International Journal of Social Science and Human Research

ISSN (print): 2644-0679, ISSN (online): 2644-0695

Volume 09 Issue 02 February 2026

DOI: 10.47191/ijsshr/v9-i2-35, Impact factor- 8.007

Page No: 1183-1196

Communication Dynamics and Interpersonal Conflicts in Professional Settings: A Synthetic Approach to Education and Nursing

Apostolos Efkarpidis[1], Paraskevi Athanasopoulou[2], Evgenia – Ioanna Stefanakou[3], Damiana-Natalia Zarali[4], Dafni Petkou[5]

[1,2,3,4,5] Department of Early Childhood and Care, International Hellenic University, Alexander Campus, 57400, Greece

ABSTRACT: This study examined interpersonal conflicts among professionals in Education and Nursing, focusing on their frequency, intensity, types, and management strategies. The sample consisted of 93 participants (59 educators and 34 nurses) who completed a structured questionnaire. Nurses reported significantly higher levels of conflict frequency and intensity compared to educators ($p < .01$), as well as more frequent experiences of unfair treatment and verbal disagreements. In contrast, educators reported lower exposure to overt conflicts. No statistically significant differences were found between the two groups in conflict management strategies ($p > .15$), with both primarily adopting avoidance, accommodation, and compromise. Professional experience was negatively associated with conflict frequency only among nurses ($p = .015$). The findings indicate that nursing professionals face a greater interpersonal conflict burden, highlighting the need for organisational interventions aimed at strengthening communication practices and conflict management skills in healthcare settings.

1. INTRODUCTION

Interpersonal conflicts are an integral part of professional life, particularly in occupations with high emotional and social intensity, such as education and nursing. In these contexts, professional effectiveness depends not only on technical knowledge but also on the ability to manage complex interpersonal dynamics (Assi & Eshah, 2023; Tsekoura, 2024). Despite the frequent perception of conflict as a negative phenomenon, contemporary research views it as a potentially constructive process, capable of leading to a revision of practices, improvement of team collaboration, and enhancement of professional learning, provided it is managed with adequate skills (McKibben, 2017).

This study focuses on a comparative investigation of interpersonal conflicts between educators and nurses, two professional groups that, despite the structural and cultural differences of their environments, share common challenges regarding emotional load management, communication under pressure, and the need to maintain high-quality professional relationships. The research interest is focused on both the frequency and perceived intensity of conflicts, as well as the strategies developed by professionals to address them.

The selection of these two professional groups is not coincidental. Both sectors are characterised by high anthropocentricity, uncertainty, and intense interaction with vulnerable individuals (students or patients), a fact that increases the likelihood of interpersonal friction. At the same time, different organisational structures (school hierarchy versus hospital linear administration) may differently influence perceptions of and reactions to conflict. Furthermore, the present research examines the impact of age and professional experience, two demographic factors often associated with maturity in conflict management.

The aim of the present study is to offer an empirical and theoretical contribution to the understanding of the differences and similarities in the management of interpersonal conflicts between two critical professional groups, Educators and Nurses, with the goal of strengthening professional development programs and the psychosocial health of employees.

2. LITERATURE REVIEW

Interpersonal conflict is an inherent element of human interaction, especially in environments of high emotional and cognitive demand, such as education and nursing. Despite the negative connotation often attributed to it, conflict is not a negative phenomenon in itself; when understood and managed appropriately, it can act as a catalyst for organisational learning, improvement of relationships, and development of professional identity (Roze Des Ordons et al., 2021). Most contemporary definitions of interpersonal conflict describe it as a process that arises when an individual feels that their interests are incompatible with the interests of another, or when they perceive a threat to their values, goals, or personal well-being from someone else's behavior (Jehn

& Mannix, 2001). Importantly, according to Rahim (Rahim, 2023), conflict is defined more by the "perception" of those involved rather than by objective facts, highlighting its subjective nature and the need for empathy and active listening in its management.

One of the central theoretical frameworks used for understanding interpersonal conflicts is the Job Demands–Resources (JD–R) Model (Bakker & Demerouti, 2017; Demerouti et al., 2001). According to this model, job demands (such as workload, time pressure, and emotional exhaustion) increase the risk of conflict, while job resources (such as social support, autonomy, and recognition) act protectively. This model is particularly relevant for the sectors of education and nursing, where demands are often high and resources are limited.

A study based on Social Exchange Theory examined the configurational paths leading to high and low Interpersonal Workplace Conflict (IWC). Conducted among Big 4 firms in Chennai, India, it investigated how Ethical Leadership (EL), Interactional Justice (IJ), Psychological Safety (PS), Team Cohesion (TC), and Role Clarity (RC) interact to shape conflict levels. The findings indicated that no single factor alone predicts workplace conflict; instead, different configurations of leadership, perceptions of justice, and team dynamics determine conflict levels. The absence of IJ, EL, and PS systematically contributes to high workplace conflict. Conversely, strong TC and RC are essential for maintaining workplace harmony. The study's results essentially highlight causal asymmetry, suggesting that the factors causing conflict are not necessarily the inverse of those that contribute to its prevention (Saikrishna, 2025).

In the public sector, where strict hierarchical structures, formal communication channels, and defined procedures typically prevail, the consequences of interpersonal conflicts can be even more burdensome. The dynamics of this sector involve a complex interplay of factors within public services and institutions, which influence the way they are organised, how they make decisions, and how they provide services to citizens. Its importance lies in the fact that it directly affects economic progress, social welfare, and overall quality of life, determining policies for critical sectors such as health, education, and infrastructure, and ensuring the provision of essential services, even in areas where the private sector is absent. Employees in public organisations often face stressors such as limited resources, political demands, and increased accountability to the public. Within this context, interpersonal conflicts can intensify psychological pressure and trigger behaviours that disrupt coordination and cooperation in the workplace (Palancı et al., 2020).

In the field of Education, over the last 20 years, the role of teachers has become more demanding, as they have transitioned from a relatively autonomous job to being required to participate in collective decisions and respond to increased public accountability. Within this complex context, teachers manage multiple and often conflicting relationships daily with principals, colleagues, parents, and students—a fact that increases the likelihood of interpersonal conflicts. Conflicts with principals are often related to unclear expectations or limited support, while those with parents are frequently linked to overprotective attitudes or a lack of trust in the teacher's judgment. Many teachers feel that they lack sufficient preparation to resolve such tensions, even though effective conflict management is critical for both their own professional well-being and the functionality of the school (Petridou, 2022).

