The mediating role of job burnout in the effect of conflict management on work stress in nurses

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Abstract

In the health sector, which is one of the sectors where human interaction is intense, nurses experience work stress for various reasons. Conflict management skills of nurses have an important role in overcoming the obstacles caused by work stress (such as job burnout). The effect of conflict management on work stress varies according to job burnout. The purpose of this study was to determine the mediating role of job burnout in the effect of conflict management on work stress in nurses. A total of 392 nurses working in Şanlıurfa province in Turkey participated in the study. The survey method was used for the study in which the participants were included between 24.04.2023 and 02.05.2023, both face-to-face and online. The questionnaire includes questions about the personal characteristics of nurses, as well as the General Work Stress Scale, Job Burnout Scale, and Conflict Management Scale as measurement tools. There is a negative and significant relationship between conflict management and work stress (r=) and job burnout. There is a positive and significant relationship between work stress (r=-.574, $p < .01$) and job burnout (r=-.573, $p < .01$). It has been determined that job burnout has a mediating role in the effect of conflict management on work stress. It is recommended to develop nurses' conflict management skills.

Keywords The nurses · Conflict management · Work stress · Job burnout

Introduction

Hospitals are complex organizations that combine various professional groups within an intricate administrative structure. Conflicts between individuals, groups, and departments are expected to arise (Kim et al., 2016). Conflict in hospitals can lead to increased errors and decreased employee satisfaction and performance. This can be caused by heavy workloads, low pay, and conflicting instructions from different leaders (Pitsillidou et al., 2018). Conflict is a common occurrence in nursing due to the challenging work environment (Vivar, 2006). Interpersonal conflicts experienced by nurse employees are a complex and multifaceted phenomenon (Freedman, 2019).

Conflicts between groups and organizations can arise due to power imbalances, competition for resources, a tendency to differentiate rather than converge, negative interdependence between work units, uncertainty about responsibility or authority, or denial of one's self-image (Hendel et al., 2005). Conflict can have negative consequences for nurses, including stress, job dissatisfaction, burnout, and high turnover rates (Brinkert, 2010; Johansen & Cadmus, 2016). Poor nurse relations may also lead some nurses to leave the profession. Therefore, effective conflict management is crucial for the management and development of health services (Brinkert, 2010). Negative outcomes such as dysfunctional teamwork, decreased patient satisfaction, and increased employee turnover can result from conflicts in healthcare settings (Overton & Lowry, 2013). Therefore, it is important for health managers to periodically evaluate the main factors that contribute to these conflicts (Tengilimoglu & Kisa, 2005).

Conflicts in groups and organizations are frequently avoided and suppressed due to the fear of negative consequences and the belief that they disrupt coherence, stability, and harmony within the organization (Nadler & Tushman,

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1999). However, conflict management has become a crucial subfield of organizational behavior. The study of conflict in groups and organizations is prevalent across many disciplines, including nursing (Jones, 1993). Conflict management is a behavioral approach to organizing and resolving conflict situations (Kelly, 2010). Different circumstances may require different conflict management styles (Milton et al., 2015).

Appropriate conflict management and resolution improve collaboration among the healthcare team and increase the satisfaction of all stakeholders involved in the healthcare process, including patients. Additionally, improving communication positively affects the quality of healthcare services (Al Hamdan, 2009) and patient outcomes (Hendel et al., 2007), as well as the performance and efficiency of healthcare organizations by reducing costs (Skjørshammer, 2001). Unresolved conflicts can have negative effects on patient outcomes, organizational commitment, and work engagement (Kim et al., 2017).

Collaboration among nurses involves equal participation in decision-making and conflict resolution, as well as mutual respect and trust in patient care (Lemetti et al., 2017). In these situations, it is crucial for the nurse leader to address conflicts promptly, foster a supportive environment in the nursing unit, and promote positive relationships (Weaver Moore et al., 2013). Poorly managed conflict can lead to interpersonal tensions, job dissatisfaction, burnout, turnover, and reduced organizational productivity (Brinkert, 2010).

