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Structured communication, de-escalation, and service recovery interventions for nurse-patient conflict management: a systematic review and meta-analysis protocol

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Wu, J; Lan, QY; Feng, SY; Sheng, XX; Wang, X.

Corresponding author:
Wang Huafen

lqy64205@163.com

Author Affiliation:
The First Affiliated Hospital of Zhejiang University School of Medicine.

ADMINISTRATIVE INFORMATION

Support - Person.

Review Stage at time of this submission - The review has not yet started.

Conflicts of interest - None declared.

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Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 2 June 2026 and was last updated on 2 June 2026.

INTRODUCTION

Review question / Objective Population: Registered nurses, clinical nurses, emergency nurses, outpatient nurses, psychiatric nurses, long-term care nurses, healthcare workers, health personnel, or multidisciplinary healthcare teams in which nurses are central participants.
Intervention or exposure: Structured patient or family communication interventions; communication skills training; de-escalation training; aggression management training; workplace violence prevention training with communication or de-escalation components; service recovery; complaint management; AIDET or similar structured communication frameworks; simulation-based communication or conflict management training.
Comparator: Usual practice, no intervention, wait-list control, alternative training, pre-intervention baseline, or other comparator conditions reported by eligible studies.
Outcomes: Patient complaints, complaint rates, conflict events, aggression, workplace violence, seclusion or restraint when related to aggression management, patient satisfaction, family satisfaction, communication quality, communication confidence, self-efficacy, burnout, perceived stress, staff attitudes, knowledge, skills, safety-related outcomes, and implementation outcomes.
Context: Hospitals, emergency departments, outpatient departments, inpatient wards, psychiatric settings, intensive care units, long-term care facilities, community healthcare services, and other clinical healthcare settings.

Rationale Nurse-patient and nurse-family conflict is a persistent challenge in healthcare settings and may contribute to patient complaints, aggression, workplace violence, dissatisfaction with care, and adverse psychological outcomes among nurses, including reduced communication confidence, stress, and burnout. In response, healthcare organizations have implemented diverse interventions, including structured communication

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tools, communication skills training, de-escalation training, aggression management programmes, workplace violence prevention training, AIDET-based communication, service recovery, and complaint management strategies.

However, these interventions differ substantially in their theoretical basis, target population, delivery format, duration, setting, and measured outcomes. Existing evidence is also dispersed across nursing, emergency care, psychiatric care, patient experience, and healthcare quality improvement literature. To date, there is no comprehensive synthesis focused specifically on interventions relevant to nurse-patient conflict management that integrates structured communication, de-escalation, and service recovery approaches.

This systematic review and meta-analysis will address this gap by identifying, appraising, and synthesizing available evidence on these interventions. Where studies are sufficiently comparable, quantitative synthesis will be conducted to estimate intervention effects on complaints, conflict or violence-related outcomes, patient satisfaction, nurse burnout, communication confidence, and self-efficacy. Where meta-analysis is not appropriate, a structured narrative synthesis will be used to clarify intervention types, implementation features, and evidence gaps.

Condition being studied The condition being studied is nurse-patient and nurse-family conflict in healthcare settings, including communication-related conflict, patient or family complaints, aggression, workplace violence directed toward nurses or healthcare workers, and related adverse patient-, staff-, and service-level outcomes.

This review focuses on interventions intended to prevent, manage, de-escalate, or recover from such conflict, including structured communication, de-escalation training, aggression management, workplace violence prevention, service recovery, complaint management, AIDET, and simulation-based communication training. Outcomes of interest include patient complaints, conflict events, aggression, violence, patient satisfaction, communication quality, nurse burnout, perceived stress, communication confidence, and self-efficacy.

METHODS

Search strategy The PubMed search strategy is shown below and will be adapted for other databases using relevant controlled vocabulary, subject headings, proximity operators, and database-specific syntax.(("nurs*"[Title/Abstract] OR "healthcare worker*"[Title/Abstract] OR "health personnel"[MeSH Terms] OR "health personnel"[Title/Abstract] OR "health professional*"[Title/Abstract])
AND
("communication skills training"[Title/Abstract] OR "structured communication"[Title/Abstract] OR "de-escalation"[Title/Abstract] OR "de escalation"[Title/Abstract] OR "conflict management"[Title/Abstract] OR "violence prevention training"[Title/Abstract] OR "aggression management"[Title/Abstract] OR "service recovery"[Title/Abstract] OR "complaint management"[Title/Abstract] OR AIDET[Title/Abstract] OR "patient-centered communication"[Title/Abstract] OR "simulation-based training"[Title/Abstract])
AND
("nurse-patient"[Title/Abstract] OR "patient satisfaction"[Title/Abstract] OR complaint*[Title/Abstract] OR conflict*[Title/Abstract] OR violence[Title/Abstract] OR aggression[Title/Abstract] OR burnout[Title/Abstract] OR "self-efficacy"[Title/Abstract] OR confidence[Title/Abstract] OR "communication quality"[Title/Abstract]))The search will combine terms for population, intervention concept, and outcomes or context. Search records, database names, search dates, search strings, limits, and the number of retrieved records will be documented in a search log.

