



VOLKSSOLIDARITÄT
Kreisverband Gera e.V.

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

- „Compassion Tool“ -

Life History Tool

Principles of the tool

- care is a process
- heartiness
- humanity
- heart geniality
- patient is a own personality
- empathy

Values of the tool

- equality
- dignity
- tolerance and acceptance



VOLKSSOLIDARITÄT
Kreisverband Gera e.V.

Overall Goal:

The patient should feel comfortable and establish confidence to the nurse, so that the care/therapy could be successful.

Only if the nurse knows his patient well, that means: preferences, his life history, peculiarity, wishes and so on, he could commit himself to the patient in care and could care in a compassionate way.

Learning aims (up to 6 aims):

When you have worked through this tool, you will be aware to:

1. Every patient is different and the contact to him releases individual feelings/reactions. This could lead to that the patient feels comfortable or bad.
2. Knowledge of my patient helps me to care in a compassionate way.
3. Feelings, opinions, peculiarity of the patient must be respected in care.
4. Maybe I have to reveal something of me so that the patient is open and tells me even intimate facts, e.g. personal hygiene.

Relevant Definitions and Terms

Related to compassionate care in Germany researchers and scientists speak about empathy. Empathy and compassion are often used synonymously. For a long time empathy was understood as a inherent ability. Either you were empathic or not. According to the new scientific state of knowledge it's assumed that empathy could be learned and also be taught.

Compassion:

Sympathy to the suffering, need or similar of others. (www.duden.de, german language dictionary)

Empathy:

Willingness and ability to empathise the attitude of other people. (www.duden.de)

Empathy marks the ability and willingness to realise thoughts, emotions, motives and attributes of personality of another person and to understand them. Part of empathy is also the reaction to feelings of others, e.g. pity, sorrow or pain, or a impulse of help. Basis of empathy is self-awareness, the opener we are for our own emotions the better we could interpret feelings of others. Thus empathy doesn't play only a role regarding other people but is also important in aspect to self-empathy. (www.de.wikipedia.org)



Researchfindings regarding the issue

„Empathie in der Pflege“ („Empathy in Care“), Claudia Bischoff-Wanner 2002

Bischoff-Wanner determines that empathy in care got lost in the past because of several reasons, but also that empathy has a central role in care. Thereby Bischoff-Wanner talks about cognitive empathy: The way/mechanism of social cognition contains all efforts, that must be done for understanding the psychological constitution of another person. Understanding what others feels (affective empathy = to feel what another feels).

Relevance of empathy in care is about its positive therapeutical effect. In addition it was empirical proven that health carer which commit a empathic relationship to their patients feel less emotional overstrained in difficult situations.

Relevant Content of laws, contracts/conventions regarding the issue

The code of social law XI (Social Sozialgesetzbuch (SGB)), regulates all care instructions in Germany

§ 2 Self-determination

- (1) The services of care insurances should help persons in care of help to conduct a self-dependent and self-determined life which accords to human dignity even if they need help. The help services should be aligned to recover or maintain the physical, psychological and mental forces of the person in need of care.
- (2) Persons in need of care can choose between facilities and services of different organisations. According to the law of services („Leistungsrecht“) their wishes regarding the design of help, if appropriated, should be fulfilled. Also if persons in need of care wish a same-gender care it should be considered if possible.
- (3) Religious necessities of persons in need of care should be considered. On their demand they should have inpatient treatments where they could be assisted by reverends of their religious denomination.
- (4) These rights according to the passages 2 and 3 have to be indicated to persons in need of care.

§ 3 Priority of Ambulant Care

The care insurance should support with her services prior the ambulant care and willingness of care from relatives and neighbours, so that persons in need of care could stay as long as possible at their homes. Services of semi-residential care and short term care have priority to the residential care.



Relevant content of local policies

Care guidelines of the Volkssolidarität contains following relevant contents (complete in annexe)

- Our service offer applies to all help seeking persons whatever philosophy of world, colour of skin, disease, handicap or age. According to the code of ethics of the elderly and medical care we are looking for and carry out ways of supporting, maintaining and recovering health and wellbeing respectively relief of pain together with the patient, his relatives and physicians as well as departments and centres.
- To consider the persons in need of care as holistic, coequal and equal with all his experiences and personality and not just the problematic part of him.
- Quality and orientation to the persons assisted by us. Warmness, humanness and heartiness are key aspects in the realisation of our work.

Practical aspects of the tool

Practical Activities

Every student or nurse get the questionnaire of the life history tool. The trainer/mentor-nurse supplies and explains its use and meaning starting with the overall aim:

The patient should feel comfortable and establish confidence to the nurse, so that the care/therapy could be successful.

Only if the nurse knows his patient well, that means: preferences, his life history, peculiarity, wishes and so on, he could commit himself to the patient in care and could care in a compassionate way.

The completion of the questionnaire is a process and occurs in many sensitive conversations with the patient over a long period. (No discharging of the form!)

Mentioning of the learning aims:

1. Every patient is different and the contact to him releases individual feelings/reactions. This could lead to it that the patient feels comfortable or bad.
2. Knowledge of my patient helps me to care in a compassionate way.
3. Feelings, opinions, peculiarity of the patient must be respected in care.



4. Maybe I have to reveal something of me so that the patient is open and tells me even intimate facts, e.g. personal hygiene.

The scheduling of care has to occur based on the life history tool.

The questionnaire enables every nurse/health carer to adapt themselves to the patient so that they can care in a compassionate way.

Assessment of the tool (Evaluation)

- Theoretical Assessment
- Practical Assessment

Both are possible for the piloting. Now we do only a theoretical assessment. Later there will be practical assessments by the mentor-nurses with students. - 1. Students will be present when mentor-nurse completes questionnaires with patients. 2. Students can train the completion among themselves. 3. Students will be assisted by a mentor-nurse doing their first questionnaire.

Evaluation

- Whole nurse staff of the Volkssolidarität Gera and maybe also the staff of the Volkssolidarität Jena.
- What should be evaluated?
Quality of questionnaire
Will learning aims be achieved?
Usability
- Evaluation with the standardised data sheet
- Results should be used for improving the questionnaire and its use. Questionnaire can be shared with other divisions of the Volkssolidarität.

Autorship

- René Hildebrandt (head manager care, Volkssolidarität KV Gera e.V.), Karin Senf (general manager, Volkssolidarität KV Gera e.V.), Friederike Jung (Public relations, Volkssolidarität KV Gera e.V.)



Compassion Tool: „Life History Tool“

Name:

Surname:

Date of Birth:

Place of Birth:

Interviewed Person:

e.g. patient himself, child, marriage partner, partner, siblings

Religion / Belief / Principles:

Nationality / Culture Group / Ethnic Minority:

Nurse-gender:

female male equal



VOLKSSOLIDARITÄT
Kreisverband Gera e.V.

Life Occurrences:

e.g. married, where and how was living, pets, job/work, children

Personal Habits:



Alimentation:

liking / wishes

aversions

Personal Hygiene:

liking / wishes

aversions



VOLKSSOLIDARITÄT
Kreisverband Gera e.V.

Clothes:

liking / wishes

aversions

Preferred Times

e.g. for eating, getting up/going to bed

Hobbies/Interests:



Specifics:

[Empty dotted box for writing specific details]

Medical supports:

[Empty dotted box for writing medical supports]

Precaution

e.g. authorization, patient's provision, wishes for dieing

[Empty dotted box for writing precautions]

Please define briefly for yourself what is your understanding of „compassionate care“.

.....
.....
.....
.....