



Intercultural Education for Nurses and other healthcare workers in Europe (IENE4)

Strengthening the Nurses and Health Care Professionals Capacity to Deliver Culturally Competent and Compassionate Care

Learning Unit 1: Ethical Practice, Equality, and Leadership in Healthcare

The Middlesex University Tool

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Theoretical Component

This section is part of the self directed learning and should therefore be read before the classroom session

Aim

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

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

Learning outcomes

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

- Demonstrate self-awareness as the first step for culturally competent compassionate leadership **(1.1)***
- Understand self-compassion as a necessity for a culturally competent compassionate leadership **(1.2)***
- Demonstrate an ability to understand rather than judge people's needs **(2.2) ***
- Develop a deep understanding of human rights in relation to culture and compassion **(2.3)***
- Understand cultural sensitivity and compassionate action in respecting patients' and staff dignity **(3.2)***
- Utilise role modelling in developing therapeutic culturally sensitive and compassionate relationships **(3.3)***

- Understand the importance of a culturally sensitive and compassionate leadership working environment: Value diversity, intercultural communication and understanding **(3.4)***
- Demonstrate an ability to support staff and patients in giving and receiving culturally competent and compassionate care **(4.2)***
- **Promoting and role modeling the ethical principles of equality, non-discriminatory practice, confidentiality and trustworthiness (4.3)* (focus of this unit)**

***See appendix I**

Principles and Values

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

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

Principles that underpin this tool include:

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

Values that inform this tool:

- Caring
- Compassion

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

Relevant definitions and terms

Culturally competent and compassionate health care leadership:

According to the results of the IENE4 Output No4 (O4) ***culturally competent and compassionate health care leadership*** is defined as “the process that a leader goes through in demonstrating culturally aware, knowledgeable, sensitive, competent and compassionate standards of leadership and care. S/he adopts and applies leading principles and values, leadership moral virtues, inspires others with his/her example and vision; provides quality, appropriate and equal health care, becomes a role model and acts within a culturally competent and compassionate working environment that s/he helps to develop and nurture”.

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

Ethics in Healthcare: 'Ethics is concerned with moral principles, values and standards of conduct. The field of health and health care raises numerous ethical concerns, related to, for example, health care delivery, professional integrity, data handling, use of human subjects in research, and the application of new techniques,..'

[World Health Organization - <http://www.who.int/topics/ethics/en/>

Equality and Diversity: 'Equality is a legal framework to protect against discrimination, promote equality of opportunity and foster good relations between people with 'protected characteristics'.

'Diversity is the valuing of our individual differences and talents, creating a culture where everyone can participate, thrive and contribute' (Health and [Social Care Information Centre - .

<http://www.hscic.gov.uk/article/2674/Equality-and-diversity>

What the research/literature says

Ethics and Equality

'Let whoever is in charge keep this simple question in her head - not how can I always do this 'right thing' myself - but how can I provide for this 'right thing' to always be done.' Florence Nightingale

<http://susanoliver.com/pdf/my%20leadership.full%20text.pdf%2006.pdf>

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

According to the idea of transformational leadership an effective leader is a person who creates an inspiring vision of the future, motivates and inspires people to engage with that vision, manages delivery of the vision and coaches and builds a team, so that it is more effective at achieving the vision (Northouse, 2007).

NHS organizations face a key challenge in the continuous nurture of cultures that ensure the delivery of high-quality, safe and compassionate health care.

Leadership is the most influential factor in shaping organizational culture and ensuring the necessary leadership behaviours, strategies and qualities are developed is fundamental.

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

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

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

https://www.ache.org/abt_ache/MA09_Ethics.pdf

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

Health care ethics is a thoughtful exploration of how to act well and make morally good choices, based on beliefs and values about life, health, suffering, and death

[https://my.clevelandclinic.org/health/healthy_living/hic_Dealing_with_Ethical_Questions_in_Health_Care.](https://my.clevelandclinic.org/health/healthy_living/hic_Dealing_with_Ethical_Questions_in_Health_Care)

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

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

According to Varcoe et al, (2004) while contemporary ethical theory is of tremendous value to nursing, the extent to which such theory has been informed by the concerns and practices of nurses has been limited. These authors undertook a study to explore, from the perspective of nurses, the meaning of ethics and the enactment of ethical practice in nursing. Their results demonstrated that the nurses described ethics in their practice as both a way of being and a process of enactment. They described drawing on a wide range of sources of moral knowledge in a dynamic process of developing awareness of themselves as moral agents. Enacting moral agency involved working in a shifting moral context, and working in-between their own values and those of the organizations in which they worked, in-between their own values and those of others, and in-between competing values and interests.

