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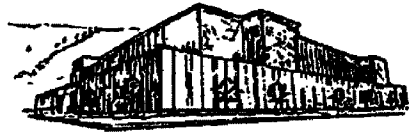
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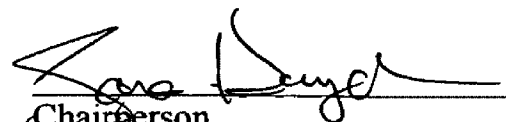
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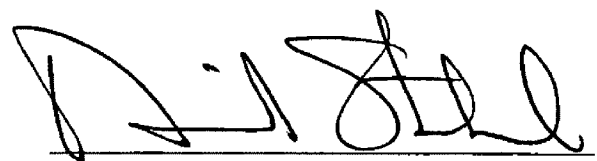
**WOMEN & MEN TENDING TOGETHER:
GENDER & COMMUNICATION FACTORS FOR NURSES**

**By
Shawna M. Starkey
B.A., St. Cloud State University, 1999**

**Professional Paper presented for partial completion of the
Master of Arts Degree
The University of Montana
2004**

Approved by:


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Abstract

Starkey, Shawna M. M.A., May 2004

Communication Studies

Women and Men Tending Together: Gender Communication Factors for Nurses

Chairperson: Dr. Sara Hayden *SH*

The purpose of this project was to develop a gender and communication workshop for students in nursing. Effective communication in health care settings is important for employees and clients alike. High levels of stress and burnout lead to increased turnover rates and result in higher rates of medical errors and poor treatment for clients. Gender can play a role in interprofessional relationships especially among nursing staff. In gender and communication, a range of masculine and feminine behaviors exist and are appropriate depending on the setting.

By showing nursing students this range of communication styles, their communication with both with other health professionals and clients will be improved. The workshop pilots consisted of two-two hour sessions spaced one week apart to allow time for real work experimentation. The sessions included lecture, discussion activities, and role plays. The acronym NURSE was developed used to summarize the most salient points for nurses in regards to gender and communication (Negotiation, Utilization, Reciprocity, Stereotypes, and Expectation-setting).

Acknowledgements

As this project and my time as a graduate student comes to a close, I wish to express my gratitude to those who have helped me get to this point.

First, my unending devotion and sincerest gratitude to my loving life partner, T; without this strong support system and relentless concern for my well-being, I don't think I could have made it!

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To Steve Schwarze, a quiet and supportive committee member; always ready with the difficult big questions. I have enjoyed his company on many an occasion!

To the entire faculty for pushing me past my limits many times; I truly feel I have accomplished a well-earned degree.

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For my dearest friends Sally and Cristina, please come back to Missoula! I miss your artistic flair and your ability to bring out the best in me. Thanks for helping me make difficult life decisions!

Last but not least, to my family. Mom, for encouraging and believing me in my lowest moments. To Dad, for teaching me I could do anything I wanted to. To my grandparents, for their weekly letters and great support.

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TABLE OF CONTENTS

Introduction	1
Chapter One-Literature Review	
Effective Communication Healthcare	2
Structure and Gender Healthcare	5
Men Nursing	8
Gender and Communication	11
Gender and Communication in the Workplace	15
Experiences of Nontraditional Workers	21
Conclusion	23
Chapter Two-Workshop Pilots	
Workshop Pilot	23
Workshop Evaluation	26
Recommended Changes	29
Summary Conclusion	32
References	35
Appendix A: Training Rationale	40
Appendix B: Session One Lecture Outline	42
Appendix C: Activity: In the Box	53
Appendix D: Communication Styles Overhead	54
Appendix E: Potential for Conflict Overhead	55
Appendix F: Activity: Introducing Gender Bias in Healthcare	56
Appendix G: Homework Assignment	57
Appendix H: Session Two Lecture Outline	58
Appendix I: Role Play Scenarios	61
Appendix J: Activity: Goal-Setting	62
Appendix K: Workshop Evaluation Form	63
Appendix L: Summary	64

Introduction

Effective communication is essential to health care organizations, affecting the quality of care and satisfaction for clients, as well as the quality of work life and job satisfaction for health professionals. Recent scholars (Rozier, 1996; Knaus, 1975 as cited in Ellis & Miller, 1993; and Williams & Gossett, 2001) agree that communication skills are of the utmost in importance for health care professionals. One reason for the critical nature of communication skills in health care is the potentially life and death nature of the communicative event.

Many variables affect the quality of communication in health care settings; one is gender. Gender becomes of particular relevance for men working in the predominantly female environment of nursing. As more men are recruited into the field, an improved communication setting will play a large role in retaining them. Men in nursing represent a unique gender and communication setting; they are in a nontraditional work role, not unlike men in childcare or women in construction.

I focus the lens of gender communication onto the relationships between health professionals in order to enrich the quality of work life for this group and improve the quality of care for clients. The project takes the form of a workshop for nursing students on issues of gender and communication. Lecture and activities, based on the literature reviewed in this project proposal, were planned to develop effective communication skills for dealing with situations that may arise during the nurse's workday. First, I explain the grave importance of effective communication in health care settings by exploring the relationship between high stress and burnout levels among the nurses and the disastrous consequences of poor communication for health care clients. Following that, I describe

the layers of communication in health care settings and the potential barriers to effective communication, including the changing environment of sex role stereotypes in medicine. Next, I review the debate on similarities and differences in women's and men's communication and how these similarities and differences may lead to misunderstandings in the workplace.

Effective Communication in Health Care

Of the many reasons effective communication is important, two are particularly relevant to health care: (1) the stressful nature of health care work; and (2) the serious nature of health care. Mistakes made in health care can be disastrous; especially if they result in injury or illness to clients, more specifically referred to as iatrogenic incidents. Stress and burnout among health professionals increases the likelihood of adverse incidents in the medical setting (Nursing burnout and patient safety, 2003, and Kohn, Corrigan, & Donaldson, 2003).

Stress and burnout are directly related to these levels of turnover and also have an impact on the current nursing shortage (Mee & Robinson, 2003 and Nursing Burnout and Patient Safety, 2003). An alarming side effect of stress and burnout can be seen in Pillemer and Bachman-Prehn's (1991) study of the maltreatment of nursing home residents. Staff burnout and high levels of conflict, either with the client or the staff, were strongly related to the abuse of residents (p. 74). Another unpleasant and dangerous side effect of stress and burnout among nurses and other health professionals are errors made in the care of clients. In 2000, the Institute of Medicine released their report on medical errors. According to their report, a variety of communication related conditions can contribute to harmful medical errors including; training deficiencies, high

workload, and motivational difficulties (p. 60). The report approaches these errors, in part, from their human factors; defined as “the interrelationships between humans, the tools they use, and the environment in which they live and work” (p. 61). Although the blame does not always rest on human and communication factors, it is important to have a well-functioning and communicating team of health care professionals. A common error causing these iatrogenic incidents is medication and prescription errors (Fortescue, et.al, 2003 and Dean, et.al., 2002). Most of these errors (74%) occur at the time of ordering the prescription. Health care professionals surveyed agree that improved communication among physicians, nurses, and pharmacists would help reduce the number of errors (Fortescue, et.al., 2003, p. 722).

Another area recognized as needing improved communication in health care is in the operating room (Moss & Xiao, 2004 and Buback, 2004). One study (Moss & Xiao, 2004) discusses the need to improve communication to help coordinate both pre- and post-operative circumstances. Certainly, patients would not want any confusion involving which room they were supposed to be in for which operation! Once inside the operating room, another issue arises; verbal abuse of perioperative nurses (those assisting with the surgery) by the surgeon. Buback’s (2004) study suggests improving the assertive communication skills of the nurses in the operating room to end the verbal abuse. Surgeons may become verbally abusive for a number of reasons; (1) the equipment malfunctioned or is not available quickly enough, (2) he or she feels the need to be in control (3) unexpected changes occur in the status of the patient, and (4) a request is questioned or clarification is sought (Buback, 2004, p. 163). A high incidence of

verbal abuse is associated with increased evidence of errors, low morale, and high turnover (p. 149). Perhaps trainings in courtesy could be offered for the surgeons as well.

