



Erasmus + KA2: STRATEGIC PARTNERSHIPS

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**STRENGTHENING THE NURSES AND HEALTH CARE PROFESSIONALS' CAPACITY
TO DELIVER CULTURALLY COMPETENT AND COMPASSIONATE CARE**

O4: A EUROPEAN MODEL FOR THE DEVELOPMENT OF ROLE MODELS TO PROMOTE AND SUPPORT CULTURALLY COMPETENT AND COMPASSIONATE CARE

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1. BACKGROUND

Description of the Project

The Project responds to the needs that have been identified to better prepare nursing and other caring professionals for compassionate and cultural competent care in order to respond to the healthcare sector demands (Project Application Form, p.28).

IENE4 Project aims to improve the quality of training for nurses and health care professionals in the delivery of compassionate and culturally competent care which responds to the healthcare sector needs.

Specific objectives:

1. Systematically review of empirical literature pertaining to universal components of compassion, as well as the measurement, and practice of compassion;
2. Construct, pilot and implement a self-assessment “compassion measuring tool”
3. Design a new training and work based learning model, for the development of compassion skills of nurses and health care professionals based on an analysis of their needs;
4. Develop an intervention which will promote the learning, practice and support of compassion-in-practice; this will begin with the development of nursing and health care leaders;
5. Evaluate the effectiveness of the intervention with service providers and users;
6. Make all Project tools freely available on a dedicated website;
7. Hold an international conference;
8. Establish a network of people working on “compassion” projects for knowledge share and co-creation of knowledge.

Introduction

This report has been elaborated in the framework of the IENE4 Project: *Strengthening the nurses and health care professionals’ capacity to deliver culturally competent and compassionate care* and describes the development of *A European model for the development of role models to promote and support culturally competent and compassionate care (O4)*.

The main aim of (O4) is to enable the nurses’ and other health professionals’ leaders (senior nurses and other health professionals, teachers and ward managers) to develop their mentorship and support roles in order to promote a clinical/caring environment culture which enables their staff to deliver culturally competent and compassionate services to all patients/clients (Project Application form, p.45).

The deliverables of (O4) are:

1. A paper articulating the values, philosophy and educational principles
2. A list of experts drawn from all partner countries

3. A list of key concepts
4. A dataset
5. A comprehensive document describing all aspects of the model

All of the above are included in this report.

All processes of this report were done between June and September 2015.

2. METHODOLOGY

2.1 Development of the statements

The development of the statements that were included in the Delphi study was based on the literature reviews (O1): on a) *the Universal components of compassion*, b) *measuring culturally competent compassion* and c) *learning culturally competent compassion in theory and practice*, and the needs assessment survey, which were conducted in all partner countries (O3).

The literature reviews revealed that the key concepts measuring compassionate care included: empathy, recognizing and ending suffering, communication, patient involvement, competence and attending to patients' needs.

Based on the needs assessment survey, most frequently reported by the participants key values, knowledge and skills were the following:

- **Values and Principles:** respect, equity, compassion, cultural competence, tolerance, humanity, professionalism
- **Knowledge:** knowledge about different cultures, healthcare knowledge, communication skills
- **Skills:** communication skills, empathy, experience, leadership skills, courage

2.2 Delphi Study – Round 1

For Delphi study round 1 (Annex 1), statements were developed and distributed accordingly in four main stages based on the PPT model (Papadopoulos, Tilki and Taylor 1998, Papadopoulos 2006) and the Papadopoulos Compassionate Care Model (Papadopoulos 2014).

- The first stage 'Cultural Awareness' included statements related to 'self-compassion' (9 statements) and 'philosophies' (6 statements).
- The second stage 'Cultural Knowledge', included statements related to 'Cultural compassion beliefs' (5 statements), 'Cultural compassion values' (6 statements) and 'Educational principles' (8 statements).
- In the third stage 'Cultural sensitivity', 9 statements were included.
- The fourth stage 'cultural competence' included 5 statements.

Following agreement with partners, the final document of Delphi study round 1 was sent to the experts (2 from each partner country) (Annex 6). They were asked to reflect on their relevance to a model of culturally competent compassionate leadership and rate the

statements on their perceived importance as (a) potential components to be included in a model of care delivery characterized by culturally competent compassionate leadership, and (b) on their clarity; and also to state to which value, principle or philosophy specific to the culturally competent compassion the statement applied.

2.3 Delphi Study – Round 2

For the remaining statements, a cross-check was performed, with the needs analysis assessment (as for the values-principles that were thought as the most important by the participants).

Therefore, additional statements that were associated with ‘tolerance’, ‘professionalism’, ‘communication skills’, and ‘encouraging’, were developed (Annex 3), as they were missing from the document as modified by the Delphi study – round 1.

The sections of Delphi study round 2 were modified as follow:

- The first stage ‘Cultural Awareness’ included statements related to ‘self-compassion’ (5 statements) and ‘philosophies’ (5 statements).
- The second stage ‘Cultural Knowledge’, included statements related to ‘Cultural compassion beliefs’ (5 statements), ‘Cultural compassion values’ (5 statements) and ‘Educational principles’ (7 statements).
- In the third stage ‘Cultural sensitivity’, 4 statements were included.
- The fourth stage ‘cultural competence’ included 5 statements.

Following the approval from the partners, the final document of Delphi study round 2 was send to the experts.

2.4 Focus group

The creation and implementation of the focus group aimed to obtain data through interaction with the participants, in order to clearly define the themes of the Model and construct the learning tools for healthcare leaders in culturally competent and compassionate care.

The focus group consisted of 7 participants (six females and one male), all nursing leaders in nursing education, in clinical practice including community nursing practice. The focus group discussion lasted for about 60 minutes. Data were tape recorded and transcribed.

The focus group guide (Annex 5) consisted of five parts:

- 1)** Culturally aware and compassionate health care leadership
- 2)** Culturally knowledgeable and compassionate health care leadership
- 3)** Culturally sensitive and compassionate health care leadership
- 4)** Culturally competent and compassionate health care leadership
- 5)** Experience and everyday practice.

3. RESULTS

3.1 Results of the Delphi Study – Round 1

Twelve (12) out of fourteen (14) experts replied on Delphi study Round 1.

The results were analysed as for each statements' mean score, SD, range, median and mode.

Based on this analysis, statements which score a mean above 4 and also demonstrated consistently high median and modal rankings were retained, as it was considered that based on the experts' opinions all of these items were suitable for further development.

Statements which scored a mean below 4 were omitted (a total of 12 statements) (Annex 2).

- 4 statements from the 'self-compassion' section
- 1 statement from 'philosophies' section
- 1 statement from 'Educational principles' section.
- 5 statements from 'Cultural sensitivity' section
- 1 statement from 'Cultural compassion values' section was omitted despite that the mean score was 4.22, as only 9 experts replied on this.

3.2 Results of the Delphi Study – Round 2

All experts (n=14) replied on Delphi study - Round 2.

The results were analysed as for each statements' mean score, SD, range, median and mode (Annex 4).

