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

Learning Unit 1:

Promoting and role modelling in ethical principles of equality, non-discriminatory practice, confidentiality and trustworthiness and leadership in health care.

Marmara University Pendik Research and Training Hospital

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Theoretical component

Title of the tool: Inspiring Cultural Change through Leadership

Promoting and role modelling in ethical principles of equality, non-discriminatory practice, confidentiality and trustworthiness.

Relevant principles and values for the tool:

Equality; Confidentiality; Trust; Dignity; Morality; Sensitivity; Compassion ; Respect ; Supportive; Responsibility ; Altruism – devotion ; Open-mindness ; 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,

Aim of the tool: 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 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, confidentially 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 knowledgment,

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)

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, Iniator of the term "role model")

What the research 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

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

In this research emotional intelligence was shown the important skill to promote the ethical principles of non-discriminatory practice, confidentially 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

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

Practical component of the tool

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#

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, 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 viedo 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

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

Classroom activit*ies:*

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.wmvmational 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	Introductions - Start creating the network-Sign the registrations form with email address role etc. Aims and outline of the day/ground rules.

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: what is the difference between leadership and management in the health care, explain the distinction between management and leadership, watching video about transformational leadership.
	The ethical principles of equality, non-discriminatory practice, confidentiality and trustworthiness (link to prior reading)
	Give an example about leadership behaviour related to non-discriminatory practice.
11.30 - 11.45 Break	
11.45-12.45	Workshop**:** with the specific aim of asking participants to discuss and determine the challenges to the managers when managing a culturally diverse.
	Principles of culturally competent, compassionate and virtuous leadership (pp presentation)
	Using role modelling in practice
12.45 -13.45 Lunch	
13.45-14.00	**Presentation about role modelling in health care:** 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.
	Participants will be encouraged to talk about their role modelling experience in work life.
	- Participants will be divided into groups, read the case studies about role modelling in health care.
	- Then they will discuss about the learning in terms of messages in the cases.
14.00-	Reflection of lessons from today.
14.30-15.00	Action Planning:
	Your name, title, which you will role model culturally competent, compassionate and courageous leadership, for, how long etc, reflection.
	The learners will also demonstrate how they will use the outcomes that they learnt in their working environment.

15.00- 15.30	Questions, Evaluation, Networking

Assessment[1]

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.

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...

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

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[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.

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

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://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

Appendices

Appendix I   Culturally competent and compassionate healthcare leadership model

Appendix II   Draw self-learning outputs
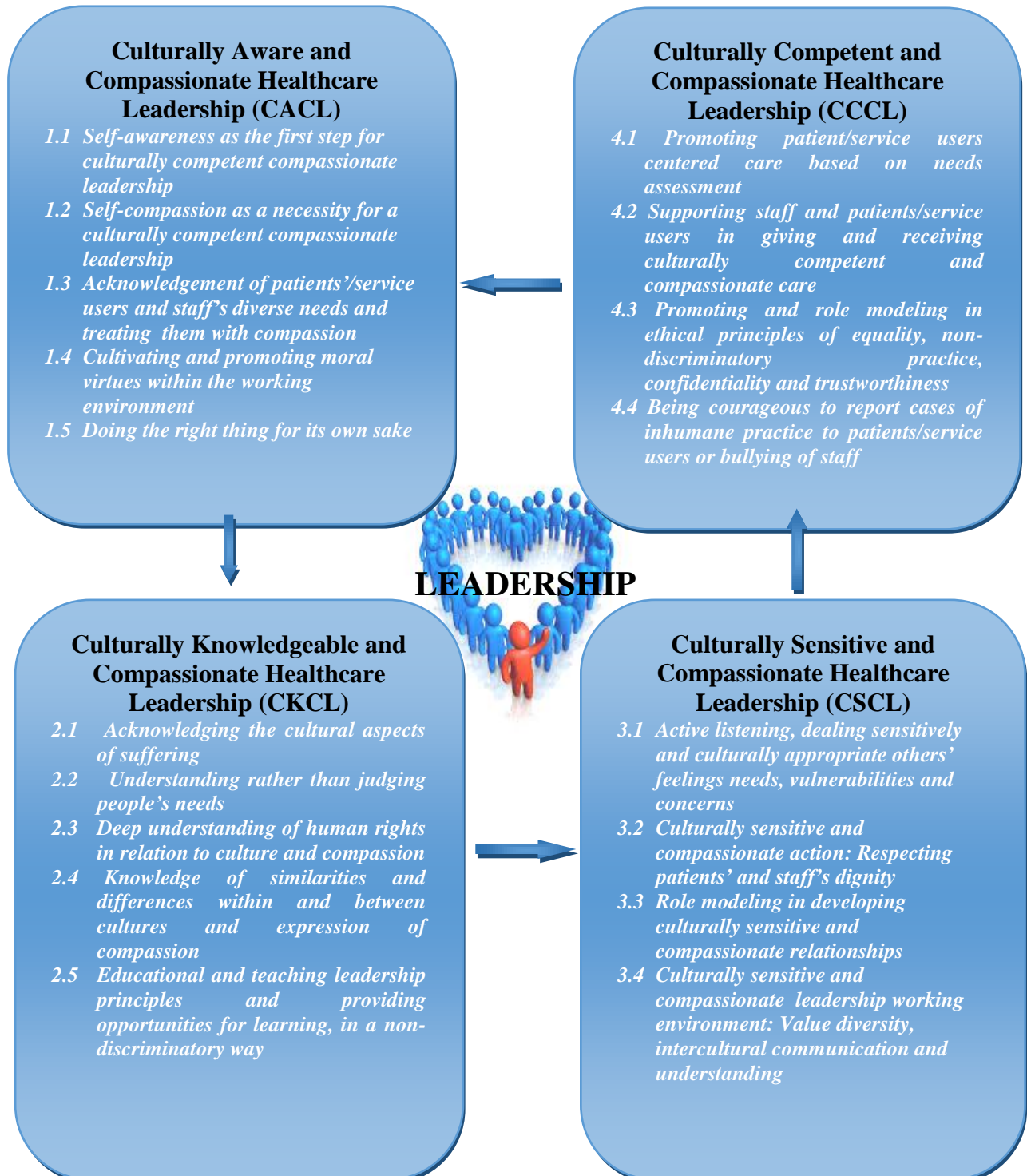
Appendix III   Action Plan

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

Culturally Aware and Compassionate Healthcare Leadership (CACL)

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

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

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

1.4 Cultivating and promoting moral virtues within the working environment

1.5 Doing the right thing for its own sake

Culturally Competent and Compassionate Healthcare Leadership (CCCL)

4.1 Promoting patient/service users centered care based on needs assessment

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

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

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

LEADERSHIP

Culturally Knowledgeable and Compassionate Healthcare Leadership (CKCL)

2.1 Acknowledging the cultural aspects of suffering

2.2 Understanding rather than judging people's needs

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

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

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

Culturally Sensitive and Compassionate Healthcare Leadership (CSCL)

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

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

3.3 Role modeling in developing culturally sensitive and compassionate relationships

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

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 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?

Appendix VI: Evaluation

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

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

☐ Other (please specify)…….

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

Indicators:

The purpose of the following table is to evaluate the quality of the learning tool. 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

Indicator	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' meaning-making			
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 and will help to improve our work and to better address real professionals' needs.

_____

_____

Thank you so much for your participation and your time!   IENE4 team