflicts so they can project the resolution of disputes and specific interventions in the health workforce.
To understand the experiences of conflict management of manager hospitals in a diverse South African location (a military hospital) to encourage a healthy work environment <sup>(25)</sup> .	<u>Individual strategies</u> Respect for diversity, self-knowledge, knowledge about types of conflict, attention to personal, professional, and organizational values.
Explore how nursing unit managers deal with conflicts in public hospitals and make recommendations about how to optimize the conflict management skills of the nursing unit managers <sup>(36)</sup> .	<u>Individual strategies</u> To expose the code of conduct and explain the expectations of the organization. Prevent the conflict from continuing in public, resolve it privately, be impartial, and ensure mutual respect during the conflict. Environment with privacy and opportunity for communication between those involved.  <u>Organizational strategies</u> Additional and ongoing education and training.
Describe and analyze effective interprofessional communication strategies to manage destructive behaviors in hospital work and promote patient safety <sup>(37)</sup> .	<u>Individual strategies</u> Effective communication, team meetings with open conversation, and leadership exercises emphasizing individual support, mutual recognition and respect, feedback.  <u>Organizational strategies</u> Performance evaluation, organizational support, training.
To identify the intensity of the conflict experienced by hospital managers, as well as their conflict management styles in hospitals affiliated to the Tehran University of medical Sciences (TUMS) <sup>(38)</sup> .	<u>Individual strategies</u> Collaborative Style  <u>Organizational strategies</u> Relevant education and training programs.

**Table 2** – Objectives and summary of the main results found by the studies (conclusion)

<b>Objective</b>	<b>Main results</b> <b>Category 1: Individual Strategies</b> <b>Category 2: Organizational Strategies</b>
To examine the relationship between conflict management strategies and teamwork attitudes in nurses <sup>(39)</sup> .	<u>Individual strategies</u> Communication, sharing experiences and solving conflicts, maintaining team spirit, commitment, integration.
To describe and interpret interpersonal and intragroup conflicts of employees and leaders in the field of medical imaging technology, working in tertiary care centers in the United States to extract strategies used to mitigate and management these conflicts <sup>(40)</sup> .	<u>Organizational strategies</u> Organizational change trainings.
To discuss strategies that can be useful to prevent or mitigate intercultural nurse-family conflicts during critical medical situations in the hospital <sup>(41)</sup> .	<u>Organizational strategies</u> To create adequate policies and workplace training, to provide adapted visual information about the units to the families, and to carry out permanent education and research.
To investigate conflicts and identify the factors that lead to the emergence of conflicts in the operation room, as well as strategies for conflict resolution <sup>(42)</sup> .	<u>Individual Strategy</u> Cooperation.  <u>Organizational strategies</u> Training.
To analyze the differences between the perception of the competencies of managers of a hospital center and the way they manage conflicts <sup>(43)</sup> .	<u>Individual strategies</u> Collaboration, assertive and cooperative attitudes.
To identify the relationship between mindfulness and conflict resolution, and to predict the conflict resolution styles of nursing managers through mindfulness <sup>(44)</sup> .	<u>Organizational strategies</u> Mindfulness-centered training programs to improve managers' conflict resolution skills and invest in managers' attention.
To explore the areas of higher and lower job satisfaction among nurses and civilian and military physicians in an army hospital <sup>(45)</sup> .	<u>Organizational strategies</u> To implement policies to create a culture that promotes worker well-being; to consider relational work processes, such as relational coordination. Hospital leaders should explore job satisfaction often; implement evidence-based strategies such as formal mentoring programs; encourage career development programs.

Source: Created by the authors.

## Discussion

Our results allowed us to gather evidence available in literature on the strategies that can be used to solve conflicts in health institutions. It was found that some studies only presented individual strategies, some only presented organizational ones,

and a few presented both. In some cases, organizational strategies affect individual approaches, especially considering manager intervention. These strategies are necessary, so individual interventions can be effectively carried out, as they often intersect with each other.

