THEORETICAL ASPECTS OF THE TOOL

1.1 Title of the tool

   The Pilgrim

1.2 Articulate the principles and values relevant to the tool

The growth project explained below uses the instruments and the approach of issues that have an emotional impact on employees, and thus capable of capturing the attention and therefore favoring improvement in behavior and the approach with patients from different cultures.

 Principles and value of the tool on compassion are:

 Sharing, Equality, Tolerance, Listening,

 Empathy, Respect, Modesty.

1.3 Overall aim for the tool

Reaching a true globalization (in practice and not only words) from a professional aspect but also affecting the population.
The acquisition of knowledge, capabilities and behaviours geared towards multiculturalism and compassion.
Nurses will be aware of the importance of compassion. The tool give the opportunity to be better understand what are the needs of nursing profession and on how nurses can provide a more compassionate care to patients.

1.4 Learning outcomes

1. Increase motivation
2. Develop competence and capabilities
3. Help health care workers to modify their behavior to be better in their profession
4. Go trough the tool the nurses will have reflected on the meaning of compassion and they will be able to put their knowledge into practice.
5. To be able to integrate patients in assistance

1.5 Relevant definitions and terms

- Listening: listening is a neurological cognitive regarding the processing
of auditory stimuli received by the auditory system
- Participation: the state of being related to a larger whole
- Support: the act of helping someone by giving help, encouragement, etc.
- Integration: the process of becoming a full member of a group or society,
and becoming involved completely in its activities

1.6 What the research says on the topic

The origins and nature of compassion focused therapy.
Gilbert P.

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Compassion focused therapy (CFT) is rooted in an evolutionary, functional analysis of basic social motivational systems (e.g., to live in groups, form hierarchies and ranks, seek out sexual, partners help and share with alliances, and care for kin) and different functional emotional systems (e.g., to respond to threats, seek out resources, and for states of contentment/safeness). In addition, about 2 million years ago, (pre-)humans began to evolve a range of cognitive competencies for reasoning, reflection, anticipating, imagining, mentalizing, and creating a socially contextualized sense of self. These new competencies can cause major difficulties in the organization of (older) motivation and emotional systems. CFT suggests that our evolved brain is therefore potentially problematic because of its basic 'design,' being easily triggered into destructive behaviours and mental health problems (called 'tricky brain'). However, mammals and especially humans have also evolved motives and emotions for affiliative, caring and altruistic behaviour that can organize our brain in such a way as to significantly offset our destructive potentials. CFT therefore highlights the importance of developing people's capacity to (mindfully) access, tolerate, and direct affiliative motives and emotions, for themselves and others, and cultivate inner compassion as a way for organizing our human 'tricky brain' in prosocial and mentally healthy ways.PRACTITIONER POINTS: The human brain is highly evolved for social processing and these mechanisms are being increasingly well understood and integrated into psychotherapy. Among the most central processes that regulate emotion and sense of self are those linked to social roles such as status, sense of belonging and affiliation, and caring. Many psychological difficulties are rooted in social relational problems especially in feeling cared for by others, having a caring interest in others, and having a caring, affiliative orientation to oneself. Helping clients in these domains can address problems of moods, problematic behaviour and a range of shame and self-critical linked difficulties.

PMID: 24588760 [PubMed - in process]

Why caring counts.
Scotland M.

This article introduces the 'compassionate focused' approach to midwifery (Gilbert 2009) and outlines its relevance to midwifery. This psychological model provides us with a theoretical and research basis to underpin what we already know at an intuitive level--that when you show care and compassion to a woman in labour, you improve birth outcome. Psychology tells us that compassion is fundamental to good midwifery and can help us in our efforts to increase normality and improve the experiences of women during the perinatal period. In this article, I suggest how the compassionate focused approach can be applied to our understanding of good midwifery.

PMID: 24520590 [PubMed - indexed for MEDLINE]

A critical analysis of Compassion in Practice.
Dewar B(1), Christley Y.

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Compassion in Practice is a policy introduced in England to develop a culture of compassionate practice among healthcare staff. There is widespread recognition and agreement of the importance of compassionate practice, and the policy offers a vision underpinned by a desirable set of values. In this article, the significance of a coherent vision is explored and is followed by discussion of the need to anchor the policy vision in values that are important to healthcare staff. The policy's approach to vision and values may generate tensions, which are also examined and discussed.

PMID: 24191834 [PubMed - indexed for MEDLINE]

Webster D.
Promoting therapeutic communication and patient-centered care using standardized patients.

