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

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## **O3: NEEDS ASSESSMENT OF NURSES' AND OTHER HEALTH PROFESSIONALS' LEADERS**

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### **PARTICIPATING PARTNERS:**

**Middlesex University, UK**

**EDUNET, Romania**

**Cyprus University of Technology, Cyprus**

**Azienda Ospedaliera Universitaria Senese, Italy**

**University College Lillebaelt, Denmark**

**Polibienestar Research Institute - Universitat de València, Spain**

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## 1. BACKGROUND

### Objectives of the Project:

The Project responds to the needs that have been identified to better prepare nursing and other caring professionals for compassionate and cultural competent care in order to respond to the healthcare sector demands. IENE4 Project also aims to change the organisational culture by focussing on leadership through an innovative intervention based on role modelling principles.

Specific objectives:

1. Systematically review of empirical literature pertaining to universal components of compassion, as well as the measurement, and practice of compassion;
2. Construct, pilot and implement a self-assessment “compassion measuring tool”
3. Design a new training and work based learning model, for the development of compassion skills of nurses and health care professionals based on an analysis of their needs;
4. Develop an intervention which will promote the learning, practice and support of compassion-in-practice; this will begin with the development of nursing and health care leaders;
5. Evaluate the effectiveness of the intervention with service providers and users;
6. Make all Project tools freely available on a dedicated website;
7. Hold an international conference;
8. Establish a network of people working on “compassion” projects for knowledge share and co-creation of knowledge.

The main aim of the Project is to improve the quality of training for nurses and health care professionals in the delivery of compassionate and culturally competent care that responds to the healthcare sector needs.

### Introduction

This report has been elaborated in the framework of the IENE4 Project: *Strengthening the nurses and health care professionals’ capacity to deliver culturally competent and compassionate care* and it is the final report of O3-Needs assessment of nurses’ and other health professionals’ leaders. It was elaborated between May and June 2015. This report compiles the questionnaire survey reports in all partner countries in relation to the needs of senior staff and/or staff in leading. The aim of the survey was to conduct an assessment of the needs of senior staff to help them become role models and supporters of culturally competent and compassionate care in partner countries. (Project Application form, p.44)

The deliverables of (O3) were:

1. A needs assessment of questionnaire
- 2 .A data set
3. Paper with results
4. Paper with results on website

## 2. METHODOLOGY

**Sample and selection:** The analysis focuses on the following specific target groups: Nurses and other health professionals, and healthcare leaders (senior nurses and other health professionals, teachers and ward managers).

The study has been approved by ethical board from three of the participating countries (UK, Cyprus and Spain) whilst the other five did not require it. The data was collected by an online questionnaire developed by researchers. The participants were selected among those who work in hospital or community settings as a leader of nurses and other health care professionals across the partner countries. The researchers invited the selected participants to fill in the online questionnaire. An Internet link was sent to participants who have voluntarily accepted to involve in the study.

**Data collection tool:** The questionnaire consisted of both of quantitative (demographics or job experience) and qualitative (needs, values, comments etc.) questions. The questionnaire can be seen at the last page of the report (see Annex). Following the hit on the “done” button, the data was sent to the researchers in charge of the management of survey platform immediately, and kept for analyses.

**Statistics:** The means, frequencies and percentages were used as descriptive statistics as needed. Median values were used for specify the major groupings in the related variable. For qualitative data, the similar answers were re-classified and refined in order to avoid from too much cells with low numbers.

## 3. RESULTS

The partners from seven European countries (United Kingdom, Turkey, Cyprus, Denmark, Italy, Romania and Spain) have conducted an online research on the needs of culturally competent and compassionate care for the target group. The results will inform the development of a European model for the development of role models to promote culturally competent and compassionate care and a work based training curriculum and learning tools for health care leaders. (Project Application form, p.44)

*TABLE 1: Number of respondents from each country*

	Number of the Participants, (%)
<i>Cyprus</i>	28 (14.1)
<i>Denmark</i>	12 (6.1)
<i>Italy</i>	32 (16.1)
<i>Romania</i>	21 (10.5)
<i>Turkey</i>	41, (20.6)
<i>UK</i>	48, (24.1)
<i>Spain</i>	17 (8.5)
<b><i>TOTAL</i></b>	<b>199 (100)</b>

One hundred ninety nine participants were involved in the study from all partner countries. The Country by country distribution of the participants was shown above (Table 1). The majority of the participants were from UK, Turkey and Italy respectively.

**Q1a) Gender**

As shown in the table the vast majority of the sample was female (n=165, 82.9%).

**TABLE 2: Distribution of gender**

<b>GENDER</b>	<b>Number of the Participants, (%)</b>
<i>Male</i>	28 (14.1)
<i>Female</i>	165 (82.9)
<i>Not stated</i>	6 (3.0)

**Q1b) Age:**

Mean age of the participants is 43.69 (Minimum 21, Maximum 63).