A significant number of studies address conflict management, emphasizing nursing to the detriment of other fields of health. Nonetheless, among health workers, it is clear that conflicts within the nursing team are highly prevalent<sup>(46)</sup>. An explanation for this is related to the fact that nurses are the majority in the field of health<sup>(47)</sup>. It should also be noted that most studies selected are quantitative (n=12; 42.86%), followed by qualitative (n=8; 28.57%), corresponding to evidence levels V and VI, respectively<sup>(48)</sup>. These designs, thus, are not the highest levels of evidence, showing that further research is necessary in this topic, in addition to more robust studies, including intervention studies and the construction of models for conflict-resolution strategies.

Thus, we can see the prevalence and impact of conflicts between health workers<sup>(49)</sup>, which can come from individual or organizational sources. Individual conflict sources can be triggered due to personal traits: self-centeredness, self-esteem, or worldviews. These conflicts can have an impact on the physical and mental health of the worker, as well as on their work performance. This type of conflict can also be hindered by destructive behaviors, such as insufficient support, bullying, and psychological harassment. The sources of organizational conflict, on the other hand, can be unclear professional roles, workflow, organizational structure, and field of practice. These can affect work satisfaction and the possibility of personnel turnover<sup>(50)</sup>.

This ratifies the need to develop, or even improve, individual and/or organizational strategies to manage conflict, as the results of this study emphasized. It is also worth noting that conflict-resolution skills can be improved by continued education and practice<sup>(51)</sup>.

In this regard, the context of health is focused on the provision of care to the patient. Thus, collaboration and communication among health workers is essential to deal with damage that can emerge from conflicts<sup>(52)</sup>. Therefore, communication is an efficient skill that makes it possible to share information, and tends to improve decision making<sup>(53)</sup>.

Several studies addressed the importance of communication as an individual strategy to manage conflicts<sup>(19,21,24,30-31)</sup>, including a democratic communication model<sup>(19,26,37)</sup>, associated with shared decision making<sup>(30)</sup>. Additionally, understanding the reasons that trigger conflicts<sup>(31)</sup>, considering an effective communication and conduct based on mutual respect, civility<sup>(23,27,37)</sup> and integration<sup>(39)</sup>, are essential to promote constructive interactions<sup>(27)</sup>. These actions make conflict resolution possible, as they can make a cohesive team easier to maintain<sup>(39)</sup>.

In this regard, the ethics of the mediator<sup>(30)</sup>, as well as the respect to differences and to diversity in the work environment<sup>(21,35,30)</sup>, are relevant for conflict management. The same is true for active involvement with the team. It should be noted that conflict-resolution or mediation skills are also relevant in the management of diversity related issues, equity, and inclusion<sup>(54)</sup>.

Furthermore, good interpersonal relationships and emotional intelligence, based on the balance of reason and emotion, are also individual strategies to help manage and reduce conflict<sup>(21)</sup>. The same is true for developing active behavior to deal with these issues and positive thought<sup>(33)</sup>. Thus, teaching team leaders about emotional intelligence can help them deal more effectively with conflicts at work<sup>(10)</sup>.

These findings prove that conflict management requires all professionals involved, especially managers, to be prepared to facilitate interpersonal relationships in their units<sup>(36)</sup>. Offering resources to health professionals can also help them build the confidence necessary to deal with conflicts, managing them before they escalate<sup>(55)</sup>.

In this regard, permanent education<sup>(41)</sup> and interprofessional collaboration<sup>(43)</sup>, associated with training for conflict management are necessary<sup>(7,38)</sup>, especially as initiatives of health services. Training is an organizational strategy, emphasized by several studies included in this scoping review<sup>(18,28,30-31,34,36-38,41-42)</sup>. Therefore, organizational strategies based on training for health workers are relevant and efficient, especially when carried out by evidence-based practices<sup>(28,41,56)</sup>. The Medical Mediation Foundation (MMF), from the United

Kingdom, created a model to manage conflicts between medical teams and families. In this model the team was known beforehand and experiences were shared, so conflicts could be identified early and prevented from escalating<sup>(56)</sup>.

However, it should be noted that training is not relevant only in the organizational scope, but also in the education of future professionals in graduation or even post-graduation. A US investigation showed that few syllabi emphasize conflict resolution in medicine graduation. Thus, a syllabus was developed that formally introduced these conflict-management skills, allowing practice in a simulated environment before students started their residency. Thus, exercises for conflict resolution were implemented successfully and evaluated as useful by students to prepare future professionals<sup>(49)</sup>.

