

## **Tools for Intercultural Education of Nurses in Europe (IENE 3)**

### **Report on the state of the art of education delivering culturally competent and compassionate care in the partner countries**

**Inaugural project meeting- London 30.10.13 - 02.11.13**

## **INTRODUCTION**

The first IENE 3 project meeting was held in London over two days, on the 31<sup>st</sup> October and 1<sup>st</sup> November 2013. During this meeting the partners from each country (The Netherlands, Germany, Romania, UK, Italy and Turkey) delivered presentations which provided information on how the health service systems operated in their own countries, how intercultural competencies are included in nursing programs and how they are being taught.

This report summarises the content of these presentations and forms a useful baseline for the project. The full versions of the summarised papers can be viewed at the IENE TOOLS BLOG <http://ienetools.wordpress.com/outputs/>

## **The Netherlands**

The National Healthcare Council is focussing on different aspect of intercultural care through collaboration between organisations. There are initiatives, which aim to promote compassionate care in different sectors such as, the care for the disabled/ palliative care/ maternity/ psychiatric/ social care and childcare. Intercultural competencies are embened in a variety of courses. Generic competences are:

1. Being able to define a reference framework of cultural standards and values
2. Coping with barriers in intercultural communication
3. Being able to work and enhance a relationship based on trust
4. Being able to collaborate in the cultural setting of the patient/caretaker and his/her environment/social network.

Specific competences for promoting intercultural perspectives are:

1. To give information and advise
2. To support in intercultural health issues
3. To identify and observe differences in needs
4. To choose/use effective instruments and interventions

The National Healthcare Council has also made the following recommendations:

1. The development and organization of a national infrastructure of knowledge and expertise in intercultural education
2. The creation an intercultural Human Resource Management policy
3. Institutions have to be transparent in how they provide intercultural care
4. Cultural awareness and diversity is to become an explicit and integrated subject in education of professionals
5. Providing consultants in intercultural care (esp. In metropolitan environment of our big cities)
6. Interdisciplinary networking and collaboration between professionals in cure and care.

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## **Italy**

Health care organisations are responsible for providing the infrastructure, and the medical care professionals to deliver safe, competent, compassionate and culturally appropriate care to patients. Comprehensive Italian literature shows the need to integrate the traditionally scientific subjects of medical education in nursing with other concepts like compassionate care and cultural awareness. The analysis of literature, even if very limited, accentuates that teaching these subjects is believed to be an important feature in health care professional education.

The study of philosophy, ethics, narrative medicine and figurative arts have become practical didactic experiences in nursing training courses. This model fosters the achievement of aptitudes and behaviour indispensable for a new approach on nursing characterized by an emphatic and holistic vision.

Simultaneously communication and relational skills, the ability to observe and interpret signs and symptoms, decision making and problem solving, and social skills need to be acquired in order to provide more compassionate care. The main technique, which has an impact on nursing and medical education, regards the students' exposure to simulated experiences based on role-play during which participants become involved in understanding and interpreting complex human situations. Moreover, active participation allows the nurses to explore deep human emotions and feelings.

In many of the nursing degrees offered in Italy courses regarding compassionate and culturally competent care are marginal, and only present in continuing education courses. Nurses have to meet continuing education requirements as per the state laws. This continuing education is required in order to continue nursing, so they must attend courses for 150 credits in three years (50/year).

Since 2008, according to the law n. 244 - 24.12.2007, a new programme in CE, was introduced with the aim to create a modern approach to the development and monitoring of individual competences. Every three years the permanent State-Region Conference establishes the objectives of national interest. Currently, 29 objectives have been defined, with specific attention to: the communication to patients and humanisation of care, multiple-cultures, culture of welcome, ethics, deontology bioethics and protection of care facilities for frail people (minors, elderly, etc).