**Q1c) Job title\*****TABLE 3: Professions of the participants**

<b>JOB TITLE</b>	<b>Number of the Participants, (%)</b>
<i>Head nurse</i> (Ante/post natal ward manager, Ward manager, Head nursing officer, Chief complex, First nursing officer, Chief nursing officer, Manager emergency floor, Manager assistant)	51 (25.6)
<i>Senior Nurse</i> (Supervisor nurse, Practise development nurse, Medical assistant principal)	39 (19.6)
<i>Faculty Staff/nurse-midwife</i> (Associate professor, Lead research nurse, Clinical counsellor for international nursing students, Clinical skills facilitator, Instructor, Lecturer, Midwife consultant, Midwife clinical skills, Psychiatry service specialist)	33 (16.6)
<i>Clinical nurse</i> (Acute oncology nurse lead, Advanced urology nurse practitioner, Assistant chief orthopaedic traumatology clinic, Cardiac specialist nurse, Charge nurse, Clinical specialist, Clinical nurse specialist respiratory/oncology, Infection control nurse, Intensive care nurse, clinical supervisor, Lead clinical nurse specialist, Nurse endoscopist, Pharmacy nurse)	24 (12.1)
<i>Coordinator</i> (Coordinator task force, Customer care programme coordinator, Home care coordinator, Nurse coordinator)	23 (11.6)
<i>Other Health Professions</i> (Speech therapist, dietician, pharmacist, oncologist, Consultant clinical oncologist, physiotherapist, Audiologist, Advanced dietician)	13 (6.5)
<i>Director</i> (Deputy director, Quality governance and experience lead, Director of Medical Management, Research and development manager)	10 (5.0)
<i>Resident doctor</i>	6 (3.0)

\* Due to the low numbers in professions rows have been truncated. Painted cells compile more than 50% of the sample.

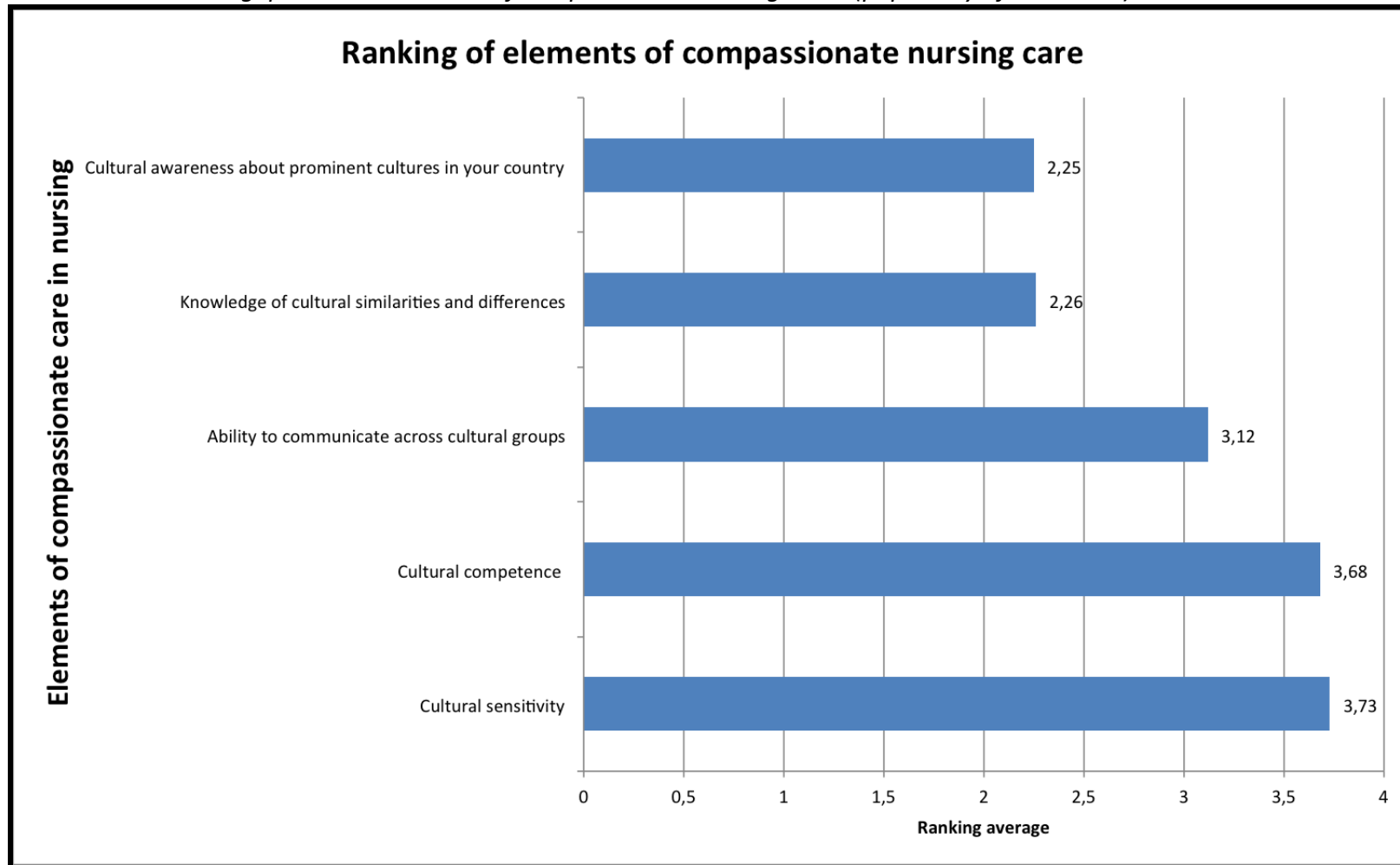
Head nurses, senior nurses and faculty staff has consisted of more than 50% of the sample.

