

Conflict situations experienced at hospital: the view of nursing technicians and auxiliaries

SITUAÇÕES DE CONFLITO VIVENCIADAS NO CONTEXTO HOSPITALAR:
A VISÃO DOS TÉCNICOS E AUXILIARES DE ENFERMAGEM

SITUACIONES DE CONFLITO VIVENCIADAS EN EL CONTEXTO HOSPITALAR:
LA VISIÓN DE LOS TÉCNICOS Y AUXILIARES DE ENFERMERÍA

Carla Aparecida Spagnol¹, Gislene Rodrigues Santiago², Bruna Mendes de Oliveira Campos³
Maria Tereza Melo Badaró⁴, Jackeline Soares Vieira⁵, Ana Paula de Oliveira Silveira⁶

ABSTRACT

This study was developed at the Federal University of Minas Gerais Hospital with the purpose to analyze how nurses deal with the conflicts that occur in the work environment. The research was developed in two data collection stages. Authors applied a questionnaire, followed by a semi-structured interview. Data was organized according to their thematic content. According to the interviewed workers, the term conflict has a negative denotation. Some subjects pointed out the following types of conflict: intrapersonal, interpersonal and intergroup. Some of them also reported that nurses are prepared to face conflict situations using dialogue and negotiation. However, others answered that nurses are not prepared, due to professional inexperience and the lack of interaction with the team. Authors considered that these results must encourage nurses towards reflecting about their management practice.

KEY WORDS

Nursing.
Conflict (psychology).
Management.
Group processes.
Interprofessional relations.

RESUMO

Realizamos um estudo no Hospital das Clínicas-UFMG, objetivando analisar como o enfermeiro lida com os conflitos no ambiente organizacional. Desenvolvemos a pesquisa em duas fases de coleta de dados. Aplicamos um questionário e, em seguida, realizamos uma entrevista semiestruturada. Organizamos os dados de acordo com os conteúdos temáticos. Segundo os profissionais pesquisados, o termo conflito traz uma denotação negativa. Alguns sujeitos apontaram os seguintes tipos de conflito: intrapessoal, interpessoal e intergrupar. Determinado número de pesquisados relatou que o enfermeiro está preparado para lidar com situações conflituosas utilizando o diálogo e a negociação. No entanto, outros responderam que o enfermeiro não está preparado, devido à in experiência profissional e a falta de interação com a equipe. Consideramos que esses resultados trazem uma reflexão para o enfermeiro acerca da sua conduta gerencial.

DESCRIPTORIOS

Enfermagem.
Conflito (psicologia).
Gerência.
Processos grupais.
Relações interprofissionais.

RESUMEN

Realizamos un estudio en el Hospital de Clínicas UFMG (Minas Gerais, Brasil), objetivando analizar el modo en el que el enfermero se enfrenta con los conflictos en el ambiente organizacional. Desarrollamos la investigación en dos fases de recolección de datos. Aplicamos un cuestionario y a continuación realizamos una entrevista semiestructurada. Organizamos los datos de acuerdo a los contenidos temáticos. Según los profesionales entrevistados, el término conflicto acarrea una connotación negativa. Algunos sujetos apuntaron los siguientes tipos de conflicto: intrapersonal, interpersonal e intergrupar. Determinado número de entrevistados relató que el enfermero está preparado para enfrentarse a situaciones de conflicto utilizando el diálogo y la negociación. Entretanto, otros respondieron que el enfermero no está preparado, en razón de la in experiencia profesional y la falta de interacción con el equipo. Consideramos que esos resultados apuntan a que el enfermero reflexione acerca de su conducta gerencial.

DESCRIPTORES

Enfermería.
Conflicto (psicología).
Gerencia.
Procesos de grupo.
Relaciones interprofesionales.