Examples of some of the relevant CE courses provided in Italy are:

- Transcultural Nursing in Social Inequality
- Health, Disease and Death Under an Intercultural Point of View
- Compassionate Medicine
- Foreign Nurses in Italy, the Healthcare in a Migrant World
- Human Quality Identity and Contact in the Healthcare

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- The management of Personal Emotion in Health Care

Some courses involving compassionate care offered in the last three years by the University Hospital of Siena

- Humanization And Care
- Assistance To The Elderly: Health Care Topics Related To Ageing
- New Deontological Code For Nurses: What Has Changed
- Bioethics And Narration: Complicated Communication
- Welcome, Humanization And Listening In Oncology
- Communication And Relationship Dynamics In The Mastology
- Needless Pain And The Role Of Care Limiting The Emotional Distress
- Reception And Humanization
- Is Everyone A Foreigner In Hospital? Let's Get Acquainted With Citizens In Order To Be Aware
- Taking Care Of Care
- Care Pathway For The Dying Patient: Present Trends And Techniques
- Pain And Spirituality In Multicultural Society
- Human Caring: The Health Care Services Patient

#### Nursing Education

This develops according to the provisions of the decree of the Ministry of University of 3rd November 1999, n.509. It is constructed at various levels:

#### Nursing Degree (Bachelor - 1st Cycle Degree)

Its aim is to ensure students an adequate mastery of the general methods and scientific contents (180 credits, 1 credit = 30 hours). This is the educational qualification that enables nurses to practise their profession The academic duration of this degree is 3 years.

#### Specializing Master (1st Level)

It is a course of scientific deepening and high level permanent education and focuses on specific areas (critical care, geriatrics, paediatrics, mental health, public health, nursing management, etc.) accessed only by those who already have a Nursing Degree (60 Credits).

#### Master Degree in Nursing Sciences (2nd Cycle Degree)

It has the aim of providing students with an advanced level in order to practise very complex activities (120 Credits). Its duration is 2 years.

#### Specializing Master (2nd Level)

It is a course of scientific deepening and high level permanent education and focuses on specific areas. Only those who have a Master's Degree may access to this Second Level Master (60 Credits).

#### Research Doctorate (PhD)

The duration of this is 3 years.

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## Germany

The Volkssolidarität Gera has:

- Nearly 300 employees
- About 400 Voluntary helpers
- 3.000 members, organised in 66 member groups

Volkssolidarität Gera Operates as a County Association and runs:

- 9 kindergarten (capacity about 1.000 children)
- 2 nursing centres (300 assisted people)
- 2 day-care centres (about 25 assisted people)
- 2 assisted livings (112 apartments)
- 4 meeting places (capacity about 250 people)
- 1 event house
- 2 youth clubs

The Volkssolidarität Gera nursing centres aim:

- Our 32 qualified nurses and 24 nursing assistants take care about 300 patients within our assisted living houses and ambulant at home
- Our motto of care: To support our patients to drive their life independently and self-determined as long as possible at home with a high quality of living.
- Special assisted living for dementia patients organised as flat-sharing community

Education of qualified nurses in Germany is 3 years of basic education with a final state exam. Education includes theoretical and practical lessons regarding:

- Care of the elderly
- Care of health
- Care of disease
- Care of paediatric disease
- But there is no deepening transnational or intercultural contents only superficially

In Germany there is a need for intercultural education for the following reasons:

- Guest-workers (West Germany) stay in Germany and don't move back to their homelands
- More immigrants come to Germany
- Model of care within an extended family does not work
- More foreign qualified nurses (growing lack of qualified nurses)
- Growing need in multicultural regions/hotspots like Berlin, Cologne

In 2007 a research study entitled ASFH (Alice-Salomon-University of Applied science, Berlin) people were interviewed from the 76 of 385 nursing centres of Berlin. They found that:

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- only about 10% of the centres' attendees were immigrants
- 20% qualified nurses with migration background
- 25% of qualified nurses had appropriate skills to intercultural care (knowledge of lifestyle habits and comprehension of disease; ability of communication; appropriate knowledge of language, special manners and rules of courtesy)
- difficulties depended on differences regarding comprehension of disease and communication difficulties/ misunderstandings
- dietetic and therapeutic measures were not followed by migrant patients
- medicines were not taken
- therapies were interrupted or rejected

#### German health care system

In Germany residents are legally obligated to have a health insurance in order to have access to the services of the German health system. There are about 134 compulsory health insurance funds. Two codes of social law regulate attendance standards (SGB V, SGB XI)

## **Turkey**

In Turkey Transcultural Nursing is important because:

1. Various ethnic structure in 75million population (different cultures, religious, life styles)
2. The increased importance of health tourism that has been supported by the government policy since 2011.
3. Nurse workforce mobility

Nurse training in Turkey is of two different types:

- a. vocational training schools (507)
- b. universities (96)

Transcultural Nursing lesson is an elective course in nursing education since 2005 during the four years education in bachelor degree. The Aims of The Transcultural Nursing Lesson;

- To teach the intercultural teaching models of disease and health,
- To teach to discuss the situation of the integration of health education and cultural proficiency.