TABLE 4: Q3 "How many years of experience in current position"

	<b>Frequency, (%)</b>
<i>Less than one year</i>	10 (5.0)
<i>1-2 years</i>	30 (15.1)
<i>3-4 years</i>	34 (17.1)
<i>More than 5 years</i>	118 (59.3)
<i>Not stated</i>	7 (3.5)

The majority of sample has experience for more than five years.

FIGURE 1: Q4 Ranking question: “Elements of compassionate nursing care” (popularity of each item)



As shown in the figure, cultural sensitivity and cultural competence were scored highest as the most significant element of the culturally competent and compassionate care in nursing by the participants.

TABLE 5: Q5a “values”\*: What key values would a healthcare leader need in order to enhance his/her ability to promote culturally competent and compassionate care in the clinical areas and teams s/he is responsible for?

	Cyprus*	Denmark*	Italy*	Romania*	Spain*	Turkey*	UK*	Overall*
<i>Respect</i>	14	3	12	4	8	9	10	60
<i>Equity</i>	5	3		1	5	4	6	26
<i>Compassion</i>	3			1	2	6	10	22
<i>Cultural competence</i>	5		2			8	4	19
<i>Tolerance</i>	6	3	3	1	3	3		18
<i>Humanity</i>	2	5	2	2	2	3	1	17
<i>Professionalism</i>	3			7		4	3	17
<i>Empathy</i>		1		1	4	3	2	11
<i>Honesty</i>		1	1	2	1	1	5	11
<i>Moral</i>	2		1	5		3		11
<i>Fairness</i>	1		1	4		2	2	10
<i>Solidarity</i>	2		2	1	4			9
<i>Trust</i>	2		1	2		1	2	8
<i>Responsibility</i>		1			3	1		5
<i>Communication</i>			2	1	1			4
<i>Cooperation</i>			1	1	1			3
<i>Courage</i>						1	2	3
<i>Self awareness</i>		1					2	3
<i>Assertiveness</i>					1			1
<i>Teamwork</i>				1				1
<i>Privacy</i>				1				1
<i>Loyalty</i>						1		1

\* Due to multiple responses the total sum exceeds the total number of participants. Colourful cells compile median values of the columns.

Analyses using median values showed that the most frequently reported key values were respect, equity, compassion, cultural competence and tolerance. However, as shown in the tables in different colours representing countries, participants from Spain and Romania emphasized partly different key values from other participating countries such as moral, professionalism, fairness, solidarity and empathy.



TABLE 6: Q5b “knowledge” \* what knowledge would a healthcare leader need in order to enhance his/her ability to promote culturally competent and compassionate care in the clinical areas and teams s/he is responsible for?

	Cyprus*	Denmark*	Italy*	Romania*	Spain*	Turkey*	UK*	Overall*
<i>Knowledge about different cultures</i>	20	8	10	10	10	16	21	95
<i>Healthcare knowledge</i>	4	2	3	9	2	6	4	30
<i>Communication skill</i>	1	3	5	1	4	6	1	21
<i>Upto date evidence based</i>			1			3	1	5
<i>Compassionate care</i>			1				2	3
<i>Brief psychotherapy</i>			1		1			2
<i>Humanism</i>					1		1	2

\* Due to multiple responses the total sum exceeds the total number of participants. Colourful cells compile median values of the columns.

Overall, the most of participants reported “knowledge about different cultures” that healthcare leader needs in order to promote culturally component and compassionate care. As shown in the tables in different colours representing countries with answers reaching to median values, each country participants nearly has scored the same option except Italy. Italy has emphasized the “communication skill” as a need.