¹ Nurse. PhD. in Collective Health. Adjunct Professor of the School of Nursing at Federal University of Minas Gerais. Belo Horizonte, MG, Brazil. spagnol@ufmg.br
² Nursing undergraduate at School of Nursing at Federal University of Minas Gerais. Holder of a Scientific Initiation fellowship-FAPEMIG. Belo Horizonte, MG, Brazil. gislesan@yahoo.com.br
³ Nursing undergraduate at School of Nursing at Federal University of Minas Gerais. Holder of a Scientific Initiation fellowship-FAPEMIG. Belo Horizonte, MG, Brazil. brunaufmg@hotmail.com
⁴ Nursing undergraduate at School of Nursing at Federal University of Minas Gerais. Holder of a Scientific Initiation fellowship-FAPEMIG. Belo Horizonte, MG, Brazil. mtmbadaro@yahoo.com.br
⁵ Nursing undergraduate at School of Nursing at Federal University of Minas Gerais. Holder of an Extension Studies Grant by the Department of Extension Studies at UFMG-PROEX. Belo Horizonte, MG, Brazil. jackelinesilveira@yahoo.com.br
⁶ Nursing undergraduate at School of Nursing at Federal University of Minas Gerais. Holder of an Extension Studies Grant by the Department of Extension Studies at UFMG-PROEX. Belo Horizonte, MG, Brazil. aposilveira@yahoo.com.br

INTRODUCTION

Situations of conflict arise when people take on antagonistic positions, diverging in their perceptions and ideas, as these are inevitable and necessary to group life⁽¹⁻²⁾. Therefore, organizational conflicts have a positive character, when used as factors that will trigger personal, group and organizational changes, which propel personal growth, innovation and productivity. However, these may become harmful to the organization if not performed correctly, negatively interfering on the motivation of the staff.

The most common triggers of situations of conflict are: communication problems, organizational structure, role disputes, lack of resources, misunderstandings, lack of professional commitment, among others⁽³⁾.

Literature describes, among others, the following strategies to deal with conflicts at the workplace^(1,4-7): confrontation - an attempt to solve problems with a frontal opposition of the sides involved; mitigation - emphasizes common interests, attempting to minimize differences between conflicting members; negotiation - each side forfeits something, harmonizing differences between the sides involved; conflict avoidance, the manager attempts to build teams with more affinity in perspectives and goals, avoids controversy and manipulate organizational and emotional conditions; retreat - when the manager takes too long to respond to a question, forgets about the problem or lets it solve itself, avoiding the conflict instead of facing it; weight of authority - the last word in a situation is given by a competent authority.

The process of mediating a conflict is paramount when effective applied to conflicting situations in order to find the most adequate solution. Therefore, the mediator needs to follow some principles: being trustworthy, being impartial, being knowledgeable about the situation, being loyal and flexible in his or her attitudes, being clear in language and maintain confidentiality in the mediation process⁽⁸⁾.

In the daily working routine, the nurse is the mediator of the nursing/healthcare team in several situations of conflict, using several strategies to deal with these situations. However, this professional often has difficulties to deal with the organizational conflict collectively, i.e., promoting spaces for professionals, especially those in the nursing area, to have the opportunity of analyzing their conflicts as a group⁽⁴⁾.

The reason behind this investigation was a study that analyzed how the nurses of Hospital das Clínicas da Universidade Federal de Minas Gerais (HC-UFMG) dealt with situations of conflict at work⁽⁴⁾. The findings of this study showed that nurses are frequently asked by the nursing team and even by the healthcare team to respond to certain conflicting situations occurring at the workplace, although they consider that they are not prepared to deal with such situations.

However, according to the aforementioned study⁽⁴⁾, some conflict resolution strategies used by the nurse still present a rational and bureaucratic character, centering conflict resolution in the hands of the nursing manager. Also, they implicitly emphasize the subordination pathways that exist in the organization, making a collective analysis of interpersonal relationships at the workplace more difficult.

Even with the changes in paradigms proposed by the contemporary management theories, based on the organization of the workgroup, reduction of hierarchy lines and intense horizontal communication, it is observed that, in most institutions, the nursing area still reproduces the inherited classical style of management.