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

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

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

As stated by the NHS:

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

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

Indeed, the RCN's first Principle of Nursing Practice, requires that *'Nurses and nursing staff treat everyone in their care with dignity and humanity – they understand their individual needs, show compassion and sensitivity, and provide care in a way that respects all people equally.'* This Principle is the starting point for nursing practice in all care settings and all fields of nursing, whereby dignity, equality, diversity and humanity are basic rights for all individuals.

https://www2.rcn.org.uk/_data/assets/pdf_file/0004/377356/Nursing_Standard_Principle_A_March11_563KB.pdf

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

raises questions of each nursing situation in relation to equality. Variation within context is closely related to differences involving parties to nursing, and it is a starting point to questions of equality. Power is understood as comprising knowledge, skills and authority that create differences and questions of equality between nurses and patients and nurses and other professionals or students. This author concluded that nursing as care always includes a relationship between two or more persons and needs to be inspected from the point of view of equality.

To this end, the NHS Leadership Academy

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

Role modelling in practice

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

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

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

- **Clinical competence:** This is integral to practice and needs to be role modelled. It includes clinical reasoning and decision making, knowledge and skills and communication.
- **Teaching skills:** these are tools that are essential to role modelling in order to acquire clinical competence, including effective communication and opportunities for reflection.

- **Personal qualities:** There are a number of attributes that contribute towards role modelling. These include a commitment to best practice as well as being motivated and enthusiastic about teaching and practiced, as well as interpersonal relationship skills.

What legal/normative frameworks or conventions says on the topic

Please access and read the following important documents:

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

Practical Component

Self-Directed Activities:

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

Activity 1: Culturally Competent Compassion

- A. The following short video gives an overview of the components of culturally competent compassion:

<https://www.youtube.com/watch?v=zjKzO94TevA>

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

<https://www.youtube.com/watch?v=ePkAgEv9Oul>

C. Further videos that you may want to view include:

a. Daniel Goldman- Leadership and Compassion- Empathy and Compassion in society 2013:

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

b. Simon Sinek: Why Good Leaders Make you Feel Safe:

https://www.ted.com/talks/simon_sinek_why_good_leaders_make_you_feel_safe?language=en

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

Activity 2. Your own experiences of compassion

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

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

- *Was someone kind to you? Who?*
- *Did someone convey compassion for you? How did you feel?*
- *Make some notes about what helped you to feel better.*
- *What would be your own personal definition of compassion?*

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

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

Activity 3. Other people's experiences of compassion

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

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

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

Activity 4: Self-Compassion

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

- This Ted Talk by Kristin Neff gives a good overview of Self Esteem and Self-Compassion.

<https://www.youtube.com/watch?v=lvTZBUSplr4>

- You may also find it useful to look at the resources on Kristin Neff's website to further your understanding of self-compassion:

<http://self-compassion.org/>

- Read the following editorial on self-compassion and self-care in nursing: Mills, J., Wand, T., and Fraser J.A. (2015) On self compassion and self-care in nursing: Selfish or essential for compassionate care?

Activity 5: Ethical Practice and Equality

Classroom Activities:

