Charles Sturt University

DOCTOR OF HEALTH SCIENCE

Faculty of Science

School of Nursing, Midwifery and Indigenous Health

September 2018

Patricia Littlejohn, RN, CNOR, MBA, DHSci (c)

Portfolio

To be read in conjunction with the D.HlthSc. Exegesis

INTRODUCTION

In line with the requirements of the Doctor of Health Science degree, this portfolio provides a compilation of the work submitted and examined through the course of my research that culminated in the exegesis titled: "Using Emotional Empathy to Reduce Workplace Stress and Horizontal Workplace Violence in Health professionals". Conventionally, the professional doctorate supports practitioners to contribute meaningfully to the development of professional practice – in contrast to the traditional doctorate, which focuses more on research that is conducted primarily as a contribution to academic knowledge. Moreover, the work undertaken for the professional doctorate involves action that leads to a positive impact for professionals in practice and/or those they serve (e.g. health consumers). Evidence of successful completion of the professional doctorate includes the **exegesis** which, by definition, provides a *critical interpretation* of the candidate's learning / research journey (in contrast to the traditional thesis); together with the **portfolio**, which stands alongside the exegesis to showcase aspects of the learning journey undertaken by the candidate, including evidence of the steps taken to enable change in healthcare work practice and advance practice-based knowledge in the profession of nursing.

The aim of this portfolio, then, is to showcase aspects of my learning journey, while enrolled in the Charles Sturt University Doctor of Health Science degree, including evidence of the steps taken to enable change in healthcare work practice and advance practice-based knowledge in the profession of nursing. This includes a brief background to my research study titled "Using Emotional Empathy to Reduce Workplace Stress and Horizontal Workplace Violence in Health professionals"; reflections on my doctoral journey, and associated publications and presentations, which provided information related to my findings and also acted as a change agent in themselves.

My portfolio comprises four main sections:

- The *first* section provides of a means of **linking the portfolio with the exegesis**. It includes a short background section, and then a critical reflection on my learning

journey through the Doctor of Health Science degree. This includes consideration of the key milestones and my major learnings;

- The *second* section provides information on the **presentations** I provided to colleagues, at the ward and also hospital level. This includes some of the presentations related to the educational interventions I provided for staff. It also includes presentations at the area level, about my study;
- The *third* section outlines the publications that are related to my research, including a peer-reviewed research journal article and an article that arose from a major interview of me by the author about my research;
- The *fourth* section provides a letter of support from the Chief Nursing Office at the hospital in which I worked, following completion of the data collection. This letter of support explains the impact of my research in practice.
- The *fifth* section lists the references used in the portfolio.
- The *sixth* section is the appendix, a compilation of the key documents associated with my course of study, including those very memorable aspects of my personal learning journey.

In combination, the portfolio highlights and also show-cases my learning over the years of my candidature. It must, of course, be read hand-in-hand with my exegesis.

Charles Sturt University

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1. LINKING THE EXEGESIS AND PORTFOLIO

The submission of the exegesis for examination, together with the portfolio of evidence, represents one of the final steps in the work required to complete the Doctorate of Health Science Degree delivered by Charles Sturt University. My exegesis is titled: "Using Emotional Empathy to Reduce Workplace Stress and Horizontal Workplace Violence in Health professionals"; and it provides a critical reflection of the research I undertook in the perioperative arena, thereby changing practice. My portfolio of evidence, which stands alongside the exegesis, provides a reflection on my doctoral journey; and also showcases the outcomes achieved as part of the doctoral study. The information I provide also include an outline of how my work has led to changes in healthcare work practices and contributed to the body of knowledge in the nursing profession.

Background

Conflict, stress, and lateral violence in the workplace continue to be problematic in healthcare settings, despite the increasing awareness of the issues involved, and reporting of incidents by healthcare staff and managers. This suggests one reason why, in the United States of America (US), the Joint Commission (JC) (2009) – which accredits and certifies nearly 21,000 healthcare organizations and programs in the US – called for healthcare institutions to develop codes of conduct and a process for addressing disruptive behavior (JC, 2010). The phenomenon of lateral violence in healthcare – sometimes jokingly referred to as 'eating our young' by health professionals – had been insidious, costly, and continues to be devastating to many individual health professionals (Bourdon, 2015).

Lateral violence has been linked to the high turnover of staffing, in particular graduates; increased illness and absenteeism, decreased productivity, and lower quality of patient care (Bigony, Lipke, Lundberg, McGraw, Pagac, & Rogers, 2009). Such lateral violence generally takes the form of verbal abuse, intimidation, exclusion, unfair assignments, and withholding of information (Coursey, Rodriguez, Dieckmann, & Austin, 2013). Of particular concern is the fact that lateral violence in healthcare settings can directly impact patient care (Major, Abderrahman, & Sweeney, 2013).

Following reports or alerts issued by the JC (e.g. JC, 2010, 2018), each healthcare facility is now expected to develop policies, procedures and practice to align with such alerts. For example, healthcare workers are encouraged to be alert and ready to act when they encounter verbal or physical violence – or the potential for abuse or violent – from patients, visitors, or staff who, while under stress or fragile, may be volatile. Additionally, healthcare organizations are encouraged to address this growing problem by looking beyond solutions that only increase security. **My doctoral study formed part of the larger work that is being undertaken in healthcare settings across the US to develop solutions.**

I chose the focus of WPV because of the knowledge I have gained over my forty professional years in the nursing workforce, leading up to the decision to undertake doctoral studies, was predicated by witnessing (and sadly to say, in some cases participating in) bullying, harassment and lateral violence in the healthcare workplace. An important first step in my learning journey was to make the decision to be 'part of the solution' to the problem of lateral violence in healthcare settings.

Reflections on My Doctoral Journey

In this section of my portfolio, I provide some reflections on my doctoral journey, including how my program of study supported and advanced my own professional development (building on my substantial professional knowledge and expertise, derived from my years of practice in the healthcare setting, specifically in the perioperative arena); contributed to the body knowledge of the nursing profession; and gave rise to changes in practice in perioperative settings were achieved. These changes included the increased awareness of the Registered Nurses who participated in the research, of the research process, and also the complex nature of finding ways and means of reducing workplace stress and workplace violence, particularly in high acuity health settings.

Commencing the Journey

In the initial stage of the doctoral program, I built on my skills in academic writing, reflection, critiquing literature and publication, to the level expected of the doctoral level. This included the development of my capacity to critically analyze information derived from

the various readings, journal articles, and other information pertinent to my research, including professional reports, policy documents, web-based material).

Key milestones for me, in my doctoral journey, include (without being limited to):

- Being offered a place in the program.
- Attending HDR enrolment advice sessions.
- Forming a good working relationship with members of my supervisory panel.
- Completing the required research subjects, which formed part of the DHlthSc degree. These subjects provided an important means of learning how best to undertake the research, with a focus on supporting practitioners to apply theory in real-world settings:
  - *HSC700* Research Critique and Publication 16 Points
  - *HSC701* Reflective Practice in Health Science 16 Points
  - *HSC702* Proposal For Applied Research/Investigation 16 Points
  - *HSC703* Research Project and Report 64 Points.
- Undertaking a range of academic professional development opportunities (e.g. NVIVO training, SPSS training, Defence Trade Controls Act Course).
- In so doing, developing skills in searching academic databases and keeping a database of my references up-to-date.
- Identifying a 'gap in the research literature', with my research developed to address this gap.
- Successfully completing a formal literature review of my chosen topic, including the study of Emotional Intelligence (EI) and Emotional Empathy (EE), firstly, its impact on conflict resolution skills and, secondly, its capacity to influence sustained organizational change in the healthcare industry.
- Examining and reflecting on my professional situation to identify a suitable question or problem worthy of a detailed study, in light of the research literature. This included my supervisors actively encouraging me to also take account of problems or questions from real work events, real time and available work resources.
- Developing research questions and preparing an applied research/investigation proposal. Concurrently I obtained all the necessary approvals for the conduct of the study.

- Successfully achieving research ethics approval (including development of the research proposal, Information Sheets, Participation Consent Forms, and formal approval to use the research instrument (Balanced Emotional Empathy Scale or 'BEES' from the developers of the instrument).
- Developing a peer reviewed journal article, which was later published.
- Formally presenting my learnings at professional seminars or conferences.