However, well-managed conflict can help to understand the root causes of conflict, negative emotions, and behaviors. It can also improve innovation and creativity, increase

Table 1 Descriptive characteristics of nurses

	Mean	SD
Age	32.77	8.877
Gender	**F**	**%**
Female	313	79.8
Men	79	20.2
Marital Status	**F**	**%**
Married	279	71.2
Single	113	28.8
Years of Work	**F**	**%**
0–3 years	107	27.3
4–7 years	110	28.1
8–11 years	65	16.6
12 years and above	110	28.1
Total	**392**	**100.0**

The average age of nurses is 32.77. 79.8% of the nurses are female and 20.2% are male; 71.2% are married, 28.8% are single. It is seen that 27.3% of the nurses have a working period of 0–3 years, 28.1% of them 4–7 years, 16.6% of them 8–11 years, 28.1% of them have a working period of 12 years or more

motivation, and enable organizations to function better (Kaushal & Kwantes, 2006).

Nurse managers must possess the skills and abilities to manage conflict situations towards constructive outcomes in the changing and turbulent environment they operate in (Hendel et al., 2005). Further research is needed to understand the conflicts faced by nurses in terms of organizational, contextual, and interpersonal factors (Labrague et al., 2018).

Organizational conflict management, work stress and burnout

Burnout is a common issue among nurses, particularly in busy units like emergency departments (Adriaenssens et al., 2015). The prevalence of burnout, compassion fatigue, secondary traumatic stress, and vicarious trauma in healthcare workers in the intensive care unit is still a topic of debate (van Mol et al., 2015). Research conducted by Aiken et al. (2002) suggests that nurses are more prone to burnout and job dissatisfaction in hospitals with a higher patient-to-nurse ratio (Table 1).

During the COVID-19 pandemic, burnout among nurses has emerged as a significant issue. Identifying the risk factors associated with burnout is crucial in enabling nurses and health systems to respond more effectively to future health crises (Galanis et al., 2021).

Research indicates that burnout is linked to both age and experience. The level of burnout is higher with younger age and longer time working in the organization (Nobre et al., 2019). Organizational variables such as job demands, job control, social support, and exposure to traumatic events are determinants of burnout (Adriaenssens et al., 2015).

Work-related factors, such as workload and relationships at work, are key determinants of burnout. On the other hand, role clarity, a sense of professional autonomy, a sense of being treated fairly, and access to regular clinical supervision appear to be protective (O'Connor et al., 2018).

The risk profile of the work environment can vary depending on the nature of the work. In high-stakes environments like hospitals, mistakes can have irreversible consequences, leading to increased stress levels among employees.

For many years, nurses have experienced distress due to workload, leadership/management style, professional conflict, and the emotional cost of care. However, there is disagreement about the extent of their impact. In addition, lack of reward and shift work can also contribute to burnout. Research indicates that occupational stress and self-esteem also affect mental health (Lee, 2013). Stress can be caused by various factors, such as insufficient responsibility, lack of participation in decision-making, inadequate managerial support, rising performance standards, and coping with

rapid technological change (Hendel et al., 2005). Both stress and leadership issues have been identified as significant factors that contribute to nurses' dissatisfaction and turnover (Coomber & Barriball, 2007).

It is known that greater resilience can help protect nurses from emotional exhaustion and contribute to their personal success. Research has shown that higher levels of resilience are linked to increased hope and decreased stress (Rushton et al., 2015). The study also confirms the significant impact of job demands and job resources on burnout and turnover, respectively, and the mediating role of burnout between working conditions and life satisfaction (Demerouti et al., 2000). While there is a significant body of literature on conflict management, burnout, and stress variables in organizational behavior, there is a lack of research on their indirect relationships with each other. This study aims to fill this gap by examining the mediating role of job burnout in the relationship between conflict management and work stress. The study responds to calls for research in high-risk sectors such as healthcare. The necessity of conducting this research stems from the gaps in the current literature regarding the conflicts encountered by nurses in their workplace and the effects of these conflicts on work stress and burnout. Nursing is a profession that involves intense human interaction and is prone to high levels of stress. Conflict management plays a crucial role in reducing this stress and increasing job satisfaction. However, there is a lack of comprehensive research on how conflict management skills affect nurses' job burnout and how these effects are related to work stress. This study aims to deepen the existing knowledge in this area by examining how job burnout mediates the relationship between conflict management and work stress. Considering the challenges faced by nurses in healthcare settings, this research underscores the importance of effectively managing workplace conflicts and provides guidance to healthcare administrators and policymakers. The findings of this research will contribute to developing effective strategies to reduce nurses' work stress and burnout levels, thereby enhancing job satisfaction and the quality of patient care (Table 2).

