

Journal of Gazi University Health Sciences Institute

journal homepage: <https://dergipark.org.tr/tr/pub/guhes>

Conflict and Conflict Management in Health Services: A Nursing Perspective

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Article info:

Received: 10.05.2025

Accepted: 18.06.2025

Keywords:

causes of conflict,
conflict in nursing,
organizational conflict.

Abstract

Conflict is described as a condition of disagreement or contention between individuals and/or groups, arising from factors such as resource allocation, communication breakdowns, and institutional procedures. In healthcare organizations, conflict is inevitable due to elements like the intense mutual responsibility among staff and the human-centered nature of service provision and reception. Depending on how they are addressed, conflicts may yield either positive or negative outcomes. Effective conflict management requires that involved parties possess an understanding of the nature of conflict. In healthcare institutions, conflicts may originate from various sources, including interdependence, competition over resources, differing objectives, divergent perceptions, conflicting interests, and personality clashes. These conflicts can be classified based on their function, origin, involved parties, and organizational location. Poorly managed conflicts can harm interpersonal relationships and disrupt business operations. Conversely, conflicts that are well-regulated have been shown to enhance organizational performance. Therefore, it is essential to thoroughly analyze conflicts, accurately identify their causes, and manage them using the most suitable approach. This study aims to contribute to the conflict management process by identifying the types of conflicts experienced by nurses in healthcare institutions, examining their underlying causes, categorizing conflict types, and evaluating the impact of conflicts on both staff and organizational functioning. The aim of this study is to provide up-to-date information on conflicts within the nursing profession.

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Citation: Işık, M., & Canbolat, Ö. (2025). Conflict and conflict management in health services: a nursing perspective. *Journal of Gazi University Health Sciences Institute*, 7 (2), 78-87. <https://doi.org/10.59124/guhes.1696375>

1. Introduction

Healthcare services operate within a dynamic and complex framework, where various disciplines collaborate in a coordinated manner (Ören & Dağcı, 2020). Within this framework, individual differences, workload pressures, communication issues, and organizational factors may lead to the emergence of conflicts (Tuncay et al., 2018). Conflict is commonly defined as a divergence of opinions, disagreements, or disputes among individuals or groups (Özlük et al., 2022). As an unavoidable aspect of organizational structures, conflict can produce positive outcomes when managed effectively, yet it may also negatively impact work efficiency and employee satisfaction if not addressed properly (Gökyer, 2022; Özlük et al., 2020). To determine the most appropriate way to resolve a conflict, it is necessary to analyse its type, source and process (Ekici, 2017).

Conflicts can be categorized in several ways. They may be classified based on the parties involved as individual, interpersonal, intragroup, or intergroup conflicts, and at the organizational level, they can be defined as horizontal, vertical, or command-structure conflicts (Canatan, 2023; Ekici, 2017). Due to the nature of the nursing profession, which necessitates constant interaction, conflicts occur with considerable frequency within this occupational group (Bou-Karroum et al., 2020). Nurses may encounter various types of conflicts with their peers, other healthcare professionals, supervisors, and patients or their relatives (Alshehry, 2022).

Effectively managing conflicts in nursing holds significant importance for both enhancing healthcare professionals' job satisfaction and improving the quality of patient care (Bautista et al., 2019; Labrague et al., 2018; Lee & Kim, 2019). Key sources of conflict include poor communication, role uncertainty, workload disparities, and management-related issues (Temel, 2017; Yanık, 2021). When nurses are unaware that the situation they are experiencing constitutes a conflict, or feel uncertain about how to respond after recognizing it, conflicts may persist and remain unresolved (Kızılkaya, 2024). In this context, research exploring the causes, types, and management strategies of conflicts in nursing will contribute to fostering a healthier and more productive work environment (Kızılkaya, 2024; Lee & Kim, 2019).

2. Concept of Conflict

The English word conflict stems from the Latin *confligere*, meaning “to strike together,” a concept denoting collision or clash, and its usage in scholarly discourse remains rooted in this original imagery (Bercovitch & Jackson, 2009). Conflict refers to a situation that emerges from the incompatibility of differences, interests, expectations, or objectives among individuals or groups (Rahim, 2023). Although conflict—an area explored across various disciplines such as management, psychology, sociology, and communication is often regarded as a negative occurrence, it can yield constructive and progressive outcomes when handled effectively (Gökyer, 2022; Özlük et al., 2020).

