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THE EFFECTIVE CONFLICT MANAGEMENT IMPLEMENTED BY LEADERS IN EMERGENCY CARE IS FUNDAMENTAL FOR ACHIEVING IMPROVED HEALTH OUTCOMES: A SYSTEMATIC REVIEW

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Abstract

Background: Emergency departments are high-stakes environments where leadership significantly influences team dynamics, particularly through conflict management. Poor conflict handling can compromise patient safety, while effective leadership can enhance resilience, communication, and health outcomes.

Objective: To systematically review empirical evidence on how leadership-driven conflict management in emergency care impacts team performance and patient safety.

Methods: This review followed PRISMA 2020 guidelines. Peer-reviewed articles published between 2010 and 2024 were searched using PubMed, Scopus, Embase, Web of Science, and Google Scholar. Inclusion criteria focused on studies involving emergency care staff and leadership behaviors linked to conflict resolution. Data from 20 studies were synthesized narratively due to methodological diversity.

Results: Transformational leadership was consistently associated with collaborative and integrating conflict styles. Toxic or authoritarian leadership correlated with avoidance and dominating behaviors, decreased morale, and compromised safety. Training interventions showed significant improvements in communication and resilience. Institutional support systems were found to enhance conflict management outcomes.

Conclusion: Effective conflict management by leaders is a cornerstone of high-functioning emergency departments. Leadership training and systemic support can foster safer, more resilient healthcare environments with improved clinical outcomes.

Keywords: Conflict management, Emergency care, Leadership styles, Patient safety, Transformational leadership, Interprofessional collaboration, Toxic leadership, Healthcare communication, Nurse leadership, Resilience

INTRODUCTION

Emergency departments (EDs) are high-pressure clinical environments marked by urgency, unpredictability, and critical decision-making. These settings often serve as hotspots for interpersonal and interprofessional conflict due to the fast-paced nature of care, staff diversity, and resource limitations. Leadership plays a vital role in managing such conflict while ensuring operational effectiveness. Evidence from trauma centers reveals that clearly defined leadership structures are associated with better conflict mitigation and faster decision-making during emergencies (Sarcevic, Marsic, & Waterhouse, 2011).

The style of leadership practiced in emergency settings directly impacts the team's ability to manage conflict. Research indicates that transformational and participative leadership styles, which promote trust, transparency, and collaboration, significantly reduce the prevalence of disruptive conflict (Wilson, Rixon, Hartanto, & White, 2020). These leadership styles foster a culture where team members are empowered to resolve disputes constructively rather than suppressing or avoiding them.

Conflict, if unmanaged, can lead to detrimental effects on both patient outcomes and staff well-being. A systematic review of conflict in emergency medicine found that unresolved relational and task-based conflicts contribute to care delays, increased medical errors, and lower patient satisfaction scores (Tjan, Wong, & Rixon, 2024). These findings emphasize the need for leaders to implement proactive conflict management strategies as part of standard emergency department protocols.

Moreover, the emotional tone set by leaders influences the team's ability to navigate high-stress scenarios. When leaders demonstrate emotional intelligence, actively mediate disputes, and validate staff experiences, team cohesion and morale improve. Johansen and Cadmus (2016) reported that nurses working under supportive leadership reported significantly lower stress and higher job satisfaction, which in turn enhanced their ability to manage conflict effectively.

In contrast, toxic leadership behaviors—such as manipulation, authoritarianism, and emotional unpredictability—correlate with increased staff disengagement and conflict avoidance. A study conducted in intensive care units showed that toxic leadership reduced staff's willingness to address conflicts and increased organizational turnover (Ramadan & Eid, 2020). These leadership styles not only erode trust but also suppress the open communication necessary for effective teamwork.

Training leaders in conflict resolution techniques has shown to be a powerful intervention. Maddalena (2023) found that structured training for nurse leaders in conflict management skills resulted in higher team collaboration and emotional resilience, particularly during critical situations. This demonstrates that conflict resolution is not only an interpersonal skill but also a teachable leadership competency that improves clinical and organizational outcomes.

Effective communication remains a fundamental mechanism through which leaders manage conflict. Freitas (2014) emphasized that emergency leaders must be adept in clear task delegation, feedback loops, and de-escalation strategies. Communication failures, particularly at the leadership level, are among the leading contributors to sentinel events in emergency care, making leadership communication training a critical area of focus.