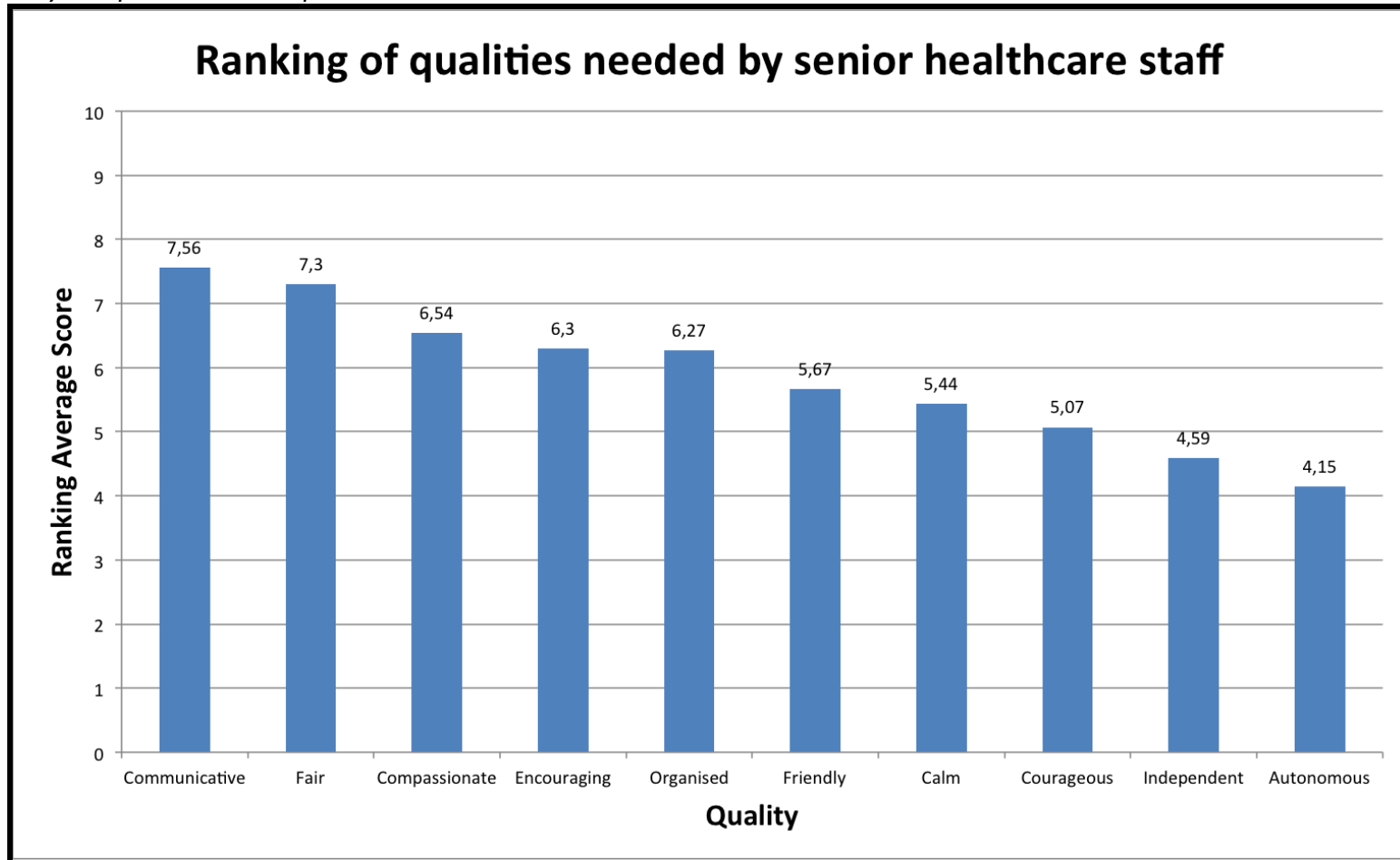
TABLE 7: Q5c “skills” \* what skills would a healthcare leader need in order to enhance his/her ability to promote culturally competent and compassionate care in the clinical areas and teams s/he is responsible for?

	Cyprus*	Denmark*	Italy*	Romania*	Spain*	Turkey*	UK*	Overall*
<i>Communication skills</i>	12	4	6	6	10	23	30	91
<i>Empathy</i>	5	2		3	9	2	2	23
<i>Experience</i>		1	7	1	1	2	4	16
<i>Leadership skills</i>	4		1			3	7	15
<i>Social skills</i>	1	1	2	4	3	2	1	14
<i>Courage</i>	1	3				2	5	11
<i>Compassion</i>	1	1	3	2		1	1	9
<i>Flexibility</i>	1			3	2	1		7
<i>Assertiveness</i>		1		2	2		1	6
<i>Patience</i>	2						1	3
<i>Trust</i>						2		2
<i>Coaching</i>							2	2

\* Due to multiple responses the total sum exceeds the total number of participants. Colourful cells compile median values of the columns.

Overall, the majority of participants reported “communication skills and empathy” that healthcare leader needs as a skill in order to promote culturally competent and compassionate care. However, as shown in the tables in different colours representing countries, participants from Denmark, Italy and Romania reported some additional “skills” such as courage, experience, fairness, social skills, and flexibility.