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

Timetable	
09.30-10.15	<p>Introductions - Start creating the network-Sign the registrations form with email address role etc.</p> <p>Aims and outline of the day/ground rules.</p> <p>Icebreaker: Give one example of how you promoted non-discriminatory practice?</p> <p>Completion of Measuring Tool.</p>
10.15-11.15	<p>The ethical principles of equality, non-discriminatory practice, confidentiality and trustworthiness (link to prior reading)</p> <p>Discussion on what has been read and consolidation of main points</p> <p>Discuss the concept maps participants have brought with them regarding the meaning of ethical non-discriminatory practice/service and equality</p>
11.15 - 11.30 Break	
11.30-12.30	<p>Principles of culturally competent, compassionate and virtuous leadership (pp presentation)</p> <p>Using role modelling in practice (handout and discussion).</p>
12.30 -13.15 Lunch	
13.15-14.00	<p>Apply role modelling scenario</p> <ul style="list-style-type: none"> - participants read the scenario in silence (5 minutes) - participants decide who will be Nelsons, who will be Marys and who will be observers. Everyone sits in a circle with two chairs in the middle (5 minutes) - role play through the fishbowl method (15 minutes) - observers provide feedback (10 minutes) - debriefing (5 minutes) - discuss and summarise about the learning in terms of the messages and the method (5minutes)
14.00-	Reflection of lessons from today.

14.30-15.00	<u>Action Planning</u> . Work on their own to draft a plan to be executed when they return to work: Insert on the template: Your name, title, who you will role model culturally competent, compassionate and courageous leadership, for, how long etc, reflection.
15.00-15.30	Questions, Evaluation, Networking Complete Compassion Measuring Tool if they did not do at the beginning of the day.

Assessment¹

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

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

Assessment strategies:

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

Evaluation

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

Appendices

- Appendix I** Culturally competent and compassionate healthcare leadership model
- Appendix II** Handout: Concept map
- Appendix III** Scenario: Nelson and Mary
- Appendix IV** Optional scenarios
- Appendix V** Role Modelling in practice handout

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.

- Appendix VI Action plan
- Appendix VII Evaluation
- Appendix VIII Reflexive log
- Appendix IX Consent form

References and useful resources

Papadopoulos, I. (2006) The Papadopoulos, Tilki and Taylor model of developing Cultural Competence, In Papadopoulos I (Ed) **Transcultural Health and Social Care : Development of Culturally Competent Practitioners**. Churchill Livingstone Elsevier, Edinburgh.

Tilki, M. (2006) Human rights and health inequalities: UK and EU policies and initiatives relating to the promotion of culturally competent care, In Papadopoulos I (Ed) **Transcultural Health and Social Care : Development of Culturally Competent Practitioners**. Churchill Livingstone Elsevier, Edinburgh.

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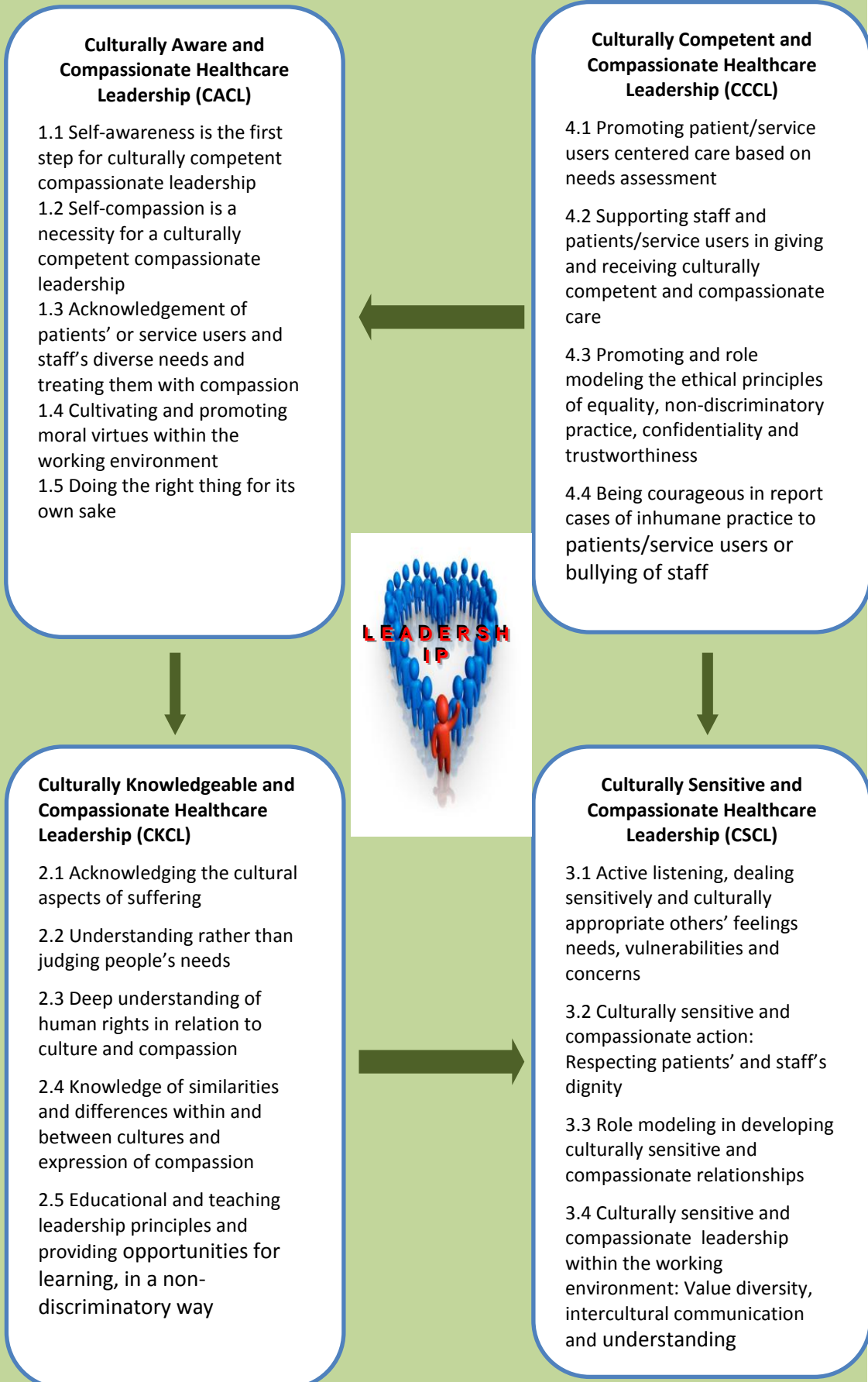
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Day, H. (2014) Engaging staff to deliver compassionate care and reduce harm. *British Journal of Nursing*, 23 (18): 975-980

