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

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### IENE4 LEARNING TOOLS

#### *O6. Learning tools for healthcare leaders in culturally competent and compassionate care*

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## Content:

Introduction .....	Page. 2
Methodological guide .....	Page. 4
Tools for Unit 1 .....	Page. 17
Tools for Unit 2 .....	Page. 128

## INTRODUCTION

This document 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*”. Specifically, this guide is one of the main outputs of the **Output 6 (O6), *Learning tools for healthcare leaders in culturally competent and compassionate care***. The main aim of O6 is to develop and pilot a set of learning tools aimed at nurses and other healthcare leaders/senior staff for the promotion of learning, practice and support of culturally competent compassion (Project Application form, pp. 50).

Within the O6 a set of 14 tools have been developed, seven for senior professionals whose roles emphasize leadership within their organizations and support for the front line staff (**Unit 1**); and other seven for qualified front line staff whose roles include supervising and coaching as well as providing and monitoring the care given to patients (**Unit 2**). The rationale of each tool and of the present document is based on the work previously carried out and achieved within the IENE4 project; mainly from the following outputs:

- *O3 – Needs assessment of nurses’ and other healthcare professionals’ leaders*. It identified healthcare professionals’ needs to become role models and supporters of culturally competent and compassionate care (Project Application, pp. 44).
- *O4 – A European model for the development of role models to promote and support culturally competent and compassionate care*. This theoretical model provides the values, philosophy, educational principles and conceptual map for potential content to aid trainers in developing curricula and educational tools for senior healthcare professionals (Project Application, pp. 45).
- *O5 – A work based training curriculum for healthcare leaders in culturally competent and compassionate care*. This curriculum guides the main content to be taking into consideration for the elaboration of learning tool.

The following partners have participated in the IENE4 project:

- Middlesex University, United Kingdom (project coordinator).
- Polibienestar Research Institute – University of Valencia, Spain.
- Edunet, Romania.
- Cyprus University of Technology, Cyprus.
- University College Lillebaelt, Denmark.
- Marmara University Hospital, Turkey.
- Azienda Ospedaliera Universitaria Senese, Italy.

The report is divided in three main sections:

1. The first one presents the methodology drawn in order to develop the different tools as well as their evaluation framework.

2. The second compiles the 14 tools developed for the Unit 1 followed by the data from their evaluation.
3. The third section gathers the 14 tools developed for the Unit 2 followed by the data from their evaluation.

This report is also available on the IENE website: [www.ieneproject.eu](http://www.ieneproject.eu)

## METHODOLOGICAL GUIDE

This **Methodological Guide** is a guidance and support document for the development of the tools and to ensure partners do not duplicate the areas of the tool development. The document is divided in six main sections:

1. The first one defines the term 'tools' according to the requirements of IENE4 project.
2. The second section presents the guiding values and educational principles for the development of each tool.
3. The third part introduces the model for the development of role models to promote and support culturally competent and compassionate care, which is the basis to identify and develop key content of each tool.
4. The fourth section explains the main components of a tool.
5. The fifth part is an annex with a mapping table in which to collect tools proposed by every partner.
6. And the final part includes an annex with a template for the development of tools.

### Definition of tools

A learning tool means 'materials' which learners use in different ways (e.g. by their own, directed by a teacher or interacting with others) to learn about a topic (knowledge), to develop their cognitive (thinking), psychomotor (practical) and affective (emotional) competences<sup>1</sup>.

People learn in several ways and prefer some methods over others, so learning tools may adopt different formats and methodologies in order to respond to the diversity of learning styles. For example, tools could be a book, a scientific article, a power point presentation, a quiz, a reflection activity, a podcast, a video, a website, etc.

A **good tool** should fulfil some characteristics so it can be considered useful for teaching and learning. At this regard, the following list<sup>2</sup> includes several criteria that good tools could meet, not all necessarily. The more criteria a learning tool meets, more complete it will be.

- Contains customised steps to help students progress through their learning goals.
- Provides observable evidence of learning.
- Clarifies what students know and do not know.
- Allows the trainer to be aware and intervene when students do not understand.
- Leads to and connects with other tools and related content in the process of meeting larger/higher level learning goals.
- Helps students synthesize knowledge and meaning.

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<sup>1</sup> Papadopoulos, I. (2014). *Methodology for creating the learning / teaching tools for compassion, courage, health inequalities, and intercultural communication*. IENE3 Project. Available at: <http://www.ieneproject.eu/IENE3/about-objectives.php>

<sup>2</sup>Based on: Perpich Center for Arts Education. Available at: [http://www.mnartseducation.org/docs/03/pdf/03\\_01.pdf](http://www.mnartseducation.org/docs/03/pdf/03_01.pdf)

- Provides building blocks that enable students to step into and through difficult concepts or processes to reach predetermined learning goals.
- Provides pathways that lead to depth and clarity in learning.
- Adds to the meaning-making in the classroom.

### Values and methodological principles

The **key guiding value** around the project topic is taken from the Universal Declaration of Human Rights from the United Nations:

*<<All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood>><sup>3</sup>*

Due to the nature of the project, IENE4 follows different values that constitute an **ethic of deep caring**. Those related to individuals' responsibility to care for each other (social justice) could be the following<sup>4</sup>:

- *Basic human needs*. Relevance of meeting needs of all individuals and societies, as well as the equal opportunity for improving them.
- *Inter-generational equity*. Each generation should work for leaving to the future ones a positive cultural and social heritage.
- *Human rights*. All persons have the right and should have the freedom of expression, conscience and religion.
- *Participation*. Individuals and communities should be encouraged and empowered to exercise responsibility for their own lives and the working and caring environment around them.

**IENE4 has its own values**— derived from results obtained at O3 and O4 – that the curriculum and learning tools must take into consideration:

- Motivation
- Compassion
- Respect
- Responsibility
- Morality
- Altruism – devotion
- Open-mindedness
- Understanding
- Competence

<sup>3</sup>United Nations (1942). *The Universal Declaration of Human Rights*. Available at: <http://www.un.org/en/universal-declaration-human-rights/>

<sup>4</sup>Fien, J. (2003). *Learning to Care: Education and Compassion*. Professorial Lecture presented at the Griffith University EcoCentre (Australia). Available at: [https://www.griffith.edu.au/data/assets/pdf\\_file/0018/314613/fien03.pdf](https://www.griffith.edu.au/data/assets/pdf_file/0018/314613/fien03.pdf)

- Equality
- Dignity
- Integrity
- Trust
- Kindness
- Participation
- Guidance
- Reflection
- Experience
- Paradigmatism
- Active learning
- Empathy
- Sensitivity
- Confidentiality
- Support

Specifically, the project aims to achieve its objectives and to meet values cited above through empowering the **leaders at healthcare**. Leadership is a critical element in organization and quality performance, so leaders are essential to address the provision of services in accordance with health administrations' mission, requirements, objectives and values. According to Bakker (2011)<sup>5</sup>, some key themes underlying high-performing healthcare systems are related to leadership and learning approaches:

- Consistent leadership assuming common goals and aligning activities throughout the organisation.
- Engagement of patients in their care and in the design of care.
- Promotion of professional cultures to support teamwork, continuous improvement and patient engagement.
- Effective learning strategies and methods to test improvements and scale up.

So, it will be useful to **empower healthcare leaders** in order to promote culturally competent and compassionate care among healthcare professionals<sup>6,7</sup>.

The **educational and methodological principles** to develop the learning tools are based on the Model of Transcultural Nursing and Cultural Competence developed by Papadopoulos, Tilki

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<sup>5</sup> Bakker, G.R. (2011). *The roles of leaders in high-performing health care systems*. The King's Fund. Available at: <http://www.kingsfund.org.uk/sites/files/kf/roles-of-leaders-high-performing-health-care-systems-ross-baker-kings-fund-may-2011.pdf>

<sup>6</sup> Davrin, M. & Lorant, V. (2015). Leadership and cultural competence of healthcare professionals: a social network analysis. *Nursing Research*, 64(3): 200-210.

<sup>7</sup> Simmonds, A.H. (2015). Leadership, Education and Awareness: A Compassionate Care Nursing Initiative. *Nursing Leadership (Toronto, Ont.)*, 28(1): 53-64.

& Taylor<sup>8, 9</sup> and the intercultural Education of Nurses in Europe (IENE1, IENE2 & IENE3 projects):

- Respect of the cultural background and identity of the learner by relating learning to their previous knowledge and experiences.
- Provision of equal access to learning by eliminating discrimination in the education system and by promoting an inclusive learning environment.
- Promotion of learning encouraging the understanding of personal values and the development of self-awareness; both of which form the basis for reflective communication and cooperation across cultures and social boundaries.
- Promotion of a critical approach regarding the power linked to the production and use of knowledge to either oppress or emancipate people.
- Encouragement if the establishment of peer learning communities for support and the exchange of language and experiences.
- Tolerance of language imperfection by providing language support and/or by allowing extra time for people to express themselves.
- Avoidance of over-dependence on oral learning methods and use visual and other interactive and culturally appropriate learning approaches.
- Emphasis in realism.
- Promotion of courage.

Learning tools to be developed under the O6 should have an element of innovation. So, the last principle, but not least, is boosting **innovation** through the development and test of newly designed methodologies, contents and tools. Erasmus+ Programme, as other funding programmes from the European Commission, encourages innovation in R&D and learning activities. The Kentucky Department of Education<sup>10</sup> defines “innovation” in the field of learning as: <<a new or creative alternative to existing instructional and administrative practices intended to improve student learning and student performance of all students>>. Innovative learning entails different aspects<sup>11</sup>:

- Learners have to be at the centre of the learning process.
- Learning is a social practice and cannot happen alone.
- Emotions are an integral part of learning.
- Every learner is different.
- Learners need to be stretched, but not too much.
- Assessment should be for learning, not of learning.

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<sup>8</sup> Papadopoulos I., Tilki M. & Taylor G. (1998): *Transcultural care. A guide for health care professionals*. Quay Publications. Dinton, Wilts.

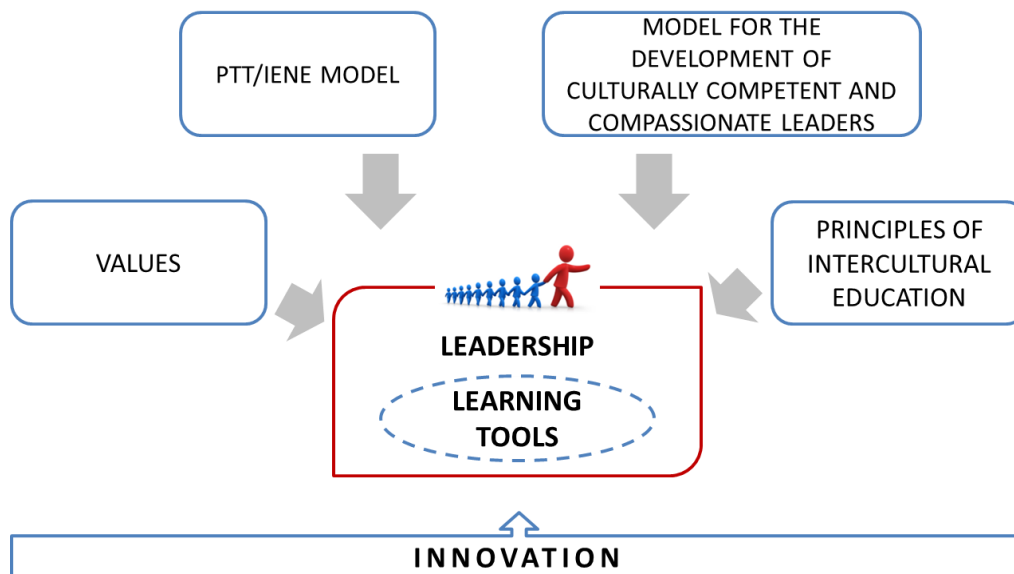
<sup>9</sup> Papadopoulos, I. (2006). *Transcultural Health and Social Care: Development of Culturally Competent Practitioners*. Churchill Livingstone Elsevier. Edinburgh.

<sup>10</sup> Kentucky Department of Education (2015). Available at: <http://education.ky.gov/school/innov/pages/what-is-learning-innovation.aspx>

<sup>11</sup> Adapted from a list provided by K. Schwartz (2013). Available at: <http://education.ky.gov/school/innov/pages/what-is-learning-innovation.aspx>

- Learning must be connected with life.

**Figure 1. Values and principles for the development of learning tools**



### European Model for the development of role models to promote and support culturally competent and compassionate care

The learning tools are based on the *European Model for the development of role models to promote and support culturally competent and compassionate care* elaborated under the O4 of IENE4 project.

The proposed models is centred on the responsibility of leaders to establishing a culturally competent compassionate work environment, as well as to preparing health care professionals' capacity to provide effective health care taking into consideration patients' cultural beliefs and needs.

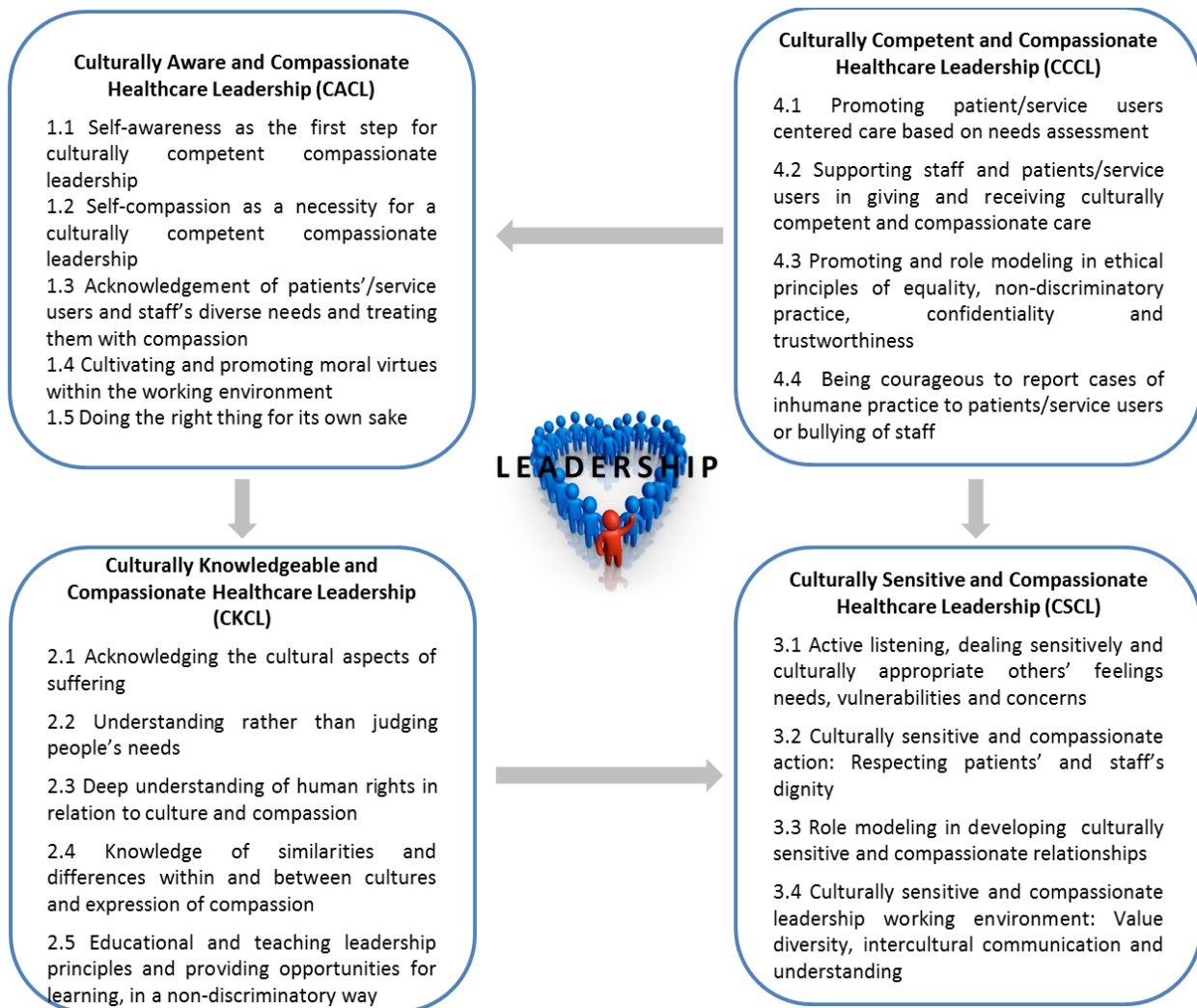
The model includes four main components (see Figure 2):

1. **Culturally Aware and Compassionate Healthcare Leadership.** In order to start on the process of becoming a culturally competent and compassionate healthcare leader, learners should start becoming more aware about their strengths and weaknesses and patients' and staff's needs. Moreover, they must motivate and promote leadership moral values among staff within working environment.
2. **Culturally Knowledgeable and Compassionate Healthcare Leadership.** Secondly, learners must know how to manage and implement appropriate culturally and compassionate leadership; respecting and understanding others' needs rather than judging.
3. **Culturally Sensitive and Compassionate Healthcare Leadership.** Learners should know how to create a working environment characterized by respecting diversity,

promoting intercultural communication, mutual understanding, respect and trust among health care professionals. They must be sensitive practicing active listening with their staff and patients and be open minded to diverse opinions and practices.

1. **Culturally Competent and Compassionate Healthcare Leadership.** Finally, learners must become competent to manage weaknesses and problems at the working environment. Patient-centred care, respect both to patients and to staff should be promoted by leaders acting as role models.

**Figure 2. Model for the development of culturally competent and compassionate leadership**



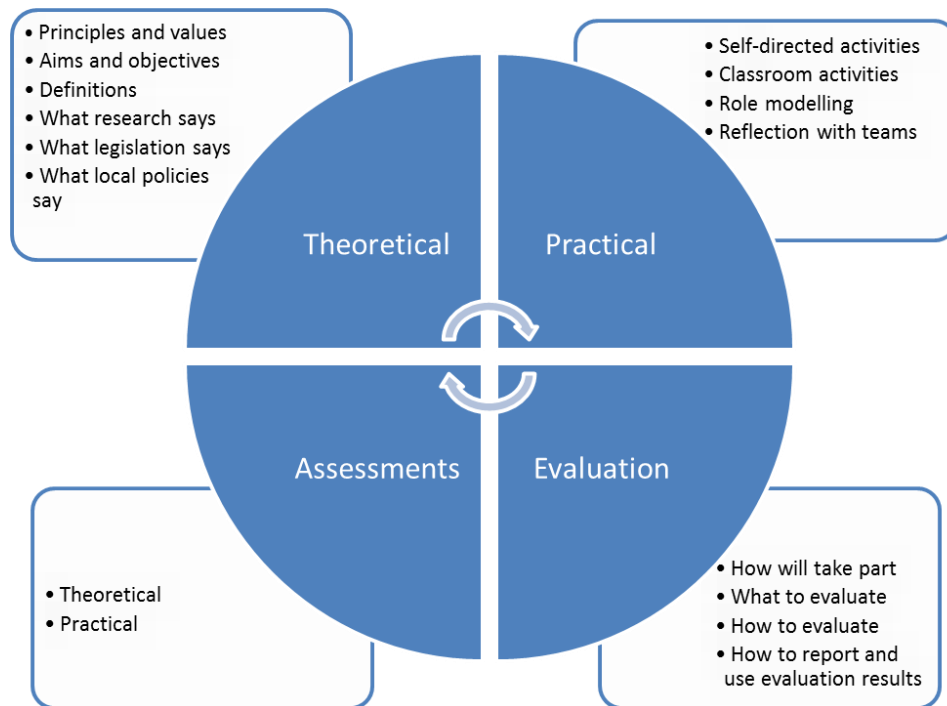
### Components of the tools

The maximum extension of each tool should be 4 pages including the following main components (see Figure 3):

- Theoretical
- Practical
- Assessment

- Evaluation

**Figure 3. Components of a tool**



### Healthcare groups

Every tool will be developed with elements mainly reflecting generic content related to the topics chosen. However, it is important to add more concrete elements related to specific client/healthcare groups. At O2 (*Tool for self-assessment of culturally competent compassions*) the agreed groups were:

- Mental health
- Physical health
- Child health
- Elderly health

## ANNEX 1. PROPOSAL OF TOOLS – CLASSIFICATORY TABLE

In this annex it is presented a table in order partners can classify each tool they are going to develop. This will be useful to have a complete overview of the work and to ensure partners do not duplicate the topics of the tool.

In every Unit, partners have to classify their tools according to the following relevant categories:

- ***Subcomponents of the Model***

Each tool must refer to several components (Awareness, Knowledge, Sensitivity, Competence) and subcomponents of the Model developed under the Output 4.

- ***Values***

At the table, partners will select from the list those values (agreed and obtained at the Output 4) they consider associated with their tools.

- ***Methodology***

Each tool will contain all learning methodological components, which were discussed and agreed on Output 3 (self-directed learning, classroom learning, role modelling/coaching and reflection with teams). Each tool should be based on the agreed aims and objectives for each unit (to be prepared by Claudia's team at O5 and agreed by all) and should include the following amounts of time per learning methodological component:

- a) 3-5 hours of self-directed learning (all materials will be provided on-line and students go through them on their own)
- b) 5 hours of classroom learning (face to face learning in a classroom)
- c) 5 hours of role modelling in the clinical unit(s) where you work (applying and demonstrating the skills you wish to promote to your staff and colleagues)
- d) 3-5 hours reflection with your team(s)

- ***Service user/patient group***

In the development of each tool it is important to take into consideration the target groups of service users/patients we have followed in previous tasks and outputs of the project (mental health, child health, older people, physical health). So, although each tool will have generic features, it must also include specific elements on one target group.

*Here, as an example, it is presented the completed table with tools proposed by Polibienestar team.*

➤ **Partner:** Polibienestar Research Institute – University of Valencia (Spain)

	UNIT 1	UNIT 2
<b>Title of the tool (preliminary)</b>	Stop bullying at healthcare work environment. The leader as a protective factor	Promotion of patient-centred approaches: caring health, values and personal and social needs
<b>Subcomponents of the Model</b>	<i>Awareness:</i> 1.3 ; 1.4	<i>Awareness:</i> 1.3
	<i>Knowledge:</i> 2.2 ; 2.5	<i>Knowledge:</i> 2.1 ;
	<i>Sensitivity:</i> 3.2 ; 3.4	<i>Sensitivity:</i> 3.1 ; 3.2
	<i>Competence:</i> 4.4	<i>Competence:</i> 4.1
<b>Values</b>	Motivation ; <b>Compassion</b> ; <b>Respect</b> ; <b>Responsibility</b> ; Morality ; Altruism – devotion ; Open-mindedness ; <b>Understanding</b> ; <b>Competence</b> ; <b>Equality</b> ; Dignity ; Integrity ; <b>Trust</b> ; <b>Kindness</b> ; Participation ; <b>Guidance</b> ; Reflection ; <b>Experience</b> ; Paradigmatism ; Active learning ; <b>Empathy</b> ; <b>Sensitivity</b> ; <b>Confidentiality</b> ; <b>Supportive</b>	Motivation ; <b>Compassion</b> ; <b>Respect</b> ; Responsibility ; Morality ; Altruism – devotion ; <b>Open-mindedness</b> ; <b>Understanding</b> ; Competence ; Equality ; <b>Dignity</b> ; Integrity ; Trust ; <b>Kindness</b> ; Participation ; Guidance ; <b>Reflection</b> ; Experience ; Paradigmatism ; <b>Active learning</b> ; <b>Empathy</b> ; <b>Sensitivity</b> ; <b>Confidentiality</b> ; <b>Supportive</b>
<b>Methodology</b>	<i>Self-directed:</i> Yes [x] No [ ]	<i>Self-directed:</i> Yes [x] No [ ]
	<i>Classroom:</i> Yes [x] No [ ]	<i>Classroom:</i> Yes [x] No [ ]
	<i>Role modelling:</i> Yes [ ] No [x]	<i>Role modelling:</i> Yes [x] No [ ]
	<i>Reflection with teams:</i> Yes [x] No [ ]	<i>Reflection with teams:</i> Yes [x] No [ ]
<b>Service user/patient group</b>	Mental health ; Child health ; <b>Older people</b> ; Physical health	Mental health ; Child health ; <b>Older people</b> ; Physical health

## ANNEX 2. TEMPLATE FOR TOOLS

*Please, use one template per tool and use as much space per section as needed taking into consideration maximum length of 4 pages per tool.*

### Theoretical component

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- A. Title of the tool
  
- B. Authorship (*Provide the names of the persons participating in the elaboration of the tool*)
  
- C. Relevant principles and values for the tool
  
- D. Aim of the tool
  
- E. Learning outcomes (*up to six outcomes*)
  
- F. Relevant definitions and terms
  
- G. What the research says on the topic (*add at least 3 research references with a brief summary for each and relevant URLs if necessary*)
  
- H. What legal/normative frameworks or conventions says on the topic (*add 2-3 local and 2-3 European/international sources with brief summaries and relevant URLs*)

### Practical component of the tool

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*Please, note that a tool should contain self-directed and classroom activities and should promote ideas for role modelling reflection with teams.*

- I. Classroom activities (*Provide here the summary of the activity. The full activity with teacher instructions and specific and full materials – e.g. Power Point presentation – to be used face-to-face with students can be attached as a separate document which will be uploaded on the IENE website*)

**J.** Self-directed activities(*Provide here a summary of the activity. The full activity with teacher instructions and full materials can be attached as a separate document as above*)

**K.** Role modelling activities(*Provide here a summary of the activity. The full activity with teacher instructions and full materials can be attached as a separate document as above*)

**L.** Reflection with teams(*Provide here a summary of the activity. The full activity with teacher instructions and full materials can be attached as a separate document as above*)

## **Assessment<sup>1</sup>**

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*Please, note that a tool does not require having both theoretical and practical assessment. Use those appropriate according to previously described activities.*

*Partners will ask the learners to give us permission to publish their reflections anonymously. For this purpose, a consent form will be developed and distributed soon.*

**M.** Theoretical assessment

**N.** Practical assessment

## **Evaluation**

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*Partners will use a standard brief questionnaire to collect data from learners. This will be developed and distributed soon.*

## **References and useful resources**

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*Please, include in this section all complete references cited along the tool (e.g. scientific papers, books, reports, websites, etc.)*

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<sup>1</sup> In this guide the term 'assessment' refers to those activities used by teachers and students to confirm what students have learnt to demonstrate whether they have achieved the learning outcomes of the tool.

### ANNEX 3. EVALUATION QUESTIONNAIRE

#### Information about the tool:

Title:

Unit:

Unit 1

Unit 2

#### Information about you:

Age: \_\_\_\_\_

Gender:

Male

Female

Professional profile:

a) What is your role?

Nurse

Social worker

Occupational therapist

Doctor

Psychiatric nurse

Community psychiatric nurse

Counsellor

Psychologist

Unqualified mental health worker

Physiotherapist

Other (please specify).....

b) How many years have you worked in your profession? \_\_\_\_\_

#### Indicators:

*In the following table there are some indicators in order you can evaluate if the learning tool meet them. Please, rate each indicator by inserting a tick in the relevant column. Moreover, there is space so you can propose your own criteria if you consider appropriate*

	Fully agree	Partly agree	Not agree
The tool is structured appropriately to achieve the learning goals			
The theoretical content is relevant and			

appropriate			
The practical content is relevant and appropriate			
<p>The activities proposed are useful to increase the following dimensions regarding the topic of the tool:</p> <ul style="list-style-type: none"> <li>- Culturally Aware and Compassionate Leadership</li> <li>- Culturally Knowledgeable and Compassionate leadership</li> <li>- Culturally Sensitive and Compassionate Leadership</li> <li>- Culturally Competent and compassionate leadership</li> </ul>	/	/	/
The content is interesting and useful to improve the daily leadership practice at my workplace			
The delivery method is appropriate			
The activities promote learners make sense of knowledge, experience, interaction with others and with themselves			
In general, I am satisfied with the tool			
<b>Add your own criteria below</b>			

Please, state any additional comment you want to share with us. Your opinion is very important to improve our work and to better address real professionals' needs.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you so much for your participation and your time!**

# TOOLS FOR UNIT 1

# ETHICAL PRACTICE, EQUALITY, AND LEADERSHIP IN HEALTHCARE

by

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*The Middlesex University (United Kingdom)*

## Theoretical component

### Aim

This learning unit is aimed at healthcare leaders working at strategic levels whose roles include the creation of culturally competent and compassionate working environments as well as supporting staff to flourish and provide high quality services.

The aim of this tool is to promote role modelling in strategic healthcare leaders. This tool specifically aims to promote ethical practice including confidentiality and trustworthiness, as well as the principles of equality and non-discriminatory practice.

### Learning outcomes

Following completion of the self-directed learning, classroom activities, role modelling and reflection in practice, it is expected that the participants will be able to:

- Demonstrate self-awareness as the first step for culturally competent compassionate leadership **(1,1)\***
- Understand self-compassion as a necessity for a culturally competent compassionate leadership **(1.2)\***
- Demonstrate an ability to understand rather than judge people's needs **(2.2) \***
- Develop a deep understanding of human rights in relation to culture and compassion **(2.3)\***
- Understand cultural sensitivity and compassionate action in respecting patients' and staff dignity **(3.2)\***
- Utilise role modelling in developing therapeutic culturally sensitive and compassionate relationships **(3.3)\***
- Understand the importance of a culturally sensitive and compassionate leadership working environment: Value diversity, intercultural communication and understanding **(3.4)\***
- Demonstrate an ability to support staff and patients in giving and receiving culturally competent and compassionate care **(4.2)\***

- **Promoting and role modeling the ethical principles of equality, non-discriminatory practice, confidentiality and trustworthiness (4.3)\* (focus of this unit)**

\*See appendix I

## **Principles and Values**

The unit focus will be on role modelling and should encourage participants to lead through example. The knowledge and skills of individuals should be built on, and participants should be encouraged to be more reflexive and collaborative in their learning.

The educational philosophy highlights the need for the curriculum to be based on respect, equity, compassion, cultural competence, non-discriminatory practice, professionalism, flexibility and tolerance.

Principles that underpin this tool include:

- Building on what is already known
- A commitment to lifelong learning
- Shared Learning
- Valuing Experience
- Exploring similarities and differences
- Tolerance
- Fostering curiosity

Values that inform this tool:

- Caring
- Compassion
- Trustworthiness
- Integrity
- Fairness
- Justice
- Respect
- Responsibility
- Tolerance
- Equity
- Human rights
- Cultural competence
- Inclusion
- Professionalism

## **Relevant definitions and terms**

- **Culturally competent and compassionate health care leadership:** According to the results of the IENE4 Output No4 (O4) ***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 helps to develop and nurture”.
- **Culturally competent compassion:** “The human quality of understanding the suffering of others and wanting to do something about it using culturally appropriate and acceptable nursing/healthcare interventions which take into consideration both the patients and the carers cultural backgrounds as well as the context in which care is given” (Papadopoulos, 2011).
- **Ethics in Healthcare:** ‘Ethics is concerned with moral principles, values and standards of conduct. The field of health and health care raises numerous ethical concerns, related to, for example, health care delivery, professional integrity, data handling, use of human subjects in research, and the application of new techniques...’  
[World Health Organization - <http://www.who.int/topics/ethics/en/>]
- **Equality and Diversity:** ‘Equality is a legal framework to protect against discrimination, promote equality of opportunity and foster good relations between people with ‘protected characteristics’.’ Diversity is the valuing of our individual differences and talents, creating a culture where everyone can participate, thrive and contribute’ (Health and [Social Care Information Centre - . <http://www.hscic.gov.uk/article/2674/Equality-and-diversity>]

## What the research/literature says

- **Ethics and Equality**

*‘Let whoever is in charge keep this simple question in her head - not how can I always do this ‘right thing’ myself - but how can I provide for this ‘right thing’ to always be done.’ Florence Nightingale*(<http://susanoliver.com/pdf/my%20leadership.full%20text.pdf%2006.pdf>)

The National Centre for Ethics in Health Care states that a key responsibility in leadership is ensuring that the organization encourages employees to ‘do the right thing’. As such leaders should foster an environment and an organizational culture that supports doing the right thing and doing it well, for reasons that are supported by ethical values.

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).

NHS organizations face a key challenge in the continuous nurture of cultures that ensure the delivery of high-quality, safe and compassionate health care. Leadership is the most influential factor in shaping organizational culture and ensuring the necessary leadership behaviours, strategies and qualities are developed is fundamental.

<http://www.kingsfund.org.uk/publications/leadership-and-leadership-development-health-care>

However, leaders in health care are challenged by many demands and issues, and to confront such demands, leaders need to have the ability to make decisions based on ethics. To ensure the survival of an organization, leadership must include values grounded on ethical principles (Piper, 2007). As Piper (2007) reports, the problem in today's health care organizations is that not enough emphasis is being placed on a culture of ethics within the organization and within the behavior of the leadership.

Leaders can begin by establishing a systematic approach to ethics so when ethical issues do occur, the organization's actions to address them match its core values. To do this, leaders should identify and discuss specific ethical challenges, determine how to approach them and provide practical insights to help maintain and enhance ethical performance.

[https://www.ache.org/abt\\_ache/MA09\\_Ethics.pdf](https://www.ache.org/abt_ache/MA09_Ethics.pdf)

According to the Cleveland Clinic, patients, families, and health care professionals sometimes face difficult decisions about medical treatments that involve moral principles, religious beliefs, or professional guidelines.

Health care ethics is a thoughtful exploration of how to act well and make morally good choices, based on beliefs and values about life, health, suffering, and death  
[https://my.clevelandclinic.org/health/healthy\\_living/hic\\_Dealing\\_with\\_Ethical\\_Questions\\_in\\_Health\\_Care](https://my.clevelandclinic.org/health/healthy_living/hic_Dealing_with_Ethical_Questions_in_Health_Care).

The emotional and personal nature of ethical decision making can present difficulties, and conflict can arise when people have different ethical perspectives (Ferrie, 2006).

In 2002, Rodney and colleagues reported on the results of a qualitative study of nurses' ethical decision-making. Focus groups were used as a means to explore the meaning of ethics and the enactment of ethical practice. The findings centred on a moral horizon representing "the good" towards which the nurses were navigating. The findings suggest that the moral climate of nurses' work significantly influences nurses' progress towards their moral horizon. Nurses reported that they often found themselves navigating against the privileging of biomedicine and a corporate ethos. However, supportive colleagues as well as professional guidelines, and ethics education helped them to move towards their moral horizon.

According to Varcoe et al, (2004) while contemporary ethical theory is of tremendous value to nursing, the extent to which such theory has been informed by the concerns and practices of nurses has been limited. These authors undertook a study to explore, from the perspective of nurses, the meaning of ethics and the enactment of ethical practice in nursing. Their results

demonstrated that the nurses described ethics in their practice as both a way of being and a process of enactment. They described drawing on a wide range of sources of moral knowledge in a dynamic process of developing awareness of themselves as moral agents. Enacting moral agency involved working in a shifting moral context, and working in-between their own values and those of the organizations in which they worked, in-between their own values and those of others, and in-between competing values and interests.

In considering the nature of ethical leadership in nursing, Gallagher & Tschudin (2010) examined some of the educational and practice strategies to promote ethical leadership. These authors argue that there are different levels of ethical leadership. All members of the nursing workforce are ethical leaders in so far as they demonstrate a commitment to ethical practice in their everyday work and act as ethical role models for others. Nurse managers are responsible for influencing their team and for acting as arbiters between organizational and professional values. Nurse educators are role models and ethical leaders as they ensure that the explicit and hidden curriculum demonstrate a commitment to professional values.

Attention to ethical issues may be of particular importance in the field of transcultural nursing. Cultural misunderstandings and language differences may generate ethical dilemmas when health care providers lack an awareness of the value systems of patients that differ from their own. (Donnelly,2000, Gallagher 2006).

In line with the importance of an ethical approach, promoting equality and equity is essential in healthcare.

As stated by the NHS:

*'Promoting equality and equity are at the heart of our values – ensuring that we exercise fairness in all that we do and that no community or group is left behind in the improvements that will be made to health outcomes across the country.'*

<https://www.england.nhs.uk/about/equality/>

Indeed, the RCN's first Principle of Nursing Practice, requires that *'Nurses and nursing staff treat everyone in their care with dignity and humanity – they understand their individual needs, show compassion and sensitivity, and provide care in a way that respects all people equally.'*

This Principle is the starting point for nursing practice in all care settings and all fields of nursing, whereby dignity, equality, diversity and humanity are basic rights for all individuals.

[https://www2.rcn.org.uk/data/assets/pdf\\_file/0004/377356/Nursing\\_Standard\\_Principle\\_A\\_March11\\_563KB.pdf](https://www2.rcn.org.uk/data/assets/pdf_file/0004/377356/Nursing_Standard_Principle_A_March11_563KB.pdf)

Considering equality as a key concept in nursing, Kangasniemi (2010, <http://www.ncbi.nlm.nih.gov/pubmed/20487405>) conducted a study which aimed to define the concept of equality as a value of nursing ethics research, via data collected through a systematic literature review. The findings demonstrated a number of dimensions, i.e. themes, that equality is related to. The dimensions of the theoretical level are the equality of being, i.e. universal human value, and distributive equality, i.e. equal opportunities, circumstances and

results. The dimensions of functional equality included themes such as critique of distributive equality, context, difference, power and care. Critique is aimed at incompatibility of theoretical level with practice. Context raises questions of each nursing situation in relation to equality. Variation within context is closely related to differences involving parties to nursing, and it is a starting point to questions of equality. Power is understood as comprising knowledge, skills and authority that create differences and questions of equality between nurses and patients and nurses and other professionals or students. This author concluded that nursing as care always includes a relationship between two or more persons and needs to be inspected from the point of view of equality.

To this end, the NHS Leadership Academy <http://www.leadershipacademy.nhs.uk/resources/inclusion-equality-and-diversity/> aims to lead on making 'inclusion' a reality within the NHS, through investment in excellent, knowledgeable and capable leadership. There is recognition that diversity and inclusion leads to improved health and greater staff and patient experiences of the NHS; thus, the challenge of enabling staff from all backgrounds to develop and excel in their roles is welcomed.

➤ **Role modelling in practice**

According to Price (2004), role modelling facilitates the translation of theory into practice and allows the sharing of skills.

Perry et al, (2004) in their research considered the importance of role models in practice for student nurses and novice nurses. They found that the behaviours demonstrated by what they called 'exemplary nurses' included paying attention to the little things, making connections, affirming others, and importantly, role modelling. They also noted the importance of using these skills in the development of nurses and student nurses.

Cruess and Steinert (2008), identified characteristics of roles models can be divided as follows:

- **Clinical competence:** This is integral to practice and needs to be role modelled. It includes clinical reasoning and decision making, knowledge and skills and communication.
- **Teaching skills:** these are tools that are essential to role modelling in order to acquire clinical competence, including effective communication and opportunities for reflection.
- **Personal qualities:** There are a number of attributes that contribute towards role modelling. These include a commitment to best practice as well as being motivated and enthusiastic about teaching and practiced, as well as interpersonal relationship skills.

### **What legal/normative frameworks says on the topic**

Please access and read the following important documents:

- Nurses in UK: The Code (NMC, 2015) <http://www.nmc.org.uk/standards/code/read-the-code-online/>
- The NMC Standards of Practice (2015):

<http://www.nmc.org.uk/standards/guidance/raising-concerns-guidance-for-nurses-and-midwives/read-raising-concerns-online/>

- The ICN Code of Ethics (2012):  
<http://www.icn.ch/who-we-are/code-of-ethics-for-nurses/>

## Practical component

### Self-Directed Activities:

Participants will need to engage in 3-5 hours of self-directed learning prior to attending the training day. It is important that you have an understanding of some key concepts beforehand including the meaning of *culturally competent compassion*, *the importance of self-compassion* and also *the virtue of courage*.

### Activity 1: Culturally Competent Compassion

A. The following short video gives an overview of the components of culturally competent compassion: <https://www.youtube.com/watch?v=zjKzO94TevA>

B. This podcast with power points gives a further insight into the Papadopoulos, Tilki and Taylor model of cultural competence:

<https://www.youtube.com/watch?v=ePkAqEv9Oul>

Further videos that you may want to view include:

- Daniel Goldman- Leadership and Compassion- Empathy and Compassion in society 2013: <https://www.youtube.com/watch?v=TnTuDDbrkCQ>
- Simon Sinek: Why Good Leaders Make you Feel Safe: [https://www.ted.com/talks/simon\\_sinek\\_why\\_good\\_leaders\\_make\\_you\\_feel\\_sa  
fe?language=en](https://www.ted.com/talks/simon_sinek_why_good_leaders_make_you_feel_safe?language=en)

Following completion of the above activities, **draw a concept map** of what culturally competent and compassionate practice means to you, and bring this to class with you.

### Activity 2: Your own experiences of compassion

You must be able to care about yourself to be able to care for others. The ability to remain compassionate in practice is strengthened by the quality of support you receive. It is important to understand the experience of giving and receiving care.

We know that compassion is a subjective feeling, so it is important to consider your own feelings about compassion. Think about a time when you were suffering in some way, maybe you were stressed about something.

- *Was someone kind to you? Who?*
- *Did someone convey compassion for you? How did you feel?*
- *Make some notes about what helped you to feel better.*

- *What would be your own personal definition of compassion?*

Reflect on your own experience in the care giving process – be aware of thoughts and feelings.

- *Why did you choose nursing as a career? Maybe you chose nursing because you wanted to help people, to contribute to the alleviation of suffering.*
- *To what extent do you feel able to uphold the values you held when you chose nursing as a career?*
- *Are there any barriers that are hindering your ability to provide care with compassion?*

### **Activity 3: Other people’s experiences of compassion**

**The Centre for Applied Research and Evaluation International** Foundation (CAREIF) is an international mental health charity based at the Centre for Psychiatry, Barts and The London School of Medicine and Dentistry, Queen Mary University of London. The document ‘*In Conversation with Compassion and Care*’ (CAREIF, 2013) contains a selection of narratives relating to thoughts on compassion and care from people from a range of backgrounds.

Read this document in order to get some idea of the scope of the concept:

<http://careif.org/?s=In+Conversation+with+Compassion+and+Care>

### **Activity 4: Self-Compassion**

Self-compassion is an important component of culturally competent compassion.

- This Ted Talk by Kristin Neff gives a good overview of Self Esteem and Self-Compassion.  
<https://www.youtube.com/watch?v=lvTZBUSplr4>
- You may also find it useful to look at the resources on Kristin Neff’s website to further your understanding of self-compassion:  
<http://self-compassion.org/>
- Read the following editorial on self-compassion and self-care in nursing: Mills, J., Wand, T., and Fraser J.A. (2015) On self compassion and self-care in nursing: Selfish or essential for compassionate care? *International Journal of Nursing Studies* Vol 52, Issue 4 Pp 791-793 DOI:  
<http://dx.doi.org/10.1016/j.ijnurstu.2014.10.009>

### **Activity 5: Ethical Practice and Equality**

## **Classroom Activities**

Participants will need to attend 1 day of training. The classroom activities are guided by the following timetable:

<b>Timetable</b>	
09.30-	Introductions - Start creating the network-Sign the registrations form with email address role

10.15	etc. Aims and outline of the day/ground rules. Icebreaker: Give one example of how you promoted non-discriminatory practice? Completion of Measuring Tool.
10.15-11.15	The ethical principles of equality, non-discriminatory practice, confidentiality and trustworthiness (link to prior reading) Discussion on what has been read and consolidation of main points Discuss the concept maps participants have brought with them regarding the meaning of ethical non-discriminatory practice/service and equality
11.15 - 11.30                      Break	
11.30-12.30	Principles of culturally competent, compassionate and virtuous leadership (pp presentation) Using role modelling in practice (handout and discussion).
12.30 -13.15                      Lunch	
13.15-14.00	<b>Apply role modelling scenario</b> <ul style="list-style-type: none"> <li>- participants read the scenario in silence (5 minutes)</li> <li>- participants decide who will be Nelsons, who will be Marys and who will be observers. Everyone sits in a circle with two chairs in the middle (5 minutes)</li> <li>- role play through the fishbowl method (15 minutes)</li> <li>- observers provide feedback (10 minutes)</li> <li>- debriefing (5 minutes)</li> <li>- discuss and summarise about the learning in terms of the messages and the method ( 5minutes)</li> </ul>
14.00-	Reflection of lessons from today.
14.30-15.00	<u>Action Planning.</u> Work on their own to draft a plan to be executed when they return to work: Insert on the template: Your name, title, who you will role model culturally competent, compassionate and courageous leadership, for, how long etc, reflection.
15.00-15.30	Questions, Evaluation, Networking Complete Compassion Measuring Tool if they did not do at the beginning of the day.

## Assessment

*Please, note that a tool does not require us to have both theoretical and practical assessment. Use the appropriate mode of assessment according to previously described activities.*

*Partners will ask the learners to give us permission to publish their reflections anonymously. For this purpose, a **consent** form will be developed and distributed soon.*

## Assessment strategies:

- A. For the 3-5 hours of Self Directed Learning: draw a concept map to be used in class to represent their understanding of a topic. Use the handout or a blank piece of paper for this.
- B. For the 5 hours classroom learning: Discussions and reflection on the learning each gained and the potential for learning from others. Prepare an action plan for role modelling in practice.
- C. For the 3-5 hours of role modelling practice: A self-reflective account of the experiences of role modelling culturally competent, compassionate and courageous leadership. Use the handout or a blank piece of paper to do this. This should be approximately 500 words. **Please email your reflexive essay to your learning unit facilitator.**

## Evaluation

A standard brief questionnaire to collect data from participants will be used. See Appendix...