The nursing curriculum contains:

- The culture, health and illness
- The concept of culture,
- The importance of culture in health and place,
- World cultures,
- Cultural health behaviours,
- Transcultural health and nursing models,
- Relatives of the sick and health care personnel from different cultures-relationship,

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- Global health issues,
- National and international health policies,
- The concept of Transcultural Nursing, education and intercultural approaches,
- Intercultural care approach.

Despite the above the Turkish partner reported that most of the nurses graduated from university, do not have sufficient information about transcultural nursing.

The Education of Compassionate Care In Nursing Training includes:

- Anthropology
- Sociology
- Psychology
- Maternity Nursing
- Mental Health Nursing
- Hacettepe University Emotional Intelligence Lesson

### **Romania**

Curriculum for the initial training of the general nurses is at pre-university level with professional qualification.

In Year 1 the students study professional communication, psychology which includes values, attitudes and prejudices as well as medical psychology, and sociology, social and health policy including social aspects of the disease, Social roles in the therapeutic relationship, types of nurse-patient relationships: complementary, conflict of the roles,

Continuing education (CE) of nurses includes training programs, internships, scientific congresses and conferences, symposia, roundtables, workshops and publication of scientific materials. CE can be:

- Accredited / approved universities or faculties of medicine and pharmacy
- Educational institutions
- Medical associations
- University clinics, hospitals
- County branches of the Romanian Nurses Association (OAMGMAMR)

### **United Kingdom**

The need for training in compassion and cultural competence has become very apparent in the UK during the last 5 years when major scandals of poor nursing care in NHS services and private nursing homes have resulted in many questions about:

- Nursing education
- Nursing and wider NHS management and leadership
- The way quality and standards of care are monitored by the responsible bodies

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➤ Government funding

The literatures reviews conducted by Papadopoulos indicate the following:

1. Compassionate care, leads to higher levels of patient/family satisfaction.
2. Higher levels of satisfaction contribute to faster more effective healing and higher levels of compliance.
3. The results from No2 (above) lead to better use of resources and may even lower costs.
4. Practicing nurses' and midwives' reported burnout has strong links to an environment and an organisation devoid of compassion.
5. The impact of No4 (above) is higher sick leave and likelihood of unsafe practice and the provision of care that lacks compassion.
6. An organisation with high patient care standards has leaders who are compassionate.
7. Compassionate leaders make the best role models to nurses and midwives in practice, who in their turn become compassionate role models to students.
8. Nursing and midwifery education must have as its key priority the promotion of compassionate individuals who have the capacity to provide compassionate care.
9. A compassionate and courageous workforce is more creative and innovative.
10. There is a massive gap between the theoretical knowledge about compassion and the practice of it.
11. We know very little about how compassion is taught in the classroom, even less on how its learning is facilitated in practice, and nothing about how this is measured.
12. Although all humans have the capacity to be compassionate, how this is demonstrated and understood varies between individuals and between cultural groups.

How are we doing with cultural competence in the UK?

At Middlesex we do not have specific modules about cultural competence but we have specific sessions in many modules. Similarly, there are no specific courses/modules, which focus on compassion. Most teachers we have spoken to believe that this is covered as part of 'caring' and the discussion about the role, responsibilities and competencies of being a nurse. Anecdotal evidence leads us to believe that most of UK's universities take a similar approach to cultural competence and compassion.

### **CONCLUSION**

Each partner took a different approach in preparing and reporting their findings regarding the state of the art of education delivering culturally competent and compassionate care in their countries. Notwithstanding this, the overall conclusion is that the education and training of healthcare professionals in Europe regarding culturally competent compassion is haphazard and inadequate. The IENE Tools project will address this unsatisfactory state.

**This report has been put together by Prof. Irena Papadopoulos and Alfonso Pezzella**