Still in the US, training sessions for skills is widely encouraged, and is a part of post-graduation course in biomedical sciences. This is an important component for the development of negotiation and conflict-resolution skills. This training provides useful competencies for academic, non-academic, and professional careers, and even to daily-life situations outside the workplace<sup>(54)</sup>.

There are also holistic types of training, such as the use of mindfulness<sup>(44)</sup> and community therapy, which is a strategy used in a Brazilian study<sup>(22)</sup>. These alternatives have a high potential of contributing for conflict resolution<sup>(22, 44)</sup>, which can encourage organizations to implement them<sup>(44)</sup>. This shows the relevance of supporting health managers to project services that can optimize constructive conflict resolution<sup>(34)</sup>, that is, to have a formal structure that can identify and manage conflicts in different levels, in addition to showing the importance of multidisciplinary leadership to help incorporate a consistent approach<sup>(55)</sup>.

In addition, training professionals, including managers<sup>(42)</sup> and the team as a whole, to recognize and manage conflict as early as possible, enables improving health care results and promoting wellbeing at work<sup>(56)</sup>. It stands out that strategies that encourage self-knowledge<sup>(35)</sup> help mitigating stress<sup>(32)</sup> and promote well-being<sup>(45)</sup> and, in addition to being relevant from an

individual standpoint, they can also be effective organizational initiatives that have an impact on the practice and on conflict management<sup>(32,35,45)</sup>.

Therefore, organizations must have organizational policies and well-defined directives that can facilitate collaborative practices<sup>(19,26,32)</sup>, offering organizational support<sup>(20,37)</sup>, *feedback*<sup>(37)</sup>, and embracing the participation of workers, even in hierarchical structure discussions<sup>(25)</sup>. Well-defined functions at work, as well as promoting fair practices<sup>(24)</sup> and valuing professionals<sup>(23)</sup>, are relevant strategies for conflict management.

Furthermore, an organizational evaluation can indicate the need for change. Thus, if the current organizational culture is undesirable, it can be viable to train towards organizational changes, collaboration, or positivity. Team building events and opportunities for employees to interact can also be used to improve the organizational or departmental culture<sup>(40)</sup>. Rotating professionals in the different sectors is an organizational strategy that corroborates this finding, as it helps conflict resolution and benefits other aspects, such as knowledge expansion and abilities, reducing the resistance against working in other sectors and improving interpersonal relationships<sup>(29)</sup>. However, this process must be conducted via effective and participatory communication, in order to reduce negative feelings in professionals, such as anguish, frustration, and insecurity<sup>(29)</sup>.

A limitation of this research was the languages, since we only considered studies in English, Portuguese, and Spanish, and may have excluded relevant studies written in other languages.

This study maps conflict-management practices in health to promote more collaborative and healthier work environments. Individual and organizational strategies were found to be important, as well as organizational policies, emphasizing mediation and conflict-prevention. Therefore, this study contributed by presenting different conflict-management strategies in the field of health, in order to improve the work environment, professional relationships, and, consequently, patient care.

## Final Considerations

Conflicts in complex environments are unavoidable. This includes health conflicts, in which different perspectives, interests, and expectations meet. In this context, it is essential to adopt proactive measures to identify, mitigate, and solve conflicts in a constructive manner.

This study showed individual strategies regarding how the development of communicative skills, empathy, self-knowledge, and emotional intelligence are essential to deal with conflicting situations. The ability of listening attentively, expressing oneself clearly and assertively, and recognizing one's own emotions and those of others, are the pillars of healthy interpersonal relationships and adequate disagreement management. Furthermore, seeking a collaborative approach can help solve conflicts and promote a more harmonious work environment.

Regarding organizational strategies, it has become clear that it is necessary to implement preventive strategies and proactive-conflict management. This involves enacting clear policies and procedures to deal with disagreements, fostering a culture of openness to dialogue, and creating safe spaces where disagreements can be discussed and resolved appropriately. Furthermore, it is necessary to invest in training and qualification for professionals to improve their conflict management and leadership skills.