Upon reflection, I can see how the first stage of my journey established me for the later parts of my learning and professional development journey. For example, the literature review enabled me to consider my choose topic at a deeper level, examine what other researchers had found, and also consider the 'whys' of lateral violence in health-related workplace settings. The literature review also widened my view of the topic – I moved from a localized view, to a national and also international view, across a range of professions. In addition, I realized how complex was the problem – and how there were no easy answers.

Also upon reflection, I feel that perhaps the most challenging aspect of my learning occurred when, after working up a research proposal, facing the need, as do all researchers, to narrow my focus. Research must be focused to be meaningful – and narrowing the focus takes discipline and also understanding of the research process. It was at this stage that I considered the importance of methodological approach and how it influences the way in which research is conducted – and also the findings that are generated. I considered these influences in new and deeper ways as I applied my theoretical knowledge of research to the practice of research.

Another challenge at the commencement of my journey was the 'trauma' of progressing my research proposal through an ethics committee. This journey was long and arduous, with a number of iterations required. Even so, the journey enabled my learning and professional development in a range of ways. Firstly, my skills in 'persevering' were further developed! Secondly, I was forced to consider a range of ethical issues that I had not been exposed to prior to this experience. This led me to question the whole notion of 'ethics in research' and what it meant for those working in practice. I also wondered if the difficulties involved were actually preventing many practitioners from undertaking research.

Thirdly, I learned how ethics committees continue to oversee a study, across the life of the project. These learnings are important for a range of reasons, including those related to my senior leadership role, in which I advise junior nursing colleagues on how best to support and/or undertake professional development.

The 'Middle-Aged Spread'

The middle years of any doctoral journey is said to be difficult. One possible reason for this is that the initial feelings of optimism are 'spent' after tackling the rigor of the ethics committee; I then moved on to implementing the project. This stage of my journey, however, did bring with it some rewards, including the excitement involved in collecting data, analyzing that data, and generating findings.

During these middle years, I achieved the following:

- Completing the required research subjects:
    - *HSC703* Research Project and Report 64 Points
    - *HSC704* Health Science Portfolio and Exegesis 32 Points

  In so doing, being guided through the process of collecting data, analysing and writing up findings, working up the exegesis and portfolio.

- Publication of my findings in the form of a journal article (see Section 3 of this portfolio). This learning was also 'bumpy' – for example, while I was able to use the literature review undertaken in the earlier years, I found the process of achieving progress is quite complex and also rigorous, with the peer review process requiring considerable patience and focus. This added to my feelings of pride when I achieved my first research journal publication.
- I also undertook an interview, which led to another publication (see Section 2 of this portfolio). In this interview, I explained to the interviewer how I had incorporated the stories gleaned from my study, together with my years of practice in the perioperative nursing context, to help effect and sustain changes in the perioperative workplace
- I gave presentations of findings at seminars and conferences, with these findings derived from the results received back from the three survey tools - empathy, stress and workplace conflict (see Section 2 of this portfolio):

- Such presentations were valuable as they provided a means for beginning and also developing the connections and conversations. I am continuing this journey, using the power of stories and narratives from the workplace (East, Jackson, O'Brien & Peters, 2010), coaching and mentoring all healthcare staff on recognizing workplace horizontal violence and providing different de-escalation tools for them to incorporate into their work life.
- In addition, I conducted ongoing classes, in the perioperative environment, on workplace stress and conflict, I continued to allude to the stories told to me, and stories from my perioperative career.

· I involved myself in a range of additional professional development activities.

These activities encouraged both knowledge and practice improvement contributions to my workplace. Overall, my research study led to a change in workplace culture in my place of work and the advancement of knowledge. This was achieved by empowering staff, increasing self-awareness and empathic skills through the stories collected and shared; supporting them to actively engage in improving their work environments; and encouraging them to continuing on with their empathic journey.

Completing the Journey

As I noted in my exegesis, international perioperative leaders such as Duff (2014), Gillespie *et al*. (2013), and Ohlin (2016) encourage us to engage with staff and take the time to listen, to use narrative and storytelling, to mitigate conflict, stress and organizational level pressures affecting the work life of all perioperative staff. The use of story-telling and listening to staff stories can be a valuable tool to help managers understand and perhaps mitigate workplace incivilities. Such a seemingly simple instrument to engage with staff, to listen to their stories from this or previous workplaces and to listen, to be interested in their lives away from the workplace. Even though my study did not demonstrate any changes in the main department scores, staff told me they felt a personal connection with me and to this day they continue to connect with me. Such a connection, in and of itself, presents a possible way forward. For example, if health professionals feel that others are seeking to help, to make a difference, and to listen them, they engage. The question is, how can we use this sense of engagement to 'make a difference'?

Ruth Melville is the current President of the International Federation of Perioperative Nursing, and immediate past president of the Australian College of Operating Room Nurses. She represents perioperative nurses globally, ensuring that perioperative nurses are involved in decision-making about policy and strategic direction (including foci on mitigation of workplace violence) for the WHO surgical global healthcare goals over the next three years (2014-2017). Those goals support the 'Nursing Ethics for the 21st Century- A Blueprint for the Future' by Johns Hopkins Institute for Bioethics (2014), with its implicit request for individuals and organizations to create and support ethically principled, healthy, sustainable work environments. It is certainly time to tackle these challenges, to actively encourage all perioperative nurses and staff to share their narratives of perioperative clinical excellence to create, and to support an ethically principled, healthy, sustainable perioperative work environment. There is also a need to take advantage of personal connections and narratives of our staff to implement practice changes.

My research journey, together with the work undertaken by senior colleagues such as Melville, has given me hope and confidence in the future for perioperative nurses, together with all other Registered Nurses. We certainly have the capacity to make a difference for the future of the profession. What is most important is the need for us to consider how we can support one another to move forward more positively into a future where workplace violence does not belong.

I would like to acknowledge and thank the examiners and the research committee members for their critique of my exegesis. All comments and feedback have significantly contributed to enhancing the final presentation of the exegesis and portfolio. As I complete this part of my journey I have learned from the constant requirements for 'rewrites' as a necessary part of the 'journey'. Though this has been quite humbling and often times frustrating, I know my research study learnings and findings continue to inform my nursing practice and bring solace to my healthcare teams.

2. ASSOCIATED PRESENTATIONS

Throughout the course of my study, I supported staff and a change in workplace culture with a range of professional development opportunities. These presentations were important, firstly because they provided an important means by which I achieved a change in workplace culture; and also because they enabled me to disseminate my findings at the clinical practice level.

Specifically, it is important to note that stress and conflict has an impact on perioperative health professionals who possess moral courage. While advocating for their patients' best interests, health professionals may find themselves in moral distress, experiencing their own adverse outcomes. This takes its toll on perioperative staff, both emotionally and physically. Staff may second-guess themselves. **By discussing, talking about and telling our stories to peers – activities that I strongly encouraged in my presentations – staff were able to reassure themselves that they are on the right path and doing the right thing. This, in turned, provided a rich treasure of materials and a window into how both culture and identity influenced the ethos of the perioperative staff.**

My presentations included, without being limited to, the following:

- **Small Group Presentations**: "Developing Your Emotional Intelligence and Emotional Empathy" (November 2011). Presented to small groups of health professionals at the ward level.
- **Small Group Presentations:** "How to Control People with Passive-Aggressive Behaviour" (June and July 2012). Presented to small groups of health professionals at the ward level.
- **Small Group Presentation:** "Using Emotional Empathy and Intelligence to Decrease Workplace Stress & Violence" (October 2012): Presented to small groups of health professionals at the ward level.
- **Small Group presentations:** "Workplace Horizontal Violence - Also called Lateral Violence or Bullying" (July and October 2012): Presented to small groups of health professionals at the ward level.