The stressful environment of confronting health crises on a regular basis is enough to challenge even the most balanced nurses and best communicators. When the communication is poor and support is lacking, increased levels of burnout and turnover are inevitable (Ellis & Miller, 1994; Ellis & Miller, 1993; and Ray & Miller, 1990). In the state of Montana, the statewide turnover rate is 20% for RNs and 25% for Rural RNs. In Region One, the western portion of the state including Missoula and the Flathead and Bitterroot valleys, the turnover rate has increased to 23% for RNs and 34% for Rural RNs (Turnover Rates, 2002). This is compared to the national average which is 17% (UC Davis, 2002). These turnover rates are just one aspect of the impeding nursing shortage. In addition to the stress and burnout aspect of nurse turnover, Beurhaus, Staiger, and Auebach (2000) explain another factor related to the nursing shortage. As those currently in the nursing profession age and retire, they are not replaced as quickly as necessary. Young women, those traditionally attracted to the nursing profession, are not choosing nursing as a career; due in part to increasing opportunities for women in other professions. This trend has continued for the past two decades and, if not reversed, the RN workforce will not meet projected long-term workforce requirements by approximately 20% by 2020 (p. 2948).

There are methods to combat and reduce the stress and burnout related to performing human service occupations. One of the strongest mitigators of burnout is positive social support (Ellis & Miller, 1994; Ellis & Miller, 1993; and Ray & Miller, 1990). Support of the nurse at the organizational, supervisory and peer levels was found

to be effective in reducing stress (Berlin Ray & Miller, 1990). The organization can use staff meeting time for informational as well as emotional support; supervisors can clarify roles and reduce ambiguity as well as allow the staff to vent their frustrations; and fellow nurses may have the greatest understanding of stress sources and are invaluable as support. However, the relationships between peer supporters can be the most stressful, as competition and lack of camaraderie cause problems with other nurses (Ray & Miller, p. 101-102). Ellis and Hartman (1993 & 1994) suggest that supportive communication affects burnout and stress; and that assertiveness, a sense of control, and participation within the organization all serve to reduce the sometimes overwhelming amount of pressure.

Structure & Gender: What gets in the way of communication?

Let us remember the importance of communication for the moral imperative of our profession: to serve the patient in the best way we know how. To think that missteps in something so global as communication would impede our service to our patients is unthinkable to the reasonable, intelligent nurse.
(Woodard & House, 1997, p. 43)

Barriers to effective communication start with the many layers in the organizational structure and end with the power and hierarchical differences between those layers. Many communication relationships exist within the health care setting. These include; (1) professional-patient, (2) professional-professional, (3) professional-family, and (4) patient-family. While fascinating communication factors exist in all relationships, the spotlight of this project falls upon professional-to-professional interaction. This relationship is marked by the potential for collegiality and excellent care on one hand and an increase in stress and burnout as well as patient problems on the other.

Northouse and Northouse (1992) identified three problem areas that impact the relationships between health professionals; (1) role stress, (2) a lack of interprofessional understanding, and (3) autonomy struggles (p. 86). Of particular relevance to this project is the finding that during high levels of role stress professionals may withdraw from each other as a means of coping with any role conflicts (p. 89). For example, a physician leaves behind a suture tray of needles and assumes the nurse will clean it up, even though hospital policy clearly gives that responsibility to the physician. The nurse may feel the need to honor the request based on the power position of the physician. The physician may feel it is beneath her/him to complete a task such as cleaning. In this instance, the physician does not understand the role of the nurse is not just to clean up after her/him. This lack of awareness is not uncommon, as there is little shared understanding about what other health professionals actually do (p. 90). There is a limited amount of contact with other professionals during the day and the rapid pace of the health care setting allows little time for professional interaction, let alone personal interaction. This lack of understanding may lead to requests made of nurses that they deem unreasonable or outside their role, as in the above instance with the suture tray. As health professionals increase their knowledge and familiarity with each others' roles, all will be better able to make full use of their ability to provide quality care to clients. Finally, the struggle for autonomy is part of the professional's need to have the authority to make decisions within their realm of knowledge. Health care organizations play a pivotal role in helping nurses use their expertise and brilliance.

Another factor influencing the quality of communication for health care professionals is the hierarchical relationships based on the stereotypical model of the

male physician and the female nurse. Back in 1967, Stein described the communicative relationship between physicians and nurses as a game requiring skill and ingenuity on the part of the nurse to maintain the perception that the physician is completely in charge and the nurse appears to be subservient. How often this game is still played, we do not know; however, this type of relationship is not conducive to collaboration, teamwork, and mutual professional respect. Zelek and Phillips (2003) provide a glimpse into current relationships among health professionals. These relationships are shaped by gender as well as profession. They found that female nurses are more likely to show deference to the authority of male physicians, and female nurses are more willing to perform more tasks for male physicians. Additionally, female nurses expect female physicians to be more approachable, yet are more hostile toward a female physician's use of medical authority; it's as if they expect the physician to be a woman first, a physician second (p. 4). Moreover, physicians who are women face challenges such as the pressure to adopt a male style (Woodard & House, 1997). Currently female physicians are most prevalent in areas of medicine such as women's and children's health. There are a disproportionately small number of women in areas of medical practice where they will have a large impact, such as administration, research, and education (Riska, 2001, p. 185). The small number of women in leadership positions allows a masculine communication style to continue to dominate medicine and impact physician-nurse relationships. Given the complex and changing nature of health care roles and relationships, the area is ripe for gender and communication study and application.

Men in Nursing

Only by letting go of harmful traditions that restrict all nurses will we be able to attract the best candidates to nursing.
(Villeneuve, 1994, p. 225)

Although the majority of nurses are female, men make up 6% (and growing) of the nursing profession (Hilton, 2001). Relationships in health care are changing, therefore exploring the issues for men in the field are increasingly important. As mentioned above, the oppressive nature of the physician-nurse relationship is well known and women continue to make progress in their status as physicians. A lesser known and discussed oppression occurs for men in nursing. In this section, I review a brief history of men in nursing and the type of discrimination and resistance faced by men in the nursing field.

According to Poliafico (1998), prior to the mid-eighteenth century the majority of nurses were men. For example, during the Crusades (1096-1291), men staffed hospitals for those on their way to the Holy Land, doubling as soldiers when needed. In fact, it is still common to find men in nursing roles in the military today. Another common historical area for male nurses is in religious orders caring for lepers or people who had contracted the plague (p. 39). The military correlation to nursing continued through the American Civil War when again many soldiers were involved in providing medical care. By the time the war ended, men began to withdraw from the nursing profession, largely due to the influence of Florence Nightingale (Poliafico, 1998). An additional factor that drew women to the profession was the lack of economic opportunities for them at this time. The Industrial Revolution improved financial prospects for men in manufacturing, mining, and other businesses; these did not exist to the same extent for women.

The often idealized nurse, Florence Nightingale, did not include men in her vision of nursing, writing in her book *Notes on Nursing* "...every woman is a nurse." She connected characteristics such as caring, compassion, and subservience with nursing, ideals not associated with men in the nineteenth century. An increasing number of women entered the nursing profession and male nurses began to face discrimination; they were barred from entering nursing schools in the Army and Navy as well as conventional nursing schools (Poliafico, 1998, p. 40). By 1941, only 68 of 1,303 nursing schools admitted male students (Cummings, 1995).

Even though access to education for men wishing to enter nursing has improved, other forms of discrimination continue to occur (Poliafico, 1998 and Porter-O'Grady, 1995). According to Porter-O'Grady (1995), current discrimination against male nurses happens on two fronts; first, by their own kind (i.e. other men) and by members of their own profession (i.e. female nurses). For example, Davidson (1996) remarks on social conventions that discourage men from showing emotions and expressing care. She remarks on the distinction that is often made between being a "male" nurse and a "real" nurse, a distinction based on the stereotype that men would not be able to provide the emotional care necessary as nurses (p. 28). In addition to social stereotypes, male nurses may be subjected to discrimination from clients. Hood (2002) describes a situation in which a male client requests another nurse to perform his exam-stating, "What kind of a man is a nurse?" He recalls many instances of being told by clients and/or family that they would rather have a female nurse and expresses the hurt he experienced due to this discrimination (p. 38). As if these attitudes were not enough, male nurses often face discrimination from within their own profession.

One of the areas of concern to female colleagues is the amount of time male nurses have to spend on family responsibilities. Rozier (1996) found that 94% of female nurses surveyed were responsible for childcare in addition to their job, while only 14% of male nurses had the same obligation. As in male dominated professions, female nurses are concerned about their opportunities for advancement given men's perceived placement of importance on work over personal and family concerns.