## Appendices

- Appendix I. Culturally competent and compassionate healthcare leadership model
- Appendix II. Handout: Concept map
- Appendix III. Scenario: Nelson and Mary
- Appendix IV. Optional scenarios
- Appendix V. Role Modelling in practice handout
- Appendix VI. Action plan
- Appendix VII. Evaluation
- Appendix VIII. Reflexive log
- Appendix IX. Consent form

## References and useful resources

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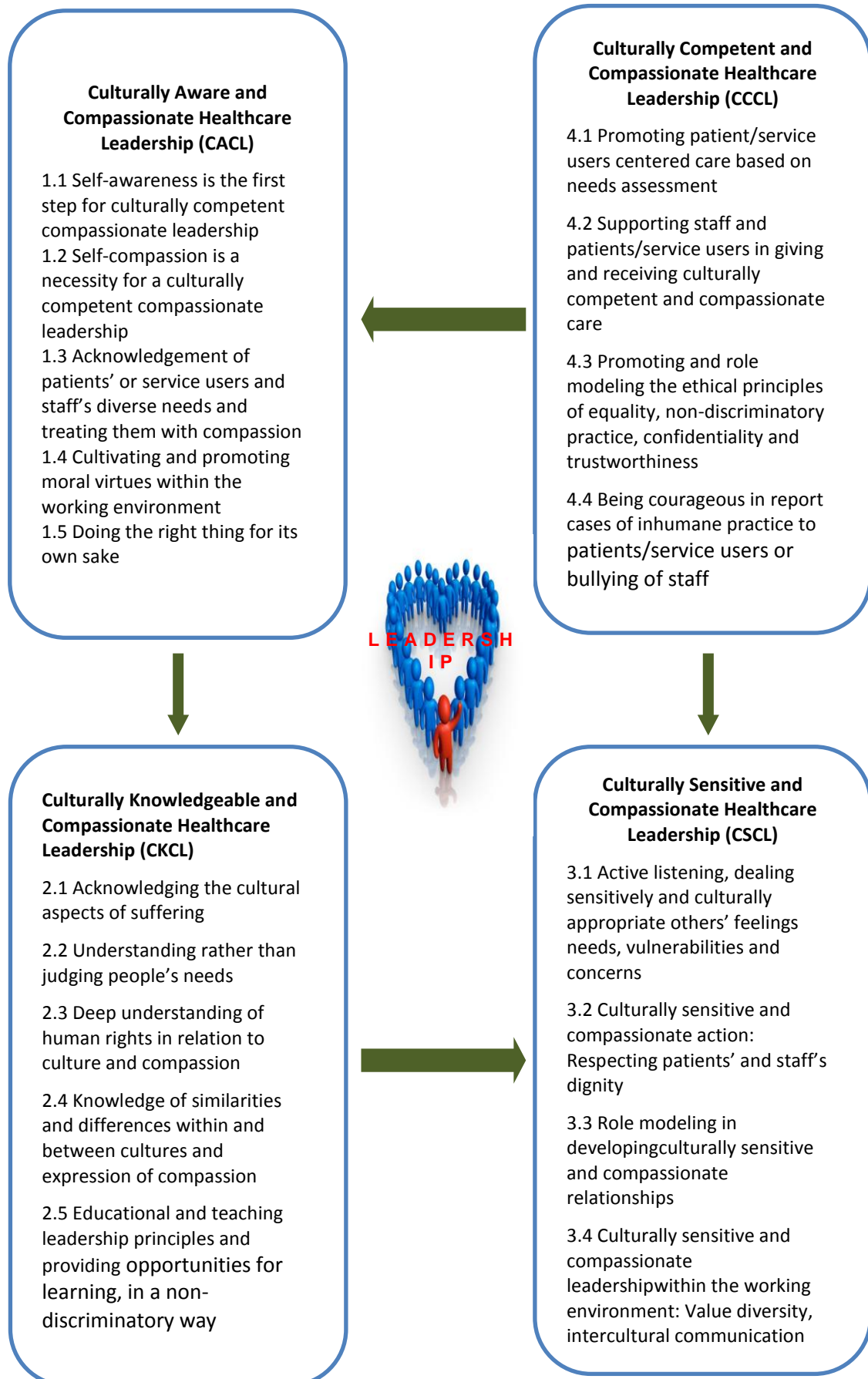
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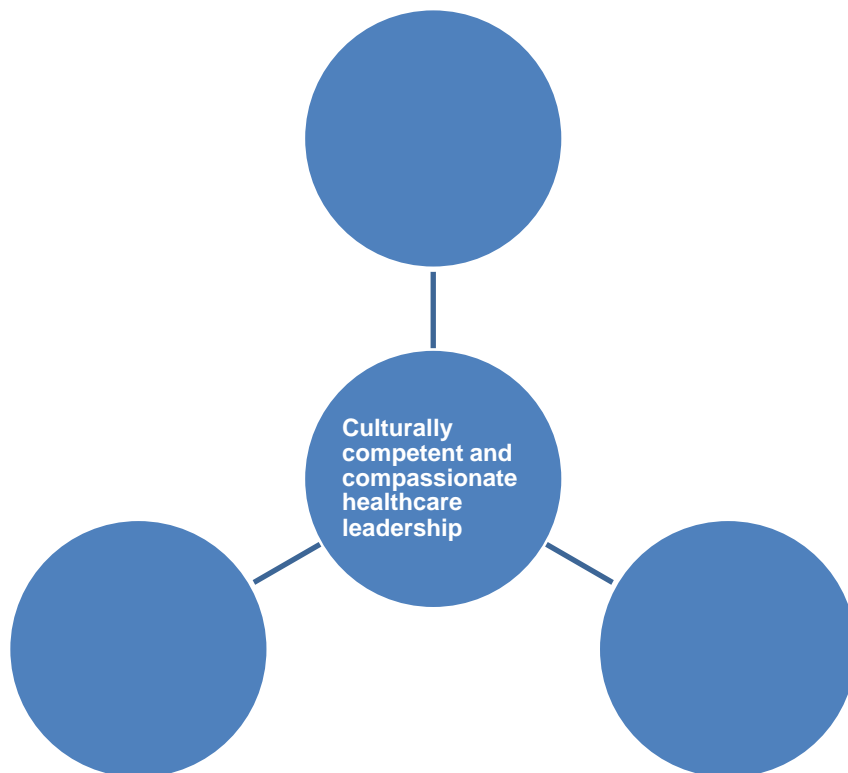
**APPENDIX I: IENE4 CULTURALLY COMPETENT AND COMPASSIONATE HEALTHCARE LEADERSHIP MODEL**



## APPENDIX II. HANDOUT: CONCEPT MAP

### Concept Map- What does Culturally Competent Compassion Mean to you?

Once you have completed the self-directed activities, please fill in this concept map before attending the training day. You can do this online or print off a copy and add to it as you wish.



## APPENDIX III. SCENARIO: NELSON AND MARY

### Case Study

Nelson is a Nigerian man in his late 30s. Nelson has been living in the UK for the past 5 years; he is in charge of a learning difficulties adult female ward. Nelson has been in charge on this ward for the past 6 months. Mary is the unit manager; she is an Irish woman in her early 40s who has been in charge of the unit for the last 3 years.

Mary has received a complaint from the parents of a young woman who is being cared for in the ward where Nelson works. The parents of the young British woman named Ester, have accused Nelson of sexually harassing their 20 years old daughter whose mental age is 10.

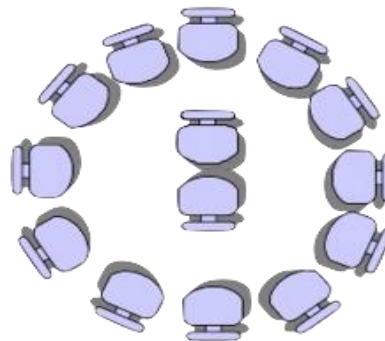
Mary makes an appointment to see Ester's parents. In the meeting the parents explain that they have seen the charge nurse (Nelson) embracing their daughter and talking to her in an unprofessional manner, which they consider to be inappropriate. They also reported that other patients on the ward told them that have seen Nelson kissing their daughter.

Mary sets out to investigate this complaint and asks Nelson to see her in her office.

- **How should Mary approach this interview with Nelson?**
- **Consider the ethical and cultural issues as well as the principles of discrimination and inequalities**

### Fishbowl Exercise:

Mary and Nelson will sit in the middle and the rest of the class will sit in a circle around Mary and Nelson.



Choose your role! Would you like to be Mary or Nelson?

- **Group A will be Marys**
- **Group B will be Nelsons**
- **Group C will be the observers**

The **observers** will take notes and provide feedback to Mary and Nelson.

The exercise will start by Mary and Nelson discussing what happened as described in the case scenario. While Mary and Nelson are discussing the issues, if you disagree or would like to add a different perspective to what is being discussed, if you are in the **Marys group** you will need to "tap" on Mary's shoulder to take the place in the middle and continue as Mary. Likewise, if

you are in the **Nelsons group** and wish to take Nelson's place in the middle, tap on Nelson's shoulder.

After appx 15 minutes the role playing stops and the observers provide feedback.

## APPENDIX IV: OPTIONAL SCENARIOS

### a) Homeless individual (Adapted from a real—life incident)

A homeless man, speaking very little English is admitted to hospital suffering from severe circulation problems in his feet. Nurse A is somewhat dismissive of the man, both in terms of him as a person, and of his condition. The patient in the next bed has a far less severe condition but is receiving much better care and attention from Nurse A.

After a short time, the homeless man is discharged from hospital.

Health Care Assistant (HCA) 1 is uncomfortable with the treatment that the man has received from Nurse A, and feels that something more could have been done rather than turning the homeless man back onto the street with insufficient clothing or footwear, despite his condition.

HCA 1 would like to report this incident to the CNL as evidence of unethical and discriminatory behaviour, but because she feels inferior to Nurse A, she is unsure whether to do so.

- What action should the HCA take?
- How should the CNL respond?

### b) A patient from the Philippines (Based on a real-life incident)

A patient from the Philippines is in obvious distress, but she speaks no English at all. She is receiving blood transfusions and is consistently crying and calling out to staff. The staff assumes that it is the patient's physical pain that is troubling her, and they treat her with kindness but try to explain that they are unable to administer anymore drugs. The lady is clearly deeply disturbed, but it appears that her unhappiness is not only connected to her physical pain. Although the staff is kind, they are becoming agitated by the patient consistently calling out. They do not understand her, and because of this their judgement of her needs is incorrect.

There is an obvious solution/available resource, which the staff have not considered, but which is immediately utilized when the ward manager enters. The auxiliary staff responsible for the ward are also all from the Philippines, and thus the ward manager realizes that they would be able to communicate with the patient in her native language. The ward manager invites one of the auxiliary staff to sit with the Pilipino patient, and she is happy to assist. She holds the patient's hand and talks gently to her in her native language. By doing so, she is able to identify that the patient wishes to communicate with her son who lives in London, and that she has concerns about other family members and would like someone to contact them for her.

- What can be learned from this example?
- Should the ward manager discuss this with his/her staff?

### c) Distressed CNL

Michael is a South American **Clinical Nurse Leader**, who is very self-aware, and demonstrates great awareness of the needs of others.

His leadership skills are superb, he values his staff, is aware of the needs of his patients and their families, and is a perfect role-model for those working under his leadership. Despite being under enormous pressure, he is always able to act professionally and exhibit warmth, motivation and encouragement to those around him.

However, recent fatigue, a minor health issue, and a family problem have placed enormous strain on him and he is becoming somewhat distracted. He is less able to notice his surroundings and exhibit the leadership skills that he usually has.

Staff around him, including administrative staff and non-clinical staff are starting to notice this change in him. (What actions should the staff take?)

- What actions should the staff take?
- How should the CNL respond to their actions?

#### **d) Language Barriers?**

Mai is a highly trained nurse from Thailand who has recently re-located to the UK after marrying an English man. Her understanding of English is good, but her spoken English is not easy for other members of staff to understand. As such, despite her kindness, she is looked down on by other members of staff.

When Mai notices the lack of care provided to a recently admitted refugee from Afghanistan, she attempts to question this with her colleagues. Her colleagues turn a blind eye, claiming that they do not understand what Mai is trying to tell them.

Only one person is prepared to listen to her, and that is one of the hospital porters. He advises Mai to seek advice from the CNL/Hospital Manager.

- Should Mai approach the CNL?
- How should the CNL respond?

## APPENDIX V: ROLE MODELLING IN PRACTICE HANDOUT

### Role modelling

#### Qualities which promote role modelling

- Passion and ability to inspire
- Clear set of values
- Commitment to work colleagues
- Selflessness and acceptance of others

#### Behaviours which promote role modelling

- Communicate expectations
- Allow others to see how you work through the problem
- Allow other to see you correcting your mistake with willingness and humility
- Have a plan and follow it through
- Show respect and concerns for others
- Demonstrate how you deal with challenges and how you challenge bad practice and discrimination
- Show how you can operate outside your comfort zone
- Be knowledgeable and well rounded
- Walk the talk and practise what you preach
- Show how you self-reflect on your actions



Picture under Creative Commons Attribution 3.0

## APPENDIX VI

### Action plan

Following the classroom session you are required to spend between 3-5 hrs of application of the learning in your everyday practice. Please prepare complete this template to indicate how you intend on going about this.

Your name:

Your title:

List opportunities does your role provide to role model to your team your culturally competent and compassionate leadership?

Who are the people you plan to include in your role modelling?

How do you plan demonstrating your cultural competence, compassion and courage to your team?

How many times do you aim to consciously plan these role modelling opportunities?

How do you plan to obtain feedback from those involved in your role modelling activities?

Once you have completed enough role modelling, please complete the 'Reflexive Log' and email it to Professor Rena Papadopoulos at [r.papadopoulos@gmail.com](mailto:r.papadopoulos@gmail.com)

Thank you.

## Evaluation of the tool from Middlesex University<sup>1</sup>

Age, n (%)	
- 31-50 years	7 (77.78)
- 51-60 years	2 (22.22)
Gender, n (%)	
- Male	1 (11.11)
- Female	8 (88.89)
Professional profile, n (%)	
- Nurse	8 (88.89)
- Other	1 (11.11)
Years working in their profession, n (%)	
- 15-25 years	4 (44.44)
- 26-36 years	5 (55.56)

Indicator	Fully agree	Partly agree	Not agree
	N (%)		
The tool is structured appropriately to achieve the learning goals	7 (77.78)	2 (22.22)	0
The theoretical content is relevant and appropriate	7 (77.78)	2 (22.22)	0
The practical content is relevant and appropriate	7 (77.78)	2 (22.22)	0
The activities proposed are useful to increase the following dimensions regarding the topic of the tool:	/	/	/
- Culturally Aware and Compassionate Leadership	8 (88.89)	1 (11.11)	0
- Culturally Knowledgeable and Compassionate leadership	8 (88.89)	1 (11.11)	0
- Culturally Sensitive and Compassionate Leadership	8 (88.89)	1 (11.11)	0
- Culturally Competent and compassionate leadership	8 (88.89)	1 (11.11)	0
The content is interesting and useful to improve the daily leadership practice at my workplace	9 (100)	0	0
The delivery method is appropriate	8 (88.89)	1 (11.11)	0
The activities promote learners' meaning-making	8 (88.89)	1 (11.11)	0
In general, I am satisfied with the tool	8 (88.89)	1 (11.11)	0

*A total of 11 people attended this pilot. Only 9 completed the evaluation*

<sup>1</sup>When the percentages do not add up to 100%, this indicates that some participants did not rate the specific item/s.

# STOP BULLYING AT HEALTHCARE WORK ENVIRONMENT. PROMOTION OF A COMPASSIONATE AND CULTURALLY COMPETENT LEADERSHIP AS A PROTECTIVE FACTOR

by

*Ascensión Doñate, Tamara Alhambra & Jorge Garcés*

*Polibienestar Research Institute – University of Valencia (Spain)*

## Theoretical component

### Aim

The aim of this tool is to mentor seniors, managers and leaders at healthcare to identify cases of bullying at their workplace, as well as to promote a positive work environment encouraging healthy communication and interaction.

### Learning outcomes

Leaders should be able to:

- Be aware about the relevance of equity, respect, kindness and dignity for a positive work environment.
- Identify negative behaviours (in themselves and their team) that can entail bullying cases.
- Improve quality in their interaction and communication with their teams.
- Organize and manage more efficiently and equally the working environment, tasks and functions.
- Promote healthy and positive values within their teams.

### Relevant principles and values

- Compassion
- Respect
- Responsibility
- Competence
- Equality
- Understanding
- Trust
- Kindness
- Guidance

- Experience
- Empathy
- Sensitivity
- Confidentiality
- Supportive

All nurses have two main rights: a) a workplace that is fair and equitable; and b) to be treated with respect and dignity during the course of their daily work.

## Relevant definitions and terms

### ➤ **Compassion**

Compassion seems to be a universal concept there are likely to be aspects of it that are culturally specific, and therefore definitions of compassion may vary between different cultures. However, compassion can be defined as **understanding** or **being aware** of another person's **suffering** and **acting** to end this suffering (Schantz, 2007).

### ➤ **Culturally competent compassion**

According to Papadopoulos (2011), culturally competent compassion is <<*the human quality of **understanding the suffering** of others and wanting to **do something** about it using culturally appropriate and acceptable nursing/healthcare interventions which take into consideration both the patients and the carers **cultural backgrounds** as well as the **context** in which care is given*>>. This video summarizes the Papadopoulos Model of Culturally Competent and Compassion: <https://www.youtube.com/watch?v=zjKzO94TevA>

### ➤ **Culturally competent and compassionate health care leadership**

According to the results of the IENE4 Output 4 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 helps to develop and nurture*>>.

### ➤ **Workplace bullying**

Based on the review carried out by Cleary et al. (2010) bullying is a **repeated verbal and/or physical behavioural activity at workplace** (but not only confined to this setting) considered humiliating, intimidating, threatening or demeaning addressed to a person or various individuals aimed to harm him/her or them. The perpetrator/s and victim/s know each other, and can occur between staff at the same level or between different hierarchical levels. These behaviours usually **escalate in severity over time** and may emerge from the nature of the work organization.

Most **common bullying behaviours** among nurses and other healthcare professionals are (Johnson & Rea, 2009; Simons, 2008):

- Being allocated an unmanageable workload.
- Being ignored or excluded.
- Having rumours spread about the victim.
- Being ordered to carry out work below victim's competence level.
- Having victim's professional opinion ignored.
- Having information relevant to victim's work withheld.
- Being given impossible targets or deadlines.
- Being humiliated or ridiculed about victim's work.

Employees can be bullied by peers, leaders and even organization's policies and procedures. Thus, <<*bullying is an organizational process arising from a group culture with a self-perpetuating*>>(Hutchinson et al., 2009).

### **What the research/literature says on the topic**

#### ➤ **Consequences of bullying**

Bullying impacts negatively on **victims' physical and psychological health and wellbeing**, as well as on patient safety (Johnson, 2009). Some general psychological effects are the following: headaches, stress, irritability, anxiety, sleep disturbance, excessive worry, impaired social skills, depression, fatigue, loss of concentration, helplessness, psychosomatic complaints and posttraumatic stress disorder (Cleary et al., 2010).

Bullied professionals are more likely to leave their place of employment or have higher rates of absenteeism. This may mean decreased productivity and morale and job satisfaction, which at the end undermine the workplace culture and reputation (Cleary et al., 2010).

#### ➤ **Conducive factors and causes of bullying cases**

The environment and organization where bullying occurs plays a crucial role in enabling, motivating and triggering bullying. Some related factors are the following (Johnson, 2009):

- **Organizational features**, as changes introducing new procedures or issues and pressures to be more cost-effective and productive, can contribute to a work climate due to high levels of stress, role-conflict and role-ambiguity.
- There are especially two **leadership styles** that favour bullying cases: highly authoritarian and *laissez-faire*. In this sense, some leaders adopt bullying tactics as part of their repertoire of methods to get their employees to work harder or even they use legitimate organizational policies and management practices in an abusive manner.
- Bullying can be **perpetuated** as it is a behaviour that nurses **learn from each other**.

So, sometimes new nurses are socialized into the culture of bullying as students and new hires.

#### ➤ **Workplace bullying against overseas nurses** (based on Alexis et al., 2007; Allan et al., 2009)

Several studies exploring the experiences of overseas nurses have revealed that in many occasions they experience **lack of support and problems of adjustment** to the new environment. In many cases **racism** was not overtly explicit, but it was inherent to the

structure and culture of the health organization, as negative stereotypes or organizational hierarchies. These situations may be bullying cases aggravated by racism (or **racist bullying**). These professionals suffer: devaluation of their skills and experience through a stigmatizing process; lack of trust by their managers; lack of opportunities for job career promotion and advancement; abusive power relationships by the manager; social exclusion; criticism without any constructive purpose; even, public humiliation and intimidation.

This **devaluation as professional and individual** causes a negative self-perception, low self-esteem and loss of self-confidence; aggravated by their frequent vulnerability because their social isolation.

### **What legal/normative frameworks or conventions says on the topic**

At the European level, we find legal framework relating to protect workers from negativesituations as bullying at workplace. Some examples are:

- Article 19 of the **European Charter on Social Fundamental Rights of Workers**,stating: <<Every worker must enjoy satisfactory health and safety conditions in hisworking environment>><sup>1</sup>.
- Article 31 of the **European Charter on Fundamental Rights**: <<Every worker has theright to working conditions which respect his or her health, safety and dignity>><sup>2</sup>.

In 1993 Sweden was the first country implementing **specific legislation outlawing bullying at work**<sup>3</sup>: <<recurrent reprehensible or distinctly negative actions which are directed againstindividual employees in an offensive manner and can result in those employees being placedoutside the workplace community>>.

In Spain we can highlight a guide developed by one of the main national trade unions focused on the **prevention of psychosocial risks at healthcare sector**, specifically at primary care. It provides information about different types of bullying or mobbing, as well as preventive measures and for detection<sup>4</sup>.

## **Practical component**

### **Self-directed activities**

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<sup>1</sup>Community Charter of the Fundamental Social Rights of Workers. 1989, 9<sup>th</sup> December.

<sup>2</sup>Charter of Fundamental Rights of the European Union.2000/C 364/01.

<sup>3</sup>Ordinance of the Swedish National Board of Occupational Safety and Health containing Provisions on measures against Victimization at Work AFS 1993:17.

<sup>4</sup>Guía de Prevención de Riesgos Psicosociales en el Sector Sanidad: Atención Primaria. UGT. Madrid, 2007.

Participants will need to spend around 3-5 hours in self-directed learning prior attending the face-to-face session. It is important that to have an understanding of key concepts.

### **Activity 1: Knowledge**

- a) Read the definitions and the rest of the key information provided in the Theoretical Part of the tool. Moreover, you can watch the following video which contains a brief overview of the components of culturally competent compassion: <https://www.youtube.com/watch?v=zjKzO94TevA>. If you have doubts or questions, do not hesitate to take note of them and bring with you to the face-to-face session in order to discuss and clarify them.
- b) In the Annex I you will find a figure in which you can include keywords what culturally competent compassion means to you.

### **Activity 2: Awareness**

Negative behaviours and attitudes are too often unchallenged, unrecognized and normalized. So, there is a need to examine which characteristics of the workplace culture may favour bullying attitudes. For this purpose, you are asked to complete a Thought Record (see Annex II) fulfilling the following issues that can foster bullying or discriminatory situations in general or specifically to overseas employees:

- a) Values and norms of the working environment.
- b) Own behaviours, attitudes or values.
- c) Behaviours and attitudes that their teams, peers or leaders do.

You can spend some minutes for this activity every day for a week. After completion, please, bring with you your records to the face-to-face session in order we can compare it and discuss about.

### **Activity 3: Knowledge, Sensitivity and Competence**

Read the paper entitled "*Facilitators and barriers to adjustment of international nurses: an integrative review*" (Kawi & Xu, 2009) included at Annex III to know more about the situation that international nurses find in foreign healthcare environments. Through this reading you will be able to:

- know more about the situations overseas employees live when moving to another country;
- better understand them;
- put into practice this knowledge.

### **Classroom activities**

Participants will need to attend a face-to-face session training. The classroom activities will have around 5 h duration and will be guided by the following schedule:

Task	Estimated duration
Registration, welcome and presentation	30 min
Main presentation of relevant definition and concepts	1 hour
Discussion about the detection of cases of bullying	30 min
Presentation about equality and cultural diversity at healthcare workplace	30 min
<i>Coffee break</i>	<i>20 min</i>
Case studies	1 hour
Draw a workplan for role modelling	45 min
Close of the session and instructions for the post-classroom activities	15 min

### **Activity 1: Knowledge**

Presentation, definition and clarification of relevant concepts. It will be room for discussion where you can expose your point of view and the definitions you previously worked at home before and after reading the provided materials.

### **Activity 2: Awareness and sensitivity**

The objective of this activity is encouraging the reflection and open discussion about awareness and sensitivity in the detection of cases of bullying at learners' work contexts. For this purpose, the trainer will launch some open questions to facilitate the discussion and exchange of opinions. The proposed points are the following (however, it may be possible to include more according to the learners' interests):

- Do you consider there are many bullying cases at the healthcare sector?
- Do you think we are enough aware about the attitudes and behaviours that favour bullying?
- Do you think the lack of empathy and compassion towards other cultures favour negative attitudes and behaviours against overseas nurses?
- Is the lack of compassion one the main gaps at organizational/managerial level?
- etc.

### **Activity 3: Knowledge and sensitivity**

The trainer will expose a summary of the paper entitled "*Managing equality and cultural diversity in the health workforce*" (Hunt, 2007) in which it is presented practical strategies to managers for supporting overseas nurses. The content will be discussed (maximum participation is requested from learners) through these open questions (for example):

- Does staff from other cultures has more difficulties to carry out their work in an environment that respects them as professionals?
- Which are those barriers?
- How can our organization and ourselves promote inclusion and respect to overseas professionals?

#### **Activity 4: Awareness and sensitivity**

Sometimes, people are not aware that their own attitudes and behaviours have an impact on the emotions, perceptions, expectations, satisfaction or efficiency at workplace of their peers or teams. Thus, this activity presents a case discussion activity with short cases (see Annex IV) that may occur at workplace. Learners will be divided in two or three groups and will read and discuss each case.

#### **Activity 5: Competence**

Work on your own to draw an action plan following the Annex V to be carried out in your own work context.

#### **Role modelling activities**

Role modelling and coaching are effective methods to improve and increase the acquisition of nursing leadership skills<sup>1</sup>. So, the activities proposed in this section will be done in participants' working contexts.

#### **Awareness and Competence**

In participants' working place it will be implemented the action plan drawn during the face-to-face session in which it was described the best approach for each of the situations described in.

#### **Reflection**

Please, write a summary of your experience after carrying out the different activities of the module about the awareness, sensitivity, knowledge and competence gained in relation to culturally competent and compassionate leadership (see Annex VII)

#### **Assessment**

- For the **self-directed learning**→ Concept maps.
- For **classroom learning**→ Participation in discussions, case studies and the preparation of an action plan for role modelling.
- For **role modelling practice**→A reflection about the awareness, sensitivity, knowledge and competence gained in relation to culturally competent and compassionate leadership.

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<sup>1</sup> “Literature review on role modelling and coaching in the workplace”. Report developed under the IENE4 project by Azienda Ospedaliera Universitaria Senese (2015).

## Evaluation

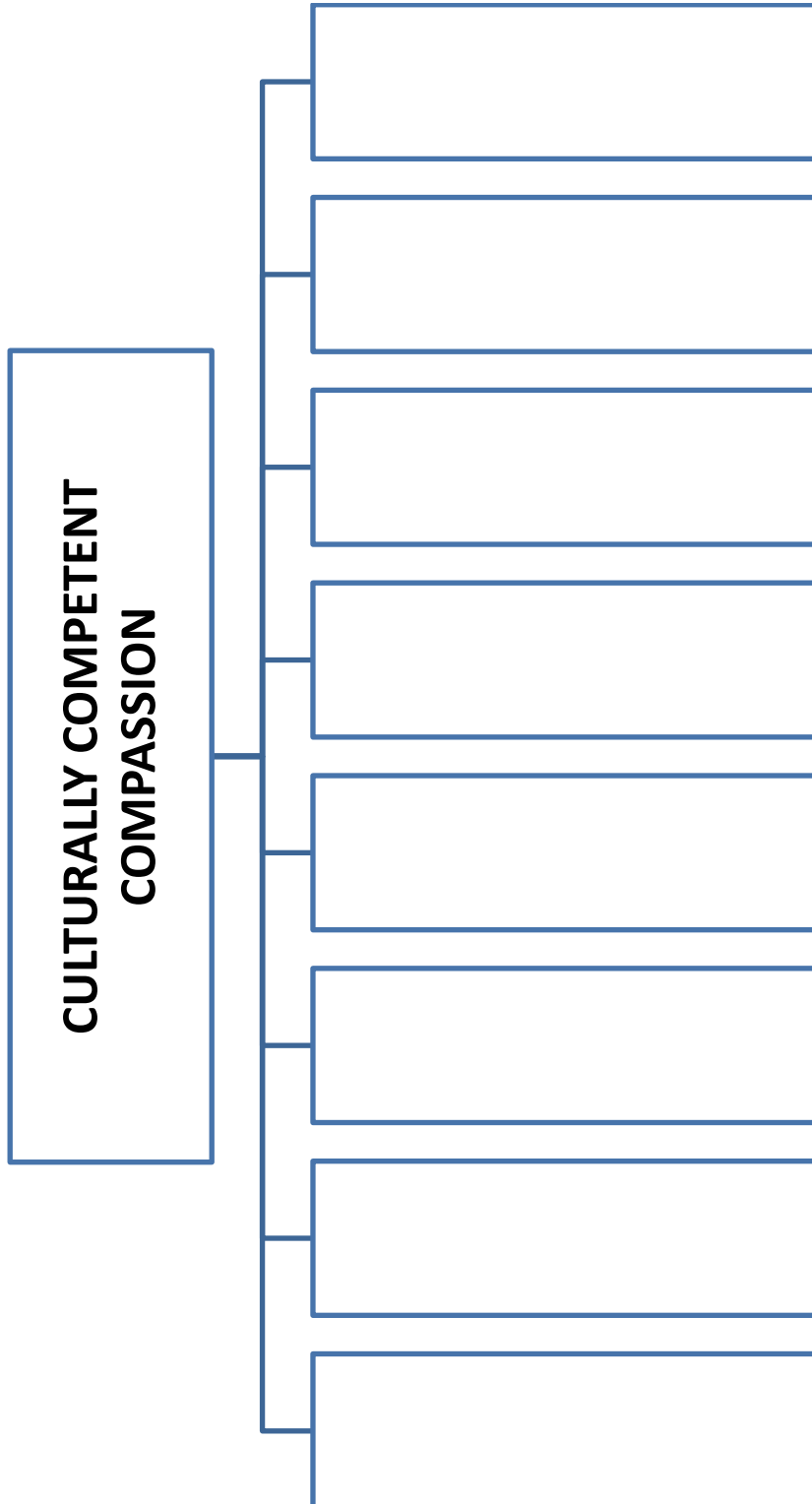
You will be kindly requested to complete a brief questionnaire to collect your opinion about this learning unit (see Annex VII).

## References and useful resources

- Alexis, O., Vydellingum, V. & Robbins, I. (2007). Engaging with a new reality: experiences of overseas minority ethnic nurses in the NHS. *Journal of Clinical Nursing*, 16(12): 2221-2228.
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- Papadopoulos I. (2011). *Courage, compassion and cultural competence*. The 13th Anna Reynevaan lecture. Netherlands: De Stadsschouwburg - Amsterdam City Theatre.
- Schantz, M.L. (2007). Compassion: a concept analysis. *Nurs. Forum*, 42: 48-55
- Simons, S. (2008). Workplace bullying experienced by Massachusetts registered nurses and the relationship to intention to leave the organization. *Advances in Nursing Science*, 31: E48-E59.

## ANNEX I. CONCEPTUAL MAP

After reading the materials of the self-directed part of the course, complete this figure with keywords regarding what culturally competent compassion means to you. Add more spaces if necessary.



**ANNEX II – THOUGHTS RECORD**

➤ **Values and norms of the working environment**

<p><b>Situation</b></p> <p><i>Briefly describe situations based on values and norms of your organization that led to unpleasant feelings</i></p>	<p><b>Impact on you</b></p> <p><i>How does this situation impact on you (feelings, emotions, behaviours, etc.)?</i></p>	<p><b>Impact on others</b></p> <p><i>How does this situation impact on others (feelings, emotions, behaviours, etc.)?</i></p>	<p><b>Alternative approach</b></p> <p><i>You, as a leader, can you do something to change or improve this situation? Describe a new approach and try to put it into action</i></p>	<p><b>Impact of alternative approach on you</b></p> <p><i>After putting in action this new approach; how do you feel? Do you behave differently with your team/peers?</i></p>	<p><b>Impact of alternative approach on others</b></p> <p><i>After putting in action this new approach; how do others feel? Do they behave differently with you or with others?</i></p>	<p><b>Improvement</b></p> <p><i>Have you notice an improvement? This step reinforces the idea that if you change your approach, you will feel more professionally competent and this will also impact on your team/peers</i></p>

➤ **Own behaviours, attitudes or values**

<b>Situation</b> <i>Briefly describe situations your leadership style or behavioural approach that led to unpleasant feelings</i>	<b>Impact on you</b> <i>How does this situation impact on you (feelings, emotions, behaviours, etc.)?</i>	<b>Impact on others</b> <i>How does this situation impact on others (feelings, emotions, behaviours, etc.)?</i>	<b>Alternative approach</b> <i>Can you do something to change or improve this situation? Describe a new approach and try to put it into action</i>	<b>Impact of alternative approach on you</b> <i>After putting in action this new approach; how do you feel? Do you behave differently with your team/peers?</i>	<b>Impact of alternative approach on others</b> <i>After putting in action this new approach; how do others feel? Do they behave differently with you or with others?</i>	<b>Improvement</b> <i>Have you notice an improvement? This step reinforces the idea that if you change your approach, you will feel more professionally competent and this will also impact on your team/peers</i>

➤ **Behaviours and attitudes that their teams, peers or leaders do**

<b>Situation</b> <i>Briefly describe behaviours and/or attitudes of your teams, peers or leaders that led to unpleasant feelings</i>	<b>Impact on you</b> <i>How does this situation impact on you (feelings, emotions, behaviours, etc.)?</i>	<b>Impact on others</b> <i>How does this situation impact on others (feelings, emotions, behaviours, etc.)?</i>	<b>Alternative approach</b> <i>Can you do something to change or improve this situation? Describe a new approach and try to put it into action</i>	<b>Impact of alternative approach on you</b> <i>After putting in action this new approach; how do you feel? Do you behave differently with your team/peers?</i>	<b>Impact of alternative approach on others</b> <i>After putting in action this new approach; how do others feel? Do they behave differently with you or with others?</i>	<b>Improvement</b> <i>Have you notice an improvement? This step reinforces the idea that if you change your approach, you will feel more professionally competent and this will also impact on your team/peers</i>

## ANEXO IV – CASE STUDIES

### CASE 1

In the organization of work shifts and rounds, the nursing director carries out the schedule without consensus of his/her team. He/she makes the timetable taking into consideration his/her more veteran colleagues as he/she has friendly relationships with.

In view of this situation that always favors the closest workers to the nursing director, the youngest ones or those with less experience are forced to comply with unfavorable shifts that do not take into consideration their preferences, needs or availability.

- Would you consider this situation as a bullying case or one that could derive in?
- Why do you think the nursing director organizes the tasks in this way?
- How do you think the younger workers feel with this situation?
- How do you think the veteran ones feel?
- How would you act putting into practice compassionate leadership skills?
- Is this a case that takes place in real practice?

### CASE 2

A patient was derived to the treatment room by the GP. The person in charge of the cure was a nursing assistant.

After the cure, the patient went again to his/her GP room who did not like the treatment done by the assistant nurse and, so, he/she asked that a nurse explained the procedure to the assistant. This nurse was very upset about this, so he/she decided to do him/herself the cure to the patient at the same time he/she addressed to the assistant with a clear pejorative tone treating him/her as inexperienced and inefficient.

In view of this situation, the assistant left the treatment room to avoid a conflict that disfavor the patient.

- Would you consider this situation as a bullying case or one that could derive in?
- Why do you think the nurse reacts in this way?
- How do you think the nursing assistant feels?
- Do you consider this situation can affect the quality of the care provided to the patient?
- How would you act putting into practice compassionate leadership skills?
- Is this a case that takes place in real practice?

### CASO 3

A medical surgeon from Cuba considers appropriate to remove stitches from a knee injury so the healing continues without any bandages. On the other hand, the nurse in charge of

removing the stitches considers more convenient that the wound continues covered and not to remove the stitches yet. So, he decides to ask the presence of the surgeon to discuss and analyze together the situation.

After the analysis, the surgeon takes the last decision and decides to proceed as she initially considered appropriate. In view of that, the nurse protests and shouts xenophobic insults to the surgeon in the presence of other colleagues disowning her figure saying that she comes from an undeveloped country and undermining her training and education.

- Would you consider this situation as a bullying case or one that could derive in?
- Why do you think the nurse reacts in this way?
- How do you think the surgeon feels?
- How do you think the other colleagues feel?
- Do you consider this situation can affect the quality of the care provided to the patient?
- Do you consider the cultural factor hinders a respectful treat towards the surgeon?
- Do you consider this situation can affect the working environment?
- How would you act putting into practice compassionate and culturally competent leadership skills?
- Is this a case that takes place in real practice?

#### CASE 4

In a primary care centre there is a very integrated nursing team with a large trajectory working together so they know each other very well. Recently a much loved nurse has retired and a new one from Romania has arrived to take up her place. This new nurse does not feel very comfortable in her new work as she cannot get integrated with the rest of the team. Their peers invite to have coffee or lunch between themselves in front of her but usually they exclude her. She has tried twice to set up talks or to invite for a coffee but without success. It seem that the team does not accept the change of the old colleague.

- Would you consider this situation as a bullying case or one that could derive in?
- Why do you think the rest of the team reacts in this way?
- How do you think the new nurse feels?
- How do you think the other nurses feel?
- Do you consider the cultural factor hinders her integration within the team?
- Do you consider the cultural factor is a barrier to be empathetic and respectful towards the new nurse?
- Do you think that developing very closed human teams may hinder the inclusion of new members?
- Do you consider this situation can affect the quality of the care provided patients?
- Do you consider this situation can affect the working environment?

- How would you act putting into practice compassionate and culturally competent leadership skills?
- Is this a case that takes place in real practice?

## CASE 5

The head nurse perceives that one her workers in general is uncooperative, with little patience and willingness. The head is tired of this attitude and transmits her antipathy discomfort without any discretion between the rest of the team, which favors that her opinion becomes generalized.

When there are optional training courses, chances to attend conferences or collaboration in research projects, both the head nurse and the rest of nurses exclude her automatically.

- Would you consider this situation as a bullying case or one that could derive in?
- Do you think the opinion of the head impact on those of the rest of the team?
- Why do you think the head nurse reacts in this way?
- How do you think the criticized nurse feels?
- How do you think the rest of the team feels?
- Do you consider this situation can affect the working environment?
- How would you act putting into practice compassionate leadership skills?
- Is this a case that takes place in real practice?

## ANNEX V – ACTION PLAN FOR ROLE MODELLING

Your name:

Your profession and role:

Date:

### SCENARIO 1

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Have you detected a bullying case or not appropriated behaviours/attitudes in your work context? If so, please, describe the situation: since when?; what kind of negative behaviours or attitudes do you observe?; how does this situation affect to the victim?; how does this situation impact on the bully?; etc.

Have you detected any case of bullying or discriminatory behaviours/attitudes against workers from other countries, with different cultures or religions? If so, please, describe the situation.

Who are the people you would like to include in your role modelling to change or improve this/these situation/s?

How do you plan to put into action your cultural competence, compassion, tolerance and understanding within your team? Please, describe specific actions and attitudes.

### SCENARIO 2

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Equity, respect or empathy are values very important at the workplace. In this regard, leaders are vital for transmission of these and other values daily in the way they communicate with their teams, deal with problems and organize the work. You are asked to think about these points:

When you distributes tasks, responsibilities (for instance, distribution of on-call duty hours):

- Is the distribution equal?
- Do you take into consideration personal issues for decision making?
- Are you influenced by sympathies?

- Do you discriminate in some way international nurses?

After that, if you have detected bias in your attitudes and behaviours, you are encouraged to improve gradually these issues in order to transmit positive values among your teams. Describe an alternative solution and way for the distribution of tasks being more equal, compassionate and culturally competent.

### SCENARIO 3

---

One of the organizational features and situations that can favour bullying attitudes and behaviours is when changes take place through introducing new procedures or issues. For this reason, it is very important you are aware how you approach these situations and deal with them. So, in relation with these situations, you are asked to reflect about these points:

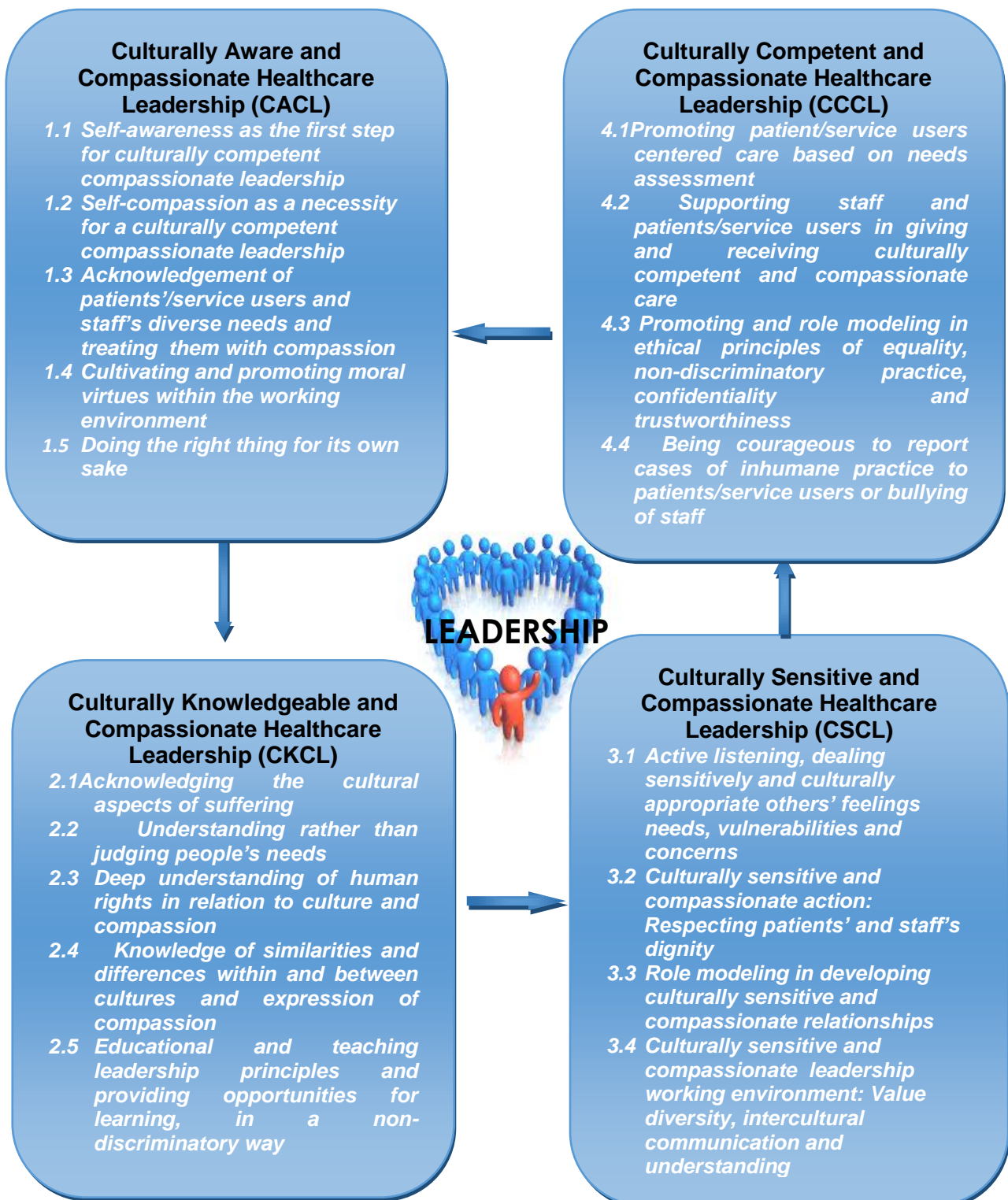
- Do you appropriately explain and clarify new roles and activities of every person involved in the team?
- Are you more patient and compassionate with some persons than with others?
- In case you have professionals from other cultures working with you, do you allocate 'the worst' functions and tasks to them?

After that, if you have detected bias in your attitudes and behaviours, you are encouraged to improve gradually these issues in order to transmit positive values among your teams. Describe an alternative solution and way for the distribution of tasks being more equal, compassionate and culturally competent.

## ANNEX VI – REFLECTION

Please, write a summary of your experience after carrying out the different activities of the module about the **awareness, sensitivity, knowledge** and **competence** gained in relation to **culturally competent and compassionate leadership**. You can inspire yourself through the **European Model for developing Culturally Competent and Compassionate healthcare Leadership** you can find below.

Later, please, send this document to the course trainer by email: [ascension.donate@uv.es](mailto:ascension.donate@uv.es)



## **AWARENESS**

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Do you feel more aware about the subjects covered under the course? Yes  No

Please, explain briefly.

## **SENSITIVITY**

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Do you feel more sensible about the subjects covered under the course? Yes  No

Please, explain briefly:

## **KNOWLEDGE**

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Do you feel with more information and knowledge about the subjects covered under the course?  
Yes  No

Please, explain briefly.

## **COMPETENCE**

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Do you feel more competent about the subjects covered under the course? Yes  No

Please, explain briefly:

## Evaluation of the tool from Polibienestar Research Institute<sup>1</sup>

Age, $\bar{x}$ (SD)	49.33 (4.04)
Gender, n (%)	
- Male	1 (33.3)
- Female	2 (66.7)
Professional profile, n (%)	
- Other. Nursing leaders	3 (100)
Years working in their profession, $\bar{x}$ (SD)	26.33 (0.58)

Indicator	Fully agree	Partly agree	Not agree
	N (%)		
The tool is structured appropriately to achieve the learning goals	2 (66.7)	1 (33.3)	0
The theoretical content is relevant and appropriate	2 (66.7)	1 (33.3)	0
The practical content is relevant and appropriate	3 (100)	0	0
The activities proposed are useful to increase the following dimensions regarding the topic of the tool:			
- Culturally Aware and Compassionate Leadership	2 (66.7)	1 (33.3)	0
- Culturally Knowledgeable and Compassionate leadership	2 (66.7)	1 (33.3)	0
- Culturally Sensitive and Compassionate Leadership	2 (66.7)	1 (33.3)	0
- Culturally Competent and compassionate leadership	2 (66.7)	1 (33.3)	0
The content is interesting and useful to improve the daily leadership practice at my workplace	2 (66.7)	1 (33.3)	0
The delivery method is appropriate	2 (66.7)	1 (33.3)	0
The activities promote learners' meaning-making	3 (100)	0	0
In general, I am satisfied with the tool	3 (100)	0	0

<sup>1</sup>When the percentages do not add up to 100%, this indicates that some participants did not rate the specific item/s.

# CULTIVATING VALUES THAT CREATE A CULTURALLY SENSITIVE AND COMPASSIONATE ENVIRONMENT IN CARE

by

*Mr. Victor Dudau & Mrs. Janina Ostroveanu*

*Edunet Organization (Romania)*

## Theoretical component

### **Aim**

Empowering healthcare leaders to cultivate the underlying values, which motivate healthcare professionals to promote culturally competent and compassionate care.

### **Learning outcomes**

1. Cultivate the moral virtues underlying the compassion within the working environment;
2. Improve qualities that make healthcare leaders models for culturally sensitive and compassionate care;
3. Understand the importance of role modelling for promoting a compassionate leadership in healthcare;
4. Promote ethical principles and ensure environment for culturally competent and compassionate care.

### **Relevant principles and values**

- Compassion
- Respect
- Morality
- Equality
- Dignity
- Trust
- Empathy
- Sensitivity

### **Relevant definitions and terms**

- **Compassion**

Compassion means 'to suffer with' and come from the Latin "com" (together with) and "pati" (to suffer) (Schantz, 2007). Definitions of compassion may include kindness, empathy and being moved by another's suffering, which evokes a desire to help that person.

Compassion starts with good basic care and goes beyond this, to encompass empathy, respect, a recognition of the uniqueness of another individual and willingness to enter into a relationship in which not only the knowledge but the intuitions, strengths, and emotions of both patient and caregiver can be fully engaged (Lowenstein, 2008).

➤ **Morale virtues**

A virtue is concerned with moral excellence, uprightness and goodness (Oxford English Dictionary) as qualities a person possess that motivate her to act in a moral or ethical way.

Virtues apply to nursing: professional competence, honesty and integrity, caring and compassion, fairness and justice, respect and self-respect and courage (RCN Code).

➤ **Role model**

A role model is a person whose behaviour, example or success is or can be emulated by others, especially by younger people (Robert K. Merton).

More about terms and definitions on <http://ieneproject.eu/glossary.php>

### **What the research/literature says on the topic**

Compassion is viewed as an integral part of dignity (RCN,2008) and nurses' compassion plays a major role in providing dignified care to patients (Davison N, Williams K. , 2009). Compassion requires health professionals to "give something of them".

