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NURSING

MSc Solved Question Papers

for 2nd Year

2019–2014

Examination Guide with Important Theories

As per the syllabus of Indian Nursing Council (INC)

Elakkuvana Bhaskara Raj D

2nd Edition

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Nursing Management

Paper September 2018

LONG ESSAY

1. Explain in detail about current trends and issues in nursing administration and education.
2. Discuss on healthcare delivery system in the state.
3. List the principle involved in planning. Enumerate on coordination between nursing service and education.
4. Define nursing audit. What are the standards of quality assurance?

SHORT ESSAY

5. Techniques of conflict management.
6. Collective bargaining.
7. Standard safety measure.
8. Cost-benefit analysis.

LONG ESSAY

1. Explain in detail about current trends and issues in nursing administration and education.

Nursing possesses a rich history characterized by compassion, dedication and service. As society's culture continues to experience change, the profession of nursing is undergoing continuous evolution.

Current Trends and Development in Nursing Administration

Nursing Service in Ancient Times

Introduction to simple nursing can be traced to ancient civilization. In the book of Charaka, it is mentioned that, "The physician, drug, nurse and patient constitute an aggregate of four." Nurse educators and administrators are now stating a new framework in which the graduate nurse should function.

Influence of Christian Era on Nursing Services

The Parable of Good Samaritan is closely interwoven into nursing service. The Christians applied the parable into their concern for the welfare of the individual. The attitude of taking care of a person as a patient has continued to influence nursing service and hospitals.

The ideal of service has been far reaching in the history of nursing service. Nursing service today realizes that after all, nurses are human too and are entitled to a decent living.

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Emergence of Modern Nursing Service

In the 18th century with the emergence of modern medicine and hospital, adequate nursing service became a prime necessity. The expected qualities of nurses included her being fit and able to go through the necessary fatigue of her undertakings, a good watcher, quick in hearing, well-tempered, cheerful, pleasant constantly careful and diligent at night and day, sober, observant to follow physician's order.

Nursing Service within the Modern Hospital

During 1935–1950, social forces had a tremendous influence upon the development of nursing services. In 1936, the manual essentials of good hospital service was published under the sponsorship of the American Hospital Association and the National League for Nursing Education. This was published to give recognition to the minimum standards of average patient care. The purpose of the manual was to set up principles by which nursing services could function.

Administration was concerned with placing of nursing service as a whole in the hospital. The director of nurses won control over many administrative aspects of the nursing service. Nursing service continued to be responsible for supplies and equipment and for the employment and discharge of nursing service personnel. With the expansion of services to patients, the nursing director was forced to delegate more responsibility and authority to the nurses of the patient's unit. The role of graduate nurse in most hospitals became one of coordinating nursing services and hospital services.

Nursing Service in a Bureaucratic System

The second phase of hospital and nursing service administration is called the bureaucratic system of control. The nursing service groups were brought under one line of authority.

The informal relations unite people together and the vertical lines of communication unite the level of hierarchy. During the system, the decisions were made through the interaction of three groups; the administration, the medical staff and the board of trustees.

Hospital Nursing Service at Mid century

During the period from 1950s, numerous studies were performed on problems related to patient care. At mid century, the tradition of the hospital as the clinical workshop for the doctor was changed to the patient-centered institution. Specialists began working together to meet the total needs of the patient.

Emergence of Nursing Service Administration

The National Nursing Council published its report 'Nursing for the Future', which is known as the Brown's Report. Brown's viewpoint was that nursing service and nursing education should be viewed in terms of what is good for the society. The report indicated that, in nursing service, administrative and supervisory staffs tend to be authoritarian and nurses had little freedom in taking decisions and judgment for the care of patients. Little opportunity was provided for nurse administrators to participate in policy decision making. Brown's report pointed out the need for sound legislation regarding, the training and functions of practical nurse and other health workers and also stressed the need for professional and highly technical nursing education and mentioned that, it should be undertaken by universities and colleges.

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The study conducted at Teacher's College, Columbia University, resulted in the establishment of courses in nursing service administration. The first definition of nursing administration was formulated "Nursing service administration is a coordinated system of activities, which provide all the facilities necessary for rendering of nursing care to the patient, it includes establishment of goals and policies."

Emergence of Patient-centered Approach

In 1951, a research and experimental program on the organization of nursing services on a team basis, began at Teacher's College Columbia University and as a result, the concept of team nursing emerged. The newer philosophy in nursing is the patient-centered approach, it stresses a more flexible and creative approach to both supervision and administration in nursing service. The idea of nursing is the holistic approach, that has given dignity and meaning to the concept of nursing service.

