



**Health Workforce Initiative**

**Hi-Touch Healthcare: The Critical Six Soft Skills**

*Grab-N-Go Independent Training Module:*

# **Self-Confidence and Workplace Pride**

HEALTH WORKFORCE INITIATIVE STATEWIDE ADVISORY COMMITTEE, CALIFORNIA  
COMMUNITY COLLEGES CHANCELLOR'S OFFICE, AND ECONOMIC DEVELOPMENT PROGRAM



# Self-Confidence and Workplace Pride

## Grab-N-Go Independent Training Module

This publication was produced pursuant to grant agreement number 14-326-001. This project was supported by Economic and Workforce Development funds awarded to the Butte Community College District by the California Community Colleges Chancellor's Office. Copyright (c) 2016 Chancellor's Office California Community Colleges. Permission is hereby granted to reproduce this work, in whole or part, for educational use only.



# Self-Confidence and Workplace Pride

## Background Information

Nursetogether.com (n.d) asserts “[i]ndividuals who are self-confident typically speak up when wronged, challenge injustice, strive for positive change, work well with others instead of tearing them down and starting malicious conflict, and bring energy and enthusiasm to their work.”<sup>i</sup> No doubt, conditions faced by today’s healthcare workers challenge self-confidence and workplace pride.

Although conflict does not always lead to negative outcomes, it does represent a struggle between or among participants.<sup>ii</sup> Transformations occurring in and around healthcare bring fertile ground for conflict to arise. This is true for healthcare environments. Growing demand for competent quality patient care continues to be met by erosion in the numbers of qualified practitioners <sup>iii</sup> while dominant-culture policies and practices create barriers to new types of care-provider models.<sup>iv</sup> Increased patient and co-worker diversity adds an additional layer of complexity with language differences, varied cultural practices, and communication preferences.<sup>v</sup> Given these conditions, healthcare workers are already taxed but face further demands with participation in interprofessional collaborative teams, and nurse-physician relationships.<sup>vi</sup> And, conflict is inevitable when people with different backgrounds, knowledge, and skills work together to solve problems.<sup>vii</sup>



Conflict can be constructive or destructive. The difference between the two is how competent the communication.<sup>viii</sup> Destructive conflict is “characterized by dominating, escalating, retaliating, competing, defensive, and inflexible communication pattern.<sup>ix</sup> These patterns mirror disruptive behaviors that *The Joint Commission* asserts “contribute directly to medical errors.”<sup>x</sup> The impact of disruptive behaviors also impacts the well-being of healthcare workers both physically and psychologically.<sup>xi</sup> The impacts can also “compromise nurse-physician relationships resulting in decreased concentration, collaboration, communication, and information transfer.”<sup>xii</sup>

Consider these statistics reported by *The Institute for Safe Medical Practices* (2004):

“Regardless of the source of intimidation (physicians or others), respondents reported that subtle yet effective forms of intimidation occurred with greater frequency than more explicit forms. For example, during the past year, 88% of respondents encountered condescending language or voice intonation (21% often); 87% encountered impatience with questions (19% often); and 79% encountered a reluctance or refusal to answer questions or phone calls (14% often).”<sup>xiii</sup>

Despite *The Joint Commission’s* Sentinel Event Alert, a leadership standard requiring all hospitals to have a code of conduct as well as a process in place for addressing disruptive behaviors, these problems remain.<sup>xiv</sup>

With the evident challenges for healthcare workers outlined above, self-confidence and workplace pride suffer. Self-confidence is trust in oneself, and in



one's ability to be successful. "A self-confident person is ready to rise to new challenges, seize opportunities, deal with difficult situations, and take responsibility if and when things go awry."<sup>xv</sup> Other people are more likely to trust and respect these types of people and they seem to "fit in."<sup>xvi</sup> Self-confident nurses have direct positive outcomes to patient care,<sup>xvii</sup> to collaborative nurse-physician relationships, and to clinical autonomy.<sup>xviii</sup>

Self-confidence can benefit organizational climate (the emotional quality of the workplace).<sup>xix</sup> A positive organizational climate is important to both the workers and the quality of patient-care.<sup>xx</sup> Organizational climate can be either supportive or defensive. Workers describe a supportive climate as "warm, open, and supportive. A supportive climate enables workers to communicate honestly, collaborate to solve problems, share credit, practice empathy, and encourage people to treat one another with respect despite any imbalance of power."<sup>xxi</sup> The imbalance of power in healthcare settings has proven to reinforce and contribute to longstanding acceptance of disruptive behaviors associated with negative organizational climate (Longo, 2010). Thus, increased self-confidence among employees will disrupt negative influences and foster workplace pride.