Virtues are best understood as qualities a person possesses that motivate her to act in a moral or ethical way. A nurse has the same duties to herself as to others, including the responsibility to preserve integrity and safety, to maintain competence and to continue personal and professional growth (Lachman, Vicki, 2008)

Senior staff can help staff to demonstrate compassion by acting as a role model and by enabling good team working (Cornwell, Jocelyn & Goodrich, Joanna , 2011).

Role modelling is a powerful teaching tool for passing on the knowledge, skills, and values of the medical profession. By analyzing their own performance as role models, individuals can improve their personal performance (SR Cruess, 2008)

### **What legal/normative frameworks or conventions says on the topic**

- The Directive 2005/36/EC of the European Parliament presents the conditions of recognition the professional qualifications [http://ec.europa.eu/internal\\_market/qualifications/policy\\_developments/index\\_en.htm](http://ec.europa.eu/internal_market/qualifications/policy_developments/index_en.htm)

- The ICN Code of Ethics for Nurses, most recently revised in 2012, is a guide for action based on social values and needs. The Code has served as the standard for nurses worldwide since it was first adopted in 1953 (<http://www.icn.ch/who-we-are/code-of-ethics-for-nurses/>);
- The Nurses and Midwives Code presents the professional standards that nurses and midwives must uphold, in order to be registered to practice in the UK (<https://www.nmc.org.uk/standards/code/>).
- The Romanian Government Emergency Ordinance no. 144 of 28 October 2008 presents the conditions for practicing midwifery and nursing profession in Romania (<http://oamrvaslui.ro/oug144.pdf>);
- The Ethic Code of the practitioner nurses and midwives in Romania, <http://www.oamr.ro/despre-noi/codul-de-etica-si-deontologie/>

## Practical component

### Self-directed activities

#### **Summary of the activity:**

The learners will diagnose their learning needs and will do 'self-directed learning', with the assistance of trainers, who formulate learning goals, identify resources for learning and give them support for the learning outcomes achievement. All the information will be available on <http://ieneproject.eu/compassion.php>. The participants should study the recommended sources of information and answer some questions about the compassion and its underpinning values, to understand the importance of leaders as models for promoting compassionate and cultural competent environment in care. They will note their findings in *Pre - class self directed learning sheet (Annex1)*, provided by the trainers.

### Classroom activities

Summary of the activity (see *the Timetable in Annex 10*):

#### **SESSION 1: Introduction**

Introduction. Getting know each other. Ice breaker exercises.

Aims and plan for the training sessions.

#### **SESSION 2: The characteristics of a compassionate leader**

Starting from the table of positive and negative characteristics (Crueess, SR, 2008), the participants add some compassionate and uncompassionate behaviour that a healthcare leader

may have: then, they will mark those are most important for role model, in order to promote compassionate and culturally competent culture in his healthcare work environment (*Annex 2*).

### **SESSION 3: Positive and negative impact of role model**

Reading the three study cases, the participants observe the performance of mentors, as role models for their students and describe the impact of what they are modelling, positive or negative (*using the Annex 3*).

### **SESSION 4: Roles playing as role model**

Watching at video Empathy: The Human Connection to Patient Care ([https://www.youtube.com/watch?v=cDDWvj\\_q-o8](https://www.youtube.com/watch?v=cDDWvj_q-o8)) the participants, will choose one of the situations and play the role of building relationships, based on the compassion values, with patients, family and team members showing sensitivity, empathy, sympathy and commitment, followed by debriefing and feedback. Then will analyze their behaviour, like a role model to other and describe it, taking in consideration the elements of the process of role modelling (*using Annex 4*).

### **SESSION 5: Strategies to improve the institutional compassionate culture**

The participants read the story (presented at <http://www.ombudsman.org.uk/care-and-compassion/case-studies/mrs-as-story#sthash.zuvwVoRH.dpuf>): Mr D's daughter complained to the Trust and the Healthcare Commission about very poor care in hospital. She described to us several incidents that had occurred during her father's admissions.

Participants analyze these situations and propose some measures for improving the situation (*using Annex 5*).

### **SESSION 6: Building environment for culturally competent and compassionate care**

Build an Action Plan (*Annex 6*) to develop role model enabling a culture of compassion in work environment, which contains: the strategy and proposed role modelling activities to be done on the work place.

Complete Compassion Measuring Tool

Questions, Evaluation the tool, Networking

## **Role modelling activities**

### **Summary of the activity:**

After building the Action Plan, each trainee will develop role model activities, on their clinical settings, enabling a culture of compassion in work environment and will register results of their activities.

## **Reflection**

### **Summary of the activity:**

During the role modelling activities, the trainers will communicate with participants and will have appointments, to give them support and feedback.

After finishing the activities, the trainees will present their colleagues the role modelling activities done, according to the Action Plan, using group discussion (on Facebook) . They will receive feedback from their peers and trainers.

Each participant will send by e-mail to the trainer the Reflexive Log (*Annex 9*) with the reflection on the impact of the modelling activities.

Trainer will assess the learners and give feedback about strengths and weaknesses of their actions and advices for fostering their therapeutic communication and compassionate leadership

## **Assessment**

### ➤ **Practical assessment**

#### **Summary of the activity:**

Each trainee will be assessed by the trainers, based on Action plan presented, the role modelling activities done in the work environment ant to promote culturally competent and compassionate care among healthcare professionals and the presentation of the results of these activities.

Trainers will rate their progress on the Assessment Sheet (*Annex 7*) and give recommendations to the trainees. The Assessment Sheet can be forwarded to the training department, in order for the trainees to receive a certificate.

### ➤ **Self assessment**

Before the training starts, will be administrated to all participants the Compassion Measuring Tool (<http://ieneproject.eu/compassion.php#>), in order to collect base line data about their self-perception of culturally competent compassion.

After the conclusion of the activities proposed in the tool, the participant will do again Compassion Measuring Tool, to measure their progress.

## **Evaluation**

#### **Summary of the activity:**

The trainers will apply a standard brief questionnaire for evaluation of the tool (*Annex 8*) and collect data from learners.

## **References and useful resources**

Cornwell, Jocelyn & Goodrich, Joanna (2011). Nursing Times Ethical & Compassionate Nursing supplement: 6-8 ([www.nursingtimes.net/Journals/.../NT-Ethical--Compassionate-Care.pdf](http://www.nursingtimes.net/Journals/.../NT-Ethical--Compassionate-Care.pdf))

- Cruess, SR (2008). Role modelling—making the most of a powerful teaching strategy (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2276302/>)
- Davison N, Williams K. (2009). Compassion in nursing. 1: Defining, identifying and measuring this essential quality. *Nurses Times* 105: 16-18 (<http://www.nursingtimes.net/roles/nurse-managers/compassion-in-nursing-1-defining-identifying-and-measuring-this-essential-quality-/5006242.fullarticle>).
- Douglas, M., Rosenkoetter, M. & Pacquiao, D. (2014). Guidelines for Implementing Culturally. *Journal of Transcultural Nursing*, 1-13.
- Frampton SB, Guastello S, Lepore M. (2013). Compassion as the foundation of patient-centered care: The importance of compassion in action. *J Comp Eff Res* 2: 443-455.
- Papadopoulos, I., Tilki, M., & Lees, S. (2004). Promoting cultural competence in healthcare through a research-based intervention in the UK. *Diversity in Health and Social Care*, 1:107-115.
- Halifax, Joan (2013). G.R.A.C.E. for nurses: Cultivating compassion in nurse/patient interactions, available at <http://www.upaya.org/wp-content/uploads/2013/12/GRACE-FOR-NURSES2781-10448-1-PB.pdf>
- Intercultural Education of Nurses in Europe. A multilingual website which develop a new model for intercultural education of nurses (PPT/IENE Model) [www.ieneproject.eu](http://www.ieneproject.eu)
- Tools for Intercultural Education of nurses in Europe, <http://ienetools.wordpress.com/>

#### Training/learning/evaluation resources

- |                  |   |
|------------------|---|
| <i>Annex 1:</i>  | <i>Pre - class self directed learning sheet</i>                                       |
| <i>Annex 2:</i>  | <i>Work sheet: Compassionate and uncompassionate behaviours of healthcare leaders</i> |
| <i>Annex 3:</i>  | <i>Study cases : positive and negative impact of role model</i>                       |
| <i>Annex 4:</i>  | <i>Work sheet: First steps to become role model</i>                                   |
| <i>Annex 5:</i>  | <i>Work sheet: Improving the institutional compassionate culture</i>                  |
| <i>Annex 6:</i>  | <i>Action Plan template</i>   |
| <i>Annex 7:</i>  | <i>Assessment Sheet</i>   |
| <i>Annex 8:</i>  | <i>Evaluation of the tool</i>   |
| <i>Annex 9:</i>  | <i>Reflexive log</i>  |
| <i>Annex 10:</i> | <i>Timetable for the classroom activities</i>   |

## ANNEX 1: PRE - CLASS SELF DIRECTED LEARNING SHEET

Question	Sources of information	Findings
<p>What are compassion and moral virtues:</p> <ul style="list-style-type: none"> <li>- Compassion</li> <li>- Respect</li> <li>- Morality</li> <li>- Equality</li> <li>- Dignity</li> <li>- Trust</li> <li>- Empathy</li> <li>- Sensitivity</li> </ul>	<p>Dictionaries  <a href="http://ieneproject.eu/glossary.php">http://ieneproject.eu/glossary.php</a></p> <p>Videos            Joan Halifax, Compassion and the true meaning of empathy  <a href="http://www.ted.com/talks/joan_halifax/transcript?language=en#t-261000">http://www.ted.com/talks/joan_halifax/transcript?language=en#t-261000</a></p> <p><i>Empathy:</i>  <i>The Human Connection to Patient Care</i>  <a href="https://www.youtube.com/watch?v=cDDWvj_q-o8">https://www.youtube.com/watch?v=cDDWvj_q-o8</a></p>	
<p>What are the qualities for a compassionate leader?</p>	<p><i>Intercultural Education of Nurses in Europe</i>,  <a href="http://www.ieneproject.eu">www.ieneproject.eu</a></p> <p><i>Nursing Times Ethical &amp; Compassionate Nursing supplement: 6-8</i>  <a href="http://www.nursingtimes.net/Journals/.../NT-Ethical--Compassionate-Care.pdf">www.nursingtimes.net/Journals/.../NT-Ethical--Compassionate-Care.pdf</a></p>	
<p>What is role modeling?</p>	<p><i>Role modelling—making the most of a powerful teaching strategy</i>  <a href="http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2276302/">(http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2276302/)</a></p> <p>The Role of Nursing Leadership in Creating a Mentoring Culture in Acute Care Environments  <a href="http://www.medscape.com/viewarticle/559316_2">http://www.medscape.com/viewarticle/559316_2</a></p>	

## ANNEX 2: WORK SHEET: COMPASSIONATE AND UNCOMPASSIONATE BEHAVIOURS OF HEALTHCARE LEADERS

Please, study the positive and negative characteristics in the table below and add some and uncompassionate characteristics, positive or negative, of healthcare leader regarding to the compassion;

Then, mark some behaviours that are most important for role model, in order to promote compassionate and culturally competent culture in his healthcare work environments.

Positive characteristics	↔	Negative characteristics
<b>Clinical competency</b>		
Excellent knowledge and skill	↔	Deficient knowledge and skill
Effective communication	↔	Ineffective communication
Sound clinical reasoning	↔	Poor clinical reasoning
<b>Teaching skills</b>		
Aware of role	↔	Unaware of role
Explicit about what is modelled	↔	Not explicit about what is modeled
Makes time for teaching	↔	Does not make time for teaching
Shows respect for student needs	↔	Does not show respect for student needs
Provides timely feedback	↔	Does not provide timely feedback
Encourages reflection in students	↔	Does not encourage reflection in students
<b>Personal qualities</b>		
Compassionate and caring	↔	Insensitive to patients' suffering
Honesty and integrity	↔	Lapses in honesty and integrity
Enthusiastic for the practice of medicine	↔	Dissatisfaction with the practice of medicine
Effective interpersonal skills	↔	Ineffective interpersonal skills
Commitment to excellence	↔	Acceptance of mediocre results
Collegial	↔	Lack of collegiality
Demonstrates humour	↔	Humourless approach

<b>Compassionate characteristics for a healthcare leader</b>	
Positive ↔ Negative	
<b>Behaviours which may can be role model for promoting compassionate and culturally competent culture in healthcare work environments.</b>	

## ANNEX 3: STUDY CASES: POSITIVE AND NEGATIVE IMPACT OF ROLE MODEL

### Role modelling vignettes:

#### **1: *In the middle of the night***

A house doctor on duty in the intensive care unit, at night, pages the consultant on call, Dr Smith, to inform her that a postoperative patient is not doing well. The consultant is obviously annoyed at being called in the middle of the night. Although she answers the questions and finally agrees to come in, the conversation is unpleasant and filled with tension, as Dr Smith is abrupt to the point of rudeness.

#### **2: *In the cafeteria***

In the cafeteria, students and their mentor overhear Dr Reed, a senior surgeon, describing a patient in derogatory terms, using the patient's name. The mentor asks to speak to Dr Reed privately, and reminds him that he is in a public place, violating patient confidentiality and failing to show respect.

#### **3: *In the clinic***

A final year medical student on rotation in a general practitioner's office finds that a patient with metastatic breast cancer is extremely upset and worried about her future. The general practitioner, Dr Jones, is extremely busy, with many patients waiting. Nevertheless, he enters the consultation room with the student, sits down and takes the patient's hand, empathises with her concerns, and explains that he is very pressed for time; he also arranges a special appointment with her at a later date when he will have time to reassure her and answer her questions.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2276302/>

Analyse in the case described above, the performance of mentors as role models and describe the impact of what are they modelling (be it positive or negative):

**Study case 1: *In the middle of the night***

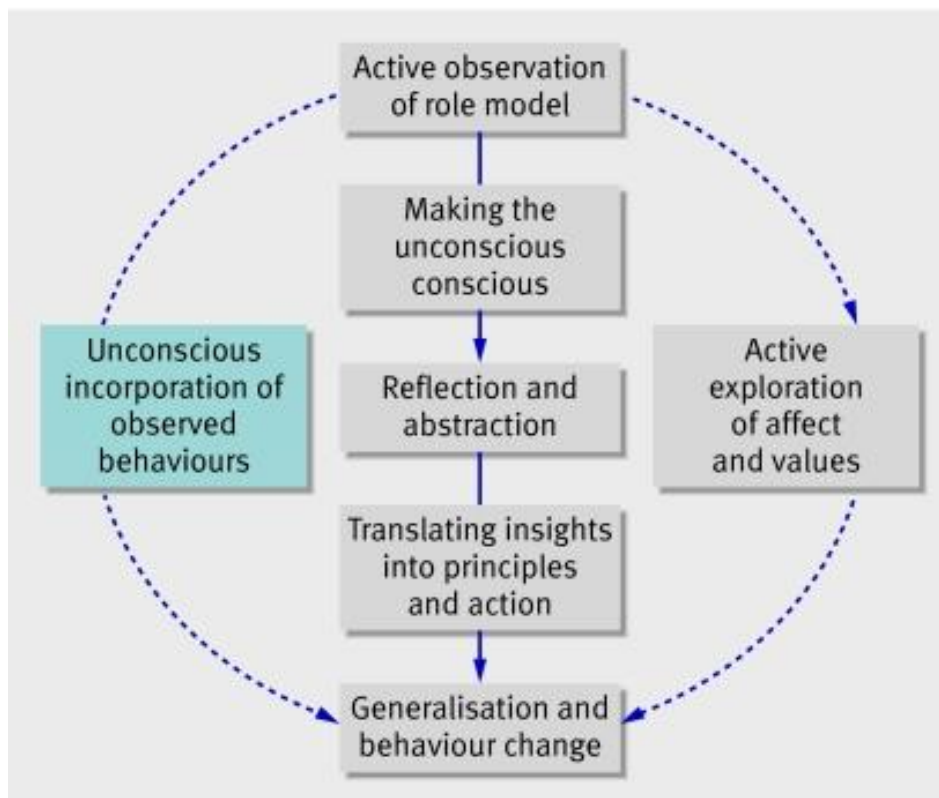
**Study case 2: *In the cafeteria***

**Study case 3: *In the clinic***

#### ANNEX 4: WORK SHEET: FIRST STEPS TO BECOME ROLE MODEL

- Watch at video Empathy: The Human Connection to Patient Care ([https://www.youtube.com/watch?v=cDDWvj\\_q-o8](https://www.youtube.com/watch?v=cDDWvj_q-o8))
- Choose one of the situations described in the video and play the role of leader building relationships, based on the compassion values, with patients, family and team members showing sensitivity, empathy, sympathy.
- Then, analyze your behaviour, like a role model to other and describe it, taking in consideration the elements of the process of role modelling (in the figure below).

**Figure 1. The process of role modelling**



Source: Cruess, SR (2008). *Role modelling—making the most of a powerful teaching strategy* (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2276302/>)

## ANNEX 5: WORK SHEET: IMPROVING THE INSTITUTIONAL COMPASSIONATE CULTURE

- **Read the story of Mr D's daughter and analyze the incidents that had occurred during her father's admissions. very poor care while in hospital;**
- **Imagine that you are a leader of ward that Mr D's daughter complained and propose some measures for improving the situation;**
- **Comment the actions proposed by the other colleagues and identify those are the power of role modelling.**

### The story

Mr D was first admitted to the Royal Bolton Hospital NHS Foundation Trust with a suspected heart attack and discharged a week later with further tests planned on an outpatient basis. Four weeks later, Mr D was readmitted with severe back and stomach pain. He was described by clinicians and nurses at the hospital as a quiet man, well-liked, who never complained or made a fuss. He did not like to bother the nursing staff.

Mr D was diagnosed with advanced stomach cancer. His discharge, originally planned for Tuesday 30th of August, was brought forward to 27 August, the Saturday of a bank holiday weekend. On the day of discharge, which his daughter described as a 'shambles', the family arrived to find Mr D in a distressed condition behind drawn curtains in a chair. He had been waiting for several hours to go home. He was in pain, desperate to go to the toilet and unable to ask for help because he was so dehydrated he could not speak properly or swallow. His daughter told us that 'his tongue was like a piece of dried leather'. The emergency button had been placed beyond his reach. His drip had been removed and the bag of fluid had fallen and had leaked all over the floor making his feet wet. When the family asked for help to put Mr D on the commode he had 'squealed like a piglet' with pain. An ambulance booked to take him home in the morning had not arrived and at 2.30pm the family decided to take him home in their car. This was achieved with great difficulty and discomfort for Mr D.

On arriving home, his family found that Mr D had not been given enough painkillers for the bank holiday weekend. He had been given two bottles of Oramorph (morphine in an oral solution), insufficient for three days, and not suitable as by this time he was unable to swallow. Consequently, the family spent much of the weekend driving round trying to get prescription forms signed, and permission for District Nurses to administer morphine in injectable form. Mr D died, three days after he was discharged, on the following Tuesday. His daughter described her extreme distress and the stress of trying to get his medication, fearing that he might die before she returned home. She also lost time she had hoped to spend with him over those last few days.

Mr D's daughter complained to the Trust and the Healthcare Commission about very poor care while in hospital. When she still felt her concerns had not been understood she came to the Ombudsman. She described to us several incidents that had occurred during her father's admissions.

She said:

1. he was not helped to use a commode and fainted, soiling himself in the process
2. he was not properly cleaned and his clothes were not changed until she requested this the following day
3. the ward was dirty, including a squashed insect on the wall throughout his stay and nail clippings under the bed
4. he was left without access to drinking water or a clean glass
5. his pain was not controlled and medication was delayed by up to one and a half hours
6. pressure sores were allowed to develop
7. no check was made on his nutrition
8. his medical condition was not properly explained to his family
9. he was told of his diagnosis of terminal cancer on an open ward, overheard by other patients.

Source: <http://www.ombudsman.org.uk/care-and-compassion/case-studies/mrs-as-story#sthash.zuVwVoRH.dpuf>

## ANNEX 6: ACTION PLAN TEMPLATE

Strategies to improve role modelling	Actions done	Results/comments
1. Role model that demonstrate self compassion and compassion for staff ,respect, trustworthiness, equal and non-discriminatory practice.		
2. Model positive attitudes and moral values for the practice of compassionate care.		
3. Reflection and debriefing in order to make the lessons learnt through role modelling. Be explicit about what you are modelling to staff and protect time for dialogue.		
4. Facilitate reflection on clinical experiences, recognizing, emphasizing, and leveraging strengths and what is working rather than the opposite approach of focusing on weaknesses and what isn't working.		
5. Work to improve the institutional culture of compassion		

## ANNEX 7: ASSESSMENT SHEET

### Learning outcomes to be assessed:

1. Cultivating the moral virtues underlying the compassion within the working environment;
2. Improved qualities that make leader model for culturally sensitive and compassionate care;
3. Understand the importance of role modeling for promoting a compassionate leadership in healthcare;
4. Promote ethical principles and ensure environment for culturally competent and compassionate care.

Name of the trainee assessed: \_\_\_\_\_

Name of the assessor \_\_\_\_\_ Date \_\_\_\_\_

### ASSESSMENT RESULTS

No	Criteria	Ver y poo r	Poo r	Goo d	Ver y goo d	Exce ption al	Comments
1.	Awareness for change: to promote the compassion within the working environment						
2.	Desire to make the changes for culturally sensitive and compassionate care						
3.	Knowledge: how to be a model to change attitudes and moral values for the practice of compassionate care						
4.	Ability to change: role modelling skills						
5.	Reinforcement to retain the change: strategy to improve the organizational culture of compassion						

**Feedback to trainee and advices for improvements:**

## **ANNEX 9: REFLEXIVE LOG**

Your name:

Your title:

Date:

### **Description of the role modelling incidence (1):**

**Who was involved?**

**What did you learn from this experience?**

**What follow up actions would you take?**

### **Description of the role modelling incidence (2):**

**Who was involved?**

**What did you learn from this experience?**

**What follow up actions would you take?**

## ANNEX 10:TIMETABLE FOR THE CLASSROOM ACTIVITIES

	<b>Activities</b>
09:00 – 9.20	<p><b>Warming up session -introductions</b></p> <ul style="list-style-type: none"> <li>• Knowing each other. Start creating the network. Sign the registrations form with email address role etc.(10 minutes)</li> <li>• Ice breaker (5 minutes)</li> <li>• Aims and plan for the training sessions/ground rules (5 minutes).</li> </ul>
9.20 – 9.45	<p><b>The characteristics of a compassionate leader</b></p> <ul style="list-style-type: none"> <li>• Working on the worksheet (10 minutes)</li> <li>• Presentation of their work. Discussion (10 minutes)</li> <li>• Conclusions (5 minutes)</li> </ul>
9.45-10.30	<p><b>Positive and negative impact of role model</b></p> <ul style="list-style-type: none"> <li>• Study the case and complete the worksheet (10 minutes)</li> <li>• Presentation of their work. Discussion (15 minutes)</li> <li>• Generalization (10 minutes)</li> </ul>
10:30 – 10.50	Coffee Break
10:50 – 11:50	<p><b>Role modelling :</b></p> <ul style="list-style-type: none"> <li>• Watching the video (5 minutes)</li> <li>• Playing the role (30 minutes)</li> <li>• Working on the worksheet (10 minutes)</li> <li>• Presentation of their work. Discussion (10 minutes)</li> <li>• Conclusions (5 minutes)</li> </ul>
11:50-12:50	<p><b>Case Study</b></p> <ul style="list-style-type: none"> <li>• Read the story (5 minutes)</li> <li>• Role playing of the leader of ward taking measures for improving the situation (25 minutes);</li> <li>• Analyzing the actions proposed by the other colleagues and fill the worksheet (10 minutes).</li> <li>• Comment and discussion (5 minutes)</li> <li>• Conclusion (5 minutes)</li> </ul>
12:50-13:30	Lunch
13:30 – 15.30	<ul style="list-style-type: none"> <li>• Role Model Planning. Work to draft an Action plan to be executed when return(30 minutes)</li> <li>• Complete Compassion Measuring Tool if they did not do at the beginning of the day(15 minutes)</li> <li>• Questions, Evaluation the tool, Networking(15 minutes)</li> </ul>

## Evaluation of the tool from Edunet Organization<sup>1</sup>

Age, $\bar{x}$ (SD)	28.20 (9.26)
Gender, n (%)	
- Male	8 (32)
- Female	17 (68)
Professional profile, n (%)	
- Nurse	25 (100)
Years working in their profession	1.58 (0.50)

Indicator	Fully agree	Partly agree	Not agree
	N (%)		
The tool is structured appropriately to achieve the learning goals	24 (96)	1 (4)	0
The theoretical content is relevant and appropriate	22 (88)	3 (12)	0
The practical content is relevant and appropriate	23 (92)	2 (8)	0
The activities proposed are useful to increase the following dimensions regarding the topic of the tool:	/	/	/
- Culturally Aware and Compassionate Leadership	18 (72)	5 (20)	1 (4)
- Culturally Knowledgeable and Compassionate leadership	21 (84)	4 (16)	0
- Culturally Sensitive and Compassionate Leadership	10 (40)	14 (56)	0
- Culturally Competent and compassionate leadership	18 (72)	6 (24)	1 (4)
The content is interesting and useful to improve the daily leadership practice at my workplace	18 (72)	6 (24)	0
The delivery method is appropriate	16 (64)	8 (32)	1 (4)
The activities promote learners' meaning-making	16 (64)	6 (24)	2 (8)
In general, I am satisfied with the tool	18 (72)	6 (24)	0
The activities empower leaders for the role modelling	18 (72)	7 (28)	0
The activities support compassionate culture in the healthcare environments	18 (72)	7 (28)	0

<sup>1</sup>When the percentages do not add up to 100%, this indicates that some participants did not rate the specific item/s.

# PROMOTING ROLE MODELING OF EQUALITY PRINCIPLES IN CULTURALLY COMPETENT AND COMPASSIONATE HEALTH CARE LEADERSHIP

By

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## Theoretical component

### Aim

The aim of this tool is to mentor senior health care leaders to provide culturally and competent compassionate care, through role modeling as charismatic leaders.

### Learning outcomes

The leaders should be able to

- a) improve the quality of their everyday leadership practice as to deliver culturally competent and compassionate health care;
- b) develop and improve compassion and leadership skills;
- c) understand the importance of role modeling leadership and to demonstrate it based on compassion and equality principles;
- d) organize and manage effectively the working environment with the provision of culturally competent and compassionate leadership.

### Relevant principles and values

Developing and nurturing senior leaders is something that not always done very well in nursing and healthcare sector (Trevisani, 2015). Training and mentoring new leaders, properly are areas where often senior leaders fall short (Allan et al, 2008). A culturally competent and compassionate healthcare leader should have the ability to interact with others in a way that inspires and creates engagement. There are several examples to suggest that when leaders demonstrate these skills and abilities by role modeling, they inspire and help the staff to perceive and understand the principles, values and practice who should implement. At the same time, happier and healthier work environments are created that generate greater satisfaction, innovation and better outcomes, which ultimately, are fiscally sound and socially responsible (Randy et al, 2011).

Culturally competent and compassionate health care leaders can contribute in improving health care services and adapting health care delivery to contemporary needs created. High quality

and safety standards of care should be provided to the patients/clients. The aim is to ensure that people return to their home or community environment with minimal risk of re-admission (Calhoun et al, 2008; Greig et al, 2012).

There are some practices of senior health care leaders and a set of values that are proposed by this tool and are essential in successful culturally competent and compassionate leadership in today's complex environment. This tool is addressed to senior health care leaders. The training will focus on the importance of role modeling to provide culturally competent and compassionate health care leadership.

The principles and values that underpin this tool are:

- Open-mindedness
- Motivation
- Compassion
- Morality
- Altruism – devotion
- Equality
- Dignity
- Respect
- Responsibility
- Understanding
- Supportive
- Trustworthiness
- Experience
- Flexibility
- Encouraging
- Autonomy
- Justice
- Privacy and Confidentiality
- Coaching
- Supervision

### **Relevant definitions and terms**

- **Culturally Competent Compassion** is 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; 73).
- **Leadership** is the ability to achieve exceptional results by transforming the organization and developing people to create the future. Also leadership 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 (Trevisani, 2015; 32).

Leadership can be defined as *a multifaceted process of identifying a goal or target, motivating other people to act, and providing support and motivation to achieve mutually negotiated goals* (Porter-O'Grady, 2003; 107)

- **Culturally Competent and Compassionate Health Care Leader** is defined as: *the health professional who recognize and monitor any values of his personality, while inspiring other health professionals with his example and vision, to provide the best and appropriate health care.*

### **What the research/literature says on the topic**

Senior nurses are likely to engage in a range of leadership activities in their daily practice. Some will naturally adopt an effective leadership style, while others may find the concept of leadership or seeing themselves as leaders difficult to understand. Effective leadership is critical in delivering high-quality care, ensuring patient safety and facilitating positive staff development (Frankel, 2008).

A senior culturally competent and compassionate health care leader views of a challenging situation, including the psychological vantage point or “mindset” they bring to bear upon a problem, can affect how they move forward sorry do not understand the meaning here. As such, understanding how a senior leader behavior affects the attitudes and actions of team members, is of primary interest. There are many elements to consider as one evaluates strategies to effectively lead health care professionals, but can positivity play a central role in enhancing other health care professionals (Calhoun et al, 2008). Further, the successful operation of the shift, staff morale and managing difficult or challenging situations depends largely on the senior nurse’s leadership skills (Frankel, 2008).

Leaders are often described as being visionary, equipped with strategies, a plan and desire to direct their teams and services to a future goal (Mahoney, 2001). Effective and competent and compassionate leaders are required to use problem-solving processes, maintain group effectiveness and develop group identification. They should also be dynamic, passionate, have a motivational influence on other people, be solution-focused and seek to inspire others (Frankel, 2008).

Senior nurses by demonstrating an effective leadership style, they will be in a position to influence the successful development of other staff, ensuring that professional standards are maintained and enabling the growth of culturally competent and compassionate practitioners.

Compassionate health care leadership for senior nurses is primarily about: making decisions; delegating appropriately; resolving conflict; and acting with integrity. The role also involves

nurturing others and being aware of how people in the team are feeling by being emotionally in tune with staff (Frankel, 2008).

Saarikoski and Leino-Kilpi (2002), found the one-to-one supervisory relationship was the most important element in clinical instruction. Research also suggests that mentorship facilitates learning opportunities, helping to supervise and assess staff in the practice setting.

Senior nurses should take time on every shift to be involved in some form of mentoring activity, which should then be recorded in staff members' 'learning log' (Allan et al, 2008).

### **What legal/normative frameworks or conventions says on the topic**

Healthcare equality is a guiding principle for a successful and effective healthcare provision.

Nursing is a practice discipline and it is a political act. Nursing leadership is about critical thinking, action and advocacy – and it happens in all roles and domains of nursing practice. Culturally competent and compassionate nursing leadership plays a pivotal role in the immediate lives of nurses and it has an impact on the entire health system.

At times a nursing leaders' moral compass, i.e. the moral and ethical values they use to guide their decision making, may appear to be directionally challenged. This challenge frequently results from the leader's conflict between their nursing values and the values of the organization in which they lead. These conflicts may occur in areas such as organizational finances, staffing, care delivery and/or research studies. As nurses advance into leadership positions, the complexity of the decisions they need to make increases, as does the potential for moral distress. Grady et al. (2008) and Ulrich et al. (2007) both found that nurses who had participated in educational offerings focusing on ethical decision making utilized ethics resources more frequently than did their counterparts who had not received classes in ethical decision making. These findings suggest that providing advancing nurse leaders with education related to ethical decision making will increase their chances of job satisfaction and success.

In Cyprus Nursing and Midwifery is a regulated profession. There is a law in practising it and also a code of conduct and practice (L.214 1988-2012). Limited local literature exists on the topic.

Below websites listed in local and international information on the subject:

[http://www.moh.gov.cy/moh/cbh/cbh.nsf/index\\_en/index\\_en?OpenDocument](http://www.moh.gov.cy/moh/cbh/cbh.nsf/index_en/index_en?OpenDocument)

[http://www.moh.gov.cy/Moh/cbh/cbh.nsf/index\\_en/index\\_en?OpenDocument](http://www.moh.gov.cy/Moh/cbh/cbh.nsf/index_en/index_en?OpenDocument)

<http://www.equalityhumanrights.com/legal-and-policy/legislation/equality-act-2010/equality-act-guidance-codes-practice-and-technical-guidance>

[https://www.cna-aicc.ca/~media/cna/page-content/pdf-en/nursing-leadership\\_position-statement.pdf?la=en](https://www.cna-aicc.ca/~media/cna/page-content/pdf-en/nursing-leadership_position-statement.pdf?la=en)

<http://www.leadershipacademy.nhs.uk/resources/inclusion-equality-and-diversity/>

## Practical component

### Self-directed activities

This learning activity will be done online and consists of three stages: a) a questionnaire (that will act also as a pre-test), b) basic terminology used c) article critical discussion.

- a) A questionnaire will be used in relation to leadership in workplace, based on role modeling leadership within the principles of equality, as to provide culturally competent and compassionate health care.
- b) Provision of basic terminology and definitions used in this tool to help clearly understand the content and activities of the tool.
- c) One scientific article will be given related to leadership and role modeling, which participants will study and be able to discuss during the face to face meeting.

### Article Reference

Maragh K.A. (2011). The Nurse Leader as Change Agent and Role Model: Thoughts of a New Nurse Manager. *Nurse Leader* 9 (3): 39-42

### Terminology/definitions

- **Role modeling:** Aristotle declared that every citizen needs to act as a good role model, that they have a moral obligation to do so and need to take the responsibility seriously. Leadership is best learned from recognized leaders. This learning happens through the process of “identification” with the leader as a role model. The role models can transmit what they do and how they do it to others; they can teach it and teaching others is enough to change their behavior. Role modeling is the process by which the nurse facilitates and nurtures the individual in obtaining, maintaining, and promoting health. Role modeling accepts the client unconditionally and allows planning of unique interventions. According to this concept, the client is the expert in his or her own care and knows best how he or she needs to be helped (Lombardo and Roof, 2005).
- **Equality Principles:** It sets out what seems to be the fundamental principle about equality and the true basis of egalitarianism. It sets out what seems to be the fundamental principle of morality. The principle of equality is directed, more particularly, to the satisfaction of fundamental categories of human desires. This principle has to do not with treatment, with what is done to and for people, but with satisfaction. Although not exclusively, has to do with a result of treatment, what can also be named well-being, or the quality of peoples' lives, freedom, happiness (Petrova, 2008).

See also definitions previously stated in this document (definitions' section).

### Pre-test Questionnaire

See Annex I

## **Classroom activities**

This consists of three stages: a) presentation, video and discussion, b) case study, c) role play scenario and d) a questionnaire (that will act as a post-test). Activities are designed to implement the culturally competent and compassionate leadership and learning the skills of role modelling.

- a) A short presentation and discussion will be done including the essence of culturally competent and compassionate care leadership in health care (esp. role modeling and equality), the existing local health care system and reflection on the self-directed learning (particularly the article). A video will be shown to enhance discussion from the videos below:

<https://www.youtube.com/watch?v=eryhLF6uguU>

[https://www.youtube.com/watch?v=Mgkpv0\\_vXrw](https://www.youtube.com/watch?v=Mgkpv0_vXrw)

- b) Analysis of case study will follow in small groups (may choose one of the following scenarios).

### *Case study 1*

Anne, a junior staff nurse suddenly lost a closed loved one. She is not permitted more than 2 days off. Two days after the incident Anne did not make any contact with her nurse leader. Nurse leader struggles whether she should communicate with herself, when is appropriate and how.

### *Case study 2*

John is a nurse leader of the hospital. A visitor of a patient complains to him that a migrant patient in the medical unit is continually asking for something in his language (do not know what) and seems that he does not receive any attention and probably less care. Please discuss what you would do.

### *Role modeling plan*

After the discussion of the case study the participants should create a plan (in groups) for their role modelling activities and this may be used/discussed/challenged in the role playing activities that follow.

- c) Role playing (may choose one of the following scenarios)

### *Role playing scenario 1*

The scenario consists of the nurse leader and a junior staff nurse.

Maria, a junior foreign staff nurse requests from Mr Andreas (her boss) every Sunday to be off work as to be able to attend her catholic church as this was of extremely importance to her.

### *Role playing scenario 2*

The scenario consists of the nurse leader and a senior nurse.

Senior nurse requests special treatment (e.g. only morning shifts, day offs when public holiday, not bedside care only administrative duties) from the nurse leader on the bases of her seniority and single parenthood.

*Possible questions to initiate discussion:*

What should be the reaction of the leader?

Why?

Is this based on equality values?

How this can be role-modeled?

Is this a compassionate act?

Does it matter who request something from the leader?

What could be done better?

**d) Post-test questionnaire (see Annex II)**

This short questionnaire will be given to participants at end of the classroom training (the last 20 minutes, will be the same as the one given on line).

The exercises will be related to the values and principles of leadership in health care and the leadership role modeling characteristics.

## **Role-modeling**

This learning activity will be done in participants' working areas.

In this exercise will giving guidance's on the implementation of role modeling in their work area, based on the values, principles and objectives of competent leadership in the health care sector, to provide compassionate health care.

## **Reflection**

This learning activity will be done on line. Participants will be asked to describe a case study from their own workplace/experience, which can identify weakness and/or good leadership role modeling practice.

Participants will respond to a document (annex II) and the trainer's team will provide written electronic feedback to them.

See Annex III

## **Assessment**

Assessment will be continuous at different stages

**A. Theoretical assessment**

This will be assessed in classroom when participants complete the post-test questionnaire.

**B. Practical assessment**

This will be assessed during the stage of reflection of the practical component on role modelling, when participants will be asked to reflect, discuss and explain their practice. Also will be done during classroom during the group exercises

These will provide an overall assessment of the tool, based on the possible changes that may occur in participant's related perception and knowledge.

## Evaluation

Partners will use a standard brief questionnaire to collect data from learners.

See Annex IV

## References and useful resources

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

**SELF-ASSESSMENT TOOL FOR PROMOTING ROLE MODELING OF EQUALITY PRINCIPLES IN CULTURALLY COMPETENT AND COMPASSIONATE HEALTH CARE**

**LEADERSHIP**

**PRE-TEST (SENIOR LEADERS)**

1. I am aware of what culturally competent and compassionate leader is.  
1      2      3      4      5
2. I have the skills to promote culturally competent and compassionate care to my staff.  
1      2      3      4      5
3. Do you think that role modelling by senior nurses is an effective method to provide culturally competent and compassionate care?  
1      2      3      4      5
4. Does your health care system authorities consider important to prepare senior nurses in practicing leadership by example?

YES      NO



**If NO why you think is that?.....**

5. How confident you feel as a senior leader to apply the principle of equality among staff?  
1      2      3      4      5
6. It is an ethical and professional duty for a senior leader to mentor his/her staff based on role modeling at workplace.  
1      2      3      4      5
7. Did you receive any training on role modelling leadership?  
a) No  
b) Yes, for few months

- c) Yes, for a year or more
- d) Other .....

8. Please choose and number from options below the four most important values/principles that a culturally competent and compassionate leader should have as to be a role model in his/her workplace.

- Motivation
- Compassion
- Equality
- Respect
- Supportive
- Flexibility
- Justice
- Coaching
- Other-----



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

**SELF-ASSESSMENT TOOL FOR PROMOTING ROLE MODELING OF EQUALITY PRINCIPLES IN CULTURALLY COMPETENT AND COMPASSIONATE HEALTH CARE**

**LEADERSHIP**

**POST-TEST (SENIOR LEADERS)**

1. I am aware of what culturally competent and compassionate leader is.  
1      2      3      4      5
2. I have the skills to promote culturally competent and compassionate care to my staff.  
1      2      3      4      5
3. Do you think that role modelling by senior nurses is an effective method to provide culturally competent and compassionate care?  
1      2      3      4      5
4. I think that local health care system authorities should consider as a must to prepare senior nurses in practicing leadership by example.  
1      2      3      4      5
5. How confident you feel as a senior leader to apply the principle of equality among staff?  
1      2      3      4      5
6. It is an ethical and professional duty for a senior leader to mentor his/her staff based on role modeling at workplace.  
1      2      3      4      5
7. Please choose and number from options below the four most important values/principles that a culturally competent and compassionate leader should have as to be a role model in his/her workplace.
  - Motivation
  - Compassion

- Equality
- Respect
- Supportive
- Flexibility
- Justice
- Coaching
- Other-----

## ANNEX III

### REFLECTION EXERCISE

Based on the knowledge you have gained through this program describe a case study from your own workplace/experience, which identify weakness and/or good leadership practices, in which you had to act as a role model, and try to answer the following questions:

1. What happened/ the main issue? Where, when and how did it happen?

2. Did you act as a role model? Describe

3. Did you apply any equality principles in this case? Describe

**4. What did you learn/gain from this experience? (strong and weak points)**

**5. Write any identified learning needs**

## Evaluation of the tool from Cyprus University of Technology<sup>1</sup>

Age, n (%)	
- 25-34 years	1 (9.09)
- 35-44 years	2 (18.18)
- 45-54 years	7 (63.64)
- > 55 years	1 (9.09)
Gender, n (%)	
- Male	2 (18.18)
- Female	9 (81.82)
Professional profile, n (%)	
- Nurse	7 (63.64)
- Other: Community nurse	4 (36.36)
Years working in their profession, n (%)	
- 11-12 years	2 (18.18)
- > 20 years	9 (81.82)

Indicator	Fully agree	Partly agree	Not agree
	N (%)		
The tool is structured appropriately to achieve the learning goals	8 (72.73)	3 (27.27)	0
The theoretical content is relevant and appropriate	8 (72.73)	3 (27.27)	0
The practical content is relevant and appropriate	8 (72.73)	3 (27.27)	0
The activities proposed are useful to increase the following dimensions regarding the topic of the tool:			
- Culturally Aware and Compassionate Leadership	8 (72.73)	3 (27.27)	0
- Culturally Knowledgeable and Compassionate leadership	8 (72.73)	3 (27.27)	0
- Culturally Sensitive and Compassionate Leadership	8 (72.73)	3 (27.27)	0
- Culturally Competent and compassionate leadership	8 (72.73)	3 (27.27)	0
The content is interesting and useful to improve the daily leadership practice at my workplace	10 (90.91)	1 (9.09)	0
The delivery method is appropriate	9 (81.82)	2 (18.18)	0
The activities promote learners' meaning-making	10 (90.91)	1 (9.09)	0
In general, I am satisfied with the tool	10 (90.91)	1 (9.09)	0

<sup>1</sup>When the percentages do not add up to 100%, this indicates that some participants did not rate the specific item/s.

# TOOL FOR INTERCULTURAL EDUCATION OF HEALTH CARE LEADERSHIP IN EUROPE FOR SENIOR LEADERS

by

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## Theoretical component

### Aim& learning outcomes

- To become aware of own ability to be self-compassionate and the association between self-compassion among staff and the performance of culturally competent nursing and care to patients (1.2).
- To practice communicative competences to understand the need among staff to be self-compassionate (rather than being judgemental) (2.2).
- To act as a role model (to master tools of communication cf. 2.2) in relation to self-compassion and in this way develop a higher degree of culturally competent nursing and care among staff (3.3).
- To become aware of and reflect on own role in supporting staff to perform competent and compassionate nursing and care (4.2).

### Relevant principles and values

There is a need to prepare nurses and other care professionals better for compassionate and culturally competent care in order to respond to the healthcare sector demands. Self-compassion among front line nurses and care professionals is a prerequisite for the delivery of compassionate care. To promote this, self-compassion must be role modelled and coached by the leaders of this staff, i.e. a culturally and compassionate health care leadership. Communication skills are an essential part of such leadership.

### Relevant definitions and terms

- **Self-compassion** entails being kind and understanding toward oneself in instances of pain or failure rather than being harshly self-critical (Neff, 2003) and has recently been re-established as a basis of quality nursing care in a review by Sharma and Jiwan (2015). The development of a compassionate self and the ability to be sensitive, non-judgemental and respectful towards oneself appears to contribute to a compassionate approach towards others (Gustin & Wagner, 2013).

- **Leader:** This UNIT 1 tool is aimed at senior professionals whose roles emphasise leadership within their organisations and support the front line staff so they are enabled to provide culturally competent and compassionate services (Azienda Ospedaliera Universitaria Senese, 2015).
- **Culturally competent and compassionate health care leadership** is the synthesis and application of the four elements used in the “The European model for developing culturally competent and compassionate healthcare leadership”, and 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” (Cyprus University of Technology, 2015).
- **Compassion** is a dimension of quality care and has to do with actively responding to human suffering. It is thereby separated from terms such as pity and empathy although often applied synonymously with these (University College Lillebaelt, 2014).
- **Communication** is felt by patients to be an essential part of compassionate care (Bramley & Matiti, 2014) (Badger & Royse, 2012). It is also emphasized that it is important for the nurses to have good communication skills with the staff they work with because effective communication is a fundamental element of nursing and serves as an integral part of the provision of patient care. Effective communication plays a crucial role in meeting the cognitive and affective needs of patients and improving the quality of care delivery (Sharma & Jiwan, 2015). A special challenge is identified with regard to migrant patients with little or no skills to communicate in the native language of the country (Garrett et al., 2008). Of relevance is also that research among health care work forces in e.g. UK and USA show lack of equality and difficulties in communication between co-workers and patients with different ethnic backgrounds. These problems may occur from different views on equality and communication and managers need to promote equality and effective communication among an ethnically diverse work force (Olt et al., 2014).

### **What the research/literature says on the topic**

#### **What legal/normative frameworks or conventions says on the topic**

According to the International Council of Nurses the framework for ethical conduct is that “*The nurse evaluates own competences and the competences of others when she/he takes on responsibility or delegates this to others*”. In practice: “*Monitors and promotes the health of nursing staff in relation to the competences in practice*” (International Council of Nurses, 2000, p.5, p.9)

The frame of reference for ethical conduct: *“The nurse promotes good working relations with the other members of the care staff...”* In practice: *“Develops systems at the workplace supporting common professional and ethical values and ways of acting”* (International Council of Nurses,2000, p.5, p.11)

Danish nurses operate in line with ethical guidelines in accordance with Danish legislation. These are rooted in the UN declaration on human rights from 1948 and the International Council of Nurses' (ICN) code of ethics for nurses from 1953, last revised in 2012. According the ethical guidelines, the nurses must among other things *“reflect on own practice and respond to ethical situations and dilemmas occurring to the nurse herself, relatives, the profession and society”*.

(Ethical guidelines for nurses, 2014, p.8)

At a Danish university hospital good leadership is ensured through dialogue and involvement and decisive for a good working place with committed staff ready for adjustment and development. Good leadership is characterised by motivating staff through the daily interaction. Good leadership is also to ensure that tasks and competences go hand in hand and that the lines of communication are clear and short (OUH, Ledelsesgrundlag,standard 1.1.2).

## Practical component

### Self-directed activities

In accordance with the above aim (D/E), the purpose of this exercise is to become aware of own self-compassion and to be a role model. Thus, self-compassion is both a prerequisite for compassionate and culturally competent leadership and there is a link between the self-compassion of health care staff and their ability to perform compassionate and culturally competent nursing and care.

- **Reflect on the following questions and bring the answers to the face-to-face session:**

How do you think your self-compassion affects your leadership? Which considerations do you have concerning the association between your staff's ability to be self-compassionate and their ability to perform compassionate care? Do you think your staff's ability to be self-compassionate and perform care can be further challenged/is different when the patient group has another cultural background? No/Yes? Elaborate on your answer. Which considerations do you make as a leader to act as a role model?