In 1962, the progressive patient care plan emerged. It refers to the organization of facilities, services and staff around the medical and nursing needs of patients.

Future of Nursing

Nursing continue to be challenged and rewarded by both new and changing opportunities and constraints. Professional nursing's image continues to be major challenge for all nurses individually and collectively. A number of forces that have affected the development of professional nursing still continue to affect a significant issue which includes:

- Societal images and expectation of nurses
- Degree of the nursing profession's control over the quantity and quality of practitioners
- Impact of technology and theory on nursing practices roles and setting
- Professional self-image of nurses
- Sources of financing for healthcare services.

The changes that seem likely to occur in due course will be changes in the demographics, the deteriorating environment, risky lifestyles and economics of healthcare and governmental regulation of healthcare. The changes will be accomplished by changes in both nursing practice and nursing education.

Current Issues of Nursing

There so many issues occurring in the nursing profession, which turned, as these were obstacles to provide proper nursing services to the patients and public at large. These problems can be classified under following heading:

Nursing Services

Poor working conditions: Nursing personnel constitute a major portion of health manpower. Nursing has permitted into the entire healthcare delivery system to assist the individual in those activities, which contribute to the attainment, sustainment and restoration of health at any point of his or her life cycle within the home, school, workplace, hospital or community at large. But the present working condition of nursing personnel is very poor. This may be due to improper job descriptions, long hours of work and split duty.

Recruitment: Recruitment of trained nurses should be made by selecting candidates, who are settled and trained in their respective states. It is always better to withdraw the selection of nurses by the public service commissioners immediately, as it was badly experienced by the locally trained nurse candidates in recent selection procedure.

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Job description: Previously, the job descriptions of nurses were made by the non-nursing persons, so it will not suit the present working pattern of nurses. The clear job description of nurses of all categories needs to be drafted and enforced into practice.

Lengthy hours of duty and split duty: In most of the states and union territories, the duty schedule is 'on duty', 'off duty' and 'night duty'. Nurses working hours are more than any of the other government employees. Weekly working hours should be reduced to 40 hours per week; straight shift should be implemented immediately. Extra working to be compensated either by leave or extra emoluments are recommended by the High Power Committee on Nurses and Nursing.

Less salary, allowances and other incentives: Less salary, allowances and other incentives affects private nurses, than government staff nurses.

Less promotional opportunities: Everybody knows that there are less promotional opportunities for nurses. Therefore it should be considered that, each nurse should have at least three promotions during his/her service period as recommended by High Power Committee (1989).

Harassment of nurses by others: There are some instances occurred in various circumstances in different places, harassment of nurses by clerical staff, while taking their salaries and claiming other arrears, leave of their own credit and sometimes by the administrators of the institution.

Nurses working in between doctors on one side and the other side, group 'D' officials are facing so many problems. Nowadays, it is very difficult for nurses to control the group 'D' officials for so many reasons.

Improper supplies: In most of the hospitals and other health institutions, no standard has been followed in supply of drugs, equipment and linen, etc. For the comfort and other aspects of patients, there is a need to change linen everyday. In real sense, sometimes, it is not practicable due to dhobi problem and tearing of linen due to its substandard quality.

Nursing Education

Government institutions: The government schools and colleges face so many problems as mentioned below:

a. No independent building for schools.
b. No independent principal for schools.
c. Inadequate hostel facilities for students.
d. Acute shortage of qualified teachers in nursing.
e. Underutilization of clinical facilities.
f. Inadequate library facilities.
g. No transport facilities.
h. No university grants commission (UGC) status for college teachers in nursing.
i. Less stipend for nursing students.
j. Variation of salaries from one state to other State or Central Government.
k. Less supply of audio-visual (AV) aids.
l. Less promotional opportunities for teachers of both schools and colleges.
m. No separate budget for schools.

Private institutions:

a. Some private institutions have good facilities, but do not have sufficient and qualified teachers.
b. Most of the private institutions of nursing are running in hired buildings, hostels, where there are no qualified hands to teach nursing.

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c. Most of the private bodies want students from neighboring states. Most of the institutes have no hospital for their clinical facilities, they depend on government hospitals.
d. It is always better to stop sanctioning new private nursing schools and colleges. The State Nursing Council and Government should take certain steps to study the facilities according to norms laid by the Indian Nursing Council (INC). Those institutions not meeting the standards should be derecognized and stopped.