Table 2 The validity and reliability of all questions

		CM	WS	JB
Cronbach's Alpha		0.84	0.94	0.89
KMO		0.81	0.90	0.84
Approx. Chi-Square		618.713	3239.317	1753.664
p		0.00	0.00	0.00
Initial Eigenvalues	Total	2.175	6.037	4.468
	% of Variance	67.868	67.074	55.855
	Cumulative %	67.868	67.074	55.855
Extraction Sums of Squared Loadings	Total	2.299	5.712	4.001
	% of Variance	57.481	63.465	50.015
	Cumulative %	57.481	63.465	50.015

The methodology of this study involves a descriptive correlational approach. The selection of this design is particularly suitable for understanding and describing the relationships between work stress, job burnout, and conflict management in nurses. In this study, the independent variable was conflict management (CM), the dependent variable was work stress (JS), and the mediating variable was job burnout (JB) (Fig. 1).

The hypotheses created within the scope of the model are as follows:

H1: Conflict management has a significant effect on work stress.

H2: Conflict management has a significant effect on job burnout.

H3: Job burnout has a significant effect on work stress.

H4: Job burnout has a mediating role in the effect of conflict management on work stress.

Method

Data collection method and data collection tools

The research was conducted between 24.04.2023 and 02.05.2023 on the nurses working in Şanlıurfa province in Turkey, both online and face-to-face. In this study, data were collected by questionnaire method. The survey-based data
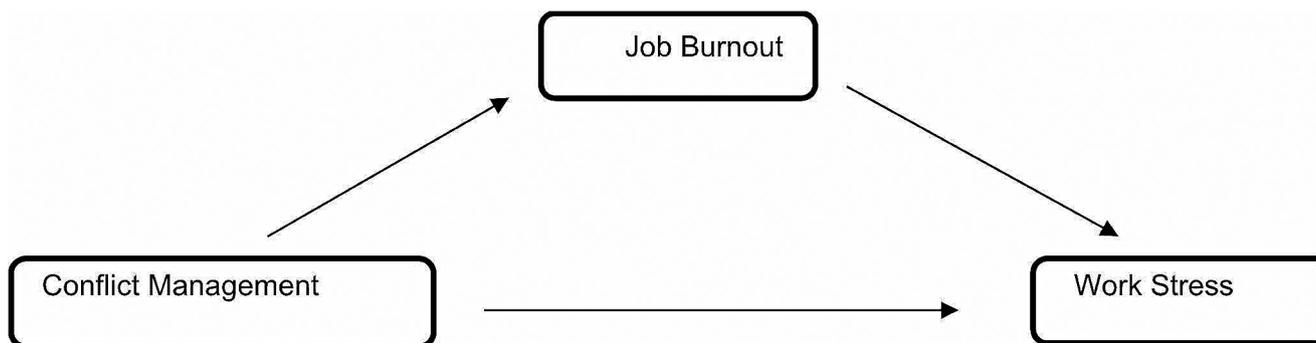

Fig. 1 Model of the research

collection method has been used to elicit responses from participants with the purpose of gathering information on a specific subject. The questionnaire consists of four parts.

Personal information form

The form was prepared by the researchers and consists of five questions regarding information age, gender, married status, and years of work.

General work stress scale

The General Work Stress Scale was developed by De Bruin (2006) and the reliability study of the scale was performed by Teleş (2020). The scale is a 5-point Likert-type scale consisting of nine items (1: never-5: Always). While the minimum score that can be obtained from the scale is 9, the maximum score is 45. High scores indicate high work stress whereas low scores indicate low work stress.

Job burnout scale

The Job Burnout Scale was developed by Adams et al. (2006) and the reliability study of the scale was performed by Dinç and Ekinci (2019). The scale is a 10-point Likert-type scale consisting of eight items (1: never/rarely-10: Very often). While the minimum score that can be obtained from the scale is 8, the maximum score is 80.