Dewar et al, (2011) Valuing compassion through definition and measurement. *Nursing Management*, 17 (9): 32-37

Dewar, B., and Cook, F. (2014) Developing compassion through a relationship centred appreciative leadership programme. *Nurse Education Today* 34: 1258-1264

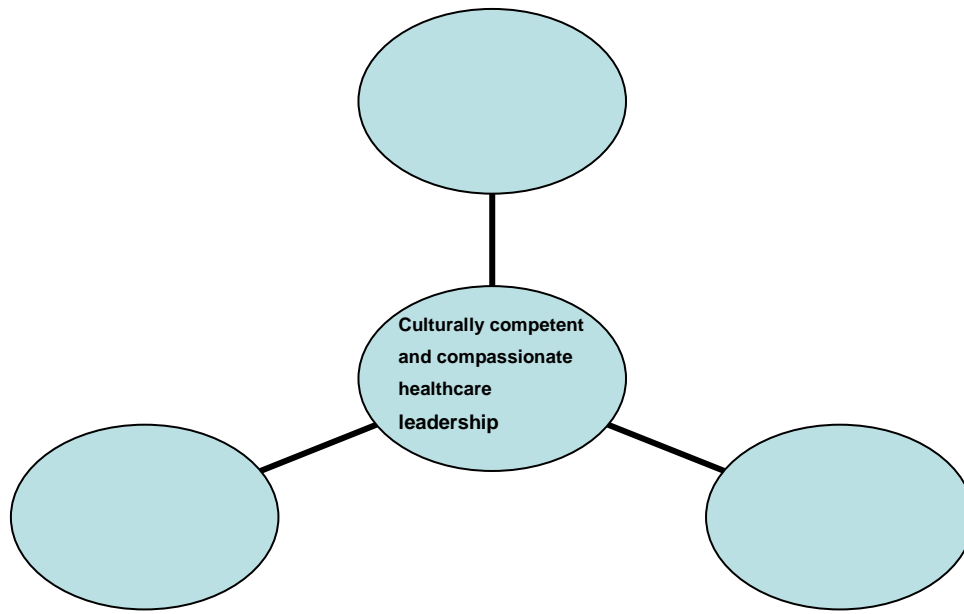
Appendix I: IENE4 Culturally competent and compassionate healthcare leadership model



