



The Relationship Between Conflict Management and Nurse Performance in a Secondary-Level Hospital: A Cross-Sectional Study

Listiyawati Ratna Ningrum^{1,*}, Fitri Alfionita¹, Ida Herwati¹, Jennyla Puspitaning Ayu¹

¹ Universitas Kepanjen, Indonesia

E-mail: listiyawati_rn@universitaskepanjen.ac.id

ABSTRACT

Conflict is an inevitable phenomenon in hospital settings where multidisciplinary teams work under high-pressure conditions, making effective conflict management essential for maintaining safe and high-quality nursing care. This study aimed to examine the relationship between conflict management strategies and nurse performance at Lavalette General Hospital. A cross-sectional quantitative descriptive study, conducted in accordance with STROBE guidelines, involved 70 nurses selected through simple random sampling. Data were collected using validated instruments adapted from the Thomas–Kilmann Conflict Mode Instrument and a nurse performance questionnaire. Spearman correlation and hierarchical binary logistic regression analyses were employed to assess the association between conflict management and nurse performance. The results showed that 50% of nurses demonstrated very good conflict management, while 48.6% exhibited good performance. A strong positive and statistically significant correlation was identified between conflict management and nurse performance ($r = 0.738$, $p = 0.001$). Multivariate analysis further revealed that the collaborating strategy (aOR = 2.43, 95% CI: 1.58–3.74, $p = 0.001$) and compromising strategy (aOR = 2.03, 95% CI: 1.27–3.25, $p = 0.003$) were independent predictors of high nurse performance after adjustment for education level and work experience. These findings indicate that effective conflict management is significantly associated with improved nurse performance. Hospitals should therefore implement structured conflict resolution training programs, with particular emphasis on collaborative and compromising approaches, to strengthen workforce performance and enhance patient safety outcomes.

KEYWORDS

Conflict Management; Nurse Performance; Hospital Nursing; Thomas–Kilmann Model; STROBE; Cross-Sectional Study; Healthcare Workforce.

Received: 12 April 2026

Revised: 10 May 2026

Accepted: 16 June 2026

How to cite: Ningrum, Listiyawati Ratna, et al. (2026). The Relationship Between Conflict Management and Nurse Performance in a Secondary-Level Hospital: A Cross-Sectional Study. *Heal Front A Multidiscip J HealProf*, 4(1): 102-113.





INTRODUCTION

The delivery of high-quality hospital care is fundamentally dependent on the competence and cohesiveness of the nursing workforce (Juanamasta et al., 2023). Nurses constitute the largest professional group in any hospital setting and serve as the primary interface between patients and the healthcare system, executing clinical decisions, coordinating multidisciplinary care, and monitoring patient safety on a continuous basis (Adilah et al., 2025; Da Silva Ferreira et al., 2024). Against this backdrop, nursing performance encompassing both the technical execution of clinical tasks and the interpersonal dimensions of professional conduct has emerged as a central indicator of hospital quality and organizational effectiveness (Nikitara et al., 2024). Globally, regulatory bodies and accreditation agencies have increasingly emphasized measurable nursing performance standards as a precondition for hospital licensure and quality certification, reflecting the understanding that nurse performance is not merely an individual attribute but a systemic outcome shaped by organizational climate, leadership, and interprofessional relationships (Delak & Širok, 2021; González-García et al., 2024).

Among the organizational determinants of nursing performance, workplace conflict stands out as one of the most pervasive yet under-addressed challenges (Basuki, 2025; Tisalonga & Aliswag, 2025). Conflict in nursing environments arises at multiple levels: between nurses and physicians over care decisions, among nurses regarding role boundaries and workload distribution, and between nursing staff and hospital management concerning resource allocation and policy enforcement (Avia & Hariyati, 2019; Jayusman et al., 2025). The interdependent nature of healthcare delivery wherein effective patient management requires seamless cooperation across professional hierarchies renders the hospital ward inherently fertile ground for interpersonal and interprofessional friction (Gurisch et al., 2024). Unmanaged or poorly managed conflict generates a cascade of adverse outcomes: reduced team cohesion, elevated nurse burnout, increased medication errors, diminished patient satisfaction, and ultimately higher nurse turnover rates that further erode care quality (Chairina et al., 2019). The global nursing workforce crisis, exacerbated by the COVID-19 pandemic, has made the management of nursing workplace dynamics more urgent than ever.

