







HEALTH, BEHAVIOR, AND MANAGEMENT: IMPACT ON INTERPERSONAL RELATIONS

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ABSTRACT

Objective: to identify the factors impacting interpersonal relations in the nursing field.

Method: cross-sectional, quantitative, descriptive, and exploratory study conducted with 213 nursing workers from a university hospital: 54 nurses, 69 nursing technicians, and 90 nursing aids. Data were collected from July to August 2016 using a semi-structured questionnaire addressing the participants' characteristics and those of the work process, and a validated self-report questionnaire. Descriptive analysis, Pearson's correlation coefficient, analysis of variance, and linear regression were performed, adopting a p -value <0.05 .

Results: affective constructions obtained the highest mean (4.62), showing this construct strengthen interpersonal relations at work, followed by administrative actions with a mean equal to 3.86, also a positive factor for interpersonal relations; however, workers seldom perceive their relational difficulties (1.72). The most significant factors were physical and emotional weariness accruing from interpersonal relations ($p=0.000$) and perception of emotional instability when facing relationship difficulties ($p=0.010$).

Conclusion: interpersonal relations in the nursing field impact the workers' health, with the potential to cause physical and emotional weariness though managerial actions and the workers' behaviors also influence interpersonal relations. Thus, actions are needed to promote healthy interpersonal relations within institutions such as regular meetings and managerial support, fostering respect, cordiality, and empathy.

DESCRIPTORS: Interpersonal relations. Occupational health. Burnout, professional. Job satisfaction. Nursing.

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SAÚDE, COMPORTAMENTO E GESTÃO: IMPACTOS NAS RELAÇÕES INTERPESSOAIS

RESUMO

Objetivo: identificar os fatores que impactam nas relações interpessoais na enfermagem.

Método: estudo transversal, quantitativo, descritivo e exploratório, realizado com 213 trabalhadores de enfermagem de um hospital universitário, entre estes 54 enfermeiros, 69 técnicos de enfermagem e 90 auxiliares de enfermagem. A coleta de dados ocorreu entre julho e agosto de 2016, por meio de um questionário semiestruturado com questões para identificação das características dos participantes e das características do processo de trabalho e um questionário autoaplicável validado. Realizaram-se análise estatística descritiva, teste de correlação de Pearson, análise de variância e regressão linear, adotando-se o p-valor <0,05.

Resultados: verificou-se que as construções afetivas fortalecem as relações interpessoais no trabalho, apresentando maior média (4,62), seguidas pelas ações gerenciais como fator positivo para as relações interpessoais com média (3,86), entretanto os trabalhadores quase nunca autopercebem suas dificuldades relacionais (1,72). Os fatores de maior efeito foram os desgastes físicos e emocionais em decorrência das relações interpessoais ($p=0,000$) e percepção de instabilidade emocional perante as dificuldades de relacionamento ($p=0,010$).

Conclusão: as relações interpessoais na enfermagem impactam na saúde dos trabalhadores, podendo causar desgastes físicos e emocionais, contudo ações gerenciais e fatores comportamentais dos trabalhadores afetam as relações interpessoais, devendo-se desenvolver ações para o estabelecimento de relações interpessoais saudáveis nas instituições, como reuniões periódicas, apoio da chefia, estímulo ao respeito, cordialidade e empatia.

DESCRITORES: Relações interpessoais. Saúde do trabalhador. Esgotamento profissional. Satisfação no emprego. Enfermagem.

SALUD, COMPORTAMIENTO Y GESTIÓN: IMPACTOS EN LAS RELACIONES INTERPERSONALES

RESUMEN

Objetivo: identificar los factores que impactan en las relaciones interpersonales en la enfermería.

Método: estudio transversal, cuantitativo, descriptivo y exploratorio, realizado en 213 trabajadores de enfermería en un hospital universitario; entre estos eran: 54 enfermeros, 69 técnicos de enfermería y 90 auxiliares de enfermería. La recogida de datos se realizó entre julio y agosto de 2016, por medio de un cuestionario semiestructurado con preguntas para identificar las características de los participantes y del proceso de trabajo; también, se utilizó un cuestionario autoaplicable validado. Se realizaron: el análisis estadístico descriptivo, el test de correlación de Pearson y el análisis de variancia y regresión; se adoptó el p-valor <0,05.

