간호학의 지평, 제8권, 제2호, 2011년 12월
Perspectives in Nursing Science Vol. 8, No. 2, 121-128, December, 2011

Helping Health Care Providers Recognize and Respond to Sensitive Issues

Choi, Heeseung[1] · Masako Mayahara[2] · Amnuayporn Rasamimari[3] · Kathleen F. Norr[4]

[1]PhD, MPH, RN, College of Nursing, Seoul National University & Research Institute of Nursing Science,
[2]PhD, RN, Clinical Faculty, Rush University Medical Center,
[3]PhD, RN, Clinical Instructor, University of Illinois at Chicago College of Nursing,
[4]PhD, University of Illinois at Chicago College of Nursing

Sensitive issues are both common and problematic for health care providers because sensitive issues may interfere with the future provider-client relationship and effective care. Most current training for providers focuses on a particular issue, but this is inadequate because many issues may be sensitive, and which issues will be sensitive is unpredictable. We argue that issues become sensitive when they activate one or more of three common triggers, fear, stigma, and taboo. A cycle of negative internal and interpersonal responses to the sensitive issue often leads to unresolved health issues for clients and stress and feelings of inadequacy for providers. We recommend integrated pre-service and in-service skill building to help individual health care providers respond appropriately to a wide variety of sensitive issues. We also identify specific policies and procedures to strengthen organizational support for caregivers so that providers can address these sensitive issues effectively with their clients.

Key Words: Fear, Social stigma, Taboo, Health care providers, Education

INTRODUCTION

Health care providers have long recognized that their work involves many sensitive issues. When providers fail to address sensitive issues, effective communication with clients is compromised, with negative consequences for the client, the provider-client relationship, and the provider's own mental health. Growing awareness of the problems that disrupt effective health care provider-client communication has led to a proliferation of training programs to help health care providers deal more appropriately with a wide variety of sensitive issues such as end-of-life care, HIV/AIDS, suicide prevention, and providing culturally sensitive health care for diverse groups. However, training programs have focused on specific sensitive issues in isolation. It is not feasible to prepare health care providers for every single sensitive issue in isolation. Although some sensitive issues such as end-of-life care or intervention for life threatening situations may require additional specialized training, there is much to be gained by developing training that provides a general set of skills applicable across many different sensitive issues. In this paper, we discuss what makes an issue sensitive and identify the common triggers associated with sensitive issues. We then describe the cycle of internal and interpersonal responses to a sensitive issue and the ways it leads to unresolved health issues. Lastly, we discuss strategies that can prepare health care providers to deal with a wide variety of sensitive issues, spoken and unspoken.

REVIEW & DISCUSSION OF SENSITIVE ISSUES

1. What is a Sensitive Issue?

In each of the following situations, an issue has activated one or more of three common triggers: fear, stig-

Corresponding author: Choi, Heeseung, College of Nursing, Seoul National University, 103 Daehak-ro, Jongno-gu, Seoul 110-799, Korea.
Tel: 82-2-740-8850, Fax: 82-2-765-4103, E-mail: hchoi20@snu.ac.kr

- The development of this manuscript was partially supported by Grant Number T32 NR007964 from the National Institute of Nursing Research. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the National Institute of Nursing Research.

투고일 2011년 11월 11일 / 심사완료일 2011년 12월 22일 / 게재확정일 2011년 12월 22일

ma, and taboo. As a result, a cycle of internal distress and interpersonal disruption has been initiated, thus reducing the ability of the health care provider to deal appropriately with the client's health needs. Unless the cycle is interrupted, the situation results in unresolved health issues and a sense of failure for the provider. Health care providers need to recognize when an issue has triggered a response of fear, stigma, or taboo.