Based on the analysis, results show that all statements scored, as by mean, above 4. Additionally all demonstrated consistently high median and modal rankings (between 4 and 5).

At this stage there was a consensus among the experts. All of these items included found to be consistent and appropriate to be included in the model development

3.3 Results of focus group

The model was presented to participants, along with the methodology used to be developed. Additionally, they were informed that the model will be used for the development of two learning units.

Generally, the participants found the overall project important and were positive about the Model. They all stressed the great need for developing health care professionals in providing culturally competent and compassionate care.

They found the content map on the Model diagram relevant and adequate and that the philosophy, learning principles and values that underpin the model were clear, relevant and comprehensive.

The participants had the following recommendations:

- Replace the word 'patients' with 'clients', as not all individual that use healthcare sector are patients (e.g. primary health care).
- They found point 1.5 not so clear. There was a debate as to whom it refers to (e.g. leader for him/herself, leader and others, others only?). Maybe it could be rephrased
- They recommended avoiding the use of the word "non-discriminatory" as they feel it expresses negative feelings and suggested to replace with the word "equality" which they feel it has more positive expression. Therefore:
 - the point 2.5 can be replaced as follow: "Educational and teaching leadership principles and provide equal opportunities for learning", and
 - the point 4.3 as follow: "promoting and role modeling in ethical principles of equality, confidentiality and truthworthiness"

3.4 A European model for developing culturally competent and compassionate healthcare professionals' leaders

Introduction

One of the main challenges for the European countries for public health sector is to deliver improved services through a motivated workforce in years of austerity (Garman et al, 2010). Health care leaders can contribute in improving health services, taking in consideration the needs of the client/patient, the sociocultural parameters that influence his/her care and the caring values, skills, principles that health professionals apply in every day practice.

Health care leaders need to lead the staff and collaborate with other health professionals, patients and families, to provide care within a safe, compassionate and culturally appropriate environment.

A leader is a part of a process whereby an individual influences a group of individuals to achieve a common goal with elements of creating a vision, coping, influencing and adapting to change as well as having followers (Northouse, 2007).

Aim of the model

The aim of this model is to provide the value, philosophy, educational principles and a conceptual map for potential content to aid trainers in developing curriculum and educational tools for senior health care professionals who are considered one of the most important link in the development and sustainability of culturally sensitive and compassionate caring environments.

The innovation of this model is to highlight the key components of culturally competent and compassionate health care leadership related to health care.

Health care Leadership

Leadership is the ability to achieve exceptional results by transforming the organization and developing people to create the future (Garman et al, 2010). Further, it is the ability to influence others, with or without authority and develop a vision that motivates others to move with a passion toward a common goal. A function of knowing yourself, having a vision

that is well communicated, building trust among colleagues, and taking effective action to realize your own leadership potential (Garman et al, 2010; Al-Sawai, 2013).

According to the idea of transformational leadership an effective leader is a person who creates an inspiring vision of the future, motivates and inspires people to engage with that vision, manages delivery of the vision and coaches and builds a team, so that it is more effective at achieving the vision (Northouse, 2007). Leadership brings together the skills needed to do these things. Leadership is a performing art – a collection of practices and behaviors rather than a position (Dickson et al, 2003).

Leadership has been described as the behavior of an individual when directing the activities of a group toward a shared goal (Calhoun et al, 2008). The key aspects of the leadership role involves influencing group activities and coping with change. A difficulty when considering leadership of healthcare professionals is that most theories were not developed within a healthcare context but were usually developed for the business setting and then applied to healthcare (Al-Sawai, 2013).

Healthcare systems are composed of numerous professional groups, departments and specialties with intricate, nonlinear interactions between them. The complexity of such systems is often unparalleled as a result of constraints relating to different disease areas, multidirectional goals, and multidisciplinary staff (Greig et al, 2012; Dickson et al, 2003). Within large organizations such as healthcare systems, the numerous groups with associated subcultures might support or be in conflict with each other. Leadership needs to capitalize on the diversity within the organization as a whole and efficiently utilize resources when designing management processes, while encouraging personnel to work towards common goals. A number of leadership approaches can be adapted to the healthcare setting to optimize management in this highly complex environment (Garman et al. 2010; Greig et al, 2012).

Definition of culturally and compassionate health care leadership

In this project “culturally competent and compassionate health care leadership” is defined as: ***the process that a leader goes through in demonstrating culturally aware, knowledgeable, sensitive, competent and compassionate standards of leadership and care. S/He adopts and applies leading principles and values, leadership moral virtues, inspires others with his/her example and vision; provides quality, appropriate and equal health care; becomes a role model and acts within a culturally competent and compassionate working environment that s/he develops and guides.***

The Model: Culturally competent and compassionate health care leadership

The model refers to the leaders who prepare health care professionals’ capacity to provide effective health care that takes in consideration patient’s cultural beliefs and needs in regards to the nursing process. It also refers to the importance and responsibility of leaders

to the contribution of the development and establishment of a culturally competent compassionate work environment. The model includes four components:

- 1) Culturally aware and compassionate health care leadership
- 2) Culturally knowledgeable and compassionate health care leadership
- 3) Culturally sensitive and compassionate health care leadership
- 4) Culturally competent and compassionate health care leadership (Fig. 1)

Culturally competent and compassionate Leadership is the synthesis and application of the four elements used in this model- awareness, knowledge, sensitivity and competence.

The model includes the basic principles, values and skills that a health care leader should develop in order to be able to model and coach his/her staff in delivering compassionate and culturally competent care. The following text embeds the results of the Delphi studies into the four stages of the Papadopoulos model of culturally competent and compassionate practitioners (Papadopoulos 2015), whilst at the same time relating these to the concept of leadership.

1) Values , Principles, knowledge and Skills for a Culturally Aware and Compassionate Health Care Leadership (CACL)

Awareness is a state of consciousness. It is the ability to recognize one's self, others and situations in everyday life. It is the ability to assess the impact of actions on situations and others, and be critically self-reflective. It is a development process that is a function of experience, communication, self-discovery and feedback (Papadopoulos, 2006).

1.1 Self-awareness as the first step for culturally competent compassionate leadership

Self-awareness is considered the first step in practicing culturally competent compassionate leadership. When a health professional leader uses **self-reflection** in everyday practice, this may lead to self-compassion. The leader should acknowledge him/herself (**self-awareness**) and set the limits of **tolerance and acceptance** in regards to painful feelings and thoughts rather than identifying with them and in regards to relationships with one's self.

1.2 Self-compassion as a necessity for a culturally competent compassionate leadership

Kindness for one self in combination with **viewing one's own personal experiences as part of human condition** are high qualities for a leader that aims to develop culturally competent and compassionate leadership. **Self-respect** is very important for a leader and is the basic element for recognition and respect of others.

1.3 Acknowledgement of patients' and staff's diverse needs and treating them with compassion

Culturally aware and compassionate health care leader acknowledge patients' and staffs' diverse needs particularly in regards to culture and s/he treats them with compassion. It underpins respect, acceptance and caring of self and others. It also encourages doing the right thing for patients and staff under the umbrella principles of culture and compassion.