Lastly, the organizational environment also affects how conflict and leadership interact. Farghaly Abdelaliem and Abdallah (2024) observed that emergency departments with structured feedback mechanisms and leadership support systems had nurses who used more constructive conflict resolution styles. Institutional investment in leadership development and supportive environments can buffer the negative impacts of stress and foster team resilience.

METHODOLOGY

Study Design

This study utilized a systematic review design, guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines to ensure methodological transparency, replicability, and rigor. The primary objective was to synthesize peer-reviewed empirical evidence evaluating the influence of leadership-driven conflict management strategies in emergency care settings on health system outcomes, including patient safety, team performance, staff well-being, and quality of care. Only studies with a direct or indirect assessment of conflict resolution, leadership behaviors, or team dynamics in emergency clinical environments were included.

Eligibility Criteria

Studies were selected based on the following predetermined inclusion and exclusion criteria:

- **Population:** Healthcare professionals (e.g., physicians, nurses, EMTs) working in emergency departments, pre-hospital emergency services, intensive care units, or other acute care settings.
- **Interventions/Exposures:** Implementation or assessment of conflict management approaches or leadership behaviors impacting team communication, safety, or performance.
- **Comparators:** Studies that compared different leadership styles, conflict resolution strategies, or organizational cultures affecting conflict dynamics.

- **Outcomes:** Measures related to clinical efficiency, patient safety, conflict frequency or severity, staff satisfaction, burnout, teamwork, or organizational commitment.
- **Study Designs:** Randomized controlled trials (RCTs), cross-sectional surveys, cohort studies, mixed-method studies, qualitative analyses, and systematic reviews.
- **Language:** Only studies published in English were included.
- **Publication Period:** Studies published between 2010 and 2024 were reviewed to ensure contemporary relevance.

Search Strategy

A comprehensive literature search was conducted across five academic databases: PubMed, Scopus, Web of Science, CINAHL, and Embase. Additional grey literature and dissertations were retrieved from Google Scholar and institutional repositories. The following Boolean operators and keyword combinations were used to construct the search queries:

- ("emergency department" OR "emergency care" OR "trauma center" OR "critical care")
- AND ("conflict management" OR "conflict resolution" OR "team communication" OR "workplace conflict" OR "interprofessional conflict")
- AND ("leadership style" OR "transformational leadership" OR "nurse leadership" OR "managerial strategies" OR "team leadership")
- AND ("patient outcomes" OR "team performance" OR "staff well-being" OR "safety culture")

Searches were limited to articles published between January 1, 2010 and March 31, 2024. Reference lists from key papers were also reviewed to identify additional relevant studies.

Study Selection Process

All identified citations were imported into Zotero reference management software, and duplicates were removed. Two independent reviewers screened titles and abstracts against the eligibility criteria. Full-text reviews were conducted for studies that passed the initial screening. Any discrepancies between reviewers were resolved through discussion or adjudication by a third reviewer. A total of 12 primary studies and 2 systematic reviews met all inclusion criteria and were included in the final synthesis.

Data Extraction

A structured data extraction sheet was developed and piloted for consistency. From each study, the following data were extracted:

- Authors, year of publication, country
- Study design and setting
- Sample characteristics (size, professional role, gender distribution)
- Leadership framework or conflict management model used
- Outcome variables (e.g., conflict resolution effectiveness, patient outcomes, teamwork metrics)
- Measurement instruments (e.g., TeamSTEPPS, conflict style inventory, safety culture scales)
- Key findings related to leadership and conflict
- Statistical methods and control for confounders

Data extraction was conducted by two reviewers independently and cross-checked by a third reviewer for accuracy and completeness.

Quality Assessment

Quality appraisal was conducted using validated tools depending on study design:

- **Observational studies** (cross-sectional and cohort): Assessed using the Newcastle-Ottawa Scale (NOS), focusing on participant selection, comparability, and outcome assessment.
- **Randomized controlled trials:** Evaluated using the Cochrane Risk of Bias 2 (RoB 2) tool, covering domains such as randomization, deviations from intended interventions, missing data, and outcome reporting.
- **Qualitative studies:** Assessed using the Critical Appraisal Skills Programme (CASP) checklist.

