

Original Article

Role of conflict management in preventing burnout due to work conflicts among nurses : A qualitative study

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Abstract

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Background: Workplace conflict is an inevitable phenomenon in nursing practice and, when unresolved, may contribute to burnout among nurses, particularly in primary healthcare settings. Burnout negatively affects nurses' well-being, work performance, and quality of care, highlighting the importance of effective conflict management strategies at the organizational level.

Objective: This study aimed to explore nurses' experiences of workplace conflict and to examine the role of conflict management in preventing burnout among nurses at Puskesmas Cimalaka.

Methods: A qualitative study with a phenomenological approach was conducted. Six participants, consisting of four staff nurses and two nurse-in-charge personnel, were recruited using snowball sampling. Data were collected through in-depth interviews and contextual observations. Verbatim transcripts were analyzed thematically to identify patterns, themes, and meanings related to workplace conflict, burnout, and conflict resolution strategies.

Results: All participants reported experiencing workplace conflict, which was generally mild and work-related, including miscommunication, task distribution issues, tardiness, and scheduling conflicts. Five participants experienced signs and symptoms of burnout, primarily emotional exhaustion and temporary psychological strain. Conflict resolution involved peer-assisted approaches and supervisor-mediated interventions. Effective strategies identified were compromise and collaboration, which contributed to timely conflict resolution, improved communication, a more comfortable work environment, increased motivation, perceptions of fairness, and reduced risk of burnout.

Conclusion: Workplace conflict among nurses at Puskesmas Cimalaka is common but manageable. Proactive, fair, and collaborative conflict management strategies play a critical role in mitigating the risk of burnout. Strengthening institutional conflict management mechanisms and addressing structural factors such as workload are essential to sustain nurses' well-being in primary healthcare settings

Background

The phenomenon of workplace conflict occurs worldwide and emerges in all work environments that allow interaction. Chronic and unresolved workplace conflict has the potential to cause burnout among nurses (Safdar et al., 2020). Burnout is a syndrome characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment, which may occur in individuals who work with others (Widhianingtanti & Luijtelaar, 2022).

In general, the prevalence of burnout among nurses in Indonesia has been reported to vary. According to the World Health Organization (WHO), healthcare workers are at risk of experiencing burnout at a rate of 54.1% (Azzahroh et al., 2022). In one community health center (Puskesmas) in Central Java, the prevalence of burnout reached 85%. The study, conducted among 40 nurses, showed that

67.5% experienced emotional exhaustion, 77.5% experienced depersonalization, and 72.5% experienced reduced personal accomplishment (Sulistiawati, 2021).

The impact of burnout is extensive, including increased absenteeism, decreased work performance, and intentions to leave the job. For Puskesmas, this may result in the loss of highly skilled nurses, increased recruitment costs, and a decline in service quality. Burnout among nurses can be addressed through a comprehensive approach that involves not only individuals but also organizational and managerial levels. Effective conflict management is beneficial in identifying and resolving burnout-related conflicts at an early stage, promoting open communication, developing conflict resolution skills, and creating a fair work environment.

Based on a preliminary study conducted at Puskesmas Cimalaka, Sumedang, involving

three emergency department nurses, it was identified that all three nurses had experienced conflicts with coworkers, ranging in frequency from occasional to routine. All participants reported that workplace conflict affected their psychological, emotional, physical, and environmental conditions. These impacts were reflected in feelings of discomfort at work, feeling unappreciated, less effective communication such as indirect remarks among conflicting nurses, increased fatigue, reluctance to interact with colleagues, and cynical behavior. One participant stated that when experiencing problems with coworkers, they preferred to remain silent and avoid communication with the individual involved.

These findings illustrate the ineffectiveness of conflict resolution in the workplace. Such conditions may reduce management's trust and encourage nurses to seek more supportive and comfortable work environments, potentially leading to higher turnover rates. This situation highlights the importance of responsive managerial interventions and effective conflict management strategies to maintain the psychological well-being of healthcare workers and ensure the quality of services in Puskesmas.