Nursing Administration

As far as nursing administration is concerned, it is in pathetic condition. Health Survey and Development Committee (1946), recommended to give gazette ranks for nurse managers and World Health Organization (WHO) guidelines are therefore giving decision-making power to nurses. Both union and State Governments have decided to give some gazette ranks to nurses.

Issues of nursing administration: Issues of nursing administration are as given below:

a. Noninvolvement of nursing administrators in planning and decision-making in the governmental hospital administration.
b. No specific power has been assigned to nursing superintendents, but he/she has been made in-charge of all inventories and linen of hospital.
c. Nursing superintendent will have no authorities to sanction leave to their subordinates.
d. Lack of knowledge in management of hospital among medical/nursing administrators.
e. Unnecessary interference of non-nursing personnel in nursing administration.
f. No written nursing policies and manuals.
g. No proper job description for various nursing cadres.
h. No special incentives, such as, Republic Day awards, Teachers awards, etc.
i. Inefficiency of nursing councils of state and union to maintain standards in nursing.
j. No organized staff development program which includes orientation, in-service education, certified nurse educator (CNE), etc.

2. Discuss on healthcare delivery system in the state.

Organization and Administration of Health Services in India at Different Levels

India is a union of 29 states and 7 union territories. Under the constitution states are largely independent in matters relating to the delivery of healthcare to the people. Each state, therefore, as developed its own system of healthcare delivery, independent of the Central Government. Central responsibility consists mainly of policy making, planning, guiding, assisting, evaluating and coordinating the work of the State Health Ministries, so that no state lags behind in health services. Health system in India has three links: (1) Central level, (2) State level, (3) District level.

State Level

There are 29 states in the country. Health, as states earlier is a state subject. Therefore, the pattern of organization, state of integration, level of health services, public health laws and scales of pay differ from state to state. The aim, however of all states and their public health administration is the same health, happiness and longevity for all the people.

1. **State Ministry of Health:** The ministry has a Minister and Deputy Minister of Health. The secretary and Joint secretary, etc., held by the Indian Administrative Service (IAS) cadre.

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2. **State Health Directorate:** The process of integration has now been completed in most states. The usual pattern now is that the State Health Directorate is headed by a Director, usually known as Director of Health Services, he is assisted by a suitable number of deputies to look after various health and medical health services. Some states also have a separate Director Medical Education

3. List the principles involved in planning. Enumerate on coordination between nursing service and education.

Principles involved in Planning

Definition and meaning of planning: Planning is a major and primary function of management. No organization can operate properly without planning.

Planning is a preparatory step for action. It means systematized pre-thinking for determining a course of action to achieve some desired result.

Planning is the process by which the managers of an organization set objectives, make an overall assessment of the future, and chart the courses of action with a view to achieving the organizational goals.

Basic principles of planning: Planning requires scientific thinking and it should spell out in clear terms the definition of the purpose, analyze the problem, and make a careful and diligent search for all the facts bearing upon it. The task of planning will be well-accomplished if some fundamental principles are followed in the process.

The important principles may be stated as follows (Fig. 1):

1. **Principle of commitment:** This means that certain resources must be committed or pledged for the purpose of planning. Planning is not an easy task. So, necessary help is to be taken from experts. The enterprise must be ready to exhaust the available resources for the achievement of a plan.
2. **Principle of the limiting factor:** A plan involves varied factors of different importance. This principle implies that more emphasis has to be put on that factor which is scarce or limited in supply or extremely costly. This will help in selecting the most favorable alternative.

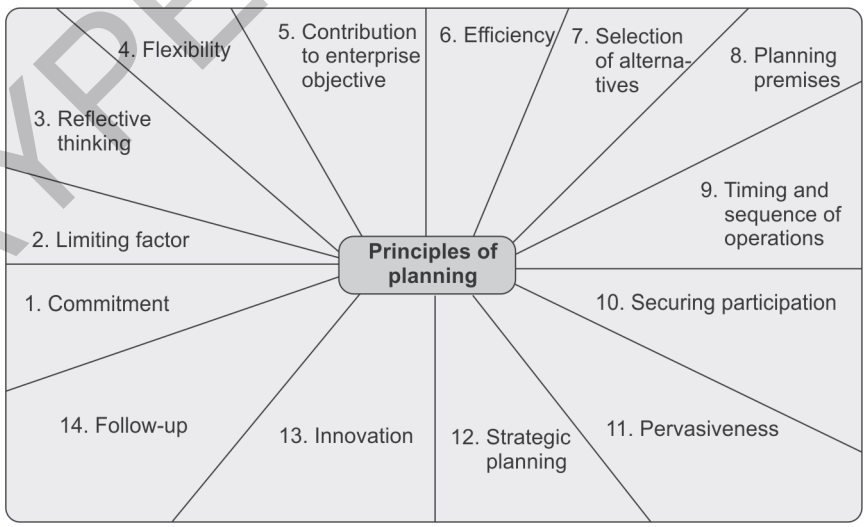

Fig. 1: Principles of planning.