Therefore, to improve workplace pride, this module will primarily address knowledge and activities to increase worker self-confidence.



## Training



**Overall Goal:** This module provides participants with an opportunity to build skills that enhance self-confidence and aid in developing workplace pride.

**WIIFM: What's in it for me?** Nursetogether.com (n.d) asserts “Individuals who are self-confident typically speak up when wronged, challenge injustice, strive for positive change, work well with others instead of tearing them down and starting malicious conflict, and bring energy and enthusiasm to their work.”<sup>xxii</sup>



### **Materials Provided:**

1. Self-Confidence & Workplace Pride PowerPoint
2. Activity #1: Big & Little Old Me
3. Activity #2: Authoritative & Approachable
4. Activity #3: Creating a Sunny Organizational Climate Activity
5. Activity #4: Building Confidence One Word At A Time
6. “Personal Report of Public Speaking Anxiety Self-Assessment” worksheet
7. PSPRSA score sheet
8. Activity #5: Workplace Pride



**Directions for the Trainer:** Activity preparation information is included in this document and/or within the PowerPoint presentation notes. Each PowerPoint slide, as appropriate, includes detailed explanations and Procedures for the trainer. As with all Grab-N-Go Modules, you can use it all for a more detailed training, or simply use one or two of the many Activities—A la Carte style!



## ACTIVITY #1

### Big and Little Old Me



**Goal:** To demonstrate that it is difficult to multitask and listen effectively. We often have tasks that pull us in many directions at once, but it is important to remember that effective listening is vitally important to ensuring high quality patient care.



**Materials Needed** (Quantities vary by how many in the group):

- PowerPoint Slides #7-9



**Procedures:**

- Beginning with PowerPoint slide 7 and explain that research tells us we have power with our body language. According to social psychologist professor, Deborah Gruenfeld (2013) of Stanford Graduate School of Business, something as simple as changing the way one sits can impact one's power. She asserts small changes in physical behaviors can alter others' perceptions and impact one's own psychology. She explains that in subtle ways we demonstrate these behaviors and are not aware—they are ingrained in animals and in humans. And, one's posture sends messages not only to other people but to one's own brain and basically tells us how to feel. If you need to feel confident, you want your posture to send your brain that message.<sup>xxiii</sup>
- Gruenfeld (n.d.) further explains: "Changing your body position changes how powerfully you behave. Hold an expansive pose or constricted pose for two minutes to change your body chemistry. An expansive pose will make you feel dominant, or authoritative. A constrictive pose releases stress hormones."<sup>xxiv</sup>

(Transition to the next slide and show the images of high and low power status.)

- Ask participants to sit up or lean slightly back. Next tell them to take up some space as follows:
  - Roll your shoulders back. Get your arms/elbows away from your body by putting your hands behind your head or stretching your arms on the back of the seats beside you. Stretch out your legs or cross one foot over your knee so your legs make a triangle. Expand your posture.

(Ask them to stay in the "big" or high power position and transition to the next slide.)



## ACTIVITY #1

### Big and Little Old Me

- Explain that three brief sentences will be revealed and that the group is to read them aloud together while remaining in the “big” position. Reveal the sentences: “I can’t do it. I feel so helpless. I am worthless.”
  - Make the point: It’s probably humorous but the reality is our mind believes our body. It’s not that we don’t sometimes feel like we can’t do something but it’s very hard to believe what you say when your body is telling you something different.
- Next, have them move into a “little” power position. Hands/arms close to body, knees together, lean forward. Constrict your posture. (Trainer: If needed, go back to slide 8 to show images.)
- Ask them to stay in the “little” power position. Explain that again three brief sentences will be revealed and that the group is to read them aloud together while remaining in the position. Reveal the sentences: “I am totally in charge. I’m invincible. I’m on top of the world.”
- Conclude with three points:
  - 1) Be aware of the power of nonverbal behavior in daily interactions and the impressions they make.
  - 2) Be mindful and respectful of your own nonverbal behaviors in accordance with the context and culture of the workplace and hierarchical structures so that you can improve relationships.
  - 3) Don’t underestimate the alignment between your mind and your body in supporting you in gaining self-confidence. Remember, self – confidence is built like any other skill. Practice.