In the daily professional routine, rigid-hierarchy relations are real, when certain nurses adopt an authoritarian position before the staff⁽⁹⁻¹⁰⁾. However, at certain times, these are simply images and stereotypes of this professional's image, which were historically built over time, and that need to be (de)constructed nowadays in order to build new professional relations in healthcare and nursing.

In literature and in professional practice, it is evident that the *condition for the exercise of management by the nurses is noted by the incorporation of control mechanisms*, i. e., it is determined by the relationships of power, which are characterized by *traits that stem from the history of the profession, covering both the religious and military domains and its link with the status of domineering classes, therefore relegating nurses to subordination and the imposition of performing tasks or following orders*⁽¹¹⁾.

In addition to the exercise of power, we could say that different world perspectives, i.e., individual differences, greatly influence interpersonal relations, and consequently interfere in the dynamics of the groups inserted in the organizations, resulting in conflicts at work.

A study performed in a public hospital in Salvador - BA about the conflicts experienced by the nursing staff showed the dissatisfaction of nursing technicians and auxiliaries (NT/NA) *with the existence of relations of power that are extremely verticalized in the nursing area (...)* and identified that most situations of conflict in the daily working routine happens between the NT/NA and the nurses in the ward; also, there were conflicts between the nursing staff and the physicians, in addition to those related to the working conditions offered by the organization⁽⁹⁾.

The nurses in the aforementioned study⁽⁹⁾ said that they do not feel prepared to work with people management due to the individualities of the staff members, the diversity of attitudes and thoughts, as well as resistance to follow orders and determinations, which eventually triggers inter- or intra-professional conflicts.

The process of mediating a conflict is paramount when effective applied to conflicting situations in order to find the most adequate solution.

However, we corroborate with the statement that the group leader is responsible for mediating conflicting situations in organizations⁽¹⁾. In this perspective, the nurse, as the nursing staff coordinator, needs to have theoretic resources and practical experience to manage interpersonal relations. As a nursing care manager, this professional must be able to identify, analyze and deal with conflicts at the workplace, collectively, preventing their interference in the service provided.

With the findings obtained in the study performed at HC-UFMG⁽⁴⁾, in other studies found in literature^(9,12), and because the nurse legally develops the activity of coordinating the nursing staff of technicians and auxiliaries, we sought to understand what is the perspective of the high-school level professionals about the situations of conflict experienced in this hospital, and how these professionals see the work of nurses, when facing these situations.

The perspective of nursing technicians and auxiliaries may contribute for the nurses to (re)think their managerial practices when they face situations of organizational conflict, contributing for their qualification process, in order to develop certain competences and skills to deal with human relations.

OBJECTIVES

The following goals were outlined for this study: analyzing how nurses deal with conflicts that arise in the day-to-day working relations in a hospital context, according to the perspective of nursing technicians and auxiliaries.

METHOD

In this investigation, we apprehended aspects related to situations of conflict that arise in the in a hospital context, according to the perspective of nursing technicians and auxiliaries. Therefore, since this is a dynamic and process-based phenomenon, the qualitative approach chosen for this study is justified.

The HC-UFMG, located in Belo Horizonte - MG, was chosen as the study site. It is a public hospital partnered with the Single Healthcare System - Sistema Único de Saúde (SUS), with approximately 340 beds. The study field was outlined as four functional units (FUs) that admit adult and pediatric patients from the basic clinics of the SUS: medical, surgical and pediatric (3rd South, 6th East, 7th North and East, and 10th South).

In order to develop this investigation, the Research Project was sent to the Review Board of Universidade Federal de Minas Gerais, in order to comply with the requirements of resolution #196/96 of the National Healthcare Council, being approved and filed with the protocol number #126-06.

