Addressing Multigenerational Conflict: Mutual Respect and Carefronting as Strategy

Betty R. Kupperschmidt, EdD, RN, CNAA

Abstract

This article addresses the challenges faced by nurses as they work side-by-side with nurses from a variety of generational cohorts. First a brief overview of the generational characteristics of the four generational cohorts in today’s workforce is presented. Next the importance of each nurse using respect and carefronting as antidotes to generational conflict is discussed. Finally the role of nursing leadership in facilitating respect and carefronting is noted.

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Key words: Baby Boomer Generation, carefronting as strategy, ethical imperative, Generation X, multigenerational conflict, multigenerational workforce, mutual respect, Net Generation, shared accountability, Traditional Generation

If professional nurses are unwilling to assume shared accountability for creating environments consistent with the values of the profession...should they continue to assert that caring is the essence of nursing?

The pervasiveness of multigenerational conflict in the nursing workforce is seen in the recent number of papers published and sessions presented at professional conferences, as well as...
Research specifically connects conflict in the workplace with nurse retention. Negative, non-supportive, unpleasant, and uncooperative peers and co-workers are key impediments to nurses’ ability to find joy in their work (Manion, 2003). Anthony et al. (2005) found teams that work together, support one another, and resolve conflicts are critical factors in staff nurse retention. Strachota, Normandin, O’Brien, Clary, and Krukow (2003) reported that employee friendliness and cooperation are listed among the most favorable reasons why nurses stay with their jobs. Sumner and Townsend-Rocchicoli (2003) presented a moving paper addressing the reasons why nurses leave nursing. They asserted that nurses’ intrinsic or existential need to be validated as consummate professionals frequently is not being met; professional nurses need to be rewarded with peer recognition and respect as well as recognition by patients for the special gift of self they give. They cited lack of respect for the gift of self as a cause of the exodus of nurses.

In this article, examples of conflict between the four generations comprising today’s nursing workforce, along with characteristics and selected strengths each generation brings to the workplace, are described. Additional literature addressing these characteristics are in the management literature and elsewhere. Next it is argued that the individual nurse’s ethical responsibility. Carefronting, a mode professional nurses care enough about themselves and their patients behavior face-to-face (Kupperschmidt, 1994), is presented as a strategy among professionals who pride themselves on being members of a profession. However, a brief review of literature addressing conflict in the nursing workforce follows.

**Conflict in the Nursing Workforce**

Manion and Bartholomew (2004) conceptualized effective intergenerational community, noting that the desire for a sense of community at work, a addressed gracefully, is universal. Yet far too often this graceful addressing general workforce including the health care workforce. This lack of peer relationships has been noted as a factor in nurse burnout (Garrett & N). Fundner (2002/2003) reported that innumerable examples of disrespectful, ubiquitous and insidious in their erosion of productive collaborative among hospital workers. They pointed out it would be naïve to think hospitals would have any better track record than other complex organizations. Hutton (reviewed the literature of incivility, defined as a violation of workplace norms for mutual respect, asserting that the literature indicates incivility pervades workplaces, including health care organizations.

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Researchers who have explored workplace stress specifically related to generational differences have reported connections between generational conflict and workplace stress. Santos and Cox (2003) noted marked differences between Boomer and Generation X colleagues’ perceptions of this conflict and related stress, with Boomers reporting considerable conflict with Generation X nurses’ attitudes and behaviors. Boomers are angered by Generation X nurses’ perceived arrogance, lack of commitment, and slacker attitude. However, Generation X staff nurses did not agree with the Boomers’ perceptions of their behaviors. They felt their attitudes portrayed self-reliance rather than arrogance and that their commitment to the profession was greater than that of the Boomer RNs (Santos & Cox). In another study, newly graduated nurses reported that difficult peer relationships, described as lack of acceptance and respect, made their transition into the RN role more difficult (Casey, Fink, Krugman, & Propst, 2004). Casey, Fink, Krugman, & Propst (2005) reported that the novice nurses in their study also described subtle instances of lack of professional respect and support. Although a recent national survey of 1,783 RNs reported markedly improving relationships between RNs (Ulrich, Buerhaus, Donelan, Norman, & Dittus, 2005), generational conflict is still alive and well among the four generations of nurses in today’s nursing workforce. Lancaster and Stillman (2002) noted that this generational conflict can be poignant, painfully funny, or just plain painful. In nursing, it is painful and cries for attention.

