



Erasmus + KA2: STRATEGIC PARTNERSHIPS

STRENGTHENING THE NURSES AND HEALTH CARE PROFESSIONALS' CAPACITY TO DELIVER CULTURALLY COMPETENT AND COMPASSIONATE CARE (IENE 4)

Tool for Intercultural Education of Health Care Leadership in Europe for Senior Leaders (Unit 1)

Title: *Self-compassion as a prerequisite for culturally and compassionate health care leadership.*

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Theoretical Component:

Relevant principles for and values of the tool:

There is a need to prepare nurses and other care professionals better for compassionate and culturally competent care in order to respond to the healthcare sector demands. Self-compassion among front line nurses and care professionals is a prerequisite for the delivery of compassionate care. To promote this, self-compassion must be role modelled and coached by the leaders of this staff, i.e. a culturally and compassionate health care leadership. Communication skills are an essential part of such leadership.

Aim of the tool/learning outcomes:

- To become aware of own ability to be self-compassionate and the association between self-compassion among staff and the performance of culturally competent nursing and care to patients (1.2).
- To practice communicative competences to understand the need among staff to be self-compassionate (rather than being judgemental) (2.2)
- To act as a role model (to master tools of communication cf. 2.2) in relation to self-compassion and in this way develop a higher degree of culturally competent nursing and care among staff (3.3)
- To become aware of and reflect on own role in supporting staff to perform competent and compassionate nursing and care (4.2).

Relevant definitions and terms, and what the research says:

Self-compassion entails being kind and understanding toward oneself in instances of pain or failure rather than being harshly self-critical (Neff, 2003) and has recently been re-established as a basis of quality nursing care in a review by Sharma and Jiwan (2015). The development of a compassionate self and the ability to be sensitive, non-judgemental and respectful towards oneself appears to contribute to a compassionate approach towards others (Gustin & Wagner, 2013).

Leader: This UNIT 1 tool is aimed at senior professionals whose roles emphasise leadership within their organisations and support the front line staff so they are enabled to provide culturally competent and compassionate services (Azienda Ospedaliera Universitaria Senese, 2015).

Culturally competent and compassionate health care leadership is the synthesis and application of the four elements used in the “The European model for developing culturally competent and compassionate healthcare leadership”, and 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 develops and guides” (Cyprus University of Technology, 2015).

Compassion is a dimension of quality care and has to do with *actively* responding to human suffering. It is thereby separated from terms such as pity and empathy although often applied synonymously with these (University College Lillebaelt, 2014). Communication is felt by patients to be an essential part of compassionate care (Bramley & Matiti, 2014) (Badger & Royse, 2012). It is also emphasized that it is important for the nurses to have good communication skills with the staff they work with because effective communication is a fundamental element of nursing and serves as an integral part of the provision of patient care. Effective communication plays a crucial role in meeting the cognitive and affective needs of patients and improving the quality of care delivery (Sharma & Jiwan, 2015). A special challenge is identified with regard to migrant patients with little or no skills to communicate in the native language of the country (Garrett et al., 2008). Of relevance is also that research among health care work forces in e.g. UK and USA show lack of equality and difficulties in communication between co-workers and patients with different ethnic backgrounds. These problems may occur from different views on equality and communication and managers need to promote equality and effective communication among an ethnically diverse work force (Olt et al., 2014).

What legal/normative frameworks or conventions says on the topic:

According to the International Council of Nurses the framework for ethical conduct is that “*The nurse evaluates own competences and the competences of others when she/he takes on responsibility or delegates this to others*”. In practice: “*Monitors and promotes the health of nursing staff in relation to the competences in practice*” (International Council of Nurses, 2000, p.5, p.9)

The frame of reference for ethical conduct: “*The nurse promotes good working relations with the other members of the care staff...*” In practice: “*Develops systems at the workplace supporting common professional and ethical values and ways of acting*” (International Council of Nurses, 2000, p.5, p.11)

Danish nurses operate in line with ethical guidelines in accordance with Danish legislation. These are rooted in the UN declaration on human rights from 1948 and the International Council of Nurses’ (ICN) code of ethics for nurses from 1953, last revised in 2012. According the ethical guidelines, the nurses must among other things “*reflect on own practice and respond to ethical situations and dilemmas occurring to the nurse herself, relatives, the profession and society*”. (Ethical guidelines for nurses, 2014, p.8)

At a Danish university hospital good leadership is ensured through dialogue and involvement and decisive for a good working place with committed staff ready for adjustment and development. Good leadership is characterised by motivating staff through the daily interaction. Good leadership is also to

ensure that tasks and competences go hand in hand and that the lines of communication are clear and short (OUH, Ledelsesgrundlag, standard 1.1.2)

Practical component:

Self-directed activities, 3-5 hours.