Other areas of trepidation for the inclusion of males in female-dominated professions are described by Raz, Jensen, Walter, and Drake (1991) these include: (1) an increased focus on money-making and financial ambitiousness at the expense of the client, (2) increased independence, and (3) the presumed elevated status of men, even though the education level is similar, such as male nurses often being mistaken for doctors (p. 539). An even stronger warning is given by Ryan and Porter (1993) who claim that if men were to increase their presence in nursing, they would dominate the profession quickly. The authors fear that the entire discourse of nursing would change and men would soon be telling women not only how to do their jobs, but how to think about their jobs (p. 263).

Additional discriminatory practices do occur; for example, in 1994 the California Fair Employment and Housing Commission upheld a ban on male nurses, but not obstetricians, in labor and delivery rooms, based on the assumption that having male nurses perform vaginal exams would add to a patient's stress and anxiety levels (Poliatico, 1998, p. 41). Moreover, male nursing students may be asked to repeatedly perform some procedures not typically associated with their gender such as well baby checks, despite recent successful checks (Sullivan, 2000, p. 253). Furthermore, studies

about nurses and/or nursing rarely include a representative sample of men in their research; limiting our understanding of the experience for men in the nursing profession (Williams & Gossett, 2001; Dreaschlin, Hunt, & Sprainer, 1999; and Rozier, 1996).

In addition to the above discriminatory practices and prejudicial attitudes, there is a potential for men in nursing to feel a degree of role strain (Villeneuve, 1994 & Christman, 1988). The nurturing and gentle nature often associated with nurses tends to be devalued in a patriarchal society. Role strain is often felt by those in nontraditional careers. A few examples of the tensions or the manifestations one may experience follow: (1) language use, such as referring to nursing as “women’s work,” (2) perception of a threat of male domination, (3) an attrition rate as high as 100 per cent among male nursing students, (3) the uniforms and accoutrements of the nursing profession (i.e., caps or certain colors of uniforms), and (4) media images that often show nurses as female.

Porter-O’Grady (1995) offers suggestions for addressing the gender bias in nursing. Men who enter the nursing field should anticipate the possibility that gender-issues may arise in the workplace. Most importantly, if the bias is clear and certain, it is best to address the situation directly and immediately. Additionally, men in nursing should clearly identify and make known their personal expectations for relationships with others. Given the complex and changing nature of the health care landscape, this scenery is ripe with gender and communication concerns.

Gender and Communication

The topic of gender and communication has raised much debate in both popular press and academic writings. The core question remains, do women and men display different communication patterns? A definitive answer to this oft-asked question

continues to be elusive. We do know that there are more similarities than differences between women and men's communication styles and that there are greater *perceived* differences than *actual* differences (Cleveland, Stockdale, & Murphy, 2000). Gender is difficult to pinpoint as the root of a particular communication behavior; race, ethnicity, and socioeconomic background (to name a few) also have an impact. Gender is based on culturally constructed factors, rather than biological ones, which is the way sex is distinguished. Furthermore, we change our communication based on situational factors, such as being at work versus at a family reunion and speaking with a lawyer versus calling for pizza delivery.

In spite of the variables, scholars (Wood, 2003; Canary & Dinida, 1998, and Tannen, 1990, 1994a, & 1994b) have determined gender to make a difference in some areas of communication. These differences are a matter of degree not a matter of kind; which is to say that we all enact multiple communication behaviors and styles, but the degree to which we enact specific behaviors might vary based on our gender. It should be noted that any reference to differences in women's and men's communication are not necessarily true of all women or men, respectively. Moreover, we must maintain vigilance against essentializing members of either gender by assuming that they are all alike (Wood, 2003).

Scholars do not always agree how to explain and present the differences and similarities in gender and communication (Wood & Dindia, 1998). One accepted explanation is the different cultures approach, popularized by Julia Wood and Deborah

Tannen¹. The different cultures approach asserts that the communication practices we use serve to define us as masculine or feminine. Because this language use constitutes our concept of masculinity or femininity, generalizable differences in men's and women's communication should be found. Additionally, these differences in language use could be seen as another dialect, making cross-gender communication a form of cross-cultural communication (Wood, 2003). Tannen (1994b) also notes that these style differences have potential consequences when they work to disadvantage certain stigmatized groups and pose an advantage to other groups who have the power to enforce their interpretations. The cultural difference framework "provides a model for explaining how dominance can be created in face-to-face interaction" (Tanen, 1994b, p. 10).

Another explanation is provided by the speech styles approach; based on the premise that certain styles are associated with certain groups and serve as indicators of group membership (Kramarae, 1981, as cited in Cleveland, Stockdale, and Murphy, 2000). Of particular relevance to nurses, are these areas of emphasis:

1. Speech can be used by group members to create solidarity and to exclude members of out groups from interactions.
2. Dominant group members can use the distinctive stylistic features of speech (actual or perceived) of subordinate groups as a focus for ridicule.
3. Speakers can manipulate their speaking styles to emphasize or deemphasize particular social identities. (p. 112)

Both male and female nurses should keep these principles in mind. Exclusive communication behaviors can be as subtle as female nurses discussing childbirth or

¹ Reeder (1996) offers a critique of gender research in communication; she calls for an improved framework to understand the differences rather than just reporting them. For another critique of the different cultures approach see Kunkel & Burleson, 1998.

menstruation which decreases the opportunity for males to feel included, or a male nurse discussing obscure sports statistics with a group of male physicians which may exclude female nurses. Since communication is polysemous, having multiple meanings simultaneously, these events could signal both a power relationship and a building of solidarity (Tannen, 1994b). However, the potential for problems comes from a type of double bind that whatever we say to honor our similarity violates our difference and whatever we say to honor our difference violates our similarity (Tannen, 1994b, p. 29). Whether the differences or similarities are gender, race, or a situational factor, this tension between the need for similarity and difference will continue to exist. Among health care teams, relationship building for teamwork is incredibly important. In the emergency room, nobody wants interpersonal problems getting in the way of appropriate and proper care.

Moreover, gender communication factors are compounded by the fact that we perceive each other through our own gendered lenses. We expect women to act like “women” and men to act like “men.” Whatever our expectations are, they have profound implications for the conclusions we draw about others. For example, when entering a hospital one might expect the doctors to be male and the nurses to be female. This will be true most of the time, but it will not always be true. Therein lies the problem for those outside of the stereotype, e.g. female doctors and male nurses, and also for the clients who need to know which is which (Tannen, 1994a, p. 118). In short, we expect the expected and when that doesn’t happen, we are unsure how to respond or respond negatively, deeming assertive women “bitchy” or sensitive men “wimpy.” Since all of us

operate on our own perceptions and stereotypes, we may end up categorizing others based on what we think we know and what we've learned about others in the world.

Gender and Communication in the Workplace

What can be utilized from the different cultures approach to understand the modern day workplace? In this section, I explain the socialization factors in Western culture that impact gender communication, relevant generalizations that are made about feminine and masculine communication styles, how they play out in the workplace, and potential experiences for those in the minority at their respective workplace.

As children, girls and boys usually play in sex-segregated groups. Therefore, the interactions we have and games we play are based on culturally appropriate norms for women and men. In general, boys play games in larger groups than girls and their games involve competition, clear goals, and are organized by rules and hierarchical roles (Wood, 2003). For boys, their status ranking is contingent upon standing out, being better and dominating others in the peer group. Based on their play activities, boys learn to use communication for achieving a goal, asserting themselves and their ideas and competing with others for the platform on which to speak (Wood, 2003, p. 117). These behaviors can be seen in activities such as king of the mountain or war games.

Like boys, girls learn rules about communication from their play activities, but their rules are different. In contrast to boys' games, girls' games are usually played in pairs or with small groups without specific goals or rules. The girls will often use talk to decide on guidelines and roles, and are more interested in the process of their interaction rather than a defined product. They will cooperate with each other to work out problems, often using communication to do so. Communication is a way to create and maintain

their relationships. Therefore, they avoid criticizing and putting others down, especially when the others are part of their immediate playgroup. Additionally, the emphasis and attention girls give to their relationships improves their ability to interpret and respond to other's feelings (Wood, 2003, p. 118). These basic rules and patterns remain a part of the communication skill set for both girls and boys into adulthood.

The carryovers from childhood to adulthood can be seen in the ways women and men communicate. For women, talk is for the maintenance of the relationship. Women speak to establish connection, support, understanding, and cooperation. Wood (2002, p. 119-122) recognizes five ways women's talk displays gendered qualities. First, they attend to the relationship level by focusing on how others are feeling and expressing sympathy and understanding. Second, women engage in talk designed to keep equality in their relationships. In order to accomplish this, women apologize and thank often, give credit to others, give their orders indirectly, and couch criticism with praise. Next, specific maintenance factors such as inviting others to speak, asking questions, and using positive gestures and statements help women maintain their relationships. Fourth, women use a personal and concrete style. This style includes an attention to detail, high levels of personal disclosure, use of concrete experiences and arguments based on situations, not abstract rules. Finally, women speak with tentativeness. They use more verbal hedges, tag questions and tend to raise their intonation.