- **Small Group Presentations:** "What Peri-Operative Workplace Violence looks like" (Nov 2012 and March 2013): Presented to small groups of health professionals at the ward level.
- **Small Group presentations:** "Impact and implications of disruptive behavior in the perioperative arena" (June and November 2012): Presented to small groups of health professionals at the ward level.
- **Large Group Presentation:** "What is Emotional Empathy?" (2013): Presented to large groups as the hospital level. *Summary*: The presentation considers the questions, can we increase empathy? What is more important, emotional intelligence (EI) or emotional empathy (EE)? There is a need to develop our ability to decipher what others are feeling, either through deductive analysis or by emotionally feeling it, and this is call empathy. Some people may lack empathy yet have a high emotional intelligence because, by trial and error, they may deductively come to the conclusion of how another is feeling. The presentation focuses on how this information can be used to support us to work together more cohesively in the workplace setting.
- **Large Group presentations**: "Workplace conflict and what bullying looks like in the healthcare workplace" (Feb 2015 X 2, March 2015 X 5): Presentations given across the health service, at the request of the Chief Nurse.
- **Large Group Presentations:** "Workplace Conflict & what Bullying Looks Like in the Healthcare Workplace" (February & March 2017): Presented to approximately 300 staff, across a number of days in groups of 20-25): *Summary:* The learning objectives of this presentation were: (1) Define Lateral violence, Bullying, Conflict & other related terms; (2) Recognize overt and covert behaviors expressed; (3) Demonstrate Awareness of HCA Standards of Professional Conduct P&P; (4) Distinguish methods to curb or stop the behaviors; (5) This presentation followed on from other presentations related to the stories of staff about workplace conflict. Participants of this session continue to connect with the stories of workplace contact, and often join in and share other incidents in which they were involved.

In addition:

- I was an invited Member of the American Nurses' Association (ANA) Workplace Violence & Civility Professional Issues Panel (2015)
- I was an invited Member International Empathy Trainers Assoc (2016)
- I was invited to review articles for the *Journal of Professional Nursing*.

3. ASSOCIATED PUBLICATIONS

During my candidature, I also disseminated my findings more formally, in a research journal; and I was interviewed about my research, which also led to another publication.

Littlejohn, P. (2012). The Missing Link: Using emotional intelligence to reduce workplace stress ad workplace violence in our nursing and other healthcare professions. *Journal of Professional Nursing, 28* (6), 360-368.

Abstract:

Because of our poor emotionally intelligent responses and interactions, many nurses and other healthcare staff have become scarred emotionally from abusive, demoralizing, or hostile acts inflicted on one another. Rude, disruptive behavior among health professionals can pose a serious threat to patient safety and the overall quality of care. The expectation of regulating bodies is that health professionals focus on effects disruptive behavior has on a culture of safety for both patients and staff. Relatively recent research in training and development, and behavior change, specifically on emotional intelligence, suggests that it is possible to improve the emotional competence of adults. I posit it is possible to increase emotional competence to reduce health workplace stress and workplace violence.

Link:

https://doi.org/10.1016/j.profnurs.2012.04.006

Mathias, J. (2016). Active listening lowers stress, building confidence. *OR Manager*, (32), 1, 1-3.

Abstract:

Active listening lowers stress, builds confidence: The use of storytelling and listening to staff stories can be a valuable tool to help OR managers understand and mitigate workplace challenges and incivility. These are the findings of a doctoral study by Patricia Littlejohn, MBA, RN, CNOR, director, neurosciences and program development, Regional Medical Center, San Jose, California. "Simply engaging with staff members and listening to their stories can gain powerful allies for nursing leaders," says Littlejohn. The hypotheses for her study were that perioperative staff and clinicians can decrease workplace conflict and workplace stress by increasing awareness of their own emotional intelligence and emotional empathetic strength.

Link:

https://www.ormanager.com/wp-content/uploads/2015/12/0116_ORM_14_Human-resources.pdf

4. LETTER OF SUPPORT

September 4, 2018

To Whom it May Concern,

It is my pleasure to explain the positive impact Patricia Littlejohn had on our staff and how she assisted our team with the resolution of workplace violence and bullying behavior. This initiative can after we realized we had a higher than average occurrence of employee turnover and especially nursing turnover. When examining the root causes we identified workplace violence, bullying behavior, and caregiver burnout as the three major causes.
As the Chief Nursing Officer, in collaboration with Human Resources, we asked Patricia to utilize her graduate work to improve the working conditions and assist with resolution of the issues. Patricia began with both large and small group presentations. She presented the following to our staff:

"Workplace conflict and what bullying looks like in the healthcare workplace" (Feb 2015 X 2, March 2015 X 5): Presentations given across the health service, at the request of the Chief Nurse Officer

"Workplace Conflict & what Bullying Looks Like in the Healthcare Workplace" (February & March 2017): Presented to approximately 300 staff, across a number of days in groups of 20 - 25): *Summary:* The learning objectives of this presentation were: (1) Define Lateral violence, Bullying, Conflict & other related terms; (2) Recognize overt and covert behaviors expressed; (3) Demonstrate Awareness of Standards of Professional Conduct P&P; (4) Distinguish methods to curb or stop the behaviors; (5) This presentation followed on from other presentations related to the stories of staff about workplace conflict. Participants of this session continue to connect with the stories of workplace contact, and often join in and share other incidents in which they were involved.

Over the course of a few months she was instrumental in developing trust with the staff which allowed the hospital leadership to reduce employee turnover and improve employee satisfaction. The TAT was reduced by 2.1% in nursing and employee satisfaction increased by 3%. We feel her sessions were instrumental in changing the culture and addressing the behavioral issues.

Sincerely,

Tina M Bray
CNO Swedish Medical Center Cherry Hill
Previous CNO Regional Medical Center

5. REFERENCE LIST

Bourdon, L. (2015). Eliminating lateral violence among perioperative nurses. *AORN Journal,* 101 (5): P4

Bigony, L., Lipke, T. G., Lundberg, A., McGraw, C. A., Pagac, G. L., & Rogers, A. (2009). Lateral violence in the perioperative setting. *AORN Journal*, *89* (4), 688-700.

Coursey, J. H., Rodriguez, R. E., Dieckmann, L. S., & Austin, P. N. (2013). Successful implementation of policies addressing lateral violence. *AORN Journal*, *97* (1), 101-109.

Major, K., Abderrahman, E., & Sweeney, J. (2013). "Crucial conversations" in the workplace: Offering nurses a framework for discussing-and resolving-incidents of lateral violence. *American Journal of Nursing,* 113 (4), 66–70.

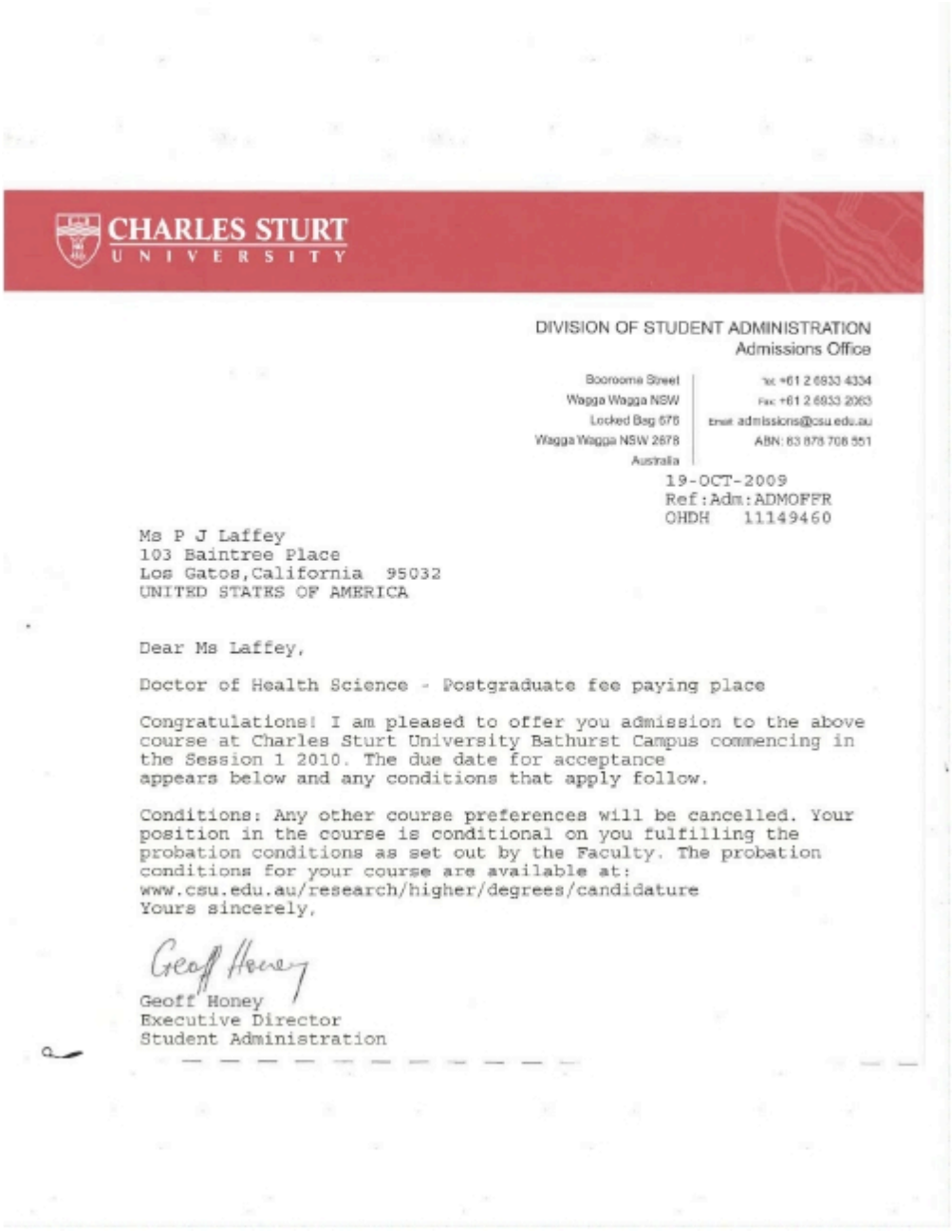
The Joint Commission. (2010). *Sentinel event alert: Behaviours that undermine a culture of safety*, 40. Available at: http://www.jointcommission.org/SentinelEvents/SentinelEventAlert/sea_40.htm .

