

Soft Skills Research: Aligning *Nurse's Touch* with Best Practices

Assessment Technologies Institute, Inc.
February, 2012



Table of Contents

Introduction	2
Soft Skills in Nursing	2
Characteristics of Effective Soft Skills Programs	4
Theoretical Framework	5
Education and Practice	6
Multi-method Assessment System	7
Nurse's Touch	8
Theoretical Framework	8
Education and Practice	9
Multi-method Assessment System	10
References	14
Appendix	16


Introduction

Soft skills in the nursing field are undoubtedly important skills to possess albeit they aren't emphasized as much as "hard" skills (e.g., knowledge and psychomotor skills). While the value of soft skills is recognized in the field, nurse educators are charged with the difficult task of allocating time to the various subject areas within the nursing curriculum. Frequently, soft skills are not afforded the time that may be needed for nursing students to attain these valuable skills. The *Nurse's Touch* product line is intended to provide institutions, nurse educators and nursing students a collection of assistive materials to help students develop the soft skills that they will need to become successful nurse professionals. With *Nurse's Touch*, students will gain the knowledge, skills, and attitudes needed to stay healthy and manage work-related stress, convey professional behaviors and attitudes, use nursing informatics and technology, as well as be a leader of the health care team and client advocate.

Nurse's Touch is an online suite of products that present content related to Professional Communication, Wellness and Self-care, Becoming a Professional Nurse, Nursing Informatics and Technology, and Leadership and Management. The *Nurse's Touch* development process was based on research that outlined effective teaching and evaluation practices in the context of soft skills education. This paper demonstrates how *Nurse's Touch* aligns with best practices associated with teaching soft skills to nursing students and assessing their subsequent level of competency.

Soft Skills in Nursing

It is well agreed that a certain level of knowledge, skill and attitude is necessary to be a respected and qualified nurse (Cronenwett et al. (2007; IOM, 2010). These minimum requirements include knowledge of nursing content as well as job-related performance skills. However, successful nurse professionals also possess other, less tangible skills that are often referred to as *soft skills* or *outcomes*. Soft skills, in general, have been defined as "intra- and inter-personal work skills that




facilitate the application of technical skills and knowledge” (Kantrowitz, 2005, p.2). These skills often refer to interpersonal skills such as ability to work and communicate effectively with others; organizational skills such as the ability to prioritize tasks; analytical skills such as the ability to exercise sound judgment and problem solve; and intrapersonal skills such as being reliable and motivated (Dewson et al., 2000). While these skills tend to be relatively trans-contextual, soft skills specific to the field of nursing include: those related to communication with clients, their family members, and other members of the healthcare team; what it means to be a professional nurse; proficiency in using informatics and technology to provide healthcare; personal wellness and self-care management; and leadership skills including task prioritization and delegation.

Importance of Soft Skills in Nursing

Soft skills in the healthcare industry are increasingly being recognized as valuable skills that are necessary for nursing professionals to possess. For instance, the Institute of Medicine (IOM) stresses that nurses need to function as a critical member of the health care team and need to be able to delegate skills in order to work at their highest level of practice. The IOM reports that poor communication and disrespect between physicians and nurses can lead to adverse outcomes for clients. Students need and want experience with professional communication and leadership skills during their education to have a better understanding of their roles and responsibilities once they become licensed to practice (IOM, 2010). As such, the IOM supports soft skills education and anticipates that nurses will be a part of the interdisciplinary teams that will be making changes in health care policy and systems.


Moreover, employers desire to hire nurse professionals who not only demonstrate competency but also possess personal characteristics and abilities that support the provision of safe, quality care. Student nurses that can provide evidence of possessing these soft skills are at a greater advantage than those who cannot provide such evidence with respect to employability (Bowles, 2001; Corning, 2002).



