CONFLICT MANAGEMENT STYLE AND THE RELATIONSHIP WITH OCCUPATIONAL STRESS

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ABSTRACT

This article aims to analyze associated factors and the correlation between conflict management style and occupational stress of workers at a public hospital that is a reference in rehabilitation and readaptation. This is a cross-sectional and analytical study, using a sociodemographic and occupational questionnaire, the Work Stress Scale (TSS) and the *Rahim Organizational Conflict Inventory* II (ROCI-II) to assess conflict management styles. The sample consisted of 205 participants, predominantly in care functions (61%). The most prevalent conflict management style was Integration, and less frequent, Dominant. The analysis of occupational variables revealed a direct correlation with higher levels of stress among employees dissatisfied with professional performance, with communication conflicts, and with less time of service in the institution, with time working in the health area from 1 to 5 years, who considered the work environment bad, or who reported frustration with work. In addition, the Dominant style of conflict management was associated with higher levels of stress.

Keywords: Public Health. Occupational Stress. Health Management. Occupational Health. Conflict Resolution.

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INTRODUCTION

Work is a fundamental activity in the lives of individuals and reflects their relationship with the social context (FERNANDES, 2018). In contemporary organizations, physical, technological and human complexity requires managers to be able to react to change. However, the multiple tasks in the personal, family, professional, and social spheres make it difficult to monitor these transformations (NASCIMENTO, 2020). In the health sector, these demands make work especially challenging, with high levels of occupational stress (SOUSA, ARAÚJO, LUA, GOMES and FREITAS, 2021). Depending on perceptions and working conditions, the individual may react to organizational stressors positively or negatively (LOCK, BONETTI, and CAMPBELL, 2018; PASCHOAL and TAMAYO, 2004).

In this context, understanding the mental illness of health workers is a complex task, involving aspects that go beyond the identification of risk factors and diseases, including changes in the world of work, technologies, social relations, and labor requirements (FERNANDES, 2018). Efficient conflict management is crucial for constructive results in organizations (SOBRAL and CAPUCHO, 2019).

In addition, organizational conflicts are an inevitable reality, often catalyzed by occupational stress, and may originate from divergences of interests, values or objectives (RAHIM, 2001). These conflicts, when not properly managed, can harm workers' health, reduce organizational performance, and increase absenteeism (ORNEK and ESIN, 2020).

However, the literature shows that conflict, although inevitable, can be managed by different strategies, such as accommodation, domination, bargaining and integrative problem solving (RAHIM, 2001). Promoting the proper resolution of these conflicts not only contributes to the mental health of workers but can also improve organizational efficiency (SHAN, LIU, GU, and ZHAO, 2022).

In recent years, attention to occupational stress and its adverse effects, such as anxiety, depression, and other mental disorders, has grown, especially among health workers (SOUSA et al., 2021). Job stress and organizational commitment play a mediating role between occupational health risk perception and job satisfaction (SHAN et al., 2022).

Therefore, understanding and managing occupational stress is paramount importance to promote a healthy and productive work environment. Effective coping strategies can enable individuals to better adapt to stress, reducing its negative impact on both them and the organization (GUERREIRO, DALMOLIN, ZANON, SCHUTZ, and ANDOLLE, 2021).

Additionally, different paradigms influence the perception of conflicts, being dependent on individual feelings, values, beliefs and purposes (CIAPONE and KURCGANT, 2016). When conflict is kept at acceptable levels, it can have positive aspects by motivating the effective performance of individuals and groups. However, when it reaches higher levels, it can result in negative consequences, which requires the search for appropriate solutions (MALKAWI and AL OMARI, 2020).

In this context, this study aims to analyze associated factors and the correlation between conflict management style and occupational stress of workers at a referral hospital for rehabilitation and readaptation.

METHODOLOGY

This is a cross-sectional analytical study with a quantitative approach, carried out through the application of questionnaires to workers in the care and administrative areas of a reference hospital in rehabilitation and rehabilitation of the Goiás State Department of Health located in Goiânia-GO, managed by the Association for Management, Innovation and Results in Health (AGIR). A sampling by convenience. The convenience sampling included 205 participants, 105 from the care area and 80 from the administrative area. Data collection took place between October 2022 and April 2023, covering employees from the three work shifts (morning, afternoon, and night) and weekends.

Inclusion criteria: administrative and assistance workers over 18 years of age, hired under the CLT regime. Exclusion criteria: not answering all items in the questionnaires, being on vacation or on sick leave, and service providers under the legal entity regime.

Three data collection instruments were used. The first was a sociodemographic and occupational questionnaire, constructed by the researchers, containing variables of interest for the study.