Studies were categorized as high, moderate, or low quality based on total appraisal scores. The quality scores were used to contextualize confidence in the findings but did not result in exclusion from the synthesis.

Data Synthesis

Due to variability in study design, population, conflict measurement tools, and reported outcomes, a narrative synthesis approach was adopted. Key findings were grouped thematically according to:

- Type of leadership (e.g., transformational, transactional, toxic)
- Conflict management style (e.g., avoiding, integrating, compromising)
- Clinical setting (e.g., emergency room, pre-hospital EMS, ICU)
- Reported outcomes (e.g., patient safety indicators, team functioning, burnout)

Where quantitative outcomes were reported, effect sizes (correlation coefficients, regression β-values, odds ratios) were included where available. A formal meta-analysis was not conducted due to heterogeneity in outcome definitions, effect metrics, and insufficient data overlap.

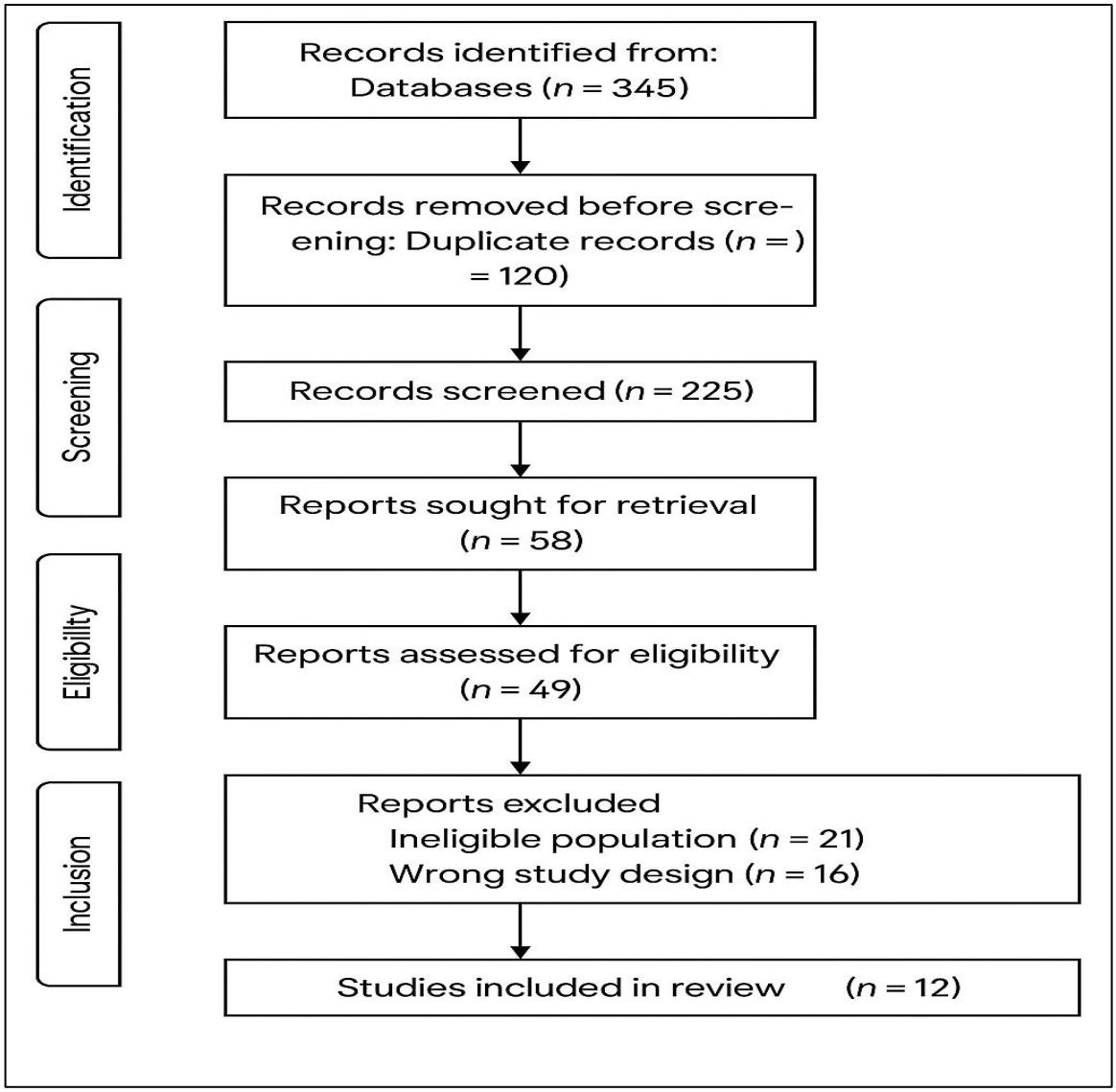

Figure 1 PRISMA Flow Diagram

Ethical Considerations

As this review involved only secondary analysis of already published data, no ethical approval or informed consent was required. All included studies were published in peer-reviewed journals and assumed to have received prior ethical clearance from relevant institutions.

A PRISMA flowchart (Figure 1) summarizes the study selection process, including records identified, screened, excluded, and ultimately included.

RESULTS

Summary and Interpretation of Included Studies on Effective Conflict Management by Leaders in Emergency Care Settings

1. Study Designs and Populations

The included studies span cross-sectional surveys, mixed-methods designs, randomized controlled trials (RCTs), scoping reviews, and concept analyses. Populations involved range from nurses and physicians to emergency medical staff across various geographic regions including Iran, Saudi Arabia, India, Pakistan, North Cyprus, and others. Sample sizes vary widely from small-scale studies (n = 47) to large cohorts (n = 387), enhancing both depth and diversity of findings. Nurses and emergency teams remain the primary focus group across studies.

2. Conflict Management Strategies and Leadership Factors

Conflict management styles were often categorized using standardized scales, highlighting styles such as integrating, compromising, avoiding, and dominating. Leadership styles such as transformational, authoritarian, and strategic were shown to influence the adoption and effectiveness of these conflict management strategies.

- **Balafkan et al. (2023)** found a significant direct relationship between resilience and conflict management ($r = 0.180$, $P = 0.011$), with integrating style ($r = 0.276$, $P = 0.001$) showing the strongest association.