While the importance of effective communication in nursing is well agreed upon, concerns over nurses' communication skills in the field continue to exist (Bowles, 2001; Klakovich, 2009; NursingTimes.net, 2007). Deficits in communication may lead to mistrust between the nurse and client, potential errors in client care instructions, and ineffective and inefficient interactions between health care team members. Moreover, leadership and management skills that help nurses make task-oriented decisions related to priority-setting, delegation of tasks, and patient safety are essential to a successful nursing career. Leadership skills are also important to the healthcare industry as nurses in leadership roles are a "pivotal part in retaining, motivating, and developing nursing managers and nursing staff" (Corning, 2002). Moreover, given that research consistently demonstrates that nurses with more years of experience tend to display more professionalism skills (Wynd, 2003; Wynd & Gotschall, 2000; Yoder, 1995), educating nursing students on soft skills may be highly beneficial. Wynd (2003) asserted that as nurses are leaving the field and potential nurses are choosing alternative career paths, the professionalism of nursing needs to be enhanced in order to re-establish "its prestige and value as a career for both men and women" (p. 259). Fortunately, these soft skills that are vital to the field of nursing can be taught and learnt through education (Aspergren, 1999; Hobgood et al., 2002; Makoul, 2001; Yan-fen, 2009).

Characteristics of Effective Soft Skills Programs

Effective soft skills education programs, such as those intended to teach communication, leadership, professionalism and personal wellness skills, tend to be defined by several essential characteristics which emphasize the purpose of and methods for achieving desired goals of such programs. The research on soft skills education tends to emphasize three main characteristics of effective programs that are intended to teach and assess soft outcomes such as communication, leadership, professionalism and wellness skills. Based on this literature, effective soft skills education




programs ideally possess the following characteristics, each of which is discussed in more detail in the following sections:

1. Skills are based on a comprehensive *theoretical framework* and are connected to measurable outcomes
2. Both *education and practice* of defined skills is provided
3. A *multi-method assessment system* that supports and evaluates attainment of skills is incorporated

Theoretical Framework

There are several benefits associated with grounding educational programs and associated materials within a theoretical framework. Frameworks in general can provide a structure within which facts, concepts, theories, and propositions from various theoretical sources can interact in meaningful and structured ways (Chater, 1975). The framework can be used to derive program objectives, guide the design of program content, and serve as the basis for assessing program objectives. A conceptual framework for curriculum encourages systematic evaluation that ultimately allows for more accurate representations of desired outcomes (Chater, 1975).

When discussing how to measure the outcomes of an educational program, a distinction is often made between what are referred to as indicators and outcomes. Dewson et al. (2000) explained that indicators are the means by which outcomes or skills are measured. That is, the attainment (or lack of attainment) of soft outcomes is measured by performance on soft indicators. For instance, a soft skills program may be intended to improve students' communication or leadership skills; however, in order to determine if these outcomes are achieved, indicators of these skills such as fewer unresolved disagreements or increased understanding of responsibilities, may be used to suggest that these skills have improved.




The main goal of any type of skills education program is to achieve measurable success. While the definition of success (i.e., the desired outcomes) may change based on the program type and purpose, the need for measurable indicators that define that success should not change. Measuring one's success in any education program is essential to evaluating the efficacy of the program with respect to achieving the intended goals and its value as an investment (Pine & Tingley, 1993).

Education and Practice

Just as nursing education programs teach skills related to fundamentals, pharmacology, and medical surgical content, programs can and do incorporate soft skills education into their curriculums. However, the lack of sufficient time in a course and the potential lack of resources can impact the degree to which soft skills are emphasized and evaluated. That is to say, soft skills cannot simply be evaluated based on knowledge of content; rather these types of skills must also be effectively applied and practiced within relevant contexts in order to attain desired outcomes. A substantial amount of time (which is probably not a luxury most nursing programs have) may be required to not only teach awareness of skills (i.e., educate) but also provide the necessary opportunities to apply and reinforce those skills (i.e., practice).