Conflict management scale

The Conflict Management Scale was developed by Dougherty and Larson (2010) and the reliability study of the scale was performed by Temuçin et al. (2019). This instrument, originally designed to assess nurse-nurse collaboration, indeed encompasses a broader spectrum of conflict management skills applicable in healthcare settings. Items in the scale effectively captures various dimensions of conflict management. These items are crucial in understanding the dynamics in nursing environments, particularly in relation to job burnout and work stress, which are the focal points of our study. The scale is a 4-point Likert-type scale consisting of four items (1: I strongly disagree-4: I strongly agree). While the minimum score that can be obtained from the scale is 4, the maximum score is 16.

Universe and sample

The population of this research consists of a total of 3071 nurses working in the province of Şanlıurfa, Turkey. Basic inclusion criteria for participation in the study were identified as being a nurse and volunteering for the study. However, to provide a more detailed understanding of our methodology, it is important to clarify the exclusion criteria applied in our research. Our study targeted nurses who have been working in Şanlıurfa for at least one year. Therefore, nurses who have not worked during this period were excluded from the study. Nurses with serious health issues or those who have taken extended medical leaves were also excluded, as these factors could potentially affect the reliability of the data. Part-time or temporary nurses were similarly left out of the research scope for analogous reasons, as our study aimed to examine the relationships between work stress, conflict management, and burnout among full-time nurses. Lastly, nurses in managerial positions were not included; this group may possess different dynamics of work stress and conflict management, which could influence the interpretation of the data. In the research, sampling was used because the universe consists of large masses. In this context, those who preferred by convenience sampling method were included in the study. The reason for using the convenience sampling method in our study is to be able to reach a large participant group consisting of nurses in Şanlıurfa quickly and efficiently. Considering time and resource constraints, this method has provided an efficient opportunity for data collection in line with the objectives of our research.

The following formula was used to determine the required number of nurses to be reached in the research:

$$n = [(Z^2 \times \sigma^2)E^2]$$

By substituting these values into the formula, we calculated the sample size as follows:

$$n = [(1.96^2 \times 0.5^2)0.05^2]$$

$$n = [(3.8416 \times 0.25)0.0025]$$

$$n \approx 384.16$$

Although it would have been sufficient to reach a minimum of 385 nurses, data from 392 nurses were analyzed in this study.

Methods used in data analysis

SPSS 26 package program and Process Macro were used in the study. Cronbach's Alpha coefficient for the reliability level of the data; Skewness and Kurtosis values are included for conformity with normal distribution. According to George and Mallery (2010), Skewness and Kurtosis values should be between -2 and $+2$ in the normality distribution. Frequency distributions were used to reveal nurses' characteristics, descriptive statistics were used to reveal the mean

Table 3 Descriptive statistics

	Mean	SD	Skewness	Kurtosis
CM	10.61	3.269	0.312	−0.162
WS	23.79	9.039	0.423	−0.988
JB	33.42	16.562	0.715	−0.530

The conflict management average was 10.61; the average work stress is 23.79 and the average job burnout is 33.42. It is seen that the Skewness and Kurtosis values are in the range of -2 to +2. Accordingly, it can be stated that the data show a normal distribution

and standard deviation values of the scales, and finally, correlation analysis was used to reveal the relationship between the variables. In the research, the significance level was set at 0.01. Descriptive statistics for conflict management, work stress, and job burnout are presented in (Table 3).

Ethics statements

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Dicle University Social and Humanities Sciences Ethics Committee Presidency approved the study on April 25th, 2023. Research participants were thoroughly informed about the research objectives and procedures, and they had the freedom to decide whether or not they wanted to participate. The identities of the participants were kept confidential, and the data was stored anonymously. The collected data was used solely for research purposes and was not shared with third parties. Research findings were presented and interpreted in accordance with the principles of objectivity and impartiality, in preparation for their inclusion in the academic article.