Differences Between Generational Cohorts

Perhaps one of the earliest documented cases of generational conflict is presented in I Kings, Chapter 12, of the Holy Bible. In this situation, Rehoboam, the young King of Israel, rejected the advice of his elders (men of his father’s generation) and took the advice of younger men (his generation). This generational conflict split the nation of Israel. More recently, lyrics of the song “In the Living Years” have portrayed movingly a major cause of generational conflict as different worldviews, worldviews formed during childhood that shape a generation’s adult values and expectations. Selected lyrics from this Song (See Figure) are especially pertinent to nursing. For example, the lyric line noting that talking in defense is like talking in a different language which results in a bitterness that lasts.

Figure. Selected Lyrics from In the Living Years

<table>
<thead>
<tr>
<th>In the Living Years (Selected Lyrics)*</th>
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<tbody>
<tr>
<td>Every generation blames the one before</td>
</tr>
<tr>
<td>When all their frustrations come beating on your door.</td>
</tr>
<tr>
<td>I know that I am a prisoner to all my father held so dear</td>
</tr>
<tr>
<td>I wish I could have told him in the living years.</td>
</tr>
<tr>
<td>Crumpled bits of paper filled with imperfect thoughts</td>
</tr>
<tr>
<td>Stilted conversations, I am afraid that all we have got.</td>
</tr>
<tr>
<td>You say you just don’t see it, he says it’s perfect sense</td>
</tr>
<tr>
<td>You just can’t get agreement in this perfect tense.</td>
</tr>
<tr>
<td>We all talk a different language, talking in defense</td>
</tr>
<tr>
<td>So we open up a quarrel between the present and the past</td>
</tr>
<tr>
<td>We only sacrifice the future; it’s the bitterness that lasts</td>
</tr>
</tbody>
</table>

*Compact Disc cover, Mike and the Mechanics. Atlantic Recording Corporation

The four generations of professional RNs in today’s workforce have different worldviews that are described below. The birth years for the different generations used are the birth years used by Strauss and Howe (1991); the term professional is used for nurses (RNs) are professionals; and the title descriptors for the four generations of nurses, are based upon the author’s continued study of, and interaction with multi-generational nurses.
Dismayed Traditional Professional RNs (Birth Years pre 1944)

Traditional colleagues were raised primarily in a Judeo-Christian culture and extolled the virtue of the Protestant Work Ethic. Thus, commitment to organizations and "bosses" (Hu, Herrick, & Hodgin, 1991). Members of the Traditional Generation entered to make a difference in people's lives, and many viewed nursing as a profession. Although educated predominantly in hospital-based diploma programs, Traditional generation RNs embrace the Nightingale Pledge and thus consider themselves to be professionals. Strengths they bring to the workplace include their belief in hard work, doing a good job, and working together (Kupperschmidt, 2000; Strauss & Howe, 1991).

Disappointed Baby Boomer Professional RNs (Birth Years 1944 -1960)

Baby Boomers are credited with challenging and changing many of the values held by the Traditional generation. They redefined family and childhood and embraced values fostered by a personalized economy and spirit of free agency (Holtz, 1995; Russell, 1997). Their parents heeded Dr. Benjamin Spock's advice and raised them to be independent, critical thinkers (Kupperschmidt, 2000). They are disappointed by the lack of available mid-level management positions; lack of attention to their ergonomic and life cycle needs; and the age-related demeaning remarks made by Generation X and Net Generation colleagues about their fellow Traditional colleagues, as individu Traditional RNs are dismayed by the lack of attention to their ergonomic needs. They are also discouraged by the perceived lack of professionalism among younger nurses, as well as what they, as traditional nurses, perceive to be vastly different work values. Traditional RNs are also discouraged by the perceived lack of professionalism among younger colleagues and what they, as traditional nurses, perceive to be vastly different work values. Baby Boomers are also dismayed by the lack of attention to their ergonomic needs and perceived lack of respect for their cumulative wisdom, wisdom they will take with them upon retirement, which may occur earlier than expected if their needs are not addressed (Cyr, 2005).