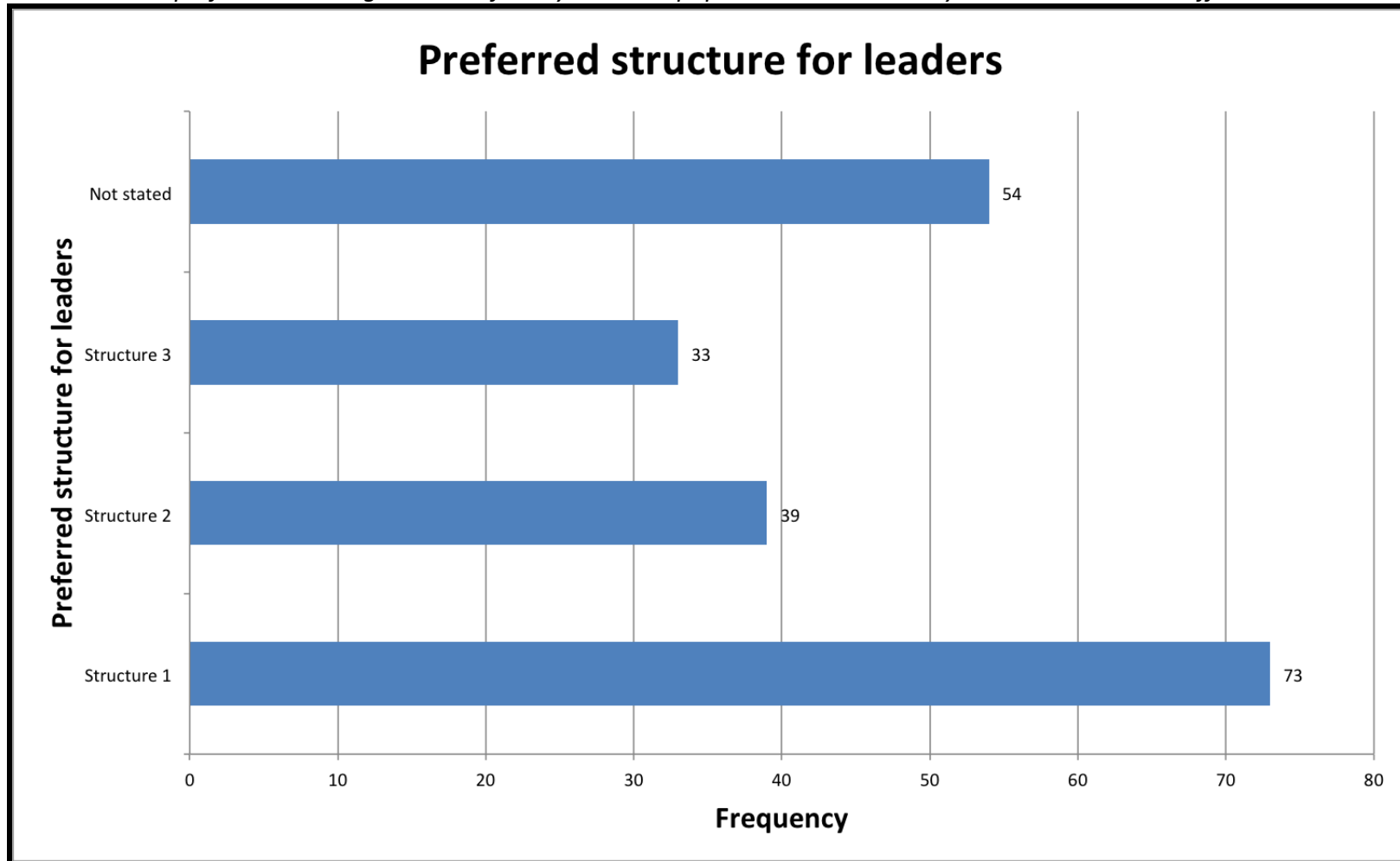
FIGURE 2: Q6 Ranking question – “what key leadership qualities are needed by senior healthcare staff in order to be able to promote a culturally competent and compassionate work culture?”



Note: 10 = most important, 0 = least important

Top five ranking were communicative, fair, compassionate, encouraging and organisational leadership qualities needed by senior healthcare staff respectively.

FIGURE 3: Q7 “preferred learning structure for key leadership qualities are needed by senior healthcare staff”



The most favoured option in learning the key leadership qualities was structure 1; however, a significant part of the participants did not report their opinion.