- Case 1: Ed, a 67-year-old man, has end-stage colon cancer. His family physician, who has had little experience with terminally ill patients, has been managing his symptoms after all curative treatments have failed. During his routine visit, Ed reluctantly asks, "Am I going to be okay?" The physician feels uncomfortable, and after a short silence, says to Ed, "Yes, this medication should take care of your pain."
- Case 2: Sarah, a junior in college and active in her religious community, recently found that she was pregnant. After her first prenatal blood test, she is told by an HIV counselor that she is HIV positive. At her prenatal visit, the nurse-practitioner, conscious of the multiple patients waiting to be seen, says quickly, "I understand that this is a difficult situation for you. Now, since you're HIV positive, we need to talk about what we need to do during pregnancy to protect the baby. We also need to talk about your sexual contacts so that they can all be informed." Sarah starts to cry, and cries out, "I still can't believe this is happening to me ? there must be some mistake! I've only had one partner and I've never used drugs."
- Case 3: Mary, a nurse at a local clinic and devout member of religious community, is approached by John, a teenager from her neighborhood, who haltingly asks for free condoms. "Why do you want condoms? You are too young to need them," she exclaims. "What would your parents think if I gave you condoms!" John's face turns red, and he leaves without saying another word.
- Case 4: Anna, the school nurse, just learned that last night, Paul, a 15-year-old freshman, committed suicide. He was an honor roll student active in extracurricular activities. But lately he had begun to visit the nurse's office, often for minor problems like headache. A brief conversation they had had the previous week flits through her head. Paul had said, "I want to escape….", and she had said, "You must be really stressed out over the tests next week, right? But lots of freshmen worry about this; it's normal to be concerned." Anna is deeply troubled and no longer sure she is capable of being a school nurse, but she has no one she feels she can talk to without being labeled as a failure.

As illustrated in the above cases, a wide variety of topics can be sensitive issues. A "sensitive issue" is defined as one that "requires tactfulness" to avoid embarrassment (MSN Encarta, 2006). However, this definition only helps to identify an issue as sensitive after the fact; that is, the sensitivity of the issue is defined by the response to it, not by the topic. What is sensitive for some groups and in some settings may not be so sensitive for other groups or other settings. Issues like sexuality and dying appear to be sensitive across many cultures, but the same issue may be more sensitive in some cultures than others. Other issues are sensitive in certain cultures but not in others. For example, prematurity is a particularly sensitive issue in Korea because mothers' prenatal thoughts and behaviors are believed to affect perinatal outcomes (Lee, Norr, & Oh, 2005). Some issues are highly sensitive for a particular person or group but less sensitive for others (e.g., a question about a 'job' may be sensitive for a person who is unemployed, but not for others). Sensitive issues may be related to differences in the cultural background of the health care provider and the client that lead to miscommunications, different interpretations, and actual or perceived discrimination. Differences in social position including income level, race, education, gender, age, and social class can be sensitive issues, and often are confounded by cultural differences.

In Case 1, the trigger of fear has been activated. Fear is one of the basic instincts for human survival and is a defense response to a perceived threat (Penson et al., 2005). Perception of a threat is subjective and what constitutes a threat varies depending upon an individual's personal beliefs (Scholtz, 2000). Fear activates the sympathetic nervous system and causes stress and tension (Topp, Walsh, & Sandord, 1998). Bay and Algase (1999) defines fear as "a sufficiently potent, biologically driven, motivated state where a single, salient threat guides behaviors." Unlike anxiety, fear does not cause physical symptoms, but the experience of fear can form in the long-term memory and may influence future responses to similar threats (Bay & Algase, 1999). Case 1 is an example of the sensitive issue of death evoking fear in the patient and the provider (Taylor, 1993).

Ed initiates a dialogue despite his own fear of death and attempts to share his concerns with his physician. Unfortunately, the physician avoids engaging in reciprocal dialogue with Ed, and misses critical opportunities to discuss end-of-life care. Fear of death also encompasses fear of suffering. For many health care providers, the death of a client also is associated with the provider's fear of failure. Some health care providers avoid discussing death and dying with their clients rather than facing their failure. This avoidance interferes with in-depth conversation with their clients and leads to misunderstanding of the clients' preferences for their end-of-life care. As a result, some health care providers continue with unnecessary curative treatments, which can contribute to poorer quality of end-of-life care and increased medical costs (Cherlin et al., 2005).