Disillusioned Generation X Professional RNs (Birth Years 1961-1980)

Generation X members are described as Baby Boomers' children with divorce and dual-career parents resulting in Latch Key Kid experiences (Strauss, 1993). Generation X RNs were raised in an anti-child culture in which it was unpopular to be a child (Holtz, 1995; Howe & Strauss, 1993; Kupperschmidt, 1998). Many of their parents had sacrificed time with their children to advance their careers, resulting in Layoff in their later years (Holtz, 1995; Howe & Strauss, 1993). Zemke, Raines, and Filipczak (1998) that employees' first job experiences significantly impact their values and expectations of the workplace, including the nature of the work itself and relations with co-workers. Many Generation X nurses first work experiences occurred during a period of national recession...Thus they learned there is no such thing as job sec...
...many of today’s health care organizations may not be the kind which the Net Generation RNs expect and desire to work. Net Generation colleagues were raised enmeshed in digital technology. They were raised in the “Era of the Child” when it was popular to be busy, protected children chauffeured by Soccer Moms. They adopted the philosophy of moral relativism and consider truth as relative. Net Generation RNs may perceive nursing as an occupation rather than a profession as literature about the current and impending nursing shortage consistently refers to available jobs in nursing. Net Generation professional RNs bring to the workplace comprise their techno-competence, openness to and expectation of virtual teams, and collective action. Net Generation nurses may be disengaging from nursing, however, because of Boomer and Generation X colleagues’ negative attitudes, media reports about negative conditions in acute care settings and nurses leaving nursing. Thus, many of today’s health care organizations may not be the kind of environment in which the Net Generation RNs expect and desire to work.

The Challenge

It is important to stress that professional RNs do not have to adopt colleagues’ generational values, but they do have to recognize, allow, and respect these different values.

Much more could be and has been said about each generation. It is important not to stereotype individuals. Gerke (2001) has asserted that the health care work environment needs a huge overhaul to successfully use the strengths of professional nurses from each of these highly diverse generations. Gerke (2001), and Duchscher and Cowin (2004), all staff learning about colleagues’ differences and dialoguing about how generationally determined values and expectations are being played out in their organizations. Ulrich (2001) emphasized that colleagues’ workplace behaviors legitimately derive from their generational values, and has tied strengths and values together in a humorous example of how values influence how work gets done. Traditional colleagues value hard work and respect value team work. Generation X Nurses value self-reliance and Net Gen...
If treating each other with mutual respect was a mandate from a regulatory agency, nursing would figure out an effective way to meet the mandate.

achievement. In the workplace, a Traditional nurse might say, “Do it because I say so,” a Boomer nurse might say, “Let’s get together and reach a consensus about how to do it.” The Generation X staff nurses might say they will do it themselves; and Net Generation staff nurses might not care who does it as long as the work gets done. It is important to strive to adopt colleagues’ generational values; but they do have to recognize, allow, and respect these different values. Lancaster and Stillman (2002) referred to these differences as clash points whereas Kalisch and Begeny (2005) referred to the differences as idiosyncrasies. Lancaster and Stillman (2002) asserted that professionals must be aware of and allow idiosyncrasies and respect colleagues’ generationally influenced strengths in order to enhance effective teamwork.