Activity adapted from:

Gruenfeld, D. (October 03, 2013). "Acting with Power." [Video file]. Retrieved from <https://www.youtube.com/watch?v=6mLFUtv0pCo>

Gruenfeld, D. (n.d.). Power & Influence Discussion Guide. Retrieved from <http://cdn-media.leanin.org/wp-content/uploads/2013/03/PowerInfluence3.15.pdf>

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## ACTIVITY #2

### Authoritative and Approachable Behaviors



**Goal:** This activity gives participants an opportunity to learn about and role play different behaviors associated with authoritative and approachable communication styles.



**Materials Needed:**

- PowerPoint Slides #13-16



**Procedures:**

- Begin by providing the background information on PowerPoint slides 13-15
- Next, tell participants to partner-up.
- Ask them to share a real experience or situation they have faced or do face in which power dynamics cause challenges. Do not use names of real people or departments etc. Prompt them as follows:
  - Remind them of the *Big & Little Old Me Activity* (or if just using this activity explain the following:)
  - Be aware of the power of nonverbal behavior in daily interactions and the impressions those behaviors make.
  - Be mindful and respectful of your own nonverbal behaviors in accordance with the context and culture of the workplace and hierarchical structures so that you can improve relationships.
  - Don't underestimate the alignment between your mind and your body in supporting you in gaining self-confidence. Remember, self – confidence is built like any other skill.
- Tell them first to begin with the end in mind:
  - What is your goal for a situation or relationship?
  - Then follow up: What is the current power dynamic?
- Now, tell them to reflect on a shift in personal behaviors—authoritative or approachable—that might change the dynamics. Tell them to be specific:
  - How do you act?
  - How do others act?



## ACTIVITY #2

### Authoritative and Approachable Behaviors

- Role-play the scenario with your partner:
  - First, try authoritative behaviors.
  - Second, try approachable behaviors. *Do not use both simultaneously.*
- Switch and let the other partner try.
- Invite participants to share revelations with the large group.
- Lead a large group discussion with prompts such as:
  - What concerns might arise when adapting an authoritative behavioral style?
  - When might one style be more effective than the other?
  - If communication competency means being both appropriate to the situation and effective in the intended outcome, which style might be more impactful on a consistent basis? (The answer is: It depends!)
  - What does knowing about these two behavioral communication styles mean for you personally in terms of self-confidence?

Activity adapted from:

Gruenfeld, D. (October 03, 2013). "Acting with Power." [Video file]. Retrieved from <https://www.youtube.com/watch?v=6mLFUtv0pCo>

Gruenfeld, D. (n.d.). Power & Influence Discussion Guide. Retrieved from <http://cdn-media.leanin.org/wp-content/uploads/2013/03/PowerInfluence3.15.pdf>

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## ACTIVITY #3

### Creating a Sunny Organizational Climate



**Goal:** This activity provides participants with an opportunity to recognize how a positive organizational climate is created. This supports building and maintaining self-confidence and workplace pride.



**Materials Needed:**

- PowerPoint Slide #19
- Large chart paper (two sheets) for each group
- Colored markers
- Push pins or method of displaying chart paper in the room



**Procedures:**

- After reviewing PowerPoint slides 17 and 18, ask participants to form small groups of 3 – 5 participants per group. (For fewer participants, this can also be a duo or individual assignment.)
- Give each group two pieces of chart paper and colored pens.
- Explain that organizational *climate* is primarily a matter of interpersonal communication (personal interactions and relationships) whereas organizational *culture* is derived from workplace values, norms, and artifacts (systemic features). There is interplay between the two but climate is “built from the ground up: it is the sum total of individuals’ interpersonal behavior in the workplace.”<sup>xxv</sup> Thus, participants have greater influence in changing or sustaining the organizational climate than its culture.
- Ask them to draw a vertical line down the center of one sheet and title one side “sunny” and the other “gloomy.” Invite them to create an image for each as well (i.e., smiley face or dark cloud). Remind, if needed, that sunny is a supportive climate and gloomy is a defensive climate.
- Ask participants to discuss their organizational climate (at the institutional level or departmental level as appropriate to the situation)—supportive or defensive. Remind them that a climate is probably not all one or the other but has elements of both.
- Next, ask them to discuss and list on the sunny/gloomy chart paper specific examples and illustrations to support their opinion. They should have examples and illustrations for both sides.