1.4 Cultivating and promoting moral virtues within the working environment

Culturally competent and compassionate leadership is characterized by a leader that finds motive and ways in cultivating and promoting leadership moral values among staff within the working environment.

Leaders should be emotionally intelligent and practice self-reflection. They should be aware of their guiding values and principles. They should be able to break down a complex situation into manageable chunks. Leaders have to model compassionate behaviours.

A culturally competent and compassionate leader values the importance of inspiring, ***motivating others by example***. A culturally competent and compassionate leader has an internal motivation for doing well, s/he is doing the right thing for its own sake.

The leader's behaviours must be consistent with his/her values and sensitive to others' cultural beliefs. ***Respecting diversity*** through ***responsibility*** demonstrated by the leader to other health professionals and patients, enables a more harmonious relations and caring nursing processes.

1.5 Doing the right thing for one's own sake

Putting the patient first, one goes back to "why I wanted to become a nurse/health professional" in the first place; to care for people.

By Understanding one self, s/he can understand his/her team and patients. How one interacts with them, how it promotes a happy, motivated and compassionate team, is based on the principle of ***devotion***- to patients and quality and equal care.

A leader, who is aware on how to promote collaborative and culturally competent and compassionate care, reflects an understanding of human rights.

2) Values , Principles, knowledge and Skills for a Culturally Knowledgeable and Compassionate Health Care Leadership (CKCL)

Such a leader should have culturally competent and compassionate understanding and knowledge, particularly leadership knowledge and his/her practice to be based on valuable educational principles.

2.1 Acknowledging the cultural aspects of suffering

Wanting the best for the one suffering, ***unselfishness/altruistic emotion***, helps to establish compassionate care. The leader should practice ***morality and equality*** and should always defend inclusive, ethical and ***honest practices*** for the good of health professionals and patients.

2.2 Understanding rather than judging

Culturally competent and compassionate leaders need to show an ***understanding rather than judging the people one leads***. Leaders need to understand and recognize their staff's needs as well as their potential and weaknesses within their work environment. When leaders value and practice ***equality, fairness*** and ***dignity***, staff tends to be more loyal and committed during everyday practice. Having and practice these as principles, a culturally competent compassionate leader should be able in ***acknowledging the cultural aspects of suffering***.

2.3 Deep understanding of human rights in relation to culture and compassion

When a leader has a ***deep understanding of human rights*** and how this related to culture and compassion, as to comprehend and be able to teach the essence of culturally

competent compassion. The recognition and respect of human rights by the leader, promotes fairness and equality in staff and patients, maintaining a positive equilibrium at workplace.

2.4 Knowledge of similarities and differences between cultures and expression of compassion

Leaders should demonstrate a high level of *integrity* and *professionalism*. All leaders should maintain up-to date knowledge of changes in healthcare policy and evidence based practice in order to be able to lead effectively and inclusively thus making the most of their staff talent and creativity. A culturally competent and compassionate leader is essential to have **knowledge of similarities and differences within and between cultures in how compassion is expressed**. Thus s/he must always be aware of the changing needs of the population, as well as the changing demographics nationally and in their location taking in consideration culture and compassionate care principles and values. This may require high levels of collaboration and networking and may involve research, coaching and dissemination of good practices.

Culturally competent and compassionate leaders should know about **leadership ethics** and the process in achieving **competence** in culturally competent and compassionate care for themselves and their colleagues.

Healthcare practice will continue changing. Competent and knowledgeable healthcare leaders will be able to adapt to these changes and leverage their leadership skills in creating opportunity for professional development.

2.5 Educational and teaching leadership principles and providing opportunities for learning in a non-discriminatory way

Culturally competent compassionate health care leaders should enable **critical thinking**. Further, **adopting and promoting reflective learning** during teaching/role modelling/coaching in the clinical areas forms a strong teaching and learning environment. S/he should create a bridge that connects people to compassionate care values and improve patient experiences through the adoption of **participatory and active learning**. Culturally competent and compassionate leaders stand out; they listen to colleagues, and they are sensitive, courageous and constructive in what they say and do. Such a leader should be able to give and receive constructive criticism. These, along with teaching by example and **providing learning opportunities in a non-discriminatory way** to all staff, lead to a culturally competent compassionate leader that is practicing a positive **role model** at a culturally compassionate work environment.

For a culturally competent and compassionate leader it is imperative to know how to properly allocate work and build effective teams; to have confidence to the team and to equip its members with **teamwork skills**. Successful leaders recruit individuals who complement each other's skills and bring together varying experiences, perspectives and ideas. They provide appropriate **guidance** and continuous **support** to the team. These leaders then give the team the freedom to explore new possibilities.

3) Values , Principles and knowledge Skills for a Culturally Sensitive and Compassionate health care leadership (CSCL)

An important element in achieving cultural sensitivity and compassionate health care leaders (the third stage) is the nurturing by the leaders, of a working environment that is

characterized and governed by the values and principles discussed above focusing on mutual understanding, respect and trust among health care professionals.

3.1 Active listening, dealing sensitively and culturally appropriate others' feelings, needs, vulnerabilities and concerns

Culturally competent and compassionate leaders need to have communication skills based on culture and compassion health care principles and values. They need to practice **active listening** to their staff and patients and responding to their needs, vulnerabilities and concerns with cultural sensitivity.

They should be able to deal with the feelings of others, and respect patients' and staff's dignity through culturally sensitive and culturally appropriate compassionate care.

Leaders must be **open minded** and listen to diverse opinions and practices before making decisions or expressing opinion. Patients' and staff's concerns must be a culturally compassionate leader's priority and addressed in a consultative, sensitive and supporting manner. This leads to a climate of trust between them and their staff and achieves an efficient and compassionate care underpinned by equality and lack of discrimination.

Leaders must create a working environment that values diversity and promotes intercultural communication and understanding.

Culturally competent compassionate health care leaders speak openly and debate about their vision and values. They put those whom they serve (patients, families, staff, faculty, learners etc.) first, leading change to promote equity and inclusion for all. They plan and experiment to achieve results based on root causes. They check and adjust regularly. Such leaders build consensus on and communicate clear and challenging direction within the framework of culture and compassion.

3.2 Culturally sensitive and compassionate action: Respecting patients' and staff's dignity

Leaders, through culturally appropriate compassionate action, must show **respect** to patients' and staff's **dignity**.

When the leader **understands the needs of others**, it helps to continue supporting and sustaining them in **giving and receiving** culturally competent and compassionate care. A happier workforce will increase compassionate care and positive patient experiences.

Culturally competent and compassionate leaders strive to create a culture of inclusion and security, because they recognize that good ideas can come from anyone. Only when people feel safe do they have the **confidence** to share their ideas.

3.3 Role modeling in developing therapeutic culturally sensitive and compassionate relationships

A culturally competent and compassionate health care leader must act as a role model for the development of therapeutic culturally sensitive and compassionate relationships.

