Araştırma Makalesi/Original Article
Makale Dili "İngilizce"/Article Language "English"

Türk Hijyen ve Deneysel Biyoloji Dergisi

Healthcare conflict and job satisfaction: A case of tertiary hospital

Sağlık hizmetlerinde çatışma ve iş tatmini: Üçüncü basamak hastane örneği

Şafak ÇINAR[1] (ID), Uğur UĞRAK[1] (ID), Gül MERSİNLİOĞLU SERİN[2] (ID)

ABSTRACT

Objective: Healthcare managers spend approximately 20% of their time addressing conflicts, which is common in this labor-intensive sector. While conflict is inevitable in healthcare, ensuring job satisfaction among healthcare workers and enhancing service quality are critical for the success of healthcare systems. Proper conflict management is essential to minimize its adverse effects on job satisfaction and support patients and workers.The study examined the relationship between job satisfaction and healthcare conflict levels among healthcare workers. It also evaluated how sociodemographic characteristics influence job satisfaction and conflict levels.

Methods: This descriptive study was conducted with 276 healthcare workers employed at a tertiary public hospital. Data were collected via an online survey (Google Forms) with three sections: sociodemographic data, Job Satisfaction Scale, and Healthcare Conflict Scale. Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA) ensured validity, while Cronbach's alpha assessed reliability. Due to non-

ÖZET

Amaç: Sağlık yöneticileri, zamanlarının yaklaşık %20 'sini çatışmalarla ilgilenmeye ayırmakta olup, bu durum emek yoğun bir sektör olan sağlık alanında oldukça yaygındır. Sağlık sektöründe çatışma kaçınılmaz olmakla birlikte, sağlık çalışanlarının iş tatminini sağlamak ve hizmet kalitesini artırmak, sağlık sistemlerinin başarısı için kritik öneme sahiptir. Çatışmanın iş tatmini üzerindeki olumsuz etkilerini en aza indirmek ve hasta ile çalışanları desteklemek için uygun çatışma yönetimi gereklidir. Bu çalışma, sağlık çalışanlarının iş tatmini ile sağlık alanındaki çatışma düzeyleri arasındaki ilişkiyi incelemeyi amaçlamıştır. Ayrıca sosyodemografik özelliklerin iş tatmini ve çatışma düzeyleri üzerindeki etkisi değerlendirilmiştir.

Yöntem: Bu tanımlayıcı çalışma, üçüncü basamak bir kamu hastanesinde çalışan 276 sağlık çalışanı ile gerçekleştirilmiştir. Veriler, sosyodemografik bilgiler, İş Tatmini Ölçeği ve Sağlık Hizmetlerinde Çatışma Ölçeği olmak üzere üç bölümden oluşan çevrimiçi anket (Google Forms) aracılığıyla toplanmıştır. Keşifsel Faktör Analizi (EFA) ve Doğrulayıcı Faktör Analizi (CFA) geçerliği sağlarken, Cronbach's alfa katsayısı güvenirliği

[1]Health Sciences University Gülhane Health Vocational School of Health Management, Ankara, Türkiye
[2]Republic of Türkiye Ministry of Health Directorate General for European Union and Foreign Relations, Ankara, Türkiye

İletişim / Corresponding Author : Şafak ÇINAR
Sağlık Bilimleri Üniversitesi Gülhane Sağlık Hizmetleri Meslek Yüksekokulu, Ankara - Türkiye
E-posta / E-mail : safak.cinar@sbu.edu.tr

Geliş Tarihi / Received : 29.11.2024
Kabul Tarihi / Accepted : 05.03.2025

DOI ID : 10.5505/TurkHijyen.2025.45549

Çınar Ş, Uğrak U, Mersinlioğlu Serin G. Healthcare conflict and job satisfaction: A case of tertiary hospital. Turk Hij Den Biyol Derg, 2025; 82(1): 151 - 164

normal distribution, Mann-Whitney U and Kruskal-Wallis H tests were used. Structural Equation Modeling (SEM) was performed.

Results: The findings showed no statistically significant differences in job satisfaction based on sociodemographic characteristics (p>0.05). However, significant differences in healthcare conflict levels were observed based on age and years of professional experience (p<0.05). Weak positive correlation was also identified between job satisfaction and healthcare conflict levels (r=0.15, p=0.019).

Conclusion: The study reveals weak positive relationship between job satisfaction and healthcare conflict levels. While conflict levels were significantly influenced by age and professional experience, job satisfaction showed no significant sociodemographic variation. These findings highlight the need for further research to understand better the interplay between conflict and satisfaction in healthcare settings and to develop effective conflict management strategies.

Key Words: Health services administration, conflict, job satisfaction, healthcare workers

değerlendirmek için kullanılmıştır. Normallik varsayımı sağlanmadığından, Mann-Whitney U ve Kruskal-Wallis H testleri uygulanmıştır. Ayrıca, Yapısal Eşitlik Modellemesi (SEM) gerçekleştirilmiştir.

Bulgular: Sosyodemografik özelliklere göre iş tatmini açısından istatistiksel olarak anlamlı bir fark bulunmadığını göstermektedir (p>0,05). Bununla birlikte, yaş ve mesleki deneyim yılına göre sağlık alanındaki çatışma düzeylerinde anlamlı farklılıklar gözlemlenmiştir (p<0,05). Ayrıca, iş tatmini ile sağlık alanındaki çatışma düzeyleri arasında zayıf pozitif korelasyon tespit edilmiştir (r=0,15, p=0,019).