The study was developed in 2 stages. In the first, an exploratory study was performed, with the purpose of approaching the subjects and the object of study. We used a questionnaire for data collection, which was applied to 172

nursing technicians and auxiliaries between May and July 2007. The study subjects worked in all three shifts. Of them, 27 returned the questionnaire.

The questionnaire had questions about the identification data of the subjects and 5 questions, with 4 of them being open-ended, related to the concept of conflict, attitudes of the nurse to deal with conflicting situations, easy and difficult aspects of dealing with such situations and questions about the preparation of the nurses to deal with the conflicts of the staff at the workplace. Question #5 was reportedly elaborated with the purpose of identifying how many NT/NA were willing to take part in the second stage of the research. A term of consent was also provided, with all the information pertaining to the study.

During data collection, we had to face two difficulties. The first one was the strike of the HC-UFMG employees, which happened during the data collection period. The short working periods made it very difficult to find all the professionals assigned to the units, and, as such, the data collection deadline was extended beyond the initial date. The second problem was the resistance of some technicians and auxiliaries in answering the questionnaire, which was justified as lack of time. These, among other factors, contributed for the low number of questionnaires received, which in itself was not an impeditive factor to continue the study, since a second stage would be executed to obtain more in-depth data from those collected in the exploratory stage.

The technique chosen to perform the second stage of data collection was the semi-structured interview, held with the professionals who answered affirmatively about their willingness to continue participating in the study in the exploratory stage. In the second stage, the NT/NA had the opportunity of expressing themselves in interviews, so as to further comprehend the study object, especially addressing how the nurses deal with organizational conflicts, especially approaching how the nurse deals with organizational conflicts.

The interviews were conducted individually, being previously scheduled and held at the workplace itself, in October, 2007, with an average length of 30 to 60 minutes. The term of consent was read with the interviewees before the interviews, which happened right afterward. The interviews were integrally transcribed.

Ten NT/NA were interviewed, assigned to the four aforementioned FUs. The saturation criterion was used to end data collection. In the qualitative approach, data saturation is the moment when the researcher cannot obtain new significant information about the studied phenomenon⁽¹³⁾.

With the purpose of organizing the answers obtained in the exploratory stage, we read all the questions in the questionnaire, in an attempt to obtain a global view of the information. Later, each question was read individually in order to outline the content of each answer. At this moment, we extracted and transcribed significant excerpts related to the studied phenomenon. The answer excerpts

were grouped according to the convergence and divergence of meanings. They were organized in demonstrative charts to make visualization easier, allowing for new groupings and new reorganizations, if necessary.

After the data obtained in the questionnaire were organized, a preliminary reading of the transcribed questions was performed, with the purpose of comprehending the totality of the material collected in the second stage of the investigation and building the analytic categories⁽¹⁴⁻¹⁶⁾.

The word category, in general, refers to a concept that covers elements or aspects with characteristics that are common or related among themselves. In this perspective, categorizing data means: *grouping elements, ideas or expressions around a concept* that can cover all these aspects. This type of procedure can be used in any type of qualitative analysis⁽¹⁶⁾.

To elaborate the initial categories, it is necessary to read and re-read the raw material several times, i.e., reading and re-reading, for example, transcriptions of individual or group interviews, as often as necessary, until the researcher feels impregnated by that concept. For the authors, successive readings like these make it possible to divide and sort the material. At this stage of data sorting, the researcher cannot lose sight from the relation between all the components that constitute the contents of the studied material⁽¹⁴⁾.

There are several ways to group the categories found in the material, which now starts to be gradually lapidated. This stage is *typically similar to a cut-and-paste process, i.e., selecting part of the data in similar or related themes and putting them together*⁽¹⁵⁾.

This manual method of sorting data related to qualitative research

although considered somewhat antiquated, the physical contact and handling of the data is recommended; the process of re-reading the data and sorting them into categories means that the researcher develops an intimate knowledge of the data, even though the process itself is demanding⁽¹⁵⁾.