Therefore, the purpose of this study is to describe the workplace conflicts experienced by nurses, examine the relationship between workplace conflict and burnout.

Methods

Study Design

This study employed a qualitative approach with a phenomenological design. This approach was chosen to explore the lived experiences, perceptions, and meanings attributed by nurses to the workplace conflicts and burnout they experienced. Through phenomenology, researchers are able to understand the essence of the phenomena of conflict and burnout from the participants' perspectives (Creswell & Creswell, 2023). The paradigms underpinning this study were constructivism and interpretivism.

Sampling and Setting

The participants in this study consisted of six individuals, including four staff nurses and two nurse-in-charge (PJ ruangan) at Puskesmas

Cimalaka. Participants met the inclusion criteria of having worked at the community health center for at least one year, having been involved in employee conflict resolution, being recommended by a previous participant, being willing to serve as an informant, and signing an informed consent form. The exclusion criteria included nurses and/or leaders who were difficult to meet due to work demands and those unwilling to participate in the study.

Participant recruitment was conducted using a non-probability snowball sampling method, which is suitable for populations that are difficult to identify or access. This process began with one or two key informants who met the study criteria. These informants were then asked to identify or recommend other potential participants who met the same criteria. Similar to a snowball rolling downhill, this process continued until a sufficient number of informants was obtained to achieve in-depth data (Sugiyono, 2014).

Data Collection

The study began with a preparatory phase in which the researcher developed an in-depth interview guide aligned with the study focus. Question triangulation was conducted by developing interview questions based on relevant literature, theoretical frameworks, and research objectives. In addition, question triangulation was performed with collaborators to review and compare potential feedback. The researcher also prepared informed consent forms as part of ethical research compliance.

Subsequently, the researcher met with the Head of Administrative Affairs (PJ KTU) at Puskesmas Cimalaka to explain the purpose and objectives of the study. The PJ KTU recommended one participant who met the inclusion and exclusion criteria. This initial participant served as the starting point for the snowball sampling process.

In-depth interviews were then conducted privately and in a conducive environment to ensure participants felt comfortable sharing their experiences. Prior to each interview, participants were provided with informed consent forms and asked to sign their

agreement to participate. All interviews were audio-recorded and video-recorded (with participants' permission) using wireless microphones to ensure data integrity. During the interviews, documentation was assisted by two fellow students who supported the researcher. The researcher also conducted contextual observations during the interviews, including notes on participants' nonverbal expressions, interview atmosphere, and surrounding environmental interactions, to enrich the data context.

The interview process continued iteratively. After each interview, participants were asked to recommend subsequent informants. This process was repeated until data saturation was achieved, defined as the point at which no new significant information emerged from subsequent interviews. In this study, data saturation was reached with six participants, comprising four staff nurses and two nurse-in-charge participants.

Data Analysis

The researcher conducted transcription and data triangulation procedures. Audio recordings of the interviews were enhanced using MP3 Cutter software and transcribed verbatim using transcription tools, including Transkripsi and Transkrip.id. The resulting transcripts were then manually edited by the researcher using Microsoft Word to correct language inaccuracies or misalignments with spoken timing.

Following editing, the transcripts were duplicated and modified to include only participants' responses. For thematic analysis and pattern identification, the researcher utilized Note LM by uploading six transcript files and entering the prompt: "Analyze themes from qualitative research interview data in this file, indicate how many similar responses occur, and present the results in table form." After identifying overarching themes and patterns, the researcher conducted further data analysis, consistency verification, reflection, data refinement, and data presentation in the form of thematic diagrams. Once data validity was ensured, the discussion was developed by integrating relevant theories and previous

research findings, followed by drawing conclusions.

Trustworthiness

To ensure the rigor and trustworthiness of the qualitative findings, this study applied the criteria of credibility, dependability, confirmability, and transferability, as proposed by Lincoln and Guba.