Another relevant element found in this review is the importance of effective leadership in regard to conflict management in the field of health. Leaders should be examples of respect, ethics, and communication, encouraging collaboration and acting as mediators when necessary. Furthermore, the active participation of collaborators in conflict resolution should be encouraged to generate a more democratic environment.

Finally, efficient conflict management in health is a multidimensional task that requires efforts at both the individual and organizational levels. Professional skills, the promotion of a culture of open dialogue, and the adoption of proactive strategies are essential to create a healthy work environment, leading to excellent

health services and to the well-being of their users. Investments in this regard can ensure that conflicts are transformed into opportunities to learn and grow, contributing to strengthening the health system and the human and professional situations involved.

## Collaborations:

1 – Concept and planning of the research project: Carolina Cassiano e Laura Andrian Leal;

2 – Data analysis and interpretation: Carolina Cassiano, Denise Maria Osugui, Sonia Maria Kalckmann de Macedo, Luan Gagossian Savóia e Laura Andrian Leal;

3 – Writing and/or critical review: Carolina Cassiano, Sílvia Helena Henriques e Laura Andrian Leal

4 – Approval of the final version: Carolina Cassiano, Sílvia Helena Henriques e Laura Andrian Leal.

## Conflicts of interest

There are no conflicts of interest

## References

1. Fahy AS, Mueller C, Fecteau A. Conflict resolution and negotiation in pediatric surgery. *Semin Pediatr Surg.* 2021;30(5):151100. DOI: 10.1016/j.sempedsurg.2021.151100
2. Filella G, Ros-Morente A. Happy Software: An interactive program based on an emotion management model for assertive conflict resolution. *Front Psychol.* 2023;13:935726. DOI: 10.3389/fpsyg.2022.935726
3. Chan T, Oswald A, Hauer KE, Caretta-Weyer HA, Nousiainen MT, Cheung WJ, et al. Diagnosing conflict: Conflicting data, interpersonal conflict, and conflicts of interest in clinical competency committees. *Med Teach.* 2021;43(7):765-73. DOI: 10.1080/0142159X.2021.1925101
4. Wright AA, Katz IT. Beyond Burnout – Redesigning Care to Restore Meaning and Sanity for Physicians. *N Engl J Med.* 2018;378(4):309-11. DOI: 10.1056/NEJMp1716845

