



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

Learning tools for healthcare leaders in culturally competent and compassionate care

UNIT 1: SENIOR LEADERS

Title of the tool

Cultivating values that create a culturally sensitive and compassionate environment in care

Authorship

The persons participating in the elaboration of the tool are:

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Theoretical component

A. Relevant principles and values for the tool

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

B. Aim of the tool:

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

C. 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.

D. 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>.

E. What the research 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)

F. 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 ;
- 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 of the tool

G. Self-directed activities (3-5 hours)

Summary of the activity:

1. 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.

H. Classroom activities (5 hours)

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 (Cruess, 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) 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

I. Role modelling activities (5 hours)

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.

J. Reflection with teams (3-5 hours)

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

Assessment¹

K. 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 and 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.

L. 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:

¹ 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.

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

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)
2. Cruess, SR (2008)- *Role modelling—making the most of a powerful teaching strategy*(<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2276302/>)
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>).
4. Douglas, M., Rosenkoetter, M. & Pacquiao, D. (2014). *Guidelines for Implementing Culturally. Journal of Transcultural Nursing, 1-13.*
5. 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.*
6. 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.*
7. 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>
8. *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
9. *Tools for Intecultural Education of nurses in Europe*, <http://ienetools.wordpress.com/>

Training/learning/evaluation resources

- Annex 1: Pre - class self directed learning sheet*
- Annex 2: Work sheet: Compassionate and uncompassionate behaviours of healthcare leaders*
- Annex 3: Study cases : positive and negative impact of role model*
- Annex 4: Work sheet: First steps to become role model*
- Annex 5: Work sheet: Improving the institutional compassionate culture*
- Annex 6: Action Plan template*
- Annex 7: Assessment Sheet*
- Annex 8: Evaluation of the tool*
- Annex 9: Reflexive log*
- Annex 10: Timetable for the classroom activities*
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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"> - Compassion - Respect - Morality - Equality - Dignity - Trust - Empathy - Sensitivity 	<p>Dictionaries http://ieneproject.eu/glossary.php</p> <p>Videos Joan Halifax, Compassion and the true meaning of empathy http://www.ted.com/talks/joan_halifax_transcript?language=en#t-261000 <i>Empathy:</i> <i>The Human Connection to Patient Care</i> https://www.youtube.com/watch?v=cDDWvj_q-o8</p>	
<p>What are the qualities for a compassionate leader?</p>	<p><i>Intercultural Education of Nurses in Europe</i>, www.ieneproject.eu <i>Nursing Times Ethical & Compassionate Nursing supplement: 6-8</i> (www.nursingtimes.net/Journals/.../NT-Ethical--Compassionate-Care.pdf)</p>	
<p>What is role modeling?</p>	<p><i>Role modelling—making the most of a powerful teaching strategy</i>(http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2276302/) The Role of Nursing Leadership in Creating a Mentoring Culture in Acute Care Environments http://www.medscape.com/viewarticle/559316_2</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
Clinical competency		
Excellent knowledge and skill	↔	Deficient knowledge and skill
Effective communication	↔	Ineffective communication
Sound clinical reasoning	↔	Poor clinical reasoning
Teaching skills		
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
Personal qualities		
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

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

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

Source: Cruess, SR (2008)- Role modelling—making the most of a powerful teaching strategy (<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

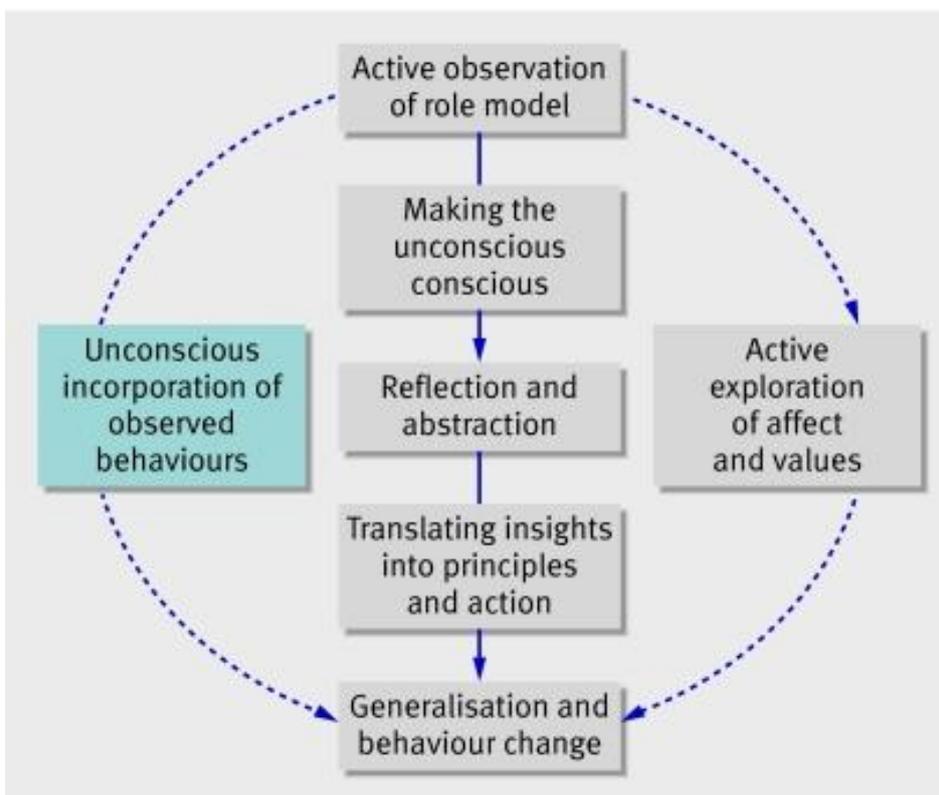
Study case 3: In the clinic

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)
- 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).

Figur 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:

5. Cultivating the moral virtues underlying the compassion within the working environment;
6. Improved qualities that make leader model for culturally sensitive and compassionate care;
7. Understand the importance of role modeling for promoting a compassionate leadership in healthcare;
8. 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	Very poor	Poor	Good	Very good	Exceptional	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 8:

Evaluation of the tool

Information about the tool:

Title : **Cultivating values that create a culturally sensitive and compassionate environment in care**

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

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.

	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 Culturally Aware and Compassionate Leadership			
The activities proposed are useful to increase Culturally Knowledgeable and Compassionate leadership			
The activities proposed are useful to increase Culturally Sensitive and Compassionate Leadership			
The activities proposed are useful to increase 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' meaning-making			
In general, I am satisfied with the tool			
Add your own criteria below			
The activities empower leaders for the role modelling			
The activities support compassionate culture in the healthcare environments			

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

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**

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