The theoretical considerations presented by the authors mentioned were the basis to develop a model for sorting and analyzing the data obtained in this study, by means of strategies that capture the reality, used to comprehend the study object that was analyzed according to the theoretical reference of healthcare and nursing management.

The collected data were organized in the interviews, according to the following stages: transcription of the recorded tapes; listening to the recordings in order to make the necessary corrections of the errors that may have remained in the transcribed material; photocopying the material, in order to perform two types of reading - one vertical, attempting to group the information provided and comprehend the way of thinking and the global content of each participants' ideas; and one horizontal, where the raw material was read and re-read several times in order to find the analytical cat-

egories. We tried to find the relationships between both materials until a single material could be built, grouping convergent and divergent speeches, from where 2 thematic axes and their respective sub-themes were originated.

The speeches were codified in (01), (02), (03), (...), for questionnaire answers, and E1, E2, E3, (...) for interview answers, so that the respondents' anonymity could be maintained. Also, it should be noted that the numbering systems are not related, i.e, subject 01 does not correspond to subject E1.

PRESENTATION AND ANALYSIS OF THE RESULTS

Most respondents were female, with an average age of 30 years. The average time since graduation is 10 years and the time working at the institution varied from 8 months to 20 years.

The first thematic axis - Characteristics of conflict in the hospital context - and the subthemes: Perceptions of conflict according to nursing technicians and auxiliaries; and Factors that cause conflicts in the organizational environment are related to the NT/NA' idea of conflict and the main causes of conflicting relations.

The second axis - The nurses' actions when faced with situations of conflict in the daily working routine: the perspective of nursing technicians and auxiliaries and the sub-theme: attitudes and preparation of the nurse to deal with conflicts at work, expose the actions and strategies used by nurses to deal with situations of organizational conflict.

Thematic Axis 01 - Characteristics of conflict in the hospital context

Perceptions of conflict according to nursing technicians and auxiliaries

In the perspective of nursing technicians and auxiliaries, conflicts are related to divergence of ideas, disagreement, arguing, estrangement and discord between two or more people, opposing opinions and different perspectives at the workplace.

According to these professionals, we can see that the word conflict is associated to a negative context, where two or more people have personal interests, disagree with each other and cannot reach a consensus.

One of the nursing technicians reported that people's body language and behavior may expose the existence of situations of conflict among the staff members. These situations are not always explicit, remaining veiled, most of the time, by the tone, behaviors of indifference and aggressiveness among people. This may affect the atmosphere of the organizational environment negatively, causing stress, making interpersonal relations difficult and significantly interfering in the work performed.

It is the kind of situation where two or more people who don't agree on a certain point [...] when there are arguments, often in an impolite or disrespectful way, or even in a more civilized way, usually when people cannot agree [...] Conflict is a misunderstanding between two people, when they cannot find a common ground and they often don't understand about a given topic, when people cannot solve their issues [...] (E5).

The word conflict, according to its use - in natural language, in the usual communication among people; or in specialized language of psychology and social sciences, translates a situation of divergence with the connotation of stress, violence, or, at least, the imminence of rupturing a turned-precarious point of balance⁽⁹⁾.

Conflict is also associated to *differences, disagreement, discord, quarrels, difficulties, offenses, threats, competition, incompatibility and other meanings*, which has a strict relationship with the emotional dimension, which in turn may trigger negative feelings, related to *values, beliefs and perceptions of the individuals in their relations with others and with the world in which they live*⁽¹⁷⁾.

In this perspective, conflict is considered a phenomenon that is inherent to interpersonal relationships and the organizational context, with either positive or negative meanings, according to the resolution strategy used by the managers.

An interesting fact was that the respondents only presented a negative view of the conflict. This perception may interfere in the motivation and performance of the workers. This negative conception is bound to the classic management principles, where organizational conflicts were perceived as harmful to the organization of work. However, contemporary management models consider that this phenomenon also has a positive focus, generating personal and professional growth, as well as changes in the social relations and the organization of work.