Sonuç: Çalışma, iş tatmini ile sağlık alanındaki çatışma düzeyleri arasında zayıf pozitif ilişki olduğunu ortaya koymuştur. Çatışma düzeylerinin yaş ve mesleki deneyimden anlamlı bir şekilde etkilendiği, ancak iş tatmininin sosyodemografik açıdan anlamlı bir farklılık göstermediği belirlenmiştir. Bu sonuçlar, sağlık ortamlarında çatışma ve tatmin arasındaki etkileşimi daha iyi anlamak ve etkili çatışma yönetimi stratejileri geliştirmek için daha fazla araştırmaya ihtiyaç duyulduğunu vurgulamaktadır.

Anahtar Kelimeler: Sağlık hizmetleri yönetimi, çatışma, iş tatmini, sağlık çalışanları

INTRODUCTION

Conflict is defined as the confrontation of emotions, thoughts, and beliefs. Another definition describes it as environments that give rise to problems due to conflicting needs, expectations, demands, and interests (1). Conflict can occur at individual, societal, and organizational levels. Organizational conflict refers to a process in which differing perceptions emerge among workers toward organizational goals (2).

The concept of conflict has undergone significant changes in perspective over time. Between the 1930s and 1940s, it was considered a negative phenomenon to be avoided; during the 1940s to 1970s, it was viewed as a natural occurrence; and today, it is thought to positively impact individual performance (3). Conflict is frequently experienced in healthcare organizations and requires a collaborative approach (3). The parties involved in conflicts may include nurses, doctors, and other healthcare providers or patients and even their relatives (4). Conflict, which can arise at any level, directly or indirectly affects the quality of healthcare provided to patients in institutions. A study on conflict in intensive care units revealed that conflicts stemming from communication breakdowns lead to mistrust among staff and create a burnout-inducing work environment, negatively

impacting patient safety.

The conflict has both positive and negative aspects. On the positive side, conflict provides workers with a platform to express their problems, fosters an environment for self-criticism and change, supports creativity, and stimulates interest and curiosity among workers. In this regard, it is constructive, promotes innovation, and enhances performance. As a result of conflict, changes in leadership models, increased energy for achieving work success, and a boost in motivation may occur. Additionally, workers may become more aware of their strengths (5).

The negative consequences of conflict include stress, deterioration of health, prioritization of personal goals over organizational objectives, disruption of workplace harmony, hostility, aggression, feelings of defeat and humiliation among workers, creation of an insecure environment, waste of time and energy, reduced motivation and satisfaction, and a decline in productivity (5, 6). Unresolved conflicts harm not only workers but also the organizations. Furthermore, workplace conflict is considered a source of stress that undermines an organization's efforts and performance (7).

Job satisfaction refers to individuals' subjective thoughts about how much they enjoy or dislike their work. It also enhances work enthusiasm and success. Moreover, it improves organizational efficiency, motivation, work quality, organizational commitment, and performance. A decrease in job satisfaction leads to alienation from work, reluctance, resignations, dissatisfaction, conflicts, and increased workplace accidents (8).

Several factors influence job satisfaction, including the organization's size, structure, design, and physical conditions; compensation, rewards, and incentives; employee-friendly organizational policies; communication environment; occupational health and safety; organizational culture; leadership style; training programs; career opportunities; working hours; social conditions; and the nature of workers' work (its difficulty or ease), position, benefits, education level, and personality traits (9, 10).

Job satisfaction and conflicts are considered to be closely related to patient and employee satisfaction as well as performance. High job satisfaction among healthcare staff enhances employee and patient satisfaction (11). Effectively managing workplace conflicts and ensuring job satisfaction are crucial for improving employee performance. Conflicts negatively impact hospital staff's performance and job satisfaction (12). Managers reportedly spend approximately 20% of their time resolving conflicts, which are frequent in healthcare. Unresolved conflicts harm the healthcare system and adversely affect patient safety. An increase in conflicts experienced by physicians in hospital settings reduces the quality of patient care (13).

However, studies indicate that low levels of conflict can lead to productivity gains for both patients and workers. Appropriately managed low- and medium-level conflicts can be essential and beneficial for healthcare organizations. These benefits include improved performance and the fostering of innovative thinking (3).

A study investigating the effects of organizational conflict, job satisfaction, and stress on performance found that job satisfaction was the most influential factor affecting the performance of healthcare staff (14).

Studies investigating the differences in job satisfaction levels of healthcare workers based on sociodemographic characteristics reveal mixed results. Some studies found that job satisfaction levels differed significantly by gender (15, 16), while others reported no significant differences (17-20).

In the literature, a significant relationship between job satisfaction and age has been observed in some studies (16, 21-23), while Ashraf (20) found no such association. Education level has been identified as a significant variable influencing job satisfaction in healthcare workers (21, 24, 25), though Ashraf (20) concluded that job satisfaction was not related to education level.

Additionally, some studies have reported a relationship between job satisfaction and years of work experience (21, 26). However, Ashraf (20) and Yew, et al. (27) found no significant correlation between work experience and job satisfaction.

As seen in the literature, while variables such as gender, age, and education often show significant relationships with job satisfaction, studies presenting differing results also exist. Although most findings indicate no significant relationship between job satisfaction and years of work experience, there are exceptions suggesting otherwise. These conflicting findings highlight the need for further research to clarify these associations.

Studies examining conflict-level differences among healthcare workers based on sociodemographic characteristics reveal mixed findings. Some research indicated a relationship between age and conflict level (28), while others suggested no such relationship (29, 30). Additionally, studies found that variables such as profession, gender, and marital status were associated with exposure to violence resulting from conflict, though the same research indicated no relationship between working hours and exposure to violence (22).