Conflicts may arise at the individual, group, or organizational level (Tokmak, 2020). While individual conflicts pertain to internal dilemmas and psychological tensions experienced within a person, interpersonal conflicts are triggered by the divergence in expectations, values, or goals between different individuals (Koçel, 2023). At the group level, conflict may stem from factors such as task distribution, responsibility sharing, or the allocation of resources among teams (Al Kiyumi, 2023).

Typically, the conflict process unfolds in distinct stages (Ekici, 2017). In the initial stage, differing viewpoints between parties begin to surface. Subsequently, depending on how these differences are addressed, the conflict may either escalate or be constructively resolved through appropriate management strategies (Yanık, 2021). When conflicts are left unresolved, they may give rise to adverse consequences at both the individual and organizational level, including reduced productivity, diminished motivation, increased stress, and burnout (Al-Ajarmeh, 2021; Bayır & Gültekin, 2015). Healthcare institutions are complex systems in terms of their organisational structure. As they are based on human relationships between those who receive services and those who provide them, conflicts are inevitable in healthcare institutions. Healthcare workers therefore frequently encounter conflict (Bayar & Mete, 2022).

3. Nursing and Conflict

Nursing is a fundamental pillar of healthcare services and plays a critical role in the planning, execution, and assessment of patient care (Başoğlu, 2020).

Nurses engage continuously with a diverse range of individuals, including patients, their families, physicians, other healthcare professionals, and administrators. This dynamic, multi-actor working environment can occasionally give rise to various forms of conflict (Lahana et al., 2019).

Conflicts within the nursing profession may occur at the individual, interpersonal, and organizational levels (Amjad Hashim et al., 2022). Internal conflicts experienced by nurses concerning their professional roles may result from ethical dilemmas or challenges in the decision-making process (Haji Matarsat & Abdul-Mumin, 2021). Interpersonal conflicts can emerge due to communication issues with colleagues, physicians, or other healthcare workers, perceived inequities in task distribution, or differing viewpoints (Khalili & Pourreza, 2020). On an organizational scale, elements such as administrative policies, workload, shift scheduling, and insufficient resources may act as conflict triggers (Liu, 2021).

Managing conflict effectively is vital in the nursing field (Jing et al., 2020). A well-executed conflict management approach can enhance nurses' professional satisfaction, improve team collaboration, and positively influence the quality of patient care (Sivuk & Seyhan, 2021). Conversely, unresolved conflicts that persist over time may lead to adverse outcomes for both individuals and institutions, potentially disrupting healthcare delivery (Al-Ajarmeh et al., 2021; McKibben, 2017). In this regard, it is crucial for nurses to develop conflict resolution competencies, apply effective communication methods, and reinforce their problem-solving capabilities (Vatan & Çamveren, 2022).

Additionally, when managers demonstrate awareness of the conflicts nurses face, ensure equitable task distribution, and foster a supportive work atmosphere, it can contribute significantly to conflict reduction and resolution (Gürhan & Okanlı, 2017).

4. Sources of Conflicts in Nursing

The factors leading to conflicts in the nursing profession can manifest in various forms at both individual and organizational levels (Kim et al., 2017). Some fundamental causes of conflict among nurses can be summarized as follows:

4.1. Lack of Communication

Clear and effective communication is essential for maintaining team unity and ensuring high-quality patient care. However, healthcare institutions frequently encounter communication issues due to heavy workloads, time constraints, and insufficient information flow (Canatan, 2023). Miscommunications, incomplete data sharing, and vague instructions can trigger conflicts among nurses or between nurses and other healthcare professionals (Bayar & Mete, 2022).

4.2. Role and Authority Ambiguities

Despite the existence of defined task divisions among professional groups in healthcare, role and responsibility boundaries are not always clearly established (Temel, 2017). When nurses face uncertainty regarding their job scope, this can lead to authority disputes with other professionals and tensions resulting from overlapping responsibilities (Gökkyer, 2022).

4.3. Personality Differences and Value Conflicts

In multidisciplinary teams, individual differences in personality traits, value systems, and professional approaches may become sources of conflict (Koçel, 2023). Disparities in work styles among nurses, divergent leadership perspectives, and mismatches between personal expectations all contribute to heightened interpersonal tensions (Bayar & Mete, 2022).