Appendix II Handout: Concept map

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

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



Appendix III Scenario: Nelson and Mary

Case Study

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

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

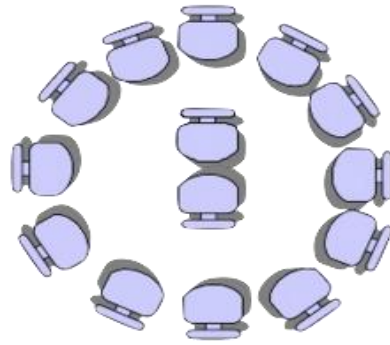
Mary makes an appointment to see Ester's parents. In the meeting the parents explain that they have seen the charge nurse (Nelson) embracing their daughter and talking to her in an unprofessional manner, which they consider to be inappropriate. They also reported that other patients on the ward told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

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

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

Fishbowl Exercise:

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



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

Group A will be Marys

Group B will be Nelsons

Group C will be the observers

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

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

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

Appendix IV: Optional scenarios

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

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

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

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

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

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

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

A patient from the Philippines is in obvious distress, but she speaks no English at all. She is receiving blood transfusions and is consistently crying and calling out to staff. The staff assume that it is the patient's physical pain that is troubling her, and they treat her with kindness but try to explain that they are unable to administer anymore drugs. The lady is clearly deeply disturbed, but it appears that her unhappiness is not only connected to her physical pain.

Although the staff are kind, they are becoming agitated by the patient consistently calling out. They do not understand her, and because of this their judgement of her needs is incorrect.

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

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

c)Distressed CNL

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

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

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

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

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

d)Language Barriers?

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

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

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

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

Role modelling

Qualities which promote role modelling

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

Behaviours which promote role modelling

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



Picture under Creative Commons Attribution 3.0

Appendix VI **Action plan**

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

Your name:

Your title:

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

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

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

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

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

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

Thank you.

Appendix VII 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

REFLEXIVE LOG

Modelling culturally competent, compassionate and courageous leadership

Your name:

Your title:

Date:

Description of the role modelling incidence (1):

Who was involved?

What did you learn from this experience?

What follow up actions would you take?

Description of the role modelling incidence (2):

Who was involved?

What did you learn from this experience?

What follow up actions would you take?

Appendix IX Consent form

CONSENT FORM

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

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

Name of participant

Date

Signature

Name of person taking consent

Date

Signature

Piloting and testing the curriculum in the UK

Learning tools for healthcare leaders in culturally competent and compassionate care

UNIT 1: Senior health leaders		
Title of the tool: Ethical Practice, Equality, and Leadership in Healthcare		
Learning sources :	Language	Address
<i>Cruess, SR (2008)- Role modelling—making the most of a powerful teaching strategy</i>	EN	http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2276302/
Joan Halifax, Compassion and the true meaning of empathy , video	EN,	http://www.ted.com/talks/joan_halifax/transcript?language=en#t-261000
<i>The Human Connection to Patient Care, video</i>	EN	https://www.youtube.com/watch?v=cDDWvj_q-08
<i>Nursing Times Ethical & Compassionate Nursing supplement: 6-8</i>	EN	www.nursingtimes.net/Journals/.../NT-Ethical--Compassionate-Care.pdf
Papadopoulos, I. (2006) The Papadopoulos, Tilki and Taylor model of developing Cultural Competence, In Papadopoulos I (Ed) Transcultural Health and Social Care : Development of Culturally Competent Practitioners . Churchill Livingstone Elsevier, Edinburgh.	EN	https://books.google.co.uk/books?id=sipVCwAAQBAJ&printsec=frontcover&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false
Tilki, I. (2006) Human rights and health inequalities: UK and EU policies and initiatives relating to the promotion of culturally competent care, In Papadopoulos I (Ed) Transcultural Health and Social Care : Development of Culturally Competent Practitioners . Churchill Livingstone Elsevier, Edinburgh.	EN	https://books.google.co.uk/books?id=sipVCwAAQBAJ&printsec=frontcover&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false
Gallagher, A. (2006) The ethics of culturally competent health and social care, In Papadopoulos I (Ed) Transcultural Health and Social Care : Development of Culturally Competent Practitioners . Churchill Livingstone Elsevier, Edinburgh.	EN	https://books.google.co.uk/books?id=sipVCwAAQBAJ&printsec=frontcover&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false