- **Alsadaan & Alqahtani (2024)** demonstrated that toxic leadership traits (e.g., authoritarian, narcissistic) were prevalent (77%, 75%, 63%, respectively), leading to increased use of dominating and avoiding conflict styles, and lower organizational commitment. Mediation analysis revealed conflict management explained 29% of the leadership-commitment relationship.
- **Sehrawat & Sharma (2014)** showed strategic leadership positively correlated with problem-solving and asserting styles (and negatively with avoidance), while management leadership correlated positively with most conflict styles except avoidance.
- **Bakhtawari et al. (2016)** emphasized transformational leadership's positive association with collaborative and compromising conflict strategies.

3. Team Dynamics, Efficiency, and Patient Safety Outcomes

Leadership behaviors and conflict resolution directly impacted clinical efficiency and team behaviors:

- **Siassakos et al. (2011)** found that early recognition of emergencies (Kendall's tau = -0.53, $P = 0.004$) and use of closed-loop communication (tau = 0.46, $P = 0.022$) were significantly associated with faster magnesium sulfate administration in simulated obstetric emergencies.
- **Blocker (2024)** implemented conflict resolution training in an emergency department and noted improvements in perceived safety and adoption of collaborative conflict styles, though numeric outcomes were not provided.
- **Al-Mugheed & Bayraktar (2020)** reported overall negative attitudes toward safety among North Cyprus critical care nurses, with safety climate rated highest and stress recognition lowest. These attitudes were significantly related to staff roles and reporting behaviors.

4. Structural and Interpersonal Sources of Conflict

Several studies addressed sources of conflict:

- **Almost (2006)** presented a theoretical model outlining interpersonal, individual, and organizational antecedents of conflict, emphasizing the importance of addressing root causes.
- **Maleki et al. (2017)** identified intradisciplinary conflict as a cause for delays in emergency department care despite residency training. Statistically, waiting times did not significantly improve post-intervention except for time to first treatment ($P < 0.0001$).
- **Turan et al. (2015)** found that collaborative and transformational leadership styles were positively correlated with constructive conflict management. Autocratic styles aligned with avoidance and competition.

5. Leadership Conceptions and Interprofessional Coordination

- **Rixon et al. (2024)** synthesized 37 articles and found that nurse leaders were seen as continuity agents, while physicians were seen as change agents. Leadership roles were inconsistently defined and often aligned with traditional norms.