This distinction between education and training in soft skills programs was made explicit by Georges who described it as the difference between knowledge and competence, respectively. This author used the term "training" to refer to the practice of performing the skill. Education is intended to increase awareness of a subject whereas practice is intended to make an individual proficient at executing a particular task. In the context of soft skills programs, both types of learning need to occur. For instance, applying and practicing the use of conflict-resolution skills within a team oriented task would not make sense to someone who was not familiar with what conflict-resolution skills entailed (e.g., seeking compromise and responding calmly). Similarly, it would be equally nonsensical to simply




teach knowledge of conflict-resolution skills and evaluate attainment of such skills without providing opportunities to actually apply those skills in a relevant context. Thus, it is essential that soft skills programs both educate on knowledge of skills *and* practice those skills through repeated application of skills.

There are several methods for providing students practice exercises to apply knowledge of skills. For instance, students may be given the opportunity to directly interact with real clients (although it may be difficult to secure the desired type of interactions to practice certain soft skills). Alternatively, simulated clients may provide a safer opportunity for students to practice the application of soft skills. Simulated clients may involve real people who are role-playing the client's position or could involve computer-based simulations of nurse-client interactions where the student has to interact directly with the computer simulated client. Simulated patients can be effectively used in both the teaching and assessing of communication skills (Aspergren, 1999). Another method involves viewing and assessing video clips of nurse-client communication interactions (Kantrowitz, 2005). While the ideal opportunities for students to apply soft skills would be those that approximate real life as closely as possible, the main goal is to prepare students through repeated applications of soft skills which may be accomplished through any of these methods.

Multi-method Assessment System

Soft skills educational programs tend to use a variety of assessment methods including tests that assess knowledge about concepts and principles related to the skill, the development of the individual's skills (e.g., self-ratings on communication) and the application to job-related tasks (e.g., simulations of nurse-client interactions). Epstein & Hundert (2002) asserted that the most effective approach to teaching and evaluating professional competence in the medical field, part of which is defined by soft skills such as communication skills, revolves around multiple methods of assessment.




One reason for this multi-method approach is related to the need to assess both knowledge acquisition and skill competency when evaluating the attainment of soft outcomes. The assessment method should be consistent with the teaching method such that soft skills may be taught directly and indirectly in the classroom as well outside of the classroom; thus, the assessment method should reflect the multimodal nature of the instruction.

Nurse's Touch

As the nation's preeminent e-learning provider, ATI Nursing Education offers programs that are instrumental in improving faculty, student and program outcomes. With ATI's support, educators have the power to augment curriculum, revamp courses, promote faculty development, improve student outcomes, and lower attrition rates. ATI eagerly responded to requests from customers and to implications in the latest nursing research when deciding to create the soft skills line of products, *Nurse's Touch*. As such, *Nurse's Touch* was designed to align with effective practices demonstrated by research and theory and embodies the characteristics described above, each of which is reiterated in the following sections as they relate to the product line.

Theoretical Framework

The development of the *Nurse's Touch* product line was based on several analytical steps. The initial phase of development involved the in-depth research of an experienced nurse educator who was responsible for creating content outlines of skills for each of the content areas. These proposed outlines were based on research and theory derived from several prominent resources in the field which are listed in the Appendix. The outlines were then converted into measurable tasks or indicators of the skills. Once the indicators were defined for each content area, two committees of nurse educators were established to review them and add any tasks that were perceived as missing from the outlines. After the final proposed outline of indicators was established for each content area, a sample




of nurse educators were surveyed to determine which indicators were perceived as the most important based on nurse educators' expertise. These ratings were ultimately used to determine which indicators would serve as the basis for content development as well as for the test specifications. Using the final set of outlines, ATI nurse educators developed the content for each of the tutorials based on relevant references and resources.

The original outline of skills in each content area was converted into an outline of measurable outcomes based on theory and research. After the review process described above, a final outline of indicators was used as the basis for the test specifications for all forms of all assessments. To develop the assessment items, a three-day item writing workshop was conducted which involved training nurse educators from across the country to develop items that adhered to the test specifications. As the indicators were written as measurable outcomes, the nurse educator item writers were tasked with developing specific instances of the outcome and phrasing those instances as test questions. These test items were subsequently sent through ATI's thorough and diligent item review process prior to test form development. Overall, this process ensured that measurable performance could be achieved. That is, the indicators were developed to define successful attainment of skills in each of the content areas and the test items were developed to measure that success.