The Joint Commission. (2018). *Joint Commission Sentinel Event Alert*, 59: Available at: https://www.jointcommission.org/assets/1/18/SEA_59_Workplace_violence_4_13_18_FINAL.pdf

6. APPENDIX – KEY DOCUMENTS DOCUMENTING MY LEARNING JOURNEY

As noted in the introduction, the information in this Appendix is a selection of the more memorable aspects of my personal learning journey. Each has personal meaning to me and highlights – and should be read in conjunction with the information provided in Sections 1-4 of this Portfolio and also the Exegesis.

Letter of Offer



CHARLES STURT UNIVERSITY

DIVISION OF STUDENT ADMINISTRATION
Admissions Office

Boorooma Street
Wagga Wagga NSW
Locked Bag 678
Wagga Wagga NSW 2678
Australia

Tel: +61 2 6933 4334
Fax: +61 2 6933 2063
Email: admissions@csu.edu.au
ABN: 83 878 708 551

19-OCT-2009
Ref:Adm:ADMOFFR
OHDH 11149460

Ms P J Laffey
103 Baintree Place
Los Gatos,California 95032
UNITED STATES OF AMERICA

Dear Ms Laffey,

Doctor of Health Science - Postgraduate fee paying place

Congratulations! I am pleased to offer you admission to the above course at Charles Sturt University Bathurst Campus commencing in the Session 1 2010. The due date for acceptance appears below and any conditions that apply follow.

Conditions: Any other course preferences will be cancelled. Your position in the course is conditional on you fulfilling the probation conditions as set out by the Faculty. The probation conditions for your course are available at:
www.csu.edu.au/research/higher/degrees/candidature
Yours sincerely,

Geoff Honey
Executive Director
Student Administration

Acceptance of Offer

CHARLES STURT UNIVERSITY

CENTRE FOR RESEARCH AND GRADUATE TRAINING

Boorooma Street
Wagga Wagga NSW
Locked Bag 588
Wagga Wagga NSW 2678
Australia

Research Enquiries: (02) 6933 2678
Centre Fax: (02) 6933 2800
Student Enquiries: (02) 6933 4163
ABN 83 878 708 551

Mrs Patricia Laffey
103 Baintree Place
Los Gatos
California 95032
United States of America

Dear Mrs Laffey

ACCEPTANCE OF OFFER

The Centre for Research and Graduate Training congratulate you on receiving the offer of admission as a *part-time, off-shore* candidate in the *Doctor of Health Science* program in the Faculty of *Science* at Charles Sturt University. Your field of research has been registered under *111000 Nursing*.

Your candidature in this program is effective from the date you commence study and you will be expected to submit a thesis for examination no earlier than the end of *Spring Session 2011* and no later than the end of *Spring Session 2017*.

The first year of study for all Charles Sturt University Research Higher Degree students is a Probationary Year. A copy of your probation requirements is attached to this letter. Probation requirements must be completed within 12 months (full-time equivalent) from the start date of your commencing session.

Charles Sturt University will provide access to resources that are appropriate to your discipline.

To enrol with the University, you must accept and return the offer of admission, by completing the admission instructions outlined in your offer package.

Please return the above documentation by the due date to:

Student Administration
Charles Sturt University
P O Box 883
ORANGE NSW 2640

Enrolment Forms and Fees are normally not accepted by facsimile.
Any enquiries relative to your ***enrolment*** please contact *Stephen May*, at the *Orange* Campus, telephone: *(02) 6365 7515*, email: smay@csu.edu.au

Upon accepting this offer, your first session of enrolment will be processed. However, you are required to action your re-enrolment which you can do by logging onto the **my.csu** web page and search for my enrolment. You will then be required to put in your surname and password then you will need to select what you are enrolling in. At the end a confirmation will let you know what you have successfully enrolled yourself in.

If you encounter any difficulties attempting to re-enrol you will need to contact Student Administration at your home campus. You must be re-enrolled by Census Date – please read hand book found via web address: http://www.csu.edu.au/acad_sec/academic-manual/qcontm.htm for the Principal Dates each year. It is recommended that you re-enol for a year rather then per session.

Charles Sturt University

MBA transcript

CHARLES STURT UNIVERSITY

Correspondence PO Box 1268
Albury NSW 2640 Australia
Correspondence Private Bag 7
Bathurst NSW 2795Australia
Correspondence Locked Bag 588
Wagga Wagga NSW 2678 Australia
STUDENT ADMINISTRATION

ACADEMIC TRANSCRIPT

Patricia Joan Laffey
4484 Eastgate Mall #3
San Diego
CALIFORNIA 92121
UNITED STATES OF AMERICA

15-SEP-2003

2702US 11149460
Master of Business Administration

Specialisation in Dispute Resolution.

	Subject Details	Grade	Subject Points
Subjects attempted in this course:			
1999 81 MKT501	Marketing Management	PS	8
2000 41 ITC525	Commerce on the Info Superhwy	PS	8
2000 71 HRM502	Human Resource Management	CR	8
2000 81	Approved Leave of Absence		
2001 41 HRM512	Values & Conflict in Orgs	CR	8
2001 71 ACC501	Business Accounting & Finance	PS	8
2001 81 LAW502	Law of International Business	PS	8
2002 19 MGT501	Management Theory & Practice	PS	8
2002 49 MGT510	Strategic Management	PS	8
2002 79 LAW516	Dispute Resolution:Meth&Result	DI	8
LAW517	Mediation: Processes & Uses	CR	8
2003 19 ECO501	Business Economics	PS	8
HRM540	Theory of Conflict Resolution	CR	8
2003 49 HRM545	Skills of Conflict Resolution	CR	8

GRADE POINT AVERAGE: 4.54 ACCUMULATED SUBJECT POINTS: 104
PROGRESS STATUS: Graduand

This is to certify that the student whose name appears at the top of this transcript has successfully completed all the requirements of the course nominated above. The award will be conferred on 11-DEC-2003 .

Charles Sturt University

Meeting my supervisors

From: Crowther, Andrew <acrowther@csu.edu.au>
To: 'aus2@aol.com' <aus2@aol.com>
Subject: Hello
Date: Thu, Jan 7, 2010 6:37 pm

Dear Patricia,

This is just to introduce myself to you, I'm the Principal Supervisor for your Doctor of Health Science degree. I look forward to working with you.
Happy new year
Andrew

From: Crowther, Andrew <acrowther@csu.edu.au>
To: 'aus2@aol.com' <aus2@aol.com>
Subject: FW: New Prof Doc student
Date: Mon, Feb 1, 2010 5:20 pm

Hello Patricia,

I'm trying to set up a teleconference (see below) to introduce you to your supervisory team and get the semester's work under way. Can you give me some possible times that we can arrange things for?