Men, in general, display five masculine communication qualities (Wood, 2003, p.122-124). First, their communication tends to be focused on the content and often this speech is used to accomplish goals and tasks. Second, when asked to solve problems, men will most likely work through any issues analytically, provide advice and avoid the

emotional aspects of the situation. Next, men's communication is built on knowledge and they speak to exhibit their skills and ideas, especially in areas of expertise. On the other hand, they are reluctant to show vulnerability or ignorance. Fourth, the masculine style is to respect the other person's independence. Therefore, when personal problems arise, a solution to support the friend is to distract him or leave him alone. Finally, men also speak with conversational certainty, doubts are downplayed and speech is forceful and direct. They are willing to interrupt and are comfortable speaking frequently and at length in groups.

The above generalizations provide a starting point for understanding the impact of communication styles at the workplace. Following the work of Tannen (1994a) I selected three areas that have an impact on women's and men's work relationships. These are: (1) status or connection as the underlying factor in relationships; (2) directness or indirectness in giving orders, and (3) public and private talk.

When communicating both women and men are concerned about the nature of the relationship; although these "concerns" may differ. In general these differences can be thought of as a tension between status and connection. For example, men often attempt to determine the power relationship, am I in a one-up or one-down position? Men tend to depict this behavior through conversational competition such as besting. In the workplace, competitions may occur in areas of sales totals, number of clients served or number of hours worked. On the other hand, women are asking, "Is this communication bringing us closer together?" Workplace behaviors may include the sharing of stories showing similarity, such as discussing a family member with cancer or a shopping experience. Status and connection are not parallel or mutually exclusive, they are meant

to represent two aspects of interaction that are often intertwined (Tannen, 1994a, p. 205). Women may say, “that same thing happened to me, let me tell you about it” where men may say “that’s nothing compared to what happened to me, listen to this.” Both are accomplishing a transfer of information and disclosing information about oneself, which should increase feelings of closeness in the relationship. The difference is that basically men will try to be better and women will try to be the same.

When it comes to giving orders, men are thought of as speaking up and being direct; while women use matching questions and negotiation. Many assumptions exist about those who take an indirect approach to giving orders, such as lacking self-confidence or powerlessness. For example, a nurse needs to update a phone list for local pharmacies. Consider the following gendered approaches to project completion: a female supervisor may ask, “When do you think the new phone list could be completed?” expecting the other to respond with, “when do you think you need it?” A negotiation ensues by which the completion date can be determined to mutual satisfaction. Contrast this with a more masculine style of ordering, “I need the list by 5:00 today,” expecting the other to respond with a counter-offer, such as “I need until noon tomorrow in order to get it into excellent shape.” A negotiation then begins, and a completion date is decided. Consider what would happen if these two interactions were spliced. “When do you think the phone list could be completed?” “Not before noon on Tuesday.” Most likely, the conversation would end here, if neither is prepared to negotiate in the other’s style. Moreover, both parties are left with a sense of dissatisfaction and question the effectiveness of their own communication and that of the other person. This dissatisfaction could impact the future relationship of these two individuals as well as

their ability to work together in the organization. Women and men are both indirect at times and this communication feature is impacted by regional, ethnic or class backgrounds (Tannen, 1994a, p. 79). The patterns of status and connection can be seen within these styles of giving orders. Being direct emphasizes the power positioning, whereas being indirect allows the other an equal share in the question negotiation.

While women and men work together, their ability to socialize with each other as professionals and equals is sometimes strained. One reason may be differences in everyday conversation styles; such as rapport and report talk (Tannen, 1990 & 1994a). Rapport talk is associated more with women and involves a discussion of personal issues, such as children or health. When rapport talk turns to mutual commiseration, Tannen (1994a, p. 71) calls it “troubles talk.” One individual tells about a problem and the other responds with a matching problem. The idea is not to “best” the other, the sharing is to provide support and understanding. Report talk is associated more with men and often involves information about hobbies or personal accomplishments, such as cabinet construction or specific details about the new motorcycle purchased over the weekend. Report talk and troubles talk may clash when the person wanting to “report” attempts to fix the problem instead of sharing a similar story. In a medical workplace, a female nurse may be discussing a difficult situation involving an overbearing mother requesting information about her teenager’s sexual history with a male nurse. His response may be to explain the confidentiality policy to the nurse telling her she did the right thing. However, she most likely wanted him to share a story about a time he experienced a difficult client.

In addition to these variations in conversational style, differences in everyday conversational choices also exist (Tannen, 1994a and Clark, 1998). Tannen (1994a) has found that women mix business talk with personal talk. Examples may include, speaking about an incredible shoe sale found over the weekend or a fantastic romantic dinner. Men are more likely to mix business talk with banter about sports or politics (p. 64); for example, good natured teasing about which team will win the “big game” especially if rivalries exist. However, Clark (1998) reveals substantial similarities in the objectives pursued in conversation, which were to be friendly and show interest in what the other says (p. 312). Where the differences in conversational topic were found: women speaking more about relationships and problems, while men were more interested in the entertainment value of their topics (p. 318). In the workplace, these informal conversations increase our sense of connection with our co-workers and improve our attitude about our jobs.

The above differences in style should not be considered deficits in one or the other gender; one is not necessarily better than the other. However, depending on the situation, either a “masculine” or a “feminine” style may be more effective. In some instances a more masculine and direct style might be just what is needed to accomplish a task. For example, a fast paced emergency room may benefit from a direct and task-oriented “masculine” style and the “feminine” style may be more appropriate when breaking the difficult news of a child’s declining health condition. The key is developing flexibility in our communication behaviors so that we can best carry out the tasks we encounter.

An understanding of different communication styles also is important if we are to avoid misunderstandings in the workplace as discussed above. Additionally, the range of communication behaviors is necessary for a proficient nursing practice. The ways that we have always communicated in the workplace are not the only ways to do so. Health care professionals have much to gain (and lose) based on the communication factors present in their relationships. If an understanding of differences and similarities in communication styles can reduce stress and burnout among employees and prevent iatrogenic incidents from occurring, let's work then on increasing awareness.

The people I work with aren't like me!: Experiences of the minority sector

Few individuals are comfortable entering an arena where they seldom see someone who looks like them, but efforts to address diversity are fraught with challenges.
(Sullivan, 2000, p. 253).

Individuals who are in the minority in their workplace face many unique challenges. When gender is at issue, most often the question being explored involves women breaking into the male-dominated corporate world (Hale, 1999). For this workshop, however, I am focusing on the experiences of men in a female-dominated setting. There are assertions that could apply to all segments of people working in environments as a minority.

Two findings from Hale's (1999) study of the way gender affects the workplace are relevant here. First, she found an internalization of and identification with stereotypes. In the working day, individuals may be more likely to make judgments about themselves based on the way the others perceive them. For example, women may be viewed as "overly emotional" and then tend to look for emotional reactions in themselves during the workday. Or men may be perceived as "mean spirited" due to the

teasing they engage in. Either way, men or women may be looking for these types of reactions and responses throughout the workday. In addition to internalization of stereotypes, individuals performing work as a minority group member may be “marked” as different. Linguistic marking is often used in the context of women, such as *actress* or *waitress* (see Tannen, 1994a, p. 107-131). This type of distinction can often be used to mark a professional as different from the norm. Many examples of this exist in our use of language; male nurse, female lawyer, female doctor, male secretary, or male stylist versus barber. As one nurse remarked in protest of this marking, “I’m a *real* nurse, not a male nurse!” (Davidson, 1996).

The second area potentially impacted by workplace diversity is levels of trust and bonding within the organization. Trust and power are intertwined, access to information is controlled, secrets are kept and confidences held. Men can face similar discrimination in a female-dominated field such as nursing. An unwritten societal rule of men in leadership positions may adversely effect the perception of female nurses working for a male supervisor, assuming that he has this position because he is male, not because he “deserves” it.

Moreover, networking with colleagues is an important aspect of the professional relationship (Sias, Smith, & Avdeyeva, 2003). Peer relationships and friendships at the workplace serve as informal communication systems, which provide crucial career advancement and development information. Policy changes and organizational news often come through the “grapevine” before the official announcement; and those not connected to their co-workers may miss crucial information. These relationships also provide support, help with decision-making, and increase organizational loyalty.