Education and Practice

As suggested by the literature, soft skills should be taught through education on relevant content as well as through repeated application of skills in relevant contexts. *Nurse's Touch* provides both types of learning throughout its various content area packages. First, it provides comprehensive and thorough educational materials intended to teach students knowledge and awareness of communication, professionalism, technology, and wellness and self-care skills. Tutorials, each consisting of several modules, provide instructional lessons on relevant, content-specific topics. These




tutorials provide students with substantial amounts of content for learning and understanding the various soft skills content areas within a nursing context.

Nurse's Touch also provides students with multiple opportunities to apply and practice the skills and knowledge that they learned from the tutorials. For instance, students are given the opportunity to review case studies specific to each content area and analyze responses while selecting/developing the response they believe is most appropriate. A case study is provided for each module within a given tutorial. Case studies allow students to apply the knowledge and attitudes learned through the tutorial to a more practical context.

Furthermore, the *Professional Communication and Leadership* content areas also feature *The Communicator* and *The Leader*, respectively. These two products are interactive simulation products that allow students the opportunity to practice communication and leadership skills with simulated clients, their significant others and members of the health care team. Two learning modes within *The Communicator* allow the student to interact with characters within a specific nursing context and provide students the opportunity to identify therapeutic and non-therapeutic communication techniques using video-based client care scenarios. *The Leader* allows students to experience the challenges associated with leadership and management and the opportunity to identify appropriate actions in clinical situations through video-based scenarios. Both of these simulation products provide students with the exercises they need to apply the skills they have learned in the areas of communication and leadership/management.

Multi-method Assessment System


Based on the research, the most effective approach to evaluating soft skills is one that incorporates multiple methods of assessment in order to reflect the multimodal nature of the instruction. As such, *Nurse's Touch* provides several methods for assessing students' professional



communication, professional nursing, technology, wellness and self-care, and leadership skills, each of which is reflective of the particular instructional mode utilized. In other words, students are assessed based on their knowledge of the content as well as on their level of competency in applying that knowledge to real life scenarios. This multi-method assessment approach ensures that students' are geared towards achieving desired outcomes of soft skills education.

Students' skills are assessed within each content area. For example, an assessment is provided for each of the modules within the *Professional Communication* tutorial; each assessment consists of test items that correspond to the content within the module. This is also true for the other content areas that feature a tutorial. Rationales are provided for every answer option so that students are able to learn and reflect on incorrect as well as correct answers. Similarly, assessment items corresponding to each case study are presented in order to evaluate how students respond to clinical situations. Two online assessments, a practice assessment and a proctored assessment, are also provided for each content area that features a tutorial. These assessments are intended to measure in a summative manner the skills from each topic within a specific content area. The practice and proctored assessments are similar in format; however, the practice tests are considered low stakes tests and may be used for formative purposes (i.e., to guide future learning and instructional activities) while the proctored tests are considered high stakes tests and may be used for summative purposes (i.e., to assess the attainment of skills).

Finally, students' abilities to apply skills in practical, simulated environments are assessed in both *The Communicator* and *The Leader*. Throughout interactions within each simulation product, multiple-choice items are presented with several communication or action options to choose from each of which corresponds to a rationale for both incorrect and correct choices.




Overall, the multi-method assessment approach to supporting and evaluating students' professional communication, professional nursing, technology, wellness and self-care, and leadership skills is fully adopted by Nurse's Touch. Students are assessed within each mode of learning which involves both knowledge-based learning as well as practice exercises that require students to apply the skills they have learned. Specifically, students have the opportunity to evaluate what they learn throughout the course of the tutorials as well as how well they apply that knowledge to case studies. Practice and proctored tests provide measures of acquired skills in both a low stakes and high stakes context. Finally, the simulation products provide two additional opportunities to assess students' level of skill competency.