- **Draft a description of practice not exceeding 1 page of text (appendix 1)**

### Classroom activities

Preparation: Participants bring their description from practice and read the article: Neff, KD (2003) The development and validation of a scale to measure self-compassion. [http://self-](http://self-compassion.org/)

[compassion.org/wp-test/wp-content/uploads/2014/10/empirical.article.pdf](https://compassion.org/wp-test/wp-content/uploads/2014/10/empirical.article.pdf)(The participants can skip the section that concerns the method)

According to the overall goals (D/E) the purpose is to become aware of own ability to be self-compassionate and about the association between the self-compassion of staff and their ability to perform culturally competent care for the patients in their own practicing as well as to develop communicative competences to understand staff needs for self-compassion.

➤ **Organisation of teaching (detailed plan see appendix 2)**

- Presentation on self-compassion
- Group work to become aware of the participants' own understanding of self-compassion
- Presentation on the association between self-compassion and the performance of culturally competent care
- Group discussion: The role as a leader to promote/prohibit self-compassion among staff
- Presentation on communication (the communication process: The verbal, non-verbal, the relation, perception and escalation/de-escalation of a conflict)
- Group work/in pairs – participants discuss and prepare their specific initiatives to act as role models towards staff to support their self-compassion and to support the performance of compassionate and culturally competent care
- On the basis of the group work, a joint summary and database with ideas. It might be helpful for the participants to use an action plan (see appendix 3)

(the pilottest indicated that you might consider to use/move some of the “classroom hours” to the end of the course to follow up the last two activities)

## **Role-modeling**

Preparation: On the basis of the self-study exercises and the face-to-face teaching, reflections are made on how you as a leader wish to demonstrate own self-compassion to support the self-compassion among health professionals to enable them to perform compassionate and culturally competent nursing and care.

According to the overall goals (D/E) the purpose is to become aware of own ability to act as a role model and to demonstrate skills in communication with focus on self-compassion to develop a higher degree of culturally competent and compassionate care among staff. Also to reflect on own role in supporting staff to perform competent and compassionate nursing and care.

- **Reflections:** See your practice description, notes from self-studies and face-to-face sessions. Have you learned more about your ability to be self-compassionate and about the association between the self-compassion among staff and the ability to perform culturally competent nursing and care to patients in their own practicing. Are there any barriers and possibilities in relation to your competences to be a role model? What would you focus on when you are going to act as a role model? Write down three

specific focus areas; make a reflection afterwards on what went well. How can I optimise it? What can be improved? What would I do differently?

## **Reflection**

Preparation: Make an agenda prior to the meeting with the subject "How can self-compassion be promoted and/or maintained at the workplace to facilitate the performance of compassionate and culturally competent nursing and care"?

According to the overall goals (D/E) the purpose is to act as a role model (use tools in communication cf. 2.2) in relation to self-compassion and in this way develop a higher degree of culturally competent and compassionate nursing and care among staff (3.3). To become aware of and reflect on own role to support staff to perform competent and compassionate nursing and care (4.2).

- **Prepare agenda with inspiration from the idea database. Ask staff to bring a photo that illustrates their own self-compassion at the workplace.**
- **The following are helpful questions for the meeting:**

I have mentioned that it can be difficult/successful to be self-compassionate at the workplace. Can you help me understand this better? When did you start to feel it was difficult/successful? If you should describe self-compassion with a metaphor, how would you do that? Tell about the photo you have brought illustrating your self-compassion. If we should give it a name what should it be? How does the self-compassion manifest itself? What is behind it? Cause? What does it make you do? How does it make you react? Have you noticed what this kind of self-compassion affect you? – how it affects the others in the group? – how it affects your ability to perform compassionate and culturally competent nursing and care to patients? Does this say something about you as a person? – something about the collegial atmosphere? – the leader as a role model? Should we change something? – personally? – in the group? – about me as a leader?

## **Assessment**

Summary evaluation:

The lecturer evaluates if the prerequisites of the participants and the learning needs have been included, if the framework was optimal, if the goals were realistic, if the content was relevant, how the learning process was organised.

Participants: A self-evaluation form (appendix 4).

## **Formative evaluation**

Participants: Reflection questions in the exercises.

## **References and useful resources**

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## APPENDIX 1

### Guideline for drafting of practice description

What is a practice description? A practice description is a written narrative, a story about an experience important to the one writing it. The intention of the practice description is to tell about a specific incident experienced by the storyteller at a certain time. The practice description is a reconstruction of the event and it always has the storyteller's angle and thus gives his/her perception of the event.

What can the practice description be used for? By making a practice description you visualise to yourself which experiences you have from practice and which specific problems concerning self-compassion you are faced with in your daily practicing. In this way you get the opportunity to focus on the challenges important to you and you have the possibility to discuss these with other leaders. The practice description can be included in different ways in the face-to-face teaching as a basis for discussion and reflection.

Theme of practice description: An episode where you as a leader has shown self-compassion and/or encouraged/sent signals about self-compassion to your staff.

Content of practice description: Select a specific event from your practice you have been preoccupied with and which has been difficult or successful.

Write down the event as you recall it. Use a *narrative language* (your own style) and try to present the story chronologically.

It is important to include the most important details to ensure the coherence of the event e.g.:

- Think about a situation from practice where you exhibit self-compassion or signal/encourage self-compassion in your staff. It can be a challenging or successful situation.
- Include the background of the event such as e.g. who is included and what is it about? Who are you as a leader? What is the central point and why is that point in focus? Where does it take place? Under which circumstance? What happens in the interaction between you and your staff?
- A description of the event where actions are described as they are actually remembered to be performed, e.g. what was really said during the event, who said what and who did what.
- Why was the event important, successful, difficult or impossible?
- Include and describe the thoughts you had during and after the event.

Ethical considerations: You are responsible for *anonymisation* i.e. name, civil registration number, job position, address, hospital, municipality or similar, personal information is removed and it is thus impossible for others to identify the persons.

## APPENDIX 2

### Teaching is organised as follows:

- Presentation on self-compassion, e.g. use of powerpoints with key aspects from the article.
- Group work to become aware of the participants' own understanding of self-compassion.  
Reflection is based on the following questions in relation to their practice description:
  - Take turns telling the others in the group about your practice description
  - Where do you see that self-compassion is expressed in your practice description?
  - Can you use something from the text that could contribute to your understanding of self-compassion as it is expressed in the practice description?
- Presentation on the association between self-compassion and performing culturally competent nursing and care. Include the ethnic minorities in your country and how the health professionals here perceive the nursing and care of ethnic minorities
- Group discussion: The role as a leader to promote/prevent self-compassion among staff. Discuss in groups on the basis of the following questions:
  - How do you contribute to promoting self-compassion among your staff?
  - How do you contribute to preventing self-compassion among your staff?
- Presentation on communication (the communication process: The verbal, the non-verbal, the relation, perception, the stairs of conflict – escalation of conflict)
- Group work/pair work: Participants discuss and prepare their specific initiatives to act as role models to staff concerning support of self-compassion and performance of culturally competent nursing and care  
On the basis of the following questions:
  - Based on your current knowledge, discuss the considerations you have when the conversation is about self-compassion in your staff and in yourself
  - Considerations about how a potential conflict can lead to development of self-compassion in staff and in yourself
  - Consider and write down the questions which can possibly shed light on and investigate the habits/routines which can support and/or challenge self-compassion among staff
  - Consider and write down how you want to deal with and ask questions about the subject (include the verbal, the non-verbal, your preunderstanding, the relation)
- On the basis of the group work a joint summary is made. The lecturer is responsible for making the key ideas specific to generate a bank of ideas. Use the blackboard, smartboard poster and similar  
Supporting questions for the lecturer:

- What have you concluded?
- Which considerations have you made when shedding light on the habits/routines which can support or challenge self-compassion in staff?
- Are there any barriers in you as leaders to take part in this conversation?
- Can you imagine there will be barriers for health professionals? If yes, how will you relate to this? How will you contribute to ensuring that a conflict leads to development?
- Which specific questions would you ask the health professionals? (can function as an agenda).

## APPENDIX 3

### Action plan

- List opportunities does your role provide to role model to your team your culturally competent and compassionate leadership?
- Who are the people you plan to include in your role modelling?
- How do you plan demonstrating your cultural competence and compassionate care?
- How many times do you aim to consciously plan these role modellings opportunities?
- How do you plan to obtain feedback from those involved in your role modellings activities?

## APPENDIX 4

**Answer according to what you think – in your own words – about the process you have been through.**

What do you think about the applied ways of working with your staff including the variation and extent of the different elements such as self-studies, class teaching, practicing of competences and reflection?	
What do you think about your own effort?	
When did you think your learning outcome was highest?	
What have you learned from self-studies?	
What have you learned from classes teaching?	
What have you learned from clinical practice concerning practicing your competences?	
What have you learned from meeting your staff?	
How do you think you will benefit from what you have learned?	
Other comments	

## Evaluation of the tool from University College Lillebaelt<sup>1</sup>

Age, $\bar{x}$ (SD)	55.40 (7.83)
Gender, n (%)	
- Male	0
- Female	5 (100)
Professional profile, n (%)	
- Nurse	1 (20)
- Occupational therapist	1 (20)
- Other: Senior leader nursing	3 (60)
Years working in their profession, $\bar{x}$ (SD)	27.50 (14.18)

Indicator	Fully agree	Partly agree	Not agree
	N (%)		
The tool is structured appropriately to achieve the learning goals	1 (20)	4 (80)	0
The theoretical content is relevant and appropriate	4 (80)	1 (20)0	0
The practical content is relevant and appropriate	3 (60)	2 (40)	0
The activities proposed are useful to increase the following dimensions regarding the topic of the tool:			
- Culturally Aware and Compassionate Leadership	3 (60)	1 (20)	0
- Culturally Knowledgeable and Compassionate leadership	3 (60)	1 (20)	0
- Culturally Sensitive and Compassionate Leadership	2 (40)	2 (40)	0
- Culturally Competent and compassionate leadership	3 (60)	1 (20)	0
The content is interesting and useful to improve the daily leadership practice at my workplace	3 (60)	1 (20)	0
The delivery method is appropriate	1 (20)	4 (80)	0
The activities promote learners' meaning-making	3 (60)	2 (40)	0
In general, I am satisfied with the tool	1 (20)	4 (80)	0

<sup>1</sup>When the percentages do not add up to 100%, this indicates that some participants did not rate the specific item/s.

## INSPIRING CULTURAL CHANGE THROUGH LEADERSHIP

by

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*Marmara University Pendik Research and Training Hospital (Turkey)*

### Theoretical component

#### **Aim**

To improve the abilities of culturally competency of health care leaders and to create the working environment supported with the principles of equality, non-discriminatory practice, confidentiality and trustworthiness.

#### **Learning outcomes**

The health care leaders will understand the importance of leadership in health care system,

The health care leaders will be aware of their values and principles related to equality, non-discriminatory practice, confidentiality and trustworthiness,

They will have a deep understanding the function of role modelling in working environment,

They will understand and try to implement by themselves the process of being culturally competent and compassionate leaders.

#### **Relevant principles and values**

Equality; Confidentiality; Trust; Dignity; Morality; Sensitivity; Compassion ; Respect ; Supportive; Responsibility ; Altruism – devotion ; Open-mindedness ; Understanding ; Competence ; Integrity; Kindness ; Participation ; Guidance ; Reflection ; Experience ; Paradigmatism ; Active learning ; Empathy

#### Principles:

Respect of the cultural background and identity of the health care workers in working environment,

Promotion of equal access by eliminating discrimination in the health care,

Promotion of accepting the people by non-judging, respecting and understanding others' needs rather than judging,

Promotion of the ethical principles in working environment,

## Relevant definitions and terms

In our project IENE4 **“Culturally competent and compassionate health care leadership”** is defined as: “the process that a leader goes through in demonstrating culturally aware, knowledgeable, sensitive, and 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.” Health care leaders should be able to manage any weakness and problems in the working environment and have the capacity and capability to tackle inappropriate practices and behaviours. They should promote patient centred holistic care that is underpinned by a culturally competent and compassionate needs assessment. It is important in giving as in receiving support to staff and patients from diverse cultural backgrounds, and act as role models concerning the ethical principles of equality, non- discriminatory practices, confidentiality and trustworthiness. 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.

**In this tool we will focus on promoting and role modelling of leaders in ethical principles of equality, non-discriminatory practice, confidentiality and trustworthiness.** We recognize that the population of each country is rapidly becoming more diverse and will become more so into the 21st century. Because of this trend, diversity and inclusion have emerged as central issues for organizations and institutions. We believe that leadership in nursing can best respond to these issues by finding ways to accelerate the inclusion of groups, cultures, and ideas that traditionally have been underrepresented in higher education. Moreover, health care providers and the nursing profession should reflect and value the diversity of the populations and communities they serve. Diversity includes consideration of socioeconomic class, gender, age, religious belief, sexual orientation, and physical disabilities, as well as race and ethnicity. Diversity and equality of opportunity recognize that individuals learn from exposure to and interaction with others who have backgrounds and characteristics different from their own. Recognizing and valuing diversity and equal opportunity also means knowledge, appreciation, and support of different learning styles, ways of interaction, and stimulating forms of discourse derived from interaction and collaboration with persons from diverse backgrounds and experiences. Promoting diversity facilitates equality of opportunity.

Managing a racially and culturally diverse workforce is complex and challenging for managers. There are no ready-made tools to show them how to do so. Achieving effective management of a culturally diverse workforce comes from an intrinsic motivation to develop the cultural competence to engage with them. (Managing equality and cultural diversity in the health workforce, Beverley Hunt BEd, MA Article first published online: 20 NOV 2007)

Maintaining **confidentially** means that a nurse, by legal and ethical standards, keeps information private that patients or families have disclosed unless the information falls under a

limit of confidentiality. Confidentiality is at the core of nurses establishing trusting relationships with other nurses, patients, families and others ([http://www.jblearning.com/samples/0763748986/48986\\_CH03\\_Pass3.pdf](http://www.jblearning.com/samples/0763748986/48986_CH03_Pass3.pdf))

Health care leaders must keep and not to share private information about their staff as well as act according to patient confidential.

According to report of ILO (International Labour Organisation) **discrimination** in employment and occupation takes many forms, and occurs in all kinds of work settings. It entails treating people differently because of certain characteristics, such as race, colour or sex, which results in the impairment of equality of opportunity and treatment. In other words, discrimination results in, and reinforces, inequalities. With discrimination the freedom of human beings to develop their capabilities and to choose and pursue their professional and personal aspirations is restricted without regard for ability. Because of discrimination, skills and competencies cannot be developed, rewards to work are denied, and a sense of humiliation, frustration and powerlessness takes over.

Leadership here are many definitions of leadership, but related to our project the transformational leadership is most appropriate style of leadership "leadership is the ability to achieve exceptional results by transforming the organization and developing people to create the future (Garman et al,2010). Role modelling: "A role model is a person who serves as an example of a positive outcome." (Robert K. Merton, 1910-2003, Initiator of the term "role model")

### **What the research/literature says on the topic**

R.N. Beth Perry (2008) Role modelling excellence in clinical nursing practice, Nurse education in practice, Center for Nursing and Health Studies,

Wooten Wooten and Crane (2003) state "a leader exemplifies the vision and values of the organization since they are role models for the other members" (p. 277)

Being authentic and treating people with respect and dignity are all characteristics that nurses can demonstrate to achieve a sense of trust (Dixon, 1999; Newhouse & Mills, 2002). [http://www.medscape.com/viewarticle/465920\\_2](http://www.medscape.com/viewarticle/465920_2)

Trust relates to open communication channels, which in turn enhances feedback at all levels. Requesting, receiving, and providing feedback are integral to the success of mentoring, and essential for providing adequate support and a challenging environment, and for maintaining the organization's vision.

This initiative promotes the utilization of interpersonal communication skills and active listening. By utilizing these leadership skills, leader nurses can create an organizational culture that is seen as safe; one that will enhance the feedback cycle and the evaluation of the mentoring relationship and process; and one that will create a collaborative environment which will sustain mentoring, staff satisfaction, and retention (Neuhauser, 2002; Newhouse & Mills, 2002; Wooten & Crane, 2003).

## What legal/normative frameworks or conventions says on the topic

Leadership has main characteristics such as behave equal to all employees, be trust, keep the private information about employee and other staff as well as clients. Nurse leaders should acknowledge patients' and staffs' diverse needs and cultivate moral virtues within the working environment. (Serinkan and Ipekci, 2005:283-284)

According to study "Levels of Emotional Intelligence and Ethical Reasoning Abilities of Head Physician and Nurse Managers Working at Public Hospitals-Istanbul Turkey and Affecting Factors in Is ", it was determined that emotional intelligence and ethical reasoning ability scores of nurse managers were above average, and as the emotional intelligence levels increased, ethical reasoning ability levels also increased.  
[http://www.journalagent.com/kuhead/pdfs/KUHEAD\\_10\\_3\\_18\\_26.pdf](http://www.journalagent.com/kuhead/pdfs/KUHEAD_10_3_18_26.pdf)

In this research emotional intelligence was shown the important skill to promote the ethical principles of non-discriminatory practice, confidentiality and trustworthiness for healthcare leaders. In the survey conducted it was found that there is a significant relation between leadership and organisational affiliation, and leadership effects the organisational affiliation of staff in positive way for a public survey is performed on 321 health staff that has different position in Afyonkarahisar Government Hospital Turkey.  
(<http://www.aku.edu.tr/aku/dosyayonetimi/sosyalbilens/dergi/Say%C4%B1lar/Cilt%20X%20Say%C4%B1%201%20Haziran%202008/B.7.%20makale%20A.%20Karahan.pdf>)

Waggoner, Jessica, "Ethics and Leadership: How Personal Ethics Produce Effective Leaders" (2010).CMC Senior Theses.Paper 26.

[http://scholarship.claremont.edu/cmc\\_theses/26](http://scholarship.claremont.edu/cmc_theses/26)

"Defining Cultural Competence: A practical Framework for Addressing Racial/Ethnic Disparities in Health and Health Care" PublicHealth Reporters/July-August 2003.

### Practical component

#### Self-directed activities

Participants will engage 3-5 hours of self- learning before the classroom activities. In addition to the content in the previous pages, participants will deal with compassion, development of inter and intra-personal skills and leadership styles by watching videos and e-learning materials as well.

**Activity1:** Watching video about compassion and empathy (with Turkish subtitle) 14 minutes  
[https://www.ted.com/talks/joan\\_halifax#](https://www.ted.com/talks/joan_halifax#)

**Activity2:** Reading and self- study on car-ES e learning platform free and open training tool for health care professionals: Emotional intelligence is another important ability for health care

leaders in the complex environment of health care. In the provision of health care services, new personal and professional challenges need to be undertaken. Service providers need to adapt to the increasing social diversities and their impact on their profession. The development of inter- and intra-personal skills for health care professionals is one of the main objectives of this e-learning platform.

Please visit web site [www.car-es.eu](http://www.car-es.eu), it is the project website “emotional intelligence and social sensitivity in health care” There are six self-training modules in different languages.

2.1 Second chapter: Managing your emotions

<http://www.car-es.eu/training-2.php>

2.2 Third chapter: Managing burnout and dealing with stress

<http://www.car-es.eu/training-3.php>

2.3 Fourth model is “Relating with others, patients and careers

<http://www.car-es.eu/training-4.php>

2.4 Fifth model is relating to others, colleagues and managers

<http://www.car-es.eu/training-5.php>

2.5 Sixth model is being socially sensitive and living with diversity

<http://www.car-es.eu/training-tr-6.html>

All the materials were created under the partnership of EU Leonardo da Vinci Transfer of Innovation Program, the project coordinator was Marmara University Hospital

**Activity3:** Reading PP Presentation on line

**Activity4:** Watching video about leadership:

This video about transformational leadership <http://changeactivation.com/transform-leader/#.VrysaM5OJpk>

**Activity5:** Video Simon Sinek: Why Good Leaders Make you Feel Safe Simon

In this video the participants will explore how leaders can inspire cooperation, trust and change.

[https://www.ted.com/talks/simon\\_sinek\\_why\\_good\\_leaders\\_make\\_you\\_feel\\_safe?language=tr](https://www.ted.com/talks/simon_sinek_why_good_leaders_make_you_feel_safe?language=tr)

**Self study:** Before the classroom activities participants will draw the outputs they have learned and they will bring to classroom.

### **Classroom activities**

Firstly, we will focus on what is the difference between leadership and management in the classroom activities by group discussion.

Then we'll give information through pp presentation "transformational nursing leadership", and then we'll show video that presents two minutes film about transformational leadership.

[http://www.changeactivation.com/wp-content/uploads/public/What\\_is\\_Transformational\\_Leadership.wmv](http://www.changeactivation.com/wp-content/uploads/public/What_is_Transformational_Leadership.wmv)

ational leadership

**Workshop:** With the specific aim of asking participants to discuss and determine the challenges to the managers when managing a culturally diverse. In order to manage culturally diverse workforce, we will focus on the framework strategies to facilitate equality including four themes are: assumptions and expectations; education and training to include cultural sensitivity, equality and human rights; performance management; and transparent human resource management processes.

Timetable	
10.00-10.20	<p>Introductions - Start creating the network-Sign the registrations form with email address role etc.</p> <p>Aims and outline of the day/ground rules.</p>
10.20-11.30	<p>Discussion and answer the questions about what you have learnt and brought into classroom through self-directed activities by groups.</p> <p>Presentation: what is the difference between leadership and management in the health care, explain the distinction between management and leadership, watching video about transformational leadership.</p> <p>The ethical principles of equality, non-discriminatory practice, confidentiality and trustworthiness (link to prior reading)</p> <p>Give an example about leadership behaviour related to non-discriminatory practice.</p>
11.30 - 11.45 Break	
11.45-12.45	<p>Workshop: with the specific aim of asking participants to discuss and determine the challenges to the managers when managing a culturally diverse.</p> <p>Principles of culturally competent, compassionate and virtuous leadership (pp presentation)</p> <p>Using role modelling in practice</p>
12.45 -13.45 Lunch	
13.45-14.00	<p><b>Presentation about role modelling in health care:</b> Are you a Good Role Model? Have you got what it takes to be a role model? What is the value of role models? Points for Successful Role Modelling.</p> <p>Participants will be encouraged to talk about their role modelling experience in work life.</p> <ul style="list-style-type: none"> <li>- Participants will be divided into groups, read the case studies about role modelling in health care.</li> <li>- Then they will discuss about the learning in terms of messages in the cases.</li> </ul>
14.00-	Reflection of lessons from today.

14.30-15.00	<p><u>Action Planning:</u></p> <p>Your name, title, which you will role model culturally competent, compassionate and courageous leadership, for, how long etc, reflection.</p> <p>The learners will also demonstrate how they will use the outcomes that they learnt in their working environment.</p>
15.00-15.30	Questions, Evaluation, Networking

### Assessment

- A. For the 3-5 hours of Self Directed Learning: Participants will write what they have learnt and brought beside them into class represent their understanding of a topic by using the questions annexed. Annex II
- B. For the 5 hours classroom learning: Discussions and reflection on the learning each gained and the potential for learning for others. Prepare an action plan for using what they have learnt in the classroom activities. Annex III
- C. For the 3-5 hours of role modelling practice: Participants will write their action plans to be role modelling for their staff. They will use the handout about role modelling in practice to do this. Annex IV

### Evaluation

A standard brief questionnaire to collect data from participants will be used. See Appendix VI.

### References and useful resources

Managing equality and cultural diversity in the health workforce, Beverley Hunt BEd, MA Article first published online: 20 NOV 2007

Robert K. Merton, 1910-2003, Iniator of the term "role model"

R.N. Beth Perry (2008) Role modelling excellence in clinical nursing practice, Nurse education in practice, Center for Nursing and Health Studies,

Wooten Wooten and Crane (2003)

Dixon,1999; Newhouse & Mills, 2002). [http://www.medscape.com/viewarticle/465920\\_2](http://www.medscape.com/viewarticle/465920_2)

Neuhauser, 2002; Newhouse & Mills, 2002; Wooten & Crane, 2003

Serinkan and Ipekci, 2005:283-284, Leadership in Managerial Nurses:A study for leadership characteristics

ChristineL. Wilson, Gender Diffrences at Work: Women and Men in Non-traditional Occupations.

Jesus Casida, Leadership –Organizational Culture Relationship in Nursing Units of Acute Care Hospitals

Youtube.com/watch Nurse Leadership and Diversity: The Need for a theoretical Framework for Workforce Sustainability

Joseph R. Betancourt, MD, Defining Cultural Competence: A Practical Framework for Addressing Racial /Ethnic Disparities in Health and Health Care

Anne M. Barker, Transformational Leadership: A Vision for the Future

[www.changeactivation.com](http://www.changeactivation.com)

[www.car-es.eu](http://www.car-es.eu)

Waggoner, Jessica, "Ethics and Leadership: How Personal Ethics Produce Effective Leaders" (2010).CMC Senior Theses.Paper 26.

[http://scholarship.claremont.edu/cmc\\_theses/26](http://scholarship.claremont.edu/cmc_theses/26)

(<http://www.aku.edu.tr/aku/dosyayonetimi/sosyalbilens/dergi/Say%C4%B1lar/Cilt%20X%20Say%C4%B1%201%20Haziran%202008/B.7.%20makale%20A.%20Karahan.pdf>)

[http://www.journalagent.com/kuhead/pdfs/KUHEAD\\_10\\_3\\_18\\_26.pdf](http://www.journalagent.com/kuhead/pdfs/KUHEAD_10_3_18_26.pdf)

## **Appendices**

**Appendix I Culturally competent and compassionate healthcare leadership model**

**Appendix II Draw self-learning outputs**

**Appendix III Action Plan**

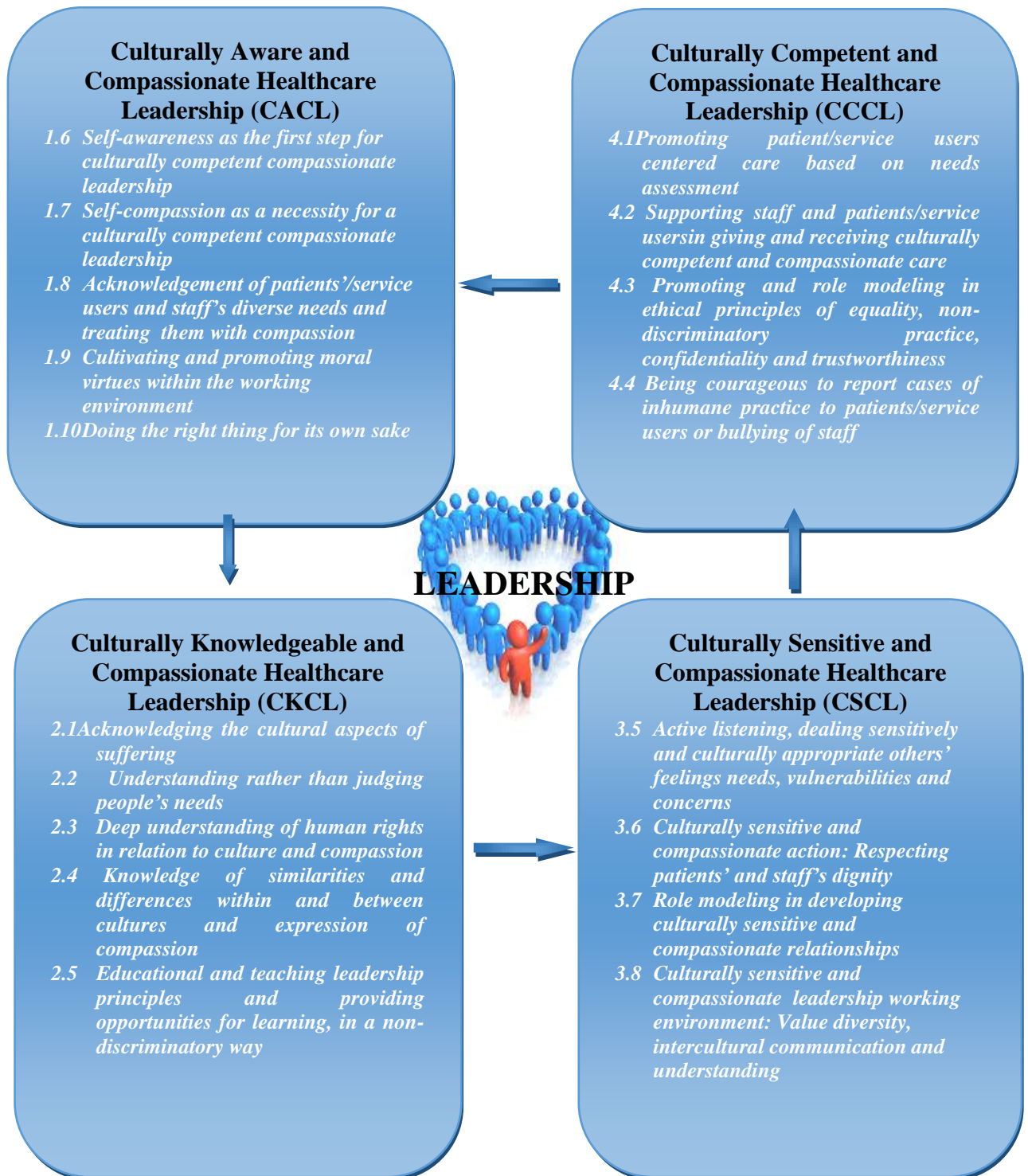
**Appendix IV Case Studies**

**Appendix V Role Modelling in practice**

**Appendix VI Evaluation**

APPENDIX I:

**A EUROPEAN MODEL FOR DEVELOPING CULTURALLY COMPETENT AND COMPASSIONATE HEALTHCARE LEADERSHIP**



## **APPENDIX II: DRAW SELF-TRAINING OUTPUTS**

**1- Which is a new concept for you?**

**2-What have you brought in to class beside you?**

**3- Which is you evaluated as an unnecessary?**

**4- Could you write three components of being culturally competent compassionate leader regarding to non-discriminatory practice?**

## APPENDIX III: ROLE MODELLING IN PRACTICE

### Points for Successful Role Modelling

**Self-reflection:** Self reflection is the first stage what is it that you are modelling? How sound is it? Consider public behaviour outside the public gaze. Assess the current impact that role modelling is having.

**Develop a clear view:** What sort of role model is right for the individual, organisation and external contacts? There is no single template of role model applicable to all organisations.

**Discuss and agree:** If you want to foster a certain climate in your organisation, discuss and agree the place of role modelling to promote defined skills, attitudes and behaviours.

**Variety of role models:** Look out for the variety of role models that exist and take account that they exist at all levels, not just at a managerial one.

**Consider diversity:** If role modelling is at least in part about identifying with individuals, not everyone in a diverse workforce will identify with a white, middle-aged male manager.

**Communicate expectations:** Communicate with others what standards you expect, ensuring you consistently apply those standards. For example, praise behaviours you want to encourage, notice how consistent you are.

**Walk the talk:** Be mindful of how you represent your team to others; be consistent and talk positively about your team.

**People skills:** Be aware of and seek to develop people skills so that leaders are best able to use the opportunities for role modelling to coach, nurture and motivate others.

### **APPENDIX III: ACTION PLAN**

List the opportunities to be role modelling in your work environment?

Who are the people you plan to be role modelling?

How do you plan to be role modelling?

**Evaluation of the tool from Marmara University Pendik Research and Training  
Hospital<sup>1</sup>**

Age, $\bar{x}$ (SD)	35.25 (5.69)
Gender, n (%)	
- Male	0
- Female	12 (100)
Professional profile, n (%)	
- Nurse	11 (91.70)
- Other	1 (8.3)
Years working in their profession, $\bar{x}$ (SD)	12.33 (7)

Indicator	Fully agree	Partly agree	Not agree
	N (%)		
The tool is structured appropriately to achieve the learning goals	8 (66.7)	4 (33.3)	0
The theoretical content is relevant and appropriate	10 (83.3)	2 (16.7)	0
The practical content is relevant and appropriate	9 (75)	3 (25)	0
The activities proposed are useful to increase the following dimensions regarding the topic of the tool:			
- Culturally Aware and Compassionate Leadership	12 (100)	0	0
- Culturally Knowledgeable and Compassionate leadership	12 (100)	0	0
- Culturally Sensitive and Compassionate Leadership	12 (100)	0	0
- Culturally Competent and compassionate leadership	12 (100)	0	0
The content is interesting and useful to improve the daily leadership practice at my workplace	9 (75)	3 (25)	0
The delivery method is appropriate	8 (66.7)	4 (33.3)	0
The activities promote learners' meaning-making	11 (91.7)	1 (8.3)	0
In general, I am satisfied with the tool	10 (83.3)	2 (16.7)	0

<sup>1</sup>When the percentages do not add up to 100%, this indicates that some participants did not rate the specific item/s.

# THE EMOTIONAL CARE TO ENHANCE THE NURSES CAPACITY TO DELIVER COMPASSIONATE CARE

by

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## Theoretical component

### Aim

The aim of this tool is to promote role modeling in strategic healthcare leaders. This tool specifically aims to emotional care to rise up the healthcare nurses leaders to deliver compassionate care, in particular through the development of self-awareness, as well as promoting principles of non-discriminatory practice, equality, confidentiality and being courageous.

### Learning outcomes

Following the activities proposed earlier, it is expected that the participants will be able to:

- Demonstrate self-awareness as the first step for culturally competent compassionate leadership (1.1)
- Demonstrate an ability to understand rather than judge people's needs (2.2)
- Demonstrate the use of active listening, dealing sensitively and culturally appropriate others feelings needs, vulnerabilities and concerns (3.1)
- Promoting and role modelling in ethical principles of a quality, non-discriminatory practice, confidentiality and trustworthiness (4.3)
- Demonstrate courageous in reporting cases of inhumane practice to patients or bullying of staff (4.4)

### Principles and Values

#### Principles:

- Self-compassion
- Active listening
- Supportive interprofessional relationship
- Non-discriminatory practice
- Shared learning
- Open-mindedness

- Motivation
- Resilience
- Paradigmatism
- Guidance
- Experience

Values:

- Sensitivity
- Justice
- Respect
- Responsibility
- Equality
- Cultural competence
- Flexibility
- Compassion
- Tolerance
- Morality
- Altruism
- Trustworthiness
- Dignity
- Empathy
- Kindness
- Diversity
- Altruism

### **Relevant definitions and terms**

**Culturally competent and compassionate health care leadership:** According to the results of the IENE4 Output No4 (O4) **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 helps to develop and nurture”.

**Culturally competent compassion:** “The human quality of understanding the suffering of others and wanting to do something about it using culturally appropriate and acceptable nursing/healthcare interventions which take into consideration both the patients and the carers cultural backgrounds as well as the context in which care is given” (Papadopoulos, 2011)

**Authentic leadership:** “Authenticity is the unobstructed operation of one’s true, or core, self in one’s daily enterprise” (Kernis, 2003).

He identifies four key components of authenticity: self-awareness, unbiased processing, authentic action, and relational transparency.

**Self-awareness in leadership:** “Self-awareness is having awareness of, and trust in, one’s motives, feelings, desires, and self-relevant cognitions.” (Kernis, 2003)

By clearly knowing oneself, authentic leaders have a strong sense of self that guides that guides them in their decisions and subsequent behaviours. Self-awareness implies an awareness of one’s strengths, and weakness, as well as one’s multifaceted self-nature. Self-awareness is a process during which individuals reflect upon their unique values, identity, emotions and motives/goals.

**Courage:** “Ask people to identify a “caring profession,” and nursing most often comes to mind. But ask those sample people to identify a “courageous profession,” and they’ll spout such professions as police work, firefighting, entrepreneur, or racecar driving. Nursing is typically overlooked and ranks near the bottom of the list. This is unfortunate, because in reality, nursing is the embodiment of both care and courage. Nurses who “own” their courage recognize that there is a direct correlation between their success quotient and their courage quotient.” (Sandra Ford Walston, 2004).

## What the research/literature says

**Self-awareness components:** Values, identity, emotions and motives/goals.

[<https://books.google.it/books?hl=it&lr=&id=vocqBgAAQBAJ&oi=fnd&pg=PA84&dq=self+awareness+leadership&ots=TE5-D8-GeX&sig=XIxDy-itiW99KoZ4zFu7W8sOCbg#v=onepage&q=self%20awareness%20leadership&f=false>]

**5 Tips for Applying Courage in a Healthcare Setting:** Courageous nurses recognize defining moments and display courage every day. This conscious action is vital to their success, particularly during times of uncertainty. Based on five years of original research, twelve behaviors of courage emerged that cultivate a reservoir of courage. Below you will find five behaviors the courageous nurse can utilize to keep stepping up. When you develop the following behaviors in yourself, you’ll be better able to call upon your courage when needed.

1. Constantly affirm your strength and determination Many underlying principles guide the “nursing spirit.” As you go through your day, realize that no one expects you to be perfect. Take time for daily reflection (at least twenty minutes of silence). This way you can evaluate and best apply your resources. When you know how your strengths can benefit the medical facility and your patients, you’ll be able to do what you believe is right and accept any challenge as an opportunity for professional growth.
2. Hurdle obstacles and take risks Every behavior you exhibit and every action you take is a conscious choice. Give yourself permission to choose to be different so you can

creatively navigate your way around, through, or over any obstacles that cross your path. When you feel reluctance set in, ask yourself, "What's the worst thing that can happen if I do this?" Usually the worst never occurs, so take the risk and step up the ladder.

3. **Manifest vision** There are no shortcuts when it comes to displaying courage. Know where you want to go and develop a crystal clear vision of your goal. Become stubborn about attaining your vision so you can discard any non-productive judgments others put on you.
4. **Reflect self-esteem** All your actions reflect who you are and what you stand for. If you're repeating a certain behavior that you don't like, don't editorialize. Look inside and ask, "What do I need to change?" Sharpen your skills and abilities through education, reading, and training, and surround yourself with the kind of people you want to become. Stay disciplined and focused on the results.
5. If you feel uncomfortable in a situation, believe your intuition and tell those involved why you believe the situation is not right. Exercise your courageous voice by challenging the status quo and making waves when someone is putting you down or when water-cooler gossip is getting out of hand.

For more information visit the links:

<http://www.compassionfatigue.org/pages/NursingCourage.pdf>

[http://www.viha.ca/NR/rdonlyres/735CAC32-D866-4278-8717-D621B071C5F1/0/3numawinter201213CARE\\_edited3.pdf](http://www.viha.ca/NR/rdonlyres/735CAC32-D866-4278-8717-D621B071C5F1/0/3numawinter201213CARE_edited3.pdf)

### **Role modelling in practice**

According to Price (2004), role modelling facilitates the translation of theory into practice and allows the sharing of skills.

Perry et al, (2004) in their research considered the importance of role models in practice for student nurses and novice nurses. They found that the behaviours demonstrated by what they called 'exemplary nurses' included paying attention to the little things, making connections, affirming others, and importantly, role modelling. They also noted the importance of using these skills in the development of nurses and student nurses.

Cruess and Steinert (2008), identified characteristics of roles models can be divided as follows:

- **Clinical competence:** This is integral to practice and needs to be role modelled. It includes clinical reasoning and decision making, knowledge and skills and communication.
- **Teaching skills:** these are tools that are essential to role modelling in order to acquire clinical competence, including effective communication and opportunities for reflection.
- **Personal qualities:** There are a number of attributes that contribute towards role modelling. These include a commitment to best practice as well as being motivated and enthusiastic about teaching and practiced, as well as interpersonal relationship skills.

## **What legal/normative frameworks says on the topic**

### **Codice Deontologico dell'Infermiere**

Approved by Comitato Centrale dell Federazione IPASVI by resolution n. 1/09, January 10, 2009 and from Consiglio Nazionale dei Collegi IPASVI in the meeting of January 17, 2009.

In: <http://www.ipasvi.it/norme-e-codici/deontologia/il.codice-deontologico.htm>

### **The International code of ethics for nursing by the International Council of Nurses (ICN)**

The International code of ethics for nursing adopted by by the International Council of Nurses in 1953.Revised in 2012.

In: <http://www.cnai.info/index.php/estero/icn/codice-deontologico>

### **International Council of Nursing Fact Sheet: ICN on Health and Human Rights**

ICN Nursing Matter fact sheets provide quick reference information and international perspectives from the nursing profession on current health and social issues.

In: [http://www.icn.ch/images/stories/documentes/publications/fact\\_sheets/10b\\_FS-Health\\_Human\\_Rights.pdf](http://www.icn.ch/images/stories/documentes/publications/fact_sheets/10b_FS-Health_Human_Rights.pdf)

### **Code of Ethics for Nurses – American Nurses Association (ANA)**

The Code of Ethics for Nurses was developed as a guide for carrying out nursing responsibilities in a manner consistent with quality in nursing care and ethical obligations of the profession.

In: <http://www.nursingworld.org/codeofethics>

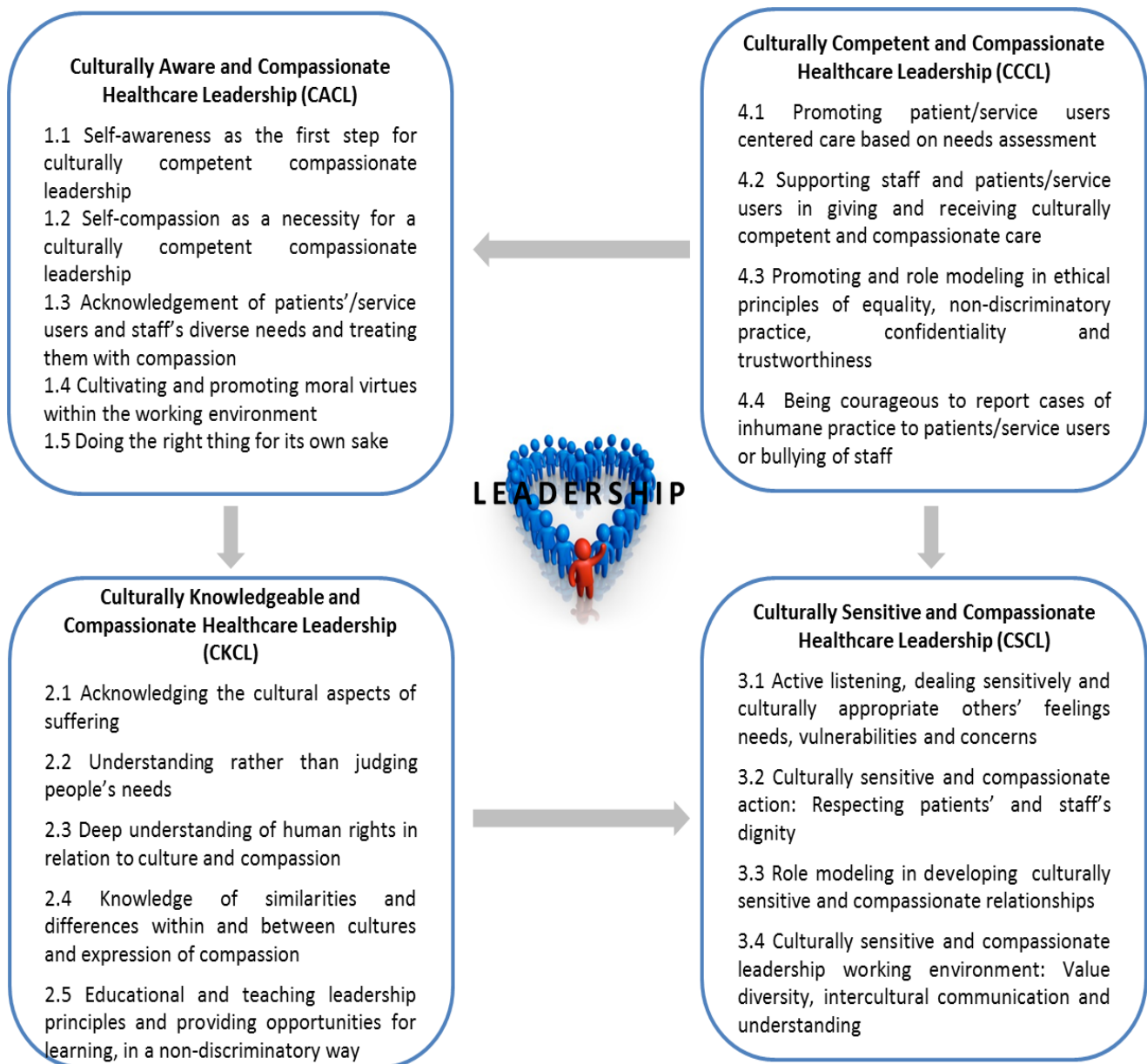
### **ANA Position Statements on Ethics and Human Rights**

The Position statements from ANA regarding ethics and human rights.

In: <http://www.nursingworld.org/MainMenuCategories/EthicStandards/Ethic-Position-Statment>

On particular interest: Cultural Diversity in Nursing Practice.

## Model for the development of culturally competent and compassionate leadership



### Practical component

#### Self-directed activities

Participants will need to engage in 3-5 hours of self-learning prior to attending the training day.

#### Culturally Competent Compassion (4.3 ; 4.4)

- Suggested book: "I'm OK, you're OK" / Thomas Harris

(IT "Io sono OK, tu sei OK")

[Abstract: Transactional Analysis delineates three observable ego-states (Parent, Adult, and Child) as the basis for the content and quality of interpersonal communication. "Happy childhood" notwithstanding, says Harris, most of us are living out the Not ok feelings of a defenseless child, dependent on ok others (parents) for stroking and caring. At some stage early in our lives we adopt a "position" about ourselves and others that determines how we feel about everything we do. And for a huge portion of the population, that position is "I'm Not OK -- You're OK." This negative "life position," shared by successful and unsuccessful people alike, contaminates our rational Adult capabilities, leaving us vulnerable to inappropriate emotional reactions of our Child and uncritically learned behavior programmed into our Parent. By exploring the structure of our personalities and understanding old decisions, Harris believes we can find the freedom to change our lives.]

- [www.workplacebullying.org](http://www.workplacebullying.org)
- [www.workplaceanswares.com](http://www.workplaceanswares.com)
- [www.gov.uk/workplace](http://www.gov.uk/workplace)
- <https://www.youtube.com/watch?v=Kc2lV00LoPo>
- [https://www.youtube.com/watch?v=Cpb\\_bdmMPsc](https://www.youtube.com/watch?v=Cpb_bdmMPsc)

### **Self-awareness (1.1)**

- Suggest book: "The 7 Habits of Highly Effective People: Powerful Lessons in Personal Change" / Covey.

[Covey argues against what he calls "The Personality Ethic", something he sees as prevalent in many modern self-help books. He promotes what he labels "The Character Ethic": aligning one's values with so-called "universal and timeless" principles. Covey adamantly refuses to conflate principles and values; he sees principles as external [natural laws](#), while values remain internal and subjective. Covey proclaims that values govern people's behavior, but principles ultimately determine the consequences. Covey presents his teachings in a series of [habits](#), manifesting as a progression from dependence via [independence](#) to [interdependence](#).]