The second was the Work Stress Scale (TSS), validated by Paschoal and Tamayo (2004), with 23 items. The scale measures organizational stressors of a psychosocial nature and psychological reactions to occupational stress. The interpretation of the scale involves the analysis of the scores obtained in each item and the understanding of the overall results. The scale uses a five-point agreement scale: 1 (strongly disagree), 2 (disagree), 3 (partially agree), 4 (agree), and 5 (strongly agree). The simple sum of the 23 items that make up the scale results in a score ranging from 23 to 115, and the higher the score, the higher the individual's stress level (PASCHOAL and TAMAYO, 2004).

The third was the Rahim Organizational Conflict Inventory Conflict Management Style Scale (ROCI-II). This instrument measures five styles of conflict management: Integration, Complacent, Dominant, Commitment and Avoidance (RAHIM, 1985), translated and validated by Moreira, Cunha and Silva. (2003). The scale has 28 items distributed as follows: Dominant, with 5 items (questions 8, 9, 18, 21 and 25, score from 5 to 25); Integration, with 7 items (questions 1, 4, 5, 12, 22, 23 and 28, score from 7 to 35); Commitment, with 4 items (questions 7, 14, 15 and 20, score from 4 to 20); Avoidance, with 6 items (questions 3, 6, 16, 17, 26 and 27, score from 6 to 30); and Compliant, with 6 items (questions 2, 10, 11, 13, 19 and 24, score from 6 to 30).

The variation in the number of questions assigned to each conflict resolution style aims to capture the complexity and diversity inherent in each approach. This differentiation reflects the breadth of behaviors and strategies contained in each style: some styles may require a broader analysis due to the diversity of associated behaviors, while others may be more specific, requiring fewer questions for their evaluation. This strategic distribution enables a more accurate and complete assessment of behaviors, strategies and preferences in conflict resolution, considering the richness and variety of each style (MOREIRA et al., 2003; Rahim, 1985).

Descriptive and inferential statistics were performed. For descriptive statistics, the following were calculated for categorical variables: absolute frequencies (n) and relative percentages [f(%)]; and for continuous variables: mean and median (measures of central tendency), standard deviation (SD) and interquartile range (measures of dispersion) and the minimum and maximum values.

For inferential statistics, the normality of the data was calculated using the Kolmogorov-Smirnov and Shapiro-Wilk tests. The assumption of homogeneity of variance was evaluated using the Levene test, and, upon verification of the heterogeneity of variance, Welch's correction was requested. As the results of the scales had a non-parametric distribution, bootstrapping procedures (1,000 resamples) were performed to obtain greater reliability of the results, to correct deviations from normality in the sample distribution and differences between the group sizes.

Student's t-test was performed for independent samples, for variables with two categories, and one-way analysis of variance (ANOVA One Way), for variables with three or more categories. For variables with three or more categories with statistically significant differences, Tukey's Post Hoc method was used to compare the groups with each other.

Finally, Spearman's correlation test was applied to evaluate the relationship between TSE and ROCI-II (FIELD, 2009).

Statistical calculations were performed using the IBM® SPSS® (Statistical Package for the Social Sciences) software, adopting a significance level of 5% (p-value<0.05).

The field research was initiated only after the approval of the Research Ethics Committee (CEP) of the Pontifical Catholic University of Goiás (PUC Goiás) (opinion No. 5,577,649) and the CEP of the State Health Department (CEP/Leide das Neves) (opinion No. 5,645,119).

RESULTS

The sample consisted of 205 participants, 144 females (70.2%) and 61 males (29.8%). The age range ranged from 18 to 57 years, with a mean age of 33.6 (±8.6). Most of the interviewees stated that they were single (47.8%), who received between 1 and 3 minimum wages (62.9%), had a postgraduate level of education (45.9%) and had no other occupation (62%) (Table 1).

Table 1. Sociodemographic characterization of the 205 participants, with determination of absolute frequencies and relative percentages. Goiânia, Goiás, Brazil, 2023.

Variables (N=205)	*n*	*f(%)*
Sex		
Female	144	70,2
Male	61	29,8
Age (years)		
Up to 30 years old	85	41,5
Over 30 years old	120	58,5
Ethnicity/Cor		
Brown	99	48,3
White	85	41,5
Black	21	10,2
Marital status		
Single	98	47,8
Married	86	42,0
Divorced	20	9,8
Widower	1	0,5
Offspring		
Yes	91	44,4
No	114	55,6
Monthly Income		
1 to 3 minimum wages	129	62,9
4 to 6 minimum wages	49	23,9
7 to 9 minimum wages	16	7,8
Above 9 Minimum Wages	11	5,4
Schooling		
Fundamental	1	0,5
Medium	60	29,3

Superior	50	24,4
Postgraduate studies	94	45,9
Other Employment/Occupation (Formal or Informal)		
Yes	78	38,0
No	127	62,0

Legend: N: total sample; *n*: absolute frequency; *f(%)*: percentage relative frequency; SD: standard deviation.