Isolation from colleagues, based on gender or not, reduces the amount of connection felt at work and limits access to information.

Conclusion

I have provided a context within which a workshop on gender communication issues among health care professionals, with special attention to male nurses, can take place. Reviewing the importance of, the consequences in, and the barriers to effective communication in health organizations increases the understanding of the work environment of health professionals while a discussion of how gender similarities and differences in socialization and in organizational behavior provides a lens to view that work environment. However, individuals will not always react in the ways researchers expect even after thorough investigation into communicative styles. The challenge lies in the doing and interacting, the practice of new communication behaviors.

Overall, awareness of our own reactions and realization of the impact our communication behaviors may have on one another will improve communication, for both women and men. By conducting this workshop, I hope to highlight that by improving communication awareness, stress and burnout can be reduced and the climate for male colleagues in nursing will be friendlier. For the field of communication, the research of health organizations and interpersonal relationships through a gender lens has only scratched a surface.

Workshop Pilots

As a way to deal with the issues I discovered in my research, I developed a workshop and facilitated two pilot sessions. These pilot sessions occurred at the Montana State University-Bozeman, Missoula campus in two-two hour sessions in late March and

early April 2004. Attending the workshop were nursing students in the Montana State University nursing program. Attendance at the workshop was part of a beginning nursing course and all participants were familiar with each other prior to the workshop. The scheduling of the workshops was based on the students' course load and took place Thursday evening and Friday late afternoon.

Four hours of workshop facilitation requires careful planning in order for it to be successful (see Appendix A for training rationale). First, I decided on the objectives in order to develop the course material and activities. The first objective was for the participants to describe and identify similarities and differences in communication style based on gender. Second, it was important for the participants to explore their personal interpretations and perceptions of communication similarities and differences based on gender. Third, due to the serious nature of health care, I wanted them to identify potential problems that occur in relationships from misinterpretation and miscommunication between women and men. Finally, the workshop participants discuss how gender differences and similarities in communication impact health professionals.

In the first workshop session, I focused on providing information related to gender and communication as well as facilitated two discussion activities (see Appendix B for session one outline). As an introduction, I discussed the importance of communication skills for both job applications and employment evaluations, as well as the importance of effective communication in the health care setting.

The first activity, in the box, created a space where participants could explore their perceptions and stereotypes of women, men, physicians, and nurses (see Appendix C for complete description). I used this as a platform to discuss the violation of social

norms and how those outside of social norms may feel pressure to get back inside the box. This concept was particularly relevant for male nurses and women desiring to increase their assertiveness and not be labeled a “bitch.”

From this activity, I offered a lecture about gender and communication issues. This information included gender socialization, the effect of our perception on communication and communication cultures. After presenting this introductory material, I discussed male and female communication cultures. Starting with young children and their games and the rules about communication learned, I moved on to adult gendered communication practices of men and women. Of course, I offered a caveat at the beginning, letting them know that the information presented would not be true in all situations of all men or all women (see Appendix D for presentational material). After exploring the differences and similarities in communication styles, I introduced areas that have the potential for conflict in the workplace (see Appendix E for presentational material). Following the lecture, participants were provided the opportunity to apply and discuss the information through the activity, introducing gender bias in health care (see Appendix F). In concluding the first session, I provided the participants with their homework assignment to experiment with these concepts in real life (see Appendix G). After allowing time for questions or comments and providing a short preview of the next session, the participants were free to go.

In session two, I wanted to explore more real life situations and allow more time for activities and discussion (see Appendix H for session outline). After welcoming the participants back, I offered a preview of what they could expect this session. First, they discussed, in pairs, their homework assignments, including what they had done and the

reactions they received. After they had shared with another person in the session, I opened up the floor for discussion with the main group.

After I collected their papers (so they could receive their credit for workshop attendance from their instructor), I introduced a role play activity (see Appendix I). They were to conduct two role plays in the same pairs in which they had shared their papers. As I explained what they would be doing and allowed time for composure, they received a handout clarifying their particular roles for the scenarios. The role plays were completed in pairs, and then students were selected during the break to role play for the entire group. Discussion and debriefing followed the role play sessions.

As the second session winds down, I offered a wrap-up of any last questions, plus a review of the main concepts. In order to reinforce any skills learned, as a final activity, I had them prepare at least three goals for improving their personal communication in the workplace and with women and men (see Appendix J).

In closing, I offered thanks and acknowledgements to both the participants and my advisors in the project. The participants were then provided a workshop evaluation form (see Appendix K). Once the evaluation form was completed, the workshop was over and they could go forth and communicate.

Workshop Evaluation

After facilitating the workshops, both the students and I offer an evaluation of the experience. In this section, I measure the objectives; discuss changes suggested by the students, as well as my own suggestions for improvement. I also include a review of each activity.

In order to measure the objectives set out in the training rationale, I included questions on the workshop evaluation form for students to rate their understanding. However, I did not do a pre-/post-workshop measurement, so I am relying on self-report of the students. The three statements the students were to respond to were, the workshop: (1) increased my understanding of gender and communication, (2) increased my comfort level in communicating with different styles, and (3) provided information that I will be able to use in the future. These statements were followed with choices from poor to very well, which were then rated on a 1-5 scale. All the ratings averaged above the mid-point. I am pleased to note that the highest ratings occurred in the “increased my understanding of gender and communication” category.

The students also had an opportunity on the evaluation form to write which information was most applicable to them. The main theme in the answer to this question was that learning and practicing different communication styles and behaviors was most applicable. Given that this was a main goal of the workshop sessions, I was delighted with their report. Additionally, several cited gaining the ability to be more assertive as a relevant and applicable skill. Many participants reported learning assertiveness skills and how to use a direct style without being offensive to others. This sentiment was related to the use of a masculine style such as learning to be direct without being rude and using a “masculine style” without being aggressive. Many participants were interested in finding a “middle” ground between passivity and aggression.

I would be interested to see how the participants are progressing now that it has been several weeks since the workshops. The proof is in the pudding; will they remember and apply some of what they learned over the two sessions? Many of them

may not have needed a major communication overhaul (although a few did admit they wanted it), but only need a bit of tweaking in certain situations.

The participants also shared suggestions for the improvement of the workshop sessions. I sorted these into two categories, timing and content. Many participants suggested changing the time of the workshops including, not Friday, make it earlier in the day and make it only one session. Anytime a workshop is scheduled, there will be scheduling conflicts for someone or preferences related to personal rhythms.

When it came to providing feedback on the content of the workshop, I received a variety of comments, many of which were contradictory. Requests were made for more content in session one and also more group work in session one. The suggestion for fewer role plays was made, as I think many students have a certain level of performance anxiety when working with role plays. One student requested more “real life” examples throughout the sessions. Finally, I received a criticism stating that I should focus more on societal change working toward gender balance. Although social change is an important issue, the time constraints of a four-hour workshop did not allow us to explore this topic in great detail. Additionally, this was not an immediate objective of the workshop. By increasing awareness of communication styles and potential conflicts among them, I was hoping to step closer to that goal. May we all work toward that goal everyday!

Overall, I found the workshops to be a positive experience. I have only a few suggestions or reminders for myself if I facilitate on this subject again. First, I have a clearer idea of the potential student issues and resistance. I am better prepared to handle any “tough” questions, especially about the creation of gender roles and stereotypes

including society's function. Second, these workshops reinforced for me that every group is different. A challenge I faced was timing each session appropriately given different levels of student engagement and participation. The first group was completed fifteen minutes early each time and the second group probably could have lasted another fifteen minutes. Perhaps in the future, I could have a few backup activities in case we are finished early again. Finally, I was forced to recognize my own biases in communication styles. Due to recent personal and employment experiences, I have a bias toward the "feminine" communication style. However, there are many instances when the goal-directed "masculine style" is important and useful. Aside from the participants learning and practicing different styles and behaviors, I have been able to experiment myself.

Recommended Changes for Activities

On the whole, I found the activities useful and productive for demonstrating and applying the concepts taught on gender and communication. However, there are changes I would make if I were to facilitate this topic again.

For the "in the box" activity, I would explain more clearly the objective of the activity and provide an understandable and obvious set up. If the students had a chance to discuss and create a short list of stereotypes with each other first, that may increase their understanding and willingness to participate. Additionally, I could provide them with an overhead list of "stereotypes" and adjectives to choose among to get the conversation started. I also want to make a clearer connection between male roles and nursing stereotypes and the potential impact on the environment for men in nursing. The most useful concept this activity demonstrated is that when "appropriate" behaviors are defined, all of us are constrained in our actions.