In the literature on the relationship between conflict and job satisfaction, factors such as job stress stressful workplace environments, managerial support, workplace role conflicts, and work-family conflict (31-33) were found to be associated with job satisfaction. For nurses, job satisfaction was identified as a mitigating factor in the relationship between work-family conflict and anxiety. Improving working conditions, minimizing work-family conflicts, and increasing job satisfaction among nurses were considered to reduce the negative effects of work-family conflicts on anxiety (34). Furthermore, work-family conflict was reported to have negatively affected nurses' health and job satisfaction (35). High levels of conflict were noted to impact organizational efficiency and satisfaction adversely, but low levels of conflict might be beneficial particularly in organizations where tasks beyond routine duties were assigned (36).

The literature shows that conflict is a multidimensional issue with significant implications in healthcare institutions. This study aims to examine the relationship between conflict levels involving patients and their relatives in healthcare from the perspective of healthcare workers and the job satisfaction of healthcare workers. The following alternative hypotheses were proposed to achieve the research objectives: Hypothesis 1: The job satisfaction levels of healthcare workers differ statistically significantly based on sociodemographic characteristics. Hypothesis 2: The healthcare conflict levels experienced by healthcare workers differ statistically significantly based on sociodemographic characteristics. Hypothesis 3: A statistically significant relationship exists between healthcare workers' job satisfaction and healthcare conflict levels.

MATERIAL and METHOD

The population of this descriptive, cross-sectional study consists of 970 healthcare professionals employed at a tertiary hospital in Ankara as of November, 01-30, 2023. The sample size was determined using a known population formula with equal probability sampling, calculated at a 95% confidence level and a 5% margin of error. The resulting sample comprised 275 participants. A convenience sampling method was used for data collection, and 276 analyzable surveys were obtained during the data collection process.

The data for this study were collected with an online survey, Google Forms, a commonly used method for primary data collection. The survey consisted of three sections.

The first section included seven questions related to sociodemographic characteristics, such as age, gender, years of service in healthcare, profession, education level, department, and working style.

The second section utilized the Job Satisfaction

Scale developed by Ekici, et al. (37). This scale consists of five Likert-type items with no reverse-coded items, measuring job satisfaction on a scale ranging from 1 to 5 points, where higher scores indicate higher levels of job satisfaction. The Cronbach's alpha for the orginal scale was 0.880.

The third section employed the Healthcare Conflict Scale, developed Forbat, et al. (38) and adapted into Turkish by Ercan and Yurdakoş (39). This scale is a three-dimensional measurement tool with five-point Likert-type items. As a single item measured one dimension, construct validity analyses were conducted again for this study to ensure validity during the adaptation process. The Cronbach's alpha for the original scale was 0.750, while the Turkish adaptation achieved a Cronbach's alpha of 0.790.

The ethical approval of the study was obtained from the Clinical Research Ethics Committee of Yıldırım Beyazıt University Yenimahalle Training and Research Hospital on December 27, 2023. After approval of the study, the data collection process was carried out between January 1, 2024, and August 31, 2024.

Since the theoretical structure of the Healthcare Conflict Scale includes a single-item dimension, an exploratory factor analysis (EFA) was conducted. Kaiser-Meyer-Olkin (KMO) sample adequacy score was 0.862 and Bartlett's Test of Sphericity was 865.969 ($p < 0.001$). The variables clustered under a single factor (Eigenvalue = 4.01) with 57.27% of the total variance. Factor loadings ranged from 0.731 to 0.800. The fit indices of the structural regression model in Figure 1, were found to be at acceptable levels (CMIN/DF = 2.19, NFI = 0.982, RFI = 0.982, GFI = 0.988, AGFI = 0.983, SRMR = 0.051). The standardized regression coefficients for the Healthcare Conflict Scale ranged from 0.642 to 0.772, and for the Job Satisfaction Scale, from 0.781 to 0.875 ($p < 0.05$). Cronbach's alpha values for the Healthcare Conflict Scale and the Job Satisfaction Scale were 0.874 and 0.917, while their Composite Reliability Scores were 0.876 and 0.917. These results confirmed that both scales possessed structural validity and internal consistency reliability.

The data collected in this study were analyzed using SPSS 26 and AMOS 24 statistical software. Descriptive statistics included frequency, percentage, mean, standard deviation, minimum, maximum, and median values. The normality of data distribution was assessed using the Kolmogorov-Smirnov test and skewness and kurtosis values.

Since the assumption of normal distribution was not met for the group analyses, non-parametric tests were employed. The Mann-Whitney U test was used for comparisons among three or more groups, while the Kruskal-Wallis H test was applied for comparisons among three or more groups. For post hoc analysis, the Mann-Whitney U test with Bonferroni correction was utilized.

EFA and CFA were conducted for validity analysis. Reliability analysis utilized Cronbach's alpha and composite reliability coefficients.

The relationship between the Healthcare Conflict Scale and the Job Satisfaction Scale, along with CFA, was evaluated using the structural regression model within the framework of a structural equation model. Since the dataset did not meet the multivariate normality assumption (Multi Kurtosis = 38.089, c.r. = 17.104), the Unweighted Least Squares (ULS) estimation method with bootstrap resampling at a 95% confidence interval was employed for analysis. A p-value < 0.05 was considered statistically significant

The study was approved by the Yıldırım Beyazıt University Scientific Researches Ethics Committee (Date: 27.12.2023 and Number: E-2023-85).