Participant or population The population will include nurses, clinical nurses, emergency nurses, outpatient nurses, psychiatric nurses, long-term care nurses, and other healthcare workers or health personnel involved in patient or family communication in clinical healthcare settings.

Studies involving multidisciplinary healthcare teams will be eligible when nurses are included as core participants or when the intervention is relevant to nurse-patient or nurse-family conflict management. Patients, family members, caregivers, or visitors may also be included as recipients of the intervention or as sources of patient-, family-, complaint-, satisfaction-, aggression-, or violence-related outcomes.

Intervention Eligible interventions will include structured communication, de-escalation, service recovery, complaint management, and conflict management strategies designed to improve nurse-patient or nurse-family interactions in healthcare settings.

Specific interventions may include communication skills training, patient- or family-centered communication training, verbal de-escalation training, aggression management training, workplace violence prevention training with

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communication or de-escalation components, AIDET or similar structured communication frameworks, service recovery programmes, complaint management interventions, and simulation-based training for difficult conversations, aggression, violence, or conflict management.

Comparator Eligible comparators will include usual practice, no intervention, wait-list control, pre-intervention baseline, alternative training programmes, standard communication practice, or other control conditions reported by the included studies.
For uncontrolled before-after studies or quality improvement projects, the comparator may be the pre-intervention period or baseline measurement. Studies without a formal comparator may still be included in the narrative synthesis if they provide relevant intervention and outcome data.

Study designs to be included Randomized, nonrandomized, quasi-experimental, pre-post, quality improvement, implementation, and mixed-methods studies with relevant outcome data will be included. Reviews, protocols, editorials, and insufficient abstracts will be excluded.

Eligibility criteria We will include English-language human studies conducted in healthcare settings that report an intervention relevant to nurse-patient or nurse-family communication, conflict management, de-escalation, service recovery, or complaint management.
We will exclude studies focused only on prevalence, risk factors, patient education, student-only training, staff-staff communication, non-healthcare settings, protocols without results, reviews, editorials, letters, and abstracts without sufficient data.

Information sources We will search PubMed/MEDLINE, Web of Science, Embase, CINAHL, Cochrane Library, and Scopus. Reference lists of included studies and relevant reviews will be checked. When necessary, study authors may be contacted for missing information. Trial registers and grey literature sources may also be searched if relevant.

Main outcome(s) Main outcomes will include patient complaints, conflict events, aggression, workplace violence, patient or family satisfaction, communication quality, nurse burnout, perceived stress, communication confidence, and self-efficacy.
Outcomes will be assessed at post-intervention and follow-up time points when reported. Effect measures will include risk ratios or odds ratios for dichotomous outcomes, mean differences or standardized mean differences for continuous outcomes, and rate ratios for event or rate outcomes.

Quality assessment / Risk of bias analysis Two reviewers will independently assess study quality. Randomized trials will be assessed using the Cochrane RoB 2 tool, and nonrandomized intervention studies using ROBINS-I. For pre-post or quality improvement studies, appropriate JBI critical appraisal tools may be used. Disagreements will be resolved by discussion or consultation with a third reviewer.

Strategy of data synthesis Study characteristics and findings will first be summarized narratively by intervention type, setting, population, and outcome. Meta-analysis will be conducted when studies are sufficiently comparable. Random-effects models will be used as the primary approach. Effect estimates will be pooled as risk ratios, odds ratios, mean differences, standardized mean differences, or rate ratios, as appropriate. Heterogeneity will be assessed using I^2 and tau^2. When pooling is not appropriate, findings will be synthesized narratively.

Subgroup analysis If sufficient studies are available, subgroup analyses will be conducted by intervention type, setting, participant group, study design, training format, intervention duration, and outcome domain. Subgroup findings will be interpreted as exploratory.

Sensitivity analysis Sensitivity analyses may be conducted by:
Excluding studies at high or critical risk of bias.
Excluding uncontrolled before-after studies.
Restricting analyses to randomized or controlled studies.
Excluding studies with imputed standard deviations or converted outcome data.
Excluding outlier studies with extreme effect sizes.
Using alternative effect measures or model assumptions.
Comparing fixed-effect and random-effects models.
Excluding studies with very short follow-up or unclear intervention fidelity.

Country(ies) involved China.

Keywords Nurse-patient communication; de-escalation; conflict management; workplace violence; service recovery.

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Contributions of each author

Author 1 - Wu Jun - WJ drafted the manuscript. LQY and FSY performed data extraction, data analysis, and interpretation. SXX contributed to study selection and quality assessment. WX supervised the review process and critically revised the manuscript for important intellectual content. All authors reviewed and approved the final manuscript.

Email: wujun0311@zju.edu.cn
Author 2 - Lan, QY.
Author 3 - Feng, SY.
Author 4 - Sheng, XX.
Author 5 - Wang, X.

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