Regarding occupational characterization, 61% are involved in care functions, and 39% in administrative activities. In addition, 25.4% of participants have the responsibility of managing or supervising others. Most of the interviewees (76.1%) are satisfied with their professional performance and with their work (74.6%). Regarding the relationship with management, 96.1% of the participants report a good relationship, and 47.8% dedicate 31 to 40 hours a week to work. The environment is considered excellent by 66.3% of the interviewees, even though 33.7% mentioned having had a conflict related to communication and 51.7% felt frustrated with their work at some point (Table 2).

Table 2. Occupational characterization of the 205 participants, with determination of absolute frequencies and relative percentages. Goiânia, Goiás, Brazil, 2023.

Variables (N=205)	*n*	*f(%)*
Area of Expertise		
Healthcare	125	61,0
Administrative	80	39,0
Manages or supervises others		
Yes	52	25,4
No	153	74,6
Satisfied with Professional Performance		
Yes	156	76,1
No	49	23,9
Good Relationship/Communication with Management/Coordination		
Yes	197	96,1
No	8	3,9
Weekly Workload		
Up to 20 hours	14	6,8
9 p.m. to 30 p.m.	54	26,3
From 31 to 40 hours	98	47,8
Over 40 hours	39	19,0
Conflict Related to Communication in the Institution		
Yes	69	33,7
No	136	66,3
Length of Service in the Institution (years)		
<1 year	84	41,0
1 to 5 years	68	33,2
Over 5 years old	53	25,9
Time Working in Health (years)		
<1 year	23	11,2
1 to 5 years	82	40,0
Over 5 years old	100	48,8
Considers Your Work Environment		
Excellent	136	66,3

Indifferent	66	32,2
Lousy	3	1,5
Felt/Feels Frustrated with Their Work		
Yes	106	51,7
No	99	48,3
Participates in Health Prevention and QoL Actions		
Yes	149	72,7
No	56	27,3
Job Satisfaction		
Satisfied	153	74,6
Indifferent	35	17,1
Unsatisfied	17	8,3

Legend: N: total sample*; n:* absolute frequency*; f(%):* percentage relative frequency; SD: standard deviation; QoL: quality of life.

In the evaluation of the association between sociodemographic data and levels of stress at work, no statistically significant variable was identified. (Table 3).

Table 3. Evaluation of the association between the results of the Work Stress Scale (TSS) and sociodemographic variables. Goiânia 2023 in Goiás, Brazil - Dates

Variables (N=205)	EAT		p-value
	Average	*DP*	
Sex			
Female	47,5	17,0	
Male	48,4	21,1	0,7832
Age (years)			
Up to 30 years old	49,8	18,0	
Over 30 years old	46,4	18,4	0,1928
Ethnicity/Cor			
Brown	49,3	18,2	
White	46,6	18,9	
Black	45,7	16,0	0,5350
Marital status			
Single	49,0	19,2	
Married	46,6	17,9	
Divorced	46,2	15,4	0,6177
Offspring			
Yes	47,9	19,8	
No	47,7	17,0	0,9111
Monthly Income			
1 to 3 minimum wages	48,2	17,8	
4 to 6 minimum wages	47,9	20,7	
7 to 9 minimum wages	45,5	17,5	
Above 9 Minimum Wages	45,6	15,5	0,9237
Schooling			
Medium	48,1	20,1	
Superior	46,7	15,5	
Postgraduate studies	48,5	18,5	0,8477
Other Employment/Occupation (Formal or Informal)			
Yes	49,7	21,5	
No	46,6	15,9	0,2587

Legend: N: total sample; TSS: Work Stress Scale; SD: standard deviation; QoL: quality of life.

However, with regard to the association of occupational data with levels of stress at work, a higher score with statistical significance was identified in employees who reported not being satisfied with their professional performance (p=0.0010), who did not have a good relationship/communication with management (p=0.0010), in those who reported having had some conflict related to communication in the institution (p=0.0010) and those with time in the institution between 1 and 5 years (p=0.0010) (Table 4).

In addition, a higher score of stress at work was also obtained in individuals with a health care experience of 1 to 5 years (p=0.0061), who reported having a very bad work environment (p=0.0011), who felt frustrated with their work (p=0.0010) and in employees who said they were dissatisfied with their work (p<0.0001) (Table 4).