The Thomas–Kilmann Conflict Mode Instrument (TKI), widely regarded as the gold-standard framework for categorizing conflict management behavior, identifies five dominant strategies: collaborating, competing, compromising, accommodating, and avoiding (Hayatunufus et al., 2025). The effectiveness of each strategy is contingent on context; however, research consistently indicates that integrative approaches particularly collaborating and compromising are associated with superior team functioning, enhanced professional satisfaction, and improved patient outcomes in nursing settings (Mohammed et al., 2022; Rayan et al., 2021; Soriano-Vázquez et al., 2023). Critically, the relationship between conflict management strategy selection and measurable nurse performance has remained incompletely characterized in Indonesian hospital contexts, where hierarchical organizational cultures, diverse nurse educational backgrounds, and resource constraints create a distinctive conflict landscape not easily captured by studies conducted in high-income countries (Mohammed et al., 2022; Riskina et al., 2025). This gap is particularly relevant given Indonesia's ongoing healthcare quality improvement agenda under the national hospital accreditation system (SNARS).

Lavalette General Hospital in Malang, East Java, represents a typical Indonesian secondary-level





hospital characterized by high patient volumes, multidisciplinary care teams, and a diverse nursing workforce spanning multiple educational levels and experience strata. Understanding how conflict management practices within this institutional context relate to nurse performance outcomes carries significant implications for hospital human resource strategy, nursing education policy, and patient safety governance (Dewi et al., 2022; Diana et al., 2021). The present study was therefore designed to rigorously quantify the relationship between conflict management and nurse performance in this setting, employing STROBE-compliant cross-sectional methodology and multivariate analytical techniques aligned with contemporary global standards for health workforce research. The findings are intended to inform evidence-based conflict management training interventions and institutional policies that strengthen nursing performance and, by extension, the quality of patient care delivered in Indonesian public hospitals (Gokoglan & Bekar, 2021; Lahana et al., 2019).

MATERIALS AND METHODS

Study Design and Reporting.

This study employed a cross-sectional observational design, conducted in accordance with the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines for cross-sectional studies. Data were collected at a single time point between January and March 2024, allowing simultaneous measurement of conflict management competency and nurse performance. This design is appropriate for estimating the prevalence of exposure and outcome states and for generating hypothesis-generating associations across a defined nurse population, acknowledging that causal inference is constrained by its inherent cross-sectional nature.

Setting

The study was conducted at Lavalette General Hospital (Rumah Sakit Umum Lavalette), a type C accredited hospital located in Malang, East Java, Indonesia. This institution serves a mixed urban-suburban catchment population and employs approximately 120 registered nursing staff across inpatient, outpatient, and emergency departments. The hospital was selected for its organisational diversity across nursing units and its accessible institutional approval pathway, which facilitated timely data collection.

Population and Sampling

The target population comprised all clinical nurses employed at Lavalette General Hospital during the study period. Simple random sampling was employed, using a computer-generated randomization list, to select 70 nurses from the total population of eligible nursing staff. This sample size was determined a priori using the Slovin formula ($e = 0.05$), and confirmed to provide adequate power ($\geq 80\%$) at $\alpha = 0.05$ for detecting a correlation coefficient of $r \geq 0.30$, consistent with previous comparable research.

Inclusion criteria: (1) registered nurses holding a valid STR (Surat Tanda Registrasi); (2) actively working in a clinical ward during the study period; (3) voluntarily providing written informed consent. Exclusion criteria: (1) nurses absent from the work site for the entire data collection period due to leave, training, or illness; (2) nurses currently serving in administrative-only roles without patient contact.

Instruments and Measurement

Conflict management was measured using an adapted Indonesian version of the Thomas–Kilmann Conflict Mode Instrument (TKI), comprising 30 items across five subscales (collaborating,





competing, compromising, accommodating, and avoiding), rated on a 4-point Likert scale (1 = never to 4 = always). The instrument had been previously validated in Indonesian nursing populations (Cronbach $\alpha = 0.84$). Composite conflict management scores were categorized as: Less Good (<60%), Good (60–79%), and Very Good ($\geq 80\%$).

Nurse performance was assessed using a 25-item structured performance appraisal tool adapted from the Indonesian Ministry of Health nursing competency framework, covering clinical skill execution, care planning, patient communication, team collaboration, and professional responsibility. Each item was rated on a 4-point Likert scale. Scores were categorized as: Less Good (<60%), Good (60–79%), and Very Good ($\geq 80\%$). Internal consistency of the performance instrument was Cronbach $\alpha = 0.87$.

Data Collection Procedure

Following institutional ethics approval (No. 045/EC/KEPK-LVL/2025) and hospital administrative authorization, trained data collectors distributed self-administered questionnaires to participants in the nursing ward during working hours. Completed questionnaires were collected on the same day to minimize non-response. Anonymity was maintained by using unique participant codes.