A study by the OECD, within the framework of the TALIS research (OECD, 2019), revealed that the percentage of teachers reporting frequent conflicts with parents or colleagues is significant, while administrative support emerges as the critical factor mitigating the negative consequences of conflicts. The same study outlined the demographic and professional profile of the modern educator, showing that across the 56 participating OECD countries (Greece did not participate): a) the average age of teachers is approximately 45 years, while in Lithuania, Portugal, and Latvia it reaches 51; b) in about half of the educational systems, at least one in two teachers has prior non-teaching work experience; c) today's schools are more diverse, with over 1% of students being refugees; d) teachers report using classroom management practices more frequently compared to 2018, such as calming disruptive students; e) the teaching of social and emotional skills is a key feature of many educational systems; f) approximately one in three teachers reports having used Artificial Intelligence (AI) in their work.

The OECD TALIS study highlights that modern educators work in a highly demanding and evolving environment, where conditions for more frequent conflicts are created, while effective administrative support serves as a decisive factor in limiting their negative impact. At the same time, the profile of teachers and schools is changing significantly, with greater age heterogeneity, diverse student populations, increased emphasis on socio-emotional skills, and artificial intelligence tools, a fact that makes the need for continuous training, emotional and professional empowerment, and targeted interventions in the school environment even more imperative.

The mental and emotional burden of educators within this modern educational environment was also captured in a systematic review of 14 relevant studies, with a total sample of 5311 teachers and 50616 students. The review explored the impact of teacher burnout on students, focusing on their academic performance and student self-reported outcomes. The study showed that teachers experiencing higher levels of occupational stress also report more frequent and intense interpersonal conflicts, confirming the link between job demands and conflict. Furthermore, it demonstrated that teacher burnout is associated with lower academic achievement and reduced quality of student motivation (Madigan & Kim, 2021).

In the healthcare sector, conflicts among healthcare professionals are prevalent in hospital settings and arise from differing values and perceptions between doctors, nurses, patients, and their families. These conflicts occur both intra-professionally and inter-professionally (Konlan et al., 2023). They constitute an inevitable element of human relationships and are shaped, among other

factors, by individual personality traits. Nurses, due to their demanding working conditions, such as the environment, responsibilities, and psychological pressure, are frequently exposed to tensions within their professional context (Wu et al., 2025). Research confirms that conflicts among nurses occur often, especially in hospitals. These tensions can burden their health and psychological well-being, destabilise the organisation's functioning, and negatively impact the quality of care provided to patients (Guidroz et al., 2012; Taylor, 2016).

In the field of Nursing, interpersonal conflicts take a particular form due to the hierarchical structure of healthcare organisations and the high level of emotional burden. Nurses often experience conflicts due to the unequal distribution of workload, lack of recognition from physicians or management, as well as continuous exposure to critical situations (Jerng et al., 2017). According to Papadopoulou (Papadopoulou, 2014), some of the most significant causes of conflict among nursing staff are communication problems, excessive workload, stress, limited resources, and the lack of clearly defined job descriptions. Specifically, role ambiguity has been recognised as one of the fundamental causes of conflict.

Interpersonal confrontations in the nursing field are not a homogeneous phenomenon, but rather a diversity of dynamics ranging from subtle forms of deception to systematic violence. Scientific literature classifies them across a spectrum, from "incivility" — which is low-intensity and ambiguous in intent— to "structurational divergence," which identifies the root causes of confrontations within organizational structures (Chang et al., 2017). Conflict personalization constitutes the deepest form, defined as the negative emotional and cognitive reaction to a perceived threat or danger to an individual's own identity during a social interaction (16). This concept transcends the disagreement of ideas and focuses on personal threat, which represents the culmination of confrontation. Many phenomena reported in the literature, such as "gaslighting," "bullying," and "horizontal violence," are specific forms of this personalization (Hoogenboom et al., 2024).

Furthermore, the strict hierarchy in hospitals often leaves nurses without a meaningful voice, leading to silent or indirect dissatisfaction. A study in Turkey (N=228) showed that 91.2% of nurses had experienced conflicts, primarily regarding tasks and in relation to supervisors. The nurses reported using mainly constructive strategies, such as compromise, which emerged as the strongest predictor of positive teamwork attitudes, explaining a significant portion of the variance (46%). The findings emphasize the need to strengthen conflict management skills to achieve better collaboration and higher quality of care (Başoğul, 2021).

A Greek study of 200 healthcare professionals in a General Hospital in Macedonia showed that conflicts are frequent in the workplace, with medical staff exhibiting the highest average. A particularly significant finding was that 60% of nurses expressed an intention to leave the profession soon, a rate far higher than that of physicians (7%). Regarding conflict management, nurses, like other employees without administrative positions, were more likely to choose compromise (3.9 times more likely). Furthermore, those who had not received training in conflict management were 3.4 times more likely to adopt competitive "win-lose" strategies and 68% less likely to negotiate for mutual benefit. The study concludes that enhancing education and implementing organisational policies by management are critical for limiting conflicts and improving working conditions, especially for nurses, who appear to be more intensely affected (Saridi et al., 2021).

Conflict is not inherently negative; when managed correctly, it can improve communication, enhance effectiveness, and lead to better decisions for the benefit of patient care (Almost et al., 2016). However, when left unresolved, it becomes a major factor in professional burnout, as interpersonal conflicts are among the strongest predictors of emotional exhaustion in nurses (Spence Laschinger et al., 2012). Beyond the psychological impact, inadequate conflict management carries a significant economic cost: the replacement of a nurse is estimated between $28,400 and $51,700, reaching up to $100,000 for specialised positions, while hospitals lose 5–8% of their nursing budget due to increased staff turnover (Colosi, 2021). Conversely, investing in comprehensive conflict management programs costs significantly less and, as findings by Gerardi (Gerardi, 2015) show, yields substantial benefits by improving staff retention and reducing losses.

Interpersonal conflict management has been extensively studied through the Thomas–Kilmann Conflict Mode Instrument (TKI) (Thomas & Kilmann, 2012), which proposes five basic conflict management strategies: a) competing, b) collaborating, c) avoiding, d) accommodating, and e) compromising.

The five core conflict management modes, as defined by the Thomas-Kilmann Conflict Mode Instrument (TKI), are determined by the intersection of two fundamental dimensions of behavior in conflict situations. These two dimensions are:

A. Assertiveness, which refers to the extent to which the individual attempts to satisfy their own concerns.

B. Cooperativeness, which refers to the extent to which the individual attempts to satisfy the other person's concerns.

These two dimensions are used to define the five conflict-handling modes as follows:

1. Competing: This mode is assertive and uncooperative. When competing, an individual pursues their own concerns at the other person’s expense, using whatever power seems appropriate to win their position.
2. Collaborating: This mode is both assertive and cooperative. The individual attempts to work with the other person to find a solution that fully satisfies the concerns of both. This involves digging into an issue to identify the underlying concerns.
3. Avoiding: This mode is unassertive and uncooperative. In this mode, the individual pursues neither their own concerns nor those of the other person and does not address the conflict.