- <https://www.youtube.com/watch?v=XD61mCFqTqs> (only IT)
- <https://www.youtube.com/watch?v=dhuabY4DmEo> (self esteem)
- <https://www.youtube.com/watch?v=vCjexQzsreY> (Daniel Goleman)

### **Knowledge (2.2)**

- <https://www.youtube.com/watch?v=oObxNDYyZPs> (Steve Jobs at Stanford, Sub IT)
- <https://www.youtube.com/watch?v=o0neRQzudzw> (Person-centered therapy ; Carl Rogers)

- <https://www.youtube.com/watch?v=snxgxpVyt6Y> (Seven, bar scene)
- <https://www.youtube.com/watch?v=Z9EjOCyyCWg> (Carpe Diem)

Only for Italian Speaker:

- <https://www.youtube.com/watch?v=WFYFNxmwp78> (Giorgio Bert; L'arte di ascoltare)
- <https://www.youtube.com/watch?v=-SciwUOX-k> (Patrick Gaffney) <https://www.youtube.com/watch?v=kxPfkzjGch0> (Seven, dialogo al bar)
- <https://www.youtube.com/watch?v=L7maQfH0IMs> (L'attimo fuggente)
- [https://www.youtube.com/watch?v=lg13w2tz\\_l8](https://www.youtube.com/watch?v=lg13w2tz_l8) (Paul Watzlawick)

### Culturally Sensitive Compassion (3.1)

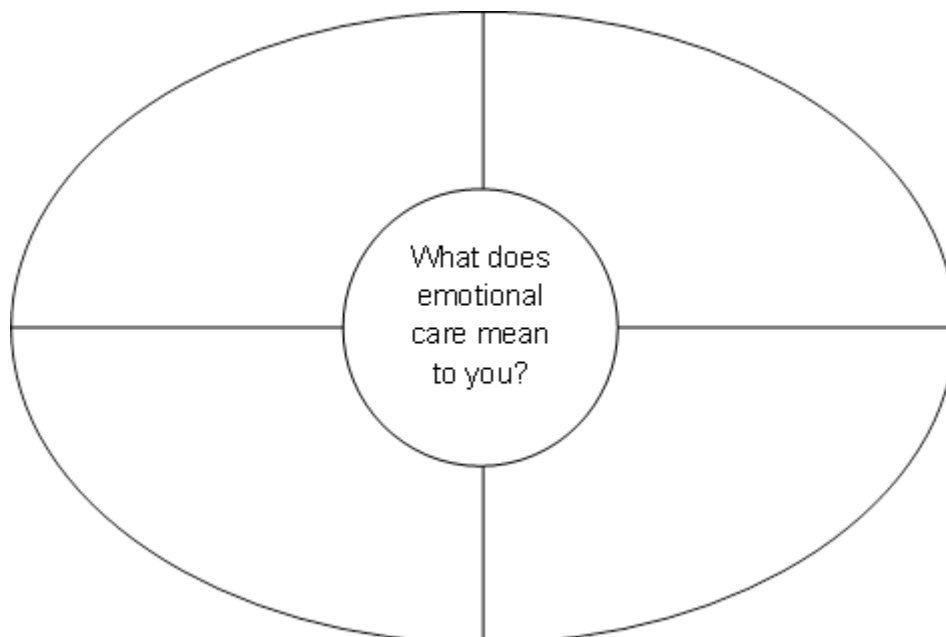
Daniel Goleman, Emotional intelligence.

- <https://www.youtube.com/watch?v=Y7m9eNoB3NU>
- <https://www.youtube.com/watch?v=AzFMNlnEWgA> (only IT)
- <https://www.youtube.com/watch?v=vCjexQzsreY>
- <https://www.youtube.com/watch?v=TnTuDDbrkCQ>
- <https://www.youtube.com/watch?v=iCv6DOmLzbA> (only IT)

Patrick Gaffney, Cultivating Compassion.

- <https://www.youtube.com/watch?v=G-F8iWltJeE>

Once you have completed the self-directed activities, please fill in this concept map before attending the training day.



## Classroom activities

Participants will need to attend 2 days of training (8 hours in total).

The classroom activities are guided by the following timetable:

<b>First day</b>	
14.30 - 15.00	Introductions – presentation of Iene Project and discussion about self- learning , through the concept maps.
15.00 - 16.00	Principles of culturally competent, compassionate and courageous leadership. Active listening: empathy, vulnerabilities and concerns.
16.00 - 16.15	Break
16.15 - 17.15	Qualities and behaviour which promote role modelling. Role modelling activities: <i>Share stories about passion and ability to inspire the others.</i>
17.15 - 18.30	Discussion on team
<b>Second day</b>	
14.30 - 15.30	Principles of Dignity therapy
15.30 - 16.30	Principles of culturally competent, compassionate and virtuous leadership. Leadership activities: Exercises based on the concept of “the big rocks of life”. Becoming authentic leader with benefits and power of positive <i>affirmations, using a concept map (*)</i> .
16.30 - 17.30	Side hostilities activities: ‘What’s workplace bullying?’, reflection after the vision of images and videos about bullying in the workplace.  Reflection with teams: it is important to invest in support individual staff wellbeing at work in order to enable staff to better deliver high-quality passion care. What do you think about this?
17.30 - 18.30	Questions, Evaluation, Networking Complete Compassion Measuring Tool if they did not do at the beginning of the day.

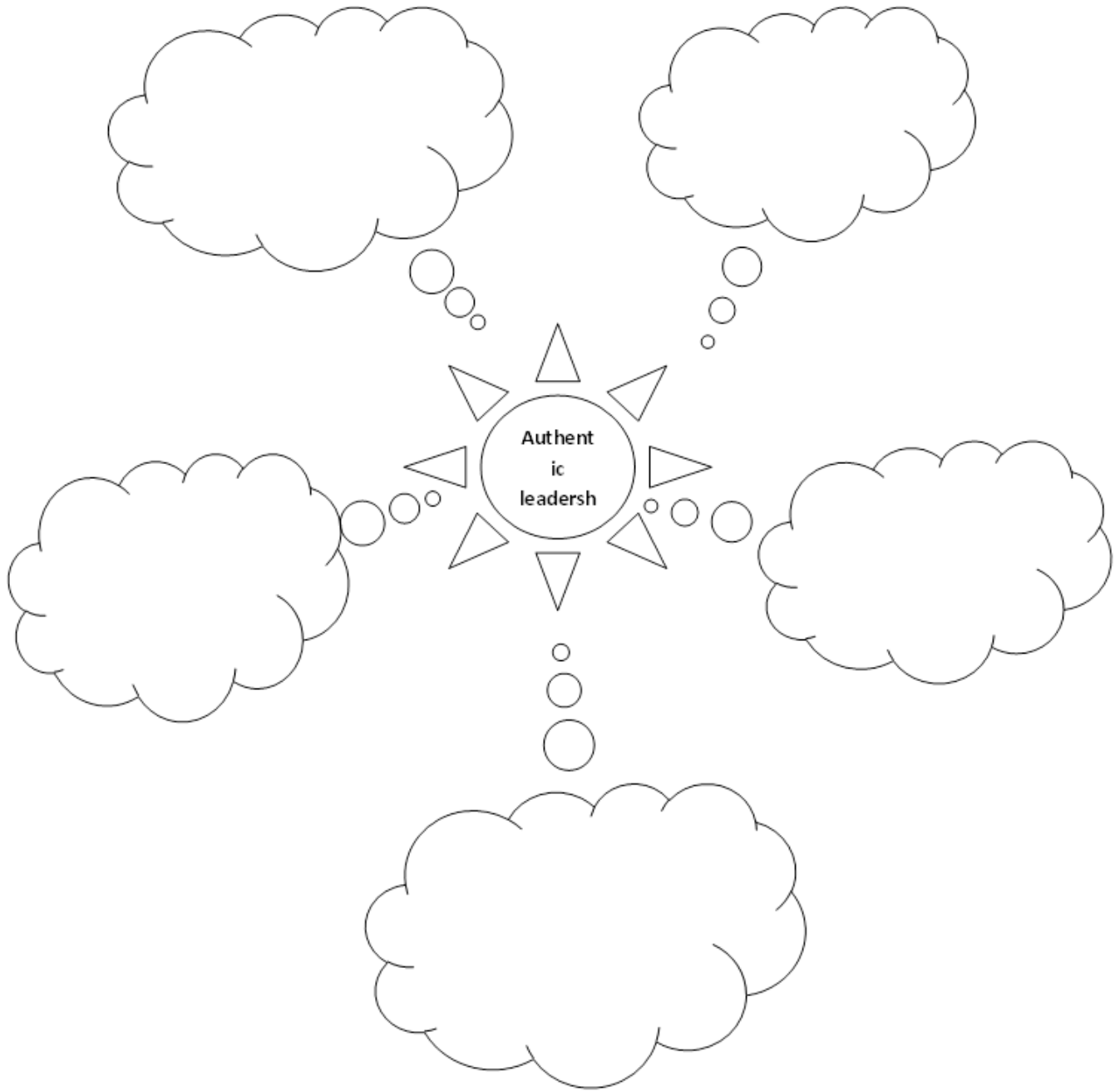
## Evaluation

- A. For the 3-5 hours of Self Directed Learning: draw a concept map to be used in class to represent their understanding of a topic. Use the handout or a blank piece of paper for this.
- B. For the 5 hours classroom learning: Discussions and reflection on the learning each gained and the potential for learning for others. Prepare an action plan for role modelling in practice.
- C. For the 3-5 hours of role modelling practice: A self reflective account of the experiences of role modelling culturally competent, compassionate and courageous leadership.

## References and useful resources

(\*) Concept Map for authentic leadership

➔ I'm a good leader if or when ...



## Evaluation of the tool from Marmara Azienda Ospedaliera Universitaria Senese<sup>1</sup>

Age, $\bar{x}$ (SD)	54.17 (2.32)
Gender, n (%)	
- Male	0
- Female	5 (83.3)
Professional profile, n (%)	
- Nurse	4 (66.7)
Years working in their profession, $\bar{x}$ (SD)	35.67 (3.39)

Indicator	Fully agree	Partly agree	Not agree
	N (%)		
The tool is structured appropriately to achieve the learning goals	6 (100)	0	0
The theoretical content is relevant and appropriate	6 (100)	0	0
The practical content is relevant and appropriate	5 (83.3)	1 (16.7)	0
The activities proposed are useful to increase the following dimensions regarding the topic of the tool:			
- Culturally Aware and Compassionate Leadership	6 (100)	0	0
- Culturally Knowledgeable and Compassionate leadership	4 (66.7)	2 (33.3)	0
- Culturally Sensitive and Compassionate Leadership	6 (100)	0	0
- Culturally Competent and compassionate leadership	5 (83.3)	1 (16.7)	0
The content is interesting and useful to improve the daily leadership practice at my workplace	6 (100)	0	0
The delivery method is appropriate	4 (66.7)	2 (33.3)	0
The activities promote learners' meaning-making	3 (50)	2 (33.3)	0
In general, I am satisfied with the tool	5 (83.3)	0	0

<sup>1</sup>When the percentages do not add up to 100%, this indicates that some participants did not rate the specific item/s.

# TOOLS FOR UNIT 2

# COURAGE AND CULTURALLY COMPETENT AND COMPASSIONATE LEADERSHIP IN HEALTHCARE

by

*Professor Irena Papadopoulos & Sandra Connell*

*The Middlesex University (United Kingdom)*

## Theoretical component

### Aim

This learning unit is aimed at qualified front line leaders whose roles include supervising and coaching students as well as providing and monitoring the care given to patients.

The aim of this tool is to promote role modelling in front line leaders in demonstrating compassionate and culturally competent care. This tool specifically aims to promote courage in participants to report cases of inhumane practice to patients or bullying of staff.

### Learning outcomes

Following completion of the self-directed learning, classroom activities, role modelling and reflection in practice, it is expected that the participants will be able to:

- Demonstrate self-awareness as an important component of culturally competent compassionate leadership **(1.1)\***
- Understand the importance of self-compassion in culturally competent compassionate leadership **(1.2)\***
- Explore the importance of a non-judgemental attitude towards other peoples needs **(2.2)\***
- Demonstrate knowledge of similarities and differences within and between cultures and expression of compassion **(2.4)\***
- **Understand the concept of courage in culturally competent and compassionate practice (focus of this unit).**
- Demonstrate the use of active listening, dealing sensitively and culturally appropriate others feelings needs, vulnerabilities and concerns **(3.1)\***
- Develop skills in role modelling in developing culturally sensitive and compassionate relationships **(3.3)\***
- Be courageous in reporting cases of inhumane practice to patients or bullying of staff **(4.4)\***

\*See appendix I

## **Principles and Values**

The unit focus will be on role modelling and should encourage participants to lead through example. The knowledge and skills of individuals should be built on, and participants should be encouraged to be more reflexive and collaborative in their learning.

The educational philosophy highlights the need for the curriculum to be based on respect, equity, compassion, cultural competence, courage, social skills, flexibility and tolerance.

### **Principles that underpin this tool include:**

- Building on what is already known
- A commitment to lifelong learning
- Shared Learning
- Valuing Experience
- Exploring similarities and differences
- Fostering curiosity

### **Values that inform this tool:**

- Caring
- Compassion
- Trustworthiness
- Integrity
- Fairness
- Justice
- Respect
- Responsibility
- Tolerance
- Equity
- Cultural competence
- Social skills
- Flexibility

## **Relevant definitions and terms**

**Culturally competent and compassionate health care leadership:** According to the results of the IENE4 Output No4 (O4) **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 helps to develop and nurture”.

**Culturally competent compassion:** “The human quality of understanding the suffering of others and wanting to do something about it using culturally appropriate and acceptable nursing/healthcare interventions which take into consideration both the patients and the carers cultural backgrounds as well as the context in which care is given” (Papadopoulos, 2011)

**Courage in Healthcare:** ‘Courage enables us to do the right thing for the people we care for, to speak up when we have concerns and to have the personal strength and vision to innovate and to embrace new ways of working’ (NHS Commissioning Board, 2012, P13)

## **What the research/literature says**

### **Courage**

Adapted from: *The Middlesex University ‘Courage Tool’ by Papadopoulos and Taylor (2014, The IENE3 Project, to be found here: <http://ieneproject.eu/tools-toolkit-2.php>*

Compassion in Practice (Cummings and Bennett, 2012) was published in the UK in order to make clear a vision and areas of action to deliver excellent care. This was in response to the standard of care being provided to patients being poor sometimes, for example in the Mid Staffordshire and Winterbourne View cases. This strategy identified 6 ‘C’s that were to underpin care. Courage is one of these values and behaviours, and was defined as:

*“Courage enables us to do the right thing for the people we care for, to speak up when we have concerns and to have the personal strength and vision to innovate and to embrace new ways of working” ( Cummings and Bennett, 2012 P13)*

A theoretical analysis of ‘courage’ was undertaken by Lindh et al (2010) and asked 2 primary questions:

- How is courage understood from a **philosophical perspective**?

Four philosophical views were identified in the available literature:

**Courage as an ontological concept:** In this, it was seen that courage is needed to make day to day decisions and as such is an inherent characteristic of being human.

**Courage as a moral virtue:** According to Lindh et al (2010) Aristotle (284-322 BC) viewed courage as a moral virtue, a virtue being defined being concerned with moral excellence, uprightness and goodness.

**Courage as a property of an ethical act:** ‘Moral courage is grounded in compassion, sensitivity and recognising other peoples suffering’ (Lindh et al, 2010 P561).

**Courage as a creative capacity:** In having the courage to challenge the status quo, something new can be brought into being and so courage can bring about

change. <http://robwhitemedia.com/2013/06/way-4-to-be-courageous-stretch-your-creative-capacity/>

➤ How is courage expressed in nurses' actions and in **nursing practice**?

In terms of the expression of courage in nursing practice, Lindh et al (2010) found courage to be essential for '*nurses' way of being*' (p562), and important for facing the challenges of day to day practice. Some studies found that nurses can feel vulnerable – some nurses feared losing their jobs if they spoke up, some student nurses were worried about the implications for their assessments if they spoke up. Some studies described nurses as being sensitive to patients' needs and fair treatment. Some nurses felt responsible for acting on unjust treatment and some had the courage to intervene to stop poor care. Several studies linked courage to opportunities for improving the quality of care.

Thorup et al (2012) engaged in interviews with 23 experienced nurses from Sweden, Finland and Denmark in order to explore how courage contributes to the ability to engage in professional care. Their particular concern was with ethical formation, which they believed to be influenced by personal and professional life experiences and is developed over time. In terms of their personal experiences, nurses felt that their own vulnerability and suffering could either help them to understand their patients' situations (act as an '*eye-opener*'), or inhibit their ability to engage in meaningful care (create a '*blind spot*'). Concerning professional experiences, nurses recognised the vulnerability and suffering of patients within the healthcare system, accompanied by a loss of autonomy and independence. Nurses felt that courage is needed to:

- Help patients face their own vulnerability and suffering;
- 'Bear witness' to patients' vulnerability and suffering, that is engaging in a meaningful nurse patient relationship;
- Provide professional care.

Nurses felt that courage allows the provision of meaningful care, but nurses must be prepared for repercussions, for example, the risk of abandonment by the professional community. Nurses need courage to challenge their own professional group on ethical issues. Therefore, courage is required to develop the skills needed for ethical formation: both are influenced by personal and professional life experiences and develop over time. However, Thorup et al argue that having the courage to raise ethical issues and initiate ethical discussion gave nurses a sense of credibility. Courage also helps nurses to venture into areas of uncertainty:

*'...willingness to walk alongside the patients on their journey to overcome their suffering, no matter where the road leads'*(Thorup et al, 2012, p433).

Against the background of the requirement for compassion in day-to-day nursing practice, Curtis (2014) explored student nurse socialisation in compassionate practice. Curtis used grounded theory for this investigation and conducted in-depth interviews with 19 student nurses. Students were aware of the requirement to become compassionate practitioners in order to fulfil

professional and educational expectations, but they raised concerns about their ability to engage in and maintain compassionate practice. The students' insightful responses demonstrated awareness of the need to maintain professional boundaries, of the need to avoid inappropriate levels of emotion in nurse-patient relationships and the need to get the balance right, and of the need to cope with, and manage, the demands of emotional labour.

Curtis (2014, p223) concluded that: *'For student nurses to cope with the complexity of compassionate practice and its inherent emotional demands, they need to develop professional wisdom and courage.'*

This can be developed through small group discussion and reflection in and on practice and role modelling.

### **Role modelling in practice**

According to Price (2004), role modelling facilitates the translation of theory into practice and allows the sharing of skills.

Perry et al, (2004) in their research considered the importance of role models in practice for student nurses and novice nurses. They found that the behaviours demonstrated by what they called 'exemplary nurses' included paying attention to the little things, making connections, affirming others, and importantly, role modelling. They also noted the importance of using these skills in the development of nurses and student nurses.

Cruess and Steinert (2008), identified that the characteristics of role models can be divided as follows:

- *Clinical competence*: This is integral to practice and needs to be role modelled. It includes clinical reasoning and decision making, knowledge and skills and communication.
- *Teaching skills*: these are tools that are essential to role modelling in order to acquire clinical competence, including effective communication and opportunities for reflection.
- *Personal qualities*: There are a number of attributes that contribute towards role modelling. These include a commitment to best practice as well as being motivated and enthusiastic about teaching and practiced, as well as interpersonal relationship skills.

### **What legal/normative frameworks says on the topic**

Please access and read the following important documents:

- Nurses in UK: The Code (NMC, 2015) <http://www.nmc.org.uk/standards/code/read-the-code-online/>
- The NMC Standards of Practice (2015): <http://www.nmc.org.uk/standards/guidance/raising-concerns-guidance-for-nurses-and-midwives/read-raising-concerns-online/>
- The ICN Code of Ethics (2012): <http://www.icn.ch/who-we-are/code-of-ethics-for-nurses/>

## Practical component

### Self-Directed Activities

Participants will need to engage in 3-5 hours of self-learning prior to attending the training day. In addition to the content in the previous seven pages, which included information about culturally competent compassion, the importance of self-compassion and the virtue of courage, you are encouraged to go through as many of the activities as you can, which are included below.

#### Activity 1: Culturally Competent Compassion

- 1.1 The following short video gives an overview of the components of culturally competent compassion: <https://www.youtube.com/watch?v=zjKzO94TevA>
- 1.2 This podcast with PowerPoint gives a further insight into the Papadopoulos, Tilki and Taylor model of cultural competence:  
<https://www.youtube.com/watch?v=zjKzO94TevA>

Further videos that you may want to view include:

- 1.3 Daniel Goldman- Leadership and Compassion- Empathy and Compassion in society 2013: <https://www.youtube.com/watch?v=TnTuDDbrkCQ>
- 1.4 Simon Sinek: Why Good Leaders Make you Feel Safe:  
[https://www.ted.com/talks/simon\\_sinek\\_why\\_good\\_leaders\\_make\\_you\\_feel\\_safe?language=en](https://www.ted.com/talks/simon_sinek_why_good_leaders_make_you_feel_safe?language=en)

Following completion of the above activities, draw a concept map of what culturally competent and compassionate practice means to you, and **bring this to class with you. (See Appendix x)**

#### Activity 2: Self-Compassion

Self-compassion is an important component of culturally competent compassion.

- 1.1 This Ted Talk by Kristin Neff gives a good overview of Self-Compassion.  
<https://www.youtube.com/watch?v=lvTZBUSplr4>
- 1.2 You may also find it useful to look at the resources on Kristin Neff's website to further your understanding of self-compassion: <http://self-compassion.org/>
- 1.3 Read the following editorial on self-compassion and self-care in nursing:  
Mills, J., Wand, T., and Fraser J.A. (2015) On self compassion and self-care in nursing: Selfish or essential for compassionate care? International Journal of Nursing Studies Vol 52, Issue 4 Pp 791-793 DOI: <http://dx.doi.org/10.1016/j.ijnurstu.2014.10.009>

### Classroom Activities

Participants will need to attend 1 day of training. The classroom activities are guided by the following timetable:

Timetable	
09.30-10.15	<p>Introductions - Start creating the network-Sign the registrations form with email address role etc.</p> <p>Aims and outline of the day/ground rules.</p> <p>Icebreaker: When were you courageous?</p> <p>Completion of Measuring Tool.</p>
10.15-11.15	<p>Self-courage/being compassionate and courageous. (link to prior reading)</p> <p>Discussion on what has been read and consolidation of main points</p> <p>Discuss the concept maps participants have brought with them regarding the meaning of compassionate and courageous practice</p>
11.15 - 11.30                      Break	
11.30-12.30	<p>Principles of culturally competent, compassionate and courageous leadership (pp presentation)</p> <p>Using role modelling in practice (handout and discussion).</p>
12.30 -13.15                      Lunch	
13.15-14.00	<p><b>Apply role modelling scenario</b></p> <ul style="list-style-type: none"> <li>- participants read the scenario in silence (3 minutes)</li> <li>- participants decide who will be Megans, who will be Annes and who will be observers. Everyone sits in a circle with two chairs in the middle (3 minutes)</li> <li>- role play through the fishbowl method (part a)10 minutes, part b)10 mins)</li> <li>- observers provide feedback (part a) 5mins, part b) 5 mins)</li> <li>- debriefing (5 minutes)</li> <li>- discuss and summarise about the learning in terms of the messages and the method ( 5minutes)</li> </ul>
14.00-	Reflection of lessons from today.
14.30-15.00	<u>Action Planning.</u> Work on their own to draft a plan to be executed when they return to work: Insert on the template: Your name, title, who you will role model culturally competent, compassionate and courageous leadership, for, how long etc, reflection.
15.00-15.30	<p>Questions, Evaluation, Networking</p> <p>Complete Compassion Measuring Tool if they did not do at the beginning of the day.</p>

## Assessment

*Please, note that a tool does not require us to have both theoretical and practical assessment. Use the appropriate mode of assessment according to previously described activities.*

*Partners will ask the learners to give us permission to publish their reflections anonymously. For this purpose, a **consent** form will be developed and distributed soon.*

#### **Assessment strategies:**

A) For the 3-5 hours of Self Directed Learning: draw a concept map to be used in class to represent their understanding of a topic. Use the handout or a blank piece of paper for this.

B) For the 5 hours classroom learning: Discussions and reflection on the learning each gained and the potential for learning for others. Prepare an action plan for role modelling in practice.

C) For the 3-5 hours of role modelling practice: A self reflective account of the experiences of role modelling culturally competent, compassionate and courageous leadership. Use the handout or a blank piece of paper to do this. This should be approximately 500 words. **Please email your reflexive essay to your learning unit facilitator.**

#### **Evaluation**

*A standard brief questionnaire to collect data from participants will be used.*

#### **References and useful resources**

*These are embedded in the text.*

#### **Appendices**

**Appendix I** Culturally competent and compassionate healthcare leadership model

**Appendix II** Handout: Concept map

**Appendix III** Scenario: Megan, Anne and Mrs Ahmed

**Appendix IV** Scenario: Megan, Anne and Mr Ahmed

**Appendix V** Role Modelling in practice handout

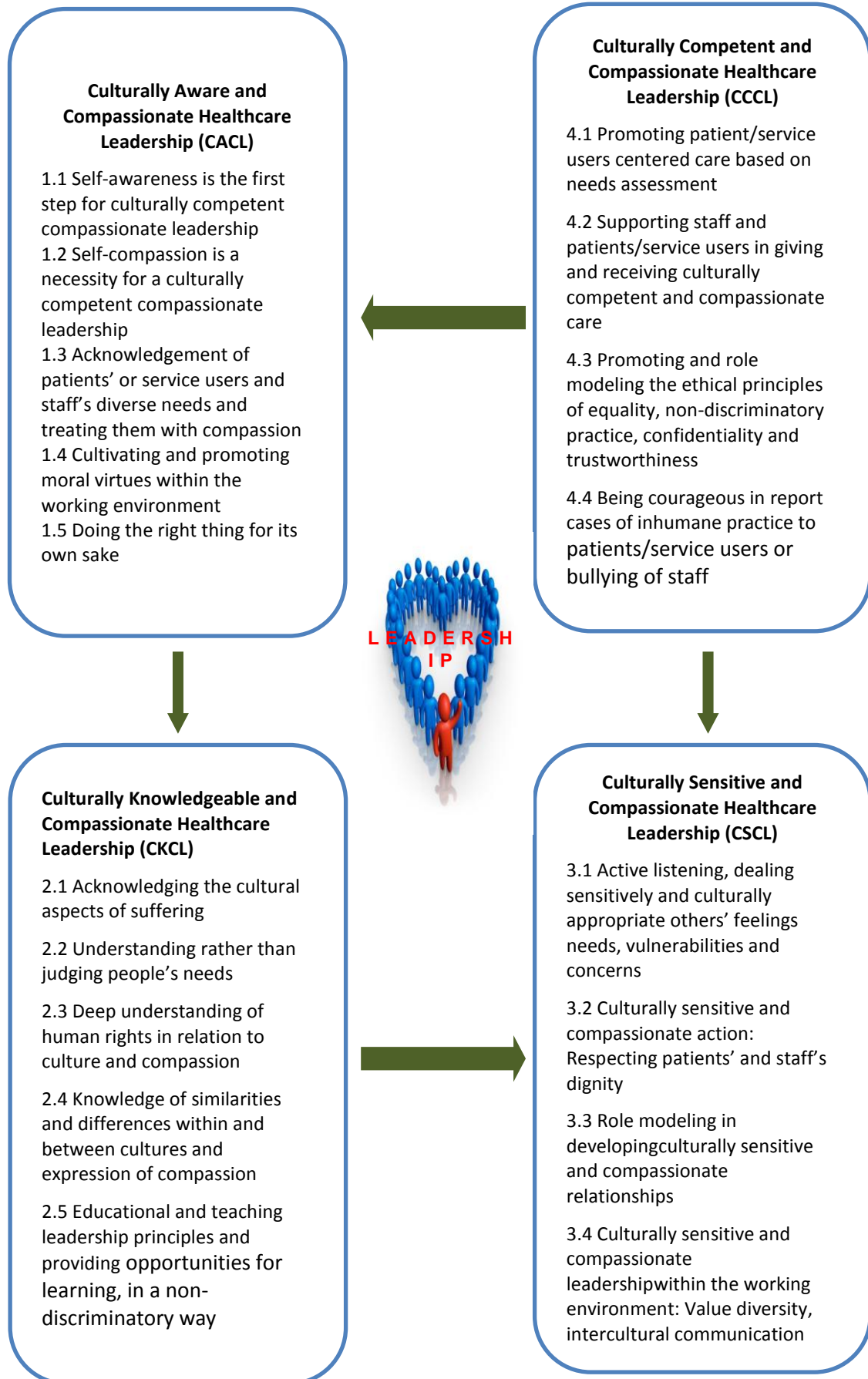
**Appendix VI** Action plan

**Appendix VII** Evaluation

**Appendix VIII** Reflexive log

**Appendix IX** Consent form

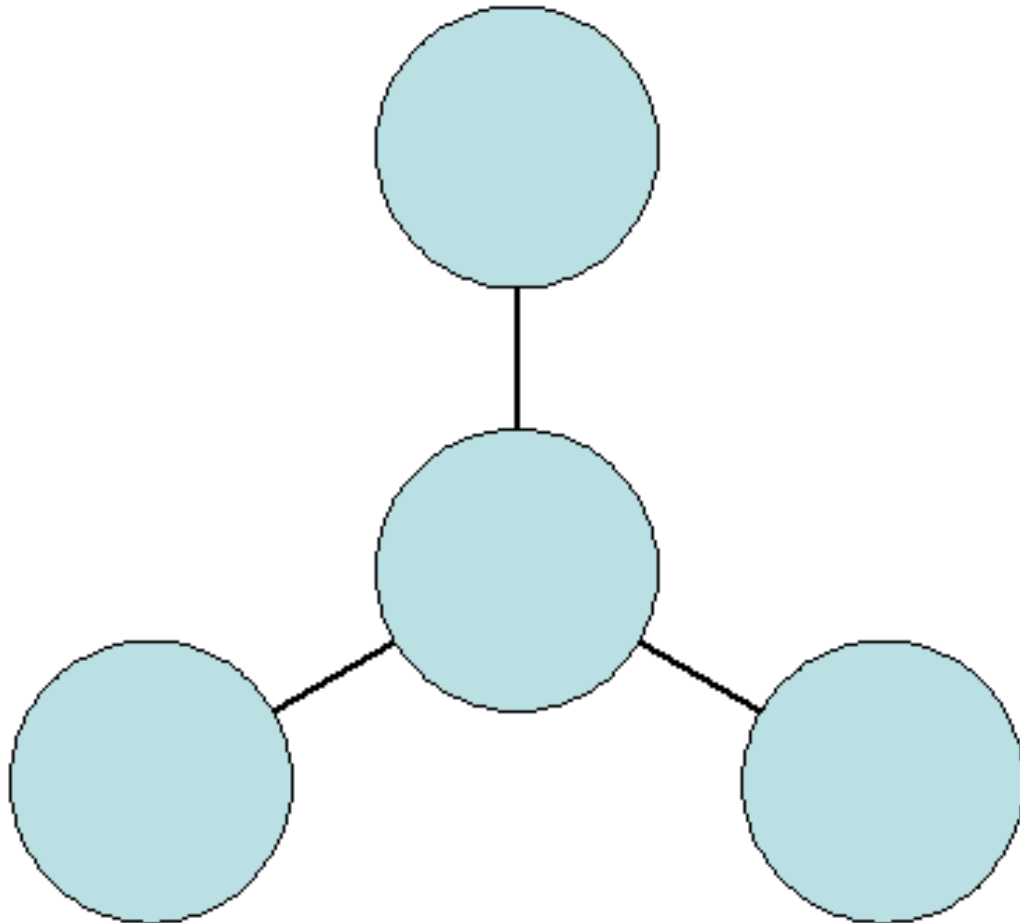
**APPENDIX I: IENE4 CULTURALLY COMPETENT AND COMPASSIONATE HEALTHCARE LEADERSHIPMODEL**



## APPENDIX II

Concept Map- What does Culturally Competent and Courageous Leadership mean to you?

Insert the key concepts on the diagram



## APPENDIX III - SCENARIO: MEGAN, ANNE AND MRS AHMED

### Learning outcomes that are applicable to this exercise

- Develop skills in role modelling in developing culturally sensitive and compassionate relationships
- Understand the concept of courage in culturally competent and compassionate practice
- Understand the importance of self-compassion in culturally competent compassionate leadership
- Explore the importance of a non-judgemental attitude towards other people's needs
- Demonstrate the use of active listening, dealing sensitively and culturally appropriate others feelings, needs, vulnerabilities and concerns.

### **Scenario:**

Megan Jones is a 39 year old nurse in charge of a surgical ward. Today she is working with Anne Smith, a second year student nurse. They are looking after Mrs Ahmed, a 70 year old lady originally from Pakistan, who is alert and speaks English well. She was admitted to the ward 3 days ago for investigations regarding several episodes of rectal bleeding, pain and weight loss, and is in a side room on her own. She has had several blood tests and a biopsy, and the results have just arrived. She has bowel cancer. Mrs Ahmed asks Megan to give her the results of her tests. At first Megan tries to distract Mrs Ahmed from this because she knows that the family have asked that they are told the results before Mrs Ahmed. However Mrs Ahmed persists and is adamant she wants to know now.

**Imagine you are Anne and you are inside Megan's head as she contemplates as to why she should or should not tell Mrs Ahmed her results, what she should tell her and how she should do it.**

### Fishbowl Exercise 1

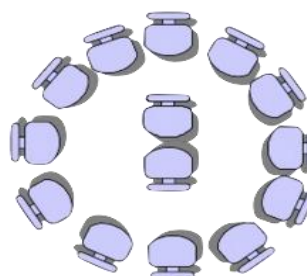
The group of participants divides in three smaller groups of equal number.

**Group A will be Megan**

**Group B will be Anne**

**Group C will be the observers**

The whole group sits in a circle. One participant from the Megan group and one from the Anne group sit in the middle of the circle.



The **observers** will take notes and will provide feedback to the Megans and the Annes.

The exercise starts with the observers listening to Megan speaking her thoughts about her dilemma. Anne is listening carefully as Megan reasons as to why she should or should not tell Mrs Ahmed the results of her tests. Megan is also thinking that as the nurse in charge she should be a positive role model to Anne. The observers can also hear Anne's thoughts, first wondering what she will do, then commenting on the Megan's thoughts.

While the first two participants as Megan and Anne are acting out their roles, if **you** are a 'Megan' and would like to add a different perspective to what you are hearing, please approach the Megan in the middle, "tap" on her shoulder and take her place in the middle and continue as the Megan contemplation. Likewise, if you are one of the **Annes** and wish to take Anne's place in the middle, tap on Anne's shoulder.

As Anne, once you have heard Megans thoughts, you will need to offer some positive feedback, in consideration particularly of culturally competent compassion and courage.

After appx 10 minutes the role playing stops and the observers provide feedback.

## APPENDIX IV- SCENARIO: MEGAN, ANNE AND MR AHMED

Megan closes the door, sits by Mrs Ahmed side and breaks the bad news in a culturally competent and compassionate way. Mrs Ahmed begins to cry. Megan and Anne stay with Mrs Ahmed. Megan answers all the questions truthfully and compassionately, and whilst embracing Mrs Ahmed, she feels emotional, sharing her grief.

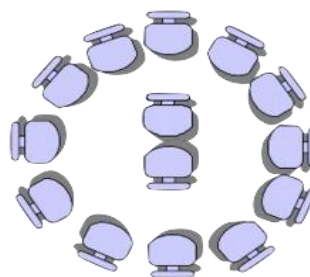
Later that day, Mrs Ahmed's son visits to find his mother upset. She tells him that the nurse in charge has informed her that she has cancer. He storms out of the room into Megan's office, shouting at her because she did not follow his instructions. Anne is also present.

Before participating in the second fish bowl exercise, first consider on your own:

- **How should Megan approach her meeting with Mr Ahmed?**
- **Consider the cultural and ethical issues in this scenario.**
- **How should Megan deal with Mr Ahmed in order to provide a positive role model to Anne?**

### Fishbowl Exercise 2

Megan and Mr Ahmed will sit in the middle and the rest of the participants will sit in a circle around them.



Those participants in the 'Megan' group stay as 'Megans'.

Those in the 'Observer' group now become 'Mr Ahmeds'.

Those in the 'Anne' group become 'observers'.

The **observers** will take notes and provide feedback to Megan and Mr Ahmed.

The exercise will start with Megan discussing what happened with Mr Ahmed and role modelling to Anne. While the first two participants as Megan and Mr Ahmed are discussing the issues, if you disagree or would like to add a different perspective to what is being discussed, if you are in the **'Megan' group** please "tap" on Megan's shoulder to take her place in the middle and continue as Megan. Likewise, if you are in **'Mr Ahmed's' group** please tap on Mr Ahmed's shoulder to take his place in the middle and continue as Mr Ahmed..

After appx 10 minutes the role playing stops and the observers provide feedback.

## APPENDIX V. ROLE MODELLING IN PRACTICE HANDOUT

### Role modelling

#### Qualities which promote role modelling

- Passion and ability to inspire
- Clear set of values
- Commitment to work colleagues
- Selflessness and acceptance of others

#### Behaviours which promote role modelling

- Communicate expectations
- Allow others to see how you work through the problem
- Allow other to see you correcting your mistake with willingness and humility
- Have a plan and follow it through
- Show respect and concerns for others
- Demonstrate how you deal with challenges and how you challenge bad practice and discrimination
- Show how you can operate outside your comfort zone
- Be knowledgeable and well rounded
- Walk the talk and practise what you preach
- Show how you self-reflect on your actions



Picture under Creative Commons Attribution 3.0

## APPENDIX VI. ACTION PLAN

Following the classroom session you are required to spend between 3-5 hrs of application of the learning in your everyday practice. Please prepare complete this template to indicate how you intend on going about this.

Your name:

Your title:

List opportunities does your role provide to role model to your team your culturally competent and compassionate leadership?

Who are the people you plan to include in your role modelling?

How do you plan demonstrating your cultural competence, compassion and courage to your team?

How many times do you aim to consciously plan these role modelling opportunities?

How do you plan to obtain feedback from those involved in your role modelling activities?

Once you have completed enough role modelling, please complete the 'Reflexive Log' and email it to Professor Rena Papadopoulos at [r.papadopoulos@gmail.com](mailto:r.papadopoulos@gmail.com)

Thank you.

## APPENDIX VIII. REFLEXIVE LOG

### REFLEXIVE LOG

#### **Modelling culturally competent, compassionate and courageous leadership**

Your name:

Your title:

Date:

#### **Description of the role modelling incidence (1):**

**Who was involved?**

**What did you learn from this experience?**

**What follow up actions would you take?**

#### **Description of the role modelling incidence (2):**

**Who was involved?**

**What did you learn from this experience?**

**What follow up actions would you take?**

APPENDIX IX.CONSENT FORM



CONSENT FORM

**Title of Project: Strengthening The Nurses' and HealthCare Professionals' Capacity to Deliver Culturally Competent and Compassionate Care (Intercultural Education for Nurses (IENE4)**

I hereby give my consent to the researchers involved in the above project to use extracts from my reflexive essay **anonymously** in any published or teaching materials which they may produce.

\_\_\_\_\_

Name of participant

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Name of person taking consent

Date

\_\_\_\_\_

Signature

## Evaluation of the tool from Middlesex University<sup>1</sup>

Age, n (%)	
- 20-30 years	7 (53.85)
- 31-45 years	5 (30.77)
Gender, n (%)	
- Male	4 (30.77)
- Female	7 (53.85)
Professional profile, n (%)	
- Nurse	11 (84.62)
Years working in their profession, n (%)	
- 1-3 years	9 (69.23)

Indicator	Fully agree	Partly agree	Not agree
	N (%)		
The tool is structured appropriately to achieve the learning goals	10 (76.92)	2 (15.38)	0
The theoretical content is relevant and appropriate	13 (100)	0	0
The practical content is relevant and appropriate	10 (76.92)	2 (15.38)	0
The activities proposed are useful to increase the following dimensions regarding the topic of the tool:	/	/	/
- Culturally Aware and Compassionate Leadership	13 (100)	0	0
- Culturally Knowledgeable and Compassionate leadership	13 (100)	0	0
- Culturally Sensitive and Compassionate Leadership	13 (100)	0	0
- Culturally Competent and compassionate leadership	13 (100)	0	0
The content is interesting and useful to improve the daily leadership practice at my workplace	13 (100)	0	0
The delivery method is appropriate	12 (92.31)	1 (7.69)	0
The activities promote learners' meaning-making	13 (100)	0	0
In general, I am satisfied with the tool	12 (92.31)	0	0

<sup>1</sup>When the percentages do not add up to 100%, this indicates that some participants did not rate the specific item/s.

# PROMOTION OF PATIENT-CENTRED CARE AND COMPASSION: CARING HEALTH, VALUES AND PERSONAL AND CULTURAL NEEDS

by

*Ascensión Doñate, Tamara Alhambra & Jorge Garcés*

*Polibienestar Research Institute – University of Valencia (Spain)*

## Theoretical component

### Aim

The aim of this tool is to promote and reinforce patient-centred care among health care professionals taking into consideration the patient since a comprehensive approach with clinical, social, family and cultural factors.

### Learning outcomes

Front-line professionals should be able to:

- Clarify and strengthen the concept of patient-centred care in relation to culture, values and needs of the patients (and their families);
- Know the different implications of delivering a biased or unfair patient's care;
- Explore concepts, such as cultural competence, compassion and empathy, closely related to patient-centred care;
- Self-examine their thoughts and behaviours that may be erroneous or biased when dealing with situations in the clinical practice that are contradictory to one's beliefs, ideas or values.

### Principles and Values

- Compassion
- Respect
- Open-mindedness
- Understanding
- Dignity
- Kindness
- Reflection
- Active learning
- Empathy
- Sensitivity
- Confidentiality

- Supportive

## Relevant definitions and terms

### ➤ Compassion

Compassion seems to be a universal concept there are likely to be aspects of it that are culturally specific, and therefore definitions of compassion may vary between different cultures. However, compassion can be defined as **understanding** or **being aware** of another person's **suffering** and **acting** to end this suffering (Schantz, 2007).

### ➤ Culturally competent compassion

According to Papadopoulos (2011), culturally competent compassion is <<*the human quality of **understanding the suffering** of others and wanting to **do something** about it using culturally appropriate and acceptable nursing/healthcare interventions which take into consideration both the patients and the carers **cultural backgrounds** as well as the **context** in which care is given*>>. This video summarizes the Papadopoulos Model of Culturally Competent and Compassion: <https://www.youtube.com/watch?v=zjKzO94TevA>

### ➤ Culturally competent and compassionate health care leadership

According to the results of the IENE4 Output 4 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 helps to develop and nurture*>>.

### ➤ Patient-centred care

Patient-centred care (PCC) has been defined by many authors from different approaches but there is a lack of a universal definition. Among the most concise and global definitions are: 'treating the patient as a unique individual' (Redman, 2004: p11) and 'PCC is a standard of practice that demonstrates a respect for the patient, as a person' (Binnie & Titchen, 1999; Shaller, 2007).

Regarding the role of health professional, PCC definitions have include some reflections, such as:

- 'The role of the patient-centred health professional is to be there, offering personal support and practical expertise, facilitating the patient to follow the path of their own choosing, in their own way' (McCormack & McCane, 2006).
- 'It is very much about considering the patient's point of view and circumstances in the decision-making process, and goes well beyond simply setting goals with the patient' (Ponte et al., 2003).

- 'Patient-centredness also refers to a style of doctor–patient encounter characterized by responsiveness to patient needs and preferences, using the patient's informed wishes to guide activity, interaction and information-giving, and shared decision-making' (Rogers et al., 2005).

Considering the PCC general definition and those that emphasized health professional's role, the fundamental characteristics of PCC are: the individualization of patient care, and the involvement of patient in the care through information and shared decision-making (Robinson et al., 2008).

#### ➤ **Empathy**

Empathy allows understanding not only of other's beliefs, values and ideas but also the significance that their situation has for them and their associated feelings (Rogers, 1951). An empathetic person has the capacity to **identify** and **understand** another individual's emotions and feelings. The value of empathy for the nurse-patient relationship is thought to allow understanding not only of other individuals' **beliefs, values** and **ideas** but also the **significance** that their situation has for them and their **associated feelings**. Thus, empathy is often considered to be a **crucial component** of quality care.

#### **What the research/literature says**

Using PCC improves continuity of care and integration of **health professionals**, empowering them to plan and execute their work in ways that are most responsive to patient needs (Lathrop et al., 1991; Robinson, 1991; Frisch et al., 2000). Moreover, using PCC helps to establish a positive patient-professional relationship based on communication and common understanding.

The use of PCC also has implications for **patients** by promoting patient's satisfaction and encouraging adherence, ultimately improving patient health status (Robinson et al., 2008). It also provides patients with abundant opportunities to be informed and involved in care decision-making.

On the other hand, **cultural competence** has also been related to PCC. Campinha-Bacote (2011) indicated that cultural competence is a necessary set of skills for health professionals to attain in order to render effective PCC. From this model, cultural competence is seen as an expansion of PCC, in which health professionals are required to see themselves as becoming culturally competent rather than being culturally competent. It involves the integration of cultural desire, cultural awareness, cultural knowledge, cultural skill, and cultural encounters. To learn more about this specific skills:

[http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/](http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-16-2011/No2-May-2011/Delivering-Patient-Centered-Care-in-the-Midst-of-a-Cultural-Conflict.aspx)  
[TableofContents/Vol-16-2011/No2-May-2011/Delivering-Patient-Centered-Care-in-the-Midst-of-a-Cultural-Conflict.aspx](http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-16-2011/No2-May-2011/Delivering-Patient-Centered-Care-in-the-Midst-of-a-Cultural-Conflict.aspx)

Despite the reported benefits of PCC, there are **problems in implementing its use**. Building a culture of patient-centredness requires major changes and efforts, including educational emphasis on PCC among health professional (specific knowledge, skills and ways of working), as well as a shared philosophy that is practised by the health team, an effective workplace culture and organisational support. Sometimes it also requires overcoming fears or learned behaviours (Holmes et al, 2003). This kind of care delivery also demands more time and extra human resources (Buerhaus et al, 2005). On the other hand, the vagueness about PCC definition and the lack of global descriptions of measurable behaviours and patient outcomes are among the greatest difficulties to deliver PCC.

### **What legal/normative frameworks says on the topic**

- **Networks fostering PCC.** There is an European Society for Person Centred Healthcare (ESPCH) aimed to promote the re-personalisation of health services and to counter the modern preoccupation with biological dysfunction in isolation from a wider and entirely necessary concern with the effects of disease on patients' lives and social functioning. So, the Society works to promote this vision and to drive forward a shift of European (and international) clinical practice away from impersonal, fragmented and decontextualized models of healthcare, towards personalisation, integration and contextualization. For more information: <http://pchealthcare.org.uk/>
- **Criteria and conditions that European Reference Networks and healthcare providers wishing to join a European Reference Network must fulfil.** This Commission Delegated Decision establishes (at point 7) that PCC is seen as an essential horizontal and structural criteria. This document is available at: [http://eur-lex.europa.eu/legalcontent/EN/TXT/?uri=OJ%3AJOL\\_2014\\_147\\_R\\_0006](http://eur-lex.europa.eu/legalcontent/EN/TXT/?uri=OJ%3AJOL_2014_147_R_0006)
- **The WHO Health 2020 vision regarding PCC.** During the First European Conference on Patient Empowerment in Copenhagen in April 2012, WHO Europe's director Zsuzsanna Jakob underlined the key of health literacy to empower patient which pursues three goals: improving the health and wellbeing of populations; reducing health inequities; and **ensuring sustainable people-centred health systems**. For a complete overview of the statement: <http://www.euro.who.int/en/media-centre/sections/press-releases/2012/04/arepatients-in-control-of-their-health-care-european-conference-promotes-patient-centred-health-systems>

### **Local**

- **Spain: Plan de Calidad del Sistema Nacional de Salud 2010** (Quality Plan for the National Health System of Spain). In this plan, there are objectives that emphasize transparency related to communication among professionals and patients. The transparency is aimed to improve quality, diffusion and decision-making processes. This document is available at:

[http://www.msssi.gob.es/organizacion/sns/planCalidadSNS/docs/InformePlanCalidad\\_ENG.pdf](http://www.msssi.gob.es/organizacion/sns/planCalidadSNS/docs/InformePlanCalidad_ENG.pdf)

- **Latvia: Latvian Presidency Declaration on "Making patient centered community care a reality"** (2015). The Latvian Presidency considers PCC a key discussion on public health at EU level and encourages the investment at European level to further develop this approach. This statement is available at: <http://www.healthfirsteurope.org/uploads/Modules/Newsroom/latvian-residencydeclaration.pdf>
- **England:** Research in the National Health System (NHS) context suggests that PCC could realise savings of at least £4.4 billion a year for the NHS England, if adopted. The savings are from a 7% reduction in attendance of accident and emergency admissions, as well as reductions in admissions. For more information: [http://www.nesta.org.uk/sites/default/files/working\\_for\\_coproduction\\_in\\_healthcare.pdf](http://www.nesta.org.uk/sites/default/files/working_for_coproduction_in_healthcare.pdf)

## Practical component

### Self-Directed Activities

Participants will need to spend around 3-5 hours in self-directed learning prior attending the face-to-face session. It is important that to have an understanding of key concepts.