RESULTS

Most participants were female (60.5%, n = 167), while males constituted 39.5% (n = 109), reflecting the predominance of women in healthcare (Table 1). The mean age of the participants was 36.91 years (SD = 8.42), with 30.8% (n = 85) aged ≤ 30 years, 29.7% (n = 82) aged 31–40 years, and 39.5%

(n = 109) aged ≥ 41 years. In terms of education, the largest group consisted of participants with a bachelor's degree (58.0%, n = 160), followed by those with a postgraduate degree (19.9%, n = 55). The profession most frequently represented was nursing (47.5%, n = 131), followed by health officers/technicians (16.3%, n = 45) and emergency medical technicians/paramedics (14.5%, n = 40). Regarding the departments where participants worked, 21.0% (n = 58) were in clinics, 20.3% (n = 56) in emergency services, and 19.6% (n = 54) in administrative units. In terms of professional experience, 36.2% (n = 100) had <10 years of experience, 37.3% (n = 103) had 11–20 years, and 26.4% (n = 73) had >20 years. Analysis of work schedules revealed that 51.1% (n = 141) worked rotational shifts (day/night), 46.0% (n = 127) worked exclusively during the day, and 2.9% (n = 8) worked exclusively at night.

This study analyzed job satisfaction levels among healthcare workers based on gender, age, education,

Table 1. Descriptive findings of sociodemographic characteristics of healthcare workers

Characteristics	Subcategory	n	%
Gender	Male	109	39.5
	Female	167	60.5
Age Range: 22-55, Mean ± SD: (36.91 ± 8.42) year	Up to 30 years[1]	85	30.8
	31-40 years[2]	82	29.7
	41 years and above[3]	109	39.5
Education	High School	10	3.6
	Associate degree	51	18.5
	Bachelor's Degree	160	58.0
	Postgraduate Degree	55	19.9
Profession	Emergency Medical Technician/Paramedic	40	14.5
	Physician	19	6.9
	Midwife	10	3.6
	Nurse	131	47.5
	Administrative Personnel	31	11.2
	Health Officer/Technician	45	16.3
Department	Emergency Services	56	20.3
	Operating Room/Interventional Lab	47	17.0
	Administrative Units	54	19.6
	Clinic	58	21.0
	Laboratory	19	6.9
	Outpatient Clinic	20	7.2
	Intensive Care Unit	22	8.0
Years of Experience	Less than 10 years[1]	100	36.2
	11-20 years[2]	103	37.3
	More than 21 years[3]	73	26.4
Work Schedule	Night Shift Only	8	2.9
	Day Shift Only	127	46.0
	Rotational (Day/Night)	141	51.1
	Total	276	100.0

profession, department, years of experience, and work schedule (Table 2). The median job satisfaction score was 16.0 for males and 14.0 for females, with no significant difference (p = 0.218). Health workers aged 41 and older had a median score of 16.0, compared to 14.0 for those 30 and younger, but this was not statistically significant (p = 0.066). Postgraduate workers scored a median of 17.0, while high school graduates scored 15.0, with no significant difference (p = 0.188). Physicians (median =17.0) and administrative staff (median =16.0) reported higher scores, but post hoc tests found no significant differences between professions (p = 0.034). Operating room staff had the highest median score (median =17.0), while intensive care staff scored the lowest (median =11.0), but department differences were not significant (p = 0.258). Years of experience and work schedule also showed no significant impact on job satisfaction (p > 0.05).

Table 2. Evaluation of job satisfaction levels based on sociodemographic characteristics of healthcare workers

Characteristics	Subcategory	n	Job Satisfaction		p	Post Hoc
			Median	Min-Max		
Gender	Male	109	16.0	5.0 - 25.0	0.218[U]	-
	Female	167	14.0	5.0 - 25.0		
Age	Up to 30 years[1]	85	14.0	5.0 - 25.0	0.066[H]	-
	31-40 years[2]	82	14.0	5.0 - 24.0		
	41 years and above[3]	109	16.0	5.0 - 25.0		
Education	High School	10	15.0	8.0 - 21.0	0.188[H]	-
	Associate degree	51	14.5	5.0 - 25.0		
	Bachelor's Degree	160	14.0	5.0 - 25.0		
	Postgraduate Degree	55	17.0	5.0 - 25.0		
Profession	Emergency Medical Technician/Paramedic	40	14.5	5.0 - 25.0	0.034[H]	>0,05
	Physician	19	17.0	5.0 - 25.0		
	Midwife	10	10.0	5.0 - 16.0		
	Nurse	131	14.0	5.0 - 25.0		
	Administrative Personnel	31	16.0	5.0 - 25.0		
	Health Officer/Technician	45	16.0	5.0 - 25.0		
Department	Emergency Services	56	14.0	5.0 - 25.0	0.258[H]	-
	Operating Room/Interventional Lab	47	17.0	5.0 - 25.0		
	Administrative Units	54	16.0	5.0 - 25.0		
	Clinic	58	14.0	5.0 - 25.0		
	Laboratory	19	11.5	5.0 - 19.0		
	Outpatient Clinic	20	12.5	5.0 - 24.0		
	Intensive Care Unit	22	11.0	5.0 - 21.0		
Years of Experience	Less than 10 years[1]	100	13.0	5.0 - 25.0	0.231[H]	-
	11-20 years[2]	103	15.0	5.0 - 25.0		
	More than 21 years[3]	73	16.5	5.0 - 25.0		
Work Schedule	Night Shift Only	8	16.5	9.0 - 20.0	0.184[H]	-
	Day Shift Only	127	16.0	5.0 - 25.0		
	Rotational (Day/Night)	141	13.0	5.0 - 25.0		

U: Mann Whitney U Test, H: Kruskal Wallis H Test, Post Hoc: Mann Whitney U Test with Bonferroni Correction at 95% Confidence Interval, ***p < 0.001, **p < 0.01, *p < 0.05