4. Accommodating: This mode is unassertive and cooperative—the opposite of competing. The individual neglects their own concerns to satisfy the concerns of the other person, incorporating an element of self-sacrifice.
5. Compromising: This mode is intermediate in both assertiveness and cooperativeness. The goal is to find an expedient, mutually acceptable solution that partially satisfies both parties. Compromising falls on a middle ground between competing and accommodating.

Essentially, the intersection of these two dimensions (Assertiveness: Low to High, Cooperativeness: Uncooperative to Cooperative) creates a two-dimensional model for understanding conflict management behaviour (Thomas & Kilmann, 2012).

Contemporary approaches to conflict management have expanded beyond the TKI, incorporating concepts such as emotional intelligence and psychological resilience (Assi & Eshah, 2023; Balafkan et al., 2023). Emotional intelligence refers to the ability to recognise, understand, and manage one's own emotions as well as those of others. Research has shown that professionals with high emotional intelligence employ more constructive conflict management strategies, such as collaboration and compromise, and steer away from avoidance or competition (Cherniss & Goleman, 2001). Furthermore, psychological resilience—the ability to adapt to adverse conditions—appears to be negatively correlated with the perceived intensity of conflicts, even when their frequency remains high (Koinis et al., 2025).

Overall, the existing literature highlights that interpersonal conflicts in education and nursing are professionally inherent and are influenced by organisational, interpersonal, and individual factors. While the sources and intensity of conflicts differ between the two sectors, management strategies appear to be influenced more by professional culture and less by individual demographic factors. However, there is a need for more comparative studies that simultaneously examine both sectors using a uniform methodology, in order to highlight the common and differing aspects of interpersonal conflict within these critical professions.

The present study aims to investigate the frequency, type, and management methods of interpersonal conflicts occurring within the workplace context of the school and the hospital, and to compare the data between the two groups (teachers and nurses), as well as within the groups based on their demographic characteristics, primarily age and work experience.

3. METHODOLOGY

3.1. Research Design, Sampling, and Collection Tools

This is a cross-sectional quantitative study. The sampling method used was convenience sampling, and the questionnaire was distributed via email and social media to professionals in both fields. The final sample consisted of 93 participants, of whom 59 (63.4%) were teachers, and 34 (36.6%) were nurses.

The gender was almost exclusively female (93.5%), a fact that likely reflects the professional structure of these two sectors in Greece. The participants' age was primarily concentrated in the 45–49 age category, while years of service ranged mainly between 21 and 30 years, suggesting an "experienced sample" of participants. There were no missing values in the key variables, while any outliers in questions 2.4 and 4.12 were corrected using the winsorizing method to ensure data quality.

3.2. Research Questions

1. What is the frequency and type of interpersonal conflicts manifesting within the professional environments of Teachers and Nurses?
2. Which interpersonal conflict management strategies are adopted by the two professional groups?
3. Are there significant differences in the methods of managing interpersonal conflicts between the two professional categories?
4. What is the role of age in differentiating conflict management strategies within each professional group?
5. To what extent is age related to the differentiation of conflict management strategies among Teachers and Nurses?

3.3. Measurement Tools

This study is based on pilot data from a quantitative survey conducted via an online questionnaire, which was synthesised from three established instruments:

a) The Interpersonal Conflict at Work Scale (ICAWS) (Spector & Jex, 1998), which measures the frequency of interpersonal conflicts within the workplace (questions 2.1 – 2.4).

b) The Workplace Interpersonal Conflict Scale (WICS) (Wright et al., 2017), which measures the types of workplace conflicts (questions 3.1 – 3.6).

c) The Conflict Management Questionnaire, adapted from the Thomas–Kilmann theoretical framework (Thomas & Kilmann, 2012), which measures conflict management styles based on a five-factor framework: Collaborating, Competing, Accommodating, Avoiding, and Compromising (questions 4.1 – 4.18).

All items were answered on a 5-point Likert scale (1 = Never, 5 = Always), providing a quantitative assessment of the participants' experiences and preferences.

3.4. Psychometric Validity (Cronbach's Alpha)

To assess the reliability of the questionnaire, the Cronbach's Alpha coefficient was utilized, measuring the internal consistency of the subscales. The subscales for frequency (items 2.1–2.4) and type of conflict (items 3.1–3.6) demonstrated excellent reliability (alpha = 0.835 and alpha = 0.887, respectively), allowing for the creation of two composite variables. However, the dimensions of competing (items 4.1, 4.8, 4.11) and collaborating (items 4.7, 4.9, 4.10, 4.12, 4.18) showed very low internal consistency (alpha = 0.297 and alpha = 0.256, respectively), likely due to limited adaptation of the original scale and the small number of items per dimension. In accordance with psychometric practices, these two dimensions were excluded from further analysis. Conversely, the dimensions of avoiding (4.3, 4.6, 4.13, 4.15; alpha = 0.781), accommodating (4.2, 4.4, 4.5; alpha = 0.632), and compromising (4.14, 4.17; alpha = 0.666) exhibited acceptable to good reliability and were included in the statistical analyses.

3.5. Statistical Analyses

The statistical analysis of the data was performed using the SPSS software (Version 28). Initially, descriptive statistics (frequencies, percentages, means, and standard deviations) were conducted to present the sample characteristics and the key variables. Subsequently, for the comparison between the two professional groups, the Independent Samples t-test was employed, assuming an approximately normal distribution of the composite variables and equality of variances (Levene's test). The level of statistical significance was set at $p < 0.05$, while the effect size (Cohen's d) is also reported to evaluate the practical significance of the differences. For the intra-group analysis (age and years of experience), the initial categories were reorganised into three broad groups, and One-way ANOVA tests were conducted separately for teachers and nurses. These analyses allowed for the investigation of the impact of experience and age on conflict behaviour in a manner that accounts for the specificities of each professional population.

4. RESULTS

Table 1 presents the distribution of participants regarding their profession, gender, age, and years of work experience.