Case 2 is an example of a sensitive issue due to stigma. Stigma is defined by the classic work of Goffman as being marked with an unacceptable illness, disease or disorder, or socially unacceptable behavior (Goffman, 1963), and can be viewed as an effective form of "social psychological policing"(Campbell, Foulis, Maimane, & Sibiya, 2005). A unique characteristic of stigma is that the negative assessment is associated with the person, not just the stigmatized condition or behavior. Persons infected with HIV are often identified as having engaged in socially stigmatized behaviors such as promiscuous sex or injecting drug use, without regard to the person's actual behaviors. As Case 2 illustrates, despite their high educational level, health care providers as well as clients are affected by the stigmatization of HIV and AIDS (Carr & Gramling, 2004). Negative attitudes from health care providers can make clients reluctant to seek care. For example, young Thai women infected with HIV are reluctant to discuss HIV with their providers because of the providers' judgmental attitudes and breaches of confidentiality (Tangmunkongvorakul, Kane, & Wellings, 2005). In Case 2, the health care provider initiated a discussion about protecting a baby and contacting sexual partners without first exploring Sarah's feelings of self-stigmatization and denial. Sarah's response shows that she feels stigmatized and cannot accept the possibility that she might be infected. As a result, Sarah may not answer truthfully and may not comply with the health care provider's suggestions for self-care.

Case 3 is triggered by taboo. Taboo is defined as "a prohibition imposed by social custom or as a protective measure"(Merriam-Webster's Collegiate Dictionary, 2003). The term is usually used to describe a topic or activity that is socially regarded as something not to be discussed, such as sexuality, death, and dying. While less threatening than fear or stigma, the social embarrassment and potential threat to one's social status or a relationship surrounding a taboo topic still makes it a sensitive issue. Thus, when encountering taboo topics or activities, people often become uncomfortable and consciously or unconsciously communicate avoidance, embarrassment, shame, or rudeness. John has worked up his courage to raise this taboo topic in order to protect his health. When the nurse turns him away, she has missed a teachable moment because of her own beliefs and discomfort. John has left the clinic with his health need unmet and now is even less likely to seek help from a health care provider.

Case 4 represents a situation where a sensitive issue simultaneously triggers fear, stigma, and taboo. For both clients and health care providers, revealing or discussing suicide invokes fear of death, fear of being judged, fear of being blamed, fear of isolation, and fear of aggravating anguish or provoking suicidal ideations (Hendin, Lipschitz, Maltsberger, Hass, & Wynecoop, 2000; Mok, Lee, & Wong, 2002). Health care providers are also reluctant to discuss suicide due to their own fear of not being able to address the situation. Suicide is also highly stigmatized. Because suicide is viewed as a violation of social and religious norms in many cultures, it brings shame and stigma to the individual and family. There is also stigmatization of the close family and friends who are labeled as having failed to respond adequately to the person's needs. Mentioning of loved ones lost to suicide, or discussing the story of suicide attempters is strongly taboo, reflecting the mix of fear and stigma that surround this issue. Thus, fear, stigma, and taboo are all intertwined in the issue of suicide. In Case 4, the health care provider and the client both appeared to experience uneasiness, but the sensitive issue was not brought up to the surface. Cues were not picked up at the moment due to the desire to avoid an uneasy moment. Paul experienced fear of looking at his deep down feelings, fear of being judged, and fear of bringing shame to his family by discussing his thought of suicide. Anna was not perceptive enough to identify the underlying issues or not confident enough to open up the Pandora's box. Both Anna and Paul were afraid of breaking the socially dictated silence around the stigmatized and taboo topic, suicide. Unfortunately, suicide is such a sensitive issue that often it is not reco-

gnized until after a suicide or suicide attempt. Consequently, health care providers often miss the chance to offer timely care and are distressed by their incompetence. The negative experience puts their interactions with upcoming clients at risk. The case illustrates the importance of preparing health professions for sensitive issues in advance.

2. The Cycle of Escalating Negative Responses to a Sensitive Issue

In all of these cases, a sensitive issue has caused internal distress, followed by interpersonal disruption, which then leads to inappropriate and ineffective provider-client interactions (Figure 1). The internal distress includes physiological, affective, and cognitive responses (Stuart, 2005). Physiologic responses include surging stress hormones; rising blood pressure, heart rate, and blood sugar; and muscle tension Affective responses are negative feelings such as anxiety, anger, agitation, frustration, sadness, and distrust. Cognitive responses include disrupted judgment and inaccurate appraisal of the situation. The strength of the distress response may be an indicator of how sensitive that issue is for a particular person.

This internal distress makes both providers and clients less attentive to their interactions. Either or both may become so focused on dealing with their own internal distress that they no longer listen carefully to each other. They then begin to misinterpret or fail to recognize each other's cues as seen in Case 2. A provider may fail to recognize that a sensitive issue is present or fail to accept the need to address the issue. Not "recognizing" a sensitive issue is a common defense mechanism, so sometimes even the provider may not be able to say whether the issue was unrecognized or not addressed. Inattention may cause the health care provider to inadequately inquire about a topic or assess the related health problems.