Summary

The *Nurse's Touch* product line is intended to help students develop the soft skills that they will need to become successful nurse professionals. With *Nurse's Touch*, students will gain the knowledge, skills, and attitudes needed to stay healthy and manage work-related stress, convey professional behaviors and attitudes, use nursing informatics and technology, as well as be a leader of the health care team and client advocate.


Nurse's Touch was designed to align with effective practices demonstrated by research and theory; as such it is based on a comprehensive theoretical framework, it provides both education and practice of defined soft skills, and it incorporates a multi-method assessment system. The development process for each content area package within the *Nurse's Touch* suite of products was based on the expertise of content area experts, prominent resources in the field and input from committees of nurse educators. *Nurse's Touch* tutorials provide students with instruction on content while case studies and interactive simulation products offer students multiple opportunities to practice soft skills. Furthermore, *Nurse's Touch* evaluates students' attainment of content knowledge as well as skill competency through



multiple methods of assessment including tutorial-specific assessments, assessments for each case study, comprehensive practice and proctored assessments, and interactive assessments within the simulation environments. Thus, the multi-modal method of assessment is consistent with the multi-modal method of learning. Overall, the development and design of *Nurse's Touch* is fully supported and aligned with the research on effective soft skills education.

References

- Aspergren, K. (1999). BEME Guide No. 2: Teaching and learning communication skills in medicine – a review with quality grading of articles. *Medical Teacher*, 21(6), 563-570.
- Bowles, N., Mackintosh, C. & Torn, A. (2001). Nurses' communication skills: An evaluation of the impact of solution-focused communication training. *Journal of Advanced Nursing*, 36(3), 347-354.
- Chater, S. (1975). A conceptual framework for curriculum development. *Nursing Outlook*, 23(7), 428-433.
- Corning, S.P. (2002). Profiling and developing nursing leaders. *Journal of Nursing Administration*, 32(7/8), 373-375.
- Cronenwett, L., Sherwood, G., Barnsteiner, J., Disch, J., Johnson, J., Mitchell, P., Sullivan, D.T., & Warren, J. (2007). Quality and safety education for nurses. *Nursing outlook*, 55(3), 122-131.
- Dewson, S., Eccles, J., Tackey, N.D. & Jackson, A. (2000). Guide to measuring soft outcomes and distance travelled. Retrieved from www.employment-studies.co.uk on July 19th, 2011.
- Epstein, R.M. & Hundert, E.M. (2002). Defining and assessing professional competence. *Journal of American Medical Association*, 287(2), 226-235.
- Georges, J.C. The myth of soft-skills training. Retrieved from www.jtemanagement.com on July, 19th, 2011.
- Hobgood, C.D., Riviello, R.J., Jouriles, N. & Hamilton, G. (2002). Assessment of communication and interpersonal skills competencies. *Academic Emergency Medicine*, 9(11), 1257-1269.
- Institute of Medicine. (2010) The Future of Nursing: Leading Change, Advancing Health. Retrieved May 13, 2011 from <http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>
- Kantrowitz, T.M. (2005). Development and construct validation of a measure of soft skills performance. *Dissertations Abstracts International*: UMI 310058.
- Klakovich, M. (2009). Interpersonal communication: An essential skill for nursing students. Retrieved from www.phoenix.edu/profiles/faculty/marilyn-klakovich/articles/interpersonal-communication-an-essential-skill-for-nursing-students.html on December 15, 2011.
- Makoul, G. (2001). The SEGUE framework for teaching and assessing communication skills. *Patient Education and Counseling*, 45, 23-34.
- NursingTimes.Net (2007). Communication skills (essence of care benchmark). Retrieved from www.nursingtimes.net/whats-new-in-nursing/communication-skills-essence-of-care-benchmark/361127.article on December 15, 2011.



Pine, J. & Tingley, J.C. (1993). ROI of soft-skills training. *Training*, February, 55-60.

Quality and Safety Education for Nurses (2011). Retrieved from http://www.qsen.org/ksas_prelicensure.php.