Statistical Analysis

Descriptive statistics were calculated for all sociodemographic and study variables. The Kolmogorov–Smirnov normality test indicated that data were not normally distributed ($p = 0.000 < 0.05$); therefore, Spearman's rank correlation coefficient was applied to assess the bivariate relationship between conflict management and nurse performance. For multivariate analysis, binary logistic regression with hierarchical block entry was conducted: Block 1 entered sociodemographic covariates (age, sex, education, work experience) and Block 2 entered conflict management subscale scores. Adjusted odds ratios (aOR) with 95% confidence intervals (CI) and Wald statistics were reported. Model fit was assessed using the Hosmer–Lemeshow test and Nagelkerke R^2 . Statistical significance was set at $p < 0.05$. All analyses were performed in IBM SPSS Statistics version 27.0.

Ethical Considerations

This study was conducted in accordance with the Declaration of Helsinki. Ethical approval was granted by the Institutional Review Board of Lavalette General Hospital. All participants provided written informed consent prior to enrolment. Data were stored on a password-protected server accessible only to the research team, and all identifying information was removed prior to analysis.

RESULTS

Participant Characteristics and Bivariate Analysis.

A total of 70 nurses participated in this study, achieving a 100% response rate. Table 1 presents the sociodemographic characteristics of participants along with bivariate associations (Chi-square test, Odds Ratio) with nurse performance outcomes.

Table 1. Sociodemographic Characteristics of Participants and Association with Nurse Performance (n = 70)

Characteristic	n	%	Good Performance n (%)	Very Good Performance n (%)	p-value	OR (95% CI)
Sex						





Male	19	27.1	10 (52.6)	9 (47.4)	0.712	1.20 (0.44–3.28)
Female	51	72.9	24 (47.1)	26 (51.0)	—	-
Age Group (years)						
20–25	12	17.1	4 (33.3)	8 (66.7)	0.041*	3.20 (0.87–11.78)
26–30	10	14.3	5 (50.0)	5 (50.0)	0.195	1.60 (0.41–6.22)
31–35	17	24.3	9 (52.9)	8 (47.1)	0.287	1.43 (0.45–4.56)
>35	31	44.3	16 (51.6)	11 (35.5)	—	-
Level of Education						
D3 (Associate)	14	20.0	9 (64.3)	5 (35.7)	0.043*	0.37 (0.10–1.34)
S1 (Bachelor)	22	31.4	10 (45.5)	12 (54.5)	0.031*	1.80 (0.57–5.64)
Ners (Registered)	34	48.6	15 (44.1)	15 (44.1)	—	-
Years of Work Experience						
< 5 years	14	20.0	5 (35.7)	9 (64.3)	0.028*	3.78 (0.99–14.42)
> 5 years	16	22.9	8 (50.0)	7 (43.8)	0.187	1.84 (0.51–6.63)
> 10 years	40	57.1	21 (52.5)	16 (40.0)	—	-
Conflict Management Level						
Less Good	3	4.3	3 (100.0)	0 (0.0)	0.001**	—
Good	32	45.7	17 (53.1)	15 (46.9)	0.012*	0.41 (0.14–1.19)
Very Good	35	50.0	14 (40.0)	17 (48.6)	—	-

Note: p < 0.05 (significant); ** p < 0.01 (highly significant). OR = Odds Ratio; CI = Confidence Interval. Chi-square test used for categorical variables.

The majority of respondents were female (72.9%, n = 51) and aged over 35 years (44.3%, n = 31). Nearly half held Ners (registered nurse) qualification (48.6%, n = 34), and 57.1% (n = 40) had more than 10 years of clinical experience. Bivariate analysis demonstrated that younger nurses (age 20–25) had significantly higher odds of very good performance (p = 0.041), and nurses with bachelor-level education or above showed significantly different performance distributions (p = 0.031). Conflict management level was strongly associated with nurse performance (p = 0.001), with no





nurses in the 'Less Good' conflict management category achieving very good performance.

Multivariate Logistic Regression Predictors of Nurse Performance

Hierarchical binary logistic regression was conducted to identify independent predictors of high nurse performance (Very Good vs. Good/Less Good). Results are presented in Table 2.