Often providers or clients attempt to manage their internal distress by avoidance or aggression. The health care provider may choose to avoid discussing the issue out of fear of offending or embarrassing the client. The client may choose not to mention certain issues out of embarrassment, fear of being negatively evaluated by the health care provider, or even a sense that the health care provider does not want to hear about it. Avoidance can be verbal but is often expressed only in nonverbal ways, including body language of avoidance, with gaze aversion, turning away, and even leaving. Thus, sensitive issues can be present in what is left unsaid. A common avoidant response is to shift the focus to a related but less sensitive topic, as seen in Case 1 where the provider responds with a discussion of pain rather than impending death. In the context of providing appropriate health care, avoidance by a health care provider is a problematic response because the client leaves without having the underlying issue addressed. Avoidance on the part of the client can also interfere with effective care because the internal concern is not brought up and the health care provider may remain unaware of a major issue affecting diagnosis, treatment, and/or recovery. The school nurse in Case 4 showed a lack of skill when she responded by avoiding rather than addressing the student's attempt to reach out. As a consequence of this episode, she is likely to have high stress and increased insecurity about her ability to provide support to distressed and

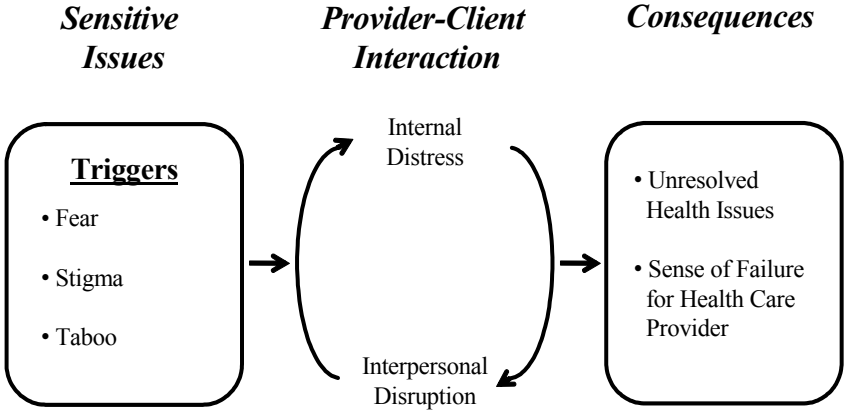

Figure 1. Sensitive issues: common triggers and responses.

potentially suicidal students.

Another response to a sensitive issue is aggression, where the negative internal response is relieved by an aggressive and often blaming response to the perceived cause of the distress. Case 3, where the nurse responds to the adolescent's inquiry with an angry response provides an example of an aggressive response as a way of coping with a sensitive issue. When health care providers respond to a sensitive issue with aggression or blaming, clients may respond by withdrawing from health care and not obtaining the help they need. When a client responds aggressively, it is important that the provider responds promptly in a way that deflects the aggressive response quickly. There is a danger that aggressive interaction can escalate rapidly and may even result in verbal or physical abuse of the provider.

Inattention, avoidance, and inappropriate aggressive responses heighten the interpersonal disruption associated with a sensitive issue, characterized by disrupted verbal and non-verbal communication evidenced in missed cues to talk, conflict, mistrust, silence, uneasiness, and a discounting and disregarding attitude. These interpersonal disruptions lead to inappropriate and ineffective provider-client interactions, which may result in an unresolved health issue and a sense of failure for the provider. If this cycle continues over time, both internal distress and interpersonal disruption escalate.

As a consequence of internal distress and interpersonal disruption, the client's health issues often remain unresolved. Negative consequences of unresolved health issues include delayed diagnosis and treatment, increased emergency room visits, increased risk of spreading infectious diseases, and death. Health care providers may have a sense of failure to provide adequate care for their clients. This may affect their self-perception and future interactions with their clients. For example, a health care provider who experienced failure in addressing a certain health issue in the past may avoid discussing the similar issue with another client. A sense of failure and inability to care for the client can cause great stress for providers. Consequently, the providers themselves may experience health problems such as hypertension, fatigue, depression, or anxiety, which further compromise their ability to provide adequate care for their clients.