In accordance with the above aim (D/E), the purpose of this exercise is to become aware of own self-compassion and to be a role model. Thus, self-compassion is both a prerequisite for compassionate and culturally competent leadership and there is a link between the self-compassion of health care staff and their ability to perform compassionate and culturally competent nursing and care.

- **Reflect on the following questions and bring the answers to the face-to-face session:**

How do you think your self-compassion affects your leadership? Which considerations do you have concerning the association between your staff's ability to be self-compassionate and their ability to perform compassionate care? Do you think your staff's ability to be self-compassionate and perform care can be further challenged/is different when the patient group has another cultural background? No/Yes? Elaborate on your answer. Which considerations do you make as a leader to act as a role model?

- **Draft a description of practice not exceeding 1 page of text (appendix 1)**

Classroom activities, 5 hours

Preparation: Participants bring their description from practice and read the article: Neff, KD (2003) The development and validation of a scale to measure self-compassion. <http://self-compassion.org/wp-test/wp-content/uploads/2014/10/empirical.article.pdf> (The participants can skip the section that concerns the method)

According to the overall goals (D/E) the purpose is to become aware of own ability to be self-compassionate and about the association between the self-compassion of staff and their ability to perform culturally competent care for the patients in their own practicing as well as to develop communicative competences to understand staff needs for self-compassion.

Organisation of teaching (detailed plan see appendix 2)

- Presentation on self-compassion
- Group work to become aware of the participants' own understanding of self-compassion
- Presentation on the association between self-compassion and the performance of culturally competent care
- Group discussion: The role as a leader to promote/prohibit self-compassion among staff
- Presentation on communication (the communication process: The verbal, non-verbal, the relation, perception and escalation/de-escalation of a conflict)
- Group work/in pairs – participants discuss and prepare their specific initiatives to act as role models towards staff to support their self-compassion and to support the performance of compassionate and culturally competent care
- On the basis of the group work, a joint summary and database with ideas. It might be helpful for the participants to use an action plan (see appendix 3)

(the pilottest indicated that you might consider to use/move some of the “classroom hours” to the end of the course to follow up the last two activities)

Role modelling activities, 3-5 hours:

Preparation: On the basis of the self-study exercises and the face-to-face teaching, reflections are made on how you as a leader wish to demonstrate own self-compassion to support the self-compassion among health professionals to enable them to perform compassionate and culturally competent nursing and care.

According to the overall goals (D/E) the purpose is to become aware of own ability to act as a role model and to demonstrate skills in communication with focus on self-compassion to develop a higher degree of culturally competent and compassionate care among staff. Also to reflect on own role in supporting staff to perform competent and compassionate nursing and care.

- **Reflections:** See your practice description, notes from self-studies and face-to-face sessions. Have you learned more about your ability to be self-compassionate and about the association between the self-compassion among staff and the ability to perform culturally competent nursing and care to patients in their own practicing. Are there any barriers and possibilities in relation to your competences to be a role model? What would you focus on when you are going to act as a role model? Write down three specific focus areas; make a reflection afterwards on what went well. How can I optimise it? What can be improved? What would I do differently?

Reflection with teams, 3-5 hours with your staff

Preparation: Make an agenda prior to the meeting with the subject "How can self-compassion be promoted and/or maintained at the workplace to facilitate the performance of compassionate and culturally competent nursing and care"?

According to the overall goals (D/E) the purpose is to act as a role model (use tools in communication cf. 2.2) in relation to self-compassion and in this way develop a higher degree of culturally competent and compassionate nursing and care among staff (3.3). To become aware of and reflect on own role to support staff to perform competent and compassionate nursing and care (4.2).

- **Prepare agenda with inspiration from the idea database. Ask staff to bring a photo that illustrates their own self-compassion at the workplace.**

- **The following are helpful questions for the meeting:**

I have mentioned that it can be difficult/successful to be self-compassionate at the workplace. Can you help me understand this better? When did you start to feel it was difficult/successful? If you should describe self-compassion with a metaphor, how would you do that? Tell about the photo you have brought illustrating your self-compassion. If we should give it a name what should it be? How does the self-compassion manifest itself? What is behind it? Cause? What does it make you do? How does it make you react? Have you noticed what this kind of self-compassion affect you? – how it affects the others in the group? – how it affects your ability to perform compassionate and culturally competent nursing and care to patients? Does this say something about you as a person? – something about the collegial atmosphere? – the leader as a role model? Should we change something? – personally? – in the group? – about me as a leader?

Theoretical and Practical assessment

Summary evaluation:

The lecturer evaluates if the prerequisites of the participants and the learning needs have been included, if the framework was optimal, if the goals were realistic, if the content was relevant, how the learning process was organised.