Thanks

Andrew

Dr Andrew Crowther
Associate Head
School of Nursing, Midwifery and Indigenous Health
Charles Sturt University in Orange
Leeds Parade, Orange
New South Wales 2800
Australia
phone; 61 (0)2 63657505
mobile; 0418636217
fax; 61 (0)2 63657568
acrowther@csu.edu.au

Charles Sturt University

From: Crowther, Andrew
Sent: Tuesday, 2 February 2010 11:00 AM
To: O'Brien, Louise; Kemp, Michael
Subject: New Prof Doc student

Hello Louise and Michael,

As you know, we are the supervisory team for Patricia Laffey, who starts her Doctor of Health Science degree this next semester. I would like please to set up a teleconference to introduce ourselves to her and just set the scene for the next year or so. Patricia lives in California, so we will be able to teleconference one day around 11 am here, which will be about 4 pm her time.

How does that sound please? Thanks, Andrew

Working with your Supervisors

The investigation/research is conducted under the direction of formally appointed supervisors. The Faculty of Science has the capacity to supervise DHlthSc students in all fields of research and all discipline areas covered by the Faculty.
Principal supervisors are appointed from appropriately qualified academic staff within the Faculty of Science currently listed on the University Register of Post Graduate Research Supervisors. Appropriately qualified university staff and health professionals, provide additional supervision as required. The Board of Graduate Studies, in accordance with University policy, appoints all supervisors.

Supervision Calendar Request

From: Crowther, Andrew <acrowther@csu.edu.au>
To: aus2 <aus2@aol.com>
Subject: Monthly meeting for Doctor of Health Science degree
Date: Mon, Mar 29, 2010 4:44 pm

When: Occurs the fourth Tuesday of every 1 month effective 27/04/2010 from 6:30 PM to 7:00 PM (GMT+10:00) Canberra, Melbourne, Sydney.
Where: Teleconference

~~*~*~*~*~*~*~*~*~*

Teleconference number – 34755
Teleconference pin – 34110

Directions for teleconference - Sue Morgan will phone you on your office phone #:1- 650-299-3796 (unless you have a home phone?) and transfer you through to the teleconference line which will prompt you to enter the conference ID which is - 34110 followed by the # key. You will then be connected to the conference.

Please contact Julie Ferraro on x34316 if you are unable to attend the teleconference.
Thank you

Literature Review Overview – Reflections on my learning

A literature review summarizes, interprets, and critically evaluates existing "literature" (or published material) in order to establish current knowledge of a subject. The purpose for doing so relates to ongoing research to develop that knowledge: the literature review may resolve a controversy, establish the need for additional research, and/or define a topic of inquiry

The purpose of the literature review is to establish current knowledge on an aspect that relates to legal and ethical issues within the practices of professional nursing. The literature review is a "stand-alone" review.

A literature review is as aspect of formal academic writing and includes:

- Introduction
- Body
- Conclusion

Research Proposal Overview – Reflections on my learning

As part of the probationary conditions for this Higher Degree by Research, candidates need to complete a research proposal.

In a general sense, a proposal is a plan for the particular research. The research proposal requests fundamental information relating to the title, various approvals gained for ethics, radiation safety, and questions about intellectual property and commercial in confidence. For the specific description of the proposed research each Faculty has its own requirements relating to the type and amount of information which needs to be presented. The proposal will provide a justification for the proposed research. The justification should demonstrate that you are familiar with the key literature in the area and can critically evaluate it and use it to build an argument to justify the research question. In addition, the proposal should demonstrate that you have the methodological knowledge and skills to carry out the research.

A research proposal may contain the following headings:

- Abstract: A brief summary of the research to be undertaken written in non-technical language such that a non-specialist in the discipline will know what the proposal involves.
- Synopsis of Literature: An introduction/synthesis of the key ideas and references that lead to the statement of the research question and objectives.
- Research Questions/Objectives: State briefly and clearly the research question being asked and the objectives of the research.
- Methodology**:** A description of how the research will be undertaken.
- Data Collection and Analysis: Describe the type of data your research will produce and how you plan to analyse it.
- Timetable**:** Provide an outline of the major activities and a timetable for their completion

Ethics Overview – Reflections on my learning

In developing this research proposal this PI explicitly considered the ethical implications of various aspects of the research the PI proposed to conduct. Formally, when this proposed course of research raised ethical issues, formal ethical clearance was obtained before undertaking this research.

The University has several committees through which ethics and related issues are approved. Proposals for research, which involves human participants and/or materials, need to conform to the National Statement on Ethical Conduct in Research Involving Humans and requires approval from the Human Research Ethics Committee or for minimal risk research the appropriate School. Any proposed research that involves animals or wildlife must conform with the AAC Australian Code of Practice for the Care and Use of Animals for Scientific Purposes and requires approval from the Animal Care and Ethics Committee. This study did not involve animals or wildlife.

It was very important to check the guidance provided at the websites of all committees, to assess the relevance of each for this research and to ensure this research would comply with all requirements, most of which are legislative requirements.

Minimal Risk Overview – Reflections on my learning

MINIMAL RISK research can be defined as where the foreseeable risk to participants is no more than one of discomfort. For example:
questionnaires and/or surveys, anonymous or otherwise, online etc. involving non-sensitive topics observations, with or without consent.

If the PI answered "YES" to any items in the checklist the project would normally **not be eligible** for submission to the appropriate School Ethics Committee for review (unless you can make a special case – refer section 6) and an ethics application form (Form 1) should completed and emailed to ethics@csu.edu.au for review by the Human Research Ethics Committee.

CHARLES STURT UNIVERSITY

HUMAN RESEARCH ETHICS COMMITTEE

Minimal Risk Review Checklist

Please complete the checklist below to ascertain whether your research project would be eligible to be submitted to your School's Ethics in Human Research Committee (SEHRC) for ethical review as a minimal risk research. Student researchers must review the completed checklist with their supervisors. **If you answer "YES"** to any items in the checklist your project would normally **not be eligible** for submission to the appropriate School Ethics Committee for review (unless you can make a special case – refer section 6) and you should complete an ethics application form (Form 1) and email it to ethics@csu.edu.au for review by the Human Research Ethics Committee.

Please note MINIMAL RISK research can be defined as where the foreseeable risk to participants is no more than one of discomfort. For example:

- ***questionnaires and/or surveys, anonymous or otherwise, online etc. involving non-sensitive topics***
- ***observations, with or without consent***

For more information, refer to the National Statement on ethical conduct in human research 2007 Chapter 2.1: Risk and Benefit.

Timing constraints are not an acceptable reason for seeking expedited review through this process where projects are of more than everyday risk.

PROJECT TITLE	**The missing link: Using emotional intelligence to reduce workplace stress, and workp e**
CHIEF INVESTIGATOR **Name** (Title/ given name / family name) **Qualifications** **Student No(if applicable)**	Patricia Littlejohn RN, MBA 114096
SUPERVISOR **Name** (Title/given name / family name) **Qualifications**	**Associate Professor Andrew Crowther, MA, PhD, Cert Ed** Sub Dean, Research, Honours and Graduate Studies Faculty of Science Charles Sturt University Wagga Wagga New South Wales Australia phone; 61 (0)2 69334235 mobile; 0427 274 429 **Dr Michael Kemp** Lecturer in Mathematics and Statistics (Orange) | School of Computing and Mathematics Charles Sturt University PO Box 883

	Orange NSW 2800, Australia Tel: +61 2 6365 7840 Fax: +61 2 6365 7840 Email: mkemp@csu.edu.au		
School/Research Centre/ External Organisation (of Chief Investigator or supervisor)	**Faculty of Science Charles Sturt University Wagga Wagga New South Wales Australia**		
Level of Study (eg Undergraduate practicum/clinical research project, Honours research project, postgraduate Masters or PhD)	**Course Doctorate Health Science**	**Subject Title and Code Proposal for Applied Research/Investigation: HSC702**	
Brief outline of the project (2 lines) The purpose of this project is to examine that by increasing emotional intelligence and empathy, we can successfu decrease workplace stress, and reduce instances of lateral workplace violence, and conflict.			

Response to HREC request for clarification

Charles Sturt University

Patricia Littlejohn, RN,CNOR, MBA
Telephone: +1 650-299-3796
Email patricia.j.littlejohn@kp.org

26 April 2012

Ethics in Human Research Committee
Academic Secretariat
Charles Sturt University
Private Mailbag 29
Bathurst NSW 2795
Australia

Dear Committee Members,

Thank you for consideration of my research proposal entitled ***"Using emotional empathy to reduce workplace stress, and horizontal workplace violence in healthcare professions"***.