## ACTIVITY #3

### Creating a Sunny Organizational Climate

- Using the other chart sheet, have groups list ways to create, improve, or maintain a positive organizational climate. Tell them to be specific (e.g. make a fresh pot of coffee when it's low and announce it so others know; don't eat other people's food without asking permission; come up with a code word to use when someone uses a negative tone of voice to remind them to be positive or neutral).
- Invite each group to display their charts around the room and, if time permits, to present highlights to the whole group.
- Lead a large group discussion with prompts such as:
  - What did you learn from other perspectives about the organizational climate(s)?
  - What interpersonal interactions did you hear that were positive and supportive that YOU might like to incorporate?
  - What gloomy examples did you learn about that you want to avoid?
  - How will you, personally, behave differently to create, improve, or maintain a sunny climate?
  - How might these behavioral changes influence one's self-confidence and workplace pride?



## ACTIVITY #4

### Building Confidence One Word At A Time



**Goal:** This activity introduces participants to impromptu speaking which may induce some degree of anxiety. A self-assessment measure provides participants with self-knowledge related to anxiety about public speaking. An invitation to speak allows those willing an opportunity for building self-confidence in this area.



**Materials Needed** (Quantities vary by how many in the group):

- PowerPoint Slides #20 to 24
- At least two 3 x 5 or 4 x 6 white notecards for each participant
- Pen/pencil for each participant
- Timer with second hand
- “Personal Report of Public Speaking Anxiety Self-Assessment” worksheet
- PSPRSA score sheet



**Procedures:**

(Trainer: This impromptu activity does NOT need to be completed, but the procedures on PowerPoint slides 21 and 22 should be presented as if this is a real activity. This is intended to induce participant stress before they take the “Personal Report of Public Speaking Anxiety” self-assessment (PSPRSA). However, a strong recommendation if time allows is for a few volunteer participants to deliver impromptu speeches as a confidence booster. Please do so after the assessment is completed.)

- Begin by reviewing each bullet point on PowerPoint Slide 21 which introduces the activity step-by-step.

(Transition to the next slide and but remain on the title until prompted below).

- Explain that everyone **must at minimum** write an impromptu speech and that **you will randomly select** people to speak. Emphasize that you will call on participants and not by volunteer. (This intentionally increases the stress but do not reveal this intention to participants.)
- Hand each participant an index card. Explain that they can write on one side only.
  - Some people will grumble, so explain it’s a guide to jot down key words. (2 MINUTES is not enough time to write out everything which, again, is intentionally designed to increase stress).
- Display the details on the PowerPoint slide and review the process for writing an impromptu speech. When done, ask participants to write down the basic outline on their index cards.



## ACTIVITY #4

### Building Confidence One Word At A Time

- Next, tell them you are about to display three topics and that they are to choose just one for their impromptu speech. (Choose your own topics or use the ones provided on next slide.)
- Before you do, give them a moment to reflect on recent books they've read, movies they've seen, and stories they've heard. Explain that these will be the "support" for explaining their points.
- Remind them that they will have 2 minutes to write the speech and it should be about a 3 – 4-minute speech.
- Explain that you will give them time signals at one minute used, 30 seconds remaining, 10 seconds and then 5-4-3-2-1. Done or not, everyone puts down pen and turns over their cards.

(Transition to the next PowerPoint slide.)

- Reveal the topics (optional to choose different topics). Announce that they can begin writing their speeches and start the timer. Remember to call out the time as it counts down. (This countdown intentionally adds stress.)
- At the end of two-minutes, call time and ask participants to stop writing.
- Advise participants they are not expected to *actually* deliver the speech (invite volunteers for later). Apologize as appropriate and demonstrate empathy.
  - Explain that the impromptu "fake" activity was a way to get them thinking about public speaking and induce a state of anxiety.
  - Hand out copies of the PRPSA, and read the directions aloud. Ask participants to fill it out quietly and independently.
  - When they are done, ask them to walk to the front to retrieve the score form and fill-it in (walking will reduce some of the anxiety).

(Transition to the next slide and conclude this part of the activity.)