Findings

In our study, the reliability and validity of the measurement tools used across three main dimensions - Conflict Management (CM), Work Stress (WS), and Job Burnout (JB) - were thoroughly assessed. The Cronbach's Alpha values were found to be 0.84 for Conflict Management, 0.94 for Work Stress, and 0.89 for Job Burnout, indicating a high level of internal consistency for each dimension. Such values

Table 4 Correlation analysis findings

	1	2	3
CM	-		
WS	-,574[**]	-	
JB	-,573[**]	,685[**]	-

[**]$p<.01$

suggest that the survey instruments are reliably measuring the intended constructs. The Kaiser-Meyer-Olkin (KMO) Test yielded values of 0.81 for Conflict Management, 0.90 for Work Stress, and 0.84 for Job Burnout, demonstrating the suitability of the data set for factor analysis, as values above 0.60 are generally considered acceptable for such analyses. The Approximate Chi-Square values for these dimensions were 618.713; 3239.317, and 1753.664 respectively, with p-values of 0.00, confirming the statistical significance of the factors within the dataset. The Initial Eigenvalues 2.175 for Conflict Management, 6.037 for Work Stress, and 4.468 for Job Burnout - along with their respective percentages of variance - 67.868% for CM, 67.074% for WS, and 55.855% for JB - indicate that each dimension significantly contributes to the total variance, underscoring the importance of these factors in our research data. Furthermore, the Extraction Sums of Squared Loadings, with totals of 2.299 for CM, 5.712 for WS, and 4.001 for JB, and their respective variance percentages - 57.481% for CM, 63.465% for WS, and 50.015% for JB - reinforce the significance of each factor in explaining a substantial portion of the variance in our dataset. These findings collectively affirm the reliability and validity of the measurement tools used in our study, highlighting the methodological robustness and the significance of the dimensions under investigation (Table 4).

It is seen that there is a negative significant relationship between CM and WS (r=-.574, $p<.01$) and JB (r=-.573, $p<.01$). It is seen that there is a positive and significant relationship between WS and JB (r=.685, $p<.01$).

In the Table 5, the results regarding the mediating role of job burnout in the effect of conflict management on job burnout are presented. Accordingly, a four-stage model has been put forward. In the first stage of the model, it is seen that the variance explained in the effect of conflict management on job burnout is 32.8% and this is significant. It is seen that the effect of conflict management on job burnout is negative (t=-13,790). The standardized beta coefficient of

Table 5 The mediation role of job burnout

	β	SE	LLCI	ULCI	t	r^2	F
CM-JB	**-2.900**	0.210	-3.314	-2.487	-13.790	0.328	190.172[*]
CM-WS	−0.748	0.119	−0.981	−0.515	-6.309	0.519	209.793[*]
JB-WS	0.289	0.023	0.243	0.336	12.366		
CM-WS	-1.588	0.115	-1.813	-1.362	-13.853	0.330	191.907[*]
CM-WS*JB	−0.840	0.087	-1.018	−0.672			

[*]$p<.01$

the effect of conflict management on job burnout is observed to be quite high and negative at (-2,900).

In the second stage of the model, it is seen that the variance explained in the effect of conflict management and job burnout on work stress is 51.9% and this is significant. The effect of conflict management on work stress was negative (t=-6.309); it is seen that the effect of job burnout on work stress is positive (t = 12.366). The beta coefficient indicating the effect of conflict management on work stress is -0.748, suggesting a negative relationship, while the beta coefficient indicating the effect of job burnout on work stress is 0.289, suggesting a positive relationship.

In the third stage of the model, there is the total effect of conflict management on work stress. This effect reveals how conflict management affects work stress in the absence of the mediator variable of job burnout. In this context, the standardized beta coefficient for the effect of conflict management on work stress is observed to be -1.588, which indicates a significant negative relationship. Accordingly, it is seen that the model created is significant and the explanation rate is 33%. It is seen that the effect of conflict management on work stress is negative (t=-13.853). In conclusion, even in the absence of a mediating role of professional burnout, conflict management significantly affects work stress.

In the last stage of the model, there are results regarding the mediating role of job burnout in the effect of conflict management on work stress. Accordingly, the mediating role of job burnout was found to be significant and at a level of 84% (LLCI=-1.018; ULCI=-0.672). The beta coefficient for this mediating effect of job burnout is -0.840, indicating the substantial impact of job burnout in the relationship between conflict management and work stress.

The standardized and non-standardized coefficients of the model created for the mediating role of job burnout in the effect of conflict management on work stress are shown in Figs. 2 and 3.