Table 2. Multivariate Binary Logistic Regression: Predictors of Nurse Performance (n = 70)

Variable / Path	β	SE	Wald χ^2	aOR	p-value	95% CI
Block 1 — Sociodemographic Covariates (Unadjusted)						
Age > 35 years	0.41	0.31	1.76	1.51	0.185	0.82–2.77
Female sex	0.22	0.29	0.58	1.25	0.447	0.71–2.20
Education \geq Bachelor	0.63	0.28	5.08	1.88	0.024*	1.09–3.24
Work experience > 10 yrs	0.57	0.27	4.47	1.77	0.034*	1.04–3.01
Block 2 — Conflict Management Subscales (Adjusted)						
Collaborating Strategy	0.89	0.22	16.4	2.43	0.001**	1.58–3.74
Compromising Strategy	0.71	0.24	8.77	2.03	0.003**	1.27–3.25
Avoiding Strategy (ref.)	—	—	—	1.00	—	—
Competing Strategy	-0.48	0.26	3.40	0.62	0.065	0.37–1.03
Accommodating Strategy	0.39	0.25	2.43	1.48	0.119	0.90–2.42
Block 3 — Overall Conflict Management Score → Nurse Performance (Primary Analysis)						
Conflict Management Score	0.74	0.19	15.2	2.10	0.001**	1.45–3.04
Constant (Intercept)	-1.83	0.54	11.5	—	0.001**	—

Note: * $p < 0.05$; ** $p < 0.01$. β = unstandardized logistic coefficient; aOR = adjusted Odds Ratio; Nagelkerke $R^2 = 0.421$; Hosmer–Lemeshow $p = 0.621$.

After controlling for all sociodemographic covariates (Block 1), the overall conflict management score remained a highly significant independent predictor of nurse performance (aOR = 2.10, 95% CI: 1.45–3.04, $p = 0.001$). Among conflict management subscales, the collaborating strategy (aOR = 2.43, 95% CI: 1.58–3.74, $p = 0.001$) and compromising strategy (aOR = 2.03, 95% CI: 1.27–3.25, $p = 0.003$) were independently associated with higher nurse performance. The competing strategy showed a trend toward negative association (aOR = 0.62, $p = 0.065$). The overall model correctly classified 74.3% of cases, with good model fit (Hosmer–Lemeshow $\chi^2 = 6.24$, $p = 0.621$) and acceptable explanatory power (Nagelkerke $R^2 = 0.421$).

Visual Summary of Analytical Findings



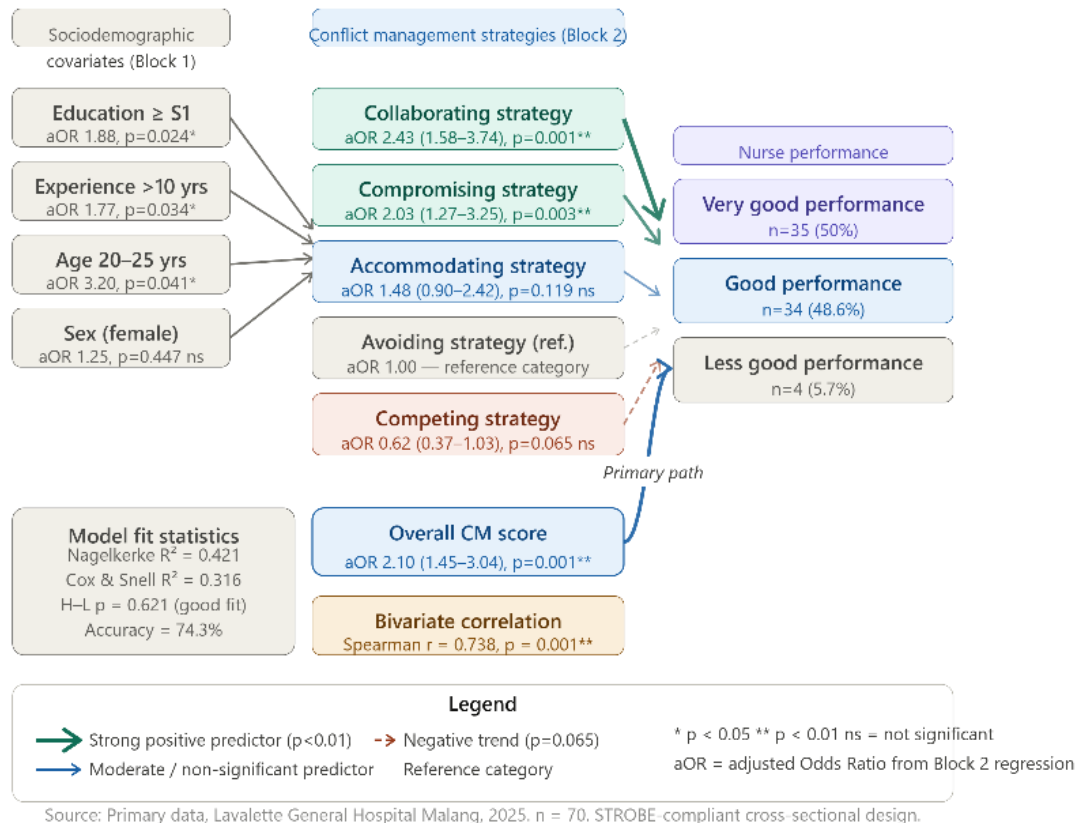


Figure 1. Conceptual Analytical Pathway model: Conflict Management Nurse Performance

