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

Tool for Intercultural Education of Health Care Leadership in Europe for Senior Leaders (IENE 4)

TITLE OF THE TOOL (UNIT 1):

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

Authors:

Kouta Christiana, Vasiliou Marios, Rousou Elena

Department of Nursing, Cyprus University of Technology, Cyprus

1. Theoretical Aspects

1.1 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 cutlurarlly 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 compassional 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.

1.2 The principles and values that underpin this tool are:

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

2. 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.

3. Learning Outcomes

The leaders should be able to

1. improve the quality of their everyday leadership practice as to deliver culturally competent and compassionate health care

2. develop and improve compassion and leadership skills

3. understand the importance of role modeling leadership and to demonstrate it based on compassion and equality principles

4. organize and manage effectively the working environment with the provision of culturally competent and compassionate leadership

4. Definitions used in this tool

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.

5. Background

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).

6. Legal/normative frameworks/conventions 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.equalityhumanrights.com/legal-and-policy/legislation/equality-act-2010/equality-act-guidance-codes-practice-and-technical-guidance

https://www.cna-aiic.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

7. Practical Component

A. Self-directed learning (3-5 hours)

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 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

B. Classroom training (5 hours)

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

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 made 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.

C. Role-modeling (5 hours)

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.

D. Reflection (3-5 hours)

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

8. 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.

9. Evaluation

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

See Annex IV

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.

<div align="center">

1   **2**   **3**   **4**   **5**

</div>

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 <u>four most important</u> 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 <u>four most important</u> 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

<u>**REFLECTION EXERCISE**</u>

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

TEMPLATE FOR EVALUATION OF TOOLS

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

Information about the tool:

Title (*trainers have to indicate the name of the tool*): _____

Unit (*trainers have to indicate if the tool belongs to Unit 1 or 2*):

    ☐ 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			
The activities proposed are useful to increase the following dimensions regarding the topic of the tool:			
- Culturally Aware and Compassionate Leadership			
- Culturally Knowledgeable and Compassionate leadership			
- Culturally Sensitive and Compassionate Leadership			
- Culturally Competent and compassionate leadership			
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			
Add your own criteria below			

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!

IENE4 team

References

Allan, H. et al (2008) Leadership for learning: a literature study of leadership for learning in clinical practice. *Journal of Nursing Management* 16: 545-555.

American Nurses Association (2011). *Short definitions of ethical principles, theories and familiar words: What do they mean?* http://www.nursingworld.org/MainMenuCategories/EthicsStandards/Resources/Ethics-Definitions.pdf (accessed February 4, 2016)

Bakker, A.B. et al (2000) Effort and reward imbalance and burnout among nurses. *Journal of Advanced Nursing* 31: 884-891.

Bondas, T. (2006) Paths to nursing leadership. Journal of Nursing Management; 14: 332-339.Randy, W., McDowell, J., Donald K. (2011) A Caring Leadership Model for Nursing's Future. *International Journal for Human Caring* 15 (1): 31-35

Calhoun, JG., Dollett, L., Sinioris, ME., Wainio, JA., Butler, PW., Griffith, JR. (2008) Development of an interprofessional competency model for healthcare leadership. *Journal Healthc Manag*. Nov-Dec; 53(6):375-389

Corning, SP. (2002) Profiling and developing nursing leaders. J Nurs Adm. ;32:373–375.

Farrar, A., Dannis, M. & Grady, C. (2007). Ethical climate, ethics stress, and the job satisfaction of nurses and social workers in the United States. *Social Science and Medicine* 65(8): 1708–1719.

Frankel, A. (2008) What leadership styles should senior nurses develop? *Nursing Times* 104 (35): 23-24.

Freshman, B., Rubino, L. (2002) Emotional intelligence: a core competency for health care administrators. *Health Care Manag*. April; 20:1–9.

Grady, C., Danis, M., Soeken, K., O'Donnell, P., Taylor, C., Farrar, A., & Ulrich, C. (2008). Does ethics education influence the moral action of practicing nurses and social workers?. *American Journal of Bioethics* 8 (4): 4–11.

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

Mahoney, J. (2001) Leadership skills for the 21st century. *Journal of Nursing Management* 9 (5): 269-271.

Mathena, KA. (2002) Nursing manager leadership skills. *J Nurs Adm*. 32:136–142

Murray, C., Main, A. (2005) Role modelling as a teaching method for student mentors. *Nursing Times* 101 (26): 30-33.

Nursing and Midwifery Council Code of Standards, Performance and Ethics for Nurses and Midwives (NMC, 2015) http://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/revised-new-nmc-code.pdf (accessed February 4, 2016)

Porter-O'Grady, T. (2003) A different age for leadership, part 1. *Journal of Nursing Administration* 33 (10): 105-110.

Saarikoski, M., Leino-Kilpi, H. (2002) The clinical learning environment and supervision by staff nurses: developing the instrument. *International Journal of Nursing Studies* 39: 259-267.

Sorensen, R. et al (2008) Beyond profession: nursing leadership in contemporary healthcare. *Journal of Nursing Management* 16: 535-544.

Trevisani, D. (2015) Semiotics for Leaders. *Symbols, Meanings, Power & Communication*. Medialab-Research Publishing.

Greig, G., Entwistle, VA., Beech, N. (2012) Addressing complex healthcare problems in diverse settings: insights from activity theory. *Soc Sci Med*. Feb; 74 (3): 305-312

Ulrich, C., O'Donnell, P., Taylor, C., Farrar, A., Dannis, M. & Grady, C. (2007). Ethical climate, ethics stress, and the job satisfaction of nurses and social workers in the United States. *Social Science and Medicine* 65 (8): 1708–1719.

Vance, C., Larson, E. (2002) Leadership research in business and health care. *J Nurs Scholarship* 34:165–171.