Table 4. Evaluation of the association between the results of the Work Stress Scale (TSS) and occupational variables. Goiânia, Goiás, Brazil, 2023. (To be continued)

Variables (N=205)	EAT		p-value
	Average	*DP*	
Area of Expertise			
Healthcare	47,5	18,2	
Administrative	48,3	18,5	0,7512
Manages or supervises others			
Yes	45,6	17,1	
No	48,5	18,6	0,2917
Satisfied with Professional Performance			
Yes	45,0	17,0	
No	56,8	19,5	**0,0010**
Good Relationship/Communication with Management/Coordination			
Yes	47,0	18,0	
No	67,3	15,8	**0,0010**
Weekly Workload			
Up to 20 hours	44,6	17,2	
9 p.m. to 30 p.m.	48,0	20,8	
From 31 to 40 hours	48,8	18,2	
Over 40 hours	46,2	15,3	0,7997
Conflict Related to Communication in the Institution			
Yes	57,0	19,6	
No	43,1	15,7	**0,0010**
Length of Service in the Institution (years)			
<1 year	43,6	15,8	
1 to 5 years	55,0	20,6	
Over 5 years old	45,3	16,2	**0,0010**
Time Working in Health (years)			
<1 year	37,6	12,6	
1 to 5 years	51,2	19,7	
Over 5 years old	47,4	17,3	**0,0061**
Considers Your Work Environment			
Excellent	40,6	12,8	
Indifferent	61,3	19,0	
Lousy	77,0	21,0	**0,0011**
Felt/Feels Frustrated with Their Work			

Yes	56,0	18,1	
No	39,0	13,9	**0,0010**
Participates in Health Prevention and QoL Actions			
Yes	46,7	18,4	
No	50,8	17,6	0,1319
Job Satisfaction			
Satisfied	42,1	14,3	
Indifferent	63,4	19,5	
Unsatisfied	67,1	16,1	**<0,0001**

Legend: N: total sample; TSS: Work Stress Scale; SD: standard deviation; QoL: quality of life.

The main results of the Rahim Organizational Conflict Inventory II (ROCI-II) scale were identified in relation to the highest score (average) and the lowest score, i.e., the most predominant style and the least predominant. Thus, the style with the highest mean was Integration (30±3.3) and the lowest mean was the Dominant style (13.6±3.6) (Table 5).

Table 5. Result of the *Rahim Organizational Conflict Inventory II* (ROCI-II) Scale. Goiânia, Goiás, Brazil, 2023.

Scale (N=205)	Aver age	DP	Median	IIQ		My.	Max.
				25%	75%		
Escala Rahim Organizational Conflict Inventory II (ROCI-II)	.						
Dominant (escore 5 to 25)	13,6	3,6	14	11	16	5	24
Integration (score 7 to 35)	30,0	3,3	30	28	33	19	35
Commitment (score 5 to 25)	15,6	2,1	16	14	17	10	20
Avoidance (score 6 to 30)	22,2	4,1	22	20	25	10	30
Placent (escore 4 to 20)	17,0	4,3	17	14	20	6	30

Legend: N: total sample; SD: standard deviation; IQR: interquartile range; Min.: minimum value; Max: maximum value.

In the association of sociodemographic variables with the data on conflict management styles of the ROCI-II Scale, a higher score with statistical significance was identified in relation to the Dominant style in participants aged up to 30 years (p=0.0080). In the Avoidance style, a higher score was also found in participants aged up to 30 years (p=0.0492) (Table 6).

Table 6. Evaluation of the association of the results of the *Rahim Organizational Conflict Inventory II* (ROCI-II) with sociodemographic variables. Goiânia, Goiás, Brazil, 2023.

Variables (N=205)	Dominant		Integration		Compromise		Avoiding		Indulgent	
	Avera ge	DP	Avera ge	DP	Avera ge	DP	Avera ge	DP	Avera ge	DP
Sex										
Female	13,4	3,5	29,8	3,4	15,5	2,0	22,0	3,9	16,9	4,1
Male	14,2	3,8	30,4	3,1	15,7	2,3	22,6	4,7	17,2	4,7
p-value	0,1848		0,2088		0,6294		0,3726		0,6643	
Age (years)										
Up to 30 years old	**14,4**	3,1	30,5	3,2	15,6	1,9	**22,8**	4,0	17,1	4,0
Over 30 years old	**13,1**	3,8	29,6	3,4	15,5	2,2	**21,7**	4,2	16,9	4,5