Factors causing conflicts in the organizational context

In the reports of the nursing technicians and auxiliaries, we identified that a large share of the situations of conflict occurs because of the following factors:

Lack of responsibility and commitment at work:

[...] one of the employees does not come to work, and does not call us in advance. This may cause conflict because the scale will have to be re-divided later, generating a conflict among the whole team. Not only an arguing conflict, but I think that... a real impact on work, or increased work for the whole team (E3).

Lack of cooperation among the staff

I believe it's the unwillingness to cooperate with co-workers causes too many conflicts. For example, sometimes you need someone to help you handling a patient, because you can't do it by yourself. You ask for help and that person won't help you. Then you talk to the nurse... sometimes the nurse has

to go out there and ask the person directly. Because simply going out and asking that person won't work (E8).

Diverging opinions and actions to perform work:

[...] differences in personal opinions, and even differences in how to perform the procedure. Sometimes the person says that she will help you with the procedure, but, when it's time to do it, she doesn't accept instructions, totally rejecting a second opinion about it (E4).

Lack of motivation and devaluation of work:

I believe that lack of respect from residents... they are often not concerned about ordering antimicrobials, and you have to nag them to do it (E1).

Lack of information and dialogue among professionals:

[...] she (nursing technician) was talking to me about the situation after the whole issue, she thinks that many people stayed away from her, but what actually happened? Lack of information between them both, and this caused a terrible conflict (E9).

Gossip at the workplace:

[...] and that caused gossip, as she (nursing technician) told me yesterday that many people were snubbing her out [...] because she (nursing technician) caused a very strong conflict in the team. The supervisors had to interfere [...] the other technicians didn't like it, because we usually solve things among ourselves, and the superiors or supervisors shouldn't have to get involved. In this case, the supervisor had to intervene, if I remember it correctly there was even a memorandum about it all [...] (E9).

Factors linked to professional actions, such as devaluation and lack of commitment with the work, lack of responsibility and cooperation among staff members, were pointed as triggers of conflicting situations within the organizational environment.

This shows the need of performing work as a group, supported by values such as: cooperation, respect, trust and union, which allow the exchange of experience among the workers and make it possible to discuss the problems of the sector collectively⁽¹⁰⁾.

Nursing has historically adopted principles of classical management to organize and manage its work, which aims to standardize tasks and discipline the behavior of the staff⁽¹⁸⁾. In this perspective, a study held in the Southern region found that the classic management models have not shown satisfactory results in the nursing services, and also that individualism is prevalent, as well as the lack of collaboration at the workplace⁽¹⁹⁾.

As human beings gifted with singularity and with different perspectives about the world, we cannot standardize our actions. However, the nursing staff must outline common guidelines to achieve their intended goals, even though

each member defends their own point of view or executes their tasks in their own way. Therefore, understanding clearly the company mission and the common goals of the team are fundamental aspects, among others, to reduce organizational conflicts.

It is evident that contradictions due to failures in communication induce conflicts⁽¹⁹⁾. This statement corroborates the answers given by the nursing technicians and auxiliaries of HC-UFGM when blaming lack of communication and dialogue as the causes of situations of conflict.

We frequently express ourselves *inadequately, causing discomfort, misunderstandings, and even break-ups* and, when faced with these facts, we must improve communication and establish an adequate flow of information in order to enable the negotiation process within the team, minimizing conflicts among its members⁽²⁰⁾.

It should be noted that some respondents identified gossip as a factor that triggers conflicts at the workplace. When people feel threatened by someone's actions and cannot express their desires clearly. That may lead to a hostile atmosphere where people stop being sincere and start talking about other people behind their backs. In this context, the possibility of having transparent, shared communication will result in more humanized and sincere relations.

The respondents have also identified causes that are related to the organization of the working process, such as:

Work scales

[...] Scales cause a lot of conflict. Both day-based scales and holiday-based scales, vacation, but I think it happens everywhere (E8).