Culturally competent and compassionate health care leader uses **teaching/learning**, examples and paradigms based on his/her knowledge and **experience**, as a valuable leadership educational skill. Role model the development of therapeutic culturally sensitive and compassionate relationships

A leader practising compassionate care as a culturally competent and leadership value, should be highlighted and use **encouragement**. This may facilitate learning, quality care and innovation in caring. When leaders show **empathy** and **kindness** compassionate care is much more achievable.

3.4 Culturally sensitive and compassionate leadership working environment: Value diversity, intercultural communication and understanding

Culturally competent compassionate leader create a working environment that ***values diversity, practices and promotes intercultural communication and understanding***. By nurturing such environment these leaders establish a wider network of, creative thinking productive staff and quality of care. This environment stimulates engagement and a greater sense of shared ownership of the vision.

4) Values , Principle and Knowledge Skills for a Culturally Competent and Compassionate health care leadership (CCCL)

The achievement of the fourth stage, cultural competence and compassionate health care leader, requires the synthesis and application of previously gained culturally and compassionate awareness, knowledge and sensitivity. Further, focus is given to practical skills such as assessment of needs, communication and leadership skills and compassionate care.

4.1 Patient centered care based on needs assessment

A culturally competent and compassionate health leader should promote ***patient centered holistic care*** that is underpinned by a culturally competent and compassionate needs assessment and care. This includes caring with justice, equality and non-discriminatory way, within the framework of culture and compassion. It includes ***kindness and support*** as a prerequisite principle and value for such a leader.

4.2 Supporting staff and patients in giving and receiving culturally competent and compassionate care

Culturally competent and compassionate care is as important in giving as in receiving support to staff and patients from diverse cultural backgrounds- ***compassionate care giving and receiving***.

Culturally competent and compassionate health care leaders must be courageous enough to speak out when witnessing or being told about poor and inhumane practice to patients or bullying of staff and colleagues.

A culturally competent compassionate leader should provide compassionate care unconditionally and must identify and acknowledge the cultural aspects of suffering if he/she wants culturally competent and compassionate care to be realized in all areas under his/her lead.

4.3 Promoting and role modeling in ethical principles of equality, non-discriminatory practice, confidentiality and trustworthiness

Culturally competent and compassionate health care leaders must promote and act as role models concerning the ethical principles of equality, non-discriminatory practice, confidentiality and trustworthiness.

In times of uncertainty, healthcare leaders should display ***flexibility*** in adapting to constantly changing conditions. They should be flexible enough to recognize and maximize the opportunities that are inherent in times of change, without losing sight of their vision. Change does not have to compromise their vision. In fact, it can be an opportunity to propel their vision forward.

4.4 Being courageous to report cases of inhumane practice to patients or bullying of staff

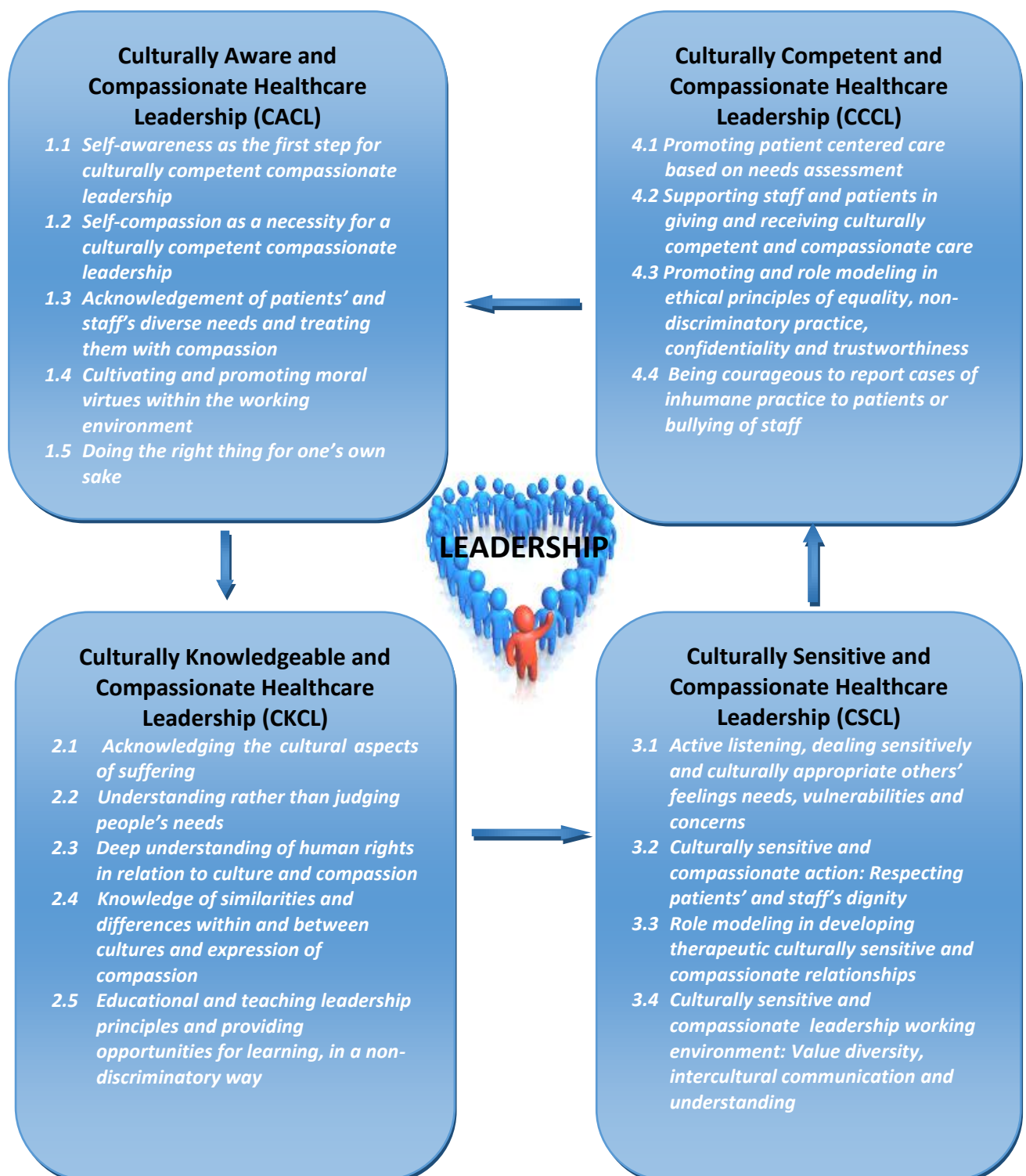
Leaders having all these key values, principles, skills, concepts are able to assess and recognizing timely any difficulties and risks generated during the delivery of health care. They must be courageous to report any cases of inhumane practice to patients or bullying of staff.

Today's culturally competent and compassionate healthcare leaders know how to leave behind past resistance. They realize the influence they can have and they know how to use it to advance care and implement their vision. These leaders are not passive. They are active advocates for colleagues and patients. Leaders must understand how their influence can be critical in sustaining collective intensity, passion and determination in achieving culturally competent and compassionate health care.

Effective culturally competent and compassionate health care leaders set into motion solutions that can address barriers and challenges of leadership as they arise.