#### Activity 1: Knowledge

- a) Read the definitions and the rest of the key information provided in the Theoretical Part of the tool. Moreover, you can watch the following video which contains a brief overview of the components of culturally competent compassion: <https://www.youtube.com/watch?v=zjKzO94TevA>. If you have doubts or questions, do not hesitate to take note of them and bring with you to the face-to-face session in order to discuss and clarify them.
- b) In the Annex I you will find a figure in which you can include keywords what culturally competent compassion means to you.

#### Activity 2: Knowledge and Awareness

Read the paper entitled "*Time to learn: understanding patient-centred care*" (Pelzang, 2010) included at Annex II to know more about the meaning of PCC concept and its implications. After that, make a list of benefits (at Annex III) of being empathetic, culturally competent and compassionate to provide a quality PCC.

#### Activity 3: Awareness

In order to learn more about PCC, it is important to reflect on how we think and face out of the ordinary situations (for us) in the clinical practice. To this end, please, complete the Thought

Record (Annex IV) where you should write down what you think when dealing with uncomfortable experiences at the clinical practise (e.g. situations that are contradictory to one's beliefs, ideas or values). You can spend some minutes for this activity every day for a week. After completion, please, bring with you your records to the face-to-face session in order we can compare it and discuss about.

The aim of this activity is to be aware of cognitive biases, prejudice or value judgments or lack of empathy that may hinder patient-centred care in practice. Once you have write them up, you will be more aware of them and thus, you may come up with better thinking alternatives which may foster an application of a more competent, respectful and empathetic patient-centred care.

### **Classroom Activities**

Participants will need to attend a face-to-face session training. The classroom activities will have around 5 h duration and will be guided by the following schedule:

<b>Task</b>	<b>Estimated duration</b>
Registration, welcome and presentation	30 min
Main presentation of relevant definition and concepts	1 hour
Discussion about the relevance of empathy for PCC	15 min
Activity: "Putting in someone else shoes"	30 min
<i>Coffee break</i>	<i>15 min</i>
Presentation about PCC, compassion and multiculturality	30 min
Case studies	1 hour
Design of the action plan	45 min
Close of the session and instructions for the post-classroom activities	15 min

#### **Activity 1: Knowledge**

Presentation, definition and clarification of relevant concepts. It will be room for discussion where you can expose your point of view and the definitions you previously worked at home before and after reading the provided materials.

#### **Activity 2: Awareness and sensitivity**

This activity is based on the following video display and its subsequent reflection. [https://www.youtube.com/watch?v=cDDWvj\\_q-o8](https://www.youtube.com/watch?v=cDDWvj_q-o8) (posted on Youtube by ClevelandClinic on February 27th 2013).

The following questions must be considered by the participants:

- Do you consider that empathy is a key element of PCC?
- How empathic are you with patients and their families?
- Do you think if you were more empathetic you will be able to provide higher quality care?

### **Activity 3: Sensitivity and competence**

In order to explore how professionals think and face out of the ordinary situations in the clinical practise, a case discussion activity has been designed. This activity is based on short cases (Annex V) that may occur in clinical practice. After reading a case, health professionals in groups have to discuss what they would do in that specific situation.

The case discussion is intended to analyse whether there are biased thoughts, prejudices, value judgments, etc. among health professionals, and if those can influence the care given to patients. On the other hand, this activity encourages participation and communication and builds consensus between professionals as well as to raise awareness among professionals on the delivery of compassionate care to every patient.

### **Activity 4: Awareness, sensitivity & competence**

As we have seen, empathy is very important for a quality and compassionate patient-centred care. Thus, this activity wants the learners to be in the position of the main characters that are presented in different fictitious situations (Annex VI). Before starting the activity, we'll watch an extract from the film "The Doctor" that will be the starting point: <https://www.youtube.com/watch?v=khWp4HsczMk>

### **Activity 5: Awareness, sensitivity & competence**

In this activity, Annex VII presents some common situations that healthcare professionals may face in their daily work. Participants have to describe the best way to approach a consultation with these different types of patients. Later, at participants' own contexts, they have to identify similar cases in their daily work and to put in action the approaches designed in this activity.

### **Assessment**

- For the **self-directed learning**: Concept maps.
- For **classroom learning**: Participation in discussions, case studies and coaching.
- For **role modelling practice**: A reflection about the awareness, sensitivity, knowledge and competence gained in relation to culturally competent and compassionate leadership.

### **Evaluation**

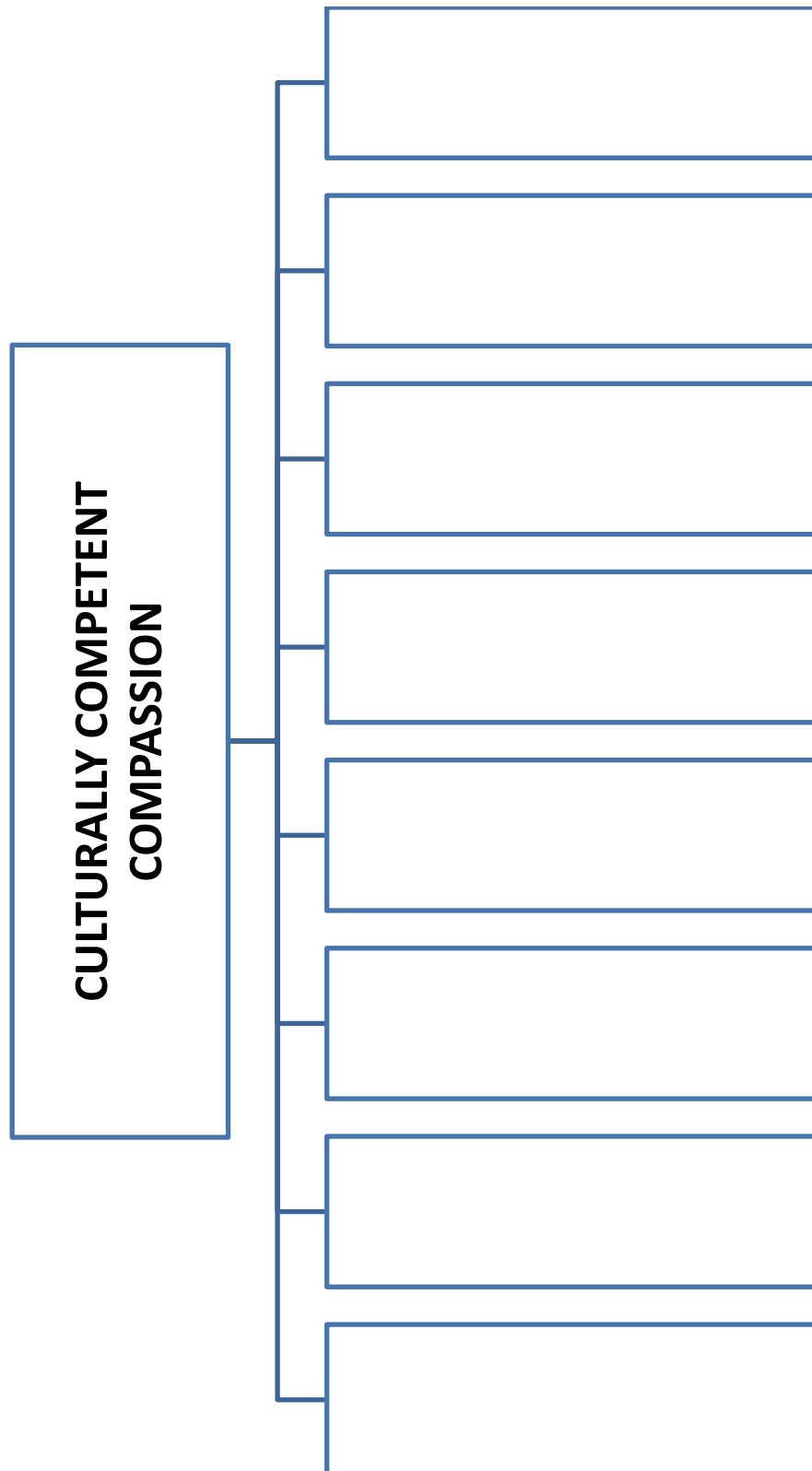
You will be kindly requested to complete a brief questionnaire to collect your opinion about this learning unit (see Annex IX).

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## ANNEX I. CONCEPTUAL MAP

Before reading any material of the course, complete this figure with keywords regarding what culturally competent compassion means to you. Add more spaces if necessary.



### **ANNEX III. LIST OF BENEFITS**

After reading the paper at Annex II, please, complete the following tables with the benefits you consider of being empathetic, culturally competent and compassionate to provide a quality PCC.

#### **BENEFITS FOR YOURSELF AS PROFESSIONAL**

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#### **BENEFITS FOR THE PATIENT**

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**ANNEX I – THOUGHTS RECORD**

<p><b>Situation</b> <i>Briefly describe the situation that led to unpleasant feelings</i></p>	<p><b>Initial thought</b> <i>What thought first crossed your mind?</i></p>	<p><b>Negative approach</b> <i>Do you think there is a negative approach behind your initial thought?</i></p>	<p><b>Challenge your approach</b> <i>Do you think your approach may hinder the practise of patient-centred care? Could you envisage the implications for the patient and for the quality of care?</i></p>	<p><b>Alternative approach</b> <i>The previous steps helped you understand if your initial approach was biased. Now write down a better approach</i></p>	<p><b>Positive belief and affirmation</b> <i>Write down a statement that reflects your new approach. Choose something that you can repeat to yourself (e.g. I put myself in someone else's shoes)</i></p>	<p><b>Improvement</b> <i>Have you notice an improvement? This step reinforces the idea that if you change your approach, you will feel more professionally competent</i></p>

## **ANNEX VI – CASE STUDIES**

### **Jehovah's Witness patient case**

A Jehovah's Witness patient came into the hospitals and denied blood transfusion, when it is needed. In that situation, what health professionals should do? What would you advise? How are you feeling about?

### **Homeless patient case**

A homeless who suffer from diabetes came to the hospital because he is feeling faint. He expressed his fear of developing hypoglycaemia because he was unable to eat appropriately. In that situation, what health professionals should do? What would you advise? How are you feeling about?

### **Muslim patient case**

A Muslim woman who is recovering at the hospital does not want to eat the hospital food because it is not *halal* food and she has also asked to change room because she is in a double room with a patient men. What health professionals should do? How are you feeling about?

### **Roma family**

Roma patient comes to your facility suffering from abdominal pain. A large extended family has accompanied her and they have "camp" in the waiting room. These family members expect to remain with the sick patient 24 hours a day. The patient is informed that she requires a pelvic exam but she does not agree to the procedure unless she gets her family agreement, so you have to convince her family that the procedure is absolutely necessary. How do you do? How is the communication? How are you feeling about?

### **Older patient and his family**

An elderly patient comes to the Emergency Room alone and he needs to be hospitalized. Any family member comes until the next day and they say they have no time to take care of the patient. After some days, the patient is getting worse and the doctor must report the situation to a family member but there is no one visiting him. Few days later, one of the sons comes to visit him. How do you inform him? How is the communication? How are you feeling about?

## ANNEX V – PUT IN SOMEONE ELSE’S SHOES

Listed below are a series of situations in which you need to imagine yourself. State what you would expect in each situation and the values you would highlight. In addition, describe how you feel when you imagine yourself in these situations.

### SITUATION 1

---

You are a Spanish women in Morocco doing research. You need to go to the doctor for an emergency and it turns out that the procedure is very different from your country. It is not your language, culture or religion.

- What expectations of the consultation would you have?
- How would you like to be treated?
- How do you feel when you imagine yourself in this situation?

### SITUATION 2

---

You work in the health field but on this occasion you are the patient because you are travelling and an emergency has come up. You have been given an appointment at a health centre where you do not know anyone.

- What expectations of the consultation would you have?
- How would you like to be treated?
- How do you feel when you imagine yourself in this situation?

### SITUATION 3

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Imagine that you are the mentor of a young trainee who is undergoing his first work placement in medical consultations.

- What advice would you give regarding a patient-centred approach and the patient’s personal and social needs?
- What values should be implemented?

## ANNEX VII – ACTION PLAN

**In this activity, participants will describe the best way to approach a consultation with three different types of patients.**

### AN ELDERLY PERSON

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An elderly person (78 years old) comes to the consultation every week complaining about several pains for which he is taking medication prescribed by his general practitioner. Everyone at the health centre knows this individual and they are often impatient with him.

1. Faced with such a case, how would you approach the consultation?
2. What reasons (besides the pains which are being treated) do you think might lead the patient to come to the consultation on a recurrent basis?
3. Do you think it is important to enquire into the patient's environment, people close to the patient or his habits?
4. Describe an "ideal" patient-centred approach.

### PARENTS OF A CHILD WITH A SEVERE DIAGNOSIS

---

Some parents come with their child to the consultation to seek different opinions due to the fact their child has difficulties in several developmental areas: motor, language, social skills, etc. They are not convinced with previous diagnoses.

1. Faced with such a case, how would you approach the consultation?
2. What reasons do you think might lead the parents to seek other opinions?
3. Do you think it is important to enquire into the patient's medical records and the parents' medical records?
4. What feelings would you like to convey to the parents?
5. Describe an "ideal" patient-centred approach.

### A GIPSY FAMILY

---

A teenager from a gypsy background needing medical attention at a hospital emergency department is with her family – a total of 8 people, including children and adults. The atmosphere in the waiting room becomes tense because the children are playing and other family members are talking loudly. Other patients are uncomfortable and complain to the hospital staff. A nurse asks the family to leave the area, which angers the family. They all decide to leave, and therefore the teenager is unattended.

1. Would you do what the nurse did?
2. Faced with a case like this, how would you resolve the situation?

3. Do you think it is important to be familiar with this family's culture in order to deal with such a situation?

### A YOUNG ATHLETE

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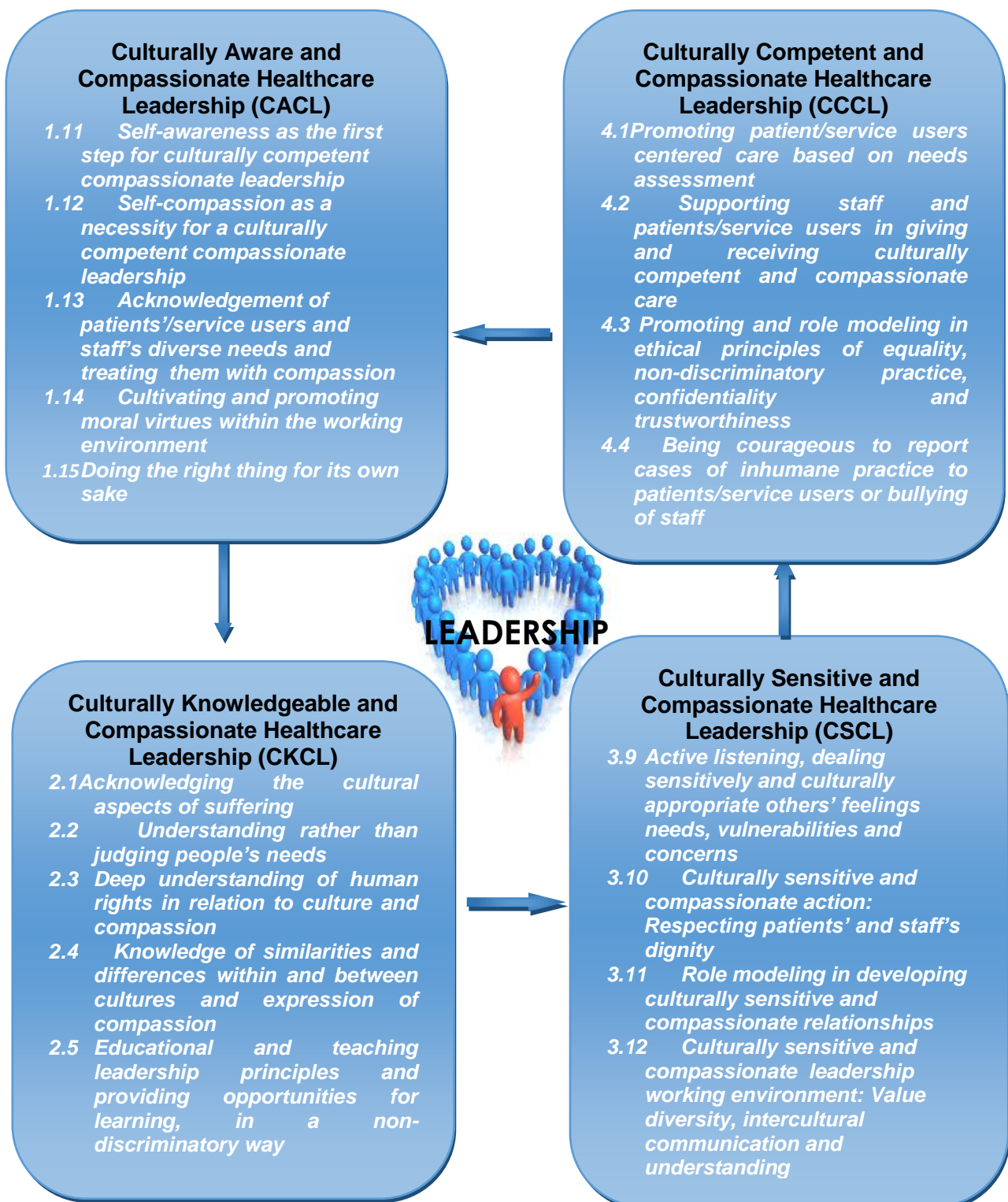
A patient suffering from back pain comes to a private consultation (covered by a mutual insurance company for professional athletes). At the reception desk a pre-assessment is carried out and the patient reveals that he combines sport with another job, leading the administrative worker to cast doubt on the cause of the patient's discomfort. Only sport injuries can be covered by this insurance company. Given this lack of trust, the young person becomes disrespectful to the administrative worker, who responds by threatening to call the police. This situation takes place in front of other patients and the medical staff.

1. As a healthcare worker would you intervene if you were a witness to this situation? Why?
2. What values should emerge in a situation like this?
3. Describe an "ideal" approach, in which both parties benefit.

## ANNEX VIII – REFLECTION

Please, write a summary of your experience after carrying out the different activities of the module about the **awareness, sensitivity, knowledge** and **competence** gained in relation to **culturally competent and compassionate leadership**. You can inspire yourself through the **European Model for developing Culturally Competent and Compassionate healthcare Leadership** you can find below.

Later, please, send this document to the course trainer by email: [ascension.donate@uv.es](mailto:ascension.donate@uv.es)



## **AWARENESS**

---

Do you feel more aware about the subjects covered under the course? Yes  No

Please, explain briefly.

## **SENSITIVITY**

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Do you feel more sensible about the subjects covered under the course? Yes  No

Please, explain briefly:

## **KNOWLEDGE**

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Do you feel with more information and knowledge about the subjects covered under the course?  
Yes  No

Please, explain briefly.

## **COMPETENCE**

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Do you feel more competent about the subjects covered under the course? Yes  No

Please, explain briefly:

## Evaluation of the tool from Polibienestar Research Institute<sup>1</sup>

Age, $\bar{x}$ (SD)	43.80 (8.87)
Gender, n (%)	
- Male	1 (16.7)
- Female	5 (83.3)
Professional profile, n (%)	
- Nurse	6 (100)
Years working in their profession, $\bar{x}$ (SD)	14.6 (9.94)

Indicator	Fully agree	Partly agree	Not agree
	N (%)		
The tool is structured appropriately to achieve the learning goals	4 (66.7)	2 (33.3)	0
The theoretical content is relevant and appropriate	4 (66.7)	2 (33.3)	0
The practical content is relevant and appropriate	4 (66.7)	2 (33.3)	0
The activities proposed are useful to increase the following dimensions regarding the topic of the tool:			
- Culturally Aware and Compassionate Leadership	4 (66.7)	2 (33.3)	0
- Culturally Knowledgeable and Compassionate leadership	4 (66.7)	2 (33.3)	0
- Culturally Sensitive and Compassionate Leadership	4 (66.7)	2 (33.3)	0
- Culturally Competent and compassionate leadership	3 (50)	3 (50)	0
The content is interesting and useful to improve the daily leadership practice at my workplace	4 (66.7)	2 (33.3)	0
The delivery method is appropriate	3 (50)	3 (50)	0
The activities promote learners' meaning-making	4 (66.7)	1 (16.7)	1 (16.7)
In general, I am satisfied with the tool	4 (66.7)	2 (33.3)	0

<sup>1</sup>When the percentages do not add up to 100%, this indicates that some participants did not rate the specific item/s.

# MENTORS ROLE MODELLING IN CULTURALLY APPROPRIATE COMMUNICATION AND COMPASSIONATE CARE

by

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*Edunet Organization (Romania)*

## Theoretical component

### **Aim**

Empowering healthcare leaders to cultivate the underlying values, which motivate healthcare professionals to promote culturally competent and compassionate care.

### **Learning outcomes**

1. Acknowledgement of patients' and staff's diverse needs and treating them with compassion;
2. Knowledge of similarities and differences within and between cultures and expression of compassion;
3. Active listening, dealing sensitively and culturally appropriate others' feelings needs, vulnerabilities and concerns;
4. Promoting patient centred care based on needs assessment.

### **Principles and Values**

- Compassion
- Respect
- Responsibility
- Morality
- Altruism – devotion
- Open-mindedness
- Understanding
- Competence
- Equality
- Dignity
- Integrity
- Trust
- Guidance
- Reflection

- Empathy
- Sensitivity
- Confidentiality
- Supportive

## **Relevant definitions and terms**

### ***Compassion:***

Compassion means 'to suffer with' and come from the Latin "com" (together with) and "pati" (to suffer) (Schantz, 2007). Definitions of compassion may include kindness, empathy and being moved by another's suffering, which evokes a desire to help that person. Compassion starts with good basic care and goes beyond this, to encompass empathy, respect, a recognition of the uniqueness of another individual and willingness to enter into a relationship in which not only the knowledge but the intuitions, strengths, and emotions of both patient and caregiver can be fully engaged (Lowenstein, 2008).

### ***Intercultural Communication:***

Intercultural communication is communication across cultures and social groups. It involves the understanding of different cultures, languages and customs of people from different cultures (Wikipedia)

### ***Role model:***

A role model is a person whose behaviour, example or success is or can be emulated by others, especially by younger people (Robert K. Merton).

More about terms and definitions on <http://ieneproject.eu/glossary.php>

## **What the research/literature says**

Compassion is viewed as an integral part of dignity (RCN, 2008) and nurses' compassion plays a major role in providing dignified care to patients (Davison N, Williams K., 2009). Compassion requires health professionals to "give something of them".

Compassion is how care is given through relationships based on empathy, kindness, respect and dignity. Compassion has two main valences: the affective feeling of caring for one is suffering and the motivation to relieve that suffering" (Hoffmann, 2011) It is 'a deep awareness of the suffering of another coupled with the wish to relieve it' (Chochinov 2007).

Compassion includes 'empathy, respect and recognition of the uniqueness of another individual, and the willingness to enter into a relationship in which not only the knowledge but the intuitions, strengths, and emotions of both the patient and the physician can be fully engaged' (Lowenstein 2008).

Good communication between nurses and patients is essential for the successful outcome of individualized nursing care of each patient. To achieve this, however, nurses must understand and help their patients, demonstrating courtesy, kindness and sincerity. Also they should devote

time to the patient to communicate with the necessary confidentiality, and must not forget that this communication includes persons who surround the sick person, which is why the language of communication should be understood by all those involved in it. Good communication also is not only based on the physical abilities of nurses, but also on education and experience.

Lambrini Kourkouta and Ioanna Papathanasiou highlight three foundational skills in communication:

**Nonverbal Communication:** An “ongoing process characterized by facial expressions, gestures, posture and physical barriers such as distance from the interlocutor,” nonverbal communication must agree with verbal communication. In stressful moments, Kourkouta and Papathanasiou note, changes in these two communication types can be difficult to assess.

**Listening:** An important part of communication, listening is a “responsible nursing practice and requires concentration of attention and mobilization of all the senses for the perception of verbal and nonverbal messages emitted by the patient.” By listening, nurses can be attentive to the needs of the patient and integrate care according to the patient’s evolving needs.

**Personal Relationships:** Marked by kindness, compassion and care, nurses can develop good personal relationships with the ability to “ask questions with kindness and provide information that does not scare, that demonstrates interest, creates feelings of acceptance, trust and a harmonious relationship, especially in modern multicultural society.” This relationship is connected to not only the transmission of information, but also the mental and emotional dynamics found in communication.

Lustig & Koester (2010) identify the following important factors that are valuable for intercultural communication competence:

Proficiency in the host culture language: understanding the grammar and vocabulary.

Understanding language pragmatics: how to use politeness strategies in making requests and how to avoid giving out too much information.

Being sensitive and aware to nonverbal communication patterns in other cultures.

Being aware of gestures that may be offensive or mean something different in a host culture rather than your own home culture.

Understanding a culture’s proximity in physical space and paralinguistic sounds to convey their intended meaning

In “Effective Communication Skills in Nursing Practice,” Elaine Bramhall *Brian* highlights common barriers to effective communication for the patient and health care providers. Patient barriers include environmental items such as noise, lack of privacy and lack of control over who is present; fear and anxiety related to being judged, becoming emotional or being weak; and other barriers such as an inability in explaining feelings and attempting to appear strong for someone else’s benefit. Health care professional barriers include environmental items such as lack of time or support, staff conflict and high workload; fear and anxiety related to causing the patient

to be distressed by talking or responding to questions; and other barriers such as a lack of skills or strategies for coping with difficult emotions, reactions or questions.

Role modelling is a powerful teaching tool for passing on the knowledge, skills, and values of the medical profession. By analyzing their own performance as role models, individuals can improve their personal performance (SR Cruess, 2008). Cruess and Steinert (2008), say that role models differ from mentors. Role models inspire and teach by example, often while they are doing other things. Mentors have an explicit relationship with a student over time, and they more often direct the student by asking questions and giving advice freely. They identified three categories of characteristics for mentors as roles models:

*Clinical competence* encompasses knowledge and skills, communication with patients and staff, and sound clinical reasoning and decision making. All of these skills must be modelled as they lie at the heart of the practice of medicine.

*Teaching skills* are the tools required to transmit clinical competence. A student centred approach incorporating effective communication, feedback, and opportunities for reflection is essential to effective role modelling.

*Personal qualities* include attributes that promote healing, such as compassion, honesty, and integrity. Effective interpersonal relationships, enthusiasm for practice and teaching, and an uncompromising quest for excellence are equally important.

### **What legal/normative frameworks says on the topic**

- The Directive 2005/36/EC of the European Parliament presents the conditions of recognition the professional qualifications , defining the nurses competences;
- The ICN Code of Ethics for Nurses, most recently revised in 2012, is a guide for action based on social values and needs. The Code has served as the standard for nurses worldwide since it was first adopted in 1953 (<http://www.icn.ch/who-we-are/code-of-ethics-for-nurses/>);
- The Nurses and Midwives Code presents the professional standards that nurses and midwives must uphold, in order to be registered to practice in the UK (<https://www.nmc.org.uk/standards/code/>);
- The Romanian Government Emergency Ordinance no. 144 of 28<sup>th</sup> of October 2008 presents the conditions for practicing midwifery and nursing profession in Romania (<http://oamrvaslui.ro/oug144.pdf>);
- The Ethic Code of the practitioner nurses and midwives in Romania, <http://www.oamr.ro/despre-noi/codul-de-etica-si-deontologie/>

**Practical component**

## Self-Directed Activities

The learners will diagnose their learning needs and will do 'self-directed learning', with the assistance of trainers, who formulate learning goals, identify resources for learning and give them support for the learning outcomes achievement. All the information will be available on <http://ieneproject.eu/compassion.php>.

### Activities:

- I. Read the **basic terminology** and definitions used in this tool <http://ieneproject.eu/glossary.php>

- II. **Study the recommended sources of information:**

The participants should study the recommended sources of information below and answer some questions about the compassion and communication and the importance of role model for promoting compassionate and cultural competent environment in care. They will note their findings in *Pre - class self directed learning sheet (Annex 1)*, attached to this tool in order to be able to discuss during the face-to-face meetings.

#### About Compassion:

1. According to Watson (1985) there are 10 Carative Factor: Formation of a humanistic-altruistic system of values, Instillation of faith-hope, Cultivation of sensitivity to one's self and to others, Development of a helping-trusting, human caring relationship, Promotion and acceptance of the expression of positive and negative feelings, Systematic use of a creative problem-solving caring process, Promotion of transpersonal teaching-learning, Provision for a supportive, protective, and/or corrective mental, physical, societal, and spiritual environment, Assistance with gratification of human needs and Allowance for existential-phenomenological-spiritual forces. See more about Jean Watson's Caring Science and Human Caring Theory in the presentation of Emily Becker, Laura Dryjanski and Kristen Neigebauer at [http://www.slideshare.net/crolauk/jean-watson-9595375?next\\_slideshow=1](http://www.slideshare.net/crolauk/jean-watson-9595375?next_slideshow=1)
2. Learn why compassion is important in nursing, the elements of compassion, barriers to providing compassionate care and practical changes to ensure compassion in the article "Ensuring compassionate care in hospital" (<http://www.nursingtimes.net/Journals/2011/08/24/j/y/s/NT-Ethical--Compassionate-Care.pdf>)
3. To explore compassion from different viewpoints: your own, patients and their families'; colleagues' viewpoints, please visit the website <http://ieneproject.eu/tools-toolkit-1.php>, where you can find the learning tools about compassion.

#### About Intercultural Communication:

1. Communication is "a process by which two or more people exchange ideas, communication facts, feelings or impressions in ways that each gains a 'common understanding' of meaning, intent and use of a message." Paul Leagens

See more about communication the Presentation Nursing communication at (<http://www.slideshare.net/rubyrose1996/nursing-communication-19786740>)

2. To develop understanding of culture, and the need for awareness in intercultural communication, you can visit the website <http://ieneproject.eu/tools-toolkit-3.php> where you can find the learning tools about intercultural communication
3. To understanding intercultural nonverbal communication, you can see the presentation “The Basis of Cultural Differences in Nonverbal Communication”, which provide a theoretical framework for nonverbal communication differences via a culture’s most fundamental elements at [http://www.slideshare.net/chirineh/non-verbal-communication-11860284?qid=4065fb45-18c2-49a6-bd48-8a553fc4bf3c&v=&b=&from\\_search=9](http://www.slideshare.net/chirineh/non-verbal-communication-11860284?qid=4065fb45-18c2-49a6-bd48-8a553fc4bf3c&v=&b=&from_search=9)
4. To learn about more on non-verbal communication see the Instructional video “Touch as Non-Verbal Communication” at <https://www.youtube.com/watch?v=TJFM4HxGTIY&index=1&list=PL080F4721697B4CCF>
5. Therapeutic communication is very important to establish a therapeutic nurse–client relationship, identify the most important client concern at that moment (the client-centred goal), assess the client’s perception of the problem as it unfolded and facilitate the client’s expression of emotions. Learn more about therapeutic communication techniques at <http://www.slideshare.net/jben501/nurserevieworg-therapeutic-communication-techniques> .
6. Some tips for communication with patients, you can find at <http://www.slideshare.net/mycomic/nurse-patient-relationship>
7. To recognize barriers and challenges to intercultural communication with patients and families and develop the intercultural communication competence, you can use the Tools “Barriers and challenges to intercultural communication” available on IENE website <http://ieneproject.eu/tools-toolkit-3.php>.

#### About Role Modelling:

1. Social learning theory focuses on the learning that occurs within a social context. Among others Albert Bandura is considered the leading proponent of Social Learning Theory. It considers that people learn from one another, including such concepts as observational learning, imitation, and modelling. See the presentation this theory at [http://www.slideshare.net/tabishahsan1/social-learning-theory-8769965?qid=a5082be8-641b-4be4-83eb-ec618931bebf&v=&b=&from\\_search=4](http://www.slideshare.net/tabishahsan1/social-learning-theory-8769965?qid=a5082be8-641b-4be4-83eb-ec618931bebf&v=&b=&from_search=4)
2. Role modelling is a powerful teaching tool for passing on the knowledge, skills, and values of the medical profession, but its net effect on the behaviour of students is often negative rather than positive. By analysing their own performance as role models, individuals can improve their personal performance.

Learn more about the strategies to become better role models and about the characteristics of role models , reading the article *Role modelling—making the most of a*

powerful teaching strategy, available at  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2276302>

- III. Complete the pre-test questionnaire of Compassion Measuring Tool (<http://ieneproject.eu/assessment.php>), in order to assess their self-perception of culturally competent compassion.

## Classroom Activities

Summary of the activity (see the Timetable in *Annex 2*):

### SESSION 1: INTRODUCTION

**Introduction.** Getting to know each other

**Ice breaker:** video Funny about non verbal communication (<https://www.youtube.com/watch?v=Ppzqe9SdD2c>).

**Aims and plan for the training sessions.**

### SESSION 2: PROMOTING CULTURAL DIVERSITY AND TOLERANCE

**Defining concepts:** Cultural Diversity & Bias, Prejudice, & Discrimination - Presentation (<http://www.slideshare.net/cgoodlein/macomb-community-college-diversity-presentation-2012>)

**Study case.**

Video Do not judge before you know! (<https://www.facebook.com/153448994801270/videos/837581583054671/>):

Economu family is called to the doctor's office, who made a surgery of their daughter. In the waiting room, sat a young person, who looks to be an ethnic Arab. The girl sits lineage him, but his mother and father ostentatiously move her far from such person. They feel repulsed and view this person who is different as being lower people who are less civilized and view him as a problem for their daughter. The scene clearly denotes the attitude of stigmatizing of this person.

The nurse calls all in and doctor presents Tzafar to the family as marrow donor for their daughter.

**Discussing the case** using the questions in the Study case sheet provided to the participants (*Annex 3*).

**Conclusions:**

- cultural differences can lead to the stereotypes, stigma and discrimination;

- healthcare professional must to have the virtue of tolerance, a fair, objective, and permissive attitude toward those whose opinions, practices, race, religion, nationality, etc., differ from their own, acceptance and understanding;
- Moreover, they have a duty to promote tolerance, respect for cultural diversity, non-discrimination attitude, among their colleagues and even among their patients.

### SESSION 3: ROLE MODELING

#### **Role modelling:** Touch and care!

The practice of nursing involves a lot of personal contact, during the delivery of fundamental physical care. Touch by nurses is frequently associated with routine tasks within nursing, but some clients, especially elderly, have physiological and safety needs. Nurse's use of touch can be a form to show compassion and provide comfort, warmth and security for them.

Trainer makes demonstration of procedures of taking vital signs for some persons being in special situation: an elder who need support for moving; a people who are worried about his health situation; a people who had an accident etc. During the interventions the nurse makes some gestures showing compassion, safety or psychological support.

#### **Discussions:**

- Describe the necessary touch requested by the procedures;
- Describe the gestures of nurse that give safety or psychological support to the patient;
- Explain the importance of values, beliefs, and attitudes in the development of the nurse-patient relationship;

#### **Conclusion:**

*Compassion and therapeutic use of touch is very important in building the nurse-patient relationship.*

#### **Meta-cognition:**

In their position of mentors for students or their colleagues, the participants are invited to analyze the learning activities they participated, like to be an example of role model to other. Using the worksheet (*Annex 4*), they are invited to identify the elements of the process of role modelling (according to the *Cruess, SR (2008)* model).

### SESSION 4: THERAPEUTIC COMMUNICATION

**Role playing:**

In each case, a participant will play the role of the patient. Other four participants will play the role of nurses, one by one, giving answer to the patient's question and trying to develop of good nurse-patient relationship.

Case 1. A woman, age 18, highly dependent on her parents and fears leaving home to go away to college. Shortly before the next semester starts, she complains that her legs are paralyzed and is rushed to the emergency department. When physical examination rules out a physical cause for her paralysis, the physician admits her to the psychiatric unit where she is diagnosed with conversion disorder. The client asks the nurse, "Why has this happened to me?"

Case 2. Kristina is a 29 year old woman admitted to the surgical unit after an accident in a small airplane. Her husband, the pilot was killed. She had some minor bruises and contusions but she is physically stable. She has a 2-year old son. The day after admission, the nurse enters the client's room to find the shades drawn and her in bed sobbing quietly.

Case 3. Almira is an Arab woman who wears specific clothes. She refused to take off his clothes tide and examined by a doctor. A nurse must prepare for the investigation and try to convince it that needs to take off the veil and to undress in order to be examined.

The participants will use the Work sheet (*Annex 5*) to evaluate of each nurse communication and behaviour.

**Discussion:**

1. What special needs patient have? Were they well understood by every nurse?
3. Which of the principles and techniques of effective therapeutic communication approached every nurse?
4. What are the empathetic messages send to the client by them?
2. What are the recommended therapeutic nursing responses for each case?

**Conclusion:**

Good communication is very important for therapeutic nurse-client relationship. Through communication, nurse detects diverse needs of patients.

Nurse must be receptive to the patients feeling and perceptions, including cultural believes and treats them with compassion. Nurse must understand the patient's communication. Nurse should be able to put herself in the patient's place and assume his role and communicate this understanding to patient.

## SESSION 5: CLOSURE

Role Model Planning. Work to draft an Action plan to be executed when return  
Complete Compassion Measuring Tool if they did not do at the beginning of the day  
Questions, Evaluation the tool, Networking

### **Role modelling activities**

#### **Summary of the activity:**

After building the Action Plan (*Annex 6*), each trainee will develop role model activities, on their clinical settings, enabling a good communication in work environment and will register results of their activities.

### **Reflection with teams**

#### **Summary of the activity:**

During the role modelling activities, the trainers will communicate with participants and will have appointments, to give them support and feedback.

After finishing the activities, the trainees will present their colleagues the role modelling activities done, according to the Action Plan, using group discussion (on Facebook). They will receive feedback from their peers and trainers.

Each participant will send by e-mail to the trainer the Reflexive Log (*Annex 7*) with the reflection on the impact of the modelling activities.

Trainer will assess the learners and give feedback about strengths and weaknesses of their actions and advices for fostering their therapeutic communication and compassionate leadership.

### **Assessment**

#### **A. Practical assessment**

##### **Summary of the activity:**

Each trainee will be assessed by the trainers, their participation in the classroom activities (role playing, completing worksheets, and discussions) based on the worksheets and the role modelling activities done in the work environment to promote culturally competent and compassionate care among students and healthcare professionals through presentation of the results of these activities in the Reflexive Log.

Trainers will rate the trainees' progress on the Assessment Sheet (*Annex 8*) and give recommendations to them. The Assessment Sheet can be forwarded to the training department, in order for the trainees to receive a certificate, if case.

#### **B. Self assessment:**

Before the training starts, all participants will complete the Compassion Measuring Tool (<http://ieneproject.eu/compassion.php#>) questionnaire, in order to collect base line data about their self-perception of culturally competent compassion.

After the conclusion of the activities proposed in the tool, the participants will do again Compassion Measuring Tool, to measure their progress.

### **Evaluation**

The trainers will apply a standard brief questionnaire for evaluation of the tool and collect data from learners (*Annex 9*).

### **References and useful resources**

- (1) Cornwell, Jocelyn & Goodrich, Joanna (2011) Nursing Times Ethical & Compassionate Nursing supplement: 6-8 ([www.nursingtimes.net/Journals/.../NT-Ethical--Compassionate-Care.pdf](http://www.nursingtimes.net/Journals/.../NT-Ethical--Compassionate-Care.pdf))
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- (3) Davison N, Williams K. (2009) Compassion in nursing. 1: Defining, identifying and measuring this essential quality. Nurses Times 105: 16-18 ( <http://www.nursingtimes.net/roles/nurse-managers/compassion-in-nursing-1-defining-identifying-and-measuring-this-essential-quality-/5006242.fullarticle>).
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- (6) Halifax, Joan (2013) G.R.A.C.E. for nurses: Cultivating compassion in nurse/patient interactions, available at <http://www.upaya.org/wp-content/uploads/2013/12/GRACE-FOR-NURSES2781-10448-1-PB.pdf>
- (7) Spitzberg, B. H. (2000). "A Model of Intercultural Communication Competence", in: L. A. Samovar & R. E. Porter (Ed.) "Intercultural Communication A Reader", 375-387, Belmont: Wadsworth Publishing.
- (8) Lambrini Kourkouta<sup>1</sup> and Ioanna V. Papathanasiou (2007) Communication in Nursing Practice, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3990376/>
- (9) Brian Neese(2015) Effective Communication in Nursing: Theory and Best Practices <http://online.seu.edu/effective-communication-in-nursing/>
- (10) Lustig & Koester (2010) Intercultural Competence: Interpersonal Communication Across Cultures
- (11) Intercultural Education of Nurses in Europe, [www.ieneproject.eu](http://www.ieneproject.eu) .A multilingual website which develop a new model for intercultural education of nurses (PPT/IENE Model).
- (12) Tools for Intercultural Education of nurses in Europe, <http://ienetools.wordpress.com/>

## **Training/learning/evaluation resources**

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<i>Annex 1:</i>	<i>Pre - class self directed learning sheet</i>
<i>Annex 2:</i>	<i>Timetable for the classroom activities</i>
<i>Annex 3:</i>	<i>Case study: Do not judge before you know!</i>
<i>Annex 4:</i>	<i>Work sheet: The process of role modelling</i>
<i>Annex 5:</i>	<i>Evaluation sheet for Therapeutic Communication</i>
<i>Annex 6:</i>	<i>Action Plan template</i>
<i>Annex 7:</i>	<i>Reflexive log</i>
<i>Annex 8:</i>	<i>Assessment Sheet</i>
<i>Annex 9:</i>	<i>Evaluation of the tool</i>

**Worksheet: Pre - class self directed learning activities: 3-4 hours**

Question	Sources of information	Findings
<p><b>What is the Compassion?</b></p> <p><b>what compassion means, what might prevent consistent compassionate care and what practical changes could ensure compassion.</b></p>	<p><i>Dictionaries</i></p> <p><a href="http://ieneproject.eu/glossary.php">http://ieneproject.eu/glossary.php</a></p> <p><i>Jean Watson's Caring Science and Human Caring Theory in the presentation of Emily Becker, Laura Dryjanski and Kristen Neigebauer</i></p> <p><a href="http://www.slideshare.net/rolauk/jean-watson-9595375?next_slideshow=1">http://www.slideshare.net/rolauk/jean-watson-9595375?next_slideshow=1</a></p> <p><i>Ensuring compassionate care in hospital</i></p> <p><a href="http://www.nursingtimes.net/Journals/2011/08/24/j/y/s/NT-Ethical--Compassionate-Care.pdf">http://www.nursingtimes.net/Journals/2011/08/24/j/y/s/NT-Ethical--Compassionate-Care.pdf</a></p> <p><i>Learning tools about compassion</i></p> <p><a href="http://ieneproject.eu/tools-toolkit-1.php">http://ieneproject.eu/tools-toolkit-1.php</a> where you can find the</p>	
<p><b>What the intercultural communication means?</b></p> <p><b>What are the basis of cultural differences and how they are expressed in Nonverbal Communication?</b></p> <p><b>What can be the barriers of the intercultural communication</b></p>	<p><i>Nursing communication at</i> (<a href="http://www.slideshare.net/rubyrose1996/nursing-communication-19786740">http://www.slideshare.net/rubyrose1996/nursing-communication-19786740</a>)</p> <p><i>The Basis of Cultural Differences in Nonverbal Communication,</i> at <a href="http://www.slideshare.net/hirineh/non-verbal-communication-11860284?qid=4065fb45-18c2-49a6-bd48-8a553fc4bf3c&amp;v=&amp;b=&amp;from_search=9">http://www.slideshare.net/hirineh/non-verbal-communication-11860284?qid=4065fb45-18c2-49a6-bd48-8a553fc4bf3c&amp;v=&amp;b=&amp;from_search=9</a></p> <p><i>"Barriers and challenges to intercultural</i></p>	

	<p>communication” available on IENE website <a href="http://ieneproject.eu/tools-toolkit-3.php">http://ieneproject.eu/tools-toolkit-3.php</a></p>	
<p><b>Select good examples of verbal and non verbal therapeutic communication</b></p>	<p><i>Therapeutic Communication Techniques at <a href="http://www.slideshare.net/jben501/nurserevieworg-therapeutic-communication-techniques">http://www.slideshare.net/jben501/nurserevieworg-therapeutic-communication-techniques</a></i></p> <p><i>Tips for communication with patients, at <a href="http://www.slideshare.net/mycomic/nurse-patient-relationship">http://www.slideshare.net/mycomic/nurse-patient-relationship</a></i></p>	
<p><b>What is role modelling?</b></p> <p><b>What are the strategies for role modelling in healthcare?</b></p> <p><b>What are the characteristics of a role model?</b></p>	<p><i>Presentation of Social learning Theory at <a href="http://www.slideshare.net/tabishahsan1/social-learning-theory-8769965?qid=a5082be8-641b-4be4-83eb-ec618931bebf&amp;v=&amp;b=&amp;from_search=4">http://www.slideshare.net/tabishahsan1/social-learning-theory-8769965?qid=a5082be8-641b-4be4-83eb-ec618931bebf&amp;v=&amp;b=&amp;from_search=4</a></i></p> <p><i>Role modelling—making the most of a powerful teaching strategy( <a href="http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2276302/">http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2276302/</a>)</i></p>	

## ANNEX 2:

### ***Timetable for the classroom activities***

	<b>Activities</b>
09:00 – 9.30	<p><b>Warming up session -introductions</b></p> <ul style="list-style-type: none"> <li>• Knowing each other. Start creating the network. Sign the registrations form with email address role etc. (15 minutes)</li> <li>• Ice break: video "Funny about communication" (5 minutes)</li> <li>• Aims and plan for the training sessions/ground rules (10 minutes).</li> </ul>
9.30 – 10:30	<p><b>Study case: Promoting cultural diversity and tolerance</b></p> <ul style="list-style-type: none"> <li>• Presentation: Cultural Diversity &amp; Bias, Prejudice, &amp; Discrimination (15 minutes)</li> <li>• Video: Do not judge before you know! (5 minutes)</li> <li>• Participants answer the questions in the Study case sheet provided (15 minutes).</li> <li>• Then will present and discuss in front of the whole group (15 minutes)</li> <li>• Conclusions (10 minutes)</li> </ul>
10:30 – 10.50	Coffee Break
10:50 – 11:50	<p><b>Role modelling</b> : Touch and care!</p> <ul style="list-style-type: none"> <li>• Demonstration of nurses techniques showing compassion, safety or psychological support, made by the trainer (10 minutes)</li> <li>• Discussion (20 minutes)</li> <li>• Conclusion (10 minutes)</li> <li>• Meta-cognition: Analyzing the activities assisted identifying the elements of the process of role modeling (20 minutes)</li> </ul>
11:50-12:50	<p><b>Role playing ( 2 cases):</b></p> <ul style="list-style-type: none"> <li>• Participants play the role nurses trying to develop of good nurse-patient relationship (20 minutes, 10 minutes each case)</li> <li>• The participants will use the Work sheet evaluation their communication and behavior(10 minutes, 5 minutes each case).</li> <li>• Discussion (20 minutes, 10 minute each case)</li> <li>• Conclusion (10 minutes)</li> </ul>
12:50-13:30	Lunch
13:30 – 15.30	<ul style="list-style-type: none"> <li>• Role Model Planning. Work to draft an Action plan to be executed when return(30 minutes)</li> <li>• Complete Compassion Measuring Tool if they did not do at the beginning of the day(15 minutes)</li> <li>• Questions, Evaluation the tool, Networking(15 minutes)</li> </ul>

