Part 1: Introduction

Contents

Introduction	1
Why Values in Health	ocare?: an introductory paper2
1 A Values-based App	proach8
Benefits	8
Key principles	9
Who can benefit	from the <i>Values in Healthcare</i> programme? 10
The values	10
2 A Spiritual Approac	ch12
The learning too	ıls12
3 Values in Healthco	<i>are</i> Programme14
Modules	14
Module structure	e14
The materials	15
OHPs 1–8	

Introduction

Part 1 Introduction provides an outline of the *Values in Healthcare* programme and approach, including who can benefit from it, the settings in which it might be used and the materials which are provided in this pack. At the beginning of the section is a paper which provides the background, rationale and healthcare context for the programme, together with a list of key references for further reading and exploration of the key principles upon which it is based.

The materials in this introduction can be used in the following ways:

- to introduce the main principles and benefits of the Values in Healthcare
 programme to organisations and teams who are considering introducing the
 training
- to provide an overall introduction to groups and teams who will be undertaking one or more of the *Values in Healthcare* modules, providing valuable information about the aims and approach of the programme
- to outline the programme and its approach to facilitators who are interested in running the programme or individual modules, and as part of 'training the facilitators' sessions
- to provide a useful overview of the *Values in Healthcare* programme to healthcare organisations, educators, researchers and academics who are interested in a values-based, spiritual approach.

Each following section refers to a numbered OHP which can be used to present a summary of the material covered. The OHPs can be found at the end of this introduction.

Why Values in Healthcare?: an introductory paper

During the winter months of 2000/2001 a group of people from various backgrounds in healthcare, medical education and training met to share ideas about the issues facing the healthcare professions. A question that concerned us all was how the spiritual dimension of 'whole-person' medicine could be integrated into current healthcare provision and into the training and education of healthcare workers. Our aim was to develop a flexible, modular programme of personal and team development for students and practitioners throughout healthcare services. The group's various concerns and enthusiasms gave voice to an abundance of ideas drawn from each of our individual approaches to clinical practice, learning and teaching. From these emerged four key themes: values, holism, positivity and spirituality.

Themes, influences and inspirations

Values

Our main aim was to explore how best to help others and ourselves identify and apply core values in healthcare, including ways in which we could:

- remind ourselves of the values which motivated and guided us at the outset of our careers
- bring new vitality to our practice by reflecting on these values
- assist others to rediscover their own personal values through a series of structured exercises, activities and meditations.

In pursuing this aim we were much inspired by certain contemporary approaches to healthcare and education. Among these were *Living Values* (1) and *Living Values: An Educational Programme*, created by Dane Tillman and others (2). Published in the USA in 2000, and winner of the prestigious 2002 Teacher's Choice Award, Living Values is a guide for teachers, community workers, parents and students. It explores human values in depth and includes educational activities that promote self-esteem, emotional intelligence and creative expression in people of all ages. Guided by this approach, we began to develop the structure and content of our programme, which became aptly entitled *Values in Healthcare*.

Holism

The second main influence was holism and an holistic approach to healthcare. Over the last 25 years this has been seen as a counterbalance to the technological advances of modern medicine and we drew on much of the past writing on the subject (3, 4). The term 'holism' was first used by Jan Smuts, soldier, naturalist and Prime Minister of South Africa in the 1920s, to describe the study of whole organisms. Since the 1970s it has been used in a more popular sense to describe an inclusive approach to

living that pays attention to the relationship of mind, body and spirit in cultivating health and treating disease. Our take on this was to apply the principles of holism not only to the treatment of our patients, but also to ourselves. The benefit of healthy practitioners to patient care was, in fact, our prime consideration in creating the *Values in Healthcare* programme.