This article describes an assignment designed to incorporate the Quality and Safety Education for Nurses (QSEN) competency of patient-centered care into a simulation activity aimed to improve therapeutic communication skills in psychiatric nursing. During this pilot activity, students engaged in an interaction with an actor trained to portray an individual with mental illness. Students viewed their video-recorded interaction to identify communication techniques used and completed a self-evaluation examining their strengths and areas for improvement. Faculty and actors provided feedback to students during a faculty-led debriefing held to discuss the use of therapeutic communication and care focused on the knowledge, skills, and attitudes necessary to provide quality patient-centered care. Desired learning outcomes included the demonstration of therapeutic communication and assessment skills, empathy and caring, and addressing patient values, preferences, and beliefs.

PMID: 24127180 [PubMed - indexed for MEDLINE]

Develop student compassion through service-learning.
Brown E.

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Compassion is the ability to be sympathetic along with the desire to remedy distress and offer help. The art and science of nursing speaks to the need of having compassion toward those nurses serve, especially when different from the nurse. This article examines the concept of service-learning as a teaching strategy and way of developing compassion in today's nursing students.

PMID: 24282881 [PubMed - indexed for MEDLINE]

On the humanities of nursing.
Lazenby M.

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The author contends that the present state of nursing research, as focused on studies that produce the sort of positivistic evidence espoused by the evidence-based medicine movement, emphasizes something other than the goals of nursing. This emphasis has distorted nursing practice by focusing on the ostensibly quantifiable. Using Virginia Henderson's classic definition of nursing and the work of the philosopher Martha Nussbaum, the author argues for the centrality of the human experience in the practice and the research of nursing.

Fears of compassion: development of three self-report measures.
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OBJECTIVES: There is increasing evidence that helping people develop compassion for themselves and others has powerful impacts on negative affect and promotes positive affect. However, clinical observations suggest that some individuals, particularly those high in self-criticism, can find self-compassion and receiving compassion difficult and can be fearful of it. This study therefore developed measures of fear of: compassion for others, compassion from others, and compassion for self. We also explored the relationship of these fears with established compassion for self and compassion for others measures, self-criticism, attachment styles, and depression, anxiety, and stress.
METHOD: Students (N= 222) and therapists (N= 53) completed measures of fears of compassion, self-compassion, compassion for others, self-criticism, adult attachment, and psychopathology.
RESULTS: Fear of compassion for self was linked to fear of compassion from others, and both were associated with self-coldness, self-criticism, insecure attachment, and depression, anxiety, and stress. In a multiple regression, self-criticism was the only significant predictor of depression.
CONCLUSION: This study suggests the importance of exploring how and why some people may actively resist engaging in compassionate experiences or behaviours and be fearful of affiliative emotions in general. This has important implications for therapeutic interventions and the therapeutic relationship because affiliative emotions are major regulators of threat-based emotions.

8. Irena Papadopoulos (2007), Transcultural Health and Social Care: Development of Culturally Competent Practitioners

Presenting the evidence-based knowledge in the area of transcultural care, this book is designed to meet the needs of health & social care practitioners who must change their practices to comply with national policies & the expectations of a multicultural public.

5.7 What the legislation/treaties/conventions says on the topic *(add 2-3 local and 2-3 European and 2-3 International with brief summaries and relevant URLs)*

Decreto Ministeriale 14 settembre 1994, n°739
Regolamento concernente l'individuazione della figura e del relativo profilo professionale dell'Infermiere. Gazzetta Ufficiale del 9 gennaio 1995, n°6.
In: http://www.ipasvi.it/archivio_news/leggi/179/DM140994n739.pdf

Codice Deontologico dell'Infermiere.
Approved by Comitato Centrale della Federazione IPASVI by resolution n.1/09, January 10, 2009 and from Consiglio Nazionale dei Collegi IPASVI in the meeting of January 17, 2009.
In: http://www.ipasvi.it/norme-e-codici/deontologia/il-codice-deontologico.htm

Commentario al codice deontologico dell'Infermiere.
Edited by Federazione Nazionale dei Collegi degli Infermieri IPASVI.
In: http://www.ipasvi.it/norme-e-codici/deontologia/commentario.htm

The international code of ethics for nursing by the International Council of Nurses (ICN)
The international code of ethics for nursing adopted by the International Council of Nurses in 1953. Revised in 2012.
In: http://www.cnai.info/index.php/estero/icn/codice-deontologico

Code of Ethics for Nurses – American Nurses Association (ANA)
The Code of Ethics for Nurses was developed as a guide for carrying out nursing responsibilities in a manner consistent with quality in nursing care and the ethical obligations of the profession. In: http://www.nursingworld.org/codeofethics