Resultados: se verificó que las construcciones afectivas fortalecen las relaciones interpersonales en el trabajo, la que presentó la mayor media (4,62), seguida por las acciones administrativas, como factor positivo para las relaciones interpersonales, con media (3,86); sin embargo, los trabajadores casi nunca perciben sus dificultades relacionales (1,72). Los factores de mayor efecto fueron: el desgaste físico y emocional, como consecuencia de las relaciones interpersonales ($p=0,000$); y, la percepción de inestabilidad emocional delante de las dificultades de relación ($p=0,010$).

Conclusión: las relaciones interpersonales en la enfermería impactan en la salud de los trabajadores, pudiendo causar desgastes físicos y emocionales; sin embargo, las acciones administrativas y los factores comportamentales de los trabajadores afectan las relaciones interpersonales; así, es necesario desarrollar acciones para el establecimiento de relaciones interpersonales saludables, en las instituciones, por ejemplo: realizar reuniones periódicas; apoyar al liderazgo; y, estimular el respeto, cordialidad y empatía.

DESCRIPTORES: Relaciones interpersonales. Salud laboral. Agotamiento profesional. Satisfacción en el trabajo. Enfermería.

INTRODUCTION

Competence to understand people and situations in the nursing field is related to the ability to establish interpersonal relations and communicating with patients and the nursing staff.¹ The nursing practice characteristics contribute to a stressful workplace, with negative consequences for the workers' body, behavior, and mind. Thus, health workers' relationships may weaken and become devoid of bonds and teamwork, leading to conflict and stress, harming interpersonal relationships.²

Some difficulties in establishing bonds in the work context are related to commitment and responsibility with the work itself.³ Lack of collaboration within the team and frequent intimidations are more common among the workers on the top of the hierarchy, such as physicians, nurses, managers, and those with more work experience.⁴

Institutionalized hierarchical power between work teams is a factor that negatively affects interpersonal relations, compromising communication, and dialogue, leading to dissatisfaction among workers.⁵ Additionally, emotional instability accruing from job burnout among nurses is related to being exposed to health risks and unsafe working environments, leading workers to consider the possibility of quitting their jobs.⁶

Interpersonal relationships strongly influence the work process, considering that team members' conflicts may lead to demotivation and frustration.³ The factors that may contribute to conflicts between working teams are individualism, lack of commitment and cooperation, lack of respect and team meetings, factors that increase workload, and discontentment at work.⁷

Relational processes are strengthened through affinity, physical proximity, and coexistence, leading to intimate relationships, exchange, help, dialogue, and bonding within the work team.⁸ Affective constructions characterized by harmonious and communicative relationships favor improved performance.⁴ Dynamic, playful, and recreational activities favor bonding and socializing.⁴ Additionally, communication among workers is crucial in health organizations to achieve the expected productivity, which should be encouraged in work teams.⁹

The relationships within the work team can be strengthened through regular meetings, characterized as a management strategy to understanding the difficulties experienced by both nursing teams and the multidisciplinary team.⁵ Factors that influence the establishment of healthy interpersonal relationships in the work environment are linked to opportunities to discuss ideas, open and candid dialogue among workers, conflict resolution, value teamwork, respect, and confident among peers.⁷

Given the previous discussion, this study is justified by the need to identify the factors that impact interpersonal relationships in the nursing field to enable strategies intended to improve interpersonal relations in work environments and, consequently, nursing workers' health. Therefore, this study's objective was to identify the factors that impact interpersonal relations within the health field.

METHOD

With a quantitative, descriptive, and exploratory approach, this cross-sectional study was developed in a university hospital located in a city in the south of Rio Grande do Sul, Brazil.

Of the 355 nursing workers in the hospital's workforce, 213 workers took part in this study: 54 nurses, 69 nursing technicians, and 90 nursing aids. The participants were selected through a convenience non-probabilistic sampling to reach the highest number of participants. StatCalc from EpiInfo version 7 was used for sampling calculation using a 95% confidence interval, which resulted in a minimum sample of 184 participants.

The following inclusion criteria were used to select the participants: being a nurse, nursing technician, or nursing aid and working in the hospital's staff for at least three months. Exclusion criteria were being on vacation or any kind of leave during the period of data collection.

Data were collected from July to August 2016 using a self-reporting questionnaire. A team of previously trained research assistants collected data in the morning, afternoon, and evening shifts. The workers were first invited to participate in the study and received clarification of the study's objective and were ensured their identities and information would remain confidential.

