



Interpersonal Conflict and Work Stress Among Nurses in Private Hospitals: A Cross-Sectional Study in Central Java

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Abstract

Background: Interpersonal interaction among nurses is unavoidable in hospital settings and may become a psychosocial stressor when conflict occurs. Work stress can influence teamwork and potentially affect patient care quality. However, evidence regarding this relationship in Indonesian private hospitals remains limited.

Objective: To examine the association between interpersonal conflict and work stress among nurses working in inpatient units.

Methods: A cross-sectional correlational study was conducted involving 40 nurses selected from a population of 45 staff nurses in inpatient wards of a private hospital in Central Java. Interpersonal conflict was measured using the NIOSH Interpersonal Conflict at Work scale, and work stress was measured using the American Institute of Stress questionnaire. Data were analyzed using Spearman rank correlation.

Results: Most nurses experienced mild interpersonal conflict (80%) and mild work stress (82.5%). A statistically significant positive association was found between interpersonal conflict and work stress ($r = 0.603$, $p < 0.001$), indicating a moderate correlation.

Conclusion: Interpersonal conflict is moderately associated with nurses' work stress. Organizational strategies aimed at improving communication and teamwork may help reduce stress levels.

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INTRODUCTION

Hospitals represent complex organizational environments that require continuous collaboration among healthcare professionals to maintain patient safety and quality of care. Nurses constitute the largest professional group in hospitals and are responsible for providing direct patient care, monitoring clinical conditions, and coordinating with physicians and other healthcare workers. Because nursing services are delivered through a shift-based team system, nurses inevitably engage in frequent interpersonal interaction. While collaboration is essential for effective care delivery, intensive interaction also increases the likelihood of interpersonal conflict.

Interpersonal conflict refers to disagreement between individuals caused by differences in perception, communication style, values, or expectations regarding work roles (Ariana, 2019). In nursing settings, conflicts commonly occur during shift handovers, delegation of responsibilities, and communication across hierarchical levels (Sitanggang et al., 2022). When conflict remains unresolved, it may create tension, reduce cooperation, and disrupt teamwork effectiveness. Poor teamwork may ultimately influence the continuity and quality of nursing care.

From an occupational health perspective, interpersonal conflict is considered a psychosocial work stressor. According to the Job Demand–Resource concept, psychological job demands such as emotional tension, disagreement, and communication pressure may trigger stress responses when coping resources are insufficient (Benua et al., 2019). Work stress is defined as a physiological and psychological reaction that occurs when job demands exceed an individual's adaptive capacity (Amin et al., 2020). In nurses, work stress may manifest as fatigue, irritability, decreased concentration, and reduced caring behavior toward patients (Desima, 2019).

Several studies have reported that nurses frequently experience occupational stress due to workload and responsibility for patient safety (Jayati, 2020). However, psychosocial factors such as interpersonal conflict also play a significant role. Previous studies demonstrated that conflict is associated with nurse performance and job satisfaction (Dewi & Wibawa, 2021; Rina, 2019). Persistent conflict may also increase turnover intention and reduce organizational commitment (Rajak, 2021).

In the Indonesian hospital context, hierarchical communication culture may cause staff to avoid openly expressing disagreement, allowing tension to accumulate over time (Safitri, 2021). Such unresolved



tension may gradually develop into work stress. Although research on nurse stress is common, studies specifically examining the association between interpersonal conflict and work stress in private hospitals remain limited.

Understanding this relationship is important for nursing management because unmanaged stress may influence teamwork effectiveness, service quality, and patient safety. Therefore, this study aimed to analyze the association between interpersonal conflict and work stress among nurses in inpatient units of a private hospital in Central Java.

METHOD

This study employed a quantitative correlational design with a cross-sectional approach to examine the association between interpersonal conflict and work stress among nurses. The design was selected because the study aimed to observe the relationship between variables at a single time point without manipulating the research environment (Notoatmodjo, 2018).

The research was conducted in inpatient wards of a private hospital in Central Java that uses a three-shift nursing system consisting of morning, evening, and night shifts. Nurses work collaboratively in team-based patient care delivery, requiring continuous communication and coordination.

The population consisted of 45 staff nurses. Using proportional random sampling, 40 nurses who had worked for at least six months were selected as respondents. The large proportion of the population included allowed adequate representation without formal sample size calculation (Sugiyono, 2018).