5. Sinsky JL, Chang JM, Shibata GS, Infosino AJ, Rouine-Rapp K. Applying Conflict Management Strategies to the Pediatric Operating Room. *Anesth Analg.* 2019;129(4):1109-17. DOI: 10.1213/ANE.0000000000003991
6. Zakariya R, Naqvi SMMR. Leader instigated task conflict and its effects on employee job crafting; the mediating role of employee attributions. *PloS ONE.* 2022;17(12):e0278329. DOI: <https://doi.org/10.1371/journal.pone.0278329>
7. Bajwa NM, Bochatay N, Muller-Juge V, Cullati S, Blondon KS, Perron NJ, et al. Intra versus interprofessional conflicts: implications for conflict management training. *J Interprof Care.* 2020;34(2):259-68. DOI: <https://doi.org/10.1080/13561820.2019.1639645>
8. Kazemi E, Carter C, Davies MS. Workplace Conflict in Applied Behavior Analysis: Prevalence, Impact, and Training. *Behav Anal Pract.* 2022;15(2):608-18. DOI: 10.1007/s40617-021-00649-6
9. Pereira RS, Pereira KNSS, Guimarães GLP, Paula EJC, Silva LS, Tavares PPC. Resolução de conflitos em serviços de saúde e práticas restaurativas: o desafio da gestão. *REAS.* 2021;13(1):e5620. DOI: <https://doi.org/10.25248/reas.e5620.2021>
10. Aseery M, Mahran S, Felemban O. The Relationship Between Emotional Intelligence and Conflict Management Strategies From the Nurse Managers' Perspective. *Cureus.* 2023;15(3):e35669. DOI: <https://doi.org/10.7759/cureus.35669>
11. Delak B, Širok K. Physician-nurse conflict resolution styles in primary health care. *Nurs Open.* 2022;9(2):1077-85. DOI: 10.1002/nop2.1147
12. Tricco AC, Lillie E, Zarin W, O'Brien K, Colquhoun H, Kastner M, et al. A scoping review on the conduct and reporting of scoping reviews. *BMC Med Res Methodol.* 2016;16(15). DOI: <https://doi.org/10.1186/s12874-016-0116-4>
13. Peters MDJ, Godfrey CM, McInerney P, Munn Z, Tricco AC, Khalil H. Chapter 11: Scoping Reviews (2020 version). In: Aromataris E, Munn Z, editors. *JBIM Manual for Evidence Synthesis.* Adelaide: JBI; 2020. p. 1-46. DOI: <https://doi.org/10.46658/JBIMES-20-12>
14. Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for scoping reviews (PRISMA-ScR): checklist and explanation. *Ann Intern Med.* 2018;169(7):467-73. DOI: <http://doi.org/10.7326/M18-0850>
15. Arksey H, O'Malley L. Scoping studies: towards a methodological framework. *Int J Soc Res Methodol.* 2005;8(1):19-32. DOI: <http://doi.org/10.1080/1364557032000119616>
16. Ouzzani M, Hammady H, Fedorowicz Z, Elmagarmid A. Rayyan – a web and mobile app for systematic reviews. *Syst Rev.* 2016;5(1):210. DOI: <http://doi.org/10.1186/s13643-016-0384-4>
17. Whitemore R, Knaff K. The integrative review: updated methodology. *J Adv Nurs.* 2005;52(5):546-53. DOI: <http://doi.org/10.1111/j.1365-2648.2005.03621.x>
18. Haraway DL, Haraway WM 3rd. Analysis of the effect of conflict-management and resolution training on employee stress at a healthcare organization. *Hosp Top.* 2005;83(4):11-7. DOI: 10.3200/HTPS.83.4.11-18
19. Siu H, Laschinger HKS, Finegan J. Nursing professional practice environments: setting the stage for constructive conflict resolution and work effectiveness. *J Nurs Adm.* 2008;38(5):250-7. DOI: 10.1097/01.NNA.0000312772.04234.1f
20. Meth ND, Lawless B, Hawryluck L. Conflicts in the ICU: perspectives of administrators and clinicians. *Intensive Care Med.* 2009;35(12):2068-77. DOI: 10.1007/s00134-009-1639-5
21. Pereira A, Lima ACMV, Silva RS. The negotiation power: reflection about the managing of conflicts in nursing. *Rev enferm UFPE on line.* 2009;3(1):117-23. DOI: <https://doi.org/10.5205/reuol.195-1233-4-RV.0301200917>
22. Morais FLSL. Rodas de terapia comunitária: espaços de mudanças para profissionais da estratégia saúde da família [dissertação]. João Pessoa (PB): Universidade Federal da Paraíba; 2010.
23. Barbosa SLS, Costa GF, Cordeiro IJL, Alchieri JC. Workers' participative management in the health care field: integrative literature. *Rev enferm UFPE on line.* 2011;5(8):2031-7. DOI: <https://doi.org/10.5205/reuol.1262-12560-1-LE.0508201129>
24. Pavlakis A, Kaitelidou D, Theodorou M, Galanis P, Sourtzi P, Siskou O. Conflict management in public hospitals: the Cyprus case. *Int Nurs Rev.* 2011;58(2):242-8. DOI: 10.1111/j.1466-7657.2011.00880.x
25. Vagheti HH, Padilha MICS, Lunardi Filho WD, Lunardi VL, Costa CFS. Significados das hierarquias no trabalho em hospitais públicos brasileiros a partir de estudos empíricos. *Acta paul enferm.* 2011;24(1):87-93. DOI: <https://doi.org/10.1590/S0103-21002011000100013>
26. Greer LL, Saygi O, Aaldering H, Dreu CKW. Conflict in medical teams: opportunity or