1. Conclude this part of the activity by revealing the scores and explaining that almost everyone experiences speech anxiety at some point. The symptoms can include rapid heart rate, erratic breathing, sweating, and general feelings of uneasiness. The self-assessment for this activity is based on the early work



## ACTIVITY #4

### Building Confidence One Word At A Time

2. of communication scholar, James McCrisken.<sup>xxvi</sup> However, his later work realized that for many people, it's not only public speaking that causes anxiety. For some people, answering a question in a group setting, meeting new people, or interviewing for a job can cause anxious feelings. McCroskey (1977) describes these encounters as “communication apprehension (CA) because it is a more general fear or anxiety associated with either real or anticipated communication with another person or persons.”<sup>xxvii</sup>
3. Trying something new or challenging, like a public speaking situation, is one way to build confidence.

(Transition to the next slide and invite volunteers to speak.)



## Personal Report of Public Speaking Anxiety (PRPSA)

**Directions:** Below are 34 statements that people sometimes make about themselves. Please indicate whether or not you believe each statement applies to you by marking whether you:

**Strongly Disagree = 1; Disagree = 2; Neutral = 3; Agree = 4; Strongly Agree = 5**

- \_\_\_\_ 1. While preparing for giving a speech, I feel tense and nervous.
- \_\_\_\_ 2. I feel tense when I see the words “speech” and “public speech” on a course outline when studying.
- \_\_\_\_ 3. My thoughts become confused and jumbled when I am giving a speech.
- \_\_\_\_ 4. Right after giving a speech I feel that I have had a pleasant experience.
- \_\_\_\_ 5. I get anxious when I think about a speech coming up.
- \_\_\_\_ 6. I have no fear of giving a speech.
- \_\_\_\_ 7. Although I am nervous just before starting a speech, I soon settle down after starting and feel calm and comfortable.
- \_\_\_\_ 8. I look forward to giving a speech.
- \_\_\_\_ 9. When the instructor announces a speaking assignment in class, I can feel myself getting tense.
- \_\_\_\_ 10. My hands tremble when I am giving a speech.
- \_\_\_\_ 11. I feel relaxed while giving a speech.
- \_\_\_\_ 12. I enjoy preparing for a speech.
- \_\_\_\_ 13. I am in constant fear of forgetting what I prepared to say.
- \_\_\_\_ 14. I get anxious if someone asks me something about my topic that I don't know.
- \_\_\_\_ 15. I face the prospect of giving a speech with confidence.
- \_\_\_\_ 16. I feel that I am in complete possession of myself while giving a speech.
- \_\_\_\_ 17. My mind is clear when giving a speech.
- \_\_\_\_ 18. I do not dread giving a speech.
- \_\_\_\_ 19. I perspire just before starting a speech.
- \_\_\_\_ 20. My heart beats quickly just as I start a speech.



- \_\_\_\_\_ 21. I experience considerable anxiety while sitting in the room just before my speech starts.
- \_\_\_\_\_ 22. Certain parts of my body feel very tense and rigid while giving a speech.
- \_\_\_\_\_ 23. Realizing that only a little time remains in a speech makes me very tense and anxious.
- \_\_\_\_\_ 24. While giving a speech, I know I can control my feelings of tension and stress.
- \_\_\_\_\_ 25. I breathe faster just before starting a speech.
- \_\_\_\_\_ 26. I feel comfortable and relaxed in the hour or so just before giving a speech.
- \_\_\_\_\_ 27. I do poorly on speeches because I am anxious.
- \_\_\_\_\_ 28. I feel anxious when the teacher announces the date of a speaking assignment.
- \_\_\_\_\_ 29. When I make a mistake while giving a speech, I find it hard to concentrate on the parts that follow.
- \_\_\_\_\_ 30. During an important speech I experience a feeling of helplessness building up inside me.
- \_\_\_\_\_ 31. I have trouble falling asleep the night before a speech.
- \_\_\_\_\_ 32. My heart beats very quickly while I present a speech.
- \_\_\_\_\_ 33. I feel anxious while waiting to give my speech.
- \_\_\_\_\_ 34. While giving a speech, I get so nervous I forget facts I really know.



PRSA Scoring Sheet

Compute your score by writing the points beside each question as indicated below for step 1 and step 2. Total each point column. See the computation at the bottom and complete it. Your score should be between 34 and 170. If your score is below 34 or above 170, you have made a mistake in computing the score.

Step 1: Add the scores for items 1, 2, 3, 5, 9, 10, 13, 14, 19, 20, 21, 22, 23, 25, 27, 28, 29, 30, 31, 32, 33, and 34.