The Role of Respect in Multigenerational Relationships

It is the contention of this author that mutual respect could reduce multi-generational conflict among professional nurses in the workplace. Although no research studies were found which demonstrated a direct, positive correlation between generational lack of respect and workplace conflict, related literature and anecdotal reports are available to support this contention as described below.

DeLellis (2000) stressed the important role of respect in professional relationships and developed an integrated typology addressing various aspects of the concept. In a later paper, DeLellis and Sauer (2004) contended the need to be respected is universal among human beings and is an essential element in bringing good into human life. They discussed respect as a function of individual behaviors, values, and perceptions and built the case for respect as the ethical foundation for all employee relations. DeLellis and Sauer proposed that respectful communication has many faces: respect as active listening; respect as assertive speech; respect as avoidance of passive-aggressive communication; and respect during conflict.

DeLellis (2004) studied respect in various work settings including health care settings and reported that 79% of those surveyed felt workplace respect was lacking in the United States to the extent that it was a serious problem. Regarding respect in hospitals, respondents believed that the quality of work life for hospital employees, including nurses, would improve if employees would care about and respect each other as much as they do their patients. Ulrich et al., (2005) expressed concern over the dearth of studies addressing staff nurses’ perceptions of respect. However, they acknowledged the considerable number of anecdotal comments about the lack of respect, adding that these comments are made because mutual respect is a vital aspect of effective working relationships among a multi-generational nursing workforce.

Because of this author’s interest in generational issues, colleagues have shared personal examples of disrespectful treatment. For example, Traditional and Boomer colleagues have shared that younger colleagues disrespect them with remarks such as, “These old bitches take forever to learn technology.” Boomer colleagues have difficulty understanding that from the perspective of moral relativism, because someone (a Boomer colleague) finds the word “bitch” offensive doesn’t mean a Net Generation colleague finds it offensive, as evidenced by a Net Generation colleague saying, regarding this word, “It is really no big deal.” Younger students complained that “older” faculty are disrespectful when they make remarks such as, “Younger students just want the grade and don’t care about the content nor how they get the grade.” Additionally, Generation X nurses have offended Boomers by saying, “Boomers take forever...
want to process and process, and Boomer colleagues have reported. Need to carefully weigh all the facts and achieve consensus, by openly taking this long to make a decision!

This author has also heard both undergraduate and graduate students, particularly Generation X and Net Generation students, describe how the different generations perceive respect and disrespect. Both generations have described maintaining eye contact, paying attention, and using titles such as Mr. and Mrs.), as respectful behavior. Interrupting a speaker, gossiping, not paying attention, rolling one's eyes when disagreeing with a speaker, and not responding to telephone calls and e-mail messages were described as disrespectful by these generations.

If treating each other with mutual respect was a mandate from a regulatory agency, nursing would figure out an effective way to meet the mandate. Yet, in essence, nursing does have an ethical mandate clearly stated in the American Nurses Association's Code of Ethics. The Code of Ethics, Provision 1, states that nurses in all professional relationships practice with respect for the inherent dignity, worth, and uniqueness of all individuals.

Carefronting Disrespect as Strategy

This section will begin with a description of Augsburger's Model of Carefronting. Then Kupperschmidt's adaptation of carefronting for nursing will be presented.

Augsburger's Model of Carefronting

Flowing from his years of experience as a family therapist, Augsburger used carefronting to describe a model of communication. He asserted that carefronting, caring enough to confront, is the key to effective relationships and the way to communicate with impact and respect in interpersonal relationships and work-related situations. Augsburger has built the case for this model by noting that conflict itself is natural and normal. It is the way people view, approach, and work through conflicted situations that influence their relationships. He asserted that silent withdrawal to disrespectful comments or behaviors is self-defeating because the relationship is only as good as the communication. He added that for carefronting to occur, both parties must be willing and able to state how they feel and what they value; they need to know that the other person is able and willing to work to understand them. Augsburger acknowledged that carefronting, i.e., making 'I' statements and receiving the carefronting, requires courage. He asserted that failure to honestly and fully state one's real feelings and viewpoints is not kindness; rather, it is a form of benevolent lying (1973, p. 25). Augsburger explained that when a person is angered by disrespect, anger energies can become the creative force which enables the person to carefront the disrespectful behavior.