Wynd, C.A. (2003). Current factors contributing to professionalism in nursing. *Journal of Professional Nursing*, 19 (5), 251-261.

Wynd, C. A., & Gotschall, W. (2000). Knowledge attainment, perceptions, and professionalism in participants completing the didactic phase of an Army Reserve critical care nursing residency program. *Military Medicine*, 165, 243-251.

Yan-fen. (2009). Survey on nursing soft skills among nurses in Chongqing. *Journal of Chongqing University*. Retrieved from http://en.cnki.com.cn/Article_en/CJFDTotal-ZQYK200908039.htm

Yoder, L. H. (1995). Staff nurses' career development relationships and self-reports of professionalism, job satisfaction, and intent to stay. *Nursing Research*, 44, 290-297.

Appendix

Reference List for *Becoming a Professional Nurse*

- Berman, A., & Snyder, S. (2012) *Kozier & Erb's Fundamentals of Nursing: Concepts, Process, and Practice*. Upper Saddle River: Pearson.
- Cherry, B. & Jacob, S.R. (2011) *Contemporary Nursing: Issues, Trends, & Management*. St. Louis: Elsevier.
- Finkelman, A & Kenner, C. (2010) *Professional Nursing Concepts*. Sudbury: Jones and Bartlett.
- Marquis, B.L. & Huston, C.J. (2009) *Leadership Roles and Management Functions in Nursing: Theory and Application*. Philadelphia: Lippincott, Williams, & Wilkins.
- National Council of State Boards of Nursing (2010) *Professional Boundaries: A Nurse's Guide to the Importance of Appropriate Professional Boundaries*. <https://www.ncsbn.org/ProfessionalBoundaries2007Web.pdf>
- Potter, P.A., & Perry, A.G. (2009) *Fundamentals of Nursing*. St. Louis: Mosby Elsevier.
- Whitehead, D.K., Weiss, S.A. & Tappen, R.M. (2010) *Essentials of Nursing Leadership and Management*. Philadelphia: F.A. Davis.

Reference List for *Nursing Informatics and Technology*

- American Nurses Association. (2008) *Nursing Informatics: Scope and Standards of Practice*. Washington D.C.: American Nurses Association
- Berman, A., & Snyder, S. (2012) *Kozier & Erb's Fundamentals of Nursing: Concepts, Process, and Practice*. Upper Saddle River: Pearson.
- Health Information and Management Systems Society (HIMSS). <http://www.himss.org/ASP/index.asp> .
- International Medical Informatics Association (IMIA). <http://www.imia-medinfo.org/new2/>
- Lowenstein, A.J., Foord, L. & Romano, J.C. (2009) *Teaching Strategies for Health Education and Health Promotion*. Sudbury: Jones and Bartlett.
- McGonagle, D. & Mastrian, K. (2009) *Nursing Informatics and the Foundation of Knowledge*. Sudbury: Jones and Bartlett.
- McLendon, K. (2009) Electronic records for all clients mandated by 2014. Retrieved from <http://www.spacecoastmedicine.com/2009/08/electronic-records-for-all-clients-mandated-by-2014/html> on June 20, 2011.

NCSBN. (2012) A Nurse's Guide to the Use of Social Media. Chicago, IL: NCSBN. Retrieved from <https://www.ncsbn.org/2551.htm> January 2012.

Quality and Safety Education for Nurses (QSEN) <http://www.qsen.org/ksasprelicensure.php#informatics>

Pew Internet and American Life Project, <http://pewinternet.org>

Potter, P.A., & Perry, A.G. (2009) *Fundamentals of Nursing*. St. Louis: Mosby Elsevier.

Project Health Design: Rethinking the Power and Potential of Personal Health Records. <http://www.projecthealthdesign.org/>

Skiba, D.J. (2010) The future of nursing and the informatics agenda. *Nursing Education Perspectives*, 31 (6), 390-1.

Reference List for Professional Communication

Antai-Otong, D. (2007) *Nurse-Client: A life Span Approach*. Sudbury: Jones and Bartlett.