Table 1: Demographic Characteristics of the Sample

Variable	Category	N	%
Occupation	Educator	59	63.4%
	Nurse	34	36.6%
Gender	Female	77	82.8%
	Male	16	17.2%
Age	20-25	1	1.1%
	26-30	1	1.1%
	31-35	4	4.3%
	36-40	5	5.4%
	46-50	23	24.7%
	51-55	15	16.1%
	56-60	22	23.7%
	61-65	5	5.4%
	Not stated / 0	17	18.3%
	1-5	10	10.8%

Variable	Category	N	%
Years of Experience	6-10	8	8.6%
	11-15	8	8.6%
	16-20	16	17.2%
	26-30	18	19.4%
	31-35	13	14.0%
	36-40	5	5.4%

More than 6 out of 10 participants are Teachers, and over 8 out of 10 are women. Approximately 7 out of 10 participants are over 40 years old, and more than 7 out of 10 have over 15 years of work experience.

A central question of the research concerns the differences between the two professional groups. According to the results of the Independent Samples t-test, nurses reported a significantly higher frequency of interpersonal conflicts (M = 2.90, SD = 0.75) compared to teachers (M = 2.10, SD = 0.72), $t(91) = -5.91$, $p < 0.001$, with a large effect size (Cohen's d = 1.24).
This finding suggests that nurses are approximately 1.2 standard deviations more exposed to conflicts than teachers—a difference that is both statistically and practically significant.

4.1. Inter-group Analysis

Table 2 illustrates the frequency of interpersonal conflicts within the work environment of teachers and nurses.

Table 2: Frequency of Interpersonal Conflicts (N=93)

Interpersonal Conflict Frequency	Employee Category	Never		Rarely		Sometimes		Often		Always	
		n	%	n	%	n	%	n	%	n	%
2.1 How often do you get into verbal arguments with others at your work?	Educators (N=59)	34	75.6%	10	22.2%	1	2.2%	0	0.0%	0	0.0%
	Nurses (N=34)	16	47.1%	14	41.2%	2	5.9%	0	0.0%	2	5.9%
2.2 How often do other people yell at you at work?	Educators	33	80.5%	8	19.5%	0	0.0%	0	0.0%	0	0.0%
	Nurses (N=34)	10	31.2%	14	43.8%	5	15.6%	0	0.0%	**3**	**9.4%**
2.3 How often are people rude to you at work?	Educators	32	58.2%	20	36.4%	1	1.8%	0	0.0%	**2**	**3.6%**
	Nurses (N=34)	6	18.2%	16	48.5%	8	24.2%	0	0.0%	**3**	**9.1%**
2.4 How often do other people do nasty/malicious things to you or say nasty/malicious	Educators (N=59)	38	70.4%	11	20.4%	5	9.3%	0	0.0%	0	0.0%
	Nurses (N=34)	15	44.1%	10	29.4%	6	17.6%	0	0.0%	**3**	**8.8%**

The results of Table 2 indicate that teachers report an overall lower frequency of interpersonal conflicts in their work environment compared to nurses. Specifically, teachers categorically select the "Never" or "Rarely" responses across all questions, with percentages exceeding 75% in most cases. In contrast, nurses exhibit greater heterogeneity in their responses and higher percentages in the "Sometimes," "Always," and "Often" categories—particularly regarding questions involving rudeness, shouting, or malicious comments. This suggests that the nursing work environment is characterised by a higher degree of interpersonal tension or conflict compared to that of teachers.

Differences were also identified in the types of conflicts experienced. Nurses reported more intense experiences of unfair treatment, disagreement, and rudeness (M = 2.68, SD = 0.76) compared to teachers (M = 2.15, SD = 0.78), t(91) = -3.03, p = 0.003, d = 0.63. This medium-to-large effect size reinforces the idea that the hospital environment, with its hierarchical structures and high pressure, fosters more aggressive or unfortunate interpersonal interactions. Table 3 illustrates the types of interpersonal conflicts within the work environment of teachers and nurses.

Table 3: Types of Interpersonal Conflicts (N =93)

Questions on the Type of Interpersonal Conflicts	Employee Category	Never		Rarely		Sometimes		Often		Always	
		n	%	n	%	n	%	n	%	n	%
3.1 Did you feel that you were treated unfairly at work?	Educators	25	48.1%	23	44.2%	3	5.8%	0	0.0%	1	1.9%
	Nurses (N=34)	8	25.0%	14	43.8%	**6**	18.8%	0	0.0%	**4**	12.5%
3.2 Did you have a disagreement with others about the work you do?	Educators (N=59)	33	67.3%	12	24.5%	**4**	8.2%	0	0.0%	0	0.0%
	Nurses (N=34)	11	35.5%	12	38.7%	**6**	19.4%	0	0.0%	**2**	6.5%
3.3 Were you shown a lack of respect or did you feel undervalued by others at work?	Educators (N=59)	27	57.4%	15	31.9%	4	8.5%	0	0.0%	1	2.1%
	Nurses (N=34)	14	45.2%	7	22.6%	**7**	22.6%	0	0.0%	**3**	9.7%
3.4 Were you treated with hostility at work?	Educators (N=59)	30	76.9%	6	15.4%	3	7.7%	0	0.0%	0	0.0%
	Nurses (N=34)	7	31.8%	9	40.9%	**5**	22.7%	0	0.0%	1	4.5%
3.5 Have you ever been reprimanded or corrected in an intense or inappropriate manner in the workplace?	Educators (N=59)	28	73.7%	7	18.4%	3	7.9%	0	0.0%	0	0.0%
	Nurses (N=34)	13	48.1%	9	33.3%	3	11.1%	0	0.0%	**2**	7.4%
3.6 Were you blamed or criticized for something that was not your fault at work?	Educators (N=59)	28	70.0%	10	25.0%	2	5.0%	0	0.0%	0	0.0%
	Nurses (N=34)	11	45.8%	10	41.7%	3	12.5%	0	0.0%	0	0.0%

Table 3 demonstrates that nurses report more frequent incidents of unfairness, undervaluation, hostility, reprimands, or unfair criticism compared to teachers. Specifically, higher percentages of nurses select the "Sometimes," "Always," or "Often" categories across all questions, while teachers record extremely high percentages in the "Never" category (e.g., 76.9% for hostility, 73.7% for being reprimanded inappropriately, and 70% for unfair criticism). The only exception is item 3.2 (disagreement about work), where teachers more frequently report "Never" (67.3%), whereas nurses show a higher frequency of actual professional disagreements (58.1%, ranging from "Rarely" to "Always"). Overall, the nursing work environment appears to be characterised by more intense and personal forms of conflict, while teachers report minimal to no exposure to such situations.

However, the most significant finding concerns the management strategies. Despite the differences in exposure and conflict intensity, no statistically significant differences were observed in the coping strategies employed. Specifically, the dimensions of avoiding (p = 0.157), accommodating (p = 0.393), and compromising (p = 0.777) were statistically equivalent between the two groups. This suggests that, regardless of profession, employees tend to use similar strategies, emphasising avoidance, accommodation, and compromise—possibly due to a shared professional ethic that seeks to maintain team harmony and functionality, even at the expense of individual goals. Table 4 illustrates the interpersonal conflict management modes used by the two professional categories.