**ANNEX 3:**

***Case study: Do not judge before you know!***

**Watching the video, please reflect on these and comment:**

1. How do you think family's attitude toward black person located in the waiting room?

2. How do you comment Initiative to present the family doctor Tzafar?

3. It was part of the standard procedure for communication with patients?

4. Do you think the doctor knew that the family has these cultural stereotypes?

5. Do you think the family has changed attitude to other cultures from this episode?

6. Do you think the doctor gesture can be interpreted as a role model? By what?

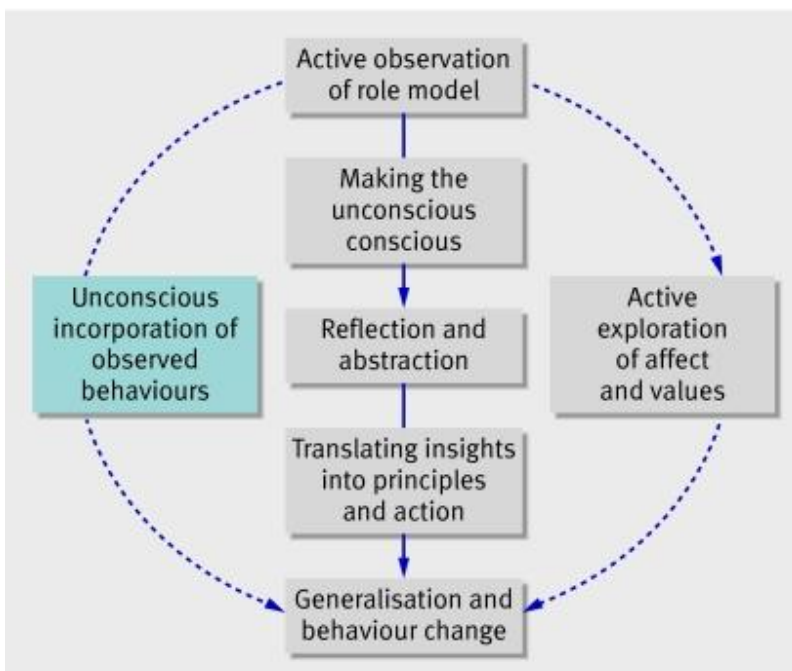
**ANNEX 4:**

**Work sheet: *The process of role modelling***

Analyze the activities you assisted:

- Trainer's demonstration of procedures of taking vital signs
- Discussions
- Conclusion

Consider these activities like a role modeling . and identify which activities can be considered elements of the process of role modeling ( according to the Cruess model in the figure below)  Active observation of the role model	
Making unconscious conscious	
Translating insights into principle and actions	
Generalization and bhaviour change	



Sursa: Cruess, SR (2008)- *Role modelling—making the most of a powerful teaching strategy* ( <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2276302/>)

**ANNEX 5:**

***Evaluation sheet for Therapeutic Communication***

<i>Nurse A</i>	<i>Nurse B</i>	<i>Nurse C</i>	<i>Nurse D</i>
-			
-			
-			
-			
-			
-			
-			
-			
-			
-			

*How to evaluation of nurses response*

Criteria	<i>Nurse A</i>	<i>Nurse B</i>	<i>Nurse C</i>	<i>Nurse D</i>
Did the nurses well understood the patient needs? (Yes/No)				
Was the nurse empathetic with the client? (Yes/No)				
Is this a recommended therapeutic nursing responses in this case? (Yes/No)				

# THERAPEUTIC COMMUNICATION TECHNIQUES

TECHNIQUE	EXAMPLES	RATIONALE
<b>Accepting</b> – indicating reception; recognizing the other person without inserting own values or judgments; may be verbal or nonverbal; with or without understanding	"Yes" "I follow what you said" Nodding	An accepting response indicates the nurse has heard and followed the train of thought. It does not indicate agreement but is nonjudgmental. Facial expression, tone of voice, and so forth also must convey acceptance or the words will lose their meaning.
<b>Active listening</b> – an active process of receiving information and examining one's reaction to messages received	Maintaining eye contact and receptive nonverbal communication	Nonverbally communicates nurse's interest and acceptance to client
<b>Neutral response</b> - Showing interest and involvement without saying anything else		Being nonjudgmental. Refrain from showing negative emotions of disapproval, surprise, anger, dislike, etc.
<b>Empathy</b> - Experiencing another's feeling temporarily; truly being with and understanding another through active listening		
<b>Eye contact</b> - As appropriate to the client's culture		
<b>Offering self</b> – making oneself available	"I'll sit with you awhile." "I'll stay here with you." "I'm interested in what you think."	The nurse can offer his presence, interest, and desire to understand. It is important that this offer is unconditional, that is, the client does not have to respond verbally to get the nurse's attention.
<b>Humor</b> – discharge of energy through comic enjoyment of the imperfect	"This gives a whole new meaning to 'just relax'."	Can promote insight by making conscious repressed material, resolving paradoxes, tempering aggression, revealing new options, and is a socially acceptable form of sublimation
<b>Making observations</b> – verbalizing what the nurse perceives	"You appear tense." "Are you uncomfortable when...?" "I notice you're biting your lip." Nurse says nothing but continues to maintain eye contact and conveys interest.	Sometimes clients cannot verbalize or make themselves understood. Or the client may not be ready to talk
<b>Silence</b> – absence of verbal communication, which provides time for the client to put thoughts or feelings into words, regain composure, or continue talking		Silence often encourages the client to verbalize, provided that it is interested and expectant. Silence gives the client time to organize thoughts, direct the topic of interaction, or focus on issues that are most important. Much nonverbal behavior takes place during silence, and the nurse needs to be aware of the client and his own nonverbal behavior.
<b>Broad Openings</b> – allowing the client to take the initiative in introducing the topic	"Is there something you'd like to talk about?" Where would you like to begin?"	Broad openings make explicit that the client has the lead in the interaction. For the client who is hesitant about talking, broad openings may stimulate him or her to take the initiative.
<b>Formulating a plan of action</b> – asking the client to consider kinds of behavior likely to be appropriate in future situations	"What could you do to let your anger out harmlessly?" "Next time this comes up, what might you do to handle it?"	It may be helpful for the client to plan it in advance what he or she might do in future similar situations. Making definite plans increases the likelihood that the client will cope more effectively in a similar situation.
<b>Theme Identification</b> – underlying issues or problems experienced by client that emerge repeatedly during nurse-client relationship	"I've noticed that in all the relationships that you have described, you've been hurt or rejected by the man. Do you think this is an underlying issue?"	Allows nurse to best promote client's exploration and understanding of important problems
<b>Giving information</b> – making available facts that the client needs	"My name is..." "Visiting hours are ..." "My purpose in being here is..."	Informing the client of facts increases his knowledge about a topic or lets the client know what to expect. The nurse is functioning as a resource person. Giving information also builds trust with the client.
<b>Giving recognition</b> – acknowledging, indicating awareness	"Good morning, Mr. S..." "You've finished your list of things to do." "I notice that you've combed your hair."	Greeting the client by name, indicating awareness of change, or noting efforts the client has made. Shows that nurse recognizes the client as an individual. Such recognition does not carry the notion of value, that is, of being "good" or "bad".
<b>Self disclosure</b> - Sharing personal information at an opportune moment to convey understanding or to role model behavior		

<p><b>Clarification</b> - Putting into words vague ideas or unclear thoughts of the client Purpose is to help nurse understand, or invite the client to explain</p>	<p>"Was it something like...?" "Have you had similar experiences?"</p>	<p>Comparing ideas, experiences or relationships brings out many recurring themes. The client benefits from making these comparisons because he or she might recall past coping strategies that were effective or remember that he or she has survived a similar situation.</p>
<p><b>Encouraging description of perceptions</b> – asking the client to verbalize what he or she perceives</p>	<p>"Tell me when you feel anxious." "What is happening?" "What does the voice seem to be saying?"</p>	<p>To understand the client, the nurse must see things from client's perspective. Encouraging the client to describe fully may relieve the tension the client is feeling, and he might be less likely to take action on ideas that are harmful or frightening.</p>
<p><b>Exploring</b> – delving further into a subject or idea</p>	<p>"Tell me more about that." "Would you describe it more fully?" "What kind of work?"</p>	<p>When clients deal with topics superficially, exploring can help them examine the issue more fully. Any problem or concern can be better understood if explored in depth. If the client expresses an unwillingness to explore a subject, however, the nurse must respect his wishes.</p>
<p><b>Focusing</b> – concentrating on a single point; Picking up on central topics or "cues" given by the client</p>	<p>"This point seems worth looking at more closely." "Of all the concerns you've mentioned, which is most troublesome?" "Go on." "And then?" "Tell me about it."</p>	<p>The nurse encourages the client to concentrate his energies on a single point, which may prevent a multitude of factors or problems from overwhelming the client. It is also a useful technique when a client jumps from one topic to another.</p>
<p><b>General leads</b> – giving encouragement to continue</p>	<p>"Go on..." "And..."</p>	<p>General leads indicate that the nurse is listening and following what the client is saying without taking away the initiative for the interaction. They also encourage the client to continue if he is hesitant or uncomfortable about the topic.</p>
<p><b>Incomplete sentences</b> - Encouraging the client to continue with phrases <b>Placing event in time or sequence</b> – clarifying relationship of events in time</p>	<p>"What seemed to lead up to...?" "Was it before or after...?" "When did this happen?"</p>	<p>Putting events in proper sequence helps both the nurse and client to see them in perspective. The client may gain insight into cause-and-effect behavior and consequences, or the client may be able to see that perhaps some things are not related. The nurse may gain information about recurrent patterns or themes in the client's behavior or relationships</p>
<p><b>Presenting reality</b> – offering for consideration that which is real</p>	<p>"I see no one else in the room." "That sound was a car backfiring." "Your mother is not here; I am a nurse."</p>	<p>When it is obvious that the client is misinterpreting reality, the nurse can indicate what is real. The nurse does this by calmly and quietly expressing the nurse's perceptions or the facts not by way of arguing with the client or belittling his experience. The intent is to indicate an alternative line of thought for the client to consider, not to "convince" the client that he is wrong.</p>
<p><b>Reflecting</b> – directing client actions, thoughts, and feelings back to client; may use same words</p>	<p>Client: "Do you think I should tell the doctor?" Nurse: "Do you think you should?"  Client: "My brother spends all my money and then has the nerve to ask for more." Nurse: "This causes you to feel angry?"</p>	<p>Reflection encourages the client to recognize and accept his feelings. The nurse indicates that the client's point of view has value, and that the client has the right to have opinions, make decisions, and think independently.</p>
<p><b>Restating</b> – repeating the main idea expressed in different words</p>	<p>Client: "I can't sleep. I stay awake all night." Nurse: "You have difficulty sleeping."  Client: "I'm really mad, I'm really upset." Nurse: "You're really mad and upset."</p>	<p>The nurse repeats what the client has said in approximately or nearly the same words the client has used. This restatement lets the client know that he or she communicated the idea effectively. This encourages the client to continue. Or if the client has been misunderstood, he can clarify his thoughts.</p>

<p><b>Seeking information</b> – seeking to make clear that which is not meaningful or that which is vague</p>	<p>"I'm not sure that I follow." "Have I heard you correctly?"</p>	<p>The nurse should seek clarification throughout interactions with clients. Doing so can help the nurse to avoid making assumptions that understanding has occurred when it has not. It helps the client to articulate thoughts, feelings and ideas more clearly.</p>
<p><b>Suggesting collaboration</b> – offering to share, to strive, to work with the client for his benefit</p>	<p>"Perhaps you and I can discuss and discover the triggers for your anxiety." "Let's go to your room, and I'll help you find what you're looking for."</p>	<p>The nurse seeks to offer a relationship in which the client can identify problems in living with others, grow emotionally, and improve the ability to form satisfactory relationships. The nurse offers to do things with, rather than for, the client.</p>
<p><b>Recommend or suggest options</b> but not advise</p>	<p>Recommendations must be in line with the problem of the client</p>	<p>Example: if the client is exhausted from taking care of a loved one, recommend friends to help. Inappropriate: recommend to client to seek counseling – not helpful in relieving exhaustion Inappropriate: decision on longterm facility admission requires family members</p>
<p><b>Summarizing</b> – organizing and summing up that which has gone before</p>	<p>"Have I got this straight?" "You've said that..." "During the past hour, you and I have discussed..."</p>	<p>Summarization seeks to bring out the important points of the discussions and to increase the awareness and understanding of both participants. It omits the irrelevant and organizes the pertinent aspects of the interaction. It allows both client and nurse to depart with the same ideas and provides a sense of closure at the completion of each discussion.</p>
<p><b>Translating into feelings</b> – seeking to verbalize client's feelings that he expresses only indirectly</p>	<p>Client: "I'm dead." Nurse: "Are you suggesting that you feel lifeless?" Client: "I'm way out in the ocean." Nurse: "You seem to feel lonely or deserted."</p>	<p>Often what the client says, when taken literally, seems meaningless or far removed from reality. To understand, the nurse must concentrate on what the client might be feeling to express himself this way.</p>
<p><b>Verbalizing the implied</b> – voicing what the client has hinted at or suggested</p>	<p>Client: "I can't talk to you or anyone. It's a waste of time." Nurse: "Do you feel that no one understands?"</p>	<p>Putting into words what the client has implied or said indirectly tends to make the discussion less obscure. The nurse should be as direct as possible without being unfeeling blunt or obtuse. The client may have difficulty communicating directly. The nurse should take care to express only what is fairly obvious; otherwise the nurse may be jumping to conclusions or interpreting the client's communication.</p>
<p><b>Voicing doubt</b> – expressing uncertainty about the reality of the client's perceptions</p>	<p>"Isn't that unusual?" "Really?" "That's hard to believe."</p>	<p>Another means of responding to distortions of reality is to express doubt. Such expression permits the client to become aware that others do not necessarily perceive events in the same way or draw the same conclusions. This does not mean the client will alter his point of view, but at least the nurse will encourage the client to reconsider or reevaluate what has happened. The nurse neither agreed nor disagreed; however, he has not let the misperceptions and distortions pass without comment.</p>
<p><b>Validation</b> – searching for mutual understanding, for accord in the meaning of words</p>	<p>"Tell me whether my understanding of it agrees with yours." "Are you using this word to convey that...?"</p>	<p>For verbal communication to be meaningful, it is essential that the words being used have the same meaning for both (all) participants. Sometimes words, phrases or slang terms have different meanings and can be easily misunderstood.</p>

## ANNEX 6:

### **Action Plan template**

**Name of the trainee** \_\_\_\_\_

Strategies to improve role modelling	Actions	Results/comments
6. Role model that demonstrate sensitivity to others' feelings, patients' and staff's diverse needs and treating them with compassion		
7. Model positive attitudes for understand cultures, and expression of tolerance		
8. Work to improve the institutional culture of good communication and relationship between health staff and patients.		
9. Facilitate reflection on clinical experiences, recognizing, emphasizing, and leveraging strengths and what is working rather than the opposite approach of focusing on weaknesses and what isn't working.		

**ANNEX 7:**

***Reflexive log***

Your name:

Your title:

Date:

**Description of the role modelling incidence (1):**

**Who was involved?**

**What did you learn from this experience?**

**What follow up actions would you take?**

**Description of the role modelling incidence (2):**

**Who was involved?**

**What did you learn from this experience?**

**What follow up actions would you take?**

## ANNEX 8:

### **Assessment Sheet**

#### **Learning outcomes to be assessed:**

5. Acknowledgement of patients' and staff's diverse needs and treating them with compassion;
6. Knowledge of similarities and differences within and between cultures and expression of compassion;
7. Active listening, dealing sensitively and culturally appropriate others' feelings needs, vulnerabilities and concerns;
8. Promoting patient centered care based on needs assessment.

Name of the trainee assessed: \_\_\_\_\_

Name of the assessor \_\_\_\_\_ Date \_\_\_\_\_

#### **ASSESSMENT RESULTS**

No	Criteria	Very poor	Poor	Good	Very good	Exceptional	Comments
6.	Awareness for change: to promote patients' centered care based on their needs and treating them with compassion						
7.	Desire to make the changes for sensitively and culturally appropriate care						
8.	Knowledge: of similarities and differences within and between cultures and expression of compassion						
9.	Ability to change: role modelling skills						
10.	Reinforcement to retain the change: strategy to improve the organizational culture of compassion.						

#### **Feedback to trainee and advices for improvements:**

## Evaluation of the tool from Edunet Organization<sup>1</sup>

Age, $\bar{x}$ (SD)	42.70 (11.01)
Gender, n (%)	
- Male	0
- Female	20 (100)
Professional profile, n (%)	
- Nurse	20 (100)
Years working in their profession, $\bar{x}$ (SD)	21.50 (8.23)

Indicator	Fully agree	Partly agree	Not agree
	N (%)		
The tool is structured appropriately to achieve the learning goals	18 (90)	2 (10)	0
The theoretical content is relevant and appropriate	18 (90)	2 (10)	0
The practical content is relevant and appropriate	20 (100)	0	0
The activities proposed are useful to increase the following dimensions regarding the topic of the tool:			
- Culturally Aware and Compassionate Leadership	19 (95)	0	0
- Culturally Knowledgeable and Compassionate leadership	18 (90)	1 (5)	0
- Culturally Sensitive and Compassionate Leadership	19 (95)	0	0
- Culturally Competent and compassionate leadership	19 (95)	0	0
The content is interesting and useful to improve the daily leadership practice at my workplace	20 (100)	0	0
The delivery method is appropriate	20 (100)	0	0
The activities promote learners' meaning-making	20 (100)	0	0
In general, I am satisfied with the tool	19 (95)	0	0
The activities empower leaders for the role modelling	19 (95)	1 (5)	0
The activities support compassionate culture in the healthcare environments	19 (95)	1 (5)	0

<sup>1</sup>When the percentages do not add up to 100%, this indicates that some participants did not rate the specific item/s.

# PROMOTING EQUALITY AND ETHICAL PRINCIPLES IN CULTURALLY COMPETENT AND COMPASSIONATE HEALTH CARE LEADERSHIP

by

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## Theoretical component

### **Aim**

The aim of this tool is to prepare and help the front line health care leaders to provide culturally competent and compassionate health care, by implementing equality and ethical principles in everyday practice.

### **Learning outcomes**

The leaders should be able to

1. improve the quality of their everyday front line leadership practice as to deliver culturally competent and compassionate health care
2. improve provision of care as a front line leader by applying equality and ethical values at workplace
3. understand the importance of front line leadership and to demonstrate it based on compassion and equality principles
4. organize and lead effectively the working environment with the provision of culturally competent and compassionate ethical leadership

### **Principles and Values**

This tool is addressed to front line health care leaders. The training will focus on the importance of providing culturally competent and compassionate health care on the bases of equality and ethical principles.

This tool will help the leaders to understand and transmit the importance of the entity and dignity that every person has. They will be training on the rights of each user of health services and assessment of general knowledge of other behaviors regarding health.

### **The principles and values that underpin this tool are:**

- Respect
- Trustworthiness
- Compassion

- Altruism – devotion
- Equality
- Kindness
- Participation
- Sensitivity
- Responsibility
- Caring
- Discipline
- Non discriminatory
- Encouraging
- Autonomy
- Privacy and Confidentiality

### **Relevant definitions and terms**

**Culturally Competent Compassion** is 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; 73).

**Leadership** is the ability to achieve exceptional results by transforming the organization and developing people to create the future. Also leadership 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 (Trevisani, 2015; 32).

**Culturally Competent and Compassionate Health Care Leader** is defined as: *the health professional who recognize and monitor any values of his personality, while inspiring other health professionals with his example and vision, to provide the best and appropriate health care.*

**Ethical Principles** are the common goals that each theory tries to achieve in order to be successful. These goals include beneficence, least harm, respect for autonomy and justice (Gordon et al, 2011; Beauchamp and Childress, 2009).

Ethical principles are the foundations of ethical analysis because they are the viewpoints from which guidance can be obtained along the pathway to a decision. Each theory emphasizes different points such as predicting the outcome and following one's duties to others in order to reach an ethically correct decision. However, in order for an ethical theory to be useful, the theory must be directed towards a common set of goals (Gordon et al, 2011; Beauchamp and Childress, 2009). To practice in an ethically sound professional manner it is necessary to balance ethical considerations, with professional values and relevant legislation. The essence of

ethical practice at all levels involves an individual, or team identifying what the legal, ethical and professional standards required are and how these can be caring and compassionate applied to the challenges of clinical practice (Gordon et al, 2011; Beauchamp and Childress, 2009).

### **What the research/literature says**

One of the main challenges for the European countries for public health sector is to deliver improved services through a motivated workforce in an age of austerity (Deloitte, 2010).

Compassionate care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission. Must create a great place to work and deliver a high quality healthcare service which is among the best in the world.

Ethics are incredibly important in culturally competent and compassionate nursing leadership. It ensures that patients are being treated in an individualized and competent compassionate manner. There's a delicate balance between applying many of the principles, such as beneficence and paternalism (Macciocchi, French & Bush, 2009).

Culturally competent and compassionate front line nurse leaders need to be able to respond to an ever-changing healthcare environment, including organizational expectations and changes to local and national policy with sensitivity and competence. These roles have become more specialist, autonomous, accountable and focused on outcome, with both positive and negative consequences for the profession. Consumers and purchasers of healthcare services have greater expectations of higher standards, particularly in relation to nursing care (Trevisani, 2015).

Culturally competent and compassionate front line nurse leaders can demonstrate resilience in responding to change and supporting others to embrace this in a positive way. Effective and compassionate health care leaders should be capable of reframing the thinking of those whom they are leading, enabling them to see that changes are not only imperative but achievable (Macciocchi, French & Bush, 2009).

These nurses must use their leadership behavior to positively influence organizational outcomes and need to appreciate the inter-relationship between developing nursing practice, improving quality of care and optimizing patient outcomes. Healthcare organizations need nurse leaders who can develop nursing care, are an advocate for the nursing profession and have a positive effect on healthcare through leadership.

### **What legal/normative frameworks says on the topic**

Healthcare equality is a guiding principle for a successful and effective healthcare provision.

Nursing is a practice discipline and it is a political act. Nursing leadership is about critical thinking, action and advocacy – and it happens in all roles and domains of nursing practice.

Culturally competent and compassionate nursing leadership plays a pivotal role in the immediate lives of nurses and it has an impact on the entire health system.

At times a nursing leaders' moral compass, i.e. the moral and ethical values they use to guide their decision making, may appear to be directionally challenged. This challenge frequently results from the leader's conflict between their nursing values and the values of the organization in which they lead. These conflicts may occur in areas such as organizational finances, staffing, care delivery and/or research studies. As nurses advance into leadership positions, the complexity of the decisions they need to make increases, as does the potential for moral distress. Grady et al. (2008) and Ulrich et al. (2007) both found that nurses who had participated in educational offerings focusing on ethical decision making utilized ethics resources more frequently than did their counterparts who had not received classes in ethical decision making. These findings suggest that providing advancing nurse leaders with education related to ethical decision making will increase their chances of job satisfaction and success.

In Cyprus Nursing and Midwifery is a regulated profession. There is a law in practising it and also a code of conduct and practice (L.214 1988-2012). Limited local literature exists on the topic.

Below websites listed in local and international information on the subject:

[http://www.moh.gov.cy/moh/cbh/cbh.nsf/index\\_en/index\\_en?OpenDocument](http://www.moh.gov.cy/moh/cbh/cbh.nsf/index_en/index_en?OpenDocument)

[http://www.moh.gov.cy/Moh/cbh/cbh.nsf/index\\_en/index\\_en?OpenDocument](http://www.moh.gov.cy/Moh/cbh/cbh.nsf/index_en/index_en?OpenDocument)

<http://www.equalityhumanrights.com/legal-and-policy/legislation/equality-act-2010/equality-act-guidance-codes-practice-and-technical-guidance>

[https://www.cna-aicc.ca/~media/cna/page-content/pdf-en/nursing-leadership\\_position-statement.pdf?la=en](https://www.cna-aicc.ca/~media/cna/page-content/pdf-en/nursing-leadership_position-statement.pdf?la=en)

<http://www.leadershipacademy.nhs.uk/resources/inclusion-equality-and-diversity/>

<https://www.ache.org/policy/inclusion-lgbt.cfm>

## Practical component

### Self-Directed Activities

This learning activity will be done online and consists of three stages: a) a questionnaire (that will act also as a pre-test), b) basic terminology used c) article critical discussion.

- a) A questionnaire will be used in relation to leadership in workplace, stating the ethical values and equality principle, as to provide culturally competent and compassionate health care.

- b) Provision of basic terminology and definitions used in this tool to help clearly understand the content and activities of the tool.
- c) One scientific article will be given related to front line ethical leadership, that participants will study and be able to discuss during the face to face meeting.

### **Article Reference**

Mintz-Binder R.D., (2013). From Frontline Nurse Managers to Academic Program Directors: Research, Strategies, and Commonalities. *Nursing Forum* 48 (2): 114-124

### **Terminology/definitions**

**Equality Principles:** It sets out what seems to be the fundamental principle about equality and the true basis of egalitarianism. It sets out what seems to be the fundamental principle of morality. The principle of equality is directed, more particularly, to the satisfaction of fundamental categories of human desires. This principle has to do not with treatment, with what is done to and for people, but with satisfaction. Although not exclusively, has to do with a result of treatment, what can also be named well-being, or the quality of peoples' lives, freedom, happiness (Petrova, 2008).

See also definitions previously stated in this document (definitions' section).

### **Pre-test Questionnaire**

See Annex I

### **Classroom Activities**

This consists of three stages: a) presentation, video and discussion, b) case study, c) role play scenario and d) a questionnaire (that will act as a post-test). Activities are designed to implement the culturally competent and compassionate front line leadership based on ethical and equality principles.

- a) A short presentation and discussion will be done including the essence of culturally competent and compassionate care leadership in health care (esp. equality and ethical principles), the existing local health care system and reflection on the self-directed learning (particularly the article). A video will be shown to initiate discussion from the videos below:

[https://www.youtube.com/watch?v=WgRR\\_MW5W00](https://www.youtube.com/watch?v=WgRR_MW5W00)

<https://www.youtube.com/watch?v=oXuzS4nHaLo>

- b) Analysis of case study will follow in small groups (may choose one of the following scenarios).

*Case study 1*

A staff nurse at the Infant and Welfare Department during the weekly staff meeting she revealed to the frontline nurse leader that often feels uncomfortable when mothers from third countries come to the department, and she really would like to be release form that duty, to focus on caring local/native people.

#### *Case study 2*

Michael, a junior staff nurse states to his front line nurse leader: "I really feel that I am not given the opportunities in the unit to show my competencies/abilities. I always do the 'dirty' work that senior nurses would not like to do. How equal is this? How ethical is this?"

#### *Leadership ethics and equality plan*

After the discussion of the case study the participants should create a plan (in groups) for their leadership ethical and equality prototype activities and this may be used/discussed/challenged in the activities that follow.

#### **c) Role playing (may choose one of the following scenarios)**

##### *Role playing scenario 1*

Tina, a junior nurse in the Surgical Unit, complains to her front line nurse that she always been allocated they most difficult patients of the unit and this makes her feel that she not treated equally and also she feels psychological burden from this.

##### *Role playing scenario 2*

Dia, the front line nurse of the Medical Unit, assigned Ben to care for a male homicide prisoner patient that they have in the unit. Ben denies to care as he feels that 'he gets what he deserves'.

##### *Possible questions to initiate discussion:*

What should be the reaction of the leader?

Why?

Is this based on equality values?

Is this based on ethical principles and code of practice?

Is this a compassionate act?

What could be done better?

#### **d) Post-test questionnaire (see Annex II)**

This short questionnaire will be given to participants at end of the classroom training (the last 20 minutes, will be the same as the one given on line).

The exercises will be related to the ethical and equality values and principles of leadership in health care as to deliver culturally competent and compassionate care.

### **Role modelling activities**

This learning activity will be done in participants' working areas.

In this exercise will giving guidance's on the implementation of role modeling in their work area, based on the values, principles and objectives of ethical and equality leadership in the health care sector, to provide compassionate health care.

### **Reflection with teams**

This learning activity will be done on line. Participants will be asked to describe a case study from their own workplace/experience, which can identify weakness and/or good leadership based on culturally competent compassionate care- ethical and equality principles.

Participants will respond to a document (Annex III) and the trainer's team will provide written electronic feedback to them.

### **Assessment**

Assessment will be continuous at different stages

#### **A. Theoretical assessment**

This will be assessed in classroom when participants complete the post-test questionnaire.

#### **B. Practical assessment**

This will be assessed during the stage of reflection of the practical component on role modelling, when participants will be asked to reflect, discuss and explain their practice. Also will be done during classroom during the group exercises

These will provide an overall assessment of the tool, based on the possible changes that may occur in participant's related perception and knowledge.

### **Evaluation**

Partners will use a standard brief questionnaire to collect data from learners.

See Annex IV

### **References and useful resources**

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ANNEX 1



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

**SELF-ASSESSMENT TOOL FOR PROMOTING EQUALITY AND ETHICAL PRINCIPLES IN CULTURALLY COMPETENT AND COMPASSIONATE HEALTH CARE LEADERSHIP**

**PRE-TEST (FRONT LINE LEADERS)**

1. I am aware of what an ethical culturally competent and compassionate leader is.

1      2      3      4      5

2. I have the skills to promote culturally competent and compassionate care to my junior staff.

1      2      3      4      5

3. Do you think that front line nurses should be trained in becoming culturally competent and compassionate leaders as to be ethical paradigms?

1      2      3      4      5

4. Does your health care system authorities consider important to prepare front line nurses in practicing leadership by example?

YES      NO

**If NO why you think is that?.....**

5. How confident you feel as a front line leader to apply the principle of equality among colleagues and patients?

1      2      3      4      5

6. It is an ethical and professional duty for a front line leader to act on the principle of equality at workplace.

1      2      3      4      5

7. Did you receive any training on compassionate ethical leadership?

- e) No
- f) Yes, for few months
- g) Yes, for a year or more
- h) Other .....

8. Please choose and number from options below the four most important values/principles that a culturally competent and compassionate front line leader should have as to be a role model in his/her workplace based on ethical and equality principles.

- Trustworthiness
- Compassion
- Equality
- Respect
- Sensitivity
- Non-discriminatory
- Encouraging
- Confidential
- Other-----

## ANNEX II



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

#### **SELF-ASSESSMENT TOOL FOR PROMOTING EQUALITY AND ETHICAL PRINCIPLES IN CULTURALLY COMPETENT AND COMPASSIONATE HEALTH CARE LEADERSHIP**

##### **POST-TEST (FRONT LINE LEADERS)**

1. I am aware of what an ethical culturally competent and compassionate leader is.  
1      2      3      4      5
  
2. I have the skills to promote culturally competent and compassionate care to my junior staff.  
1      2      3      4      5
  
3. Do you think that front line nurses should be trained in becoming culturally competent and compassionate leaders as to be ethical paradigms?  
1      2      3      4      5
  
4. I think that local health care system authorities should consider as a must to prepare senior nurses in practicing leadership by example.  
1      2      3      4      5
  
5. How confident you feel as a front line leader to apply the principle of equality among junior colleagues and patients?  
1      2      3      4      5
  
6. It is an ethical and professional duty for a front line leader to act on the principle of equality at workplace.  
1      2      3      4      5

7. Please choose and number from options below the four most important values/principles that a culturally competent and compassionate front line leader should have as to be a role model in his/her workplace based on ethical and equality principles.

- Trustworthiness
- Compassion
- Equality
- Respect
- Sensitivity
- Non-discriminatory
- Encouraging
- Confidential
- Other-----

## ANNEX III

### REFLECTION EXERCISE

Based on the knowledge you have gained through this program describe a case study from your own workplace/experience, which identify weakness and/or good leadership practices, in which you had to act as a role model, and try to answer the following questions:

6. What happened/ the main issue? Where, when and how did it happen?

7. Did you act based on ethical principles? Describe

8. Did you apply any equality principles in this case? Describe

--

<b>9. What did you learn/gain from this experience? (strong and weak points)</b>
--

<b>10. Write any identified learning needs</b>
--

## Evaluation of the tool from Cyprus University of Technology <sup>1</sup>

Age, n (%)	
- 35-44 years	6 (60)
- 45-54 years	4 (40)
Gender, n (%)	
- Male	3 (30)
- Female	7 (70)
Professional profile, n (%)	
- Nurse	7 (70)
- Other: Community nurse	3 (30)
Years working in their profession, n (%)	
- 11-20 years	8 (80)
- > 20 years	2 (20)

Indicator	Fully agree	Partly agree	Not agree
	N (%)		
The tool is structured appropriately to achieve the learning goals	7 (70)	3 (30)	0
The theoretical content is relevant and appropriate	6 (60)	4 (40)	0
The practical content is relevant and appropriate	7 (70)	3 (30)	0
The activities proposed are useful to increase the following dimensions regarding the topic of the tool:			
- Culturally Aware and Compassionate Leadership	7 (70)	3 (30)	0
- Culturally Knowledgeable and Compassionate leadership	7 (70)	3 (30)	0
- Culturally Sensitive and Compassionate Leadership	7 (70)	3 (30)	0
- Culturally Competent and compassionate leadership	8 (80)	2 (20)	0
The content is interesting and useful to improve the daily leadership practice at my workplace	8 (80)	1 (10)	1 (10)
The delivery method is appropriate	7 (70)	3 (30)	0
The activities promote learners' meaning-making	9 (90)	1 (10)	0
In general, I am satisfied with the tool	9 (90)	1 (10)	0

<sup>1</sup>When the percentages do not add up to 100%, this indicates that some participants did not rate the specific item/s.

# SELF-AWARENESS AND KNOWLEDGE OF SIMILARITIES AND DIFFERENCES WITHIN AND BETWEEN CULTURES AS A PREREQUISITE FOR EXPRESSION OF COMPASSION AND PROMOTION OF PATIENT CENTERED CARE BASED ON NEEDS ASSESSMENT

by

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## Theoretical component

### Aim and learning outcomes

- Self-awareness as the first step for culturally competent compassionate leadership (1.1)
- Knowledge of similarities and differences within and between cultures and expression of compassion (2.4)
- Role modeling in developing culturally sensitive and compassionate relationships (3.3)
- Promoting patient centered care based on needs assessment (4.1)

### Principles and Values

Self-awareness and knowledge of similarities and differences within and between cultures is a prerequisite for expression of compassion and promotion of patient centered care based on needs assessment. Role modeling, coaching and supervision of nursing students by their teachers and supervisors facilitate such patient centered care and culturally competent compassion.

### Relevant definitions and terms & what the research/literature says

Self-awareness: Teachers of nursing students in various EU countries have previously identified: "Own culture, identity, ethnicity, ethnohistory, cultural heritage, beliefs, values, norms, culture - what is it?, and effects of culture on health beliefs and behaviour" as most important topics related to cultural awareness. These results come from the IENE2 project which aimed to assist teachers to prepare their students, through initial and continuing education and training, to practice in multicultural environments (Taylor et al., 2013). This is consistent with statements of EU nursing students who also identified "deeper understanding of own cultures" as a need in relation to cultural competence (Taylor et al., 2011), in this tool also understood as a prerequisite for patient centered care. Self-awareness is also connected to self-compassion, which, again, has recently been re-established as a basis of quality nursing care in a review by

Sharma and Jiwan (2015). The development of a compassionate self and the ability to be sensitive, non-judgemental and respectful towards oneself appears to contribute to a compassionate approach towards others (Gustin & Wagner, 2013).

The Popodopoulos et al model, which has been used extensively in nursing education and research, describes four stages of progress towards cultural competence, where the first stage (*cultural awareness*) begins with an examination of one's own culture, the second stage (*cultural knowledge*) requires individuals to acquire information about health beliefs and behaviours of people from different cultures. The third stage (*cultural sensitivity*) entails the development of interpersonal skills in relation to working with people from different cultures and the development of meaningful relationships through gaining trust, while the fourth stage (*cultural competence*) represents the synthesis of the preceding stages entailing assessment skills, and culturally appropriate caring skills (Taylor et al, 2011). Compassion is a dimension of quality care and has to do with *actively* responding to human suffering. It is thereby separated from terms such as pity and empathy although often applied synonymously with these (University College Lillebaelt, 2014). Communication is felt by patients to be an essential part of compassionate care (Bramley & Matiti, 2014) (Badger & Royse, 2012). It is also emphasized that it is important for the nurses to have good communication skills with the staffpersonals they work with because effective communication is a fundamental element of nursing and serves as integral part of the provision of patient care. Effective communication plays a crucial role in meeting the cognitive and affective needs of patients and improving the quality of care delivery (Sharma & Jiwan, 2015). A special challenge is identified with regard to migrant patients with little or no skills to communicate in the native language of the country (Garrett et al., 2008). Of relevance is also that research among health care work forces in e.g. UK and USA show lack of equality and difficulties in communication between co-workers and patients from different ethnic backgrounds. These problems may occur from different views on equality and communication and managers need to promote equality and effective communication among an ethnically diverse work force (Olt et al., 2014).

Culturally competent and compassionate health care leadership is the synthesis and application of the four elements used in the "The European model for developing culturally competent and compassionate healthcare leadership", and 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" (Cyprus University of Technology, 2015). In this tool leadership is widely understood as teaching, role modelling and supervising of students as the tool is aimed at front line staff and teachers.

### **What legal/normative frameworks says on the topic**

A professional bachelor in degree in nursing should enable communication with patients respecting different cultural conditions (Ministerial Order no. 29 of 24/01/2008).

According to the nursing education programme in Odense, culture is a complex and changeable concept. A complex view of culture is created between people and is thus not inherent in the individual human being (The Nursing Education Programme in Odense and Svendborg, 2008 p. 3).

Danish nurses work according to ethical guidelines respecting Danish legislation. The starting point is the UN declaration on human rights from 1948 and the International Council of Nurses (ICN) code of ethics for nurses from 1953, last revised in 2012. According to ethical guidelines the nurse should e.g.: "*Reflect on own practice and respond to ethical situations and dilemmas occurring to the nurse herself, the patient, relatives, the profession and society*" (Ethical guidelines for nurses, 2014, p. 8).

## Practical component

### Self-Directed Activities

In accordance with the aim (D/E), the purpose of this exercise is to gain insight and become conscious of your role as a counsellor and to be a compassionate and culturally competent role model. A prerequisite for expressing compassion is to become conscious and gain knowledge of equalities and differences between cultures.

- **See the model about being compassionate and culturally competent** <https://www.youtube.com/watch?v=ePkAqEv9Oul> (15 min) based on the Papadopoulos model (2014)
- **Feel in the questionnaire about being a compassionate and culturally competent role model.**  
(appendix 1) and bring answers to the face-to-face teaching.
- **Reflect on the following questions and bring the answers to the face-to-face teaching:**

Which specific/special characteristics do you think characterise your culture and which you yourself believe has a high value? How can your cultural frame influence the meeting with people from other cultures? How do you see yourself as a role model by being culturally competent?

Which considerations do you make as a counsellor to act as a role model towards the patients when the patient group has a different cultural background?

### Classroom Activities

Preparation: Participants bring their answers to the reflection questions and questionnaire and reader (Taylor et al, 2011) (see link in list of literature).

According to the overall goals (D/E) the purpose of this exercise is to gain knowledge of similarities and differences between cultures and be able to express human compassion through communication.

### **Organisation of teaching (detailed plan see appendix 2)**

- Presentation on the concept of culture and similarities and differences between cultures. Also a presentation on being a culturally competent counsellor.
- Group work to become aware of participants' own understanding of being a role model and to be culturally competent and able to express compassion.
- Presentation of being a role model and communication (the communication process: The verbal, non-verbal, relation, perception) on the basis of the factors that are important for students to be able to navigate in cross-cultural situations.
- Group work/pair-work. Participants discuss and prepare specific initiatives to act as role models to the students in order to perform compassionate and culturally competent care.
- On the basis of the group work, a joint summary and database with ideas are established.

### **Role modelling activities**

According to the overall goals (D/E), the purpose of this exercise is to gain self-insight and become aware of your role as a counsellor in order to be a compassionate and culturally competent counsellor. The purpose is also to be a role model in the development of culturally aware and compassionate relations through communication and promotion of individual patient care.

**Reflections:** See notes from self-studies and face-to-face sessions. Have you become wiser on your ability to be a compassionate and competent role model? And the connection between the student performing culturally competent care to patients in his/her own practicing. Are there barriers and possibilities according to your competences as a role model? What will you focus on when you act as a role model? Write down three focus areas. The make a reflection – what went well? How can I obtain more? What can improve? What can I do differently?

### **Reflection with teams**

Preparation: Make an agenda for the meeting with the student with the subject "How can my knowledge about my own and the culture of others and similarities and differences between these promote care for patients with a different culture?"

According to the overall goals (D/E) the purpose of this exercise is to gain self-insight and become aware of your own role as a leader and a compassionate and culturally competent

leader. In this way the purpose is also to be a role model in the development of culturally conscious and compassionate relations and in this way promote patient-/user-centered care based on needs assessment.

- **Prepare agenda with inspiration from the database of ideas from face-to-face sessions.**
- **Following inspiration to structure/topic (inspired by Nørmark, 2013). Helpful questions for the meeting (appendix 3).**

1) In your culture there can be basic values and attitudes to being together, politeness and etiquette that do not exist in other countries and are not verbalised. 2) In an individual culture it is "I" before "we". You work best alone. The opinion of others is not so important. Your mistakes are yours alone – community is not a goal in itself and independence is a strength. In the collectivist culture it is "we" before "I". Who you are depend on relation with others. You work best in groups. The way you act rubs off on the entire group. Dependence is a strength. 3) Not all human beings are equally interested in promoting themselves, compete and put themselves and their abilities in the centre. 4) Expressing feelings is perceived differently in different cultures. 5) The concept of time is also depending on your culture. 6) Above subjects form the background for discussion how these subjects are manifested in practice both in the students themselves but also in connection with being a role model. How does the counsellor support and promote that?

## **Assessment**

### **M Theoretical assessment and N Practical assessment**

#### Summary evaluation:

The lecturer evaluates if the prerequisites of the participants and the learning needs have been included, if the framework was optimal, if the goals were realistic, if the content was relevant, how the learning process was organised.

Participant: A self-evaluation form (appendix 4)

#### Formative evaluation:

Participant: Reflection questions in the exercises.

## **Evaluation**

According to the project plan.

## **References and useful resources**

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## APPENDIX 1

Strengthening The Nurses and Health Care Professionals' Capacity to Deliver Culturally Competent and Compassionate Care (IENE4 projektet):

Udvikling af et redskab til selv-evaluering af kulturelt kompetent omsorg.

Development of a tool to self-evaluation of culturally competent care. This is a tool with the purpose of self-evaluation. It takes approximately 10-15 minutes to fill in the tool. The tool is divided into four areas: 1) Culturally conscious care, 2) Culturally knowing care, 3) Culturally understanding care and 4) Culturally competent care

You must answer all statements with one of four options (strongly agree, agree, disagree, strongly disagree). Please do not spend too much time thinking about your answers.

1) Culturally Aware Compassion,

I am intolerant of my failings and weaknesses

Strongly agree (1)

Agree (2)

Disagree (3)

Strongly Disagree (4)

People in some cultures ignore and suppress their personal suffering and pretend it does not exist.

Strongly agree (1)

Agree (2)

Disagree (3)

Strongly Disagree (4)

I seek support from colleagues in order to process the emotional burden of my job.

Strongly agree (1)

Agree (2)

Disagree (3)

Strongly Disagree (4)

All patients wish to receive care which will alleviate their suffering.

Strongly agree (1)

Agree (2)

Disagree (3)

Strongly Disagree (4)

In times of my own mental distress I afford myself the same patience as I would to others.

Strongly agree (1)

Agree (2)

Disagree (3)

Strongly Disagree (4)

Compassion entails that healthcare workers care for patients as individual human beings with unique needs.

Strongly agree (1)

Agree (2)

Disagree (3)

Strongly Disagree (4)

I gain a sense of professional fulfilment and meaning in my work when I am able to act compassionately.

Strongly agree (1)

Agree (2)

Disagree (3)

Strongly Disagree (4)

People like to have adequate time to talk to a healthcare worker, to be listened to and to be involved in decisions which affect them.

Strongly agree (1)

Agree (2)

Disagree (3)

Strongly Disagree (4)

I think that compassionate care is mainly needed by cancer patients.

Strongly agree (1)

Agree (2)

Disagree (3)

Strongly Disagree (4)

## 2) Culturally Knowledgeable Compassion

All patients regardless of culture need care from a compassionate health professional.

Strongly agree (1)

Agree (2)

Disagree (3)

Strongly Disagree (4)

Compassion is knowing who the patient is, what matters to him/her, and acting in a way which respects this.

Strongly agree (1)

Agree (2)

Disagree (3)

Strongly Disagree (4)

In some cultures, it is important for the whole family to be involved in the patient's care

Strongly agree (1)

Agree (2)

Disagree (3)

Strongly Disagree (4)

I recognize that some patients' beliefs may differ from my own but I can disagree with them in a respectful manner.

Strongly agree (1)

Agree (2)

Disagree (3)

Strongly Disagree (4)

When providing care to a patient I do not need to consider their upbringing or cultural values.

Strongly agree (1)

Agree (2)

Disagree (3)

Strongly Disagree (4)

Although patients want to be involved in decisions about their care and remain in control of their health, this is not always possible.

Strongly agree (1)

Agree (2)

Disagree (3)

Strongly disagree (4)

Some cultural groups are less likely to trust healthcare professionals with the details of their illness, their symptoms or treatment recommendations.

Strongly agree (1)

Agree (2)

Disagree (3)

Strongly disagree (4)

### 3) Culturally Sensitive Compassion

Compassion does not necessarily require the use of words.

- Strongly agree (1)
- Agree (2)
- Disagree (3)
- Strongly Disagree (4)

Compassionate care involves honest and professional communication among patients and healthcare professionals.

- Strongly agree (1)
- Agree (2)
- Disagree (3)
- Strongly disagree (4)

Compassion is the desire to help, which is intimately linked with an empathetic understanding of the suffering or distress of others.

- Strongly agree (1)
- Agree (2)
- Disagree (3)
- Strongly Disagree (4)

Compassionate care requires the development of a meaningful and culturally appropriate therapeutic relationship between the patient and the healthcare worker.

- Strongly agree (1)
- Agree (2)
- Disagree (3)
- Strongly disagree (4)

Patients appreciate being listened to, and sometimes just the act of talking about their problems can be helpful to them.

- Strongly agree (1)
- Agree (2)
- Disagree (3)
- Strongly disagree (4)

Caring conversations and emotional connection with the patients are essential for compassionate care.