3. Barriers to Effective Responses to Sensitive Issues

Dealing effectively with a sensitive issue first requires recognizing that a sensitive issue is present and must be addressed. Once a sensitive issue has been recognized, the health care provider needs to respond in a way that interrupts the cycle of escalating inappropriate responses and restores effective communication. The provider-client interaction should provide an opportunity to explore the sensitive issue in a safe place, so that the health-related impact of the sensitive issue can be addressed.

The individual health care provider's skills in recognizing cues of a sensitive issue, managing personal distress, and interacting in a way that supports the client are key elements in acknowledging and addressing a sensitive issue. However, a number of barriers interfere with the health provider's effective handling of sensitive issues. A lack of skill in recognizing distress cues is a barrier to addressing a sensitive issue, as in Case 1 and Case 4 where the provider appears to not recognize the internal discomfort aroused by the sensitive issue. Internalized social norms also can be barriers to interrupting the cycle. For example, if one person does not appear to want to discuss a topic, the polite response is to change the subject. A provider's personal values and past experiences can make some issues more difficult for that provider to address. For example, in Case 3, the nurse with strong religious values prohibiting adolescent sexuality was not able to respond appropriately to the teenager's request for condoms. Another common barrier to recognizing a sensitive issue is the provider's lack of confidence in his/her ability to manage the sensitive issue effectively. Limited knowledge and skills in managing sensitive issues influence the level of confidence and interfere with active engagement in sensitive issues (Bandura, 1989).

The organizational culture also affects the ability of a provider to interact appropriately regarding a sensitive issue. Organizational culture is defined as "a pattern of shared basic assumptions that the group learned as it solved its problems of external adaptation and internal integration, that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems"(Schein, 1992). The way the organization defines, views, and manages sensitive issues influences the responses of health care providers and clients to the sensitive issues. An organization also may fail to provide adequate and current training for providers (Sue & Sue, 2002). In Case 1, the provider might have been better prepared

to meet the needs of his dying client if he had been prepared through in-service training. Also, the organizational culture can allow the stress health care providers experience to be ignored in all too many health facilities. Like Anna in Case 4, many health care providers lack opportunities to debrief or a safe place where they can discuss possible issues and the way they handled them. Time pressure on health care providers, which is often related to the financial and health delivery system of the organization, may interfere with in-depth conversation with clients and restrict their abilities to assess problems that clients are encountering (Smedley, Stith, & Nelson, 2003). For example, in Case 2, pressure to see more clients is one factor that contributes to the providers' lack of sensitivity to the distress of the client.

4. Helping Health Care Providers Respond Appropriately to Sensitive Issues

All health care providers encounter sensitive issues with clients and need to develop their capacity to manage their response so that effective communication with the client continues despite the internal distress of both parties. Restoring effective communication is an essential component for effectively addressing the current and future health problems of the client. When the working relationship between provider and client is restored, the client is more likely to continue to seek health care when needed. In some cases, having addressed the sensitive issue helps the client move beyond denial and reduces client anxiety and stress. The health care provider also benefits because the provider's stress is reduced. Just as failure to appropriately address sensitive issues undermines providers' confidence, success builds providers' confidence and their capacity to deal appropriately with clients' sensitive issues. There are several proven strategies that can help providers learn each of these skills, although these strategies are seldom taught in a comprehensive way.

Recognizing the need to address a sensitive issue requires recognition of signs of distress. Recognition of cues to distress requires both self-awareness and sensitivity to others. One strategy for helping health care providers become more self-aware and sensitive to others is training in emotional intelligence. Self-awareness means that the provider is able to recognize and manage his/her own internal distress cues, while sensitivity to others helps the caregiver identify signs of internal distress in the client.

Emotional intelligence is defined as "the subset of social intelligence that involves the ability to monitor one's own and others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions"(Salovey & Mayer, 1990). Emotional intelligence facilitates communication between health care providers and clients and brings a depth and richness to their interactions. Emotional intelligence training would help health care providers respond appropriately to their own emotions as well as clients' emotions involved in the particular topic and situation (Ciarrochi & Mayer, 2007). Recognition of internal distress is fostered by periodic self-monitoring during the course of a client encounter. Topics discussed in emotional intelligence training programs include emotional literacy, flexibility, self-awareness, authenticity, empathy, self-awareness, and relatedness (Hurley, 2008). Thus, enhancing providers' emotional intelligence should help them to identify signs of an emerging sensitive issue and recognize cues that indicate distress when interacting with a client.