The findings on healthcare conflict levels among workers are as follows: the median conflict score was 18.0 for males and 19.0 for females, with no significant difference by gender (p = 0.975) (Table 3). In terms of age, a significant difference was observed (p = 0.004). Workers under 30 years had a median score of 17.0, rising to 21.0 in the 31–40 age group, with the difference being statistically significant (p < 0.01). High school graduates had a median score of 16.0, compared to 20.0 for those with postgraduate education, but this difference was not significant (p = 0.114). No significant differences were found between professions (p = 0.350), although emergency medical technicians and paramedics had the highest

Table 3. Evaluation of healthcare conflict levels based on sociodemographic characteristics of healthcare workers

Characteristics	Subcategory	n	Healthcare conflict		p	Post Hoc
			Median	Min-Max		
Gender	Male	109	18.0	7.0 - 35.0	0.975[U]	
	Female	167	19.0	7.0 - 33.0		
Age	Up to 30 years[1]	85	17.0	7.0 - 35.0	**0.004**[H]	**1-2****
	31-40 years[2]	82	21.0	7.0 - 35.0		
	41 years and above[3]	109	19.0	7.0 - 31.0		
Education	High School	10	16.0	7.0 - 35.0	0.114[H]	
	Associate degree	51	18.0	7.0 - 32.0		
	Bachelor's Degree	160	19.0	7.0 - 35.0		
	Postgraduate Degree	55	20.0	11.0 - 29.0		
Profession	Emergency Medical Technician/Paramedic	40	21.0	7.0 - 32.0	0.350[H]	
	Physician	19	20.0	11.0 - 29.0		
	Midwife	10	19.0	7.0 - 25.0		
	Nurse	128	18.0	7.0 - 33.0		
	Administrative Personnel	31	20.0	7.0 - 35.0		
	Health Officer/Technician	45	19.0	7.0 - 35.0		
Department	Emergency Services	56	21.0	7.0 - 32.0	0.885[H]	
	Operating Room/Interventional Lab	47	19.0	7.0 - 35.0		
	Administrative Units	54	19.5	7.0 - 35.0		
	Clinic	58	18.0	7.0 - 33.0		
	Laboratory	19	20.0	8.0 - 31.0		
	Outpatient Clinic	20	15.5	11.0 - 32.0		
	Intensive Care Unit	22	18.0	12.0 - 28.0		
Years of Experience	Less than 10 years[1]	100	17.0	7.0 - 35.0	**0.006**[H]	**1-2****
	11-20 years[2]	103	21.0	7.0 - 35.0		
	More than 21 years[3]	73	18.0	7.0 - 31.0		
Work Schedule	Night Shift Only	8	16.0	7.0 - 25.0	0.269[H]	
	Day Shift Only	127	20.0	7.0 - 32.0		
	Rotational (Day/Night)	141	18.0	7.0 - 35.0		

U: Mann Whitney U Test, H: Kruskal Wallis H Test, Post Hoc: Mann Whitney U Test with Bonferroni Correction at 95% Confidence Interval, ***p < 0.001, **p < 0.01, *p < 0.05

score (median =21.0). For departments, workers in emergency services had a median score of 21.0, while those in outpatient clinics scored 15.5, but the differences were not significant (p = 0.885). Years of experience showed a significant impact (p = 0.006). Workers with less than 10 years of experience scored 17.0, compared to 21.0 for those with 11–20 years, a statistically significant difference ($p < 0.01$). Finally, the median conflict score was 16.0 for night-shift workers and 20.0 for day-shift workers, with no significant differences observed by work schedule (p = 0.269).

Figure 1 presents the structural regression model evaluating the relationship between healthcare conflict and job satisfaction levels.

According to the structural equation model depicted in Figure 1, a statistically significant but weak positive relationship was identified between the healthcare conflict and job satisfaction level (r = 0.185, p = 0.019). It was determined that the level of healthcare conflict explains 0.3% of the variance in job satisfaction.

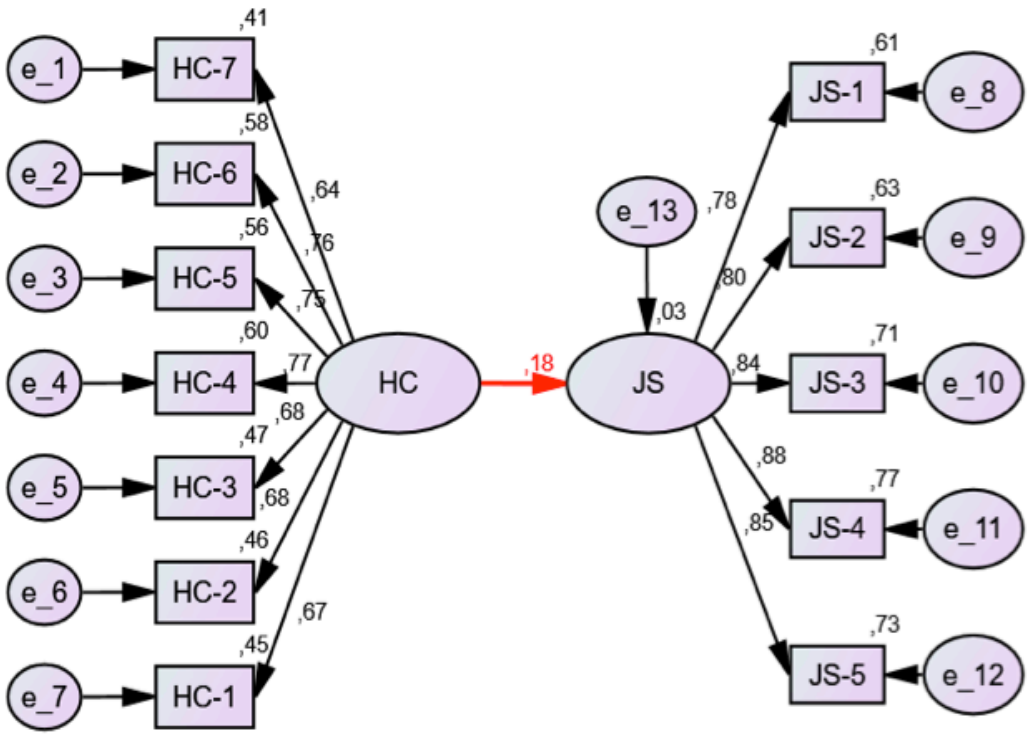

Figure 1. The structural regression model of healthcare conflict and job satisfaction