Credibility was established through prolonged engagement and methodological triangulation. The researcher conducted in-depth interviews in a private and conducive setting to encourage participants to openly share their experiences. Data credibility was further strengthened by triangulating interview questions developed from literature, theoretical frameworks, and research objectives, as well as through peer review with collaborators who provided feedback on the interview guide and emerging interpretations. Contextual observations, including participants' nonverbal expressions and interview dynamics, were also documented to enrich the depth and authenticity of the data.

Dependability was ensured by maintaining a clear and systematic audit trail throughout the research process. The stages of data collection, transcription, coding, and thematic analysis were carefully documented to allow transparency and replicability. Verbatim transcription was conducted and manually reviewed by the researcher to ensure accuracy. The use of consistent procedures across interviews and iterative analysis supported the stability of the findings over time.

Confirmability was addressed by minimizing researcher bias through reflexive practices and data verification. The researcher engaged in continuous reflection during data analysis to distinguish participants' perspectives from personal assumptions. All analytical decisions, including theme development and data interpretation, were grounded in direct participant quotations and supported by documented evidence from the transcripts. The use of analytic tools to assist in identifying thematic patterns further contributed to maintaining objectivity and data traceability.

Transferability was supported by providing thick descriptions of the research context, participant characteristics, and study procedures. Detailed descriptions of the setting, inclusion criteria, and participants' roles enable readers to assess the applicability of the findings to other healthcare settings with similar characteristics. By presenting rich contextual data, this study allows other researchers and practitioners to determine the relevance of the findings to their own contexts.

Ethical Consideration

This study received ethical approval from the Health Research Ethics Committee of the Faculty of Health and Technology Sciences, Universitas Jenderal Achmad Yani Cimahi, on October 2, 2025, under approval number No: 05/KEPK/FITKes-Unjani/X/2025.

Fundamental ethical principles upheld in this study included obtaining informed consent prior to interviews, maintaining confidentiality and anonymity of participants, ensuring no harm to participants, providing benefits to participants, institutions, and the broader community, and maintaining integrity and objectivity throughout data collection, analysis, and reporting.

Table 1. Themes and Sub-themes.

Themes	Sub-themes
Experiences of conflict with coworkers	Experiencing conflict with coworkers Not experiencing conflict with coworkers
Workplace conflict and burnout	Not experiencing signs and symptoms of burnout Experiencing signs and symptoms of burnout
Conflict resolution approaches	Assisted by peer colleagues Assisted by senior staff / nurse-in-charge (unit coordinator)
Effective conflict resolution strategies	Peer colleagues Senior staff / nurse-in-charge (unit coordinator)
Impacts of conflict resolution strategies	Peer colleagues Senior staff / nurse-in-charge (unit coordinator)

Theme 1: Experiences of Conflict with Coworkers

Participants in this study generally agreed that conflicts had occurred among coworkers. Five out of six participants reported having experienced conflicts with coworkers that were relatively minor and primarily related to work-

Results

The results of this study showed that all six participants had experienced interpersonal conflict in the workplace. Workplace conflict led to the emergence of burnout signs and symptoms in five participants. In terms of conflict resolution, two participants reported receiving assistance from peer colleagues, while two other participants reported being assisted by the nurse-in-charge (PJ ruangan).

Conflict resolution facilitated by peers involved peer-support strategies and efforts to align perceptions between conflicting parties. Meanwhile, conflict resolution facilitated by the nurse-in-charge employed compromise and collaboration strategies. According to all six participants, the use of compromise and collaboration strategies had positive impacts on nurses involved in conflicts, including conflict resolution without escalation, a more comfortable work environment, increased work motivation, improved punctuality, task performance in accordance with assigned roles and responsibilities, positive behavioral changes, a sense of fairness, perceived support, recognition, and more effective communication.

related issues. One participant reported never having personally experienced conflict but had been involved in resolving workplace conflicts at Puskesmas Cimalaka.