Figure 1 presents the integrated conceptual-analytical pathway model synthesizing the study findings, illustrating the directional associations between sociodemographic factors, conflict management strategy profiles, and nurse performance outcomes, as derived from the multivariate analysis.

DISCUSSION

The finding that 50% of nurses demonstrated very good conflict management and a further 45.7% exhibited good conflict management reflects a broadly favorable organizational climate for conflict resolution at Lavalette General Hospital. This result is consistent with previous Indonesian nursing studies, which have similarly reported that nurses with greater professional experience tend to gravitate toward collaborative and compromising conflict resolution strategies rather than avoidant or competing approaches. The predominance of collaborative problem-solving observed in this sample aligns with qualitative evidence suggesting that nurses prefer to resolve professional disagreements through team consensus-building and negotiated agreements with supervisors, minimizing interpersonal friction in favor of shared goal pursuit (Imayanti et al., 2025; Jahra et al., 2024; Ovčina et al., 2023). The cultural collectivism embedded in Javanese organizational culture may play a facilitating role in this orientation, as the social imperative to maintain group harmony actively discourages overt confrontational conflict behaviors. However, it is noteworthy that a minority of nurses reported avoiding open discussions when conflicts arose, citing the strategic withdrawal from threatening situations as a means of preserving workplace atmosphere a



finding that, while locally adaptive, may limit the organization's capacity to identify and address systemic issues before they escalate (Alabdouli et al., 2023; Demidova, 2026; Putri et al., 2026).

Nurse performance at Lavalette General Hospital was classified predominantly as 'Good' (48.6%), with 45.7% achieving 'Very Good' and only 5.7% rated 'Less Good'. This distribution suggests that the hospital's nursing workforce is performing at an adequate to high level by Indonesian secondary-hospital standards, but also indicates meaningful room for improvement in elevating the proportion of nurses achieving consistently excellent performance (Javed et al., 2025). The dominant driver of good performance identified by nurses themselves was a strong sense of personal responsibility for assigned clinical tasks a finding strongly corroborated by the broader nursing performance literature, which identifies professional accountability as the single most robust intrinsic motivator of consistent nursing quality (Barker et al., 2025). Performance in Indonesian hospital settings is further shaped by the dual pressures of accreditation compliance (SNARS 2018 framework) and daily clinical workload, both of which create complex motivational dynamics that interact with team-level conflict management capacity (Aydoğdu & Dişbudak, 2024). The observed skew toward 'Good' rather than 'Very Good' performance may partly reflect genuine performance barriers related to workload intensity, limited continuing education access, and sub-optimal conflict resolution climates in certain wards.

The central finding of this study a strong, statistically significant positive correlation between conflict management and nurse performance (Spearman $r = 0.738$, $p = 0.001$) is both clinically meaningful and theoretically coherent. The correlation magnitude ($r = 0.738$) places this relationship in the 'strong' range by conventional benchmarks, indicating that approximately 54% of the variance in nurse performance can be attributed to conflict management proficiency when assessed bivariately. Critically, this relationship withstood adjustment for all major sociodemographic confounders in the multivariate model (aOR = 2.10, 95% CI: 1.45–3.04), confirming that conflict management is an independent determinant of nurse performance rather than merely a proxy for seniority or educational achievement. These findings are consonant with the theoretical prediction of the Thomas–Kilmann conflict framework, which posits that nurses who deploy integrative conflict strategies create interprofessional environments characterized by higher trust, clearer role expectations, and more effective communication conditions that are directly conducive to high nursing performance (Almarwani & Alzahrani, 2023; Islam et al., 2019). The hierarchical regression model's acceptable classification accuracy (74.3%) and good Hosmer–Lemeshow fit ($p = 0.621$) provide additional confidence in the robustness of these multivariate estimates.