CMIN/DF=2.19, NFI=0.982, RFI=0.982, GFI=0.988, AGFI=0.983, SRMR=0.051

DISCUSSION

This study evaluates the relationship between job satisfaction and healthcare conflict levels among healthcare workers. Additionally, the study aims to assess healthcare workers' job satisfaction and conflict levels based on their sociodemographic characteristics. In this context, structural validity analyses were conducted for the Job Satisfaction and Healthcare Conflict Scales used in the study.

The Job Satisfaction Scale's structural validity and internal consistency were demonstrated as consistent with its original theoretical structure (37), confirming its unidimensional structure. The Healthcare Conflict Scale, developed with a three-dimensional structure by Forbat, et al. (38), was adapted in Turkish by Ercan and Yurdakoş (39) without modification. In the three-dimensional structure of the scale, the "Discordant Communication Dimension" is measured with a single item. The limitations of measuring phenomena with a single item were highlighted in several studies (40). Therefore, in this study, the structural validity of the Healthcare Conflict Scale was assessed using EFA and CFA. The findings confirmed the structural validity of its unidimensional structure. Based on these findings, the necessity for further studies to establish the structural validity of the Healthcare Conflict Scale has been emphasized.

According to the findings of this study, no significant relationship was identified between sociodemographic factors such as age, education, profession, and department and job satisfaction. Therefore, Hypothesis 1 was rejected. This finding aligns with several studies in the literature (17-20). However, there are studies in the literature indicating that job satisfaction levels among healthcare workers differ significantly based on gender (15, 16).

The findings of this study support those of (20), which concluded that job satisfaction does not differ significantly based on age and education variables. However, contrary findings exist in the literature, with studies identifying a relationship between age and job satisfaction among healthcare workers (16, 21-23).

Similarly, other studies reported an association between education level and job satisfaction among healthcare workers (21, 24, 25). The findings of this study align with those of Ashraf (20) and Yew, et al. (27), which found no relationship between healthcare workers' years of experience and job satisfaction. However, other studies, such as those by Yu, et al. (26), reported a relationship between years of experience and job satisfaction among healthcare workers. The discrepancies in the literature regarding the relationship between healthcare workers' job satisfaction levels and sociodemographic characteristics may stem from variations in the study populations.

Hypothesis 2 examined the relationship between healthcare workers' sociodemographic factors and conflict levels. The findings of this study revealed significant differences in conflict levels based on age and years of experience. Specifically, the median conflict score for the group aged under 30 years was 17.0, rising to 21.0 in the 31-40 age group. The difference between these two groups was found to be statistically significant. Similarly, a significant difference was observed in conflict levels based on years of experience, particularly between those with less than ten years and those with 11-20 years of experience. These findings evaluated that middle-aged healthcare workers in their active working period had higher levels of healthcare service conflict. It is considered that healthcare workers with less working experience may have lower conflict levels due to limited experience and authority, while older healthcare workers may exhibit lower conflict levels due to burnout or reduced expectations over time.

While conflict levels increased with higher education levels, this difference was not statistically significant. Additionally, no significant differences were identified in conflict levels based on gender, profession, or work schedule. These findings are consistent with the study by Akman and Yakut (28), which identified a significant relationship between age

and conflict levels. However, they differed from the studies by Meriç (29) and Özdemir and Özdemir (30), which reported no statistically significant differences in conflict levels based on age or years of experience. Furthermore, this study's findings do not support those of Özdamar et al. (22), who found a relationship between factors such as profession and gender and exposure to violence as an outcome of conflict.

The findings of this study indicate a significant difference between years of experience and conflict levels. These results contrast with those of Özdamar et al. (22), which reported no relationship between work hours and exposure to violence. However, in a labor-intensive sector like healthcare, where shift-based services are provided, the relationship between years of experience and conflict levels could be considered an expected outcome.

The study also found a statistically significant but weak positive relationship between healthcare workers' job satisfaction levels and healthcare conflict levels . It was determined that 0.3% of the variance in job satisfaction could be explained by healthcare conflict levels . When comparing these findings with the literature, they align with Jehn (36) conclusion that high levels of conflict in institutional settings negatively affect organizational efficiency and satisfaction, whereas low levels of conflict in institutions assigning tasks beyond routine duties can be beneficial. Additionally, the findings support Bastyr (3), who observed that low levels of conflict have meaningful and positive outcomes on job satisfaction and that conflict can positively influence individual performance. Furthermore,Hussein and Al-Mamary (5) stated that conflict facilitates changes in leadership models, increases energy and motivation for work success, and helps workers recognize their strengths. The findings of this study are consistent with those of Hussein and Al-Mamary (5).

The findings of this study differ from those of other research. For instance, Jungst and Blumberg (6) reported that workplace conflict reduces job satisfaction. Haji Matarsat, et al. (35) stated that work-family conflict experienced by nurses negatively impacts their health and job satisfaction. Additionally, Monyei, et al. (7) identified workplace conflict as a source of stress that undermines organizational performance, while Bayar and Mete (12) emphasized the negative impact of conflicts on hospital staff's job satisfaction and performance.