Participants: A self-evaluation form (appendix 4).

Formative evaluation:

Participants: Reflection questions in the exercises.

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Appendix 1

Guideline for drafting of practice description

What is a practice description? A practice description is a written narrative, a story about an experience important to the one writing it. The intention of the practice description is to tell about a specific incident experienced by the storyteller at a certain time. The practice description is a reconstruction of the event and it always has the storyteller's angle and thus gives his/her perception of the event.

What can the practice description be used for? By making a practice description you visualise to yourself which experiences you have from practice and which specific problems concerning self-compassion you are faced with in your daily practicing. In this way you get the opportunity to focus on the challenges important to you and you have the possibility to discuss these with other leaders. The practice description can be included in different ways in the face-to-face teaching as a basis for discussion and reflection.

Theme of practice description: An episode where you as a leader has shown self-compassion and/or encouraged/sent signals about self-compassion to your staff.

Content of practice description: Select a specific event from your practice you have been preoccupied with and which has been difficult or successful.

Write down the event as you recall it. Use a *narrative language* (your own style) and try to present the story chronologically.

It is important to include the most important details to ensure the coherence of the event e.g.:

- Think about a situation from practice where you exhibit self-compassion or signal/encourage self-compassion in your staff. It can be a challenging or successful situation.
- Include the background of the event such as e.g. who is included and what is it about? Who are you as a leader? What is the central point and why is that point in focus? Where does it take place? Under which circumstance? What happens in the interaction between you and your staff?
- A description of the event where actions are described as they are actually remembered to be performed, e.g. what was really said during the event, who said what and who did what.
- Why was the event important, successful, difficult or impossible?
- Include and describe the thoughts you had during and after the event.

Ethical considerations: You are responsible for *anonymisation* i.e. name, civil registration number, job position, address, hospital, municipality or similar, personal information is removed and it is thus impossible for others to identify the persons.

Appendix 2

Teaching is organised as follows:

- Presentation on self-compassion, e.g. use of powerpoints with key aspects from the article
- Group work to become aware of the participants' own understanding of self-compassion. Reflection is based on the following questions in relation to their practice description:
 - Take turns telling the others in the group about your practice description
 - Where do you see that self-compassion is expressed in your practice description?
 - Can you use something from the text that could contribute to your understanding of self-compassion as it is expressed in the practice description?
- Presentation on the association between self-compassion and performing culturally competent nursing and care. Include the ethnic minorities in your country and how the health professionals here perceive the nursing and care of ethnic minorities
- Group discussion: The role as a leader to promote/prevent self-compassion among staff. Discuss in groups on the basis of the following questions:
 - How do you contribute to promoting self-compassion among your staff?
 - How do you contribute to preventing self-compassion among your staff?
- Presentation on communication (the communication process: The verbal, the non-verbal, the relation, perception, the stairs of conflict – escalation of conflict)
- Group work/pair work: Participants discuss and prepare their specific initiatives to act as role models to staff concerning support of self-compassion and performance of culturally competent nursing and care
On the basis of the following questions:
 - Based on your current knowledge, discuss the considerations you have when the conversation is about self-compassion in your staff and in yourself
 - Considerations about how a potential conflict can lead to development of self-compassion in staff and in yourself
 - Consider and write down the questions which can possibly shed light on and investigate the habits/routines which can support and/or challenge self-compassion among staff
 - Consider and write down how you want to deal with and ask questions about the subject (include the verbal, the non-verbal, your preunderstanding, the relation)
- On the basis of the group work a joint summary is made. The lecturer is responsible for making the key ideas specific to generate a bank of ideas. Use the blackboard, smartboard poster and similar
Supporting questions for the lecturer:
 - What have you concluded?
 - Which considerations have you made when shedding light on the habits/routines which can support or challenge self-compassion in staff?
 - Are there any barriers in you as leaders to take part in this conversation?
 - Can you imagine there will be barriers for health professionals? If yes, how will you relate to this? How will you contribute to ensuring that a conflict leads to development?
 - Which specific questions would you ask the health professionals? (can function as an agenda).

Appendix 3

Action plan

- 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 and compassionate care?
- How many times do you aim to consciously plan these role modellings opportunities?
- How do you plan to obtain feedback from those involved in your role modellings activities?

Appendix 4

Answer according to what you think – in your own words – about the process your have been through.

What do you think about the applied ways of working with your staff including the vaiation and extent of the different elements such as self-studies, class teaching, practicing of competences and reflection?	
What do you think about your own effort?	
When did you think your learning outcome was highest?	
What have you learned from self-studies?	
What have you learned from classs teaching?	
What have you learned from clinical practice concerning practicing your competences?	
What have you learned from meeting your staff?	
How do you think you will benefit from what you have learned?	
Other comments	