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3. **Principle of reflective thinking:** Planning, being an intellectual activity is based on rational considerations. These involve reflective thinking which signifies problem-solving thought process—a process by which past experiences are superimposed on the facts of the present situation and possible future trends. None can be a planner whose mind is not active, who does not possess any deliberate power and whose sense of judgment is not strong.
4. **Principle of flexibility:** Though a plan is prepared after reflective thinking, this does not mean that no departure can be made in the course of its operation. The plan should be so prepared that there is sufficient scope for changing it from time to time. Changes must necessarily be effected in the plan for taking into account new developments that may take place in the course of the operation of the plan.
5. **Principle of contribution to enterprise objectives:** A major plan is prepared and it is supported by many derivative plans. But all plans must contribute in a positive way towards the achievement of the enterprise objectives.
6. **Principle of efficiency:** A plan should be made efficient to attain the objectives of the enterprise at the minimum cost and least effort. It must also achieve better results with the minimum of unexpected happenings. Therefore, it is to be seen that what is expected is likely to be achieved.
7. **Principle of selection of alternatives:** Planning is basically a problem of choosing. The essence of planning is the choice among alternative courses of action. There is no need for planning if there is only one way for doing something. In choosing from alternatives, the best alternative will be that which contributes most efficiently and effectively to the accomplishment of a desired goal.
8. **Principle of planning premises:** A plan is prepared against some foundations or backgrounds known as 'Planning Premises'. There must be complete agreement among the managers in respect of planning premises over which the structure of plan is to be framed.
9. **Principle of timing and sequence of operations:** Timing and sequence of operations determine the starting and finishing time for each piece of work according to some definite schedule and give practical and concrete shape and form to work performance.
10. **Principle of securing participation:** To secure participation of the employees with whole-hearted co-operation in execution of the plan, it is necessary that the plan must be communicated and explained to them for their full understanding. This understanding provides the basis for additional knowledge about new facts and matters to the employees. This is needed for improvement in the quality of planning. It also ensures an obligation of the personnel of the enterprise to execute the plan by individual and joint participation.
11. **Principle of pervasiveness:** Though major planning function is entrusted to the top management, it is not restricted to the top level only. It is a function of every manager at every level in the organization.
12. **Principle of strategic planning:** Strategic planning is essential where there is competition. It is prepared in the light of what the competitors are intending to do. Planners must take into account the strategies of the rival organizations, otherwise the planning projection may land them in trouble.
13. **Principle of innovation:** A good system of planning should be responsive to the opportunities for innovation. Innovation consists in creating something new for increasing satisfaction of the consumers. This may also be stated as an important

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strategy of business. Innovation is a necessity for its sustaining growth in this dynamic world. Innovation is achieved through research and development and planning is required to provide such scope.

14. **Principle of follow-up:** In the course of execution of a plan, certain obstacles may crop up in midway and planning may require revision, alteration or correction. This is why there must be a follow-up system in the planning process itself. This allows timely changes in the planning and makes it more effective.

Coordination between nursing service and education:

- "Coordination is the integration of several parts into an orderly whole to achieve the purpose of undertaking".
- "Coordination is the integrating process in an orderly pattern of group efforts in an organization toward the accomplishment of a common objective".

Importance of coordination of nursing:

- **Creative force:** Group efforts when coordinated create a result greater than the sum total of the individual and isolated.
- **Unity of direction:** Coordination ensures unity if direction by way of securing spontaneous collaboration on the part of different departments.
- **High employee morale:** Coordination enhances the general level of employee morale and provides satisfaction.
- **Diverse and specialized activities:** Total activities of an organization are divided into several units and subunits on the basis of either product specialization.
- **To avoid personal rivalries and prejudice:** Human organization give rise in course of time to the development of personality politics among members.
- **To avoid conflict of interests:** Subordination of individual interest to general interest often happen in organizations. There is need for coordination to avoid conflicts or overlapping in the work of employees or units or as organization.