The European model for development of culturally competent and compassionate health care leadership will be used as a tool for creating the curriculum for health care leaders in order to improve the quality of training in the delivery of compassionate and culturally competent care which responds to the healthcare sector needs.

A EUROPEAN MODEL FOR DEVELOPING CULTURALLY COMPETENT AND COMPASSIONATE HEALTHCARE LEADERSHIP



4. CONCLUSIONS

Conclusively, the IENE4 Output 4 describes the development of a model which will provide the values, philosophy and educational principles. This model will be used as a conceptual map for potential content to aid health care trainers in developing curriculum and educational tools for senior health care professionals who are considered one of the most important links in the development and sustainability of culturally sensitive and compassionate caring environments.

The model is based on the four components of cultural competent and compassionate health care: a) culturally aware and compassionate health care leader, b) culturally knowledgeable and compassionate health care leader c) culturally sensitive and compassionate health care leader and d) culturally competent and compassionate health care leader. It highlights the key principles of the leadership related to health care as well as the particular characteristics of a leader in health care, in order to provide with other health professionals, competency and compassionate health care.

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ANNEXES

1. Delphi study – round 1



Erasmus + KA2: STRATEGIC PARTNERSHIPS



Strengthening The Nurses' And Health Care Professionals' Capacity To Deliver Culturally Competent And Compassionate Care (IENE4)

Delphi study: A Model for the development of role models to promote culturally competent compassionate care

ID....

STUDY 2- ROUND 1

Thank you for agreeing to participate as an expert in this Delphi study which aims to develop a European model of learning that will enable **nurses** and other **health professional leaders** (e.g. physiotherapists, psychologists, managers, clinical development leaders) to develop their mentorship role in order to help staff deliver **culturally competent and compassionate care** and promote a caring environment culture.

In this project we define “culturally competent compassion” as: the *‘human quality of understanding the suffering of others and wanting to do something about it using culturally appropriate and acceptable caring interventions. This takes into consideration both the patients’ and the carers’ cultural backgrounds as well as the context in which care is given’* (Papadopoulos 2011).

We aim to develop a model based on the Papadopoulos (2014) model of culturally competent compassion (<https://www.youtube.com/watch?v=zjKzO94TevA>) composed of four key constructs:

1. Culturally Aware Compassion (CA)
2. Culturally Knowledgeable Compassion (CK)
3. Culturally Sensitive Compassion (CS)
4. Culturally Competent Compassion (CC)

More specifically **this Delphi study focuses on the identification of the values, philosophy and educational principles which will underpin the model.** It also aims to construct a conceptual map for indicative content.

Delphi Round One requests that you report your expert opinion by rating the statements listed below from the most important to least important statement. These statements have been identified through three integrative reviews of the relevant literature and also from the draft data of needs analysis the leaders indicated. This Delphi round is the first of up to two-three rounds. **Please rate all the statements.** You will have the opportunity to revise your rating in the subsequent rounds. Each statement corresponds to a value, principle, philosophy. **Please state in the last column which value, principle, philosophy you think it implies e.g. respect, equality.**

In this first round, we also **invite you to offer your own statements** based on your expertise, which might be added into the subsequent rounds for rating.

We would like to express our sincere gratitude for agreeing to participate in this Delphi study, and would like to extend an invitation to you to participate in the IENE4 final European conference which will most likely take place in London, in September 2016. Although we may not be able to fully pay your expenses we shall be making a contribution towards them.

The following questions might help your assessment of the importance of each statement:

- Does the statement help to operationalise culturally competent compassion as defined above?
- Is the statement clear enough as to keep ambiguity to the minimum?

If you have a minute please **watch the YouTube** video about the model of culturally competent compassion at <https://www.youtube.com/watch?v=zjKzO94TevA>

	Rating 1= least important 5= most important	State the value/principle/philosophy that you think is implied in each statement
CULTURAL AWARENESS		
a. Self-compassion		
1. A leader should be compassionate to one's self as to be able to be compassionate to others	1 2 3 4 5	
2. A health professional leader that has self awareness, he/she is making the first step in becoming culturally competent compassionate health professional leader	1 2 3 4 5	
3. A leader can alleviate patients and/or staff's suffering when he/she responds with compassion	1 2 3 4 5	
4. A culturally competent and compassionate leader has an internal motivation for doing good	1 2 3 4 5	
5. When a health professional leader uses self-reflection in everyday practice, this may lead to self-compassion.	1 2 3 4 5	
6. An empowered health professional leader has the ability to provide compassionate leadership	1 2 3 4 5	
7. Flexibility allows a leader to comprehend him/her self and others	1 2 3 4 5	
8. A leader can be compassionate and culturally competent when is characterized by the willingness to help and care for others (staff and patients)	1 2 3 4 5	
9. Practicing and teaching compassion is also a personal responsibility of the leader	1 2 3 4 5	
b. Philosophies		
10. Compassion is a moral virtue that health professional leaders should cultivate	1 2 3 4 5	
11. Equality is an essential philosophy and practice in leadership	1 2 3 4 5	
12. Health professionals have the right to be treated with	1 2 3 4 5	

compassion by their leaders		
13. Work stress and overload may make leaders to overlook their staff or themselves and/or their stress relieve needs	1 2 3 4 5	
14. Compassion enhances good leadership	1 2 3 4 5	
15. A health professional leader should provide compassionate care unconditionally	1 2 3 4 5	
CULTURAL KNOWLEDGE		
a. Cultural compassion beliefs		
1. When a leader has a deep understanding of human rights, can understand the essence of compassion	1 2 3 4 5	
2. If a leader wants to deliver high quality care s/he should provide compassionate leadership	1 2 3 4 5	
3. A culturally competent and compassionate leader tries to understand rather than judge the people s/she leads	1 2 3 4 5	
4. Leaders knowledge of similarities and differences within and between cultures enhances the quality of compassionate and culturally competent care	1 2 3 4 5	
5. A health professional leader must identify and acknowledge the cultural aspects of suffering if he/she wants culturally competent and compassionate care to be realized in all areas under his/her lead	1 2 3 4 5	
b. Cultural compassion values		
6. Health care leaders should value dignity in order to practice culturally competent leadership and champion culturally competent and compassionate care	1 2 3 4 5	
7. Kindness is a prerequisite principle and value for a leader in supporting compassionate care	1 2 3 4 5	
8. Culturally competent compassionate care includes provision of care with justice by health professional leaders and staff	1 2 3 4 5	