Carefronting disrespectful behavior comprises negotiating differences in clear, respectful, truthful ways.

Augsburger (1981) has continued to develop carefronting by integrating the concept of forgiveness. The main thesis of this work is that when people forgive each other, they are both set free to meet genuinely and be fully present with each other. As Augsburger has explained, forgiveness lets go of anger, blaming, and avoidance; it comes to terms with the past and allows right and just relationships to evolve.

Kupperschmidt's Adaptation of Carefronting

Although Augsburger's model of carefronting was published more than three decades ago, it remains relevant and pertinent today. In a 1994 publication, Kupperschmidt adapted carefronting to nursing, noting that carefronting means caring enough about one's own caring, self-asserting, responsible manner. She pointed out that carefronting means caring enough about one's own caring, self-asserting, responsible manner. She pointed out that carefronting means caring enough about one's own caring, self-asserting, responsible manner. She pointed out that carefronting means caring enough about one's own caring, self-asserting, responsible manner. She pointed out that carefronting means caring enough about one's own caring, self-asserting, responsible manner. She pointed out that carefronting means caring enough about one's own caring, self-asserting, responsible manner. She pointed out that carefronting means caring enough about one's own caring, self-asserting, responsible manner. She pointed out that carefronting means caring enough about one's own caring, self-asserting, responsible manner. She pointed out that carefronting means caring enough about one's own caring, self-asserting, responsible manner. She pointed out that carefronting means caring enough about one's own caring, self-asserting, responsible manner. She pointed out that carefronting means caring enough about one's own caring, self-asserting, responsible manner. She pointed out that carefronting means caring enough about one's own caring, self-asserting, responsible manner. She pointed out that
Professional nurses must learn to carefront in order to become the caring professional nurses they purport to be. Professional nurses of all generations must acknowledge they are currently or have been angered and/or hurt by disrespectful treatment at the hands of another professional RN. Professional nurses must learn to carefront in order to become the caring professional nurses they purport to be. Provision 1.5 of the Code of Ethics (ANA, 2001), page 9, states that the professional nurse must treat colleagues with respect and maintain a commitment to resolving conflicts with colleagues. In other words, each professional nurse has an ethical duty to resolve workplace conflicts. Becoming skilled in carefronting should assist individual nurses to embrace this ethical imperative and more skillfully address and resolve conflicts.

Several scholars have identified how carefronting can strengthen relationships among professional nurses. DeMarco (1998) asserted that caring enough to confront in the workplace is an ethical imperative for nurses. She shared findings from two studies in which staff nurses reported they chose not to confront nursing colleagues’ unacceptable behaviors because they were concerned that confronting colleagues would damage the relationships and engender reprisals, such as unwillingness to provide needed assistance and refusing to offer collegial help. In 2003 DeMarco and Roberts expressed their belief that if nurses will find ways to support one another socially and care enough about each other to be direct and confront, professional relationships among nurses will improve and respect will be heightened. Thus carefronting holds great promise as a strategy to help nurses representing various generational cohorts come to understand each other more fully.

Recently Patterson, Grenny, McMillan, and Switzler (2005) endorsed crucial confrontation, a concept similar to carefronting, in conflict situations when the stakes are high. They explained that professional nurses’ answer to these questions should be, “I want the ability to work together to provide safe patient care in an environment based upon mutual respect.” Patterson et al. added that confrontation involves holding someone accountable by confronting them face-to-face, in situations involving disrespect.