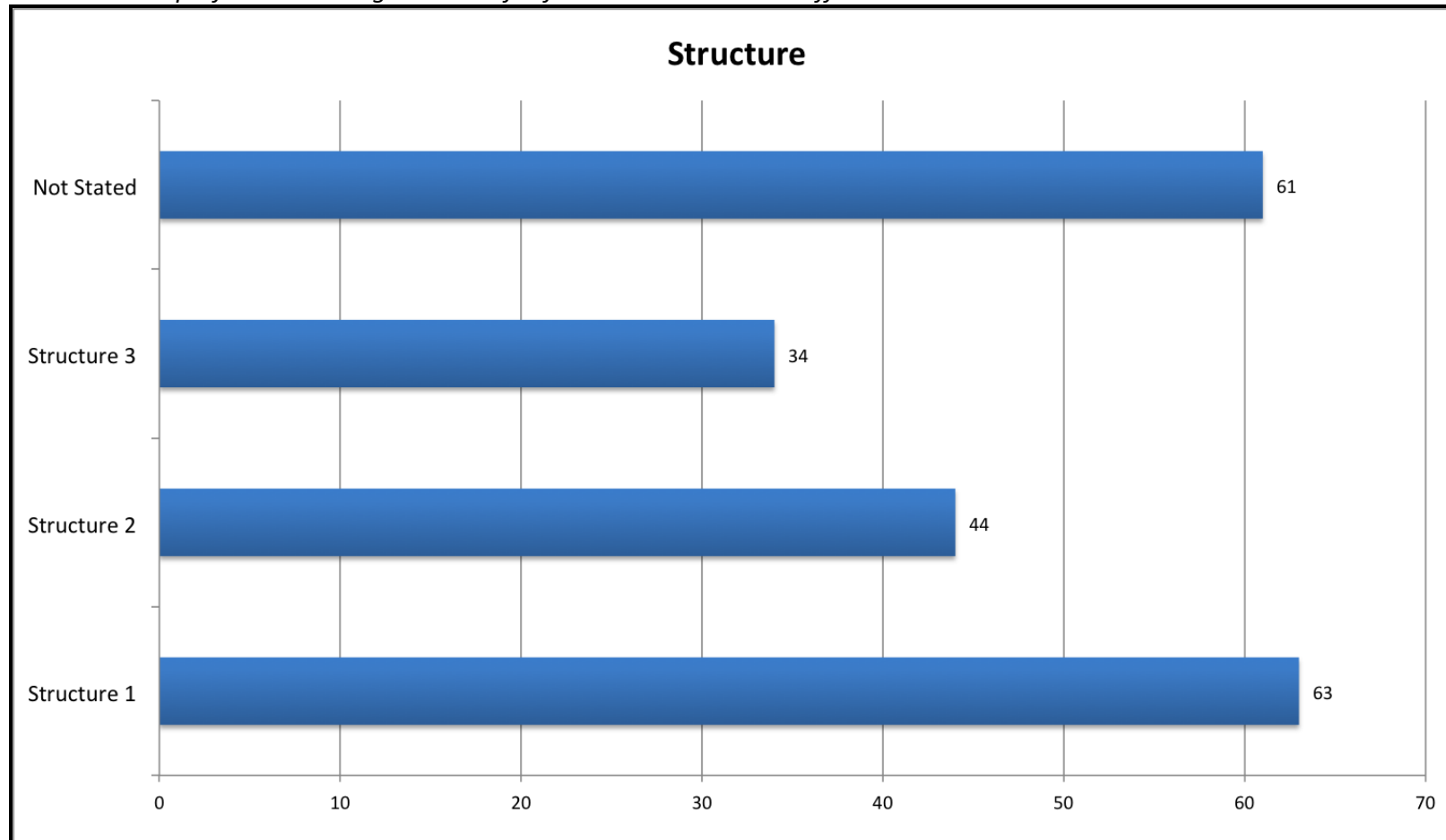
TABLE 8: Q8 “The needs of front line staff in becoming culturally competent and compassionate caregivers”\*

	Cyprus*	Denmark*	Italy*	Romania*	Spain*	Turkey*	UK*	Overall*
<i>Cultural knowledge</i>	10	3	9	6		11	8	48
<i>Communication skills</i>	8	1	11	4	6	11	6	47
<i>Practical tips for cultural competence/compassion</i>	3	1	2			8	7	21
<i>Training in different multicultural aspects</i>			4	2	4	2	2	14
<i>Clinical skills</i>		1	1	2	2	2	3	11
<i>Empathy</i>			2		1	5		8
<i>Leadership</i>	1	2	2				3	8
<i>Self knowledge</i>			2	1		2	2	7
<i>Courage</i>				1		3	2	6
<i>Compassion</i>			4	1				5
<i>Role playing</i>	1	1				1	2	5
<i>Team work</i>			2	1				3
<i>Guidelines about different cultures</i>					2			2
<i>Support and collaboration by peers</i>			1		1			2

\* Due to multiple responses the total sum exceeds the total number of participants. Colourful cells compile median values of the columns.

Overall, the majority of participants reported “cultural knowledge” and “communication skills” that a frontline professional needs in order to promote culturally competent and compassionate care. However, as shown in the tables in different colours representing countries, participants from Denmark, Spain and UK reported some additional “needs” such as leadership, training in multicultural aspects and practical tips for cultural competence/compassion.

FIGURE 4: Q9 “preferred learning structure for frontline healthcare staff”



The most favoured option in learning the needs of front line staff in becoming culturally competent and compassionate caregivers was structure 1; however, a significant part of the participants did not report their opinion.

## Q10 “suggestions and comments”

Some of the selected comments assigned to subheadings are below.