Table 4: Methods of Managing Interpersonal Conflicts

Questions on Interpersonal Conflict Management	Employee Category	Rarely		Sometimes		Often		Always	
		n	%	n	%	n	%	n	%
4.1 How often do you feel comfortable exerting pressure so that your perspective is heard?	Educators (N=59)	21	35.6%	27	45.8%	10	16.9%	1	1.7%
	Nurses (N=34)	6	17.6%	19	55.9%	6	17.6%	3	8.8%
4.2 In a conflict situation, do you prioritise maintaining harmony, even if it means sacrificing some of your goals?	Educators (N=59)	5	8.5%	16	27.1%	28	47.5%	10	16.9%
	Nurses (N=34)	3	8.8%	16	47.1%	14	41.2%	1	2.9%
4.3 Do you tend to postpone dealing with conflict situations, hoping they will resolve themselves?	Educators (N=59)	16	27.1%	25	42.4%	17	28.8%	1	1.7%
	Nurses (N=34)	15	44.1%	11	32.4%	8	23.5%	0	0.0%
4.4 Do you need to maintain a positive working relationship with colleagues, even if it means slightly sacrificing your own needs?	Educators (N=59)	4	6.8%	31	52.5%	21	35.6%	3	5.1%
	Nurses (N=34)	4	11.8%	16	47.1%	10	29.4%	4	11.8%
4.5 When working on a project, do you willingly accept the other side's suggestions, even if you have disagreements on ideas?	Educators (N=59)	7	11.9%	23	39.0%	25	42.4%	4	6.8%
	Nurses (N=34)	3	8.8%	18	52.9%	10	29.4%	3	8.8%
4.6 Do you find yourself withdrawing from any situation where you must manage conflict, even if it means the issue remains unresolved?	Educators (N=59)	21	35.6%	26	44.1%	12	20.3%	0	0.0%
	Nurses (N=34)	14	41.2%	14	41.2%	6	17.6%	0	0.0%
4.7 How often do you actively listen to a colleague's perspective, even if it differs from your own?	Educators (N=59)	0	0.0%	5	8.5%	30	50.8%	24	40.7%
	Nurses (N=34)	0	0.0%	4	11.8%	16	47.1%	14	41.2%
4.8 Do you have confidence in the validity of your ideas and solutions?	Educators (N=59)	1	1.7%	1	1.7%	49	83.1%	8	13.6%
	Nurses (N=34)	0	0.0%	4	11.8%	25	73.5%	5	14.7%
4.9 How often do you prioritise team goals over your individual goals?	Educators (N=59)	2	3.4%	12	20.3%	36	61.0%	9	15.3%
	Nurses (N=34)	1	2.9%	6	17.6%	20	58.8%	7	20.6%

4.10 Is it easy for you to let go of some aspects of your position for the greater good?	Educators (N=59)	1	1.7%	15	25.4%	34	57.6%	9	15.3%
	Nurses (N=34)	0	0.0%	12	35.3%	17	50.0%	5	14.7%
4.11 When facing a disagreement, do you feel more comfortable stating your position directly?	Educators (N=59)	5	8.5%	20	33.9%	23	39.0%	11	18.6%
	Nurses (N=34)	0	0.0%	10	29.4%	15	44.1%	9	26.5%
4.12 How comfortable do you feel making compromises or finding common ground in decision-making?	Educators (N=59)	0	0.0%	18	30.5%	31	52.5%	10	16.9%
	Nurses (N=34)	2	5.9%	13	38.2%	14	41.2%	5	14.7%
4.13 In previous conflicts, did you delay expressing concerns for fear of making things worse?	Educators (N=59)	11	18.6%	27	45.8%	18	30.5%	3	5.1%
	Nurses (N=34)	8	23.5%	15	44.1%	7	20.6%	4	11.8%
4.14 Are you comfortable conceding certain things to reach a mutually acceptable solution?	Educators (N=59)	0	0.0%	19	32.2%	33	55.9%	7	11.9%
	Nurses (N=34)	1	2.9%	7	20.6%	21	61.8%	5	14.7%
4.15 In meetings, do you tend to avoid expressing your views if they differ from the majority?	Educators (N=59)	19	32.2%	24	40.7%	15	25.4%	1	1.7%
	Nurses (N=34)	20	58.8%	7	20.6%	7	20.6%	0	0.0%
4.16 When facing a conflict, would you prefer someone else to start the discussion?	Educators (N=59)	11	18.6%	26	44.1%	21	35.6%	1	1.7%
	Nurses (N=34)	9	26.5%	17	50.0%	6	17.6%	2	5.9%
4.17 When there is a disagreement, are you willing to concede some things to reach an agreement quickly?	Educators (N=59)	1	1.7%	23	39.0%	30	50.8%	5	8.5%
	Nurses (N=34)	0	0.0%	17	50.0%	14	41.2%	3	8.8%
4.18 Are you comfortable adjusting your approach to complement the strengths of others?	Educators (N=59)	2	3.4%	23	39.0%	27	45.8%	7	11.9%
	Nurses (N=34)	2	5.9%	13	38.2%	15	44.1%	4	11.8%

Nurses appear to manage disagreements more directly: 70.6% state that they often or always express their position straightforwardly (Q4.11), compared to 57.6% of teachers, while they are also more willing to exert pressure to ensure their opinion is heard (26.4% vs. 18.6% in Q4.1). Conversely, teachers exhibit greater hesitation: 27.1% often avoid expressing an opposing view (Q4.15), while 35.6% delay raising issues for fear of exacerbation (Q4.13). Despite these differences, both groups favour collaboration—79.4% of nurses and 76.3% of teachers prioritise team goals (Q4.9)—with nurses showing a slightly higher inclination toward compromise (76.5% vs. 67.8% in Q4.14).

4.2. Within-Group Analysis (Age, Years of Service)

The within-group analysis was conducted to investigate whether age or years of experience influence conflict behavior. For this purpose, the original ten age categories and nine experience categories were reorganized into three broader groups: young (25–34 years), middle-aged (35–49), and older (50+), as well as early-career (0–10 years), mid-career (11–20), and highly experienced (21+). Separate one-way ANOVAs were then conducted for teachers (n = 59) and nurses (n = 34).

No significant differences were observed with respect to age (p = 0.107–0.898) or years of service (p = 0.106–0.548) across any of the study variables. This suggests that, in the field of education, professional culture and organizational structure foster a homogeneous approach to conflict, regardless of individual experience or level of maturity.