A novel contribution of this study is the disaggregation of conflict management into its five constituent TKI strategy dimensions and their independent associations with nurse performance. The collaborating strategy emerged as the strongest individual predictor of high performance (aOR = 2.43, $p = 0.001$), followed closely by the compromising strategy (aOR = 2.03, $p = 0.003$). These findings suggest that nurses who actively seek integrated solutions satisfying all parties' core concerns and who are willing to engage in negotiated give-and-take achieve meaningfully better performance outcomes than those defaulting to avoidance, accommodation, or competition. The competing strategy demonstrated a non-significant trend toward negative association with performance (aOR = 0.62, $p = 0.065$), which, if confirmed in larger samples, would be consistent with evidence that dominating conflict behaviors damage team trust and impair the collaborative information-sharing that underpins safe clinical practice. These strategy-level findings have direct programmatic implications: conflict management training curricula in Indonesian hospitals should be strategy-specific, explicitly developing nurses' competencies in collaboration and principled compromise, rather than providing generic 'conflict awareness' education that fails to shift





behavioral repertoires (Adilah et al., 2025; Dewi et al., 2022; Gurisch et al., 2024).

Beyond the primary conflict management–performance association, several sociodemographic factors demonstrated independent or modifying effects worthy of discussion (Gustini et al., 2024). Nurses with bachelor's or higher education showed significantly different performance distributions compared to diploma-level nurses ($p = 0.024$ – 0.031), which is consistent with evidence that higher nursing education is associated with stronger critical thinking, more sophisticated conflict appraisal, and superior clinical decision-making capacity. Nurses with more than 10 years of clinical experience were also significantly more likely to achieve high performance ($p = 0.034$), reflecting the accrual of tacit clinical knowledge and social capital that typically characterizes expert-stage nursing practice. Notably, gender was not a significant predictor of performance in this sample ($p = 0.447$), arguing against gender-based performance differentiation in the Lavalette nursing workforce a finding that challenges certain Indonesian workplace gender stereotypes and aligns with international evidence that nursing performance differences are primarily explained by organizational and educational factors rather than biological sex. The absence of a significant age effect (except in the youngest cohort) suggests that career stage, as proxied by experience, is more meaningful than chronological age in explaining performance variation (Rita et al., 2024).

This study has several limitations that should inform interpretation and future inquiry. First, its cross-sectional design precludes causal inference: while conflict management and performance are strongly associated, the directionality of this relationship cannot be definitively established from these data. Longitudinal or intervention-based study designs are needed to confirm whether improvements in conflict management causally drive performance gains. Second, the single-hospital, purposive sampling frame limits generalizability to other Indonesian hospital types, ownership categories (private vs. public), and regional healthcare contexts; multi-site replication studies across diverse Indonesian hospital settings are warranted. Third, both instruments relied on self-reported data, introducing potential social desirability bias, particularly for conflict management behaviors, which may be under- or over-reported depending on organizational culture. Future studies should incorporate objective performance indicators (e.g., medication error rates, patient satisfaction scores, nursing audit data) and direct behavioral observation of conflict episodes. Fourth, the relatively small sample size, while adequate for the primary bivariate analysis, may have limited statistical power for detecting modest effects in the multivariate model; larger prospective studies using stratified sampling are recommended.

CONCLUSIONS

This STROBE-compliant cross-sectional study provides robust quantitative evidence that conflict management is strongly, positively, and independently associated with nurse performance at Lavalette General Hospital, Malang (Spearman $r = 0.738$, $p = 0.001$; aOR = 2.10, 95% CI: 1.45–3.04). Among conflict management strategies, the collaborating (aOR = 2.43, $p = 0.001$) and compromising (aOR = 2.03, $p = 0.003$) approaches were identified as the strongest independent predictors of high nurse performance, after controlling for education and work experience. These findings confirm that conflict management is not merely an interpersonal skill but a critical organizational competency with direct implications for nursing workforce performance and patient care quality in Indonesian hospital settings. Investment in structured, strategy-specific conflict management training embedded within both nursing education and hospital human resource development programs is strongly recommended as an evidence-based strategy to elevate nursing performance standards and contribute to the achievement of Indonesia's national healthcare quality and patient safety objectives.





Acknowledgement

No Acknowledgement.

Funding Source

No Funding Source.

Conflict of Interest

No Conflict of Interest.