Based on the guidelines in the National Statement on Ethical Conduct in Research Involving Humans the Committee determined to approve my proposal **SUBJECT TO** the following matters being addressed to the satisfaction of two Committee members:

Values and Principles of Ethical Conduct: Section 1.4 pp. 11-24

1. The chief investigator clarifying why Aboriginal (i.e. local Indigenous people) are excluded from the research project, refer section 4.7 of the application form
   - ✓ **Thank you for requesting clarification. My response took the question quite literally. I appreciate the opportunity to further clarify and will include any nation's 'aboriginals' via 'Probable coincidental recruitment' in the study**

2. The chief investigator clarifying why the inconsistency of the title of the research throughout the documentation
   - ✓ **Over the last few years, terms describing workplace violence flow back and forth from lateral to horizontal; from bullying to harassment to violence and conflict and vice versa. for ease of understanding I have chosen to use 'horizontal violence'**

3. The chief investigator clarifying why the Control Group is not included in the focus group discussions

- ✓ **The control group will not receive any of the educational offerings or focus group discussions in an effort to validate the effect of such education and discussion offered to the main study group, D1, as outlined in the proposal submittal. The control group will act as a "control" for the purposes of this study. Research has shown that in the social sciences, control groups are the most important part of the experiment, because it is practically impossible to eliminate all of the confounding variables and bias. For example, the placebo effect for medication is well documented, and the Hawthorne Effect is another influence where, if people know that they are the subjects of an experiment, they automatically change their behaviour. By group D2 not participating in the education and focus group sessions, I hope to determine if simply increasing awareness of horizontal workplace violence and emotional empathy concepts alone, can positively affect stress and emotional empathy and decrease horizontal workplace violence levels. This will be measured by re- surveying both D1 and D2 at the end of Q1, 2013 on all three survey instruments**

Risk and Benefits: Section 2 Chapter 2.1 pp. 15-18

4. The chief investigator clarifying their role in the larger research project. That is clarifying where their research begins and ends in relation to the larger project. This information to be included on the Information Sheet
   - ✓ **The chief investigator is not aware of any larger research project being undertaken by Kaiser Permanente, therefore there is no beginning or end in relation to any larger project**

5. The chief investigator clarifying the role of the Control Group, how participants will be informed of this. This information to be included on an Information Sheet, ideally a separate sheet developed for the Control Group
   - ✓ **Please see above section for role clarification of the Control Group and the second information sheet specifically created to delineate the role for the control group**

6. The chief investigator clarifying whether the questionnaire is a standardized questionnaire or compiled specifically for the research project. The Committee is concerned that the questionnaire may not give the required information needed to answer the research question.
   - ✓ **This survey is designed and well validated to capture the frequency of workplace bullying, also called horizontal -violence, among nurses and other health professionals by "Nursing**
     2011". This is a well respected nursing publication, published by the American Journal of Nursing, part of the Lippincott, Williams Wilkins family of healthcare journals; AJN is an award–winning, peer–reviewed, monthly journal

http://www.nursingcenter.com/library/JournalArticle.asp?Article_ID=1144022#

Charles Sturt University

Consent: Section 2 Chapter 2.2 & 2 3 pp. 19-24

7. The chief investigator clarifying whether the use of the term 'lateral workplace violence' is more appropriate that using the term 'workplace bullying'. The Committee requests the most appropriate terminology be used on the Information sheet for ease of understanding;
   - ✓ **Over the last few years terms describing workplace violence switch back and forth from lateral to horizontal; from bullying to harassment to violence and conflict and vice versa; for ease of understanding I have chosen to use 'horizontal violence'**

8. The chief investigator including that they are a student (a Masters or PhD student) conducting a research project as part of their studies at Charles Sturt University on the Information Sheet;
   - ✓ **This has been included**

9. The chief investigator including on the Information Sheet the manner in which the data will be used, for example, will findings be published and where?
   - ✓ **This has been included**

10. The chief investigator clarifying why the provision for a participant authorization representative to sign the Participant Consent Form.
    - ✓ **Section 4.3.2 continues and reminds that during the consent process, Principal Investigator "should wherever possible invite potential participants to discuss their participation with someone who is able to support them in making their decision".**
    - ✓ **In National Statement on Ethical Conduct in Human Research 2007 - Updated 2009; CHAPTER2. 2:GENERAL REQUIREMENTS FOR CONSENT 2.2.4**
      "The process of communicating information to participants and seeking their consent should not be merely a matter of satisfying a formal requirement. The aim is mutual understanding between researchers and participants. This aim requires an opportunity for participants to ask questions and to discuss the information and their decision with others if they wish."

Please do not hesitate to contact me at the email below or via telephone +1 650-299-3796, if you have any enquiries.

Yours sincerely,

Patricia Littlejohn, RN, CNOR, MBA
Telephone: +1 650-299-3796
Email: patricia.j.littlejohn@kp.org

Charles Sturt University

Research Proposal Office Approval

From: Geltch, Sharon <sgeltch@csu.edu.au>
To: aus2 <aus2@aol.com>
Cc: Crowther, Andrew <acrowther@csu.edu.au>; Francis, Karen <kfrancis@csu.edu.au>; Parker, Christine <CParker@csu.edu.au>
Subject: PATRICIA LITTLEJOHN (S/N: 11149460) - Research Proposal Approved
Date: **Wed, Nov 7, 2012 9:20 pm**

Dear Patricia,

The Faculty of Science, Sub-Dean (Graduate Studies) has approved your research proposal, thesis title: -
Using Emotional Empathy to Reduce Workplace Stress, and Horizontal Workplace Violence in Health professionals.

Dr Andrew Crowther remains your Principal Supervisor.

Please accept our congratulations on the success of your work to date.

If you have any changes to be made to your Thesis Title in the future please contact the Research Office, email research@csu.edu.au or phone 02 6933 2578.

Regards

Sharon
Research Office
Charles Sturt University
Locked Bag 588
Wagga Wagga NSW 2678 AUSTRALIA
P/F: 02 6933 2578
E: research@csu.edu.au
www.csu.edu.au
Twitter | Facebook | LinkedIn | YouTube

Charles Sturt University

Ethics Documents

Consent Form for Study Participants

Patricia Littlejohn, RN, CNOR, MBA
Telephone: 650-299-3796(8-424)
Email patricia.j.littlejohn@kp.org

PARTICIPANT CONSENT FORM

Workplace issues and increasing emotional competence to reduce health workplace stress, and horizontal workplace violence

_____

I _____ am eighteen years of age or older and give consent to participate in the above study project. I:

- *have read and understand the information contained in the "Information Sheet" for participants and any questions I have asked have been answered to my satisfaction,*
- *understand that I am free to withdraw my participation in the research at any time, and that if I do I will not be subjected to any penalty or discriminatory treatment,*
- *understand that focus groups & or interviews may be recorded,*
- *agree that the purpose of the study has been explained to me, including the (potential) risks/ discomforts associated with the study,*
- *understand that any information or personal details gathered in the course of this study about me are confidential and that neither my name nor any other identifying information will be used or published without my written permission,*
- *understand that a final report & or presentation will be produced for institutions associated and interested in this study projects findings and agree that my anonymous data may be used for ongoing study beyond this current project.*

[ ]Yes
[ ]No

Charles Sturt University

Participant or Authorized Representative (print name)

Signature *Date*

Patricia Littlejohn, RN, CNOR, MBA
Principle Investigator
Signature *Date*

Charles Sturt University's Ethics in Human Research Committee has approved this study. I understand that if I have any complaints or concerns about this study I can contact:

Executive Officer
Ethics in Human Research Committee
Academic

Study Instruments

Balanced Emotional Empathy Scale (BEES) Study Instrument

I AM NOT ALLOWED TO REPRODUCE AND/OR DISTRIBUTE ANY ITEMS OF THE SCALE IN ANY OTHER WAY OR MEDIUM (e.g., ***dissertation write up***, master's thesis write up, ***written report,*** grant application, journal article, book, another test or test manual, computer program, or any internet-based communications).

To abide by this legal requirements, I am including only a small part of it here.