Step 2: Add the scores for items 4, 6, 7, 8, 11, 12, 15, 16, 17, 18, 24, and 26.

Table with 4 columns: Points Step 1, Question Numbers Step 1, Points Step 2, Question Numbers Step 2. Rows list question numbers 1 through 34.

Total Step 1 \_\_\_\_\_

Total Step 2 \_\_\_\_\_

Step 3: Complete the following formula:

PRPSA = 72 - Total Step 2 \_\_\_\_\_ + Total Step 1 \_\_\_\_\_ = Your score \_\_\_\_\_



## ACTIVITY #5

### Workplace Pride



**Goal:** This activity provides participants an opportunity to collaborate on creating a common acronym for workplace pride.



**Materials Needed:**

- PowerPoint Slide #26
- Chart paper, one piece per group
- Colored pens (one pen per each participant)
- Timer with second hand



**Procedures:**

- Tell participants to form groups of 3 – 5 people.
- Explain the rules of brainstorming: Ask one person to be the scribe. Everyone else takes a turn and says what comes to mind when hearing the words “workplace pride.” Brainstorming will go in order from one person to the next. There are no wrong answers. Groups will have two minutes (multiple “rounds” may occur in that two minutes).
- Start the timer and begin.
- After they have brainstormed, ask each group to fine tune the ideas. Then tell them to create an acronym that speaks to what workplace pride means to their group.
- Have each group present their work to the large group.
- Lead a large group discussion with prompts such as:
  - What did you learn about your coworkers?
  - What common areas of workplace pride do you share?
  - What had you not considered?
  - How does this activity contribute to a sunny organizational climate?
  - By show of hands, how many feel a little more workplace pride after completing this activity?



## References

- <sup>i</sup> Pierre, A. (November, 27, 2012). 9 ways to boost your confidence as a nurse. Retrieved from <http://www.nursetogether.com/9-professional-ways-boost-your-confidence-nurse>
- <sup>ii</sup> Rothwell, J. D. (2007). *In mixed company: Communicating in small groups and teams* (6th ed.). Boston, MA: Wadsworth.
- <sup>iii</sup> Dyess, S., Sherman, R., Pratt, B., Chiang-Hanisko, L., (January 14, 2016). Growing nurse leaders: Their perspectives on nursing leadership and today's practice environment. *The Online Journal of Issues in Nursing*, 21, (1). DOI: 10.3912/OJIN.Vol21No01PPT04
- <sup>iii</sup> Freel, M. (2012). 5 Challenges hospital administrators must overcome to succeed in today's rapidly changing industry. *Beckers Hospital Review*. Retrieved from <http://www.beckershospitalreview.com/hospital-management-administration/5-challenges-hospital-administrators-must-overcome-to-succeed-in-todays-rapidly-changing-industry.html>
- <sup>iii</sup> Schwartz, M. D. (2012). Health Care Reform and the Primary Care Workforce Bottleneck. *Journal of General Internal Medicine*, 27(4), 469–472. <http://doi.org/10.1007/s11606-011-1921-4>
- <sup>iii</sup> U.S. Department of Health and Human Services. (2016). 20 million people have gained health insurance coverage because of the Affordable Care Act, new estimates show. Retrieved from: <http://www.hhs.gov/about/news/2016/03/03/20-million-people-have-gained-health-insurance-coverage-because-affordable-care-act-new-estimates#>
- <sup>iv</sup> Hain, D., & Fleck, L. (May 31, 2014). Barriers to nurse practitioner practice that impact healthcare redesign *OJIN: The Online Journal of Issues in Nursing Vol. 19*, No. 2, Manuscript 2. DOI: 10.3912/OJIN.Vol19No02Man02
- <sup>v</sup> Castillo, J. (2015, November, 4). At least 350 languages spoken in US homes: New report. *NBC News*. Retrieved from: <http://www.cnbc.com/2015/11/04/at-least-350-languages-spoken-in-us-homes-new-report.html>
- <sup>v</sup> Cohn, D. & Caumont, A. (March 31, 2016). *10 demographic trends that are shaping the U.S. and the world*. Pew Research Center. Retrieved from <http://www.pewresearch.org/fact-tank/2016/03/31/10-demographic-trends-that-are-shaping-the-u-s-and-the-world/>
- <sup>v</sup> Perrin, A. (October 8, 2015). *Social media usage: 2005-2015*. Pew Research Center. Retrieved from <http://www.pewinternet.org/2015/10/08/social-networking-usage-2005-2015/>
- <sup>vi</sup> Longo, J. (Jan. 31, 2010). Combating disruptive behaviors: Strategies to promote a healthy work environment. *OJIN: The Online Journal of Issues in Nursing*, (15), 1. DOI: 10.3912/OJIN.Vol15No01Man05
- <sup>vi</sup> Hain, D., & Fleck, L. (May 31, 2014). Barriers to nurse practitioner practice that impact healthcare redesign *OJIN: The Online Journal of Issues in Nursing Vol. 19*, No. 2, Manuscript 2. DOI: 10.3912/OJIN.Vol19No02Man02
- <sup>vi</sup> Schmalengburg, C., & Kramer, M. (February, 2009). Nurse-Physician relationships in hospitals: 20 000 nurses tell their story. *Critical Care Nurse* 29 (1), 74-83. Retrieved from <http://ccn.aacnjournals.org/content/29/1/74.full>