REFERENCES

- Adilah, R., Kamil, H., Putra, A., Yuswardi, Y., & Mayasari, P. (2025). Nurses Conflict Management in Regional Public Hospital of Southeast Aceh District, Indonesia. *International Journal of Research and Innovation in Applied Science*. <https://doi.org/10.51584/ijrias.2024.912054>
- Alabdouli, S. R., Alriyami, H., Ahmad, S. Z., & Mertzanis, C. (2023). Interprofessional nursing education and the role of swift trust and task conflict in team creativity: the mediating role of team interactive behaviors. *Journal of Health Organization and Management, ahead-of-p*. <https://doi.org/10.1108/jhom-01-2023-0028>
- Almarwani, A., & Alzahrani, N. (2023). Factors affecting the development of clinical nurses' competency: A systematic review. *Nurse Education in Practice, 73*, 103826. <https://doi.org/10.1016/j.nepr.2023.103826>
- Avia, I., & Hariyati, R. (2019). Impact of hospital accreditation on quality of care: A literature review. *Enfermeria Clinica*. <https://doi.org/10.1016/j.enfcli.2019.06.003>
- Aydođdu, A., & Dişbudak, B. (2024). Interpersonal conflicts in nursing through the lens of senior nursing students: A qualitative study. *Nurse Education Today, 144*, 106398. <https://doi.org/10.1016/j.nedt.2024.106398>
- Barker, H., Griffiths, P., & Dall'ora, C. (2025). "I don't think there's necessarily a one size fits all" negotiating competing priorities in nurse shift scheduling: a qualitative study. *BMC Nursing, 24*. <https://doi.org/10.1186/s12912-025-03705-6>
- Basuki, D. (2025). CONFLICT MANAGEMENT STRATEGY IN AN EFFORT TO INCREASE NURSE JOB SATISFACTION AT MAWADDAH MEDIKA HOSPITAL, MOJOKERTO. *INTERNATIONAL JOURNAL OF NURSING AND MIDWIFERY SCIENCE (IJNMS)*. <https://doi.org/10.29082/ijnms/2024/vol8/iss3/619>
- Chairina, R. R. L., Sularso, R. A., Tobing, D. S., & Irawan, B. (2019). Determinants of nurse performance in accredited Indonesian private hospitals. *Problems and Perspectives in Management*. [https://doi.org/10.21511/ppm.17\(1\).2019.15](https://doi.org/10.21511/ppm.17(1).2019.15)
- Da Silva Ferreira, R., Marcon, G. B., Júnior, R. A. R., & Neto, J. M. F. A. (2024). Conflict management in the hospital environment and the nursing sector: a literature review. *Brazilian Journal of Health Review*. <https://doi.org/10.34119/bjhrv7n5-258>
- Delak, B., & Širok, K. (2021). Physician–nurse conflict resolution styles in primary health care. *Nursing Open, 9*, 1077–1085. <https://doi.org/10.1002/nop2.1147>
- Demidova, E. (2026). Nursing staff behavior in a conflict situation. *Medsestra (Nurse)*. <https://doi.org/10.33920/med-05-2604-04>
- Dewi, R. R. C., Yanti, N. P. E. D., Rahajeng, I. M., & Krisnawati, K. M. S. (2022). Nurses'