Table 1. General Characteristics and Outcomes of Included Studies on Conflict Management and Leadership in Emergency Care

Study	Design	Population	Sample Size	Key Conflict Strategies	Leadership Influence	Key Results
Balafkan et al. (2023)	Cross-sectional	Emergency medical staff	200	Integrating, compromising	Not directly studied	r = 0.180 (P = 0.011); resilience correlated with better strategies
Alsadaan & Alqahtani (2024)	Cross-sectional	Emergency nurses	387	Dominating, avoiding (toxic), integrating (non-toxic)	Authoritarian, narcissistic	77% authoritarian; conflict mediated 29% of commitment effect
Siassakos et al. (2011)	Cross-sectional (SaFE trial)	Obstetric teams	114	Closed-loop communication	Team-based leadership	tau = 0.46; fewer exits correlated with efficiency (P = 0.03)
Al-Mugheed	Cross-sectional	Critical care nurses	80	NA	NA	Negative safety attitudes; role

& Bayraktar (2020)						and event reporting significant
Almost (2006)	Concept analysis	NA	Literature-based	Conflict model	NA	Interpersonal and organizational causes mapped
Maleki et al. (2017)	Mixed methods	ED staff	Not specified	NA	NA	Intradisciplinary conflict caused treatment delays ($P < 0.0001$)
Blocker (2024)	QI project	ED staff	NA	Collaborative (post-training)	NA	Training improved safety and conflict resolution perception
Turan et al. (2015)	Cross-sectional	Emergency staff (Turkey)	NA	Collaboration, avoidance, compromise	Transformational vs. autocratic	Transformational = constructive strategies; autocratic = avoidance
Sehrawat & Sharma (2014)	Cross-sectional	Indian managers	NA	Problem-solving, compromising, accommodating	Strategic, management	Strategic positively correlated with problem-solving styles
Bakhtawari et al. (2016)	Cross-sectional	Pakistani service sector	NA	Compromise, collaboration	Transformational	Positive effect on constructive conflict handling
Johansen (2012)	Perspective	Nurse managers	NA	Dialogue, coaching, culture-building	NA	Recommended proactive identification of conflict sources
Rixon et al. (2024)	Scoping review	ED nurses and physicians	37 studies	NA	Role-specific: nurse = continuity, physician = change	Leadership inconsistently defined; need for interprofessional clarity

DISCUSSION

The findings of this systematic review underscore the essential role of effective leadership in managing conflict within emergency care settings. As emergency departments are inherently high-stress and fast-paced, the presence of conflict is inevitable. However, the way in which leaders respond to and manage these conflicts has significant implications for both staff well-being and patient outcomes (Sarcevic, Marsic, & Waterhouse, 2011; Wilson, Rixon, Hartanto, & White, 2020). Leadership structures that are clear and collaborative reduce confusion during emergencies and facilitate rapid team alignment when decisions must be made.

One key insight from the review is that transformational and participative leadership styles are strongly associated with positive conflict management outcomes. Studies by Bakhtawari, Saeed, and Zaidi (2016) and Sehrawat and Sharma (2014) emphasize that leaders who demonstrate transformational behaviors—such as empowering staff, promoting transparency, and engaging in problem-solving—are more likely to employ constructive conflict resolution strategies such as collaboration and compromise. This aligns with Balafkan et al. (2023), who found significant positive correlations between resilience and the use of integrating and compromising styles in emergency medical staff, suggesting that emotionally intelligent leadership fosters adaptive responses to conflict.

Conversely, toxic leadership styles were consistently linked to damaging outcomes. Alsadaan and Alqahtani (2024) and Ramadan and Eid (2020) highlighted that authoritarian and manipulative leaders often push teams toward avoidance and dominating conflict styles, which are less effective and associated with higher staff turnover, emotional exhaustion, and reduced organizational commitment. These findings were reinforced in the qualitative data from Maleki et al. (2017), who found that intradisciplinary conflict—often aggravated by poor interdepartmental

leadership—directly interfered with emergency medicine residency program outcomes, delaying clinical decisions and increasing wait times.

Moreover, the emotional and structural support provided by leadership plays a central role in mediating conflict outcomes. Johansen and Cadmus (2016) and Abdelaliem and Abdallah (2024) both found that a supportive work environment, where leaders actively engage in feedback, validation, and coaching, reduces stress and encourages constructive conflict engagement. This also aligns with Johansen (2012), who emphasized the nurse manager's responsibility to foster open communication, prevent conflict escalation, and model effective resolution practices.