### ***Affirmative comments***

- “I consider this is a ***very interesting initiative***”
- “It is a ***well structured project***, and I hope in the future to develop such an innovative concept.”
- “Approach is intelligent, proposed structures are realistic, adapted to the ***current needs***.”
- “The questionnaire aims to ***improve the quality of medical service*** and thank all those who think about health and we enjoy it very much if you would and implement some of the suggestions above.”
- “I hope that interest that you have on the healthcare personnel ***to echo*** as far away!”
- “Currently, it is undervalued the national cultural potential. Also, we must to be aware of the idea - that we are part of a broader socio-cultural complex, to understand the differences in order to establish a “bridge”. The compassion and competence of health professionals are ***primary duties!***”
- “In the current situation we live and in our profession, training about these issues ***should be something compulsory to practice***”
- “It is ***something new***, a topic ***untouched*** until now ....”
- “An expression more simple and ***to the point***.”

### ***Importance of the topic***

- “I believe that the participation in this survey is an opportunity of professional and personal growth. We can develop intercultural skills, which are essential in a multi-ethnic world.”
- “I believe that communication skill is the first attitude that nurses and healthcare professionals, who provide care, should have. Since nowadays the nursing profession in Europe tends to address the request of delivering health care to a multiethnic society, new demands are made on healthcare professionals to demonstrate appropriate intercultural sensitivity.”
- “I think that any education and training would need to establish the particular needs of the group entering education, and would suspect there are variable skills and knowledge in any service team. Working on such a programme would help develop team cohesion and communication.”
- “Health care leader should promote culturally competent and compassionate care in the areas and teams by being role model.”
- “After this survey it should follow a real and immediate practical change, even slight, to show, for once, that what we are doing will continue in the next future.”

### ***Obstacles***

- “Time is the biggest obstacle to frontline staff & I would see the need to offer a variety of learning structures to staff rather than fix one structure for use. This would also allow more flexibility for staff & would also allow for different learning styles & access issues to on-line learning or ability to attend face to face training due to family commitments. Reflecting as a team is worthwhile but again the time issue will be the biggest challenge to overcome for frontline staff so a whole ‘clinical team’ approach may not be feasible.”
- “Use of real examples and role play. Asking people from non-dominant groups about what is important to them, and how they would like to be cared for (and what they don't like too!)”
- “Safe and happy work environment enhances the quality of care.”
- “Leaders should be to have cultural competence, and it must be supported by institutions. Training materials should be applicable.”
- “The materials to be as complex and varied, with case studies.”

#### 4. CONCLUSIONS

Seven European countries have conducted an online research on the needs of culturally competent and compassionate care. One hundred ninety nine participants involved in the study. The majority of sample was female (n=165, 82.9%) with a mean age of 43.69. The majority of sample has experience for more than five years in their current position holding titles such as head nurse (25.6%), senior nurse (19.6%) or faculty member (16.6%).

The participants scored cultural sensitivity and cultural competence highest as the most significant element of the culturally competent and compassionate care in nursing. Analyses using median values showed that the participants reported key values, which would a healthcare leader need in order to promote culturally competent and compassionate care, were respect, equity, compassion, cultural competence and tolerance most frequently. However, some differences between the countries have been found. For example, Spain and Romania emphasized on moral, professionalism, fairness, solidarity and empathy additionally. On the other hand, participants from the partner countries agreed on “knowledge about different cultures” that healthcare leader needs in order to promote culturally component and compassionate care. Overall, the majority of participants reported “communication skills” and “empathy” that healthcare leader needs as a skill in order to promote culturally component and compassionate care. However, participants from Denmark, Italy and Romania reported the need of some additional “skills” such as courage, experience, fairness, social skills, and flexibility.

Top five ranking reported by the participants were communicative, fair, compassionate, encouraging and organisational leadership qualities needed by senior healthcare staff respectively in order to be able to promote a culturally competent and compassionate work culture. The most favoured option in learning format of the mentioned key leadership qualities was structure 1 which involves distance and face to face learning techniques. The majority of participants reported “cultural knowledge and communication skills” that a frontline professional needs in order to promote culturally component and compassionate care. Additionally, participants from Denmark, Spain and UK reported different “needs” than the overall such as leadership, training in multicultural aspects and practical tips for cultural competence/compassion.

The most favoured option in learning those needs of front line staff in becoming culturally competent and compassionate caregivers was structure 1; however, a significant part of the participants did not report their opinion. The most of comments were supportive to the survey and planned education, although, some concerns about time and applicability have been reported by the participants.

The results of the survey support that there is a need in promoting compassionate nursing. The main targets to focus may be “knowledge about different cultures”, “communication skills” and “empathy”. The preferred delivery type of education would include both distance and face-to-face sessions in an extensive manner. An educational activity in promoting compassionate nursing has been well accepted by healthcare professionals, although, timetable arrangements of educational activities should be made carefully.