The structural equation model examining the relationships between "Conflict Management," "Occupational Burnout," and "Work Stress" indicates how conflict management can directly (-0.27) and indirectly, through job burnout (0.53), effect job stress. Findings from the confirmatory factor analysis of the model reveal that conflict management significantly reduces levels of job burnout (-0.57), and this reduction has a positive effect on work stress.

Figure 3 presents the non-standardized coefficients of the structural equation modeling that depicts the relationships between "Conflict Management," "Job Burnout," and "Work Stress." The path between "Conflict Management" and "Job Burnout" (-2.90) indicates that conflict management significantly reduces the level of job burnout. The path between "Job Burnout" and "Work Stress" (0.29) suggests that an increased level of job burnout leads to higher work stress. The direct negative path between "Conflict Management" and "Work Stress" (-0.75) shows that conflict management has a direct and positive effect on work stress, meaning it reduces work stress Table 6.

According to the analysis results, the RMSEA value of 0.611 exceeds the acceptable threshold of 0.08, indicating insufficient fit of the model to the data. On the other hand, the CMIN value of 0.00 meets expectations, reflecting positively on the model's fit. The NFI, IFI, TLI, and CFI indices are all at 1.00, surpassing the > 0.9 acceptance threshold and indicating that the model has an excellent fit. Similarly, the NCP and FMIN values are close to zero, signaling a positive fit of the model. The AIC and BCC values support the model's comparative fit quality. The ECVI value also shows an acceptable fit. In light of these findings, although there is insufficient fit in the RMSEA fit index, the model is
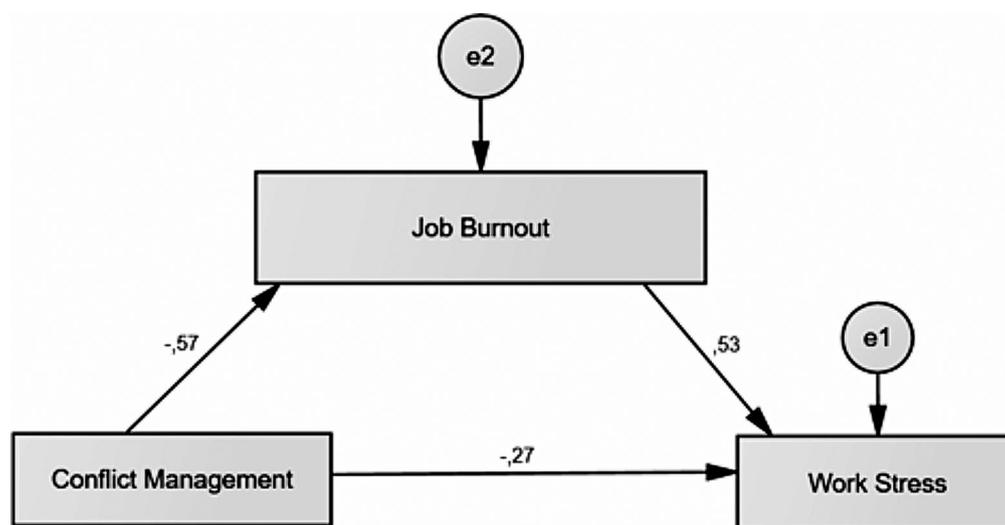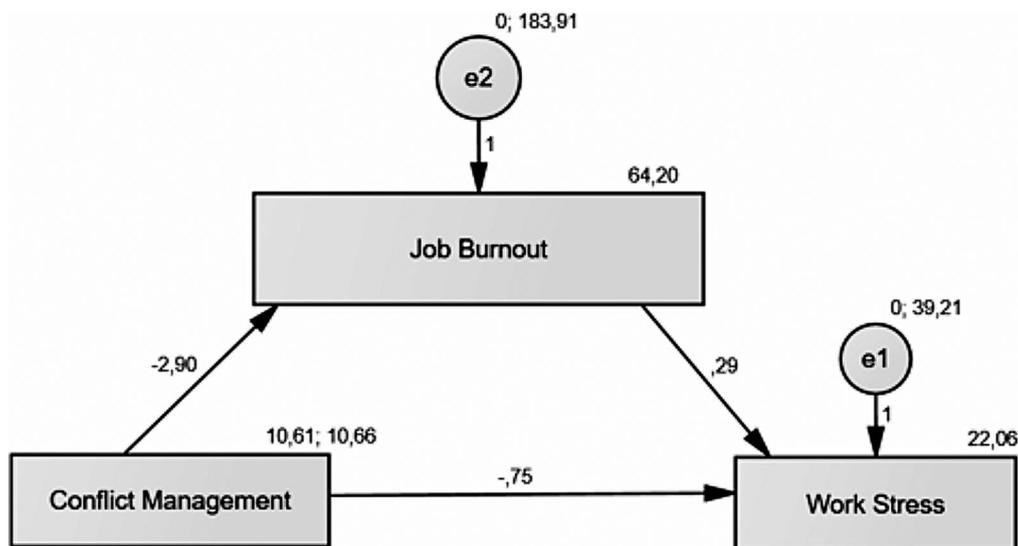