p-value	**0,0080**		0,0779		0,5974		**0,0492**		0,7829	
Ethnicity/Cor										
Brown	13,8	3,6	29,7	3,1	15,4	2,0	22,1	4,0	17,0	4,5
White	13,7	3,6	30,2	3,4	15,8	2,1	22,2	4,3	17,1	4,1
Black	12,4	3,3	30,7	3,9	15,3	2,3	22,4	4,0	16,3	4,4
p-value	0,2577		0,3159		0,4945		0,9273		0,7540	
Marital status										
Single	14,2	3,6	30,2	3,3	15,7	2,0	22,8	3,9	16,8	4,3
Married	13,1	3,6	29,8	3,5	15,4	2,1	21,7	4,2	17,2	4,5
Divorced	13,4	3,0	30,0	3,1	15,8	2,3	21,0	4,6	16,8	3,8
p-value	0,1108		0,6521		0,5834		0,0689		0,8478	
Offspring										
Yes	13,2	3,8	29,9	3,5	15,7	2,3	21,9	4,2	17,2	4,9
No	14,0	3,4	30,0	3,2	15,5	1,9	22,4	4,1	16,8	3,8
p-value	0,1199		0,8482		0,4812		0,2997		0,4945	
Monthly Income										
1 to 3 minimum wages	13,8	3,5	29,8	3,2	15,4	2,0	22,5	4,1	16,9	4,4
4 to 6 minimum wages	13,9	3,9	30,5	3,4	16,1	2,1	22,4	4,0	16,8	3,9
7 to 9 minimum wages	13,0	3,3	30,0	4,6	15,1	2,2	20,1	4,8	17,3	4,1
Above 9 Minimum Wages	11,8	3,7	29,6	3,1	15,8	2,3	20,6	3,8	18,5	5,4
p-value	0,2878		0,6804		0,1342		0,1003		0,6861	
Schooling										
Medium	13,0	3,2	29,9	3,2	15,3	2,2	23,0	3,8	17,3	4,7
Superior	13,4	3,8	29,9	3,1	15,3	1,8	22,0	4,2	16,7	4,2
Postgraduate studies	14,1	3,5	30,2	3,5	15,8	2,1	21,6	4,3	16,9	4,0
p-value	0,1520		0,7957		0,2239		0,1373		0,7627	

Legend: N: total sample; ROCI-II: *Rahim Organizational Conflict Inventory II Scale*; SD: standard deviation

In the association of occupational variables with data on conflict management styles from the ROCI-II Scale, a higher score with statistical significance was identified in relation to the Dominant style in participants who had a workload of 21 to 30 hours (p=0.0213). In the Integration style, the highest score was identified in professionals with less than 1 year of experience in the health area (p=0.0253) and those who consider the work environment excellent (p=0.0276) (Table 7).

In relation to the Commitment style, a higher score was observed in professionals who stated that they were dissatisfied with their own professional performance (p=0.0320) and in those who considered the relationship/communication with management to be good (p=0.0456). In the Avoidance style, the highest score was found in professionals with less than 1 year of experience in the health area (p=0.0058). Finally, in the Complacent style, the highest score was identified in professionals with less than 1 year of experience in the health area (p=0.0265) and in those who stated that they were satisfied with the work environment (p=0.0112) (Table 7).

Table 7. Evaluation of the association between the result of the *Rahim Organizational Conflict Inventory II* (ROCI-II) and occupational variables. Goiânia 2023 in Goiás, Brazil - Dates

Variables (N=205)	Dominant		Integration		Compromise		Avoiding		Indulgent	
	Average	DP	*Average*	*DP*	*Average*	DP	*Average*	*DP*	*Average*	DP
Area of Expertise										
Healthcare	13,9	3,7	30,0	3,3	15,6	2,0	22,3	4,2	17,2	4,6
Administrative	13,3	3,3	29,9	3,4	15,4	2,1	22,0	4,1	16,6	3,9
p-value	0,1698		0,8032		0,4905		0,5984		0,2807	
Manages or supervises others										
Yes	13,4	3,9	30,2	3,7	15,7	2,1	21,4	4,3	16,7	4,1
No	13,7	3,5	29,9	3,2	15,5	2,1	22,4	4,1	17,1	4,4
p-value	0,6464		0,6486		0,7243		0,1289		0,5804	
Satisfied with Professional Performance										
Yes	13,7	3,6	29,8	3,2	**15,4**	2,0	22,3	3,9	17,1	4,0
No	13,6	3,5	30,6	3,7	**16,1**	2,2	21,7	4,8	16,7	5,2
p-value	0,9111		0,1678		**0,0320**		0,4321		0,6244	
Good Relationship/Communication with Management/Coordination										
Yes	13,6	3,6	30,0	3,4	**15,6**	2,0	22,2	4,2	16,9	4,3
No	14,8	2,4	29,9	2,5	**14,1**	2,2	21,3	2,9	18,3	3,3
p-value	0,1708		0,9209		**0,0456**		0,3526		0,4025	
Weekly Workload										
Up to 20 hours	**11,2**	4,0	30,9	3,8	15,1	2,1	23,9	3,6	17,6	3,8
9 p.m. to 30 p.m.	**14,5**	3,1	30,1	3,6	16,1	2,0	21,4	4,0	17,6	4,1
From 31 to 40 hours	13,6	3,6	29,9	3,4	15,4	2,1	21,9	4,3	16,5	4,4
Over 40 hours	13,6	3,7	29,8	2,6	15,4	2,0	23,15	3,9	17,1	4,6
p-value	**0,0213**		0,7440		0,1765		0,0676		0,4552	
Conflict Related to Communication in the Institution										
Yes	13,7	3,7	30,1	3,0	15,6	2,1	21,5	4,4	16,5	4,0
No	13,6	3,5	29,9	3,5	15,5	2,0	22,5	4,0	17,3	4,4
p-value	0,8382		0,6913		0,7972		0,0899		0,2128	
Length of Service in the Institution (years)										
<1 year	14,0	3,4	30,0	3,6	15,3	2,1	22,6	4,2	16,9	4,2
1 to 5 years	13,7	3,5	30,3	3,2	15,7	2,0	22,4	3,9	16,5	4,4
Over 5 years old	13,1	4,0	29,5	3,0	15,8	2,1	21,2	4,3	17,7	4,4
p-value	0,3848		0,4611		0,2634		0,1652		0,3097	
Time Working in Health (years)										
<1 year	14,3	3,5	**31,6**	3,0	16,2	2,0	**23,7**	3,9	**18,9**	4,4
1 to 5 years	13,6	3,6	**30,1**	3,	15,3	2,0	**22,9**	4,	**16,2**	4,2