## ANNEX

### Needs Analysis Questionnaire

<p>1.Information about you:</p> <p>a) Gender:</p> <p>b) Age:</p> <p>c) Job title:</p>
<p>2.Contact mail: (It is optional)</p>
<p>3. How many years of experience do you have in your current position?</p> <p>a) Less than 1 year</p> <p>b) 1-2 years</p> <p>c) 3-4 years</p> <p>d) 5 or more years</p>
<p>4. In your opinion, which are the most significant elements of culturally competent and compassionate care in nursing? Rank the statements according to importance with 1=most important and 5=least important.</p> <ul style="list-style-type: none"> <li>* Cultural awareness about prominent cultures in your country</li> <li>* Knowledge of cultural similarities and differences between minority cultures compared to the dominant culture.</li> <li>* Ability to communicate across cultural groups.</li> <li>* Cultural sensitivity (trust, respect, appropriateness, acceptance, interpersonal communication, therapeutic relationship).</li> <li>* Cultural competence (ability to provide care taking into consideration people's cultural values, beliefs, self-care practices and customs in a way that prevents discrimination)</li> </ul>
<p>5. What key values, knowledge and skills would a healthcare leader need in order to enhance his/her ability to promote culturally competent and compassionate care in the areas and teams s/he is responsible for? Please provide your answers under the following headings:</p> <p>a) Values:</p> <p>b) Knowledge:</p> <p>c) Skills:</p>
<p>6. In your view, what key leadership qualities are needed by senior healthcare staff in order to be able to promote a culturally competent and compassionate work culture? Please rank the following in order of importance, where 1=most important and 10=least important. Click one number for each answer.</p> <p>a.Encouraging</p> <p>b.Friendly</p> <p>c.Organised</p> <p>d.Calm</p> <p>e.Compassionate</p> <p>f.Courageous</p> <p>g.Independent</p> <p>h.Fair</p> <p>i.Communicative</p> <p>j.Autonomous</p>
<p>7. We will be developing two brief units of learning based on your feedback, our experience and what we found in the literature. These are the following possible structures for unit 1 (for leaders):</p> <p>Structure 1 will consist of:</p> <p>a) 3-5 hours of self-directed learning (all materials will be provided on-line and students go through them on their own)</p> <p>b) 5 hours of classroom learning (face to face learning in a classroom)</p> <p>c) 5 hours of role modelling in the clinical unit(s) where you work (applying and demonstrating the skills you wish to promote to your staff and colleagues)</p> <p>d) 3-5 hours reflection with your team(s)</p>

<p>Structure 2 will consist of:</p> <ul style="list-style-type: none"> <li>a) 5 hours classroom learning</li> <li>b) 5 hours role modelling in the clinical unit(s) where you work</li> <li>c) 3-5 hours reflection with your team(s)</li> </ul> <p>Structure 3 will consist of:</p> <ul style="list-style-type: none"> <li>a) 3-5 hours self-directed learning (all materials will be provided online)</li> <li>b) 5 hours role modelling in the clinical unit(s) where you work</li> <li>c) 3-5 hours online reflective activities.</li> </ul> <p><u>Please indicate which structure you prefer:</u></p> <p>Structure 1 Structure 2 Structure 3</p>
<p>8. We will also develop a learning unit for front line healthcare staff which will be rooted in their practice."</p> <p>These are healthcare professionals providing patient care who may be managed by leaders like you. The needs of front line staff in becoming culturally competent and compassionate caregivers may be very similar to yours, but due to your different roles and priorities, these may also be different.</p> <p><u>Please list what you think their needs may be.</u> This will help us create a learning unit which will be rooted in their practice.</p>
<p>9. Which of the unit structures presented in question 7 would be suitable for frontline healthcare staff?</p> <p>Structure 1 will consist of:</p> <ul style="list-style-type: none"> <li>a) 3-5 hours of self-directed learning (all materials will be provided on-line and students go through them on their own)</li> <li>b) 5 hours of classroom learning (face to face learning in a classroom)</li> <li>c) 5 hours of role modelling in the clinical unit(s) where you work (applying and demonstrating the skills you wish to promote to your staff and colleagues)</li> <li>d) 3-5 hours reflection with your team(s)</li> </ul> <p>Structure 2 will consist of:</p> <ul style="list-style-type: none"> <li>a) 5 hours classroom learning</li> <li>b) 5 hours role modelling in the clinical unit(s) where you work</li> <li>c) 3-5 hours reflection with your team(s)</li> </ul> <p>Structure 3 will consist of:</p> <ul style="list-style-type: none"> <li>a) 3-5 hours self-directed learning (all materials will be provided online)</li> <li>b) 5 hours role modelling in the clinical unit(s) where you work</li> <li>c) 3-5 hours online reflective activities.</li> </ul> <p><u>Please indicate which structure you prefer:</u></p> <p>Structure 1 Structure 2 Structure 3</p>
<p>10. <u>Your suggestions and comments</u> on any of the above would be greatly appreciated.</p>