**Nursing Management’s Responsibility for a Respectful Environment**

The ANA Code of Ethics notes it is the responsibility of both individual nurses and nursing management to facilitate an environment of respect. Provision 6 of the Code of Ethics notes that managers and administrators are responsible for setting standards and managing the environment of care to assure that each employee is treated fairly and is able to practice in an environment of respect. Provision of quality health care consistent with the values of the profession requires enforcement of a zero tolerance policy for disrespectful behavior. Clear expectation that the nurse in all professional relationships practices with respect for the inherent value of all individuals is upheld.
Respondents reported that the most frequent source of abuse was other nurses. Rowe and Sherlock (2005) conducted a study to identify the types and frequency of verbal abuse nurses experienced. Respondents reported that the most frequent source of abuse was other nurses. Rowe and Sherlock noted that this disrespectful behavior increased job stress and decreased job satisfaction. They decried the fact that nurses have been taught to simply "grin and bear it," pointing out that disrespect in the form of verbal abuse is quite costly to the individual nurse, the hospital, and the patients. They charged managers and administrators to adopt a zero tolerance policy for disrespectful behavior.

Managers can adapt cultural diversity educational offerings to address the ACORN business model. Strategies within this acronym include: Accommodating employee difference; Creating workplace choices; Operating from a theoretically-sound, sophisticated management style; Respecting employees' competence and initiative; and Nourishing retention. Laschinger (2004), and Laschinger and Finegan (2005), noted that when nurse managers provide access to information, support and resources, and opportunity for development, employees perceive they are respected.

In a short article directed toward managers, Sanford (2005) presented a particularly poignant vignette. She described a toxic work environment that was allowed to continue for 14 years because professional nurses (staff and managers) refused to confront the disrespectful behavior of an RN named Mary. Sanford asserted that allowing Mary's behavior to continue provided a model and gave other nurses permission to be disrespectful. She stressed the importance of managers, as well as staff nurses becoming competent in confrontation skill, thereby setting the expectation for mutual respect.

**Summary**

In summary, each generation of professional nurses brings different generationally influenced strengths and values to the workplace. It is a professional responsibility to become knowledgeable regarding these differences in strengths and values, and to use them to increase mutual respect (Kalisch & Begeny, 2005). Selected questions professional nurses might use to assist them to identify and effectively use colleagues' generationally influenced strengths are included in the Table. If all professional nurses assume their ethical responsibility to confront disrespectful behavior, their practice will be consistent with their professional values. Assuming this responsibility will create environments conducive to the provision of quality health care and workplaces having a minimum of multigenerational disrespect and conflict.

**Table: Valuing and Using Nursing Colleagues'™ Strengths: Questions to Ask**

<table>
<thead>
<tr>
<th>Questions to ask Traditional Colleagues to value and use their strengths:</th>
<th>Questions to ask Baby Boomer Colleagues to value and use their strengths:</th>
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</thead>
<tbody>
<tr>
<td>Where does the Unit need to better manage resource consumption?</td>
<td>Where can we most effectively use team members with strengths in mentoring?</td>
</tr>
<tr>
<td>Which tasks/jobs require close attention to time lines and details?</td>
<td></td>
</tr>
<tr>
<td>How can we best use their traditional thinking?</td>
<td></td>
</tr>
</tbody>
</table>
Which issues require consensus building?
Which issues require a process orientation?

*Questions to ask Generation X Colleagues to value and use their strengths:*
Which jobs call for an entrepreneurial spirit?
Where do we need a technologically skilled colleagues?
How can trouble-shooting skills be more effectively valued and used?

*Questions to ask Net Generation Colleagues to value and use their strengths:*
How can we best value and use culturally sensitive viewpoints?
How can we best incorporate new technology skills?
How can colleagues become comfortable and competent within a virtual team?

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Dr. Kupperschmidt holds a Master’s degree in nursing and a Doctorate in Higher Education Administration. She has held a variety of leadership roles, including Clinical Director at a major medical center in Tulsa and Head of two Baccalaureate Programs. She is completing her 14th year as Associate Professor at the University of Oklahoma - Tulsa, teaching the Administration Pathway. A request from local nurse executives for help with leading and managing Generation X staff nurses led her to develop expertise in this area which is now recognized at state, national, and international levels.

**References**


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