Data were collected from July to August 2016 using a self-reporting questionnaire. A team of previously trained research assistants collected data in the morning, afternoon, and evening shifts. The workers were invited to participate in the study and received clarification of the study's objective and ethical principles and were ensured their identities and information would remain confidential. The instrument was handed to the participants after they provided consent and were informed on how to complete the instrument and date and time the instrument should be returned. This procedure was intended to provide greater privacy to the participants and avoid interfering with the responses.

A two-part questionnaire was used: the first was semi-structured with mixed questions intended to identify the participants' and their work processes' characteristics (age, time since graduation and years of experience, function, shift, and type of employment contract).

The second part was composed of a validated 29-item questionnaire intended to investigate the factors that influence interpersonal relations and the health of nursing workers rated on a 5-point Likert scale ranging from 1 ("Never"), 2 ("Seldom"), 3 ("Sometimes"), 4 ("Almost always"), and 5 ("Always") with 29 questions.

Data collected with this instrument were submitted to factor analysis, and the results were grouped into six groups of answers called constructs. The instrument's reliability was verified using Cronbach's alpha, which was equal to .879. The constructs' alphas were between .627 and .904, confirming the constructs' reliability.

Data were typed twice in Microsoft Excel 2013 and then transferred to Statistical Package for the Social Sciences (SPSS) version 21. Descriptive statistical analysis was presented in terms of frequencies and measures of central tendency. Normality of data was verified using the Kolmogorov-Smirnov test.¹⁰

After verifying data were normally distributed, parametric statistical tests were performed. The Pearson's correlation test (values between 0.91 and 1.00 show very strong association; from 0.71 to 0.90 strong association; from 0.41 to 0.70 moderate association; between 0.21 and 0.40 weak association; and from 0.01 to 0.20 very weak association) was used to verify the association between age, work experience, and the instrument's factors. Analysis of Variance (ANOVA) was performed to associate the variables function and work shift with the instrument's factors, and regression analysis was performed to verify what factors had the most significant effect on interpersonal relations and the workers' health. Statistical significance was established at $p\text{-value} < 0.05$ for all the analyses.¹⁰

RESULTS

Regarding nursing workers' characteristics, the average age was 43.33 ± 8.95 years, minimum of 23, and a maximum of 68 years old, and most participants, 191 (89.7%), were women. Most participants were public employees, 143 (67.1%); had graduated 16.7 ± 7.78 years ago on average, minimum of two years and maximum of 35 years; had worked in the hospital for an average of 11.51 ± 7.64 years, minimum of eight months and maximum of 31 years. As for the work shift, 66 (30.9%) participants worked in the morning shift, 64 (30.2%) in the afternoon shift, and 83 (38.9%) in the evening shift.

The descriptive analysis (Table 1) shows that construct F4 – *Affective constructions that strengthen interpersonal relations at work* obtained the highest mean (4.62), that is, cordiality, friendship, empathy, and encouragement on the part of coworkers always favor interpersonal relations at work and the establishment of healthy interpersonal relations always make routine work more enjoyable, facilitating conflict resolution.

Following the F6 construct - *Managerial actions as a positive factor for interpersonal relations*, presented a mean equal to 3.86, showing that support provided by the leadership favors interpersonal relations while construct F2 – *Behavioral factors that affect interpersonal relations* obtained a mean equal to 3.75, revealing that there is always gossip (3.97), disregard for ethical aspects involving the care provided to patients, which harms interpersonal relations (3.82), and authoritarian relations almost always weaken interpersonal relations (3.81).

Construct F3 - *Perception of emotional instability when facing relationship difficulties* presented a mean of 2.68, showing that nursing workers seldom feel stressed when facing difficulties in the relationship established with the multi-professional team (2.60) and nursing team (2.60), and almost always become irritated with a lack of commitment on the part of their colleagues in the health staff (3.23).

Construct F1 - *Physical and emotional weariness accruing from interpersonal relations* obtained a mean equal to 2.35, revealing that nursing workers sometimes perceive themselves to be depressed with the negative relationships established in the work environment (2.69), identify that sometimes conflicting relationships harm their mental health (3.05) and that they become tense and experience muscle pain after conflicts and discussions in the work environment (3.05). Construct F5 - *Self-perception of relational difficulties* presented the lowest mean (1.72), indicating that nursing workers seldom have difficulties interacting with the multi-professional team (1.68), with the nursing staff (1.70), or with the management (1.79).