The discussion activity, “gender bias in health care,” had them review and apply the material they had just learned. Their group discussions went well and they seemed to enjoy this conversation. When we returned to the larger group, we spent a majority of the time discussing the ramifications of the statements for any of the groups being stereotyped. I was extremely satisfied with the way this activity helped them apply what they had learned and think about potential consequences of pigeonholing a whole group into one behavior set.

The homework assignment, to experiment with different communication styles, was received with mixed feelings. The goal was to provide real life and practical experiences for them to apply the concepts learned about gender and communication. Additionally, I wanted them to focus on how to make lasting changes in their lives. In the area of communication, this feat is not always easy. Overall the responses about this assignment were positive. Many of these positive sentiments came through in their assignment write-ups. I have included a sampling below:

“I do think this was an interesting exercise in fostering an awareness of different styles of communication and provided a good opportunity to learn how certain forms may enhance or prevent effective and therapeutic communication.”

“I killed two birds with one stone-completing this assignment while simultaneously extinguishing an ongoing problem in my life. This was a very effective and satisfying assignment. I have learned information I think I will be able to utilize in daily life.”

“In my opinion, my communication skills are my weakest area. I see how ineffective I am at communicating with others and I realize that it is

imperative that I change my style. Now that I am able to understand why my approach is not working, I will strive to work on shifting to a more direct style.”

“I have been thinking about my need to be more effective in my communication and have been looking for assistance to make myself better at the assertive communication style as I realize that it will be important to me in the future. I’ve spent a good many years in a passive role and understand that if I am going to effectively help my patients, I will need to develop more of an assertive communication style than I already possess. I have found this communication seminar helpful and certainly desire to improve from here on out.”

As demonstrated above, most students found this activity helpful for increasing their awareness of the impact communication styles can have on both personal and working relationships. This homework activity is one that I would use again in the future.

The role play activities were not as well received as I had hoped or expected. First, the participants experienced much more communication anxiety and apprehension than I had anticipated. I had a difficult time finding four people to complete the role plays in front of the class and among those who did; I thought their anxiety got in the way of their delivery. I had not expected or planned for this. For the future, I would probably not use role plays without a clearer set up and expectation setting before we get started. Instead, media examples could be presented and discussed or the role plays could be completed in small groups, not in front of the whole session.

The final activity, goal-setting communication behaviors for the future, was received differently by each of the groups. The first section did not seem enthused about

completing the activity and the second section stayed late just to complete it. I wanted them to write down, for themselves, a commitment related to their communication behaviors. I believe in including tactile elements, such as writing, when one is working on lasting change or breaking habits. I wanted them to make a commitment to themselves. I did not ask either section to share a goal they had set. For session one, a group not keen on sharing, I felt I had already pushed them to talk too many times that evening. For session two, we had already spent so much time talking and discussing that we didn't have time, but I am confident I could have gotten them all to respond.

Did it work? Unfortunately, I have no real way to follow-up. Information such as this can take a few weeks, months, or even years to really become part of their habitual communication style. If even one person feels more effective in their life and the quality and satisfaction level of their relationships is improved, I am satisfied.

Summary Conclusion

As I completed my graduate program, I was enthusiastic about the opportunity to incorporate ideas and concepts I had learned into a practical and useful workshop that would assist others in improving their communication skills. Ineffective communication in health care settings takes a toll on everyone involved in the setting; patients, physicians, and nurses. Ineffective communication increases levels of stress, leading to burnout which contributes to the high turnover and the nursing shortage.

In order to simplify the relevant concepts from gender communication in nursing, I developed an acronym, NURSE (see Appendix L). This acronym synthesizes the communication principles most salient to the topic.

Negotiation of tasks is among the most relevant activities a nurse may face during the workday. Whether asking others to perform specific activities or giving orders in emergency situations, nurses are, throughout the day, negotiating with others in their workgroup. As mentioned above, the feminine and masculine style can approach these situations in different ways increasing the potential for problematic and dissatisfying interactions.

Utilization of the range of communication behaviors available is of the utmost importance to deliver the best message for the situation. Taking the other person into account before speaking is key to a satisfying interaction.

Reciprocity is a vital piece of communication, responding in kind to another. This concept may be mistakenly seen as absent in conversations between men and women. Where a masculine style uses besting or ritual opposition and the feminine style uses saming to emphasize the relationship, I argue that these two behaviors are accomplishing similar goals-to reciprocate in the conversation, one by being better and one by being the same.

Stereotyping is a complex behavior, used to reduce uncertainty in new situations and limit the range of appropriate conduct for everyone within the stereotyped groups. Stereotyping can be especially hazardous when dealing with nontraditional work groups. The individuals may internalize the stereotypes and attribute these characteristics to them, whether or not the behaviors are actually being displayed. For example, women in nursing may look for signs that the lone male nurse in their department is trying to take over; so any time he works a very desirable shift, the women look at it as a power move.

Expectation-setting, for all members of an organization, can relieve some of the stress of any situation. All employees should speak up and confront disrespectful, derisive, and unprofessional attitudes and behaviors. An emphasis should be placed on interpersonal well-being, productivity, and satisfaction in the workplace. Beginning in employee orientations, organizations should send consistent messages about equal opportunity and diversity.

Although I have developed a workshop that I am pleased with, there are several complexities that remain when discussing gender and communication in health care settings. First, the potential for polarization of groups, in this case men and women, is a concern as I discussed masculine and feminine behavior styles. I presented these ideas as a continuum of communication behaviors and styles that each of us has available. The second complexity I experienced when working on this project was the many barriers for men in nursing, and others in nontraditional jobs. It was beyond the scope of this project to take on all these barriers and at times that was frustrating. Finally, by placing the focus on professional-professional relationships in health care, other relationships were neglected including those with clients. However, improving the communication among professionals should improve the care clients receive.

Future research in the area of nursing and communication could include looking at additional strategies for reducing stress and burnout in the profession with more emphasis placed on communication factors. Workplace friendliness could be enhanced through this research area. In the field of communication, more attention could be paid to gender issues in healthcare among professionals, including widening the scope of research conducted on nurses and the nursing field.

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Appendix A: Rationale for Training

Title: Men & Women Working Together: Gender & Communication Factors for Nurses

Duration: Four hours completed in two-two hour sessions.

Participants: Nursing students, juniors and above.

Introduction: Communication skills are important to nurses on many levels. Their continued communication with a variety of people and personalities makes their advanced understanding of communication important. Improved communication will help reduce stress and burnout, while increasing job satisfaction and reduce the number of potentially deadly mistakes made by health professionals due to miscommunication and misunderstandings.

Purpose: The purpose of this course is to improve the communication skills of both male and female nursing students.

Objectives:

As a result of the course, participants will:

1. Describe and identify differences and similarities based on gender;
2. Explore personal interpretations and perceptions of communication similarities and differences based on gender;
3. Identify potential problems that occur in relationships from misinterpretation and miscommunication between the genders;
4. Discuss how gender differences and similarities in communication impact health professionals.

Approach: The workshop will take a practical and hands-on approach, utilizing role plays and scenarios. Session one will primarily consist of lecture on communication and gender and session two will primarily consist of activities to apply what was learned in session one. Participants will be given “homework” to complete between the sessions to increase understanding and real world applications.

I. Appendix B: Session One

A. Welcome & Introduction of self

1. Communication Studies

2. interested in increasing awareness about communication's impact on relationships

3. Interested in health care issues

4. Feel free to interrupt if something sparks you, but know that we will have time for discussion at the end of each session

B. Nursing employment ads for communication factors or evaluation forms for any job—how will you demonstrate these? The skills and principles learned in the workshop will impact your appeal to a prospective employer.