- Strongly agree (1)
- Agree (2)
- Disagree (3)

Strongly disagree (4)
<p>The evidence based practice and focus on technical skills in nursing today leaves little room for compassion.</p> <p>Strongly agree (1)</p> <p>Agree (2)</p> <p>Disagree (3)</p> <p>Strongly disagree (4)</p>
<p>I believe that compassionate care is essential for adult patients to remain independent and retain their dignity.</p> <p>Strongly agree (1)</p> <p>Agree (2)</p> <p>Disagree (3)</p> <p>Strongly disagree (4)</p>
<p>As a health care professional I always ensure the privacy and dignity of patients during hospitalization.</p> <p>Strongly agree (1)</p> <p>Agree (2)</p> <p>Disagree (3)</p> <p>Strongly disagree (4)</p>
4) CulturallyCompetentCompassion
<p>Compassion is an essential component in quality care.</p> <p>Strongly agree (1)</p> <p>Agree (2)</p> <p>Disagree (3)</p> <p>Strongly disagree (4)</p>
<p>Compassion compels me to not only acknowledge, but to also act towards alleviating the suffering or pain of others.</p> <p>Strongly agree (1)</p> <p>Agree (4)</p> <p>Disagree (2)</p> <p>Strongly disagree (3)</p>
<p>Quality care is not possible in the absence of compassion.</p> <p>Strongly agree (1)</p> <p>Agree (2)</p>

<p>Disagree (3)</p> <p>Strongly disagree (4)</p>
<p>Compassion compels actions for social justice and protection of human rights for marginalized people.</p> <p>Strongly agree (1)</p> <p>Agree (2)</p> <p>Disagree (3)</p> <p>Strongly disagree (4)</p>
<p>Doing a job in an efficient and timely manner is more important than providing compassion.</p> <p>Strongly agree (1)</p> <p>Agree (2)</p> <p>Disagree (3)</p> <p>Strongly disagree (4)</p>
<p>Compassion is based on rational thought and evaluation, not my sentiments alone.</p> <p>Strongly agree (1)</p> <p>Agree (2)</p> <p>Disagree (3)</p> <p>Strongly disagree (4)</p>
<p>The nurse's role is to attend to adult patients' medical needs; compassion is optional.</p> <p>Strongly agree (1)</p> <p>Agree (2)</p> <p>Disagree (4)</p> <p>Strongly disagree (3)</p>
<p>I do not think that it is the nurses' responsibility to feed adult patients in medical and surgical wards.</p> <p>Strongly agree (1)</p> <p>Agree (2)</p> <p>Disagree (3)</p> <p>Strongly disagree (4)</p>

## APPENDIX 2

### Teaching is organised as follows:

- Presentation on the concept of culture and similarities and differences between cultures. Use e.g. Hofstede's understanding of culture in different countries to give an impression of what characterises a specific culture – here a country and how your cultural framework can influence the meeting with people from other cultures (Hofstede, <http://geert-hofstede.com/countries.html>). Moreover, a presentation on being a culturally competent counsellor by using powerpoints with central points from a European model for the development of role models to promote and support culturally competent and compassionate care (Cyprus University of Technology (2015) [EN](#).)
- Group work to become aware of the participants' own understanding of being a role model and culturally competent and being able to express compassion. Reflection is made on the basis of presentations and the participants' answers to a questionnaire based on The European model for developing culturally competent and compassionate healthcare leadership”(appendix 1).
- Presentation on being a role model. Include the apprenticeship model as a basic pedagogical model and communication (communication process: The verbal, non-verbal, relation, perception) on the basis of the factors important for the student to be able to navigate in cross-cultural situations.
- Group work/pair work. Participants discuss and prepare their specific initiatives to act as role models to the students to perform compassionate and culturally competent care. Based on the following questions:
  - On the basis of your current knowledge, discuss the considerations you have on how to structure a conversation when the conversation is the student's knowledge of own and other cultures and its connection with care of patients with a different culture.
  - Consider and write down the questions that can illustrate and examine how your practicing (habits/values/routines) can support and/or challenge the student's cultural competences.
  - Consider and write down how you will go about (include verbal, non-verbal, your preunderstanding, relation) and ask about the subject.
- On the basis of the group work a joint summary is made. The lecturer is responsible for making key ideas specific to generate a bank of ideas. Use the blackboard, smartboard, poster and similar.
- Supporting questions to the lecturer:
  - What have you concluded?
  - Which considerations have you made when shedding light on the habits/values/routines which can support or challenge the students' cultural competences?
  - Are there any barriers in you as role models to take part in this conversation?

- Can you imagine there will be barriers for students? If yes, how will you relate to this? Which specific questions would you ask the students? (which can function as an agenda)

## APPENDIX 3

### **Subject/structure and supporting questions**

**In your culture there can be basic values and attitudes concerning being together, politeness and etiquette that do not exist in other countries and are not verbalised.**

How do you think people from other cultures perceive your culture? Which challenges do you see concerning the meeting with people from other cultures?

**In an individual culture it is "I" before "we". You work best alone. Other peoples' opinion is not so important. Your mistakes are yours alone. Community is not a goal in itself and independence is a strength. In the collectivist culture "we" is before "I". Who you are depend on relations to others. You work best in groups. Your way of acting rubs off on the entire group. Dependence is a strength.**

How do you think there can be misunderstandings in the meeting between two different cultures? Which experiences do you have?

**Not all people are equally interested in promoting themselves, competing and generally putting themselves and their own abilities in the centre.**

Which feminine/masculine values do you appreciate in your culture and bring into the intercultural meeting? How do you see misunderstandings can occur when people from the two different societies meet?

**Expressing feelings are perceived differently in different cultures.**

On the basis of the three levels: Neutral, moderate emotional (expressive) and emotional (expressive) – which challenges do you see in the meeting between people from these three types of culture? What characterised your culture?

**Perception of time is conditioned by your culture.**

Which experiences/thought do you have about the meeting between people from a Polychrone and Monochrone culture, respectively? Which characteristics can you related to in your culture and which behaviours are valued?

#### APPENDIX 4

Answer according to what you think – in your own words – about the process you have been through.

<b>What do you think about the applied ways of working with your staff including the variation and extent of the different elements such as self-studies, class teaching, practicing of competences and reflection?</b>	
<b>What do you think about your own effort?</b>	
<b>When did you think your learning outcome was highest?</b>	
<b>What have you learned from self-studies?</b>	
<b>What have you learned from class teaching?</b>	
<b>What have you learned from clinical practice concerning practicing your competences?</b>	
<b>What have you learned from meeting your staff?</b>	
<b>How do you think you will benefit from what you have learned?</b>	
<b>Othercomments</b>	

## Evaluation of the tool from University College Lillebaelt<sup>1</sup>

Age, $\bar{x}$ (SD)	39.50 (15.37)
Gender, n (%)	
- Male	0
- Female	4 (100)
Professional profile, n (%)	
- Nurse	3 (75)
- Other: Research assistant	1 (25)
Years working in their profession, $\bar{x}$ (SD)	14.75 (11.73)

Indicator	Fully agree	Partly agree	Not agree
	N (%)		
The tool is structured appropriately to achieve the learning goals	4 (100)	0	0
The theoretical content is relevant and appropriate	2 (50)	2 (50)	0
The practical content is relevant and appropriate	1 (25)	3 (75)	0
The activities proposed are useful to increase the following dimensions regarding the topic of the tool:			
- Culturally Aware and Compassionate Leadership	2 (50)	2 (50)	0
- Culturally Knowledgeable and Compassionate leadership	2 (50)	2 (50)	0
- Culturally Sensitive and Compassionate Leadership	2 (50)	2 (50)	0
- Culturally Competent and compassionate leadership	2 (50)	2 (50)	0
The content is interesting and useful to improve the daily leadership practice at my workplace	2 (50)	2 (50)	0
The delivery method is appropriate	2 (50)	2 (50)	0
The activities promote learners' meaning-making	3 (75)	1 (25)	0
In general, I am satisfied with the tool	3 (75)	1 (25)	0

<sup>1</sup>When the percentages do not add up to 100%, this indicates that some participants did not rate the specific item/s.

# SUPPORTING STAFF AND PATIENTS IN GIVING AND RECEIVING CULTURALLY COMPETENT AND COMPASSIONATE CARE

by

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## Theoretical component

### **Aim**

To create the working environment supported by compassion for all sides and to understand what compassion provides for employees and for patients.

### **Learning outcomes**

- The health care workers will explore core questions about compassion at work,
- The awareness about compassionate care will increase in the health care.
- The health care workers will make observation about the patients regarding suffer.
- It will be clear the positive effects of compassion at work conditions.

### **Principles and Values**

#### **Values:**

- Compassion
- Respect
- Open-mindedness
- Understanding
- Dignity
- Kindness
- Reflection
- Active learning
- Confidentiality
- Supportive

#### **Principles:**

- Shared learning and exploring similarities and differences,
- Equality of access,
- Tolerance and fostering curiosity,

- Promotion of accepting the people by non-judging, respecting and understanding others' needs rather than judging.

### **Relevant definitions and terms**

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 companionate health care workers must be courageous enough to speak out when witnessing or being told about poor and inhumane practice to patients. A culturally competent compassionate health care worker should provide compassionate care and must identify and acknowledge the cultural aspects of suffering.

### **What the research/literature says**

Culturally competence in health care entails: understanding the importance of social and cultural influences on patients' health beliefs and behaviours; considering how these factors interact at multiple levels of the health care delivery system (e.g., at the level of structural processes of care or clinical decision-making); and, finally devising interventions that take these issues into account to assure quality health care delivery to diverse patient populations. ( J.R. Betancourt, Defining Cultural Competence: A Practical Framework for Addressing Racial/Ethnic Disparities in Health and Health Care)

Following Clark (1997) and Davis (1983), we understand compassion as a multi-dimensional process in which three elements of compassion from a tripartite concept: notice another person's suffering, empathically feeling that person's pain, and acting in a manner intended to ease the suffering (Dutton et al.,2006; Kanov et al., 2004; Miller, 2007).

According to Cummings and Bennet "compassion means care given through relationships based on empathy, kindness, trust, respect and dignity, regardless of their circumstances and seeing the person behind the condition."

Papadopoulos has defined 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 nursing/healthcare interventions which take into consideration both the patients' and the carers' cultural backgrounds as well as the context in which care is given.

Suffering is inevitable part of organizational life. Defined as the experience of pain that evokes existential anguish (Reich, 1989), suffering springs from many sources outside and within organizations. For example, illness, injury, or death of loved ones can cause pain that spills into the workplace (Harvey, 2001). It can also arise within an organization as a result of toxic interactions with bosses, colleagues or customers from organizational processes that generate pain or in carrying out the "necessarily evils" of work organizations, which unavoidably causes harm to others at work. (Molinsky & Margolis, 2005)

In our tool we will focus on supporting staff and patients/service users in **giving and receiving** culturally competent and compassionate care in order to promote culturally competent and compassionate care for the frontline health care workers. Compassion shown by work colleagues can strengthen emotional connections at work and boost people's ability to function as productive employees (Dutton, 2002).

### **What legal/normative frameworks says on the topic**

Compassion has always been assumed to be part of nursing, according to ethics code of nursing published by Turkish Nursing Association "nurses always should show compassion to their patients..." In many sources "compassion accepted as a neutral part of nursing".

According to UK National Health Service Commissioning Board, 2012; "Compassion is how care is given through relationships based on empathy, respect and dignity- it can also be described as intelligent kindness, and is central to how people perceive their care".

## **Practical component**

### **Self-Directed Activities**

Participants will engage 5 hours of self- learning before the classroom activities. In addition to the content in the previous pages, participants will deal with compassion, development of inter and intra-personal skills by watching videos and e-learning materials as well.

**Activity1:** Reading and self- study on car-ES e learning platform free and open training tool for health care professionals: Emotional intelligence is another important ability for health care leaders in the complex environment of health care. In the provision of health care services, new personal and professional challenges need to be undertaken. Service providers need to adapt to the increasing social diversities and their impact on their profession. The development of inter- and intra-personal skills for health care professionals is one of the main objectives of this e-learning platform.

Please visit web site [www.car-es.eu](http://www.car-es.eu), it is the project website "emotional intelligence and social sensitivity in health care" There are six self-training modules in different languages.

**1.1** Second chapter: Managing your emotions

<http://www.car-es.eu/training-2.php>

**1.2** Third chapter: Managing burnout and dealing with stress

<http://www.car-es.eu/training-3.php>

**1.3** Fourth model is "Relating with others, patients and careers

<http://www.car-es.eu/training-4.php>

1.4 Fifth model is relating to others, colleagues and managers

<http://www.car-es.eu/training-5.php>

1.5 Sixth model is being socially sensitive and living with diversity

<http://www.car-es.eu/training-tr-6.html>

All the materials were created under the partnership of EU Leonardo da Vinci Transfer of Innovation Program, the project coordinator was Marmara University Hospital

**Activity2:** Watching video about compassion and empathy (with Turkish subtitle) 14 minutes

[https://www.ted.com/talks/joan\\_halifax#](https://www.ted.com/talks/joan_halifax#)

**Activity3:** Watching video ted talks Daniel Goleman

“why we aren’t more compassionate?”

[http://www.ted.com/talks/daniel\\_goleman\\_on\\_compassion](http://www.ted.com/talks/daniel_goleman_on_compassion)

**Activity4:** Video about giving and receiving compassion in hospital:

<https://www.youtube.com/watch?v=HVF0273iHus>

**Activity5:** Reading about self-compassion

<http://kortopsikoloji.com/dergi/kendinize-karsi-biraz-anlayis-ve-sefkate-ne-dersiniz>

**Activity5:** Before the classroom activities participants draw a conceptual map about what they have learnt through self-directed activities.

### Classroom Activities

Timetable	
10.00-10.20	Introductions - Start creating the network-Sign the registrations form with email address role etc. Aims and outline of the day/ground rules. Icebreaker: When did you show compassion to your-self?
10.20-11.30	Discussion and answer the questions about what you have learnt and brought into classroom through self-directed activities by groups. Presentation PPT: Self compassion and being compassionate to others (link to prior reading and watching videos)
11.30 - 11.45 Break	
11.45-12.45	<b>Awareness:</b> In order to be able to care for others you must be able to care about yourself. Compassionate in practice is supported by the quality of support you receive. <b>Exercise1:</b> Think about when did you receive compassion, by whom, how did you feel? <b>Exercise2:</b> Why did you choose nursing as a career, when did you give compassion, how

	<p>and do you remember your patient's feeling about compassion given by you?</p> <p><b>PPT Presentation:</b> Definitions of compassion, and the meaning of culturally competent and compassionate care.</p> <p><b>Case studies:</b> We will discuss on illustrative examples related to receiving and giving cases with reflective questions.</p>
	<p>12.45 -13.45                      Lunch</p>
13.45-14.00	<p><b>Workshop:</b> Discussion about types of suffering with example stories -Analysing some types of suffering which trigger compassion at work receiving and giving in the hospital by groups.</p> <p><b>Group study:</b> If you were ill which of your nurse colleagues would you want to have care for you? Please think about his or her professional style about culturally competent compassionate care?</p>
14.00-	Reflection of lessons from today.
14.30-15.00	<p><u>Action Planning:</u></p> <p>Your name, title, which you will role model culturally competent, compassionate and courageous leadership, for, how long etc, reflection.</p> <p>The learners will also demonstrate how they will use the outcomes that they learnt in their working environment.</p>
15.00-15.30	Questions, Evaluation, Networking

## Assessment

A) For the 3-5 hours of Self Directed Learning: Participants will write what they have learnt and brought beside them into class represent their understanding of a topic by using the questions annexed. Annex II

B) For the 5 hours classroom learning: Discussions and reflection on the learning each gained and the potential for learning for others. Prepare an action plan for using what they have learnt in the classroom activities. Annex III

C) For the 3-5 hours of role modelling practice: Participants will write their action plans to be role modelling for their staff. They will use the handout about role modelling in practice to do this. Annex IV

## Evaluation

A standard brief questionnaire to collect data from participants will be used. See Appendix VI.

## References and useful resources

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## **Appendices**

**Appendix I Culturally competent and compassionate healthcare leadership model**

**Appendix II Draw self-learning outputs**

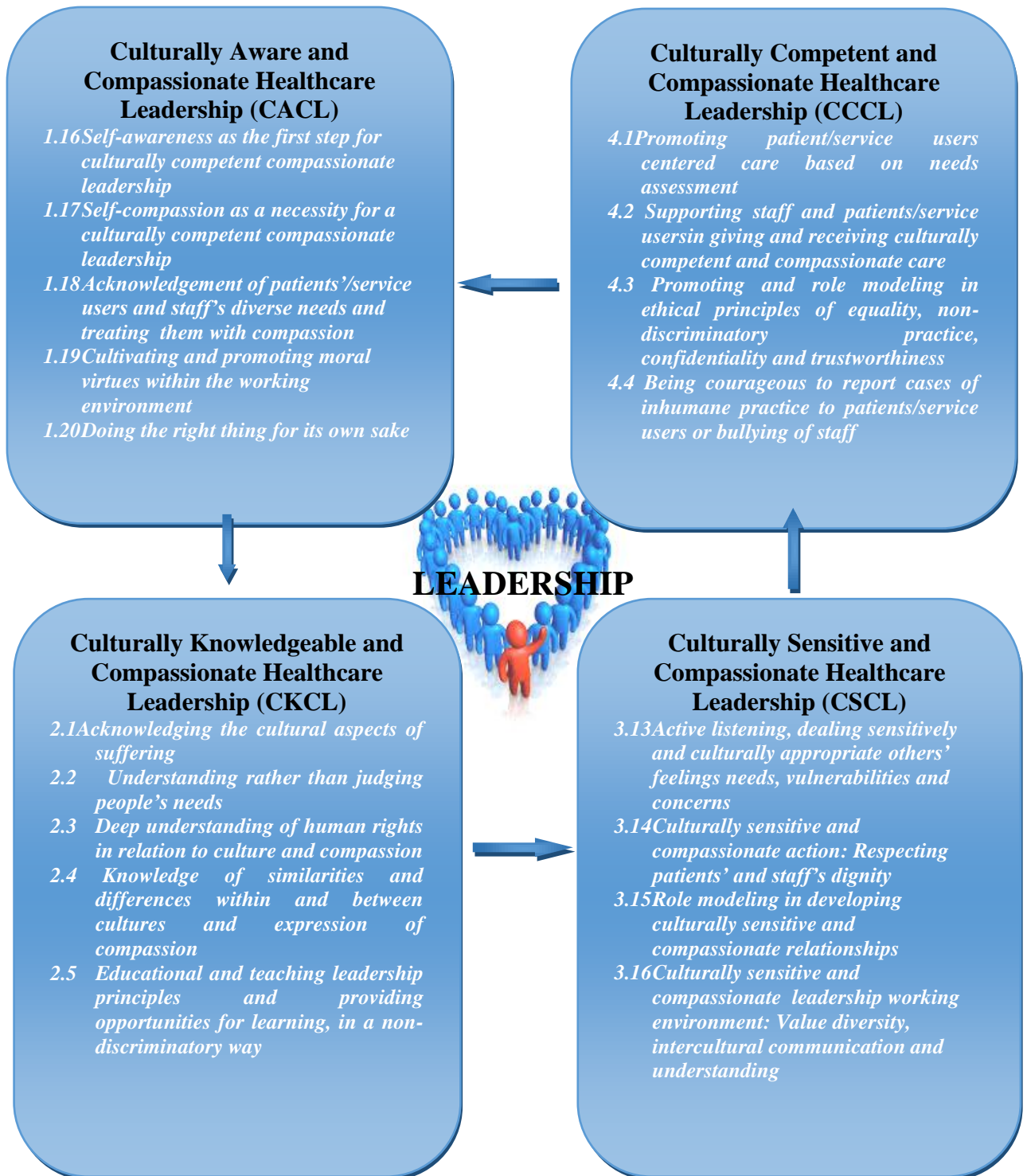
**Appendix III Case studies**

**Appendix IV Action Plan**

**Appendix V Role Modelling in practice**

**Appendix VI Evaluation**

**A EUROPEAN MODEL FOR DEVELOPING CULTURALLY COMPETENT AND COMPASSIONATE HEALTHCARE LEADERSHIP**



## **APPENDIX II: DRAW SELF-TRAINING OUTPUTS**

**1- Which is a new concept for you?**

**2-What have you brought in to class beside you?**

**3- Which is you evaluated as an unnecessary?**

**4. What have you learnt in this unit?**

## APPENDIX III

### Case1:

**Receiving compassion by nurse:** “I was chewed out by a cardiologist on the unit because a patient had an (unusual) rhythm. The previous nurse reported to me that the cardiology group was aware of this rhythm and chose not to do anything. I tried to explain this to the cardiologist but she said, “I don’t care what the night shift told you!!” I also was reprimanded in front of other staff & physicians by this doctor... my manager’s office is on the unit, and I saw her door open. I just walked in the office, sat down and cried. She took time out of her schedule to talk with me and encourage me. She also followed up with the previous nurse (night shift), the cardiologist and the night-level coordinator to figure out what had happened. This was very much appreciated and she helped me to feel very cared about.”

### Reflective questions:

- 1- Have you ever been in position of nurse who told her story?
- 2-What do you think about her position?
- 3-Could you explain receiving compassion by her manager?

**Case2: Giving compassion by staff:** “Though we don’t work directly with inpatient issues... Many times, patients will call and will be fearful that they will be unable to pay their hospital bills. The people in our area are always compassionate with them first and try to work with each individual’s unique set of circumstances. They set up payment plans, for example, for those who may not have insurance.” (J.Organiz Behav. 29,193-21 2008)

### Reflective questions:

- 1-Could you give examples about compassion to poor patients who are unable to pay caring expenditures?
- 2-In this case how can you give compassion?

## APPENDIX IV: ROLE MODELLING IN PRACTICE

### Points for Successful Role Modelling

**Self-reflection:** Self reflection is the first stage what is it that you are modelling? How sound is it? Consider public behaviour outside the public gaze. Assess the current impact that role modelling is having.

**Develop a clear view:** What sort of role model is right for the individual, organisation and external contacts? There is no single template of role model applicable to all organisations.

**Discuss and agree:** If you want to foster a certain climate in your organisation, discuss and agree the place of role modelling to promote defined skills, attitudes and behaviours.

**Variety of role models:** Look out for the variety of role models that exist and take account that they exist at all levels, not just at a managerial one.

**Consider diversity:** If role modelling is at least in part about identifying with individuals, not everyone in a diverse workforce will identify with a white, middle-aged male manager.

**Communicate expectations:** Communicate with others what standards you expect, ensuring you consistently apply those standards. For example, praise behaviours you want to encourage, notice how consistent you are.

**Walk the talk:** Be mindful of how you represent your team to others; be consistent and talk positively about your team.

**People skills:** Be aware of and seek to develop people skills so that leaders are best able to use the opportunities for role modelling to coach, nurture and motivate others.

## APPENDIX V: ACTION PLAN

List the opportunities to be role modelling in your work environment?

Who are the people you plan to be role modelling?

How do you plan to be role modelling?

**Evaluation of the tool from Marmara University Pendik Research and Training  
Hospital <sup>1</sup>**

Age, $\bar{x}$ (SD)	31.40 (3.66)
Gender, n (%)	
- Male	2 (20)
- Female	8 (80)
Professional profile, n (%)	
- Nurse	10 (100)
Years working in their profession, $\bar{x}$ (SD)	10 (2.58)

Indicator	Fully agree	Partly agree	Not agree
	N (%)		
The tool is structured appropriately to achieve the learning goals	10 (100)	0	0
The theoretical content is relevant and appropriate	10 (100)	0	0
The practical content is relevant and appropriate	10 (100)	0	0
The activities proposed are useful to increase the following dimensions regarding the topic of the tool:			
- Culturally Aware and Compassionate Leadership	10 (100)	0	0
- Culturally Knowledgeable and Compassionate leadership	10 (100)	0	0
- Culturally Sensitive and Compassionate Leadership	10 (100)	0	0
- Culturally Competent and compassionate leadership	10 (100)	0	0
The content is interesting and useful to improve the daily leadership practice at my workplace	7 (70)	3 (30)	0
The delivery method is appropriate	10 (100)	0	0
The activities promote learners' meaning-making	10 (100)	0	0
In general, I am satisfied with the tool	10 (100)	0	0

<sup>1</sup>When the percentages do not add up to 100%, this indicates that some participants did not rate the specific item/s.

## PATIENT-CENTRED: RESPECT AND DIGNITY

by

*Antonella Ciompi & Alessandra Mugnaini*

*Azienda Ospedaliera Universitaria Senese (Italy)*

### Theoretical component

#### **Aim**

The aim of this tool is to promote self-compassion in front line leaders nurses whose roles include supervising and coaching students. This tool specifically aims to rise up courage, compassion and cultural competence care. As well as promote courage in participants to report cases of inhumane practice to patients or bullying of staff.

#### **Learning outcomes**

Following the activities proposed earlier, it is expected that the participants will be able to:

- Understand the importance of self-compassion in culturally competent compassionate leadership (1.2)
- Educational and teaching leadership principles and providing opportunities for learning in a non-discriminatory way (2.5)
- Demonstrate the use of active listening, dealing sensitively and culturally appropriate others feelingsneeds, vulnerabilities and concerns (3.1)
- Supporting staff and patient/service users in giving and receiving culturally competent and compassionate care (4.2)
- Be courageous in reporting cases of inhumane practice to patients or bullying of staff (4.4)

#### **Principles and Values**

##### **Principles:**

- Self-compassion
- Active listening
- Supportive interprofessional relationship
- Non-discriminatory practice
- Shared learning
- Open-mindedness
- Motivation

- Resilience

**Values:**

- Courage
- Sensitivity
- Justice
- Respect
- Responsibility
- Equity
- Cultural competence
- Flexibility
- Compassion
- Tolerance
- Morality
- Altruism
- Trust
- Dignity
- Empathy
- Kindness
- Diversity

**Relevant definitions and terms**

**Culturally competent and compassionate health care leadership:** According to the results of the IENE4 Output No4 (O4) **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 helps to develop and nurture”.

**Compassion and Empathy:** “Compassion may be defined as a basic kindness, with a deep awareness of the suffering of oneself and others and with the desire to relieve it (Gilbert, 2009).”

“Empathy, another diversely conceptualized construct, may be understood as involving “the capacity to think and feel oneself into the inner life of another person” (Clark, 2007).”

“Both compassion and empathy can be present in therapeutic relationships, they are recognized as a necessary component to the therapeutic alliance (Duan & Hill, 1996)”

**Self-compassion:** “self-compassion as a psychological construct is a nascent focus of inquiry that is garnering evidence of benefits that promote well-being and buffer emotional distress (Gilbert, 2005).”

“... being open to and moved by one’s own suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, non judgmental attitude toward one’s inadequacies and failures, and recognizing that one’s own experience is part of the common human experience.” (from a Buddhist framework)

**Culturally competent compassion:** “The human quality of understanding the suffering of others and wanting to do something about it using culturally appropriate and acceptable nursing/healthcare interventions which take into consideration both the patients and the carers cultural backgrounds as well as the context in which care is given” (Papadopoulos, 2011)

**Resilience:**Is the mechanisms that protect people against the psychological risks associated with adversity is discussed in relation to four main processes: reduction of risk impact, reduction of negative chain reactions, establishment and maintenance of self-esteem and self-efficacy, and opening up of opportunities.

### **What the research/literature says**

**Self-Compassion:** The majority of research on self-compassion has been conducted using the Self-Compassion Scale, developed by Neff (a pioneer in the area of self-compassion research), and continues to build evidence of a strong connection between self-compassion and greater psychological health. Studies suggest that a capacity for self-compassion may help to protect against anxiety and depression and may facilitate resilience and healthier coping with stress. Further, higher levels of self-compassion were found to be positively associated with life satisfaction and social connectedness, and psychological strengths such as happiness, optimism, wisdom, personal initiative, and curiosity. Researchers have observed how self-compassion may function as an “antidote” to self-criticism and serve as an adaptive way of self-relating when approaching one’s perceived inadequacies and limitations (Germer, 2009; Neff, 2003).

**Resilience:** “Many people are exposed to loss or potentially traumatic events at some point in their lives, and yet they continue to have positive emotional experiences and show only minor and transient disruptions in their ability to function. Unfortunately, because much of psychology’s knowledge about how adults cope with loss or trauma has come from individuals who sought treatment or exhibited great distress, loss and trauma theorists have often viewed this type of resilience as either rare or pathological. The author challenges these assumptions by reviewing evidence that resilience represents a distinct trajectory from the process of recovery, that resilience in the face of loss or potential trauma is more common than is often believed, and that there are multiple and sometimes unexpected pathways to resilience.” ((Germer, 2009; Neff, 2003).

[<http://www.public.asu.edu/~iacmao/PGS191/Resilience%20Reading%20%231A.pdf>]

### **Role modelling in practice**

According to Price (2004), role modelling facilitates the translation of theory into practice and allows the sharing of skills.

Perry et al, (2004) in their research considered the importance of role models in practice for student nurses and novice nurses. They found that the behaviours demonstrated by what they called 'exemplary nurses' included paying attention to the little things, making connections, affirming others, and importantly, role modelling. They also noted the importance of using these skills in the development of nurses and student nurses.

Cruess and Steinert (2008), identified characteristics of roles models can be divided as follows:

- **Clinical competence:** This is integral to practice and needs to be role modelled. It includes clinical reasoning and decision making, knowledge and skills and communication.
- **Teaching skills:** these are tools that are essential to role modelling in order to acquire clinical competence, including effective communication and opportunities for reflection.

**Personal qualities:** There are a number of attributes that contribute towards role modelling. These include a commitment to best practice as well as being motivated and enthusiastic about teaching and practiced, as well as interpersonal relationship skills.

## **What legal/normative frameworks says on the topic**

### **Codice Deontologico dell'Infermiere**

Approved by Comitato Centrale dell Federazione IPASVI by resolution n. 1/09, January 10, 2009 and from Consiglio Nazionale dei Collegi IPASVI in the meeting of January 17, 2009.

In: <http://www.ipasvi.it/norme-e-codici/deontologia/il.codice-deontologico.htm>

### **The International code of ethics for nursing by the International Council of Nurses (ICN)**

The International code of ethics for nursing adopted by the International Council of Nurses in 1953.Revised in 2012.

In: <http://www.cnai.info/index.php/estero/icn/codice-deontologico>

### **International Council of Nursing Fact Sheet: ICN on Health and Human Rights**

ICN Nursing Matter fact sheets provide quick reference information and international perspectives from the nursing profession on current health and social issues.

In: [http://www.icn.ch/images/stories/documentes/publications/fact\\_sheets/10b\\_FS-Healt\\_Human\\_Rights.pdf](http://www.icn.ch/images/stories/documentes/publications/fact_sheets/10b_FS-Healt_Human_Rights.pdf)

### **Code of Ethics for Nurses – American Nurses Association (ANA)**

The Code of Ethics for Nurses was developed as a guide for carrying out nursing responsibilities in a manner consistent with quality in nursing care and ethical obligations of the profession.

In: <http://www.nursingworld.org/codeofethics>

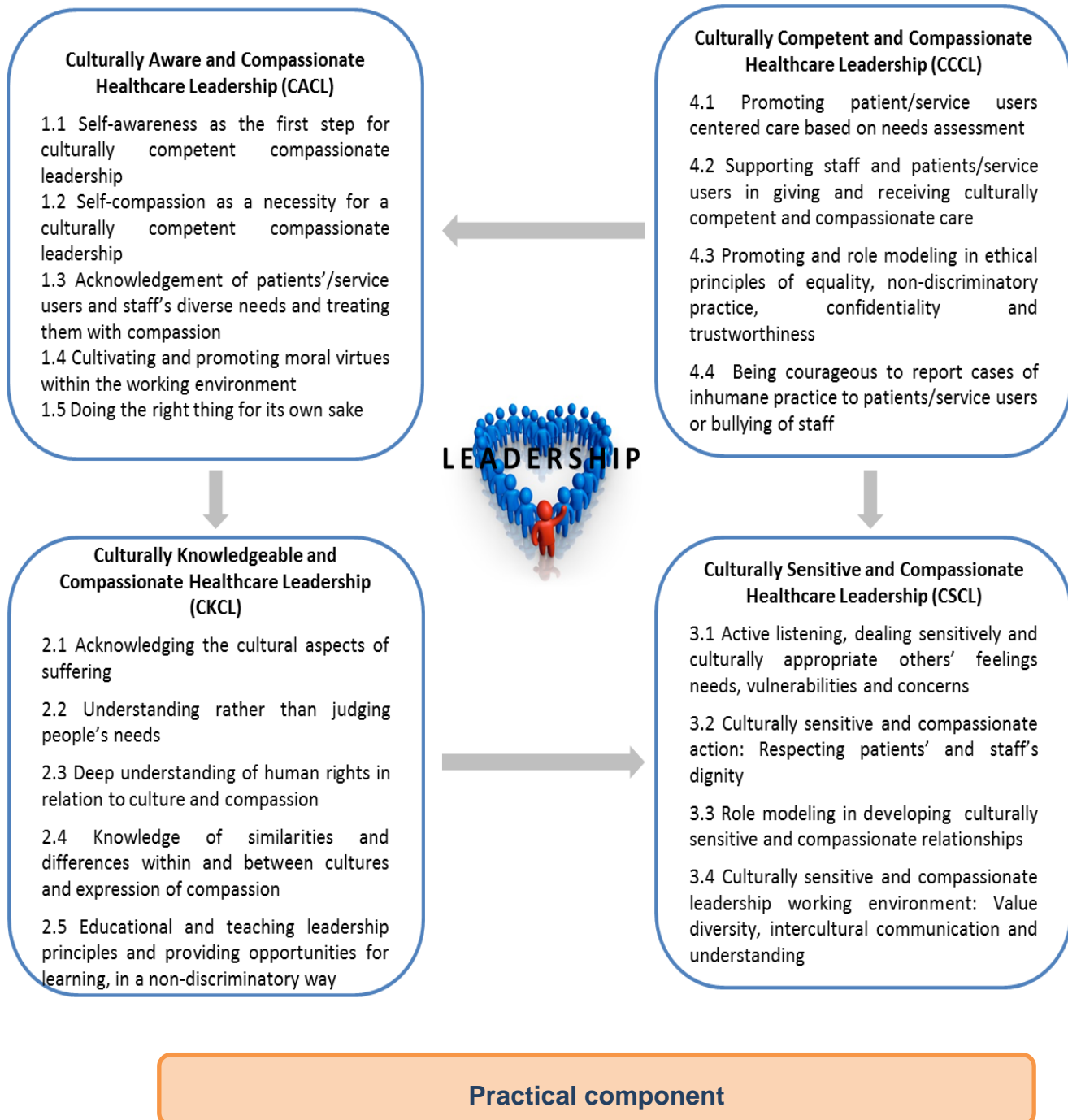
## ANA Position Statements on Ethics and Human Rights

The Position statements from ANA regarding ethics and human rights.

In: <http://www.nursingworld.org/MainMenuCategories/EthicStandards/Ethic-Position-Statment>

On particular interest: Cultural Diversity in Nursing Practice.

### Model for the development of culturally competent and compassionate leadership



### Self-Directed Activities

Participants will need to engage in 3-5 hours of self-learning prior to attending the training day.

### **Culturally Competent Compassion (4.2 ; 4.4)**

- Suggested book: "I'm OK, you're OK" / Thomas Harris

(IT "Io sono OK, tu sei OK")

[Abstract: Transactional Analysis delineates three observable ego-states (Parent, Adult, and Child) as the basis for the content and quality of interpersonal communication. "Happy childhood" notwithstanding, says Harris, most of us are living out the Not ok feelings of a defenseless child, dependent on ok others (parents) for stroking and caring. At some stage early in our lives we adopt a "position" about ourselves and others that determines how we feel about everything we do. And for a huge portion of the population, that position is "I'm Not OK -- You're OK." This negative "life position," shared by successful and unsuccessful people alike, contaminates our rational Adult capabilities, leaving us vulnerable to inappropriate emotional reactions of our Child and uncritically learned behavior programmed into our Parent. By exploring the structure of our personalities and understanding old decisions, Harris believes we can find the freedom to change our lives.]

- [www.workplacebullying.org](http://www.workplacebullying.org)
- [www.workplaceanswares.com](http://www.workplaceanswares.com)
- [www.gov.uk/workplace](http://www.gov.uk/workplace)
- [www.self-compassion.org](http://www.self-compassion.org)

### **Self-compassion (1.2)**

- Exploring self-compassion through writing: what is compassion for me correlated at this historical moment.

### **Knowledge (2.5)**

- Suggested book: "Person-centered therapy" / Carl Rogers

(IT "Il cliente al centro")

[Person-centered therapy (PCT) is also known as person-centered psychotherapy, person-centered counseling, client-centered therapy and Rogerian psychotherapy. PCT is a form of talk-[psychotherapy](#) developed by [psychologist Carl Rogers](#) in the 1940s and 1950s. The goal of PCT is to provide clients with an opportunity to develop a sense of self where they can realize how their attitudes, feelings and behavior are being negatively affected.]

- <https://www.youtube.com/watch?v=o0neRQzudzw> (Person-centered therapy ; Carl Rogers)

Only for Italian Speaker:

- <https://www.youtube.com/watch?v=WFYFNxmwp78> (Giorgio Bert; L'arte di ascoltare)
- <https://www.youtube.com/watch?v=-SciwUOX-k> (Frecce Tricolori Mental-trainer)

### Culturally Sensitive Compassion

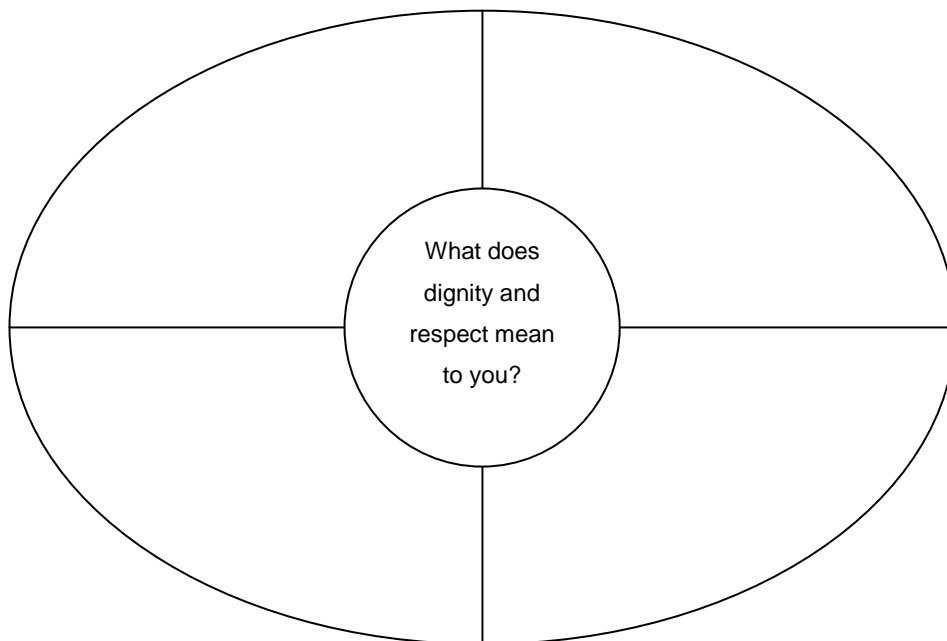
Daniel Goleman, Emotional intelligence.

- <https://www.youtube.com/watch?v=Y7m9eNoB3NU>
- <https://www.youtube.com/watch?v=AzFMNlnEWgA> (only IT)
- <https://www.youtube.com/watch?v=vCjexQzsreY>
- <https://www.youtube.com/watch?v=TnTuDDbrkCQ>
- <https://www.youtube.com/watch?v=iCv6DOmLzbA> (only IT)

Patrick Gaffney, Cultivating Compassion.

- <https://www.youtube.com/watch?v=G-F8iWltJeE>

Once you have completed the self-directed activities, please fill in this concept map before attending the training day.



### Classroom Activities

Participants will need to attend 2 days of training (8 hours in total).

The classroom activities are guided by the following timetable:

<b>First day</b>	
14.30 - 15.00	Introductions – presentation of Iene Project and discussion about self- learning , through the concept maps.
15.00 - 16.00	Principles of culturally competent, compassionate and courageous leadership. Active listening: empathy, vulnerabilities and concerns.
16.00 - 16.15	Break
16.15 - 17.15	Qualities and behaviour which promote role modelling. Role modelling activities: becoming a role model whit benefits and power of positive <i>affirmations, using a concept map (*)</i> .
17.15 - 18.30	Discussion on team
<b>Second day</b>	
14.30 - 15.30	Principles of Dignity therapy
15.30 - 16.30	Leaderships activities: Promoting Resilience through the practice of self-care strategies, the creation of support group, the cultivation of supporting interprofessional relationship, education and skill-building. Creation of a mandala that has so many parts as there are participants, which might be exposed in our hospital.
16.30 - 17.30	Side hostilities activities: ‘What’s workplace bullying?’, reflection after the vision of images and videos about bullying in the workplace.  Reflection with teams: it is important to invest in support individual staff wellbeing at work in order to enable staff to better deliver high-quality passion care. What do you think about this?
17.30 - 18.30	Questions, Evaluation, Networking Complete Compassion Measuring Tool if they did not do at the beginning of the day.

## **Assessment**

### **Assessment strategies:**

A) For the 3-5 hours of Self Directed Learning: draw a concept map to be used in class to represent their understanding of a topic. Use the handout or a blank piece of paper for this.

B) For the 5 hours classroom learning: Discussions and reflection on the learning each gained and the potential for learning for others. Prepare an action plan for role modelling in practice.

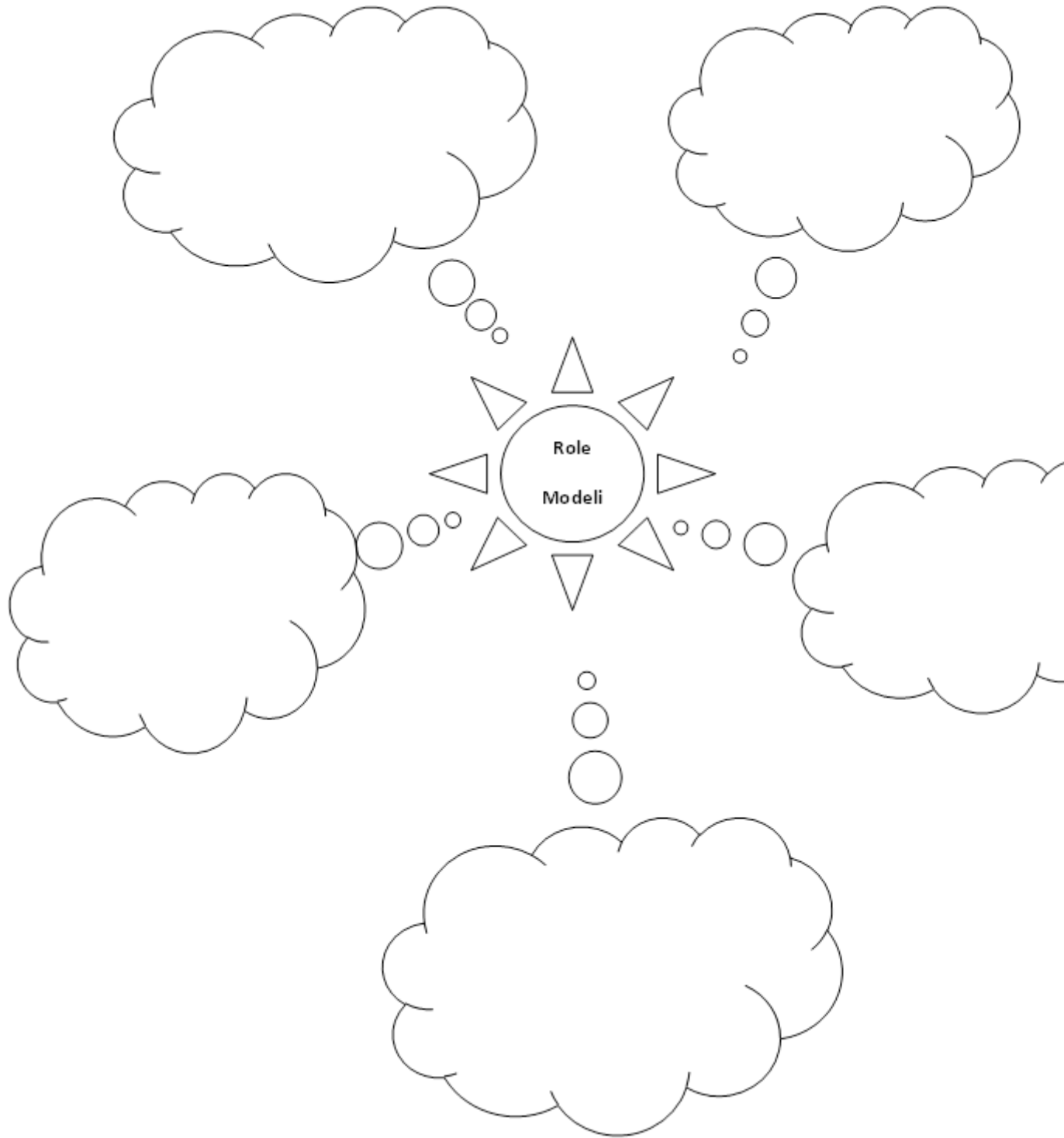
C) For the 3-5 hours of role modelling practice: A self reflective account of the experiences of role modelling culturally competent, compassionate and courageous leadership.

As part of this project, we are also creating a culturally competent compassion knowledge sharing network. This is to facilitate the exchange, flow and co-creation of knowledge during the project life and after the project ends. This network environment will be an integrated web based platform that provides nurses trainers and health organisations and others involved in nursing and healthcare professional education and training with information, tools and training resources to support and enhance culturally competent compassion education delivery and dealing with cultural issues, depending upon the needs of the users. Your email address will be also be added to a mailing list and you will be able to participate in online forums. If you would like to be added to this network, please indicate in the box below.

Full Name (printed)	Signature	Role	Email Address	Please tick if you would like to be added to the sharing network

Concept Map for role modeling

→ I'm a good role model if or when ...



## Evaluation of the tool from Azienda Ospedaliera Universitaria Senese <sup>1</sup>

Age, $\bar{x}$ (SD)	50.13 (6.98)
Gender, n (%)	
- Male	0
- Female	8 (100)
Professional profile, n (%)	
- Nurse	8 (100)
Years working in their profession, $\bar{x}$ (SD)	26.88 (9.4)

Indicator	Fully agree	Partly agree	Not agree
	N (%)		
The tool is structured appropriately to achieve the learning goals	8 (100)	0	0
The theoretical content is relevant and appropriate	8 (100)	0	0
The practical content is relevant and appropriate	6 (75)	1 (12.5)	0
The activities proposed are useful to increase the following dimensions regarding the topic of the tool:			
- Culturally Aware and Compassionate Leadership	7 (87.5)	1 (12.5)	0
- Culturally Knowledgeable and Compassionate leadership	6 (75)	2 (25)	0
- Culturally Sensitive and Compassionate Leadership	6 (75)	1 (12.5)	0
- Culturally Competent and compassionate leadership	6 (75)	2 (25)	0
The content is interesting and useful to improve the daily leadership practice at my workplace	7 (87.5)	1 (12.5)	0
The delivery method is appropriate	7 (87.5)	1 (12.5)	0
The activities promote learners' meaning-making	8 (100)	0	0
In general, I am satisfied with the tool	8 (100)	0	0

<sup>1</sup>When the percentages do not add up to 100%, this indicates that some participants did not rate the specific item/s.