Fig. 2 Standardized coefficients of the model

Fig. 3 Non-standardized coefficients of the model

Table 6 Fit indices of model and their acceptable thresholds

	Value	Acceptance Area	Acceptability
RMSEA	0.611	< 0.08	-
CMIN	0.00	< 0.5	+
NFI	1.00	> 0.9	+
IFI	1.00	> 0.9	+
TLI	1.00	> 0.9	+
CFI	1.00	> 0.9	+
NCP	0.00	Close to "0"	+
FMIN	0.00	Close to "0"	+
AIC	18.00	Less better	+
BCC	18.186	Less better	+
ECVI	0.046	Less better	+

considered to be fitting well according to other fit indices. According to Byrne (2011), three criteria must be met in the fit index criterion. In this context, it has been concluded that the model's fit indices are generally at acceptable levels.

Discussion

The study's results indicate that nurses perceive conflict management at a moderate level. The research findings suggest that nursing professionals tend to use constructive/positive approaches to conflict management rather than destructive/negative ones (Labrague et al., 2018). The most common conflict resolution style among nurses is avoidance (Delak & Širok, 2022).

The study observed that nurses experience low job burnout, which contradicts the findings in the literature. However, burnout is still prevalent among nursing professionals. The varying characteristics of the sample may explain the different results in the studies. Workplace safety risks can affect nurses' job satisfaction and health (Khamisa et al., 2015). Gender, age, marital status, health status, shift, and areas of healthcare are among the predictors of burnout (Cañadas-De La Fuente et al., 2015). Employee problems are strongly associated with burnout and job satisfaction. Burnout is considered the most influential variable in the mental health of nurses. It jeopardizes productivity, performance, and the quality of patient care (Khamisa et al., 2015). High levels of stress can lead to burnout and negatively impact an individual's ability to be present at work. This can be considered an undesirable organizational behavior (Demerouti et al., 2009).

Our study indicates that conflict management plays a preventive role in job burnout among nurses. As such, it is observed that an increase in nurses' perceptions of conflict management is associated with a decrease in their levels of job burnout. Conflict is an inherent aspect of any setting where interpersonal interactions occur and should be regarded as a normal phenomenon. To mitigate the levels of burnout, it is crucial to enhance nurses' perceptions and abilities in conflict management. Given that nurses' perceptions of conflict management are at a moderate level, it is recommended that in-service training programs should give priority to topics related to conflict management skills enhancement.

The study also reveals that effective conflict management negatively correlates with work stress. It is therefore advisable for nurses to improve their conflict management skills as a strategy to reduce work stress. Furthermore, our findings align with existing literature, suggesting a relationship between job burnout and increased work stress, with work stress contributing to emotional exhaustion. Consistent with previous research,

a positive correlation between work stress and burnout is evident (Elshaer et al., 2018; Poncet et al., 2007). This relationship has persisted even during the pandemic, with altered working conditions. For instance, Dima et al. (2021) reported that heightened work demands during the pandemic have exacerbated burnout among social workers. It is important to note that, while our study is descriptive and does not establish causal relationships, these insights are valuable for guiding future research and interventions aimed at reducing work-related stress and burnout in nursing.

To reduce stress and burnout among nurses in health institutions, conflict management can be taught through various methods, including mediation training. These trainings can help employees prevent or successfully manage conflicts with colleagues, patients, and their relatives (Saulo & Wagener, 2000).