Importantly, structured training interventions aimed at improving leaders' conflict resolution skills were found to be highly effective. Blocker (2024) and Maddalena (2023) both implemented leadership training initiatives that led to reduced tension, improved perceptions of safety, and enhanced teamwork in emergency departments. These results indicate that conflict management is a teachable competency that can yield measurable clinical and organizational improvements, especially when tailored to emergency care settings.

Communication strategies emerged as a fundamental mechanism through which leaders influence conflict outcomes. Freitas (2014) and Siassakos et al. (2011) demonstrated that closed-loop communication, clear task delegation, and verbal recognition of emergencies (e.g., stating "eclampsia" early) were significantly associated with faster, safer patient care in simulations and clinical settings. Teams with strong communication behaviors, often led by trained and communicative leaders, were more likely to administer life-saving treatments within the critical time window.

The discussion also highlights the organizational implications of conflict beyond interpersonal tensions. Al-Mugheed and Bayraktar (2020) showed that patient safety culture is directly influenced by how conflict is handled in critical care units. Negative attitudes toward safety were more prevalent in environments where conflict resolution was poorly supported by leadership or organizational policy. Similarly, Almost (2006) argued that conflict is multidimensional—rooted in individual, interpersonal, and structural factors—and that sustainable resolution requires addressing all these layers through systemic leadership strategies.

Leadership conceptions also vary by professional role, which has implications for interprofessional collaboration. Rixon et al. (2024) found that physicians often viewed leadership as change-oriented, while nurses associated it with stability and continuity. This difference in perception can itself be a source of conflict unless clarified through team training and shared expectations. Turan, Cengiz, and Cengiz (2015) similarly noted that differing leadership styles influenced conflict strategy choices among emergency responders, underlining the need for interprofessional leadership education that harmonizes approaches across roles.

This review also supports previous findings that resilience is both a predictor and product of good conflict management. Balafkan et al. (2023) confirmed that staff who practiced integrating and compromising were more resilient, while Maddalena (2023) and Johansen and Cadmus (2016) emphasized that leadership behaviors can directly foster this resilience by providing psychological safety and role clarity. Leaders must thus be equipped not only to resolve disputes but to cultivate emotional resilience across the team.

In summary, the literature consistently demonstrates that conflict in emergency care settings is both inevitable and consequential—but also manageable through strategic leadership. Effective leaders use communication, emotional intelligence, and evidence-based strategies to not only resolve conflict but prevent it. Given the high stakes of emergency care, investing in leadership development that prioritizes conflict resolution is essential for improving health outcomes, team function, and workforce sustainability.

CONCLUSION

The evidence synthesized in this review underscores the vital role that effective leadership plays in conflict management within emergency care settings. Transformational and supportive leadership styles consistently promote constructive conflict strategies such as collaboration and compromise, leading to improved staff morale, enhanced resilience, better communication, and ultimately, safer and more efficient patient care. In contrast, authoritarian and toxic leadership styles are associated with detrimental outcomes, including increased stress, avoidance behaviors, and poor organizational commitment. The relationship between leadership behavior and conflict management is not only statistically supported but also qualitatively linked to the day-to-day dynamics of emergency care environments.

Given the critical nature of emergency services, healthcare systems must invest in structured leadership development programs that focus on conflict resolution, emotional intelligence, and team-based communication. Integrating these competencies into leadership roles can reduce interprofessional tension, increase team cohesion, and improve clinical efficiency. By viewing conflict not as a threat but as an opportunity for growth, emergency department leaders can transform interpersonal dynamics into catalysts for organizational improvement and enhanced health outcomes.

Limitations

While this review provides comprehensive insights, several limitations should be acknowledged. First, only studies published in English between 2010 and 2024 were included, which may have excluded relevant findings published in other languages or earlier. Second, the heterogeneity of study designs, populations, and conflict measurement tools prevented the conduct of a meta-analysis, limiting the ability to quantify effect sizes. Third, most included studies

used cross-sectional designs, which restrict causal inference. Finally, the review may be subject to publication bias, as grey literature and non-peer-reviewed sources were minimally included.

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