Techniques of coordination:

- Communication
- Orderly plans
- Supervision
- Leadership
- Departmentation
- Direct contact

Types of coordination in nursing services:

- Internal coordination
- External coordination.

Hindrances to coordination

1. Uncertainty of the future, as to the behavior of the individual and the people.
2. Lack of knowledge, experience, wisdom and character among leaders and their confused and conflicting ideas and objectives.
3. Lack of administration skill and technique.
4. Vast number of variables involved and the incompleteness of human knowledge, particularly with regard to men and life.
5. Lack of orderly methods coordination.
6. Size and complexity, personality, and political factors.
7. Lack of leaders with wisdom and knowledge pertaining to public administration.
8. Accelerated expansion of public administration of international dimension.

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Coordination applied to nursing management

- Healthcare system consists of different categories of health personnel which requires intense coordination to function it effectively.
- Nursing service is often the largest group of health personnel with wide range of functions and skills.
- Effective coordination of nursing services and patient care will lead to patient satisfaction, better quality of service and patient outcomes.

4. Define nursing audit. What are the standards of quality assurance?

Quality Assurance In Nursing

Quality assurance (QA) nurses evaluate the work and behavior of employees in their departments, whether at a hospital, doctor's office or health care facility. By monitoring their colleagues, they can ensure qualitative requirements are being met as specified by the hospital or state.

"A quality assurance programme is an ongoing systemic process designed to evaluate and promote excellence in the health care provided to the clients." *– Kozier*

"Quality assurance is a process in which achievable and desirable levels of quality are described, the extent to which there level are achieved is measured, and action to enable them to be reached is taken."

Quality assurance is "an assessment of the effectiveness of health care provision, the efforts made to improve care as a result of assessment, combined with an assurance that quality care will be maintained."

Implementation of Quality Assurance in Nursing

Quality improvement is the commitment and approach used to continuously improve every process in every part of an organization, with in intent of meeting and exceeding customer expectations and outcomes.

Standards

Monitor compliance on structure standards and process standards.

I. Establish Standards

All standards of practice provide a guide to the knowledge, skills, judgment and attitudes that are needed to practice safely.

A nursing care standard is "a descriptive statement of desired quality against which to evaluate nursing care given to a patient". *– Gillies (1989)*

They reflect a desired and achievable level of performance against which actual performance can be compared. Their main purpose is to promote, guide and direct professional nursing practice. (Registered Nurses Association of BC (2003) and the College of Nurses of Ontario (2002).

Purpose of Standards

- To give direction and provide guidelines for performance of nursing care.
- To provide a baseline for evaluating quality of nursing care, ranging from excellent care to unsafe care.

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- To help to improve quality of nursing care, increase effectiveness of care and improve efficiency.(Quality assurance)
- To improve documentation of nursing care provided, i.e., maintain record of care.
- Help to determine the degree to which standards of nursing care maintained and take necessary action time.
- To help supervisors to guide nursing staff to improve performance.
- To help to improve the decision-making and devise alternative system for delivering nursing care.
- It may help justify demands for resources association or improvement.
- To help to clarify nurses area of accountability.
- To help nursing to define clearly different levels of care.
- Help to decrease the costs of nursing care of eliminating nonessential nursing tasks.
- Be used as a framework or basis for determining nursing negligence.
- Motivate nurses to achieve excellence.

Uses and Advantages of Standard

1. They establish norms and allow community members and individuals to know what level of service to expect/demand. Because they are written down they can be made public.
2. They demonstrate quality provision and act as a bench mark to monitor quality performance.
3. They focus on the core and critical tasks that must be performed in the actual situation and can be tailored to meet specific and local situation.
4. They improve efficiency and lead to better utilization of resources.
5. They improve staff utilization and staff motivation.
6. They can be used to access the practical aspects of both basic and post basic education and training.

Approaches

A framework for implementing the standards considers three possible approaches:

1. **Centralized/national approach:** It relies on the center taking a lead, making all the decisions and initiating all the activities. For this approach to be effective there should be an effective management system. This approach has not been successful because it relies on decisions made at levels away from where the activities will eventually take place. Sometimes local level difficulties arise which cannot be foreseen at the national level at the time when the plan is being developed.
2. **Decentralized/local approach:** This approach is when the center takes the lead in making the policy decision to use midwifery standards as a major component of quality assurance. However, the planning of activities and adaptations of the midwifery standards are left to the local districts.

   Disadvantages: Lack of expertise in the local level.