4.3. Intra-group Analysis (Age, Years of Service)

The intra-group analysis was conducted to investigate whether age or years of experience influence conflict behaviour. To this end, the original ten age categories and nine experience categories were reorganised into three broad groups: young (25–34 years), middle-aged (35–49), and seniors (50+), as well as novices (0–10 years), mid-career (11–20), and experienced (21+). Subsequently, separate One-way ANOVA tests were performed for teachers (n = 59) and nurses (n = 34).

No significant differences were observed regarding either age ($p = 0.107–0.898$) or years of service ($p = 0.106–0.548$) for any of the research variables. This suggests that, within the field of education, professional culture and organisational structure impose a homogeneous approach to conflicts, regardless of individual experience or maturity.

In contrast, among nurses, the analysis revealed that the frequency of conflicts differs significantly depending on years of work experience, $F(2, 31) = 4.829$, $p = 0.015$. Specifically, novice nurses (0–10 years) reported a significantly higher frequency of conflicts compared to experienced nurses (21+ years). However, this difference does not extend to the type or management of conflicts ($p > 0.05$ in all cases). Furthermore, age does not significantly affect any aspect of conflict in either of the two professional groups. This finding highlights that professional experience, rather than biological age, appears to protect nurses from conflict frequency, likely through the development of better interpersonal skills or superior knowledge of organisational procedures. Nevertheless, this protection does not translate into different coping strategies, which remain stable regardless of experience.

Overall, the analysis reveals that:

- Nurses are more exposed to conflicts, yet they react in the same way as teachers.
- Experience reduces the frequency of conflicts for nurses, but it does not alter their management strategies.

These findings have significant practical implications, as they suggest that interventions should target reducing the sources of conflict (especially for novice nurses) rather than focusing solely on management training, as these skills appear to be already developed.

5. DISCUSSION

The present study explored interpersonal conflicts in the fields of Education and Nursing, two professional environments characterised by high emotional and social intensity. The findings bring to the forefront a complex picture where nurses exhibit a significantly higher frequency and intensity of conflicts compared to teachers; however, the management strategies they adopt do not differ statistically between the two groups. This apparent contradiction (increased exposure but similar reaction) constitutes a central point of the discussion and is interpreted based on international literature, organisational structures, and the professional culture that characterises both sectors.

5.1. Alignment of Empirical Findings with Literature

The primary finding that nurses experience significantly more frequent conflicts than teachers aligns with international literature. Studies such as those by Konlan et al. (2023) and Jerng et al. (2017) have demonstrated that the hospital environment—with its hierarchical structure, the rapid pace of critical decision-making, and exposure to high-stress situations—creates fertile ground for frequent and acute conflicts. The current findings ($M = 2.90$ for nurses vs. $M = 2.10$ for teachers, $p < 0.001$) fully confirm this international trend, exhibiting one of the largest effect sizes recorded in relevant literature (Cohen's $d = 1.24$).

Furthermore, the finding that nurses report more intense episodes of unfair treatment, rudeness, and disagreement is consistent with the descriptions of Chang et al. (2017) and Almost et al. (2016), who highlight that conflicts in nursing are often characterised by increased personalisation and emotional charge. This study showed a medium-to-large effect size ($d = 0.63$) regarding the difference in conflict intensity—consistent with international data indicating that conflicts in the healthcare sector are often "sharper" than those in education.

Conversely, among teachers, conflicts are typically more diffuse, long-term, and relational—a fact also documented in the research by Petridou (2022) and the TALIS–OECD (2019) report. This reinforces the trend identified in your sample: while conflicts exist, they manifest less frequently and with lower intensity.

In a study of 1528 teachers in Adamawa, Nigeria (Alimba & Abu, 2018), the most frequent strategy was Collaborating ($\bar{x} = 3.1$). Notably, Collaborating ($r = 0.32$), Accommodating ($r = 0.07$), and Compromising ($r = 0.10$) were positively and significantly correlated with teacher productivity. This distinction suggests that while the culture of our sample prefers low-confrontation strategies (Avoiding/Accommodating) to maintain workplace harmony, a preference for Collaboration (as seen in the Nigerian study) is directly linked to higher professional performance. This underscores the importance of active and constructive conflict management in improving staff productivity.

Another significant finding emerged from a quantitative study in Texas, which focused on the relationship between school principals and teachers (Bradley, D., 2011). This research found that, while gender did not influence preferences, the experience of the principals had a significant impact. Specifically, increased experience was positively correlated with a preference for Competing and negatively correlated with a preference for Compromising.

These findings contrast with the prevailing strategies of the teachers in our study, who adopt Avoiding, Accommodating, and Compromising. This contradiction can be interpreted based on professional roles. That is, experienced principals appear to develop higher assertiveness (Competing) as a mechanism for achieving school goals. Conversely, the teachers in our sample, as non-administrative staff, choose styles that prioritise the preservation of interpersonal relationships and the smooth functioning of the environment. The need for improving conflict management skills, particularly regarding Competition and Compromise, is highlighted by both studies

One of the most interesting findings is that, despite the pronounced differences in conflict frequency and type, management strategies do not differ between the two professions. Both groups primarily resort to avoiding, accommodating, and compromising. This contrasts with certain studies that highlight variations: for instance, Delak & Širok (2022) recorded that in Slovenia, nurses mainly use avoidance, while physicians prefer compromise; meanwhile, Hussain et al. (2023) reported higher use of collaboration and compromise. Similarly, research on teachers often presents an increased orientation toward more collaborative strategies. However, our study concludes that there are no statistically significant differences between the two groups ($p > 0.15$ for all strategies). This converges with the conclusions of the systematic review by Nikitara et al. (2024), which emphasised that the culture of each specific organisation shapes strategies more than the profession itself. Thus, the present research offers a more "horizontal" perspective, suggesting that despite the structural differences of the professions, employees handle conflicts with similar, low-confrontation strategies to ensure the functionality and harmony of their teams.

The findings regarding age and professional experience offer a nuanced picture. For teachers, no differences were observed across any of the variables. This likely confirms that school culture functions in an equalising manner. For nurses, experience appears to reduce the frequency of conflicts ($p = 0.015$), potentially confirming that familiarity with the hospital hierarchy and rules diminishes the perception of threat. However, the fact that experience did not influence management strategies indicates that strategic choices are a product of professional culture rather than individual maturation—a point also emphasised in the literature concerning professional identity in human-centric professions (Nikitara et al., 2024).

5.2. Theoretical and Practical Implications

The theoretical implications of this study are significant, as the research extends the Thomas–Kilmann model by demonstrating that conflict strategies are not merely individual choices, but socially constructed practices influenced by professional ethics and organisational culture.