Positivity

In our discussions of the current concerns facing healthcare organisations and practitioners, we decided to take a positive approach and adopted the term 'positivity' to reflect this in the material we produced for the *Values in Healthcare* programme. We turned to the Appreciative Inquiry approach to teaching, learning, consulting and discovery. This is a process building on what works well in organisations and individuals' practices, rather than taking a critical approach which can tend to focus on identifying weaknesses, gaps, and mistakes (5, 6). We chose exercises that we knew worked well for a broad range of participants, structured the questions to be appreciative, and kept the language positive.

Spirituality

Coming into the 21st century, we were aware of the existence of a growing consensus about the inseparable links between mind and body. Yet spirituality still remained at best a mystery, at worst a problem for many healthcare workers. We knew, though, that many of our patients (especially those who are older or terminally ill) responded appreciatively to certain kinds of questions we asked and the conversations that grew out of them. We sensed, as did our patients, that our words referred not to any religious affiliation, but rather to our shared sense of a belief in a transcendent relationship between ourselves and a 'higher being'. Apart from our own experience in this area, we drew on relevant work from nursing care (7, 8, 9), hospice work (10), chaplaincy (11) and mental health (12).

We spent many hours discussing and meditating on the meaning of spirituality and agreed that it involved using inner resources of peace, love, positivity and compassion for the benefit and healing of others and ourselves. We felt deeply that spirituality could be expressed through thoughts, feelings, attitudes and actions. By practising in a spiritual manner we were not only able to communicate more fully with our patients but were also able to reconnect with who we and what our values were, and rejuvenate within us that which gives meaning and purpose to our lives. From this we went on to develop a method of teaching which we called the 'spiritual approach'. This includes deep reflection, periods of silence, visualisation, listening, appreciation, and being creative and playful.

Underlying principles and the context for use

In 2002, as we began writing and designing the *Values in Healthcare* programme, three underlying principles became evident:

1 Physician heal thyself

Working within a framework of values is hardly a new idea. The Hippocratic Oath, for example, is one of the earliest and best-known statements of values. All medical-professional organisations have statements that refer to values in their codes of practice.

Interestingly, in 1994 the British Medical Association (BMA) hosted a conference, 'Core values for the medical profession', to examine the future of the practice of medicine (13). Since this conference there has been ongoing discussion in the medical profession concerning the importance of core values (14) and the need to reaffirm them (15).

It was as if the time had come to admit that, while skills are essential, humanising medicine through caring for and supporting workers and carers must be of equal importance. Traditional skills needed to be enhanced with life- or spiritual skills, particularly those of identifying core values and recognising these values in self and others. These values, derived from the doctor–patient relationship, were based on caring, compassion, integrity, competence, confidentiality, responsibility, advocacy and the spirit of enquiry. They were seen as the profession's greatest asset, greater even than scientific knowledge and technology but, for the most part, they had been sidelined in the training of healthcare workers. Yet values are at the very heart of our vocation and need to be an intrinsic part of our education, as much as anatomy, physiology, or any of the other disciplines we study.

We shared these ideals, but also had the fundamental belief that healthcare practitioners cannot aim to heal others before nurturing and healing themselves. We also felt that any educational programme should aim to support and develop the personal well-being of healthcare practitioners, rather than specifically focus on improving their clinical skills. In our own collective experience, the benefit of healthy practitioners to patient care in terms of raised morale and renewed sense of purpose was immeasurable.

2 Learning through experience

We believed that values in healthcare could best be understood and explored through direct, 'inner' experience, so we planned the programme to provide facilitated, experiential learning, rather than didactic instruction. By allowing time for silence, reflection, meditation and sharing, in a supportive environment, we hoped to encourage the discovery of personal values and insights.

Healthcare professionals are somehow expected to be calm, compassionate and caring, but very little is done to enhance and strengthen these natural qualities through experiential learning in their training. Paradoxically, these natural qualities may be trained out of us! Caring, as well as competence, are the two pillars of good medical practice and should be equally emphasised in any education programme.