				5				1		
Over 5 years old	13,5	3,7	**29,5**	3,2	15,6	2,1	**21,3**	4,1	**17,2**	4,3
p-value	0,5939		**0,0253**		0,1514		**0,0058**		**0,0265**	
Consider your Work Environment										
Excellent	13,7	3,7	**33,3**	3,3	15,6	2,0	22,2	4,2	17,3	4,3
Indifferent	13,6	3,4	29,5	3,3	15,3	2,3	22,2	4,1	16,6	4,3
Lousy	13,0	4,0	**30,1**	1,5	17,3	0,6	22,0	4,0	14,0	5,3
p-value	0,9386		**0,0276**		0,1666		0,9973		0,2735	
Other Employment/Occupation (Formal or Informal)										
Yes	14,0	3,6	30,2	3,3	15,9	2,1	22,1	4,5	17,3	4,7
No	13,4	3,6	29,9	3,4	15,4	2,0	22,2	4,0	16,8	4,1
p-value	0,2488		0,4555		0,0719		0,8172		0,4256	
Felt/Feels Frustrated with Their Work										
Yes	13,7	3,5	30,1	3,4	15,5	2,1	22,0	4,1	16,8	4,3
No	13,6	3,7	29,9	3,3	15,6	2,0	22,3	4,2	17,2	4,3
p-value	0,8332		0,7313		0,8941		0,5844		0,3946	
Participates in Actions for Prevention and/or Improvement of Health and QoL										
Yes	13,8	3,6	30,0	3,4	15,6	2,1	22,0	4,2	17,3	4,3
No	13,2	3,6	29,9	3,2	15,4	2,0	22,6	4,1	16,2	4,4
p-value	0,2717		0,7572		0,4898		0,3467		0,1099	
Job Satisfaction										
Satisfied	13,6	3,8	30,0	3,4	15,6	2,0	22,4	4,2	**17,5**	4,1
Indifferent	14,1	2,7	29,7	2,9	15,8	2,1	22,1	4,1	**15,1**	4,7
Unsatisfied	13,1	3,5	30,2	4,0	14,8	2,5	20,6	3,9	**16,5**	4,9
p-value	0,5627		0,8637		0,2679		0,2400		**0,0112**	

Legend: N: total sample; ROCI-II: *Rahim Organizational Conflict Inventory II Scale*; SD: standard deviation; QoL: quality of life.

In Spearman's correlation analysis, the overall TSS score and the Dominant style of conflict management of ROCI-II showed a direct correlation with Rho of 0.1430 and p=0.0404 (Table 8).

Table 8. Spearman's correlation between the overall TSS score and the dominant style of conflict management of ROCI-II. Goiânia, Goiás, Brazil, 2023.

Spearman's correlation	ETT X Dominant Style
Rho	0,1430
p-value	0,0404

Source: Prepared by the author.

DISCUSSION

The present study showed that the highest occupational stress scores were related to dissatisfaction with professional performance among employees. This finding complements the findings of Araújo (2023), who demonstrated that stress at work can harm health, decrease concentration, increase irritability, and result in underperformance in nurses. Similarly, Silva and D'Angelo (2022) pointed out the negative relationship between work stress and job satisfaction in sectors such as services, commerce, and industry.

In this context, Silva and D'Angelo (2022) highlight resilience as a crucial competency, associated with people's ability to recover from difficult times and adapt to adverse situations, helping to reduce the negative effects of stress and improve well-being. According to the authors, in the corporate environment, resilience can promote knowledge sharing, collaboration between teams, and competition management. Resilient employees tend to perform better at work, cope better with challenges and respond more dynamically to difficult situations, both inside and outside the work environment.

In addition, considering the interaction between employees and management is also crucial. In this study, those who reported not having a good relationship had significantly higher stress levels, indicating that poor communication with superiors can be a trigger for stress, supporting the findings of Sousa et al. (2021).