The practical implications are equally vital. The finding that novice nurses are more exposed to conflicts, yet do not differ in their strategies, suggests that the core issue lies in excessive exposure rather than a lack of skills. Therefore, interventions should focus on reducing the sources of conflict (e.g., improving administrative support, enhancing transparency in workload distribution) rather than solely providing conflict management training. For teachers, the absence of experience-based differences suggests that school culture is so potent that it stabilises—or even stagnates—the development of alternative approaches. In this context, interventions must target the organisational level (e.g., professional communities of practice, peer support programs) rather than focusing exclusively on the individual.

In conclusion, the present research reveals that interpersonal conflicts in Education and Nursing cannot be understood through oversimplified frameworks. Exposure and reaction are two distinct dimensions, influenced by different factors. Understanding this dichotomy is essential for designing effective human resource management policies and for promoting the psychosocial health of employees in these critical professions.

6. CONCLUSIONS – RECOMMENDATIONS – LIMITATIONS – FUTURE RESEARCH

The present study highlighted significant differences in the nature and intensity of interpersonal conflicts between the fields of Education and Nursing. The findings confirmed that nurses experience much more frequent and intense forms of conflict compared to teachers, a fact linked to the highly demanding, fast-paced, and hierarchically structured hospital environment. High mental and physical strain, the complexity of interprofessional collaboration, and the necessity for immediate decision-making create conditions conducive to conflict, as previously noted in international research. In contrast, conflicts in the field of Education appear to manifest with lower intensity, often taking the form of prolonged or relational friction related to interactions with students, parents, and colleagues.

Despite these differences, one of the most remarkable findings is the uniformity in the management strategies applied by both groups. Teachers and nurses primarily favour low-assertiveness strategies, such as avoiding, compromising, and accommodating, regardless of the frequency or intensity of the conflicts they encounter. This suggests that these specific strategies are an inherent element of the professional culture in human-centric professions, where maintaining smooth cooperation and avoiding intense confrontations are considered fundamental values. Furthermore, experience appeared to influence conflict frequency only among nurses, highlighting that familiarity with the demands and roles of the healthcare sector acts protectively, gradually reducing the

volume of conflicts perceived or experienced by professionals. Conversely, for teachers, experience was not associated with any variations, potentially reflecting the stability of school culture and the greater degree of autonomy in daily practice.

These findings highlight that workplace conflicts are not merely interpersonal confrontations, but manifestations of complex organisational and psychosocial dimensions. Understanding this phenomenon, therefore, requires a multi-factorial approach that takes into account job demands, organisational culture, power dynamics, and available supportive resources.

Based on these findings, it is essential to implement specific interventions that can enhance professionals' ability to manage conflicts effectively and reduce their frequency. In the field of Nursing, interventions are required at two levels. First, institutional and organisational interventions, such as strengthening communication processes, clearer distribution of responsibilities, and systematic administrative support. Second, psycho-educational interventions, aimed at empowering emotional management skills, improving collaboration, and developing conflict prevention mechanisms, particularly for novice professionals.

In the field of Education, emphasis can be placed on fostering a culture of collaboration and strengthening Professional Learning Communities (PLCs), which provide a framework for reflection, mutual support, and the sharing of practices. Furthermore, the institutional establishment of mediation mechanisms could contribute to de-escalating tensions and managing complex incidents.

Despite the significant contribution of this study, certain limitations must be considered. The use of self-reported questionnaires may have influenced responses through social desirability bias. Additionally, the research design was cross-sectional, which does not allow for drawing causal conclusions regarding the relationships between variables. Finally, the sample was collected online, limiting its generalizability, and specific characteristics of individual school or hospital units—which may be closely related to conflict dynamics—were not examined.

These limitations, however, create fertile ground for future research directions. A series of extensions could significantly enhance knowledge in the field. Future studies could utilise mixed methodologies, combining quantitative data with in-depth qualitative interviews to explore the experiential and emotional aspects of conflicts. Simultaneously, a longitudinal study could capture the evolution of conflict and its management throughout a professional career, particularly in high-demand occupations such as nursing. It would be equally important to conduct a comparative investigation of different types of schools and hospitals to better understand the organisational factors influencing the frequency and manifestation of conflicts. Finally, evaluating interventions—such as training in non-violent communication, mediation, and collaborative groups—could offer practical solutions that enhance well-being and cooperation in the workplace.

AI acknowledgment

During the preparation of this work the authors used ChatGPT to improve language and readability. After using this tool/service, the authors reviewed the edited the content as needed and they take full responsibility for the content of the publication.

Informed Consent Statement

Written informed consent has been obtained from the questioned to publish this paper.

Data availability

The datasets generated by the survey research during and/or analyzed during the current study are available on reasonable request.

Declarations

Ethics approval and consent to participate: All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. Informed consent was obtained from all individual participants involved in the study.

Conflicts of interest: The authors declare no conflicts of interest.

REFERENCES

1) Alimba, C. N., & Abu, P. B. (2018). A correlation study on conflict management styles and teachers' productivity in public secondary schools in Nigeria. *African Research Review*, *12*(1), 77. https://doi.org/10.4314/afrrev.v12i1.9
2) Almost, J., Wolff, A. C., Stewart-Pyne, A., McCormick, L. G., Strachan, D., & D'Souza, C. (2016). Managing and mitigating conflict in healthcare teams: An integrative review. *Journal of Advanced Nursing*, *72*(7), 1490–1505. https://doi.org/10.1111/jan.12903
3) Assi, M. D., & Eshah, N. F. (2023). Emotional intelligence and conflict resolution styles among nurse managers: A cross-sectional study. *British Journal of Healthcare Management*, *29*(6), 1–11. https://doi.org/10.12968/bjhc.2021.0108
4) Bakker, A. B., & Demerouti, E. (2017). Job demands–resources theory: Taking stock and looking forward. *Journal of Occupational Health Psychology*, *22*(3), 273–285. https://doi.org/10.1037/ocp0000056