Any educational programme concerning values and a spiritual approach needs to be rigorous, with clear aims and learning outcomes, action planning, review and evaluation built into the structure. This is not only good practice but will make *Values in Healthcare* more acceptable to those responsible for planning educational training programmes and continuing professional development.

3 Relevance to work

Finally, we felt the learning experience – with an emphasis on reflection, action planning, review, evaluation and a commitment to ongoing learning – should be relevant to participants' work and lives. Much has been written about the high levels of stress experienced by health professionals (16), the effect it has in practice (17), why so many doctors and nurses are unhappy (18) and what can be done to promote well-being (19). Indeed, all healthcare professionals have been worn out by work at times; much of the day-in and day-out business of taking care of people who are ill is, after all, inherently distressing. But changes (and the rate of change) in society, organisational structures, medical and communications technology, and patients' expectations have imposed an additional burden that can lead to a state of chronic tiredness and demoralisation. Pines (20) and Maslach (21), among others, have described this exhaustion, arising from involvement in situations that are emotionally and physically exhausting, as 'burnout'. The personal rewards of caring for others can be immense, but the cost to healthcare workers can be devastating, and is increasingly evidenced by displays of negative attitudes toward patients, low self-esteem, and other behaviours damaging to self and others.

Stress and its consequences can be addressed by working with our values as a way of preventing burnout and ill health (22). It seems self-evident that healthy practitioners will provide enhanced quality of care for patients.

Organisations, too, will benefit from a clear, values-based statement that staff at all levels can identify with. Institutions encouraging a culture of care can contribute significantly towards creating a healing environment for staff as well as patients. Such an environment can also go some way towards protecting patients from practitioners acting out their own needs in the healthcare setting (ie the desire for power, control, to be liked, needed and cared for). These needs can be more healthily addressed in an atmosphere of good staff support, an optimum environment in which to deliver high quality care and a place where people are well supported when caring for those who are distressed or suffering.

Piloting and refining the materials

Early on we realised that, however well the material was written, it was how it was presented in the workshop sessions that would reflect the spiritual approach. We therefore developed a detailed guide on process for facilitators (see **Part 2** of the pack), and an explanation of the spiritual approach (see **Part 4**). Again, we drew on

our own experience and the work of others in training and facilitating groups (23, 24, 25, 26).

Later we had the idea of including a CD of visualisations and meditations to further emphasise and communicate the importance of process and a spiritual approach to learning.

We were keen to develop exercises that people found straightforward yet challenging, and which could be used with a wide range of healthcare practitioners at all stages in their careers, and in a variety of settings. Members of the advisory group, individuals drawn from all healthcare professions and settings, not only in the UK but in other countries round the world, provided invaluable feedback during two training weekends we held. Many went on to run sessions with groups of nurses, hospice workers, doctors, primary healthcare teams, undergraduates and managers in their own hospitals and clinics in Argentina, Brazil, Holland, India, Israel, Kenya and the USA, and their evaluations provided us with invaluable feedback.

Their evaluations were gratefully received. After all the feedback was taken into account and we integrated others' experiences with our own, we finally settled on having seven modules, each of which could be run in a single day. Each module consists of two sessions with the emphasis on personal exploration in the first session and the practical aspects of healthcare practice in the second. This means that the whole programme can be run either as a sequence of modules over seven days, or used for single whole- or half-day sessions.

The outcome and vision

Four years later, after hundreds of hours of thinking, discussing, outlining, structuring, writing, reflecting on what had been done and what needed doing, changing, editing, testing ideas at conferences, and real-world piloting – the words, voices and aspirations were committed to the pages and the CD bound within these covers.

Our vision is that *Values in Healthcare: a spiritual approach* will be used widely at both undergraduate and postgraduate levels for all healthcare workers in countries throughout the world. We feel privileged to help facilitate the re-emergence of healthcare practitioners' own inner values and to assist them in expressing these values in their work.