## References

- <sup>vi</sup> Lindeke, L. & Sieckert, A. (January 31, 2005). Nurse-Physician workplace collaboration. *OJIN: The Online Journal of Issues in Nursing*, (10), 1. DOI: 10.3912/OJIN.Vol10No01Man04
- <sup>vii</sup> Adams, K, & Galanes, G.J. (2014). *Communicating in groups: Applications and skills* (9th ed.). New York: McGraw-Hill.
- <sup>viii</sup> Rothwell, J. D. (2007). *In mixed company: Communicating in small groups and teams* (6th ed.). Boston, MA: Wadsworth.
- <sup>ix</sup> Rothwell, J. D. (2007). *In mixed company: Communicating in small groups and teams* (6th ed.). Boston, MA: Wadsworth.
- <sup>x</sup> Wyatt, R.M. (2013, October, 02). Revisiting disruptive and inappropriate behavior: Five years after standards introduced. [Web log post]. Retrieved from [https://www.jointcommission.org/jc\\_physician\\_blog/revisiting\\_disruptive\\_and\\_inappropriate\\_behavior/](https://www.jointcommission.org/jc_physician_blog/revisiting_disruptive_and_inappropriate_behavior/)
- <sup>xi</sup> Longo, J. (Jan. 31, 2010). Combating disruptive behaviors: Strategies to promote a healthy work environment. *OJIN: The Online Journal of Issues in Nursing*, (15), 1. DOI: 10.3912/OJIN.Vol15No01Man05
- <sup>xii</sup> Longo, J. (Jan. 31, 2010). Combating disruptive behaviors: Strategies to promote a healthy work environment. *OJIN: The Online Journal of Issues in Nursing*, (15), 1. DOI: 10.3912/OJIN.Vol15No01Man05
- <sup>xiii</sup> Institute for Safe Medication Practices. (March 11, 2004) Intimidation: practitioners speak up about this unresolved problem (Part 1). ISMP Medical Safety Alert! Retrieved from [http://www.ismp.org/Newsletters/acutecare/articles/20040311\\_2.asp](http://www.ismp.org/Newsletters/acutecare/articles/20040311_2.asp)
- <sup>xiv</sup> Hain, D., & Fleck, L. (May 31, 2014). Barriers to nurse practitioner practice that impact healthcare redesign *OJIN: The Online Journal of Issues in Nursing Vol. 19*, No. 2, Manuscript 2. DOI: 10.3912/OJIN.Vol19No02Man02
- <sup>xiv</sup> Wyatt, R.M. (2013, October, 02). Revisiting disruptive and inappropriate behavior: Five years after standards introduced. [Web log post]. Retrieved from [https://www.jointcommission.org/jc\\_physician\\_blog/revisiting\\_disruptive\\_and\\_inappropriate\\_behavior/](https://www.jointcommission.org/jc_physician_blog/revisiting_disruptive_and_inappropriate_behavior/)
- <sup>xiv</sup> Longo, J. (Jan. 31, 2010). Combating disruptive behaviors: Strategies to promote a healthy work environment. *OJIN: The Online Journal of Issues in Nursing*, (15), 1. DOI: 10.3912/OJIN.Vol15No01Man05
- <sup>xv</sup> Burton, N. (2015, October, 15). Self –confidence versus self-esteem. [Web log post]. Retrieved from <https://www.psychologytoday.com/blog/hidden-and-see/201510/self-confidence-versus-self-esteem>
- <sup>xvi</sup> Mindtools. (n.d.). How self-confident are you? Retrieved from [https://www.mindtools.com/pages/article/newTCS\\_84.htm](https://www.mindtools.com/pages/article/newTCS_84.htm)
- <sup>xvi</sup> Houghton, C. E. (2014). “Newcomer adaptation”: a lens through which to understand how nursing students fit in with the real world of practice. *Journal of Clinical Nursing*, 23(15-16), 2367–2375. <http://doi.org/10.1111/jocn.12451>
- <sup>xvii</sup> Selman, L., Robinson, V., Klass, L., Khan, S., George, R., Shepherd, K., ... Koffman, J. (2016). Improving confidence and competence of healthcare professionals in end-of-life care: an evaluation of the Grab-N-Go