1. Getting along with co-workers and team work is important

2. The way we have always communicated with others is not the only way.

C. Why are effective communication skills important for health care professionals?

1. Nurse stress & burnout, turnover

2. Patient safety

D. Preview of workshop sessions

1. Sex & gender distinction

2. Communication and perception

3. Communication cultures

a) boys/men

b) girls/women

4. **Potential for problems**
5. **Discussion about gender bias in health care**
6. **Homework assignment**

E. Introductory activity: In the box

II. Session One

A. Sex & gender distinction

1. Sex

- a) **based on biology**
- b) **determined by chromosomes**
- c) **influenced by hormones**
- d) **designation usually based on genitalia**
- e) **much debate exists about the influence of biology on behavior**

(1) high levels of testosterone result in aggression and violence

(2) differences in life expectancy

2. Gender

- a) **considerably more complex**
- b) **based on culturally constructed factors**

(1) class

(2) race

(3) ethnic background

(4) geographical location

(5) social interactions

c) learned from

(1) cultural messages

(a) advertisements (diamonds)

(b) movies

(c) tv

(2) childhood

(a) parents

(b) school

(c) friends

(d) toys and clothes

(i) “Barbie” pink computer

(a) fashion design

(b) story making

(c) oceans

(ii) “Matchbox” blue computer

(a) logic problems

(b) math

(c) anatomy

d) Messages about gender are “out there” in the culture, however we internalize these messages (relate to box activity)

e) These messages become, to a greater or lesser extent, a part of our identity, our personalities

f) We are talking today about gender not sex.

(1) Allows us to make choices about how we communicate.

(2) We can anticipate potential problems and seek ways to overcome them.

(3) We can transcend stereotypes and integrate masculine and feminine styles into a self-defined style.

3. Perception and Communication

a) We have certain expectations (remember box activity) about one another's behavior and those expectations/perceptions can also cause problems or misunderstandings.

b) Differences in communication styles of women and men are more a matter of degree rather than kind.

c) There are more similarities than differences.

d) Differences are mostly based on perceived differences rather than actual differences.

e) However, we end up focusing on the differences, especially when we feel we've been wronged somehow.

f) The behaviors we discuss today will not be true of all men or all women in all situations.

g) Today, I will teach you to be prepared to use your own judgment and awareness in your interactions with others.

B. Communication Cultures

1. Speech community

a) Exist when a group of people share norms regarding communication practices.

(1) families

(2) YWCA

(a) Guiding principles of a personal workplace

(b) Staff meeting check-ins

b) Have goals for communication and strategies for realize those goals.

c) Communication style differences evolve out of different speech communities

(1) Think about your family and your in-laws, if married

(2) Or if you are not local to Missoula, what communication differences exist here?

2. Male & female communication culture

a) We exist together, so why can't we communicate together effectively?

b) Games we play reflect and reinforce the cultural norms of femininity and masculinity.

c) Boys' games (what are some of the games boys play?)

(1) large groups

(2) competitive

(3) clear goals

(4) organized by rules and roles-hierarchical

(5) Status depends on

(a) standing out

(b) being better

(c) dominating

d) Boys games cultivate three communication rules

(1) Use communication to achieve a goal

(2) Use communication to assert yourself and your ideas

(3) Use communication to compete with others for the talk stage; learn to wrest focus away from others onto yourself

e) Gendered Communication Practices: Men's talk

(1) Instrumental

- (a) speak to accomplish goals and tasks**
- (b) focus on content level of communication**

(2) Solve Problems

- (a) What are we going to do about it?**
- (b) Focus on product not process**
- (c) Work through issues analytically**
- (d) Give advice**
- (e) Avoid feelings**

(3) Exhibit Skills and Ideas

- (a) Communication is built on knowledge**
- (b) Enjoy speaking about areas of expertise**
- (c) Flip-side-don't display vulnerability—"it's one thing to do something stupid, it's another thing to advertise it."**

(4) Respect Others' Independence

- (a) Don't want to intrude, especially when someone is down**
- (b) When you want to comfort or support another, distract him or respect his privacy**

(5) Conversational Certainty

- (a) Present ideas absolutely**
- (b) Downplay doubts**

- (c) **Speak forcefully, directly, authoritatively**
- (d) **Willingly interrupt when you deem it important**
- (e) **Brainstorming-use others' ideas as jumping off points**
- (f) **Comfortable speaking frequently and at length (Tannen study)**

(6) Abstract

- (a) **General terms**
- (b) **Appeal to organizational protocol rather than specific situations**

f) Girls' games (what are some of the games girls play?)

- (1) pairs or small groups***
- (2) not present, clearcut goals, rules or roles***
- (3) talk to decide rules and roles***
- (4) interest in the process of the interaction; less interest in the product***
- (5) cooperate and work out problems through talk***

g) Three basic rules of girls' communication

- (1) Use communication to create and maintain relationships***
- (2) Avoid criticizing, outdoing, or putting other down, at least within the immediate play group***
- (3) Pay attention to others and relationships, interpret and respond to other's feelings***

h) Gendered Communication Practices: Women's Talk

- (1) Talk is the essence of relationships***

(2) Talk to establish: connection, support, closeness, understanding, collaboration, cooperation

(3) Relationship Building

- (a) focus on how others are feeling**
- (b) engage in support talk**
- (c) express sympathy and understanding**

(4) Engage in Equality Talk

- (a) keeping the playing field even**
- (b) create sense of commonality-I'm no better than you**
 - (i) apologize or thank
 - (ii) give credit to others or the team
 - (iii) give orders indirectly
 - (iv) provide criticism couched in praise
 - (v) engage in self-deprecation-often through humor

3. Potential for conflict

a) Emphasis on Status and Connection

(1) Women more likely to focus on connection

- (a) Is this bringing us closer together?**
- (b) Saming- "I'm like you"**

(2) Men more likely to focus on status

- (a) Am I in a one-up or one-down position**
- (b) Besting- "I'm better than you"**

b) Asking Questions

(1) Women use questions to:

(a) gain others' participation

(b) get all opinions on the table

(2) Men may think they are being asked for advice and become frustrated or confused when it is not followed-like they are not being listened to

(3) Women may seem uncertain or incompetent

c) Negotiations with co-workers

(1) Do you start with a statement or a question?

(a) Example: list of pharmacies

(b) Example: ER medication administration

(2) Women often start with a question and expect a question back

(3) Men often start with a statement of what they would like and expect a statement back

d) Ritual Opposition

(1) Men will state their positions strongly

(2) Women might assume that he knows what he's talking about and won't challenge

(3) Women may take offense or feel uncomfortable

(4) Teasing, especially about sports teams

e) Giving Praise

(1) Women

(a) give a lot of praise, expect the same in return

(b) when they don't get it, feel something is wrong

(c) give it a lot and others may think they are better than they really are

(2) Men

(a) expect praise only when something extraordinary is done

(b) don't give it freely

(3) Women may ask men for praise-men reply with criticism-puts women in the one-down position

f) Giving Criticism

(1) Women focus on the relationship

(a) try to soften the "blow"

(b) men won't hear the criticism because they hear the praise that comes first instead

(2) Men are more bold

(a) emphasize the task

(b) to women may be cruel and insensitive

g) Thank You and I'm Sorry

(1) Women

(a) thank and apologize a lot

(b) try to keep the playing field even

(c) save face

(2) Men

(a) do not use these often

(b) take women seriously when they take responsibility or give away credit

(c) do not participate in face saving maneuvers

h) Troubles Talk

(1) occurs between co-workers

(2) seek to match experiences-just for the sake of venting

(3) men see women as complainer

(4) men often take this as asking for advice

i) Everyday conversation differences

(1) Both talk to be friendly and show interest in the other

(2) Women mix personal talk in with business talk

(3) Men mix business talk with banter, especially about sports and report about achievements

(4) Women talk concerned about relationships and problems

(5) Men concerned with the entertainment value

j) Discussion activity: Introducing gender bias in health care

III. Conclusion

a) Additional Questions

b) Discussion of Homework

c) Preview of next session

Appendix C: In the box

Objectives:

- ⌘ Create a space for open discussion by generating comments immediately.**
- ⌘ Identify students' perceptions of women, men, physicians, and nurses.**
- ⌘ Explore potential sources of those expectations and what happens when those expectations are violated.**

Have students brainstorm common adjectives and societal expectations (traditional) for women, men, nurses, and physicians.

Discuss in small groups and report back.

Additional prompts, if needed:

Try thinking about it this way:

When talking to women, one should...

When talking to men, one should...

When talking with nurses, one should...

When talking with physicians, one should...