9. A leader that respects human life will be compassionate to staff and patients	1 2 3 4 5	
10. Integrity is an important value for a culturally and compassionate leader	1 2 3 4 5	
11. The existence of trust among leader and staff creates a working environment that nurtures culturally competent compassion	1 2 3 4 5	
c. Educational principles		
12. Leaders should act as facilitators in learning about culturally competent compassionate care	1 2 3 4 5	
13. It is easier to comprehend compassionate care when leaders use participatory learning	1 2 3 4 5	
14. Leaders should teach by example as this is one of the best ways to promote culturally competent and compassionate care	1 2 3 4 5	
15. Health professional leaders should adopt and promote reflective learning which will contribute to the provision of quality health care	1 2 3 4 5	
16. Paradigm culturally competent and compassionate leader should provide opportunities for learning to all staff in a non discriminatory way.	1 2 3 4 5	
17. A culturally competent and compassionate leader uses in teaching, examples and paradigms based on his/her knowledge and experience, as a valuable educational principle	1 2 3 4 5	
18. Leaders should guide the staff as to help them to take their own professional decisions in clinical practice	1 2 3 4 5	
19. A culturally competent and compassionate leader should include in teaching and learning process opportunities for constructive criticism	1 2 3 4 5	
CULTURAL SENSITIVITY		
1. When leaders show empathy, compassionate care is much more achievable	1 2 3 4 5	
1 A culturally competent and compassionate leader should be	1 2 3 4 5	

competent rather than compassionate		
2 A culturally competent and compassionate leader should focus on patient/staff needs by expressing emotions	1 2 3 4 5	
3 Leaders should listen to staff and patients	1 2 3 4 5	
4 A leader should acknowledge patient/staff needs	1 2 3 4 5	
5 A leader should be aware of the feelings of others	1 2 3 4 5	
6 Sometimes leaders may find it difficult to be compassionate when patients and/or staff are responsible of their state of health/ or are in trouble because of an unprofessional act	1 2 3 4 5	
7 Compassion is a skill learned and leaders need to learn it.	1 2 3 4 5	
8 Religion influences leaders in the way they conduct their roles	1 2 3 4 5	
CULTURAL COMPETENCE		
1. A health professional leader should promote patient centered care	1 2 3 4 5	
2. A culturally competent and compassionate leader should respond to patient and/or staff's vulnerabilities with understanding, sensitivity and appropriate action.	1 2 3 4 5	
3. A culturally competent and compassionate leader has the ability to give and receive compassionate support	1 2 3 4 5	
4. A culturally competent compassionate leader values confidentiality and trustworthiness		
5. The practice of a culturally competent and compassionate leader is characterised by a sensitivity which enables him/her to be touched and motivated by the suffering or distress of another	1 2 3 4 5	

To help us focus on culturally competent and compassionate leadership and avoid dealing with leadership in general, can you suggest which of the statement from the previous lists would you **choose to omit**? Please indicate here the number of the statement and the group in which this belongs, in this way:

Cultural Awareness (statement 2) etc
.....

A space is provided for you to briefly explain the reason for your ranking if you wish. This additional information is optional but it could help us understand the reasons some statements are valued over others.

Statement No

Reason

Statement No

Reason

Statement No

Reason

Add more if you wish.

If you have **any further suggestions for statements** that you believe should be included please list below, giving reasons why you believe these are important (optional):

END OF DELPHI STUDY 2/ROUND 1

Thank you for your contribution!

The structure of this document is based on that used by the COMMUNAID project. (<https://www.teicrete.gr/communaid/>)

2. Analysis of the Delphi study 2 – Round 1

Table 1: Rankings for Cultural Awareness (Self-compassion) Components

	Item	mean	SD	range	median	mode
4	A culturally competent and compassionate leader has an internal motivation for doing good	4.5	0.67	3-5	5	5
1	A leader should be compassionate to one's self as to be able to be compassionate to others	4.33	0.78	3-5	4.5	5
8	A leader can be compassionate and culturally competent when is characterized by the willingness to help and care for others (staff and patients)	4.33		3-5	4.5	5
3	A leader can alleviate patients and/or staff's suffering when he/she responds with compassion	4.25	0.62	3-5	5	5
9	Practicing and teaching compassion is also a personal responsibility of the leader	4.25	0.97	2-5	4.5	5
7	Flexibility allows a leader to comprehend him/herself and others	3.83		2-5	4	3,5
6	An empowered health professional leader has the ability to provide compassionate leadership	3.58		1-5	4	4
2	A health professional leader that has self-awareness, he/she is making the first step in becoming culturally competent compassionate health professional leader	3.58		2-5	4	5
5	When a health professional leader uses self-reflection in everyday practice, this may lead to self-compassion.	3.33		1-5	3	2,4,5

Observation of table 1 shows that items ranked in the top five (by mean ranking) also demonstrated consistently high median and modal rankings. The experts' judgments suggest that all of these items are suitable for further development.

Table 2: Rankings for Cultural Awareness (philosophies) Components

	Item	mean	SD	range	median	mode
11	Equality is an essential philosophy and practice in leadership	4.58	0.51	4-5	5	5
10	Compassion is a moral virtue that health professional leaders should cultivate	4.5	0.52	4-5	4.5	5
12	Health professionals have the right to be treated with compassion by their leaders	4.5	0.5	4-5	4.5	4
14	Compassion enhances good leadership	4.42	0.52	4-5	4	4
15	A health professional leader should provide compassionate care unconditionally	4.17	0.72	3-5	4	4
13	Work stress and overload may make leaders to overlook their staff or themselves and/or their stress relieve needs	3.41		2-5	4	4

Observation of table 2 shows that the items ranked in the top five (by mean ranking) also demonstrated consistently high median and modal rankings. The experts' judgments suggest that all of these items are suitable for further development. The item 13 is removed despite that the median and mode is similar to items 14 and 15 as the mean score is below 4 and only 2 experts ranked this statement with a 5.

Table 3: Ranking for Cultural Knowledge (cultural compassion beliefs)

	Item	mean	SD	Range	median	mode
3	A culturally competent and compassionate leader tries to understand rather than judge the people s/she leads	4.75	0.45	4-5	5	5
4	Leaders knowledge of similarities and differences within and between cultures enhances the quality of compassionate and culturally competent care	4.75	0.45	4-5	5	5
1	When a leader has a deep understanding of human rights, can understand the essence of compassion	4.67	0.49	4-5	5	5
5	A health professional leader must identify and acknowledge the cultural aspects of suffering if he/she wants culturally competent and compassionate care to be realized in all areas under his/her lead	4.5	1	2-5	5	5
2	If a leader wants to deliver high quality care s/he should provide compassionate leadership	4.25	0.62	3-5	4	4

Observation of table 3 shows that items ranked in the top five (by mean ranking) also demonstrated consistently high median and modal rankings. The experts' judgments suggest that all of these items are suitable for further development.

Table 4: Ranking for Cultural Knowledge (cultural compassion values)

	item	mean	SD	Range	median	mode
6	Health care leaders should value dignity in order to practice culturally competent leadership and champion culturally competent and compassionate care	4.59	0.67	3-5	5	5
10	Integrity is an important value for a culturally and compassionate leader	4.5	0.52	4-5	4.5	5
9	A leader that respects human life will be compassionate to staff and patients	4.42	0.79	3-5	5	5
11	The existence of trust among leader and staff creates a working environment that nurtures culturally competent compassion	4.42	0.67	3-5	4.5	5
7	Kindness is a prerequisite principle and value for a leader in supporting compassionate care	4.25	0.62	3-5	4	4
8	Culturally competent compassionate care includes provision of care with justice by health professional leaders and staff	4.22 (N=9)	0.67	3-5	4	4

Observation of table 4 shows that items ranked in the top five (by mean ranking) also demonstrated consistently high median and modal rankings. The experts' judgments suggest that all of these items are suitable for further development. Item 8 was excluded as on 9 out of 12 experts ranked it.