Interpersonal conflict was measured using the Interpersonal Conflict at Work subscale from the NIOSH Generic Job Stress Questionnaire (NIOSH, 2014). Work stress was measured using the American Institute of Stress questionnaire (Stress-AIS, 2017). The questionnaires were translated into Indonesian and reviewed by nursing academics to ensure clarity. Scores were categorized into mild, moderate, and severe levels according to instrument guidelines.

Data were collected in July 2023 after obtaining ethical approval and informed consent from respondents. Participants completed the questionnaires independently.

Data were analyzed using SPSS. Univariate analysis described frequency distributions, while bivariate analysis used Spearman rank correlation because the variables were ordinal (Sudaryono, 2019). The correlation coefficient was interpreted as weak (0.00–0.39), moderate (0.40–0.69), and strong (≥ 0.70). Statistical significance was set at $p < 0.05$.

RESULTS

A total of 40 nurses participated in the study. The majority of respondents reported mild levels of interpersonal conflict, accounting for 80% of participants. Moderate interpersonal conflict was reported by 17.5% of nurses, while severe conflict was reported by only 2.5% of respondents. These findings indicate that most nurses experienced occasional disagreement but not frequent disruptive conflict.

Regarding work stress, 82.5% of respondents reported mild stress levels and 17.5% reported moderate stress levels. None of the participants reported severe work stress. The distribution suggests that although stress exists in the workplace, it generally remains within manageable limits for most nurses.

Spearman rank correlation analysis demonstrated a statistically significant positive association between interpersonal conflict and work stress ($r = 0.603$, $p < 0.001$). The coefficient indicates a moderate relationship, meaning that higher levels of interpersonal conflict tend to be accompanied by higher levels of work stress. However, this relationship does not imply causation, and other workplace factors may also contribute to stress levels.

From a practical perspective, the results suggest that when conflict intensity increases from mild to moderate levels, nurses also tend to experience noticeable increases in psychological tension. This pattern indicates that even relatively small interpersonal tensions may have measurable effects on perceived stress.

Table 1. Interpersonal Conflict and Job stress in Inpatient Rooms at Private Hospitals in Central Java, July 2023 (n=40)

Indicators	n	%
Interpersonal Conflict		
Mild	32	80
Moderate	7	17.5
High	1	2.5
Work Stress		
Mild	33	82.5
Moderate	7	17.5
Total	40	100

Table 2. The Relationship between Interpersonal Conflict and Work Stress of Nurses in Inpatient Rooms at Private Hospitals in Central Java, July 2023 (n=40)

Indicators	n	Work stress		Coefficient correlation	p
		Mild %	Moderate n %		
Interpersonal Conflict					
Mild	30	75.0	2 5.0	0.603	<0,001
Moderate	3	7.5	4 10		
High	0	0	1 2.5		
Total	33	82.5	7 17.5		



DISCUSSION

This study demonstrated a moderate positive association between interpersonal conflict and nurse work stress. This finding supports the Job Demand–Resource perspective in which psychosocial demands such as interpersonal tension function as stressors (Benua et al., 2019).

Nursing care requires interdependence among staff members. When communication breakdown occurs, uncertainty and emotional pressure arise, which may increase psychological burden. Previous studies similarly reported that work conflict contributes to stress and decreased performance (Amin et al., 2020; Dewi et al., 2022).

Although most nurses reported mild stress, the correlation indicates that conflict contributes meaningfully to stress development. Repeated exposure to minor disagreement may accumulate into sustained psychological strain (Han & Netra, 2019).

Practical Implications for Nursing Management

The findings highlight the importance of proactive conflict management in nursing practice. Hospitals may implement structured communication frameworks such as SBAR to reduce misunderstanding during shift handovers. Nurse managers may also conduct regular reflective meetings where staff can express concerns in a controlled environment.

Leadership style plays a crucial role in mediating workplace tension. Supportive supervision and open communication channels may enhance trust and reduce conflict escalation. Additionally, peer support programs can help nurses cope with interpersonal difficulties and emotional workload.

By addressing interpersonal dynamics early, hospitals may not only reduce staff stress but also improve teamwork stability and potentially enhance patient safety.

Study Limitations

This study has several limitations. First, the cross-sectional design does not allow causal inference. Second, data were self-reported and may be influenced by response bias. Third, the study was conducted in a single hospital, limiting generalizability. Future research should include multiple hospitals and consider longitudinal observation to examine changes over time.

CONCLUSION

There is a moderate positive association between interpersonal conflict and nurse work stress in inpatient units. Higher interpersonal conflict is accompanied by higher perceived stress. Hospitals should implement conflict management strategies to support nurse well-being and teamwork quality.

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