A study in two school hospitals^(4,21) also found scales as the source of conflicts among the nursing staff. For the authors of these studies, this managerial instrument exposes silent process that occur within the organizational environment, which at times reveal interests, desires and authoritarian behaviors, related to the micropolicies of the healthcare services, triggering several situations of conflict within the team.

Scales are a managerial instrument used by nurses to organize the working process, which needs established criteria and agreement among the nursing workers in order to find a consensus in the staff, therefore reducing conflicts at the workplace.

Lack of human and material resources

What could cause conflicts... Oh, there are several things [...] lack of materials is...well, the materials are there, but they're over their valid dates or spoiled, you know? And they can't take too long to replace what we need (E8).

Answers show that lack of materials and equipment, associated to a high demand by the users in the studied hospital, often cause stressful and conflicting situations

among the team, due to disputes among the staff members to use or obtain the necessary materials for their tasks and provide risk-free care to their clients.

Lack of materials and resources and inadequate physical environments are constant in public hospitals. Faced with this context, it is necessary for nurses to act collectively, struggling to improve the working conditions, not only to comply with the nursing code of ethics but also with the consumer protection code and the SUS guidelines, since these facts have caused damages to the healthcare provided to the population, in addition to conflicts within the staff⁽¹⁹⁾.

Thematic Axis 02 - The nurses' actions when faced with situations of conflict in the daily working routine: the perspective of nursing technicians and auxiliaries

The nurses' attitudes and preparation to deal with conflicts at work

When researching the attitudes of the nurses when they face a situation of conflict at the work place, the respondents were observed to identify those professionals as the mediators of the team in this type of situation.

We verified that a large share of the respondents mentioned that the nurse usually uses strategies of confrontation and commitment, by means of an open-ended dialogue with the team and with maximum discretion.

[...] whenever there is a problem, we solve it immediately. The nurse calls the people involved to her office and talks with them in private. The problem is solved among themselves as best as possible. There is no interest from different parts [...] (E6).

Confrontation strategies are attempts to solve problems by means of a frontal approach among the involved parts, and commitment is a classic conflict resolution method that consists in establishing an agreement by means of a third person, who leads the negotiation. These are some of the ways in which a nurse can deal with the situations of conflict that are present in the daily working routine, the resolution of problems, harmony and cooperation among the nursing staff members.

The findings of a study performed in a hospital in the state of Rio Grande do Sul corroborate the aforementioned actions, since the reports of the interviewed nurses show *listening, respect and dialogue as strategies of coping to be incorporated in our culture, as a means to move out of an obscure situation towards an alternative possibility of visualization, of lightness, in the development of the nursing management process*⁽¹¹⁾.

For the NT/NA studied, the attitude of the nurses in the situations of conflict was mentioned as fair and impartial, and that these professionals are capable to deal with difficult and complex situations such as organizational conflicts. For them, the nurse tries to understand the context and choose the right decisions for a given situation, attempting

to be neutral instead of benefiting some and damaging others. In the collected responses, we noticed that the personal characteristics of the nurses are fundamental to address conflicts at the workplace.

In my team, the nurse usually deals well with conflicts and tries to be ethical and fair, solving conflicts even when they are involved. I believe the nurse in my sector is tactful to deal with situations of conflict. He tries not to publicly expose the people involved, to solve the issue between the parts without causing a bigger conflict, avoiding arguments in front of patients or another employee. He warns the involved people verbally first, trying to finish conflicts off, so that they won't happen again (E5).

Some NT/NA have also seen the nurse as a professional who, when faced with a situation of conflict, acts without forethought, indifferently, without making the necessary decisions, becoming passive and silent, i.e., does not attempt to understand the problem and the reality of the facts. They also report that, when the nurses do not want to face or have difficulties to deal with conflicting situations at work, they use punitive measures on the nursing staff members.

Right now, that's the only thing she (nurse) has been doing. Bringing the case to the general nursing supervision, in the morning shift, to attempt to solve this situation, because she is in charge of the sector but not involved with the conflicts. She is supposed to do it, but she is always on the nurses' side (E7).