- danger? *Med Educ.* 2012;46(10):935-42. DOI: 10.1111/j.1365-2923.2012.04321.x
27. Stecker M, Stecker MM. Disruptive staff interactions: a serious source of inter-provider conflict and stress in health care settings. *Issues Ment Health Nurs.* 2014;35(7):533-41. DOI: <https://doi.org/10.3109/01612840.2014.891678>
  28. Sexton M, Orchard C. Understanding healthcare professionals' self-efficacy to resolve interprofessional conflict. *J Interprof Care.* 2016;30(3):316-23. DOI: 10.3109/13561820.2016.1147021
  29. Pinhatti EDG, Vannuchi MTO, Sardinha DSS, Haddad MCL. Job rotation of nursing professionals among the sectors of a hospital: a management tool in conflict resolution. *Texto contexto - enferm.* 2017;26(2):e1180015. DOI: <https://doi.org/10.1590/0104-07072017001180015>
  30. Archambault-Grenier MA, Roy-Gagnon MH, Gauvin F, Doucet H, Humbert N, Stojanovic S, et al. Survey highlights the need for specific interventions to reduce frequent conflicts between healthcare professionals providing paediatric end-of-life care. *Acta Paediatr.* 2018;107(2):262-9. DOI: <https://doi.org/10.1111/apa.14013>
  31. Pitsillidou M, Farmakas A, Noula M, Roupa Z. Conflict management among health professionals in hospitals of Cyprus. *J Nurs Manag.* 2018;26(8):953-60. DOI: 10.1111/jonm.12631
  32. Vrgović P. Job stressors and interpersonal conflict resolution strategies of social workers in Serbia: Comparison with other public institutions. *Int Soc Work.* 2018;62(5):1444-51. DOI: 10.1177/0020872818775495
  33. Crilly J, Greenslade JH, Johnston A, Carlström E, Thom O, Abraham L, et al. Staff perceptions of the emergency department working environment: An international cross-sectional survey. *Emerg Med Australas.* 2019;31(6):1082-91. DOI: 10.1111/1742-6723.13325
  34. Freedman BD. Risk factors and causes of interpersonal conflict in nursing workplaces: Understandings from neuroscience. *Collegian.* 2019;26(5):594-604. DOI: 10.1016/j.colegn.2019.02.001
  35. Koesnell A, Bester P, Niesing C. Conflict pressure cooker: Nurse managers' conflict management experiences in a diverse South African workplace. *Health SA.* 2019;24:1128. DOI: 10.4102/hsag.v24i0.1128
  36. Moeta ME, Du Rand SM. Using scenarios to explore conflict management practices of nurse unit managers in public hospitals. *Curationis.* 2019;42(1):e1-e11. DOI: 10.4102/curationis.v42i1.1943
  37. Moreira FTLS, Callou RCM, Albuquerque GA, Oliveira RM. Estratégias de comunicação efetiva no gerenciamento de comportamentos destrutivos e promoção da segurança do paciente. *Rev Gaúcha Enferm.* 2019;40(esp):e20180308. DOI: <https://doi.org/10.1590/1983-1447.2019.20180308>
  38. Mosadeghrad AM, Mojbafan A. Conflict and conflict management in hospitals. *Int J Health Care Qual Assur.* 2019;32(3):550-61. DOI: <https://doi.org/10.1108/IJHCQA-09-2017-0165>
  39. Baçoğul C. Conflict management and teamwork in workplace from the perspective of nurses. *Perspect Psychiatr Care.* 2020;57(2):610-9. DOI: 10.1111/ppc.12584
  40. Patton CM. Breaking the health-care workplace conflict perpetuation cycle. *Leadersh Health Serv.* 2020;33(2):147-62. DOI: 10.1108/lhs-06-2019-0036
  41. Van Keer RL, Deschepper R, Huyghens L, Bilsen J. Preventing Conflicts Between Nurses and Families of a Multi-ethnic Patient Population During Critical Medical Situations in a Hospital. *J Transcult Nurs.* 2020;31(3):250-6. DOI: <https://doi.org/10.1177/1043659619859049>
  42. Andriopoulou M, Charos D, Kolypera V, Vivilaki VP, Tziallas D. Psychosocial factors associated with conflicts among health professionals in the operating room in a Greek sample. *J Nurs Manag.* 2021;29(1):2707-14. DOI: 10.1111/jonm.13428
  43. Costa DL. O papel do enfermeiro gestor na gestão de conflitos [dissertação]. Porto (PT): Escola Superior de Enfermagem do Porto; 2021.
  44. Assi MD, Eshah NF, Rayan A. The Relationship Between Mindfulness and Conflict Resolution Styles Among Nurse Managers: A Cross-Sectional Study. *SAGE Open Nurs.* 2022;8:23779608221142371. DOI: 10.1177/23779608221142371
  45. House S, Wilmoth M, Stucky C. Job satisfaction among nurses and physicians in an Army hospital: A content analysis. *Nurs Outlook.* 2022;70(4):601-15. DOI: <https://doi.org/10.1016/j.outlook.2022.03.012>
  46. Long NH, Long NX. Self-evaluation of Conflict Management Skills: A Cross-Sectional Study Among Vietnamese Nurses in 2021. *Iran J Nurs Midwifery Res.* 2022;27(5):461-5. DOI: 10.4103/ijnmr.ijnmr\_363\_21