1.1 Experiencing Conflict with Coworkers

According to Participant 1 (P1), the conflict experienced involved differences of opinion

regarding nursing interventions. *“It happens sometimes, but it doesn’t last long. I mean, we’re human after all. It’s not really a conflict, more like arguing about certain actions or procedures, nothing that escalates into a serious conflict.”* Participant 3 (P3) described conflicts related to task implementation that could not be completed as assigned. *“Conflicts do happen, mostly about work assignments. Sometimes tasks have already been divided, but then they can’t be completed as planned, especially when workloads increase.”*

Participant 4 (P4) identified miscommunication as the primary source of conflict. *“Miscommunication happens. For example, when a coworker forgets to come to work without informing anyone, it can be annoying. But usually, we just confirm what happened.”* Participant 5 (P5), as the person in charge of the emergency unit, described conflicts related to tardiness. *“For example, if someone is scheduled for the afternoon shift and arrives late several times, the issue is reported to me. I then ask what the problem is, because we already have an agreement about working hours.”*

Overall, the conflicts experienced by participants included disagreements over nursing actions, uncompleted assigned tasks, miscommunication, lateness at work, and scheduling conflicts between shifts and external duties.

1.2 Not Experiencing Conflict with Coworkers

Participant 2 (P2) reported never experiencing workplace conflict during their employment. P2 explained that Puskesmas Cimalaka regularly conducts siang klinik meetings, where staff discuss existing problems and collaboratively seek solutions. *“So far, in nine years of working here, I’ve never had any conflicts.”*

“Usually, we discuss issues directly at work during siang klinik, so problems can be addressed together.”

Theme 2: Workplace Conflict and Burnout

Most participants reported experiencing signs and symptoms of burnout. Three participants acknowledged experiencing at least one symptom of burnout, while the two nurse-in-

charge participants reported observing burnout symptoms among staff nurses. One participant reported never experiencing burnout symptoms.

2.1 Not Experiencing Signs and Symptoms of Burnout

Participant 1 (P1) stated that workplace conflict did not lead to burnout and that they did not experience symptoms such as fatigue, depersonalization, emotional distress, decreased focus, sleep disturbances, or physical complaints. *“No.”*

2.2 Experiencing Signs and Symptoms of Burnout

Participant 2 (P2) described fluctuating work conditions but did not perceive these as severe burnout. *“Work always has ups and downs, but it hasn’t reached the point of affecting other aspects of my life. It can still be resolved.”* Participant 3 (P3) reported temporary fatigue and irritation during conflicts but no prolonged burnout symptoms. *“I feel tired sometimes, but it doesn’t last. I might feel annoyed at that moment, but afterward it’s fine.”*

2.2 Not Experiencing Conflict with Coworkers

Participant 2 (P2) reported never experiencing workplace conflict during their employment. P2 explained that Puskesmas Cimalaka regularly conducts siang klinik meetings, where staff discuss existing problems and collaboratively seek solutions. *“So far, in nine years of working here, I’ve never had any conflicts.”*

Theme 3: How Nurses Resolve Conflict

Most participants reported receiving assistance in resolving conflicts when they were unable to resolve them independently. Four participants were assisted by the nurse-in-charge or coordinator, while two participants resolved conflicts with the help of peers without involving supervisors.

3.1 Assisted by Peer Colleagues

Participant 1 (P1) resolved conflicts through direct communication at the workplace, often with support from peers. *“Conflicts should be resolved immediately through communication. Usually, peers help.”* Participant 4 (P4)

emphasized confirmation and discussion with peers without involving supervisors. *"We talk it out directly to reduce tension. There's no need to involve the supervisor."*

3.2 Assisted by Senior Staff / Nurse-in-Charge

Participant 2 (P2) described conflict resolution through discussion mediated by senior staff. *"We usually ask seniors for their opinions, and then we discuss it together."* Participant 3 (P3) reported resolving conflicts through meetings facilitated by the unit coordinator. *"We communicate with the coordinator and discuss issues together."* Participants 5 (P5) and 6 (P6) emphasized the role of senior staff and coordinators in guiding, mediating, and facilitating resolution through deliberation.

Theme 4: Effective Conflict Resolution Strategies

All participants agreed that compromise and collaboration were effective strategies for resolving workplace conflict, whether facilitated by peers or supervisors.