Table 1 – Mean and Standard Deviation (SD) of the factors impacting interpersonal relations in the nursing field. Rio Grande, RS, Brazil, 2016. (n=213)

Factors	\bar{x}	SD
<i>F1- Physical and emotional weariness accruing from interpersonal relations</i>	2.35	.898
q33- I notice gastrointestinal changes due to interpersonal relations	1.99	1.19
q36- I notice changes in blood pressure or tachycardia after interpersonal conflicts	2.13	1.22
q35- I have already used painkillers or anxiolytics after interpersonal conflicts	1.87	1.16
q34- I notice difficulty concentrating after interpersonal conflicts	2.43	1.17
q37- I feel dizzy after fighting with co-workers	1.41	.828
q26- I have headaches after conflicting situations with co-workers	2.56	1.29
q32- I feel depressed with the negative relationships established in my work environment	2.69	1.17
q25- I realize that conflicting relationships harm my mental health	3.05	1.34
q24- I realize that I get tense and have muscle pain after conflicts/discussions in the work environment	3.05	1.27
<i>F2 - Behavioral factors that affect interpersonal relations</i>	3.75	.976
q07- The disrespectful behavior and aggressive tone of voice of some colleagues affect interpersonal relations	3.74	1.28
q08- Gossip weakens interpersonal relations	3.97	1.22

Table 1 – Cont.

Factors	\bar{x}	SD
q06- Lack of commitment in the work team hinders interpersonal relations in my work environment	3.58	1.29
q05- Lack of communication weakens interpersonal relations in my work environment	3.63	1.17
q12- Disregard to ethical aspects involving the care provided to patients harms interpersonal relations	3.82	1.23
q11- Authoritarian relationships weaken interpersonal relations	3.81	1.06
<i>F3 - Perception of emotional instability when facing relationship difficulties</i>	2.68	.878
q40- I feel stressed due to difficulties in the relationship with the multi-professional team	2.60	1.06
q39- I feel stressed due to difficulties in the relationship with the nursing staff	2.60	1.09
q38- I realize that I get grumpy after arguing with co-workers	2.54	1.26
q23- I realize that I become irritated with the lack of commitment of my colleagues in the health staff	3.23	1.07
q28- I feel anguished for not having support from the management	2.46	1.22
<i>F4 - Affective constructions that strengthen interpersonal relations at work</i>	4.62	.533
q 01- Cordiality, friendship and empathy favor interpersonal relations	4.67	.619
q02- Encouragement and support on the part of my colleagues favor interpersonal relations in the work environment	4.49	.684
q04- Establishing healthy interpersonal relations make daily work more enjoyable and facilitate conflict resolution	4.72	.632
<i>F5- Self-perception of relational difficulties</i>	1.72	.685
q19- I have difficulty relating with the multi-professional team	1.68	.797
q21- I have difficulty relating with my colleagues from the nursing staff	1.70	.785
q20- I have difficulty relating to the management	1.79	.873
<i>F6 - Managerial actions as a positive factor for interpersonal relations</i>	3.86	.939
q14- The regular team meetings favor interpersonal relationship	3.53	1.42
q15- I enjoy and have fun participating in social meetings with my co-workers	3.85	1.21
q17- The support from the management favors interpersonal relations	4.22	1.05

Table 2 presents the Pearson's correlation coefficients and the statistical significance of correlations between the variables age and work experience with the constructs. Age was statistically correlated (though the correlation was very weak and negative) with construct F3 – *Perception of emotional instability when facing difficulties in the relationship* ($r=-.204$; $p=.003$) and with F5 – *Self-perception of relational difficulties* ($r=-.272$; $p= .000$).

As for work experience, a significant correlation, though very weak and negative, was found with construct F3 – *Perception of emotional instability when facing relationship difficulties* ($r=-.153$; $p=.025$) and with F5 - *Self-perception of relational difficulties* ($r=-.222$; $p= .001$).

Table 2 – Correlation between the nursing workers' age and work experience with factors that impact interpersonal relations. Rio Grande, RS, Brazil, 2016. (n=213)

Variables	Factors					
	F1	F2	F3	F4	F5	F6
	<i>r</i> ' (<i>p</i>)	<i>r</i> ' (<i>p</i>)	<i>r</i> ' (<i>p</i>)	<i>r</i> ' (<i>p</i>)	<i>r</i> ' (<i>p</i>)	<i>r</i> ' (<i>p</i>)
Age	-.115 (.095)	-.018 (.798)	-.204 (.003 [†])	.213 (.107)	-.272 (.000 [†])	.070 (.311)
Work experience	-.129 (.061)	.054 (.432)	-.153 (.025 [†])	.134 (.051)	-.222 (.001 [†])	.059 (.393)

[†]Pearson's correlation coefficient; [†]Level of significance $p < 0.05$.