THE FULL-LENGTH (30-ITEM) BEES

Please use the following scale to indicate the degree of your agreement or disagreement with each of the statements below. Record your numerical answer to each statement in the space provided preceding the statement. Try to describe yourself accurately and in terms of how you are generally (that is, the average of the way you are in most situations -- not the way you are in specific situations or the way you would hope to be).

+4 = very strong agreement
+3 = strong agreement
+2 = moderate agreement
+1 = slight agreement
0 = neither agreement nor disagreement
-1 = slight disagreement
-2 = moderate disagreement
-3 = strong disagreement
-4 = very strong disagreement

_____ 1. I very much enjoy and feel uplifted by happy endings.
_____ 2. I cannot feel much sorrow for those who are responsible for their own misery.
_____ 3. I am moved deeply when I observe strangers who are struggling to survive.
_____ 4. I hardly ever cry when watching a very sad movie.
_____ 5. I can almost feel the pain of elderly people who are weak and must struggle to move about.

Charles Sturt University

Approval to use (BEES) Study Instrument

-----Original Message-----
From: Albert <am@kaaj.com>
To: PATRICIA LAFFEY <aus2@aol.com>
Sent: Thu, Sep 29, 2011 8:31 am
Subject: Re: Research proposal: The missing link: Using emotional intelligence to reduce workplace stress, and workplace violence in our nursing and other healthcare professions.
Patricia Laffey- Littlejohn,

Be sure to copy and paste the order form below using a work processing software, then sign the order form and email it back to me as a .pdf file.

It is extremely important that no participant should be allowed to take a copy of the BEES away from the testing situation – be sure that you get back ALL copies of the test.

Warning: If you plan on administering your questionnaires over the internet or via emails, please do not read further and do not order this test.

Be sure to read the section on validity of the BEES on my following web page:

http://www.kaaj.com/psych/scales/emp.html

Please keep in mind that all test orders must be prepaid and a hard-copy signed order form must be received before any material is shipped. The order form below will act as your invoice -- I don't do any additional invoicing. Upon receipt of payment, I can EMAIL you the scale manual. If you also have ordered the software, I will next mail you the software via postal mail.

Prices are as follows: Price of the test manual of the Balanced Emotional Empathy Scale (BEES) is $88 and allows unlimited testing with hand scoring. It would be extremely important that you ensure all copies of my BEES are collected once testing is complete. No participant should be allowed to walk off with a copy.

Price of the Windows software (for IBM compatible machines) for computer administration and scoring of the BEES in English is $150. The software and the test manual will be supplied to you on a CD (i.e., the test manual is included as part of the software purchase price). The software would be installed on your personal computer for in-person administration to participants and expires in one year from date of purchase or when 150 individuals have been tested, whichever comes first. Be sure to let me know if you want to test additional cases. The software may be useful to you even if you plan on group administering the paper and pencil version given in the test manual, because you still could use the software to input the data from each participant and have the software compute total scores and z-scores for all participants.

You will find a detailed description of the BEES test, sample items, important test references, and the BEES software at: http://www.kaaj.com/psych/scales/emp.html
You also will find background articles at:

http://www.kaaj.com/psych/articles/empvio.pdf
http://www.kaaj.com/psych/articles/emprev.pdf

The following link about my book-length monograph (Beyond IQ) is very important because "Beyond IQ" contains important validity and reliability data bearing on the BEES.

http://www.kaaj.com/psych/BeyondIQ.html

IMPORTANT: I understand that I have Albert Mehrabian's permission to make copies of his Balanced Emotional Empathy Scale (BEES) to administer to participants in my own research studies. However, I AM NOT ALLOWED TO REPRODUCE AND/OR DISTRIBUTE ANY ITEMS OF THE SCALE IN ANY OTHER WAY OR MEDIUM (e.g., dissertation write up, master's thesis write up, written report, grant application, journal article, book, another test or test manual, computer program, or any internet-based communications). I agree not to display the scale on any web site and not to include it in any email messages to others. Others in my department who wish to use the same scale must write Albert Mehrabian specifically for permission to use it.

Key references to the BEES have been supplied to me above and additional background information will be supplied to me in the test manual. I can simply cite the test manual and relevant references in my write-up (e.g., dissertation) and others who wish to know more about the test can refer to that material or the web site noted above.

_____ Your Signature

_____ Date

http://www.kaaj.com/psych/scales

Be sure to mail a hard copy of your order form with your signature. Mail your order form to:

Albert Mehrabian
1130 Alta Mesa Road
Monterey, CA 93940, USA.

Please INCLUDE AN ADDRESS LABEL (with your name and address written out clearly) that I can affix to the package I ship you.

<><><><><><><><><><><><><><>
Albert Mehrabian, Ph.D.

email: am@kaaj.com
voice mail: 888 363 1732
websites:
http://www.kaaj.com/psych/
http://www.kaaj.com/education/
http://www.kaaj.com/energy/

On Sat, Sep 24, 2011 at 3:53 PM, PATRICIA LAFFEY <aus2@aol.com> wrote:
Dear Dr. Mehrabian,

My name is Patricia Laffey- Littlejohn; I am currently pursuing a Doctorate in Health Science at Charles Sturt University (Australia). My focal area is in Emotional Intelligence, especially as it relates to the healthcare profession. I feel strongly we can use emotional intelligence to reduce workplace stress, and workplace violence in our nursing and other healthcare professions.

Charles Sturt University

Perceived Workplace Stress Study Instrument

WORKPLACE STRESS QUESTIONNAIRE
HOW MUCH WORKPLACE STRESS DO YOU HAVE?

ENTER A NUMBER FROM THE SCALE BELOW THAT BEST DESCRIBES YOU
STRONGLY DISAGREE AGREE SOMEWHAT STRONGLY AGREE
1 2 3 4 5 6 7 8 9 10

1. I can't honestly say what I really think or get things off my chest at work. _____
2. My job has a lot of responsibility, but I don't have very much authority. _____
3. I could usually do a much better job if I were given more time. _____
4. I seldom receive adequate acknowledgment or appreciation when my work is really good. _____
5. In general, I am not particularly proud or satisfied with my job. _____
6. I have the impression that I am repeatedly picked on or discriminated against at work. _____
7. My workplace environment is not very pleasant or particularly safe. _____
8. My job often interferes with my family and social obligations or personal needs. _____
9. I tend to have frequent arguments with superiors, co-workers or customers. _____
10. Most of the time I feel that I have very little control over my life at work. _____

Add up the replies to each question for your TOTAL JOB STRESS SCORE
If you score between 10-30, you handle stress on your job well; between 40-60, moderately well; 70-100, you're encountering problems that need to be addressed and resolved.

Open Access Use and Perceived Workplace Stress Study Instrument -
http://www.stress.org/wp-content/uploads/2011/08/Workplace-Stress-Survey.pdf

Approvals to use Cleveland Clinic Video on Empathy during research

From: Crowther, Andrew
Sent: Thursday, 20 March 2014 6:59 AM
To: Sch-NMIH-ALL
Subject: Fwd: Cleveland Clinic empathy video
Morning everybody
Take five minutes out of your day and watch this. It won't open on iPad or iPhone though.
Note that it comes to us from one our students.
Cheers, Andrew
From: "Murrell, Rebekka" <MURRELR@ccf.org>
Date: 20 March 2014 5:40:28 am AEDT
To: "Crowther, Andrew" <acrowther@csu.edu.au>
Subject: RE: Cleveland Clinic empathy video

Not a problem at all! We are happy to share the video with you and it's an honor that you wish to share it with your coworkers and staff! I will include the link for the download in case you didn't get the .wmv file from Patricia Even though you obviously know this already, I still have to include it –
All we ask is that you do not edit or alter the content in any way and that when presented, that it be shown in its entirety.
Let us know if you need anything else! Thanks again
~Bekka

> **WMV for download to desktop***
> **Empathy: The Human Connection to Patient Care (via Hightail)**
> *To access wmv: Click on "file" below - on next screen click "download" - select "**SAVE" to your desktop (don't click on open)** -- once download is complete... use/view from your desktop

From: Crowther, Andrew [mailto:acrowther@csu.edu.au]
Sent: Tuesday, March 18, 2014 10:52 PM
To: Murrell, Rebekka
Subject: Cleveland Clinic empathy video

Dear Bekka,

I am the doctoral supervisor for Patricia Littlejohn, who has forwarded me the link to your superb video *Empathy: The Human Connection to Patient Care.* I wonder if you would consent to me showing that video to our team of academic nurses and midwives, on condition that it shown in its entirety and is not reproduced or reposted?