The higher levels of work stress among those who reported conflict related to communication within the institution are corroborated by the integrative review by Muniz et al. (2023) in Primary Health Care and Dias, Rocha and Carvalho (2020). In the study by Muniz et al. (2023), the analysis of stress levels in healthcare professionals not only reveals physical and emotional exhaustion, but also highlighted the significant influence of organizational problems, especially communication challenges. Dias et al. (2020) suggest implementing strategies that promote a more positive culture at work, encouraging cordial relationships, empathy, and friendship among workers. This can include activities that facilitate interaction and collaboration between workers, multi-professional teams, and leaders.

Yinghao, Dan, Wu, Xiaoying, and Lin (2023) propose that leaders and managers improve organizational culture by strengthening team resilience to drive greater commitment at work and reduce occupational stress. Dias et al. (2020) observe that nursing professionals value affective connections in the work environment, highlighting the importance of friendship, dialogue, and connection with management to promote

humanization. The responsibility of managers to encourage fair actions is essential to create a respectful and transparent environment.

In the analysis of stress levels in relation to the length of service in the institution and in the health area, a significant association was identified between stress and the period of 1 to 5 years, a short period of professional career, both working in the institution and in the health area. This finding aligns with findings by Costa, Servo, and Figueredo (2022), which suggest that years of experience contribute to greater ability and resistance to stress. According to Dias et al (2020), part of this difficulty may be related to working with multidisciplinary teams, which can result in irritability, anguish, and bad mood.

The present study also identified an association between work stress and an unfavorable work environment, both in workers who feel frustrated and in those who are dissatisfied and in those who consider the work environment to be terrible. Aldaiji et al. (2022) demonstrated that occupational stress negatively affects job satisfaction in hospital settings. Lima, Gomes, and Barbosa (2020) found that dissatisfied professionals have a perceived stress score 94% higher than satisfied ones.

Sousa et al. (2021) suggest that high job dissatisfaction in the health area reflects exhausting experiences in the professional environment. The structure and distribution of work often ignores the mental needs of workers, making satisfaction difficult and leading to suffering and dissatisfaction. Lima et al. (2020) add that high levels of stress predispose professionals to Burnout Syndrome.

Conflict is an undeniable reality in the lives of workers. The way people deal with it can differ considerably, depending on how effectively it is managed (CUNHA, CAMPELO, ROBERTO, and SOUTO, 2023). In this study, several factors associated with the various styles of conflict management were identified and the most common style of conflict management was integrative. This style was prevalent in several studies (CHANG, CHEN and CHEN, 2017; LABRAGUE, AL HAMDAN and MCENROE-PETITTE, 2018; MAHARJAN and SHAKYA, 2021; MARTINS et al., 2020), promoting mutual understanding and minimizing resentment. According to Chika, Akintokunbo, Odunayo and John-Eke (2020), effective conflict management improves learning, encourages teamwork and cooperation, and boosts innovation, taking advantage of diversity to strengthen efficiency and performance in the workplace.

It was found in this study that younger employees, with a moderate workload, showed an association with the Dominant style of conflict. Martins et al. (2020) suggest

that domination is a competition strategy, associated with an increase in the frequency of interpersonal conflicts. The conflict management approach for this group can directly influence their ability to cope with the pressure and demands of work.

The results regarding the integration style in conflict management indicate that employees with less than 1 year of experience in the health area and who perceive the work environment as excellent tend to stand out. Fusco (2020) suggests that this can be attributed to their youth and the fact that they are relatively new to the labor market, limiting their previous exposure to conflict situations, with a tendency to adopt an integrative approach. Novices usually adopt this strategy of understanding before acting, prioritizing understanding as a starting point for resolution (MARTINS et al., 2020). Those who prefer to collaborate and be more conciliatory generally value rules and values more, are concerned with emotions, and seek practical results (CORDEIRO, CUNHA, and LOURENÇO, 2022).

In the context of the present study on employees dissatisfied with their professional performance and their positive perception of communication with management, the commitment style proved to be statistically significant. Cordeiro et al. (2022) highlighted in their research that individuals with greater commitment to their responsibilities tend to attach great importance to values and emotions.

Ronquillo, Ellis, and Toney-Butter (2023) identified respectful communication as key to preventing conflict and promoting a harmonious and productive climate in the workplace.

In this study, there was a tendency among employees with less than one year of experience and up to 30 years of age to adopt the avoidance approach to dealing with conflict. Ronquilo et al. (2023) highlight that this strategy can temporarily calm tense situations, but does not resolve conflicts, which tend to worsen. The Avoidant style makes it difficult to solve problems immediately (MAHARJAN and SHAKYA, 2021). Non-integrative strategies, such as avoidance, negatively impacted organizational performance (CHIKA et al., 2020). However, Shabani, Qerimi, and Qerimi (2022) observed positive effects on state-owned enterprises, promoting harmony and reducing conflicts between employees and management in Kosovo.