Skill in drawing out the client's story is important for bringing out the sensitive issue in a way that does not further distress the client. *Intentional dialogue* is a useful and effective strategy to help clients unfold their stories, relate stories to their health challenges, and make steps towards resolving the health challenges (Smith & Liehr, 2005). This strategy enables health care providers to uncover what is really happening and what matters to the clients in relation to their health challenges. Story Theory guides how health care providers restore disrupted communication and ease the moment when sensitive issues arise during conversation (Smith & Liehr, 2008). Core elements required in the process include scrutinizing health care providers' own prejudice and assumptions in relation to the issues; being aware of one's own anxiety, discomfort, and fear; being truly present at the moment with 'full attention' to clients; letting the clients lead the convertsation as experts on the story; and acknowledging the issues from the clients' perspective. As shown in the four case studies, critical moments in health care provider-client relationships are often missed because the provider was not fully engaged in the dialogue. Health care providers missed teachable moments and clients missed the opportune moment to bring in their stories. Through deliberately driven dialogue with reflective awareness, health care providers cultivate 'a

sense of ease' for both parties and finally reach the kernel of the problems/issues. In clinical practice, this approach has been used to elicit stories from people who are going through cardiac rehabilitation, drinking and driving problems, and sensitive adolescent health issues. Thus, intentional dialogue is an approach that teaches the provider a specific technique for interacting with clients that can be used to better manage sensitive issues.

To use these techniques consistently and effectively, providers need to strengthen their confidence, often called self-efficacy. According to social-cognitive learning theory (Bandura, 1989), perceived self-efficacy is a strong predictor of change in human behaviors. Performance accomplishments, vicarious experiences or role modeling, rehearsal of the desired behavior with supportive corrective feedback, and addressing emotional arousal that may interfere with appropriate responses are key learning tools to enhance self-efficacy (Bandura, 1977). Self-efficacy can be built by first providing opportunities to learn vicariously by watching experienced health care providers address sensitive issues with clients, followed by ample opportunity to practice these skills in a safe setting with corrective feedback. Often, standardized patients, experienced providers, or other people with relevant expertise such as persons living with HIV are used to provide safe skill-building. Role modeling and skill building is a well-developed approach for developing assessment and treatment skills. This approach has also been used successfully in training programs to work sensitively with clients who are living with HIV. By building self-efficacy, health care providers can enhance their confidence, skill, and capability to deal with sensitive issues, and ultimately lead themselves to fully engage in intervention in the issues.

IMPLICATIONS & CONCLUSIONS

Because both individual health care provider skills and organizational culture affect health care providers' capacity to effectively address sensitive issues with clients, both individual and organizational solutions are needed. To address sensitive issues appropriately with clients, health care providers need enhanced self-awareness and emotional intelligence, good interpersonal skills at drawing out the client's story, and confidence in their ability to manage communication around sensitive issues. A broad-based training program could be developed, which could be offered in several modules during pre-service training and/or as continuing education. Cultural competency training is an example of a program to build providers' capacity that has been shown to be successful in dealing with the sensitive issues associated with cultural differences (Brach & Fraser, 2000). Another example is a program enhancing culturally sensitive care for African Americans living with HIV or AIDS (McNeil, 2003).

At the organizational level, there should be support for individual training of caregivers and a program for dealing with sensitive issues. Health care organizations also need to assist providers in their efforts to address sensitive issues through support for periodic training and refresher courses, provision of adequate time to interact with clients, and ongoing opportunities for supportive debriefing with other providers.

Providing anticipatory guidance to nursing students prior to entering the workplace is also essential. Nurse educators need to prepare nursing students for these sensitive issues by including learning experiences related to sensitive issues in the nursing curriculum, such as in nursing ethics or leadership/management courses.

Today globalization means that nearly every country has become ethnically, culturally, and socially diverse. In this diverse society, sensitive issues arise in different formats, backgrounds, and contexts. Without understanding the common threads of sensitive issues and integrated approaches to the issues, health care providers will be overwhelmed by a wide range of sensitivity issues and will continue to struggle with their own shortcomings. Meanwhile, clients may face sensitive issues alone. Providing education and training to enhance individual and organizational capacity to recognize and respond to sensitive issue will benefit both providers and clients.

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