ANOVA showed a statistically significant difference between the variable function and constructs F3 – *Perception of emotional instability when facing relationship difficulties* ($p = .000$), F4 – *Affective constructions that strengthen interpersonal relations at work* ($p = .001$), and with construct F5 – *Self-perception of relational difficulties* ($p = .001$). Statistical significance was also found between work shift and construct F3 - *Perception of emotional instability when facing relationship difficulties* ($p = .021$), and with F5 - *Self-perception of relational difficulties* ($p = .002$) (Table 3).

Table 3 – Differences between the means of factors that impact interpersonal relations and the nursing workers' function and work shift. Rio Grande, RS, Brazil, 2016. (n=213)

Variables	Factors											
	F1		F2		F3		F4		F5		F6	
	\bar{x}	<i>p</i>	\bar{x}	<i>p</i>	\bar{x}	<i>p</i>	\bar{x}	<i>p</i>	\bar{x}	<i>p</i>	\bar{x}	<i>p</i>
Function		.116		.071		.000 [*]		.001 [*]		.001 [*]		.862
Nurse	2.49		4.01		3.11		4.67		1.93		3.90	
Nursing technician	2.43		3.63		2.75		4.43		1.81		3.89	
Nursing aid	2.20		3.70		2.37		4.73		1.52		3.82	
Work shift		.116		.352		.021 [*]		.597		.002 [*]		.743
Morning	2.46		3.83		2.86		4.57		1.76		3.82	
Afternoon	2.44		3.84		2.76		4.65		1.92		3.94	
Evening	2.19		3.63		2.48		4.64		1.53		3.83	

^{*}Level of significance $p < 0.05$.

The linear regression model was used to assess the six constructs' effect on interpersonal relations and nursing workers' health. The question "how often do you believe that interpersonal relations harm your health?" was the dependent variable, and the results showed a significant relationship at the level of 5% with two constructs.

The constructs that had an effect on the nursing workers' interpersonal relations and health were F1- *Physical and emotional weariness accruing from interpersonal relations* and F3 – *Perception of emotional instability when facing relationship difficulties* (Table 4). The test presented an adjusted coefficient of determination (R^2) equal to 0.38, that is, it explains 38% of the factors related to interpersonal relations and nursing workers' health.

Table 4 – Linear regression of the factors that impact interpersonal relations in the nursing field. Rio Grande, RS, Brazil, 2016. (n=213)

Variable	Beta (β)	p
Physical and emotional weariness accruing from interpersonal relations	.431	.000*
Behavioral factors that affect interpersonal relations	.029	.639
Perception of emotional instability when facing relationship difficulties	.203	.010*
Affective constructions that strengthen interpersonal relations at work	.058	.349
Self-perception of relational difficulties	.055	.392
Managerial actions as a positive factor for interpersonal relations	-.035	.567

*Level of significance $p < 0.05$.

DISCUSSION

The tasks performed by nursing workers take place amidst teamwork, and interpersonal relations permeate both tasks and professional relationships established during the work routine.¹¹ Construct F4 presented the highest mean (4.62) among nursing workers, showing that they believe that affective constructions always strengthen interpersonal relations at work. Establishing friendship, dialogue between the team and management is a strategy to encourage humanization in the work environment. The factors that dehumanize relations include lack of support and fellowship, disagreement among colleagues, and lack of attention to interpersonal relations.¹² Hence, valuing each other, being attentive to peoples' needs and difficulties, recognizing and respecting the remaining members in the team are essential to establish positive relations in the work environment, especially in the care provided to patients.¹¹

Considering the need for affective constructions to strengthen interpersonal relations, the means found for construct F6 (3.86) indicate that almost always managerial actions are positive factors for interpersonal relations, while F2 (3.75) shows that almost always behavioral factors affect interpersonal relations. Note that nursing managers are responsible for encouraging healthy work processes, based on positive, fair, and respectable aspects through transparent activities.¹³ Nurses play an essential role in the management of personnel, by promoting humanization and encouraging teams to develop relational skills such as solidarity, bonding, and collaboration.¹¹