In the context of this study, a tendency is identified among employees with less than one year of experience in the health area and those who express satisfaction with the work environment to adopt the complacent style to deal with conflicts. Ronquil et al. (2023) suggests) suggests that this style may initially resolve the conflict, but it can generate sore

points and resentments for those managing the conflict, as well as not ensuring the satisfaction of all affected individuals. Suri and Petchsawang (2018) point out that commitment increases as respondents have gained experience and progressed in their careers within the company.

This research demonstrated that complacent styles and avoidance are associated with employees with less than one year of experience. The analysis by Chang et al. (2017) highlights that junior nurses tend to adopt more avoidance and complacency strategies in interpersonal conflicts. This suggests that the administrative department's attention should be directed to bullying in the workplace, aiming to improve communication to encourage cooperative conflict management strategies.

Integrative approaches, which emphasize co-creation rather than persuasion, are considered more effective strategies to deliberatively transform conflicts (WRIGHT, 2022). Stimulating creativity, encouraging integration, strengthening democracy, and investing in social research are proposals to address the challenges and build a more equitable and united society (AKBAŞ and TANER, 2022).

In the study, a direct correlation was found between stress and the Dominant style of conflict management. While there is no one-size-fits-all approach to conflict management, the dominant style can have negative impacts on the team. influencing the emergence of stress among employees. Chang et al. (2017) identified a positive correlation between the domination strategy and the frequency of interpersonal conflicts between nurses, physicians, and administrative staff. Grube and Trevelin (2019) state that unresolved problems can release pent-up frustration or anger, disrupting teamwork and affecting goals and objectives.

Conflicts in organizations are inevitable, as employees often compete for authority, position, recognition, and limited resources (CHIKA et al., 2020). Therefore, it is crucial to focus on the stressors of the work environment to preserve the health of employees, reducing risks and mitigating vulnerabilities by strengthening resilience, improving communication, and identifying stressors.

The literature underscores the importance of monitoring and preemptively addressing conflicts to avoid aggravations (AL-KHASAWNEH and KHADAR, 2021). Transforming conflicts into constructive elements is essential to strengthen trust between employees and leaders, promoting effective communication and a healthy work

environment. This requires managers with emotional skills to resolve disagreements and maintain motivation towards shared goals (ASSIS and STRAUB, 2016).

Several perspectives can be outlined to promote improvements in work environments and team management. Implementing stress management and communication programs can improve employee well-being and the effectiveness of workplace interactions. Catarucci, Carvalho, Andrews, Burdmann, and Patrício (2022) and Generoso et al. (2022) demonstrated that integrative medicine techniques and stress management programs reduce anxiety and promote more meaningful interactions with patients. Adriani, Hino, Taminato and Fernandes (2023) highlighted the importance of Nonviolent Communication among health professionals to improve teamwork.

Conducting regular workplace assessments is crucial to identify factors that contribute to employee dissatisfaction and stress (BELUCI, MELIS, BÔAS, GONÇALVES, and TRETTENE, 2023). The occurrence of stress as well as the way in which conflict management is managed can influence professional performance. Stress and conflict management influence professional performance. Offering leadership and management training can create healthier and more productive work environments (CAETANO, CARMO, and OKURA, 2023).

The results highlight the great importance of implementing stress and conflict management programs in the workplace, as well as promoting resilience, effective communication, and empowering leadership. Proactively addressing stress and conflict not only benefits employee well-being, but also strengthens the entire organization.

CONCLUSION

This study showed associations between occupational variables and levels of stress at work. Employees who were dissatisfied with their performance, relationship with management and communication, especially those with 1 to 5 years of service, had higher stress scores. Professionals who perceive the work environment negatively and who express frustration and dissatisfaction with their work also showed high levels of stress.

The analysis of conflict management styles revealed that the Integration style was the most frequent, while the Dominant style was the least common. Younger professionals tend to adopt the Dominant and Avoidant styles, while the Integration style is preferred by those with less experience in the health area and in well-evaluated work environments.

Significant associations were also identified between occupational variables and conflict management styles. Employees who are dissatisfied with performance, and who face difficulties in communicating with management and who deal with conflicts in the institution had higher levels of stress, as well as those with certain periods of service, specific workload and negative perception of the work environment. The correlation analysis showed a direct relationship between the overall level of stress and the Dominant conflict management style. Among the limitations of the study, the research focused on employees of a single hospital, suggesting the importance of expanding the research to other institutions with different organizational characteristics.

This study contributes significantly to conflict management in the hospital environment, offering valuable insights into how collaborative approaches can mitigate occupational stress and promote healthier and more productive work environments. The analysis highlights the importance of leaders trained in negotiation, mediation and arbitration techniques, suggesting that strategic conflict management not only improves the well-being of professionals, but can also positively impact the quality of the services provided. By relating conflict management styles to stress levels, the study reinforces the need for organizational practices that prioritize human development, promoting balanced work environments and more satisfactory results. These findings not only benefit the public health sector, but also offer guidelines applicable to other organisational contexts, pointing to new research opportunities on the impact of conflict management on workers' physical and mental health.

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