http://susanoliver.com/pdf/my%20leadership.full%20text.pdf%2006.pdf	EN	
http://www.ethics.va.gov/elprimer.pdf	EN	
http://www.kingsfund.org.uk/publications/leadership-and-leadership-development-health-care	EN	
Piper, L.E. (2007) Ethics: the evidence of leadership. Health Care Manag. 26(3):249-54.	EN	
https://www.ache.org/abt_ache/MA09_Ethics.pdf	EN	
https://my.clevelandclinic.org/health/healthy_living/hic_Dealing_with_Ethical_Questions_in_Health_Care	EN	
Ferrie, S. (2006) A quick guide to ethical theory in healthcare: solving ethical dilemmas in nutrition support situations. Nutr Clin Pract. 21(2):113-7.	EN	
Rodney, P. et al. (2002) Navigating towards a moral horizon: a multisite qualitative study of ethical practice in nursing. The Canadian Journal of Nursing Research, 34(3):75-102]	EN	
Varcoe,C. et al (2004) Ethical practice in nursing: working the in-betweens. Journal of Advanced Nursing, 45(3): 316–325	EN	

Gallagher, A., Tschudin, V. (2010) Educating for ethical leadership. Nurse Education Today, 30(3): 224-227	EN	
Donnelly, P.J. (2000) Ethics and Cross-Cultural Nursing. J Transcult Nurs. 11(2): 119-126	EN	
https://www.england.nhs.uk/about/equality/	EN	
https://www2.rcn.org.uk/_data/assets/pdf_file/0004/377356/Nursing_Standard_Principle_A_March11_563KB.pdf	EN	
http://www.ncbi.nlm.nih.gov/pubmed/20487405	EN	
Kangasniemi, M. (2010) Equality as a central concept of nursing ethics: a systematic literature review. Scand J Caring Sci. 24(4):824-32.	EN	
(http://www.leadershipacademy.nhs.uk/resources/inclusion-equality-and-diversity/)	EN	
Day, H. (2014) Engaging staff to deliver compassionate care and reduce harm. British Journal of Nursing, 23 (18): 975-980	EN	
Dewar et al. (2011) Valuing compassion through definition and measurement. Nursing	EN	

Management, 17 (9): 32-37		
Dewar, B., and Cook, F. (2014) Developing compassion through a relationship centred appreciative leadership programme. Nurse Education Today 34: 1258-1264	EN	

<i>Training/learning/evaluation materials</i>	<i>Download</i>	
Description of the tool	EN	
Pre - class self directed learning sheet	EN	
PPT presentation	EN	
Appendix I Culturally competent and compassionate healthcare leadership model	EN	
Appendix II Handout: Concept map	EN	
Appendix III Scenario: Nelson and Mary	EN	
Appendix IV Optional scenarios	EN	
Appendix V Role Modelling in practice handout	EN	
Appendix VI Action plan	EN	
Appendix VII Evaluation	EN	
Appendix VIII Reflexive log	EN	

Appendix IX Consent form	<i>EN</i>	
The Nurse Leader as Change Agent and Role Model: Thoughts of a New Nurse Manager	<i>EN</i>	
<i>Basic Needs for Human Management</i>	<i>EN</i>	

Learning Unit 1: Ethics, Equality and Leadership in Healthcare

Date

As part of this project, we are also creating a culturally competent compassion knowledge sharing network. This is to facilitate the exchange, flow and co-creation of knowledge during the project life and after the project ends. This network environment will be an integrated web based platform that provides nurses trainers and health organisations and others involved in nurses and healthcare professional education and training with information, tools and training resources to support and enhance culturally competent compassion education delivery and dealing with cultural issues, depending upon the needs of the users. Your email address will be also be added to a mailing list and you will be able to participate in online forums. If you would like to be added to this network, please indicate in the box below.

Full Name (printed)	Signature	Role and Place of Work	Email Address	Please tick if you would like to be added to the sharing network

Page 2

Full Name (printed)	Signature	Role and Place of Work	Email Address	Please tick if you would like to be added to the sharing network