   It does not ensure the use of national norms and consistency, as each site may make their own adaptations and decisions.
3. **Combined approach:** The center at the national level remains responsible for the overall implementation of the midwifery standards; but uses local demonstration sites to try them out, to learn lessons on how they can be implemented elsewhere, and what adaptations are required to make them specific to the country situation. The center must therefore work closely and take action with the local demonstration

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sites at all stages, right from the initial decision making and planning stages to the evaluation stage.

Advantages:

- The approach is flexible. It allows for local differences, while at the same time ensuring consistency and uniformity in the midwifery standards.
- The approach is good for developing expertise within and across the country, as each district is involved with all parts of the implementation process.
- The approach lends itself to long-term sustainability.

The standards development cycle

Step 1. Define and agree: In this step, the goal is to define and agree on several areas and issues that will define the standards.

- Clarify the consensus process, both for topic selection and approval
- Clarify the approval process for the standards.

Step 2. Select who should be involved: Identify, at the outset of the process, all stakeholders, i.e., those individuals or groups with a vested interest in the successful development of the standards.

Step 3. Gather information: In this step, the working group information about the topic under review and other resources that can help define the key elements that should be included in the standards. A flowchart may be developed to better understand the points in the current process requiring the development of standards.

Step 4. Draft standards: There are several components to drafting standards:

- Decide the structure and *format* of the standards, depending on their purpose. After the format is decided, the working group drafts the standards.
- Develop *indicators* to measure performance according to the standards.
- Prior to field testing, the graft standards should be *evaluated internally.*

Step 5. Test the standards: Once indicators are developed, the working group must decide whether a field test is needed.

Step 6. Communicate the standards: Although the standards-setting process might be completed with the approval of the standards, the impact of well-developed standards depends on health care providers using the standards. Standards communication and implementation strategies are critical to achieving healthcare provider performance according to the standards.

Legal Significance of Standards

- Standards of care are guidelines by which nurses should practice.
- Malpractice suit against nurses are based on the charge that the patient was injured as a consequences of the nurses failure to meet the appropriate standards of care.

II. Implementation of Standards

Each employees of the institution should follow the standards developed by the organization.

III. Monitor Compliance on Structure Standards and Process Standards

Compliance monitoring is done by survey and auditing

Standards for nursing practice: The standards for nursing practice are interrelated and all equally important.

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- **Standard 1: accountability**—the registered nurse is accountable to the public for competent, safe and ethical nursing practice.
- **Standard 2: continuing competence**—the registered nurse attains and maintains competencies relevant to own scope of nursing practice.
- **Standard 3: application of knowledge, skills and judgment**—the registered nurse demonstrates competencies relevant to own scope of nursing practice.
- **Standard 4: professional relationships an advocacy**—the registered nurse establishes professional therapeutic relationships with clients and advocates for clients in their relationships with the health system.
- **Standard 5: professional leadership**—the registered nurse demonstrates professional leadership in the delivery of quality nursing and health care services to the public.
- **Standard 6: self-regulation**—the registered nurse assumes personal accountability to practice nursing competently and ethically.

SHORT ESSAY

5. Techniques of conflict management.

Conflict Management

The optimal goal in resolving conflict is creating a win-win solution for all involved. This outcome is not possible in every situation and often the manager's goal is to manage the conflict in a way that lessens the perceptual differences that exist between the involved parties. A leader recognizes which conflict management strategy is most appropriate for each situation. The choice of most appropriate strategy depends on many variables, such as the situation itself, urgency of the decision, power and status of the players, importance of the issue, and maturity of the people involved in the conflict.

Common Conflict Resolution Strategies

Compromising

In compromising, each party gives up something it wants for compromising not to result in a lose-lose situation, both parties must be willing to give up something of equal value. It is important that parties in conflict do not adopt compromise prematurely, if collaboration is both possible and feasible.

Competing

The competing approach is used when one party pursues what it wants at the expense of others. Because only one party wins, the competing party seeks to win regardless of the cost to others. Win-lose conflict resolution strategies leave the loser angry, frustrated and wanting to get even in the future.

Managers may use competing when a quick or unpopular decision needs to be made. It is also appropriately used when one party has more information or knowledge about a situation than the other. Competing in the form of resistance is also appropriate when an individual needs to resist unsafe patient care policies or procedures, unfair treatment, abuse of power or ethical concerns.

Cooperating/Accommodating

Cooperating is the opposite of competing. In the cooperating approach, one party sacrifices his/her beliefs and allows the other party to win. The actual problem is usually not solved

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