Learning in the work environment can also be done through observation, with superiors serving as role models. It is recommended that preparation for conflict management should start during education.

Empowering and training nurses on conflict management is critical to promote constructive conflict resolution in the early stages of a situation (Labrague et al., 2018). Nurse leaders can also be effective in developing the capacity of nurses in conflict management. Nurse leaders must effectively manage conflicts by utilizing confrontational strategies to encourage subordinates to address their own issues. Additionally, they should prioritize honest and open communication, clarify role responsibilities, establish policies, and modify them as needed. It is also important for nurse leaders to be sensitive to the needs of others (Hendel et al., 2005).

To handle conflict situations, it is crucial to discuss the chain of command, policies, and procedures. It is important to identify potential conflicts early and address them immediately to prevent escalation (McKibben, 2017). In conflict situations, it is critical to involve all parties to address the conflict and develop desirable solutions (Labrague et al., 2018).

Stress management is also crucial and can be addressed at the organizational level. Interventions such as cognitive-behavioral therapy and mental and physical relaxation can support the stress management of healthcare employees (Ruotsalainen et al., 2015).

Limitations and future directions

Limitations

This study is limited to nurses working in Şanlıurfa who agreed to participate in the research. This specific sampling may contain unique cultural and regional characteristics that limit the generalizability of the study's findings to broader geographic areas or different healthcare settings. Additionally, the self-reported nature of the data collection could introduce potential biases such as social desirability bias. The selection of scales and statistical methods used in data collection and analysis also bounds the interpretability of the study. These limitations necessitate caution in applying the study's results to broader populations.

Directions for future research

Geographic and cultural diversity

Future studies should examine the strategies of nurses in managing workplace conflict, burnout, and stress across different geographical and cultural contexts. This can help understand how these dynamics vary among diverse populations.

Diverse methodological approaches

Subsequent studies should delve deeper into this topic using alternative approaches such as qualitative research methods. Longitudinal studies could provide a better understanding of the long-term effects of conflict management.

Interdisciplinary approaches and collaborations

Forming collaborations with experts in psychology, organizational behavior, technology, and even health policy is important to enhance the impact of the study. Such collaborations could produce innovative strategies to improve nurses' capacity to manage workplace conflicts and cope with stress.

Integration of technological tools

Research employing technologies like artificial intelligence and machine learning to predict nurses' conflict management styles and burnout levels could be a significant innovation in this field.

Evaluation of interventions

Studies assessing the effectiveness of training programs and interventions aimed at improving nurses' conflict management skills could provide significant practical outcomes. Follow-up studies should also be conducted to understand the long-term effects of these programs.

Investigation of additional variables

Studies exploring how burnout and stress interact with additional variables such as nurses' personal characteristics, job satisfaction, and workplace culture could deepen our understanding of these issues.

Conclusion

In our research, we have identified a pivotal role played by job burnout in mediating the dynamics between conflict management and work stress among nurses. The study reveals that effective conflict management is instrumental in reducing workplace stress, underscoring the importance of how conflicts are addressed in the nursing environment. The quality of conflict management significantly influences the extent of burnout nurses experience. Poorly managed conflicts not only exacerbate burnout but also contribute to increased work stress, creating a compounding effect on the overall well-being of nurses.

Our findings highlight that better conflict management skills correlate with lower levels of job burnout. This correlation suggests that handling conflicts constructively can be a key factor in preventing the emotional exhaustion and depersonalization typical of job burnout. Furthermore, our research establishes a significant and positive relationship between work stress and job burnout, indicating that high stress levels in the workplace are a contributing factor to the development of job burnout among nurses.

Based on these insights, it becomes evident that enhancing nurses' conflict management skills could be a vital strategy in reducing both job burnout and work stress. Effective conflict management transcends mere dispute resolution; it involves fostering a work environment that mitigates the adverse psychological impacts, such as burnout and stress, commonly associated with nursing. This study, therefore, underscores the necessity for comprehensive conflict management training and strategies in healthcare settings, aimed at improving the overall well-being and work conditions of nursing staff. Such initiatives are crucial not only for the health and efficiency of nurses but also for the quality of care provided to patients.

Declaration

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