



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

**Learning Unit Tool2: Supporting staff and patients in giving and
receiving culturally competent and compassionate care.**

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Tool

By

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Theoretical component

Title of the tool: Compassion at work.

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

Relevant principles and values for the tool:

Values:

Motivation ; **Compassion**; Competence; **Respect** ; Responsibility; Equality ; Sensitivity ; Morality ; Altruism – devotion ; **Open-mindedness** ; **Understanding** ; **Dignity** ; Integrity ; Trust ; Empathy ; **Kindness** ; Participation ; Guidance ; **Reflection** ; Experience ; Paradigmatism ; **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,

Aim of the tool: 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.

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 says on the topic

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 or conventions 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 s 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 of the tool

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, 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#

Activity3: Watching video ted talks Daniel Goleman

“why we aren’t more compassionate?”

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-	Discussion and answer the questions about what you have learnt and brought into classroom through self-directed activities by groups.

11.30	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	<p>Awareness: 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.</p> <p>Exercise1: Think about when did you receive compassion, by whom, how did you feel?</p> <p>Exercise2: Why did you choose nursing as a career, when did you give compassion, how and do you remember your patient's feeling about compassion given by you?</p> <p>PPT Presentation: Definitions of compassion, and the meaning of culturally competent and compassionate care.</p> <p>Case studies: We will discuss on illustrative examples related to receiving and giving cases with reflective questions.</p>
12.45 -13.45 Lunch	
13.45-14.00	<p>Workshop: 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>Group study: 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

Assessment¹

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...

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.

References and useful resources

Cummings, J. and Bennet, V.(2012) Developing the culture of compassionate care. Creating a new version for nurses, midwives and care-givers. VHS Commissioning Board

Papadopoulos I. Courage, Compassion and Cultural Competence. The 13th Anna Reynvaan Lecture. 19th May 2011, De Stadsschouwburg - Amsterdam City Theatre. Netherlands. 2011.

Maitlis, S., & Ozcelik, H. (2004) Toxic decision process: A study of emotion and organizational decision making.

Molinsky, A.,& Margolis, J. (2005) Necessary evils and interpersonal sensitivity in organizations.

Reich, W.T. (1989) Speaking of suffering: A moral account of compassion.

www.car-es.eu

Jacoba M. Lilius, The contours and consequences of compassion at work, *Journal of Organizational Behavior* 29, 193-218 (2008)

<http://careif.org/wp-content/upload>

Dutton, J.E., & Workman, K.M. (2012). Compassion as a Generative Force *Journal of Management Inquiry*, 20, 401-406.

<https://www.youtube.com/watch?v=HVF0273iHus>

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

www.compassionlab.com

Clark, C. (1997). *Missery and company: Sympathy in everyday life.*

Davis, M.H. (1983) The effects of dispositional empathy on emotional reactions and helping

Frost, P.J.(2003) Toxic emotions at work: How compassionate managers handle pain and conflict.

Frost, P. J., Dutton J.E., Worline, M. C. ,Wilson A.(2000) Narratives of compassion in organizations.

Appendices

Appendix I Culturally competent and compassionate healthcare leadership model

Appendix II Draw self-learning outputs

Appendix III Case studies

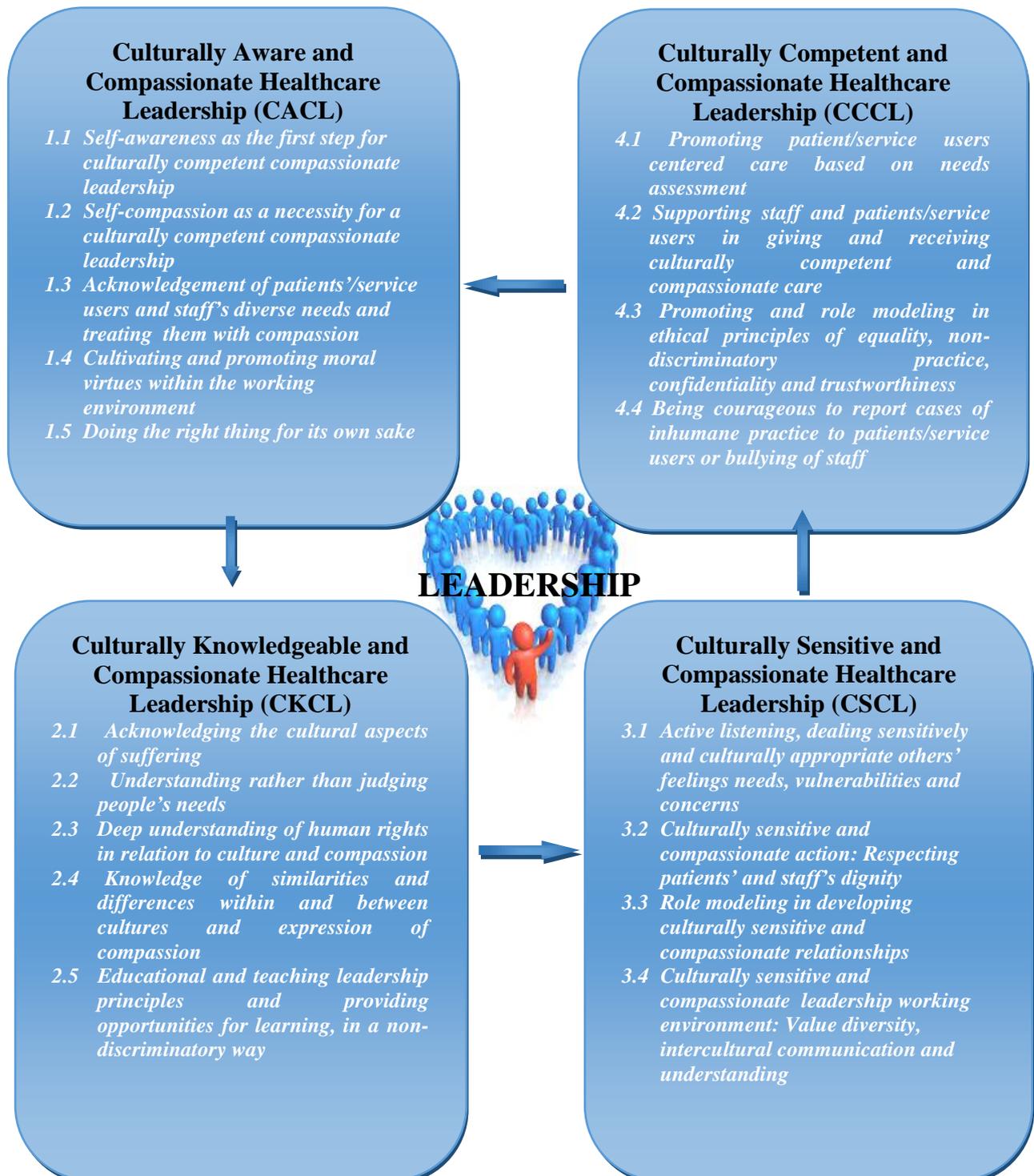
Appendix IV Action Plan

Appendix V Role Modelling in practice

Appendix VI Evaluation

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. 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?

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: <ul style="list-style-type: none"> - 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