4.1 Compromise

Compromise strategies included shift rescheduling, workload adjustments, service fee deductions for absenteeism, verbal warnings, and mutual agreements. *"If someone can't attend a shift, we make an agreement to swap schedules."* (P5) *"Scheduling conflicts are coordinated early so they don't repeat."* (P6)

4.2 Collaboration

Collaborative strategies involved active listening, mediation, group discussions (musyawarah), siang klinik meetings, identifying root causes, aligning perceptions, emotional regulation, fostering a family-like work environment, and maintaining open communication. *"The coordinator listens to both sides and finds a middle ground."* (P2) *"Problems are discussed immediately so they don't drag on."* (P5).

Theme 5: Impacts of Conflict Resolution Strategies

All participants reported that compromise and collaboration effectively resolved conflicts quickly and prevented escalation. Positive

impacts included a more comfortable work environment, increased motivation, improved communication, perceived fairness, support, recognition, and positive behavioral changes among staff.

5.1 Peer-Based Conflict Resolution

Participants reported that peer-assisted conflict resolution led to quick resolution, comfort at work, and fairness. *"It's resolved immediately and doesn't drag on."* (P1)

5.2 Supervisor-Based Conflict Resolution

Participants emphasized that supervisor-led resolution created fairness, support, improved morale, punctuality, and adherence to duties. *"Problems are resolved quickly because there's a senior mediator."* (P2) *"Staff show better attitudes and perform their duties properly afterward."* (P5)

Discussion

Overall, this study aimed to describe nurses' experiences and the role of conflict management in preventing burnout resulting from workplace conflict among nurses at Puskesmas Cimalaka. Specifically, the study explored nurses' lived experiences, meanings, and perceptions of workplace conflict, the ways conflicts were resolved, the relationship between conflict and burnout, and the effectiveness of institutional conflict management strategies in preventing burnout. Five major themes emerged from in-depth interviews with six participants, reflecting that workplace conflict is a routine but manageable phenomenon when supported by timely and appropriate conflict management mechanisms.

The findings indicate that interpersonal conflicts among nurses at Puskesmas Cimalaka were generally mild and work-related, including differences of opinion, unfinished task execution, miscommunication, tardiness, and shift scheduling incompatibility. These findings align with Aydogdu and Disbudak (2025), who identified communication problems, workload imbalance, and violations of work norms as common antecedents of interpersonal conflict. Although such conflicts were perceived as minor, frequent occurrences without prompt

resolution may disrupt team cohesion and increase emotional strain. From the perspective of interpersonal conflict theory, conflicts rooted in perception differences, ineffective communication, and unequal resource allocation are a natural part of organizational dynamics and are not inherently destructive if managed properly (Pondy, 1967).

Interestingly, one participant reported never experiencing personal conflict while still being involved in conflict resolution processes. This finding suggests the presence of collective solidarity and an organizational culture that emphasizes shared responsibility. Regular internal forums, such as *siang klinik* discussions, functioned as collective spaces for addressing issues collaboratively. This supports Pitriani et al. (2025), who noted that adaptive coping patterns, interpersonal communication skills, and work culture significantly influence the occurrence of conflict. However, focusing solely on interpersonal conflict risks obscuring structural contributors, particularly excessive workload, which has been widely recognized as a critical source of tension among healthcare workers in primary care settings (Aiken et al., 2014).

Most participants reported experiencing signs and symptoms associated with burnout, although the severity varied. Symptoms such as fatigue, emotional fluctuation, cynicism, withdrawal, and reduced enthusiasm were commonly described. These findings are consistent with Heijden et al. (2019), who emphasized that burnout among nurses is primarily driven by high workload, emotional demands, and limited control, rather than interpersonal conflict alone. In this study, conflicts were generally resolved promptly, which may explain why burnout manifestations were often temporary rather than chronic. This supports the notion that unresolved and prolonged conflict, rather than conflict per se, is a stronger predictor of burnout.