Table 5: Ranking for Cultural Knowledge (educational principles)

	item	mean	SD	Range	median	mode
16	Paradigm culturally competent and compassionate leader should provide opportunities for learning to all staff in a non discriminatory way.	4.83	0.39	4-5	5	5
13	It is easier to comprehend compassionate care when leaders use participatory learning	4.75	0.45	4-5	5	5
12	Leaders should act as facilitators in learning about culturally competent compassionate care	4.58	0.67	3-5	5	5
19	A culturally competent and compassionate leader should include in teaching and learning process opportunities for constructive criticism	4.5	0.67	3-5	5	5
15	Health professional leaders should adopt and promote reflective learning which will contribute to the provision of quality health care	4.33	0.89	2-5	4.5	5
17	A culturally competent and compassionate leader uses in teaching, examples and paradigms based on his/her knowledge and experience, as a valuable educational principle	4.33	0.65	3-5	4	4
14	Leaders should teach by example as this is one of the best ways to promote culturally competent and compassionate care	4.17	0.58	3-5	4	4
18	Leaders should guide the staff as to help them to take their own professional decisions in clinical practice	3.91		1-5	4	4

Observation of table 5 shows that items ranked in the top seven (by mean ranking) also demonstrated consistently high median and modal rankings. The experts' judgments suggest that all of these items are suitable for further development. Item 15 was included despite the wide range as only one (1) expert ranked it with a 2. The majority (6 out of 12) ranked this statement with a 5.

Table 6: Ranking for Cultural Sensitivity

	Item	mean	SD	range	median	mode
4	Leaders should listen to staff and patients	4.8	0.4	4-5	5	5
6	A leader should be aware of the feelings of others	4.7	0.7	3-5	5	5
1	When leaders show empathy, compassionate care is much more achievable	4.5	0.5	4-5	4.5	5

5	A leader should acknowledge patient/staff needs	4.42	0.9	2-5	5	5
8	Compassion is a skill learned and leaders need to learn it.	3.83		2-5	4	4
3	A culturally competent and compassionate leader should focus on patient/staff needs by expressing emotions	3.81 (N=11)		2-5	4	3,5
7	Sometimes leaders may find it difficult to be compassionate when patients and/or staff are responsible of their state of health/ or are in trouble because of an unprofessional act	3.36		1-4	4	4
2	A culturally competent and compassionate leader should be competent rather than compassionate	3.33		1-5	3	3
9	Religion influences leaders in the way they conduct their roles	2.75		1-5	3	3

Observation of table 6 shows that items ranked in the top four (by mean ranking) also demonstrated consistently high median and modal rankings. The experts' judgments suggest that all of these items are suitable for further development.

Table 7: Ranking for Cultural Competence

	Item	mean	SD	range	median	mode
1	A health professional leader should promote patient centered care	4.8	0.4	4-5	5	5
2	A culturally competent and compassionate leader should respond to patient and/or staff's vulnerabilities with understanding, sensitivity and appropriate action.	4.8	0.4	4-5	5	5
4	A culturally competent compassionate leader values confidentiality and trustworthiness	4.36	0.81	3-5	5	5
3	A culturally competent and compassionate leader has the ability to give and receive compassionate support	4.17	1.19	1-5	4.5	5
5	The practice of a culturally competent and compassionate leader is characterized by a sensitivity which enables him/her to be touched and motivated by the suffering or distress of another	4		2-5	4	5

Observation of table 7 shows all items ranked by mean above 4 and also demonstrated consistently high median and modal rankings. Therefore, all items considered suitable for further development.

3. Additions in Delphi study – round 2

SELF AWARENESS SECTION - Tolerance
1. A health professional leader that has self-awareness, he/she is making the first step to show tolerance and competent compassionate care.
EDUCATIONAL PRINCIPLES - Professionalism
1. A culturally competent compassionate leader should act as a role model for his/her staff with professionalism in clinical practice within the framework of compassionate care.
CULTURAL SENSITIVITY SECTION - Communication skills
1. Flexibility helps culturally competent compassionate leaders to active listen and discuss sensitive issues with staff and patients
CULTURAL SENSITIVITY - Encouraging
1. A culturally competent compassionate leader encourages his/her staff and patients to express their feelings and concerns of care, as a mean to promote compassionate care

4. Analysis of the Delphi study 2– Round 2

Table 1: Ranking for Cultural Awareness (Self-compassion) Components

	Item	MEAN	ST.DEV	RANGE	MEDIAN	MODE
5	A health professional leader that has self-awareness, he/she is making the first step in becoming culturally competent compassionate health professional leader	4.79	0.43	4-5	5	5
4	Practicing and teaching compassion is also a personal responsibility of the leader	4.57	0.65	4-5	5	5
1	A leader should be compassionate to one's self as to be able to be compassionate to others	4.5	0.65	3-5	5	5
2	A culturally competent and compassionate leader has an internal motivation for doing good	4.14	0.86	3-5	4	5
3	A leader can be compassionate and culturally competent when is characterized by the willingness to help and care for others (staff and patients)	4.14	0.77	3-5	4	4

Table 2: Ranking for Cultural Awareness (Philosophies) Components

	Item	MEAN	ST.DEV	RANGE	MEDIAN	MODE
7	Equality is an essential philosophy and practice in leadership	4.86	0.36	4-5	5	5
8	Health professionals have the right to be treated with compassion by their leaders	4.86	0.36	4-5	4.5	4
6	Compassion is a moral virtue that health professional leaders should cultivate	4.5	0.52	4-5	4.5	5
9	Compassion enhances good leadership	4.35	0.49	4-5	4	4
10	A health professional leader should provide compassionate care unconditionally	4.07	0.73	3-5	4	4

Table 3: Ranking for Cultural Knowledge (cultural compassion beliefs) Components

	Item	MEAN	ST.DEV	RANGE	MEDIAN	MODE
5	A health professional leader must identify and acknowledge the cultural aspects of suffering if he/she wants culturally competent and compassionate care to be realized in all areas under his/her lead	4.79	0.43	4-5	5	5
3	A culturally competent and compassionate leader tries to understand rather than judge the people s/she leads	4.64	0.84	2-5	5	5
4	Leaders knowledge of similarities and differences within and between cultures enhances the quality of compassionate	4.35	1	2-5	5	5

	and culturally competent care					
1	When a leader has a deep understanding of human rights, can understand the essence of compassion	4.35	0.63	3-5	4	4
2	If a leader wants to deliver high quality care s/he should provide compassionate leadership	4.21	1.12	2-5	5	5