This study presents findings contrary to these results, which is significant as it offers a new perspective to the literature. The difference lies in the conflict measured in this study, which specifically focuses on conflicts experienced by healthcare workers with patients and their relatives. This distinct focus provides unique insights into the dynamics of healthcare-related conflicts. High levels of conflict in the workplace reduce the motivation of healthcare workers and negatively impact the quality of patient care. Therefore, conflict is closely related to organizational commitment, job dissatisfaction, and burnout among healthcare workers. While the adverse effects of conflict are well-documented, this study has summarized findings regarding these outcomes.

One significant result of this study is the finding that low levels of conflict can positively affect job satisfaction. Managing workplace conflicts experienced by healthcare workers through effective interventions emerges as a critical necessity at both institutional and individual levels. Creating a healthier work environment that considers the needs and expectations of workers is believed to enhance employee satisfaction and improve service quality in healthcare institutions.

In this study, data were collected using a convenience sampling method from healthcare workers employed at a tertiary hospital in Ankara, limiting the generalizability of the findings. While this study addresses mainly psychosocial factors to explain the relationship between job satisfaction and conflict, it does not extensively examine structural and functional elements related to the work environment and conditions. Future studies should collect data from a larger and more representative

sample across different geographical regions and healthcare institutions. Furthermore, developing more comprehensive models to explain the relationship between job satisfaction and conflict and conducting intervention-focused studies could provide valuable contributions to the literature.

In conclusion; conflicts are a natural occurrence in the healthcare sector due to its labor-intensive nature. However, effectively managing these conflicts is crucial for maintaining efficient and effective healthcare. This study examined the relationship between conflict and job satisfaction in healthcare institutions and the demographic factors influencing this relationship. The findings revealed no significant differences between sociodemographic factors and job satisfaction. However, age and years of experience were associated with conflict levels. The differing results on these findings in the literature highlight the need for further research.

Additionally, a weak positive relationship was identified between healthcare conflict levels and job satisfaction among healthcare workers. This finding suggests that low levels of healthcare conflict might positively influence job satisfaction. The scale used in this study specifically measures how conflicts experienced by patients and their relatives in healthcare are perceived from the perspective of healthcare workers. This relationship carry deeper significance when viewed as a systemic critique by healthcare workers. However, further research is necessary considering the study's limitations and weak statistical relationship.

The study draws attention to the potential of low-level conflicts to enhance job satisfaction. It is recommended that managers develop new strategies for conflict management and that future studies support these findings.

ETHICS COMMITTEE APPROVAL

* The study was approved by the Yıldırım Beyazıt University Scientific Researches Ethics Committee (Date: 27.12.2023 and Number: E-2023-85).

CONFLICT OF INTEREST

The authors declare no conflict of interest.

REFERENCES

1. Keskin T, Ergan M, Başkurt F, Başkurt Z. Fizyoterapistlerde çatışma eğilimi ve iş doyumu ilişkisinin belirlenmesi. Acıbadem Üni Sağ Bil Derg, 2021;12(1):67-71.

2. Brinkert R. A literature review of conflict communication causes, costs, benefits and interventions in nursing. J Nurs Manage, 2010;18(2):145-56.

3. Bastyr V. Managing Conflict in Healthcare Organizations: The College of St. Scholastica; 2019.

4. Kim S, Buttrick E, Bohannon I, Fehr R, Frans E, Shannon SE. Conflict narratives from the health care frontline: A conceptual model. Conf Res Quart, 2016;33(3):255-77.

5. Hussein AFF, Al-Mamary YHS. Conflicts: their types, and their negative and positive effects on organizations. Int J Sci Tech Res. 2019;8(8):10-3.

6. Jungst M, Blumberg B. Work relationships: counteracting the negative effects of conflict. Int J Conf Manage, 2016;27(2):225-48.

7. Monyei FE, Ezinwa PN, Agbaeze EK, Ukpere WI, Ugbam CO, Ndu V. Workplace conflict and the productivity of workers in the healthcare sector: a case study. Corp Gov Organ Behav Rev, 2023;7(3):70-9.

8. Bin AS, Shmailan A. The relationship between job satisfaction, job performance and employee engagement: an explorative study. Issue Busin Manage Econom, 2015;4(1):1-8.

9. Dziuba ST, Ingaldi M, Zhuravskaya M. Workers' job satisfaction and their work performance as elements influencing work safety. Syst Saf, 2020;2(1):18-25.

10. İpşirli M, Namal MK. Main factors that influence job satisfaction. J Manage Econom Res, 2023;21(1):205-23.

11. Deriba BK, Sinke SO, Ereso BM, Badacho AS. Health professionals' job satisfaction and associated factors at public health centers in West Ethiopia. Human Res Health, 2017;15:1-7.

12. Bayar Z, Mete M. Sağlıkta örgütsel çatışma ve çözüm yolları. Selçuk Üni Sos Bil Derg, 2022(14):73-84.

13. Okoli C, Olsen B, Falank C, Denney A, Morse B, Sawhney J. Conflict competence among resident physicians: knowledge and perception. J Surg Edu, 2024;81(12):103310.

14. Haryati DS, Erdiansyah R. Effect of conflict, job satisfaction, and stress on medical staff performance (study in the health facilities, West Jakarta). Tarumanagara International Conference on the Applications of Social Sciences and Humanities (TICASH 2019); 2020: Atlantis Press.

15. Taniş V. Sağlık çalışanlarının algıladıkları hizmet kalitesi ile iş tatmini arasındaki ilişkinin incelenmesi: RTE Üniversite Hastanesi örneği. Yüksek Lisans tezi, Recep Tayyip Erdoğan Üniversitesi/Sosyal Bilimler Enstitüsü, 2019.