With many thanks, Andrew

Progress Reports

Charles Sturt University

From: Organ, Kate <KOrgan@csu.edu.au>
To: aus2 <aus2@aol.com>
Cc: Crowther, Andrew <acrowther@csu.edu.au>
Subject: Patricia Littlejohn (S/N: 11149460) - Confirmation of 201330 Higher Degree by Research (HDR) Progress Report
Date: Tue, Jun 18, 2013 5:50 pm

Dear Patricia,

Thank you for providing your half yearly progress report completed by you and your principal supervisor. Progress reports are required to be submitted to the Research Office on a half yearly basis due on 31 May and 31 October of each year and are an important source of information to ensure a positive HDR student experience.

The Faculty of Science and the Research Office have now reviewed your report and as a result your progress has been noted and the following recommendation has been made:-

Your candidature in the Doctor of Health Science program is to be continued for the next 6 months.

While your candidature has been confirmed until the next review period in six (6) months you are required to address the item(s) detailed below by the completion of your next progress review.

On your progress report you have indicated that you anticipate submitting your thesis for examination by 31/05/2014. This anticipated date is not within the minimum / maximum candidature timeframe. Please review the table below whereby we have identified your candidature timeframes. Your thesis must be submitted between these periods. If you have any questions about the minimum / maximum candidature timeframe please contact the Research Office.

Please note the following confirmation of your candidature period. Should you have any questions regarding your minimum and maximum candidature please contact the Research Office.

Confirmation of Minimum / Maximum Candidature time		
Minimum	Session 1, 2016 (201630)	can submit thesis for examination after the census da of this session
Maximum	Session 1, 2018 (20130)	can submit thesis no later than the census date of th following session

If you experience any difficulties with your studies over the next six months you can discuss those matters with your Supervisory Team in the first instance. Alternatively you may also wish to contact the Faculty Associate Dean (Research and Graduate Studies) Dr Gayle Smythe via email gsmythe@csu.edu.au or the Research Office viaresearch@csu.edu.au or 02 6933 2578.

Regards
Kate Organ
Research Office
Charles Sturt University
Locked Bag 588
Wagga Wagga NSW 2678 AUSTRALIA

Charles Sturt University

P/F: 02 6933 2578
E: research@csu.edu.au
www.csu.edu.au
Twitter | Facebook | LinkedIn | YouTube

From: Ferraro, Avril <AFerraro@csu.edu.au>
To: aus2 <aus2@aol.com>
Cc: Crowther, Andrew <acrowther@csu.edu.au>
Subject: Patricia Littlejohn 11149460- Confirmation of 201330 Higher Degree by Research (HDR) Progress Report
Date: Sun, Jul 7, 2013 5:54 pm

Dear Patricia,

Thank you for providing your half yearly progress report completed by you and your principal supervisor. Progress reports are required to be submitted to the Research Office on a half yearly basis due on 31 May and 31 October of each year and are an important source of information to ensure a positive HDR student experience.

The Faculty of Science and the Research Office have now reviewed your report and as a result your progress has been noted and the following recommendation has been made:-

Your candidature in the Doctor of Health Science program is to be continued for the next 6 months.

CONFIRMATION OF SUPERVISORY TEAM

In your progress report you have indicated a different supervisory team to the one we have officially recorded on your student record. If our record of your supervisory team is incorrect you need to submit a Change or addition to Supervisory Team form to enable the Research Office to update your student record. Details of the supervisory team we have recorded and the one you have indicated on your progress report is as follows:

SUPERVISORY TEAM	Research Office Student Record	Progress Report
Principal Supervisor	Andrew Crowther	Andrew Crowther
Co-supervisor	Michael Kemp	Michael Kemp
		Louise O'Brien

SUBMISSION OF THESIS Before TERMS

On your progress report you have indicated that you anticipate submitting your thesis for examination by 31 May 2014. This anticipated date is before the minimum / maximum candidature timeframe. Please review the table below whereby we have identified your candidature timeframes. Your thesis must be submitted between these periods. If you have any questions about the minimum / maximum candidature timeframe please contact the Research Office.

CONFIRMATION OF MINIMUM / MAXIMUM CANDIDATURE TIME

Please note the following confirmation of your candidature period. Should you have any questions regarding your minimum and maximum candidature please contact the Research Office.

Confirmation of Minimum / Maximum Candidature time		
Minimum	Session 1, 2016 (201630)	can submit thesis for examination after the census dat of
Maximum	Session 1, 2018 (201830)	can submit thesis no later than the census date of the following session

If you experience any difficulties with your studies over the next six months you can discuss those matters with your Supervisory Team in the first instance. Alternatively you may also wish to contact the Faculty Associate Dean (Research and Graduate Studies) Dr Gayle Smythe via email gsmythe@csu.edu.au or the Research Office viaresearch@csu.edu.au or 02 6933 2578.

Regards

Avril Ferraro
Research Office
Charles Sturt University
Locked Bag 588
Wagga Wagga NSW 2678 AUSTRALIA
P/F: 02 6933 2578

Research Subjects – all of which were successfully passed.

The research component requires students to work with their supervisory team to complete all aspects of their research project. The supervisory team will be comprised of one principal supervisor and at least one co-supervisor who are both permanent academic staff at Charles Sturt University. Supervisory teams may include additional co-supervisors who are adjuncts or external to the University, and may include appropriately qualified staff in the professional workplace of the candidate. All supervisors will be required to meet minimum qualification and professional experience standards and have been formally registered on the CSU Supervisor Registry.

Under the guidance of their supervisors, students will determine an appropriate area of study that aligns with the Faculty's designated fields of research, where appropriate, gain ethics and other approvals, conduct a detailed research investigation, and write and submit a portfolio with exegesis for examination. The research project is guided through enrolment in a series of research-related shell subjects with milestones being required before students can progress to the next subject.

These subjects are as follows:

- HSC700 Research Critique and Publication 16 Points
- HSC701 Reflective Practice in Health Science 16 Points
- HSC702 Proposal For Applied Research/Investigation 16 Points
- HSC703 Research Project and Report 64 Points
- HSC704 Health Science Portfolio and Exegesis 32 Points

HSC700 Research Critique and Publication (16 points)
In this subject, students develop skills in academic writing, reflection, critiquing literature and publication at the doctoral level. The subject will introduce generic research and writing skills. Students are expected to critically analyse information derived from various sources (e.g. publications, reports, policy documents, web based material, etc.) pertinent to their profession. The material to be analysed, the format and content of the report(s) is negotiated between the student and supervisory team. The subject will be assessed on the basis of the report(s) on the analyses. The subject requires development of a peer reviewed journal article (review, CPD article, etc) and a professional seminar from the assessment tasks. The critiques and any publications / presentations will be included in the professional portfolio, which is assessed at the culmination of the degree.

HSC701 Reflective Practice in Health Science (16 points)
This subject is the first stage of the research / investigation component of the Doctor of Health Science. Students examine and reflect on their professional situation to identify a suitable question or problem worthy of a detailed study. In conjunction with their supervisor, students are required to prepare detailed reports or reviews on their particular professional circumstance.

HSC 702 Proposal For Applied Research/Investigation (16 Points)

In this subject the research/investigation component of the Doctor of Health Science is proposed. Students develop their research question identified in HSC702 and prepare an applied research/investigation proposal. In addition students obtain all the necessary approvals for the conduct of the study

HSC703 Research Project and Report (64 points)
This subject is the third stage of the research / investigation component of the Doctor of Health Science. Students conduct their investigation of the research question or problem as defined in HSC701 and HSC712. Both detailed written reports and peer reviewed journal publications are expected to be produced based on the project findings. The investigation is conducted under the guidance of a formally appointed principal supervisor.

HSC704 Health Science Portfolio and Exegesis (32 Points)
This subject is the final stage of the research/investigation component of the Doctor of Health Science. It is the culmination of the students' investigation/research on their professional practice and its context. Students prepare a portfolio with exegesis showing how their investigation has led to (or will lead to) changes in work practices and/or advancement of knowledge. The portfolio will be prepared under the guidance of the principal supervisor, will incorporate results (eg. publications/reports etc) prepared as part of HSC703 and be assessed externally in accordance with University regulations.