We asked the NT/NA if the nurses are prepared to deal with situations of conflict at work. The responses can be divided in two groups. The first considers that this professional is prepared to deal with these situations, as they have professional experience, they know how to solve problems and deal with situations in a fair, ethical and impartial way. Also, they mention that the nurse is psychologically prepared and knows the profile of its team, which facilitates decision-making and conflict resolution. They also highlighted that the nurses' leadership is a positive and fundamental aspect to deal with situations of conflict at work.

They (nurses) are prepared to deal with people and even lead a team. This leadership is seriously performed by most of the professionals, who can solve each and every incident that occurs at the workplace competently (E4).

It seems like there is a strict connection between trust and conflict; in the perspective of the nursing professionals, trust lies in the experience of the work, the attitudes and knowing roles; and this trust supports the nursing professional when they have to deal with daily organizational conflicts at work⁽²²⁾.

The second group of informants mentions nurses' lack of preparation to deal with organizational conflicts due to several factors, such as: lack of professional experience, lack of interaction with the team, absence of dialogue due to difficulties to communicate, lack of authority, common sense and wisdom. For the respondents, this lack of preparation of the nurses causes attitudes of 'fleeing' when they have to face situations of conflict.

[...] It's been a long time since nurses dedicated their time and studied to give their best to the patient, lead their team with dialogues, group meetings, decide on performances, qualification, aptitudes and even the individual with the staff. Unfortunately, nowadays all we have are white coats to showoff scientific knowledge regarding theory instead of practice. And the best salary with little professional action (E3).

In a study performed at HC-UFMG, the author identified that some of the nurses were unprepared and insecure to deal with conflicting issues at work, as well as a desire to flee when faced with these situations. The nurses revealed that they are not prepared to deal with organizational conflicts, using bureaucratized and immediatist actions, only to go around the situation. These professionals assume that they do not feel prepared to deal with issues linked to the staff behavior and relations⁽⁴⁾.

In a study performed in a public hospital of Paraná - PR, the author also observed that when the studied nurses have to face situations of conflict, they sometimes ignore it, or they are not even aware of this phenomenon within their own workgroup. She also mentions that these professionals listen to the parts involved and perform actions to punish the employees or ease the situation. We agree with this author when she states that it is necessary to review paradigms and change management actions in order to deal with conflicts, therefore highlighting that modern management seeks a new management profile - one that is flexible, that can deal with organizational incidents and instabilities, in addition to sharing the power with their co-workers in decision-making processes⁽¹⁹⁾.

FINAL CONSIDERATIONS

For the high-school level professionals studied, the word conflict has a negative connotation, since it is associated to differences in opinions and different ways of personal action at the workplace.

We note the perspective of the NT/NA about being questioned about the preparation of the nurses to deal with conflicting situations. A certain number of subjects reported that the nurses are prepared to deal with these situations. For them, the nurses act fairly, impartially and comprehensively.

For most subjects, the strategy used by the nurses at the workplace to deal with daily conflicts is the use of dialogue to mediate situations and negotiate with the people involved. However, other subjects in the study answered that the nurses are not prepared to deal with this kind of situation due to lack of professional experience, immaturity, lack of interaction with the staff, lack of dialogue due to difficulties in communicating, lack authority and common sense. These points bring a reflection for the nurses about their ways of managing, dealing with conflicts and attempting to negotiate as best as possible.

Therefore, the actions to be chosen by the nurses, when faced with a conflicting situation, will depend on their

attitude as managers, their personal skills in the negotiation process and the utilization of the most adequate strategy to solve or reduce the conflicts that happen at the workplace.

This study was developed within a specific time and space frame, which does not allow for generalizations. However, the interviews and questionnaire collected important reports from the NT/NA who work at HC-UFMG, which shows the necessity of developing other projects and studies addressing interpersonal relations and, specifically, conflicts in healthcare organizations.

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