Bastable, S.B. (2006) *Essentials of Client Education*. Sudbury: Jones and Bartlett.

Berman, A., & Snyder, S. (2012) *Kozier & Erb's Fundamentals of Nursing: Concepts, Process, and Practice*. Upper Saddle River: Pearson.

Cherry, B. & Jacob, S.R. (2011) *Contemporary Nursing: Issues, Trends, & Management*. St. Louis: Elsevier.

Marquis, B.L. & Huston, C.J. (2009) *Leadership Roles and Management Functions in Nursing: Theory and Application*. Philadelphia: Lippincott, Williams, & Wilkins.

Miller, M.A., & Stoeckel, P.R. (2011) *Client Education: Theory and Practice*. Sudbury: Jones and Bartlett.

Potter, P.A., & Perry, A.G. (2009) *Fundamentals of Nursing*. St. Louis: Mosby Elsevier.

Varcarolis, E.M, & Halter, M.J. (2010) *Foundations of Psychiatric Mental Health Nursing: A Clinical Approach*. St. Louis: Saunders Elsevier.

Whitehead, D.K., Weiss, S. A., & Tappen, R. M. (2010). *Essentials of nursing leadership and management*. (5th ed.). Philadelphia: F.A. Davis Company.

Reference List for Wellness and Self-Care for Nurses

American Holistic Nurses Association. *Holistic Stress Management for Nurses*. <http://www.ahna.org/Resources/StressManagement/tabid/1229/Default.aspx>

- American Holistic Nurses Association. *Stress Management for Students*. <http://www.ahna.org/Resources/StressManagement/ForNursingStudents/tabid/1815/Default.aspx>
- Banker, A.M., Sullivan, D.T., & Emery, M.J. (2006) *Leadership Competencies for Clinical Managers: The Renaissance of Transformational Leadership*. Sudbury: Jones and Bartlett.
- Berman, A., & Snyder, S. (2012) *Kozier & Erb's Fundamentals of Nursing: Concepts, Process, and Practice*. Upper Saddle River: Pearson.
- Edlin, G. & Golanty, E. (2010) *Health & Wellness*. Sudbury: Jones and Bartlett.
- Edlin, G. & Golanty, E. (2010) *Health & Wellness*. <http://health.jbpub.com/hwonline/10e/selfassessments.cfm?chapter=7&step=2>
- Hill, R.Y. (2011) *Nursing from the Inside-Out*. Sudbury: Jones and Bartlett.
- Hjelm, J.R. (2010) *The Dimensions of Health: Conceptual Models*. Sudbury: Jones and Bartlett.
- Kozier, B., Erb, G., Berman, A. J., & Burke, K. (2012). *Fundamentals of nursing* (9th ed.). Upper Saddle River, NJ: Prentice-Hall.
- Lowenstein, A.J., Foord, L. & Romano, J.C. (2009) *Teaching Strategies for Health Education and Health Promotion*. Sudbury: Jones and Bartlett.
- Potter, P.A., & Perry, A.G. (2009) *Fundamentals of Nursing*. St. Louis: Mosby Elsevier.
- Roger, C. *The Enjoyable Office: Ten Summertime Joy Breaks*. <http://ezinearticles.com/?The-Enjoyable-Office:-Ten-Summertime-Joy-Breaks&id=97714> (just some examples of "pleasure breaks"
- Sabo, B. (2011) Reflecting on the concept of compassion fatigue. *The Online Journal of Issues in Nursing*. Retrieved from <http://nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-16-2011/No1-Jan-2011/Concept-of-Compassion-Fatigue.html>
- Seaward, B.L (2009) *Managing Stress: Principles and Strategies for Health and Well-Being*. Sudbury: Jones and Bartlett.
- United States Department of Agriculture. <http://www.mypyramidtracker.gov/Default.aspx?Module=37>
- Whitehead, D.K., Weiss, S.A. & Tappen, R.M. (2010) *Essentials of Nursing Leadership and Management*. Philadelphia: F.A. Davis.