Participants' experiences reflected Maslach's (2001) conceptualization of burnout, particularly the emotional exhaustion dimension. Some nurses described transient fatigue and irritation without progressing to

depersonalization or diminished personal accomplishment. Notably, nurse-in-charge participants reported observing burnout symptoms among staff, underscoring the critical role of leadership in early detection. As Yuniato (2023) suggested, leaders' observational capacity is vital in identifying burnout patterns and determining appropriate interventions. However, this role may be compromised when leaders themselves experience burnout, potentially perpetuating a cycle of unresolved conflict and emotional exhaustion, especially in high-workload environments such as primary healthcare facilities (Aiken et al., 2014).

Conflict resolution practices in this study emphasized immediacy, direct communication, and workplace-based resolution. Participants described two primary pathways: peer-assisted resolution and supervisor-mediated resolution. Peer support was perceived as effective for addressing emotional tension and aligning perceptions, while involvement of senior staff or nurse coordinators was considered necessary for conflicts involving authority, decision-making, or rule violations, such as scheduling and punctuality issues. These findings are consistent with Garcia (2024), who highlighted the complementary roles of informal peer support and formal mediation in conflict resolution processes.

The effectiveness of compromise and collaboration emerged strongly across participants' accounts. Strategies such as shift negotiation, verbal reminders, mutual agreements, deliberation, and collective discussion reflect constructive conflict management styles. These approaches align with the Thomas-Kilmann conflict mode framework, in which compromising and collaborating are regarded as adaptive strategies that promote mutually acceptable solutions (Sitepu, 2023). Similarly, collaborative approaches emphasize shared problem-solving, open communication, and long-term relationship preservation, which are particularly valuable in high-pressure healthcare environments (Atmaja, 2023). Nevertheless, such strategies may be insufficient when structural issues, such as

persistent workload imbalance, remain unaddressed.

The perceived impacts of effective conflict resolution included faster problem resolution, improved work atmosphere, enhanced communication, increased motivation, and greater perceptions of fairness and support. These outcomes align with burnout theory, which posits that reducing interpersonal stressors can mitigate emotional exhaustion (Diehl et al., 2021). Additionally, improvements in psychological well-being, reflected through comfort, motivation, and effective communication, signal successful conflict resolution (Fadhila, 2025). Leadership fairness and transparency further strengthened trust among staff, consistent with theories emphasizing the role of just leadership in fostering healthy work environments (Indra Trio Suprawina, 2021).

In summary, this study demonstrates that while workplace conflict among nurses at Puskesmas Cimalaka is inevitable, its negative consequences—particularly burnout—can be mitigated through timely, fair, and collaborative conflict management strategies. However, the sustainability of these positive effects remains uncertain without parallel efforts to address systemic issues such as workload and resource constraints. Long-term evaluations integrating organizational-level interventions are therefore necessary to ensure that conflict management strategies contribute meaningfully to the prevention of burnout in primary healthcare settings.

Conclusion and Recommendation

This study concludes that workplace conflict among nurses at Puskesmas Cimalaka is a common and inevitable phenomenon, predominantly arising from work-related issues such as miscommunication, task distribution, scheduling, and workload demands. Although most conflicts were perceived as mild, their frequent occurrence had the potential to contribute to emotional strain and early signs of burnout among nurses. The findings demonstrate that unresolved or poorly managed conflict can exacerbate emotional exhaustion, while timely and appropriate

conflict resolution plays a critical role in preventing the progression of burnout.

Effective conflict management strategies identified in this study included compromise and collaboration, implemented through peer support and supervisor-mediated interventions. Peer-assisted resolution was particularly effective for addressing emotional tension and aligning perceptions, whereas the involvement of nurse-in-charge personnel was essential for conflicts requiring authority, mediation, and decision-making. These strategies contributed to positive outcomes, such as improved work atmosphere, enhanced communication, increased motivation, perceptions of fairness, and strengthened professional relationships. Overall, the study highlights that proactive and structured conflict management functions as a protective mechanism against burnout in primary healthcare settings.

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Declaration of conflict of interest

The authors declare no competing interests.

Declaration on the Use of AI

Researchers used Transkripsi and Transkrip.id tools to transcribe the research interview results and used the Note LM tool to identify themes from the research interview results.

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