Potential stereotypical labels (Beebe, Beebe, & Redmond, 2002, p. 43):

Males

Aggressive

Arrogant

Assertive

Conceited

Dominant

Forceful

Frank

Handsome

Hard-headed

Outspoken

Strong

Females

Appreciative

Considerate

Cooperative

Dependent

Feminine

Fickle

Friendly

Frivolous

Helpful

Submissive

Timid

Discussion questions:

- 1. Do these adjectives and expectations reflect stereotypes or “real” traits?**
- 2. Have stereotypes changed over time? How so or why not? What does it mean, now, to be masculine or feminine?**
- 3. What happens when someone displays behaviors outside of these boxes of expectation?**
- 4. How do our societal structures or personal experiences attempt to push someone back inside the box?**

Appendix D: Communication Style Overhead

Masculine Style

Three communication rules boys learn from their games:

- 1. use communication to achieve a goal**
- 2. use communication to assert yourself and your ideas**
- 3. use communication to compete with others**

Adult practices typical of a masculine style:

- Instrumental function of communication**
- Problem solving**
- Exhibiting skills and ideas**
- Respecting others' independence**
- Conversational certainty**
- Appeal to the abstract**

Feminine Style

Three communication rules girls learn from their games:

- 1. use communication to create and maintain relationships**
- 2. avoid criticizing, outdoing, or putting others down**
- 3. use communication to pay attention to others and relationships, interpret and respond to others' feelings**

Adult practices typical of a feminine style:

- Talk is the essence of relationships**
- Relationship building**
- Engage in equality talk**

Appendix E: Conflict Overhead

Potential for Conflict

- **Emphasis on Status and Connection**
- **Asking questions**
- **Negotiations with co-workers**
- **Ritual Opposition**
- **Giving Praise**
- **Giving Criticism**
- **Thank You and I'm Sorry**
- **Troubles Talk**
- **"Everyday" conversation**

Appendix F: Introducing gender bias in health care

Small groups respond to these statements that were made about care delivery on a geriatric psych unit by staff and students:

“Male staff tend to be slightly more confident and to make quicker decisions.”

“Women staff are better at the feeling things, like conveying warmth.”

Given what we’ve just discussed regarding gender and communication, what behaviors might lead someone to believe the following statements?

Write statements on overhead, allow 5 minutes for discussion.

Questions:

Do you think these comments were made by male or female staff/students?

How accurate are they?

Can you truly generalize any attribute to all “females” and “males”?

What are the repercussions of such statements and attitudes?

Appendix G: Homework Assignment

Objectives:

- ⌘ Increase awareness of the impact communication styles can have on a situation.**
- ⌘ Practice flexibility in communication styles.**
- ⌘ Apply the concepts learned about differences and similarities in masculine and feminine communication styles.**

For a few days, keep track of the ways in which you are communicating with others through journaling about your experiences. When you realize which stylistic features you prefer to use, switch to another style.

Then, enact a communication behavior or stylistic feature generally NOT typical of your own style. Use this “other” style in both a task (content) situation and a social (relationship building) situation. In most instances, it is wise to choose a relationship of relatively equal status for experimentation.

Write (at least) one full page reaction paper describing what you did and the experience you had.

Please include the following information:

- 1. Describe your typical communication style.**
- 2. Describe exactly what you did during your non-typical communication style experiment. Be precise and detailed in your word choices and why you chose that situation.**
- 3. What reactions did you have during this activity?**
- 4. How did others relate and react?**
- 5. How did you feel, then and now?**
- 6. In your opinion, how easy would it be to develop proficiency in another style of talking?**

I. Appendix H: Session Two

A. Welcome back~How is everyone?

B. Preview

- 1. Discuss homework**
- 2. Role plays and scenarios**
- 3. Debriefing**
- 4. Any questions?**
- 5. Goal-setting**
- 6. Evaluation**

II. Discussion of homework

A. Use this to review key concepts of previous session

B. Have them share with a neighbor first and then with class

- 1. Talk through a few points in your paper**
- 2. How challenging was this? Why or why not?**
- 3. Were you uncomfortable? Why or why not?**
- 4. What differences did you notice between the task and social situations?**
- 5. How would you develop proficiency in another style?**

III. Role plays

A. Clear preview

B. Assign role plays

C. Allow time for composure

D. Complete role plays ~pick for in front of class

IV. Debrief role plays

A. What did you notice about the interaction?

B. What happened and how could we improve this?

C. Gender, power, social expectations, emotional reactions

V. Wrap-up review~any last questions?

A. We all have a range of communication styles available to us.

B. One way to think about that range is masculine and feminine styles.

1. Typified by difference in emphasis of content and relationship.

2. Taught to us by both our family and local culture as well as the media and broader cultural messages

3. Certainly there are times when we will be wronged in our communication with others.

4. The key for us is to work together and realize that our expectations may be getting in the way.

VI. Goal-setting~for you to keep!

A. To reinforce the positive skills we've learned and keep you committed to improved communication, we're going to do goal-setting.

B. Identify and write down at least three personal goals for improving your communication skills with co-workers. How can you be a more effective team member?

C. If you overheard someone discussing your communication, what would you like them to say?

D. Would anyone like to share one of their goals?

VII. Thanks and acknowledgement

A. All of you!!! for coming and showing your interest in a field that I find absolutely fascinating.

B. Sara, even though not here, she suggested this project for me and has been a great support and help throughout graduate career.

C. Chad for working with me on the particular context of the workshop, finding participants.

D. Steve for his quiet support of me during my graduate career. And for always asking the tough questions.

E. Many other people along the way, I won't go on too long.

VIII. Workshop Evaluation

A. Please complete the more detailed you are the better it will be for me when I go to read them.

B. Anonymous

IX. Good bye! ☺ Enjoy life and communicate!

Appendix I: Role Play Scenarios

Masculine & Feminine Styles-Experiencing the Difference

Pair up with another workshop participant. With that person role play Situation A described below so that one of you presents the situation and the other responds. First, the responder will engage in a masculine style, focusing on solutions and information, the task at hand. Then, retell the situation and let the responder use a feminine style, focusing on listening carefully, responding to feelings expressed, being supportive, focusing on the relationship. Now switch roles so that the person who responded to Situation A is the one telling Situation B described below. Again, the partner should first use a masculine style response and second, a feminine style response.

After completing all role plays, discuss the interactions with your partner. Make notes about how each of you felt as you got each type of response, masculine or feminine style. Did the two kinds of response feel different to you? Did you prefer one over the other? Did one feel more confirming or helpful? Why? Did you find one kind of response easier to provide than the other? Why?

SITUATION A

Role 1: This week's work schedule has just been posted and you realize that you cannot work one of your scheduled shifts (Saturday, 7:30am-4:00pm). Saturday is the day of your daughter's big play off game, which you just found out she will be playing in. It is organizational policy that *you* find a replacement or swap if you cannot work a shift. The day is Monday and the answer is needed by Wednesday in order to get approval for the shift change.

SITUATION B

You have been working in this particular unit for a few weeks. You've noticed that the charge nurse seems to give you an unusually heavy workload. After talking with a few of your co-workers, who confirm your suspicions about your heavy workload, you decide to talk with the charge nurse. The next day as you arrive for your shift, the charge nurse gives you your daily assignment, which again you feel is too heavy. Negotiate your assignment level.

Appendix J: Goal-setting Activity

Objectives:

- ⌘ Reinforce positive skills learned.**
- ⌘ Obtain a commitment for using those skills in the future.**

Have students identify and write down at least three personal goals for improving your communication with women and men. Ask if anyone would like to share their goals, if climate of class is appropriate.

Appendix K: Workshop Evaluation Form

Thank you for attending this workshop on gender and communication in health care. By completing the evaluation form, you will help me identify what went well and what needs to be improved. Your feedback is much appreciated.

Date: _____

Which of the communication challenges presented were most applicable to you?

What one change would you have made to make this workshop better for you?

As a result of this workshop, the thing I learned about my communication style is:

About the *workshop*, please circle one, feel free to write additional comments:

Increased my understanding of gender and communication:

Very Well Above Average Average Below Average Poor

Increased my comfort level in communicating with different styles:

Very Well Above Average Average Below Average Poor

Provided information that I will be able to use in the future:

Very Well Above Average Average Below Average Poor

About the *presenter*, please circle one, feel free to write additional comments:

Knew the subject:

Very Well Above Average Average Below Average Poor

Maintained my interest:

Very Well Above Average Average Below Average Poor

Encouraged us to talk and ask questions

Very Well Above Average Average Below Average Poor

Additional comments or suggestions (please use the back if needed):

Appendix L: Summary

Objective: The purpose of this project was to improve the effectiveness of nurses' communication with each other using concepts from gender and communication. This goal was accomplished through a set of pilot workshops.

Relevant Communication Principles:

NURSE

Negotiation

- ◆ using the best strategy to get the task completed.

Utilization

- ◆ using the range of communication behaviors available.

Reciprocity

- ◆ sharing information brings us closer.

Stereotyping

- ◆ allowing others to be themselves instead of judging them.

Expectation-setting

- ◆ willing to speak up and be assertive for one's own desires.