47. Souza e Souza LPS, Souza AG. Enfermagem brasileira na linha de frente contra o novo Coronavírus: quem cuidará de quem cuida? *J nurs health* [Internet]. 2020 [cited 2023 Aug 10];10(esp.):e20104005. Available from: [https://docs.bvsalud.org/biblioref/2020/05/1095606/1-enfermagem-brasileira-na-linha-de-frente-contra-o-novo-coron\\_ygPksqt.pdf](https://docs.bvsalud.org/biblioref/2020/05/1095606/1-enfermagem-brasileira-na-linha-de-frente-contra-o-novo-coron_ygPksqt.pdf)
48. Melnyk BM, Fineout-Overholt E. Evidence-Based Practice in Nursing & Healthcare: A Guide to Best Practice. Washington (DC): Lippincott Williams & Wilkins; 2010.
49. Gunasingha RM, Knudsen N, Scialla T, Shepherd A, Clay A. Vital Conversations: An Interactive Conflict Resolution Training Session for Fourth-Year Medical Students. *MedEdPORTAL*. 2021;17:11074. DOI: 10.15766/mep\_2374-8265.11074
50. Kim S, Bochatay N, Relyea-Chew A, Buttrick E, Amdahl C, Kim L, et al. Individual, interpersonal, and organisational factors of healthcare conflict: A scoping review. *J Interprof Care*. 2017;31(3):282-90. DOI: 10.1080/13561820.2016.1272558
51. Cochran N, Charlton P, Reed V, Thurber P, Fisher E. Beyond fight or flight: The need for conflict management training in medical education. *Conflict Resolut Q*. 2018;35(4):393-402. DOI: 10.1002/crq.21218
52. Poitras ME, Maltais ME, Bestard-Denommé L, Stewart M, Fortin M. What are the effective elements in patient-centered and multimorbidity care? A scoping review. *BMC Health Serv Res*. 2018;18(1):446. DOI: 10.1186/s12913-018-3213-8
53. Cypher RL. Shared Decision-Making: A Model for Effective Communication and Patient Satisfaction. *J Perinat Neonatal Nurs*. 2019;33(4):285-7. DOI: 10.1097/JPN.0000000000000441
54. Schaller MD, Gatesman-Ammer A. Introducing conflict resolution and negotiation training into a biomedical sciences graduate curriculum. *BMC Med Educ*. 2022;22(1):419. DOI: <https://doi.org/10.1186/s12909-022-03494-5>
55. Lyons O, Forbat L, Menson E, Chisholm JC, Pryde K, Conlin S, et al. Transforming training into practice with the conflict management framework: a mixed methods study. *BMJ Paediatr Open*. 2021;5(1):e001088. DOI: 10.1136/bmjpo-2021-001088
56. Miles F, Barclay S, Menson E, Shepherd T, Webster L. Boldly going... Introducing conflict management training to Starship Children's Hospital. *J Paediatr Child Health*. 2023;59(3):424-6. DOI: <https://doi.org/10.1111/jpc.16347>

Received: August 10, 2023

Approved: July 25, 2024

Published: September 10, 2024



The *Revista Baiana de Enfermagem* use the Creative Commons license – Attribution -NonComercial 4.0 International.

<https://creativecommons.org/licenses/by-nc/4.0/>

This article is an Open Access distributed under the terms of the Creative Commons (CC BY-NC). This license lets others remix, adapt and create upon your work to non-commercial use, and although new works must give its due credit and can not be for comercial purposes, the users do not have to license such derivative works under the same terms.