4.4. Lack of Resources

Resource limitations—both financial and human—within healthcare institutions represent a significant source of conflict (Al Kiyumi, 2023). Inadequate equipment, medication shortages, or insufficient medical supplies can hinder nurses' ability to deliver care and lead to disputes with colleagues or supervisors (Yanık, 2021).

4.5. Corporate Policies and Management Approaches

Administrative policies, decision-making structures, and leadership styles in healthcare organizations directly shape workplace dynamics (Bayar & Mete, 2022). Excluding nurses from decision-making processes, biased performance assessments, and a lack of managerial support are major organizational conflict drivers (Kim et al., 2017).

The factors that contribute to conflict in nursing form a complex interplay of individual and institutional elements (Al Kiyumi, 2023). To manage conflicts effectively, it is essential to enhance communication

skills, promote equitable task allocation, and reinforce supportive management practices (Kızılkaya, 2024).

5. Types of Conflict in Nursing

Given that the nursing profession operates within a multidisciplinary work environment, various forms of conflict may develop among different individuals and groups (Özlük et al., 2022). Nurses frequently encounter conflicts among fellow nurses, between nurses and physicians, between nurses and other healthcare professionals, as well as between nurses and patients or their families. The origin, parties involved, and consequences of these conflicts may vary (Canatan, 2023).

5.1. Conflicts by Sides

Conflicts can be categorized into four main types based on the parties involved:

5.1.1. Individual Conflict:

This type arises from indecision, value-based conflicts, or internal tension related to one's professional responsibilities (Yanık, 2021). Ethical dilemmas, career decisions, and discrepancies between personal expectations and job demands are examples of individual conflicts (Akgün Çıtak, 2022).

5.1.2. Interpersonal Conflict:

These are conflicts that occur between two or more individuals (Bayar & Mete, 2022). Common causes include communication breakdowns, personality differences, clashes of interest, or incompatible expectations (Koçel, 2023).

5.1.3. Intragroup Conflict:

This refers to disagreements among members within the same team or group (Rahim, 2023).

Issues such as task distribution, responsibility sharing, leadership disputes, and differing work styles often lead to intragroup conflicts (Akgün Çıtak, 2022).

5.1.4. Intergroup Conflict:

These conflicts emerge between different units, professional groups, or social groups within an organization. They may be triggered by competition, resource allocation, conflicting objectives, or status rivalries (Rahim, 2023).

5.1.5. Institutional Conflicts:

Institutional conflicts refer to disagreements that arise due to the structural features and management policies of healthcare institutions (Rahim, 2023). Based on their position within the organizational structure, such conflicts are classified into vertical conflict, horizontal conflict, and command-staff conflict.

5.2. Conflicts by Nature

This classification evaluates conflicts based on their impact on the organization, distinguishing them as functional or non-functional (Yanık, 2021).

5.2.1. Functional conflict:

These are conflicts that lead to positive developments within the organization. When properly analyzed and managed, they can result in beneficial changes, highlighting deficiencies in the system and contributing to organizational improvement (Koçel, 2023).

5.2.2. Non-functional conflict:

This type of conflict fails to offer any constructive outcomes. Instead, it may negatively influence work quality, productivity, and employee job satisfaction (Koçel, 2023).

5.3. Conflicts by Position within the Organization

This classification is based on the hierarchical positions of the conflicting parties within the organization.

5.3.1. Horizontal conflict:

Conflicts that occur between individuals or units at the same hierarchical level. These typically stem from issues such as task allocation, communication breakdowns, limited resources, or personality differences (Yanık, 2021).

5.3.2. Vertical conflict:

Disputes between individuals at different levels of the organizational hierarchy. These often arise due to power dynamics, decision-making authority, conflicting expectations, or authority-related problems between supervisors and subordinates (Özlük & Ark, 2022).

5.3.3. Command-staff conflict:

Conflicts that occur between managers within the chain of command and staff members who offer consulting, expertise, or support services. Such conflicts usually result from unclear authority boundaries, differing viewpoints, or ambiguous job descriptions (Durmuş, 2020).

6. The Effects of Conflict on Nursing Services

Conflict can arise not only in professional settings but also in family and social life. It is important to recognize that conflict can have both beneficial and detrimental effects on individuals and organizations (Çalık, 2021). Acknowledging the existence of conflict and pursuing appropriate resolution strategies can yield positive outcomes for both the organization and its employees (Gökyer, 2022; Özlük et al., 2020). The effects of conflicts on the institution and employees can be classified as employee satisfaction and motivation, patient safety and quality of care, cooperation and teamwork, and burnout and tendency to leave the job (Kızılkaya, 2024).