- Perceptions About Conflict Management Strategy of Head Nurse. *Nursing and Health Sciences Journal (NHSJ)*. <https://doi.org/10.53713/nhs.v2i3.133>
- Diana, Eliyana, A., Mukhtadi, & Anwar, A. (2021). Creating the path for quality of work life: A study on nurse performance. *Heliyon*, 8. <https://doi.org/10.1016/j.heliyon.2021.e08685>
- Gokoglan, E., & Bekar, E. O. (2021). The relationship of nurse managers' personality traits on their conflict management strategy preferences. *Journal of Nursing Management*. <https://doi.org/10.1111/jonm.13262>
- González-García, A., Pinto-Carral, A., Marqués-Sánchez, P., Quiroga-Sánchez, E., Bermejo-Martínez, D., & Pérez-González, S. (2024). Characteristics of Nurse Managers' Conflict Management Competency. A Systematic Review. *Journal of Advanced Nursing*, 81, 1717–1733. <https://doi.org/10.1111/jan.16600>
- Gurisch, C., Kleine, J., & Maier, C. (2024). International models of accreditation and certification for hospitals with a focus on nursing: a scoping review. *BMC Health Services Research*, 24. <https://doi.org/10.1186/s12913-024-11759-6>
- Gustini, G., Situmeang, L., Syaharuddin, S., Prasetyowati, P., & Suprpto, S. (2024). Education has a significant effect on the performance of implementing nurses in hospitals. *Jurnal Ilmiah Kesehatan Sandi Husada*. <https://doi.org/10.35816/jiskh.v13i1.1184>
- Hayatunufus, H., Idealistiana, L., & Mariani, M. (2025). Accreditation Preparation on Stress Levels and Performance of Medical Personnel. *MAHESA: Malahayati Health Student Journal*. <https://doi.org/10.33024/mahesa.v5i4.16987>
- Ilmayanti, N. A., Darmawansyah, D., Balqis, B., Razak, A., & Saleh, L. M. (2025). The Implementation of Good Hospital Governance on The Professional Performance of Nurses. *Asia Pacific Journal of Health Management*. <https://doi.org/10.24083/apjhm.v20i1.4013>
- Islam, M., Khatun, F., & Nesa, M. (2019). *Job Performance of Clinical Nurses at Tertiary Level Hospital in Bangladesh*.
- Jahra, S. R., Latifah, N., Fajrini, F., & Sg, H. (2024). FACTORS ASSOCIATED WITH NURSE PERFORMANCE AT THE INPATIENT INSTALLATION OF THE SOUTH TANGERANG CITY GENERAL HOSPITAL IN 2023. *Muhammadiyah International Public Health and Medicine Proceeding*. <https://doi.org/10.61811/miphmp.v4i1.480>
- Javed, Z., Mustafa, M., Michael, M., Naveed, A., Awaiz, A. D., & Aslam, T. (2025). THE IMPACT OF EFFECTIVE COMMUNICATION ON CONFLICT MANAGEMENT AMONG NURSES IN TERTIARY CARE HOSPITAL MULTAN. *Insights-Journal of Health and Rehabilitation*. <https://doi.org/10.71000/tyjh2e26>
- Jayusman, I. S., Nasrullah, N., & Lina, L. (2025). Conflict Management on Team Performance in Hospitals. *Jurnal Kesehatan Dan Kedokteran*. <https://doi.org/10.56127/jukeke.v4i3.2343>
- Juanamasta, I., Aunguroch, Y., Fisher, M., Gunawan, J., & Iblasi, A. (2023). An integrative review of Indonesia's quality of care. *International Journal of Public Health Science (IJPHS)*. <https://doi.org/10.11591/ijphs.v12i2.21767>
- Lahana, E., Tsaras, K., Kalaitzidou, A., Galanis, P., Kaitelidou, D., & Sarafis, P. (2019). Conflicts management in public sector nursing. *International Journal of Healthcare Management*, 12, 33–39. <https://doi.org/10.1080/20479700.2017.1353787>
- Mohammed, A., Ahmed, M., El-Shaer, A., & Zakaria, A. (2022). Effect of Conflict Management Program on Staff Nurses' Performance. *Mansoura Nursing Journal*. <https://doi.org/10.21608/mnj.2022.259023>
- Nikitara, M., Dimalibot, M. R., Latzourakis, E., & Constantinou, C. (2024). Conflict Management in Nursing: Analyzing Styles, Strategies, and Influencing Factors: A Systematic Review. *Nursing Reports*, 14, 4173–4192. <https://doi.org/10.3390/nursrep14040304>
- Ovčina, A., Šljivo, E., Konjo, H., Đido, V., Marjanović, M., Hrapović, E., Eminović, E., & Begić, S.





- (2023). Conflict situation management in nursing clinical practice. *Journal of Applied Health Sciences*. <https://doi.org/10.24141/1/9/1/3>
- Putri, L. A., Maryana, M., & Mardiana, N. (2026). Determinants of Nurses' Performance at Regional Hospital. *Genius Journal*. <https://doi.org/10.56359/gj.v7i2.841>
- Rayan, A., Eshah, N., & Al-Hamdan, Z. (2021). Nurse-nurse collaboration and performance among nurses in intensive care units. *Nursing in Critical Care*. <https://doi.org/10.1111/nicc.12745>
- Riskina, P., Novita, P. T., Fauziah, F., Ardilla, A., & Jannah, R. (2025). THE EFFECT OF CONFLICT MANAGEMENT AND WORKLOAD ON NURSES' PERFORMANCE. *Getsempena Health Science Journal*. <https://doi.org/10.46244/ghsj.v4i2.3392>
- Rita, N., Dewi, S. H., & Illahi, V. (2024). Relationship of Education and Long-term Nursing work with the Performance of Nurses in RSU. *Professional Evidence-Based Research and Advances in Wellness and Treatment*. <https://doi.org/10.69855/perawat.v1i1.40>
- Soriano-Vázquez, I., Castro, M. C., & Morales-García, W. (2023). Emotional intelligence as a predictor of job satisfaction: the mediating role of conflict management in nurses. *Frontiers in Public Health*, 11. <https://doi.org/10.3389/fpubh.2023.1249020>
- Tisalonga, K. J. G., & Aliswag, E. (2025). Conflicts Experienced And Preferred Conflict Management Style On The Self-Motivation Of Staff Nurses In Selected Private Hospitals In Laguna, Philippines: Basis For A Conflict Resolution Framework. *Journal of Neonatal Surgery*. <https://doi.org/10.63682/jns.v14i19s.4786>