ANA Position Statements on Ethics and Human Rights
The position statements from ANA regarding Ethics and Human Rights.In: http://www.nursingworld.org/MainMenuCategories/EthicsStandards/Ethics-Position-Statements. Of particular interest: Cultural Diversity in Nursing Practice. This statement describes the features of an operational definition of cultural diversity as it is expressed in nursing practice, education, administration and research.
In: http://www.nursingworld.org/MainMenuCategories/EthicsStandards/Ethics-Position-Statements/prtetcldv14444.html

International Council of Nursing Fact Sheet: ICN on Health and Human Rights
ICN Nursing Matters fact sheets provide quick reference information and international perspectives from the nursing profession on current health and social issues. In http://www.icn.ch/images/stories/documents/publications/fact_sheets/10b_FS-Health_Human_Rights.pdf

5.8 What local policies say (*add 2-3 policies from your institution and those organisations you work with*)

Delibera n°697 del 14 luglio 2003 della Giunta Regionale della Regione Toscana. Il Patto con il cittadino: repertorio di impegni per la Carta dei servizi sanitari con relativi indicatori e standard.
In: http://www.usl7.toscana.it/index.php/amministrazione-trasparente/servizi-erogati/standard-di-qualita

Carta dei Servizi - Azienda Ospedaliera Universitaria Senese: carta dei diritti e dei doveri degli utenti
In: http://www.ao-siena.toscana.it/carta_diritti_utenti.htm

PRACTICAL ASPECTS OF THE TOOL

5.9   Classroom activities

1. PTT/IENE Model introduction and discussion on skills need to be a nurse.
2. Reflection on the definition of compassion in different culture: readings and discussions.
3. Welcome pathway of patients from different culture, the importance of their own approach to the illness.
4. Value of the relationship between the foreign patient and the healthcare provider.
5. Different concepts of health and disease - different representation of the body.

5.10   Activities in Practice

1. Listening to the song ""Fiume Sand Creek", De Andrè – reflections on the cruelty of a battle and the lack of values.
2.The importance of the value of compassion and practical demonstrations.
3. Showing pictures that demonstrates compassion.
4. Real case studies: discussion and practical demonstration of the working groups: emotions and cultures

TOOL ASSESSMENT*

5.11   Theoretical assessment*

Teachers: anthropologist, clinical educationalist, tutors (nurses, obstetricians and representation of foreign associations) will create a questionnaire (open-ended questions) to identify what has been learned. Participants, 20 nurses working in different wards, will answer individually and later they will discuss together on the various responses.

Participants will be divided into two groups and elaborate two projects on how nurses can show and deliver compassionate care to patients.
The components of the groups will be trainers for the next courses on the basis of the developed projects.
20 groups of 15 health-care workers from wards that are more impacted by foreigners (emergency, urgent medicine, gynaecology, orthopaedics, paediatrics, and later all other wards) and 5 students from the three-year degree programme in nursing will par-ticipate in the following editions of the course.

*in this paper the term 'assessment' refers to those activities used by teachers and students to confirm what they (the students) have learnt which demonstrates whether they have achieved the learning outcomes of the tool. The term 'evaluation' may be used instead of the term 'assessment'.

5.12 Practical assessment
Evaluation through systematic observation (low degree of structure) carried out directly by the teachers for the full duration of the toolkit. The survey for the exploration of learning outcomes produces a true and complete description of the conditions in which it occurs.

EVALUATION

5.13 Please suggest who should take part in the evaluation and why

The evaluation of the toolkit is carried out by the learners, teachers and patients (in the following courses). The evaluation is oriented to the recognition of the originality of the techniques and new contents learned in relation to estimates the effects in the employment context.

5.14 'What' to evaluate
Effective achievement of learning goals (theoretical and practical)
Quality of the theoretical content
Quality of teaching activities and facilitation
Relevance and quality of materials used
Time Management

A questionnaire will be carry out in order to understand if the tool allow students to do a self-evaluation on what they have learned and to show how deliver a compassionate care.
During group works participants will discuss on their knowledge about compassion and how deliver compassionate care in different situations.
Teachers will observe the behaviours of nurses during the demonstrations.

5.15 How to evaluate the 'what'

Satisfaction questionnaire administered at the end of the toolkit will be fill in by patients.
At a distance of two months will be conducted a re-valuation of effective achievement of learning goals. (theoretical and practical)

5.16 How to report and use the evaluation results.
Reassessment of contents, methods and materials used in the toolkit.

A report on the evaluation will be created by teachers and the results will be useful to make changes to the tools, if needed.

AUTHORSHIP

5.17 Provide the names of the people who led the development and those who assisted in any of the many ways that colleagues do.

Antonella Gorelli (nurse, trainer),
Maurilio Pallassini (nurse, trainer),
Claudia Rustici (assistant)