References

- I Gill-Kozul, C., Kirpalani, J. & Panjabi, M. (1995) *Living Values: a guidebook.* London: Brahma Kumaris World Spiritual University.
- 2 Tillman, D. (2000) *Living Values: An Educational Program (Series*). Deerfield Beach: Health Communications Inc. (For further details on LVEP, see website: www.livingvalues.net)
- 3 Pietroni, P. (1986) Holistic Living. London: J.M. Dent & Sons.

- 4 Brom, B. (1995) Holism: definition and principles. *International Journal of Alternative and Complementary Medicine* **13** (4) 14–17.
- 5 Cooperrider, D., Sorensen, J., Whitney, D. & Yaeger T. (2000) Appreciative Inquiry: Rethinking Human Organization Toward a Positive Theory of Change. Champaign: Stipes Publishing.
- 6 Cooperrider, D., Whitney, D. & Stavros, J. (2003) *Appreciative Inquiry (AI) Handbook*. Bedford Heights: Lakeshore Communications Inc.
- 7 Bradshaw, A. (1997) Teaching spiritual care to nurses: an alternative approach. *International Journal of Palliative Nursing* **3** (1) 51–57.
- 8 Draper, P. & McSherry, W. (2002) A critical review of spirituality and spiritual assessment. *Journal of Advanced Nursing* **39** (1) 1–2.
- 9 Peterson, E. A. & Nelson, K. (1987) How to meet your clients' spiritual needs. *Journal of Psychosocial Nursing* **25** 34–39.
- 10 Kellehear, A. (2000) Spirituality and palliative care: a model of needs. *Palliative Medicine* 149–155.
- 11 Department of Health (2003) NHS Chaplaincy: Meeting the religious and spiritual needs of patients and staff. London: Department of Health.
- 12 Swinton, J. (2001) Spirituality and Mental Health Care. London: Jessica Kingsley.
- 13 Department of Health (1994) Core Values for the Medical Profession in the 21st Century. (Published report). London: British Medical Association.
- 14 McWhinney, I. (1998) Core values in a changing world. *British Medical Journal* **316** 1807–1809.
- 15 Hawes Clever, L. (1999) A call to renew. British Medical Journal 319 1587–1588.
- 16 Firth-Cozens, J. (1999) Stress in Health Professionals: psychological and organizational causes and interventions. London: Wiley.
- 17 Appleton, K., House, A. & Dowell, A. (1998) A survey of job satisfaction, sources of stress and psychological symptoms among general practitioners in Leeds. *British Journal of General Practice* **48** 1059–63.
- 18 Smith, R. (2001) Why are doctors so unhappy? Editorial. *British Medical Journal* **322** 1073–1074.
- 19 Yamey, G. (2001) Promoting well being among doctors. Editorial. *British Medical Journal* **252** 232–253.
- 20 Pines, A. & Aronson, E. (1988) Career Burnout: causes and cure. New York: The Free Press.
- 21 Maslach, C. (1993) Burnout: a multidimensional perspective. In: W. Schaufeli, C. Maslach and T. Marek (Eds) *Professional Burnout: Recent Developments in Theory and Research* 19–32. New York: Taylor & Francis.
- 22 Brown, C. K. (2003) Low morale and burnout: is the solution to teach a values based approach? *Complementary Therapies in Nursing and Midwifery* **9** (2) 57–61.
- 23 Duffy, M. & Griffin, E. (2000) Facilitating Groups in Primary Care: a manual for team members. Abingdon: Radcliffe Medical Press.
- 24 Heron, J. (1999) The Complete Facilitator's Handbook. London: Kogan Page.
- 25 Pickles, T. (1999) Toolkit for Trainers. Brighton: Pavilion Publishing.
- 26 McGinn, C. & Hewitt, R. (1995) Wisboroughs Make a new start with a fresh view of life. Sturminster Newton: Wessex Aquarian Publications.

1 A Values-based Approach

Benefits (OHP I)

One of the keys to raising morale in healthcare today is to re-emphasise the importance of values in guiding practice at all levels. There are some excellent values statements produced by healthcare bodies in the field, but for values to be meaningful, they must be owned at a personal level and then integrated into our work.