16. Atefi N, Lim Abdullah K, Wong LP, Mazlom R. Factors influencing job satisfaction among registered nurses: a questionnaire survey in Mashhad, Iran. J Nurs Manage, 2015;23(4):448-58.

17. Iskandarsyah A, Shabrina A, Djunaidi A, Siswadi AGP. Mental health, work satisfaction and, quality of life among healthcare professionals during the COVID-19 pandemic in an Indonesian sample. Psychol Res Behav Manage, 2021:1437-46.

18. Demirbaş EZ, Özcan A, Erkasap A, Mert G. A study on demographic characteristics, job satisfaction and organizational commitment of opticians. J Health Syst Pol, 2022;4(1):34-57.

19. Savitsky B, Radomislensky I, Hendel T. Nurses' occupational satisfaction during Covid-19 pandemic. Appl Nurs Res, 2021;59:151416.

20. Ashraf MA. Demographic factors, compensation, job satisfaction and organizational commitment in private university: an analysis using SEM. J Global Resp, 2020;11(4):407-36.

21. Diakos GE, Koupidis S, Dounias G. Measurement of job satisfaction among healthcare workers during the COVID-19 pandemic: A cross-sectional study. Med Int, 2022;3(1):2.

22. Özdamar Ünal G, İşcan G, Ünal O. The occurrence and consequences of violence against healthcare workers in Turkey: before and during the COVID-19 pandemic. Fam Pract, 2022;39(6):1001-8.

23. Lu Y, Hu XM, Huang XL, Zhuang XD, Guo P, Feng LF, et al. The relationship between job satisfaction, work stress, work-family conflict, and turnover intention among physicians in Guangdong, China: a cross-sectional study. BMJ Open, 2017;7(5):e014894.

24. Yu X, Zhao Y, Li Y, Hu C, Xu H, Zhao X, et al. Factors associated with job satisfaction of frontline medical staff fighting against COVID-19: a cross-sectional study in China. Front Pub Health, 2020;8(426):1-9.

25. Liao MH, Wu SW, Lee CY, Shieh SH, Tsai Y. Relationship between teamwork climate, job satisfaction and healthcare quality: a cross-sectional study. https://assets-eu.researchsquare.com/files/rs-2938317/v1_covered_53254e91-f035-4b72-a1b1-999cc593a924.pdf?c=1691734944, [Accessed Date: March 30, 2023].

26. Yu X, Zhao Y, Li Y, Hu C, Xu H, Zhao X, et al. Factors associated with job satisfaction of frontline medical staff fighting against COVID-19: a cross-sectional study in China. Front Pub Health, 2020;8:426.

27. Yew S-Y, Yong C-C, Tey N-P, Cheong K-C, Ng S-T. Work satisfaction among nurses in a private hospital. Int J Health Manage, 2020;13(Sup1):156-63.

28. Akman A, Yakut E. Kişiler arası çatışma yönetimi yaklaşımlarının demografik ve kontrol değişkenleri açısından incelenmesi. Int J Soc Sci Res, 2018;7(2):188-210.

29. Meriç F. İşletmelerde çatışma yönetimi: Gaziantep organize sanayi bölgesinde bir uygulama: Yüksek Lisans Tezi, Gaziantep Üniversitesi Sosyal Bilimler Enstitüsü, 2012.

30. Özdemir AY, Özdemir A. Duygusal zeka ve çatişma yönetimi stratejileri arasindaki ilişkilerin incelenmesi: üniversitede çalişan akademik ve idaripersonel üzerine uygulama. Selçuk Üni Sos Bil Enst Derg, 2007(18):393-410.

31. Aloisio LD, Coughlin M, Squires JE. Individual and organizational factors of nurses' job satisfaction in long-term care: a systematic review. Int J Nurs Stud, 2021;123:104073.

32. Bruck CS, Allen TD, Spector PE. The relation between work–family conflict and job satisfaction: A finer-grained analysis. J Voc Behav, 2002;60(3):336-53.

33. Zaghini F, Biagioli V, Fiorini J, Piredda M, Moons P, Sili A. Work-related stress, job satisfaction, and quality of work life among cardiovascular nurses in Italy: structural equation modeling. Appl Nurs Res, 2023;72:151703.

34. Zhao L, Wu J, Ye B, Tarimo CS, Li Q, Ma M, et al. Work–family conflict and anxiety among nurses of the maternal and child health institutions: the mediating role of job satisfaction. Front Pub Health, 2023;11:1108384.

35. Haji Matarsat HM, Rahman HA, Abdul-Mumin K. Work-family conflict, health status and job satisfaction among nurses. Brit J Nurs, 2021;30(1):54-8.

36. Jehn KA. A multimethod examination of the benefits and detriments of intragroup conflict. Adm Sci Q, 1995:256-82.

37. Ekici Z, Buğra E, Kocadağ D. Sağlık çalışanlarının çalışan güvenliği algısının iş tatminine etkisi. Sağ Akademisyen Derg, 2017;4(2):115-25.

38. Forbat L, Mnatzaganian G, Barclay S. The Healthcare Conflict Scale: development, validation and reliability testing of a tool for use across clinical settings. J Interprof Care, 2019;33(6):680-8.

39. Ercan T, Yurdakoş K. Sağlık hizmeti çatışma ölçeğinin Türkçeye uyarlanması: geçerlilik ve güvenilirlik çalışması. Cumhuriyet Üni Sağ Bil Enst Derg, 2023;8(3):393-9.

40. Diamantopoulos A, Sarstedt M, Fuchs C, Wilczynski P, Kaiser S. Guidelines for choosing between multi-item and single-item scales for construct measurement: a predictive validity perspective. J Academy Market Sci, 2012;40(3):434-49.