A workplace characterized by persistent tension and poorly managed conflicts can lead to a decline in employee motivation and productivity (Bayır & Gültekin, 2015). Conflicts that emerge within the work environment can hinder communication among team members. In such an atmosphere of strained communication and interaction, the quality of care delivered by nurses may deteriorate (Kim et al., 2015). However, when conflict is managed effectively, the performance of intensive care nurses improves, and so does the quality of patient care (Al-Ajarmeh, 2021).

Nurses may experience stress when dealing with conflicts involving colleagues and other healthcare professionals. This stress can elevate their intention to leave the job and lower both the quality of care and their job satisfaction (Bautista et al., 2019; Labrague et al., 2018; Lee & Kim, 2019). In healthcare institutions, unresolved conflicts contribute to burnout and emotional exhaustion among nurses (Tüfekçi, 2018).

Research shows that nurses' ability to resolve conflicts significantly influences their levels of job satisfaction, stress, and burnout. As conflict resolution skills improve, job-related stress and burnout tend to decrease, while job satisfaction increases (Kızılkaya, 2024).

7. Conflict Management in Nursing

Nurses use a variety of conflict management strategies to effectively address interpersonal and professional tensions within healthcare settings.

The most commonly adopted approaches are cooperation, compromise, accommodation, avoidance and competition. Research consistently shows that cooperation, characterised by mutual respect and joint problem-solving, is the preferred approach for building constructive relationships and improving team dynamics (Kılıç & Duygulu, 2024). Another widely used strategy is accommodation, which balances assertiveness and cooperation, and is particularly effective in high-pressure clinical settings (Gulo & Silitonga, 2024). While compliance can be useful for maintaining harmony, overuse can lead to the suppression of concerns (Dewi et al., 2023). Conversely, avoidance and competition are less frequently used due to their potential to escalate or prolong conflicts (Assi & Eshah, 2023). A systematic review revealed that conflict management styles are influenced by leadership roles, emotional intelligence, and organisational culture (Hussain et al., 2023). In order to adapt to various healthcare scenarios and improve job satisfaction and performance outcomes, integrative approaches combining multiple styles are

becoming increasingly recommended (Labrague & McEnroe-Petitte, 2018).

8. Conclusion and Recommendations

The nursing profession is a core element of healthcare services and operates within a multidisciplinary and dynamic work environment. This context exposes nurses to various forms of conflict in areas such as patient care, team collaboration, and administrative processes (Amjad & Haşim, 2022). Although conflict is often perceived negatively, it can become a constructive process when managed using appropriate strategies (Al-Ajarmeh et al., 2021).

Conflicts in nursing arise at interpersonal, institutional, and individual levels, with causes including communication breakdowns, unclear roles, workload pressures, resource shortages, and management practices (Bayar & Mete, 2022). When these conflicts are not managed properly, they can result in stress and burnout on an individual level and negatively influence the overall quality of healthcare services (Al-Ajarmeh, 2021; Bautista et al., 2019; Kızılkaya, 2024; Lee & Kim, 2019).

In conclusion, effective conflict management in nursing not only enhances job satisfaction and motivation among professionals but also plays a vital role in improving patient care quality (Gökcyer, 2022; Özlük et al., 2020). Foundational knowledge about conflict can help nurses better understand the situations they face and adopt suitable approaches to manage them (Kim et al., 2015). Increasing research aimed at expanding nurses' knowledge of conflict will support their access to such essential resources. In addition, it is believed that it would be beneficial to

provide nurses with informative training on conflicts that may arise in their workplaces and methods for resolving them.

It is recommended that conflict issues in nursing be added to in-service training.

Ethical Statement

Ethics committee approval was deemed unnecessary for this study, given that open access sources were utilized.

Financial Support for the Study

This study did not receive any financial support.

Presentation Information

The findings of this study have not been presented at any conference or journal.

Conflicts of Interest

The authors declare no conflicts of interest regarding this study. Any institution or organization providing funding for this research did not have any role in the design, data collection, analysis, interpretation, or publication to influence or distort the findings.

Author Contributions

The contributions of the authors are as follows: Merve Işık contributed to literature search and editing the report. Özlem Canbolat conducted the supervision and final revision of the manuscript.

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