## References

- “Transforming End of Life Care” course at an acute hospital trust. *BMJ Supportive & Palliative Care*, 6(2), 231–236. <http://doi.org/10.1136/bmjspcare-2015-000879>
- <sup>xvii</sup> Tudor, K., Berger, J., Polivka, B., Chlebowy, R., & Thomas, B. (2014). Nurses’ perceptions of family presence during resuscitation. *American Journal of Critical Care*, 23(6), 88-96.
- <sup>xviii</sup> Schmalengburg, C., & Kramer, M. (February, 2009). Nurse-Physician relationships in hospitals: 20 000 nurses tell their story. *Critical Care Nurse* 29 (1), 74-83. Retrieved from <http://ccn.aacnjournals.org/content/29/1/74.full>
- <sup>xix</sup> Taylor, J. (2010, November, 23). Business: Confidence matters in the corporate world. [Web log post]. Retrieved from <https://www.psychologytoday.com/blog/the-power-prime/201011/business-confidence-matters-in-the-corporate-world>
- <sup>xx</sup> Gershon, R. M., Stone, P. W., Zelster, M. Faucett, J., MacDavitt, K., & Chou, S. (2007). Organizational climate and nurse health outcomes in the United States: A systematic review. *Industrial Health*, 45 (5), 622-636. Retrieved from [https://www.jstage.jst.go.jp/article/indhealth/45/5/45\\_5\\_622/\\_article](https://www.jstage.jst.go.jp/article/indhealth/45/5/45_5_622/_article)
- <sup>xx</sup> Paquet, M., Courcy, F., Lavoie-Tremblay, M., Gagnon, S., & Maillet, S. (2013). Psychosocial work environment and prediction of quality of care indicators in one Canadian health center. *Worldviews on Evidence Based Nursing*, 10(2), 82-94. DOI: 10.1111/j.1741-6787.2012.00250.
- <sup>xxi</sup> McCornack, S. (2016). *Reflect & relate: An introduction to interpersonal communication* (4<sup>th</sup> ed). Boston, MA. Bedford St. Martin’s.
- <sup>xxii</sup> Perrin, A. (October 8, 2015). *Social media usage: 2005-2015*. Pew Research Center. Retrieved from <http://www.pewinternet.org/2015/10/08/social-networking-usage-2005-2015/>
- <sup>xxiii</sup> Gruenfeld, D. (October 03, 2013). "Acting with Power." [Video file]. Retrieved from <https://www.youtube.com/watch?v=6mLFUtv0pCo>
- <sup>xxiv</sup> Gruenfeld, D. (n.d.). Power & Influence Discussion Guide. Retrieved from <http://cdn-media.leanin.org/wp-content/uploads/2013/03/PowerInfluence3.15.pdf>
- <sup>xxv</sup> McCornack, S. (2016). *Reflect & relate: An introduction to interpersonal communication* (4<sup>th</sup> ed). Boston, MA. Bedford St. Martin’s.
- <sup>xxvi</sup> McCroskey, J. C. (1970). Measures of communication-bound anxiety. *Speech Monographs*, 37, 269-277. Retrieved from <http://www.jamescmccroskey.com/measures/prpsa.htm>
- <sup>xxvii</sup> O’Hair, D., Wiemann, M., Mullin, D., & Teven, J. (2015). *Real communication and introduction* (3<sup>rd</sup> ed.). Boston, MA. Bedford/St. Martin.