Table 4: Ranking for Cultural Knowledge (cultural compassion values) Components

	Item	MEAN	ST.DEV	RANGE	MEDIAN	MODE
6	Health care leaders should value dignity in order to practice culturally competent leadership and champion culturally competent and compassionate care	4.65	0.5	4-5	5	5
8	A leader that respects human life will be compassionate to staff and patients	4.64	0.5	4-5	5	5
10	The existence of trust among leader and staff creates a working environment that nurtures culturally competent compassion	4.57	0.75	3-5	5	5
9	Integrity is an important value for a culturally and compassionate leader	4.23	1.01	2-5	5	5
7	Kindness is a prerequisite principle and value for a leader in supporting compassionate care	4.14	0.86	2-5	4	4

Table 5: Ranking for Cultural Knowledge (educational principles) Components

	Item	MEAN	ST.DEV	RANGE	MEDIAN	MODE
13	Leaders should teach by example as this is one of the best ways to promote culturally competent and compassionate care	4.93	0.28	4-5	5	5
15	A culturally competent and compassionate leader should provide opportunities for learning to all staff in a non-discriminatory way	4.86	0.36	4-5	5	5
18	A culturally competent compassionate leader should act as a role model for his/her staff with professionalism in clinical practice within the framework of compassionate care.	4.69	0.48	4-5	5	5
16	A culturally competent and compassionate leader uses in teaching, examples and paradigms based on his/her knowledge and experience, as a valuable educational principle	4.64	0.63	3-5	5	5
12	It is easier to comprehend compassionate care when leaders use participatory learning	4.64	0.5	4-5	5	5
17	A culturally competent and compassionate leader should include in teaching and learning process opportunities for constructive criticism	4.57	0.51	4-5	5	5
11	Leaders should act as facilitators in	4.35	1.08	2-5	5	5

	learning about culturally competent compassionate care					
14	Health professional leaders should adopt and promote reflective learning which will contribute to the provision of quality health care	4.21	0.7	3-5	4	4

Table 6: Ranking for Cultural Sensitivity Components

	Item	MEAN	ST.DEV	RANGE	MEDIAN	MODE
2	Leaders should listen to staff and patients	5	0	5	5	5
6	A culturally competent and compassionate leader should focus on patient/staff needs by expressing emotions	5	0	5	5	5
4	A leader should be aware of the feelings of others	4.86	0.4	4-5	5	5
5	Flexibility helps culturally competent compassionate leaders to actively listen and discuss sensitive issues with staff and patients	4.79	0.43	4-5	5	5
3	A leader should acknowledge patient/staff needs	4.71	0.47	4-5	5	5
1	When leaders show empathy, compassionate care is much more achievable	4.35	0.84	3-5	5	5

Table 7: Ranking for Cultural Competence Components

	Item	MEAN	ST.DEV	RANGE	MEDIAN	MODE
2	A culturally competent and compassionate leader should respond to patient and/or staff's vulnerabilities with understanding, sensitivity and appropriate action.	4.93	0.23	4-5	5	5
6.	A leader can alleviate patients' and/or staff's suffering when he/she responds with compassion	4.71	0.47	4-5	5	5
1	A health professional leader should promote patient centered care	4.64	0.5	4-5	5	5
3	A culturally competent and compassionate leader has the ability to give and receive compassionate support	4.64	0.74	3-5	5	5
4	A culturally competent compassionate leader values confidentiality and trustworthiness	4.64	0.63	3-5	5	5
5	The practice of a culturally competent and compassionate leader is characterized by a sensitivity which enables him/her to be touched and motivated by the suffering or distress of another	4.07	1.2	1-5	4.5	5

5. Focus Group Guide



Erasmus + KA2: STRATEGIC PARTNERSHIPS

(Agreement number 2014-1-UK01-KA202-001659)

STRENGTHENING THE NURSES AND HEALTH CARE PROFESSIONALS' CAPACITY TO DELIVER CULTURALLY COMPETENT AND COMPASSIONATE CARE

A European model for developing culturally competent and compassionate healthcare leadership

Thank you for having accepted to participate in this focus group for providing culturally competent and compassionate health care by health care professionals leaders.

This will help the researchers to understand how you perceive the provision of competent and compassionate health care and how a leader in the health care field can lead the staff to provide such care.

This is a European project and with the participation of seven countries (CY, UK, ES, TK, IT, DE and RO)

The aim, scope and ethical principles are explained in the consent form.

Focus Group Guide

The Model is presented to participants along with methodology used to develop this model and how the model will be used, i.e. to develop two learning units.

1. Culturally Aware and Compassionate leadership

- 1) What this means to you- how you interpret this as professional leader?
- 2) Is the content map included on the model diagram relevant and adequate to guide the development of the 2 learning units on leadership?
- 3) What moral virtues/ values would you want us to include in the training units

2. Culturally Knowledgeable and Compassionate leadership

- 1) What this means to you- how you interpret this as professional leader?
- 2) Is the content map included on the model diagram relevant and adequate to guide the development of the 2 learning units on leadership?
- 3) Discuss specific knowledge areas that you would like us to include with regards to this area of learning for leaders.

3. Culturally Sensitive and Compassionate leadership

- 1) What this means to you- how you interpret this as professional leader?
- 2) Is the content map included on the model diagram relevant and adequate to guide the development of the 2 learning units on leadership?
- 3) Discuss specific content relevant to culturally sensitive compassionate leadership you would like to see in the learning units (e.g. dignity, flexibility, giving and receiving culturally competent and compassionate care)

4. Culturally Competent and Compassionate leadership

- 1) What this means to you- how you interpret this as professional and leader?
- 2) Discuss specific content relevant to developing culturally competent and compassionate leaders you would like to see in the learning units

5. Experience- every day practice

- 1) Philosophy, learning principles and values underpinning the model: Are they clear, relevant and comprehensive?
- 2) What do you think is missing from the model?
- 3) What needs to be enhanced?
- 4) What needs to be given less discussion/emphasis?
- 5) Examples, paradigms from their clinical experience
- 6) How useful do you find this model for you and to use as leader for your staff and patients?

Thank you for your participation.

6. The Delphi Panel

NAME	QUALIFICATIONS
CYPRUS	
Andria Spyridou	MSc (clinical psychology), PhD (natural sciences)
Froso Tryphonos	RN, MSc Advance nursing and community care
TURKEY	
Candan Ozturk	RN, MSc, PhD in Paediatric Nursing
M. Kemal Kuscu	MD, MPH (Public Health) MSc (Med. Anthr.) MA (Family Therapy)
SPAIN	
Ana Isabel Cava Ros	Social Worker
Carmen García Peruga	Social Worker, MSc in Assessment in Social Work and Social Services, Diploma in Social Services Management
ITALY	
Alessandro Stievano	Nurse researcher projects coordinator
Antonella Ciompi	RN
ROMANIA	
Roxana Janina Ostroveanu	RN
Marinela Chelu	RN
UK	
Sue Shea	BSc (Hons) Psychology PG Cert in Humanities
Christina Koulouglioti	RN Research and Innovation Department Western Sussex Hospitals NHS Foundation Trust
Denmark	
Dorthe Nielsen	RN MSc in Health Science, PhD
Tine Devantie	Master in Clinical Nursing