5) Balafkan, J., Kaveh, O., Hosseinnataj, A., Jouybari, L., & Heidarigorji, M. A. (2023). The Relationship Between Resilience and Conflict Management Styles from the Perspective of the Prehospital Emergency Medicine Operational Staff: A Cross-sectional Descriptive Study. *Journal of Nursing and Midwifery Sciences*, *10*(4). https://doi.org/10.5812/jnms-139502
6) Bradley, D. (2011). *An Investigation of Preferred Conflict-Management Behaviors in Small-School Principals* [Texas A&M University]. https://hdl.handle.net/1969.1/ETD-TAMU-2011-05-9401
7) Chang, T.-F., Chen, C.-K., & Chen, M.-J. (2017). A Study of Interpersonal Conflict Among Operating Room Nurses. *Journal of Nursing Research*, *25*(6), 400–410. https://doi.org/10.1097/JNR.0000000000000187
8) Cherniss, C., & Goleman, D. (Eds.). (2001). *The emotionally intelligent workplace: How to select for measure, and improve emotional intelligence in individuals, groups, and organizations* (1st ed). John Wiley & Sons, Inc.
9) Colosi, B. (2021). *2021 NSI National Health Care Retention & RN Staffing Report*. NSI Nursing Solutions,. https://www.emergingrnleader.com/wp-content/uploads/2021/04/NSI_National_Health_Care_Retention_Report.pdf
10) Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands-resources model of burnout. *Journal of Applied Psychology*, *86*(3), 499–512. https://doi.org/10.1037/0021-9010.86.3.499
11) Gerardi, D. (2015). Conflict Engagement: A Relational Approach. *AJN, American Journal of Nursing*, *115*(7), 56–60. https://doi.org/10.1097/01.NAJ.0000467281.59188.76
12) Guidroz, A. M., Wang, M., & Perez, L. M. (2012). Developing a Model of Source-specific Interpersonal Conflict in Health Care. *Stress and Health*, *28*(1), 69–79. https://doi.org/10.1002/smi.1405
13) Hoogenboom, L. M., Dijkstra, M. T. M., & Beersma, B. (2024). Conflict personalization: A systematic literature review and the development of an integrative definition. *International Journal of Conflict Management*, *35*(2), 309–333. https://doi.org/10.1108/IJCMA-09-2022-0142
14) Jehn, K. A., & Mannix, E. A. (2001). THE DYNAMIC NATURE OF CONFLICT: A LONGITUDINAL STUDY OF INTRAGROUP CONFLICT AND GROUP PERFORMANCE. *Academy of Management Journal*, *44*(2), 238–251. https://doi.org/10.2307/3069453
15) Jerng, J.-S., Huang, S.-F., Liang, H.-W., Chen, L.-C., Lin, C.-K., Huang, H.-F., Hsieh, M.-Y., & Sun, J.-S. (2017). Workplace interpersonal conflicts among the healthcare workers: Retrospective exploration from the institutional incident reporting system of a university-affiliated medical center. *PLOS ONE*, *12*(2), e0171696. https://doi.org/10.1371/journal.pone.0171696
16) Koinis, A., Papathanasiou, I. V., Moisoglou, I., Kouroutzis, I., Tzenetidis, V., Anagnostopoulou, D., Sarafis, P., & Malliarou, M. (2025). Resilience and Mobbing Among Nurses in Emergency Departments: A Cross-Sectional Study. *Healthcare*, *13*(15), 1908. https://doi.org/10.3390/healthcare13151908
17) Konlan, K. D., Abdulai, J. A., Saah, J. A., Doat, A.-R., Amoah, R. M., Mohammed, I., & Konlan, K. D. (2023). The influence of conflicts among members of the clinical team on patient care; an explorative, descriptive study, Ghana. *Journal of Global Health Science*, *5*(1), e1. https://doi.org/10.35500/jghs.2023.5.e1
18) Madigan, D. J., & Kim, L. E. (2021). Does teacher burnout affect students? A systematic review of its association with academic achievement and student-reported outcomes. *International Journal of Educational Research*, *105*, 101714. https://doi.org/10.1016/j.ijer.2020.101714
19) McKibben, L. (2017). Conflict management: Importance and implications. *British Journal of Nursing*, *26*(2), 100–103. https://doi.org/10.12968/bjon.2017.26.2.100
20) OECD. (2019). *TALIS 2018 Results (Volume I): Teachers and School Leaders as Lifelong Learners*. OECD Publishing. https://doi.org/10.1787/1d0bc92a-en
21) Petridou, C. (2022). Causes and consequences of conflicts. A teacher's perspective. *International Journal of Latest Research in Humanities and Social Science (IJLRHSS)*, *05*(09), 45–55.
22) Rahim, M. A. (2023). *Managing Conflict in Organizations* (5th ed.). Routledge. https://doi.org/10.4324/9781003285861
23) Roze Des Ordons, A. L., Cheng, A., Lockyer, J., Wilkie, R. D., Grant, V., & Eppich, W. (2021). Approaches to interpersonal conflict in simulation debriefings: A qualitative study. *Medical Education*, *55*(11), 1284–1296. https://doi.org/10.1111/medu.14595
24) Saikrishna, M. B. (2025). Managing interpersonal workplace conflict: A configurational approach. *International Journal of Conflict Management*, *36*(5), 943–972. https://doi.org/10.1108/IJCMA-02-2025-0057
25) Saridi, M., Panagiotidou, A., Toska, A., Panagiotidou, M., & Sarafis, P. (2021). Workplace interpersonal conflicts among healthcare professionals: A survey on conflict solution approach at a General Hospital. *International Journal of Healthcare Management*, *14*(2), 468–477. https://doi.org/10.1080/20479700.2019.1661114
26) Spector, P. E., & Jex, S. M. (1998). *Interpersonal Conflict at Work Scale* [Dataset]. https://doi.org/10.1037/t07343-000

27) Spence Laschinger, H. K., Leiter, M. P., Day, A., Gilin-Oore, D., & Mackinnon, S. P. (2012). Building Empowering Work Environments That Foster Civility And Organizational Trust: Testing an Intervention. *Nursing Research*, *61*(5), 316–325. https://doi.org/10.1097/NNR.0b013e318265a58d
28) Taylor, R. (2016). Nurses' Perceptions of Horizontal Violence. *Global Qualitative Nursing Research*, *3*, 2333393616641002. https://doi.org/10.1177/2333393616641002
29) Thomas, K. W., & Kilmann, R. H. (2012). *Thomas-Kilmann Conflict Mode Instrument* [Dataset]. https://doi.org/10.1037/t02326-000
30) Wright, R. R., Nixon, A. E., Peterson, Z. B., Thompson, S. V., Olson, R., Martin, S., & Marrott, D. (2017). The Workplace Interpersonal Conflict Scale: An Alternative in Conflict Assessment. *Psi Chi Journal of Psychological Research*, 163–180. https://doi.org/10.24839/2325-7342.JN22.3.163
31) Wu, Y., Xu, L., & Sun, P. (2025). Theoretical construction of nurses' work situation conflict: A system hierarchical model. *BMC Nursing*, *24*(1), 205. https://doi.org/10.1186/s12912-025-02799-2