Regular meetings with the team and support provided by the management were characterized as managerial actions that almost always contribute to interpersonal relations. In this sense, it contributes to approximating the team, exchanging information, dialoguing, sharing ideas, favoring workers' performance, and, consequently, the care provided to patients.⁹ Such support occurs through attentive listening during meetings, establishing quality interpersonal relations.⁵ Additionally, meetings are opportune to reflect, make collective decisions, and resolve conflict.¹⁴

One study with a multi-professional team highlights some aspects that support healthy interpersonal relations such as open and transparent dialogues, respect and trust among colleagues, opportunities to discuss ideas, resolve conflicts, and value teamwork.⁵ Note there is also a need to discuss different ways to reduce stress and value workers, encourage socialization between teams, intensify interpersonal relations, and seek coping strategies to deal with stressful situations.¹⁵

The means of constructs F3 (2.68) and F1 (2.35) show that nursing workers sometimes perceive emotional instability when facing relationship difficulties and seldom perceive or experience physical and emotional weariness due to interpersonal relations. However, unharmonious interpersonal relations lead to distress, and if strategies are not used to improve working conditions, such distress may affect the workers' mental health, leading to anguish and demotivation.¹⁶

Construct F5, with the lowest mean (1.72), shows that nursing workers seldom perceive their relational difficulties. From this perspective, note that no one can achieve his/her objectives without others' help. Professional growth occurs when there are harmonious and communicative relations, strengthening the importance of interpersonal relations at work.¹⁷

The nursing workers' age, work experience and work shift presented statistically significant associations with constructs F3 and F5, showing that these variables are related with difficulties in the relationship established with the multi-professional team, between the nursing staff and management, which may lead to irritability, anguish and bad mood. The workers' function was also statistically associated with construct F4, that is, it is related to actions that favor interpersonal relations such as cordiality, friendship, empathy, and encouragement among peers, which facilitate daily work.

Interpersonal relations may influence nursing workers' health, causing stress, emotional distress, anguish, and burnout syndrome, especially when the relationships within the work environment are conflicting due to job dissatisfaction, weariness, and the way nursing workers behave. When interpersonal relationships are harmonious and balanced, however, they promote improved quality of life at work.¹⁸

Constructs F1 - *Physical and emotional weariness accruing from interpersonal relations* and F3 - *Perception of emotional instability when facing relationship difficulties* were found to have the most significant effect on interpersonal relations and on the nursing workers' health as these constructs highlight physical and emotional changes caused by interpersonal relations such as tachycardia, gastrointestinal changes, dizziness, difficulty concentrating, headaches, muscle pain, irritability, and stress.

One study with nursing workers from an intensive care unit found an association between interpersonal relations and stress among workers, indicating tension and anguish accruing from the interpersonal relations with the unit's nursing team.² As shown by this study's results, these characteristics can cause physical and emotional changes among nursing workers.

Note that conflicting interpersonal relations and difficulties in teamwork indicate job burnout related to emotional exhaustion, insufficient human and material resources, and violence in the work environment.¹⁹ Likewise, stress at the work environment occurs due to aspects related to organization, management, and quality of interpersonal relations.²⁰

Moreover, the work environment, human relations, personal characteristics, and interpersonal conflicts are risk factors for developing depression among nursing workers.²¹ Conflicts within the work team lead to tension, exhaustion, and affect workers' emotional state. In this context, note that cohesion within the staff and a good interpersonal relationship can ensure workers' emotional balance.¹⁶

CONCLUSION

Among the factors impacting interpersonal relations in the nursing field, the ones that cause the most significant effect are physical and emotional weariness. Managerial actions are factors that positively impact interpersonal relations as well as affective relationships. Behavioral factors affect interpersonal relations, and workers seldom perceive their relational difficulties with the work teams.

These results show that it is essential to encourage actions intended to promote healthy interpersonal relations within organizations, creating collective spaces to meet and establish cohesive measures to decrease and resolve interpersonal conflicts. Therefore, the creation of strategies intended to change workers' behaviors is suggested, seeking to strengthen cordiality, empathy, and friendship within the work environment. Actions intended to promote interaction and involvement among nursing workers, multi-professional teams, and leadership.

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NOTES

ORIGIN OF THE ARTICLE

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CONFLICT OF INTEREST

There is no conflict of interest.

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