Values in Healthcare offers a unique blend of experiential group exercises and opportunities for reflection and self-enquiry that will help healthcare practitioners and teams to do this. With its emphasis on self-care and support, the programme will help participants to identify their own values and discover how their insights can enhance their personal lives and revitalise their work.

The materials and activities introduce a number of core values and encourage participants to explore ways of expressing them in their personal lives and professional practice. The learning outcomes will enable healthcare practitioners at all levels and in all settings to cope better with their work. This includes addressing the expectations of others, as well as their personal responses to situations, so helping to prevent problems of burnout, sickness absence and staff retention.

In summary, *Values in Healthcare* helps healthcare organisations and practitioners at four levels: professional, personal, organisational and educational. The programme provides them with opportunities to:

Professional

- Set professional standards and codes of practice
- Help resolve ethical issues
- Manage workload, expectations and change more effectively
- Work in teams with better co-operation
- Improve the quality of relationships and communication at all levels

Personal

- Build self-esteem and sense of purpose
- Renew enthusiasm and vitality
- Consider self-care as essential to well-being and good patient care
- Cope better with stress and prevent burnout and ill health

Organisational

- Improve staff recruitment and retention
- Provide better support to staff
- Boost morale in the workforce and reduce sickness absence
- Enhance performance and cost efficiency
- Introduce positive, values-based change into healthcare environments

Educational

- Introduce a holistic educational programme
- Provide opportunities for learning new caring skills
- Enhance reflective practice and personal development plans
- Develop a spiritual approach to personal and professional development

Key principles (OHP 2)

Healthcare professional training has been predominantly about acquiring knowledge and learning practical skills, with less time spent on communication and interpersonal skills, and even less time on self-care. Given the current challenges faced by people working in the healthcare field today, the *Values in Healthcare* programme sets out to redress the balance by adopting three key principles in teaching values:

1 Physician heal thyself

The first is to put the professional care givers at the centre of healthcare delivery and give life to the ideal of 'physician heal thyself'. Nourishing and supporting the care giver, and paying attention to their personal development, will help to raise morale and restore the sense of purpose and altruism with which they set out in their careers.

2 Learning through experience

The second is that values in healthcare are best understood and explored through direct experience, so the programme should provide facilitated, experiential learning, rather than didactic instruction, with time for silence, reflection and sharing in a supportive environment.

3 Relevance to work

Thirdly, the learning experience should be relevant to participants' work and lives, with an emphasis on reflection, action planning and evaluation, and a commitment to ongoing learning.

Who can benefit from the Values in Healthcare programme? (OHP 3)

The pack can be used with a wide range of healthcare practitioners at all levels, including doctors, nurses and specialist groups, such as hospice nurses or physiotherapists, multidisciplinary groups, primary healthcare teams and outpatient teams, which may include managers, support and administrative staff.

Because of its emphasis on reflection and exploration of links between personal insights and healthcare practice, the pack will be of great value as part of **Continuing Professional Development** and **Personal Learning Plans** for all professional groups. The materials offer flexible opportunities for evaluation of learning, application to everyday work, and dissemination to team members and colleagues.

The contents can be readily cross-mapped to units and modules of qualifying, post-qualifying and in-house development courses for a wide range of healthcare workers within faculties, schools and deaneries, and within primary care and other healthcare organisations. The materials and exercises will enhance existing training in the areas of core values, communication and relationships with patients, working with colleagues and team working. Each exercise provides clear learning outcomes to help match activities to priority development needs.

The materials can be used by a broad range of educators and trainers in the field, and are sufficiently detailed to be run by practitioners who are interested in facilitating sessions with colleagues and teams.

The values (OHP 4)

In addition to identifying and experiencing core values which guide their personal lives, the *Values in Healthcare* programme gives participants the opportunity of exploring in depth some values which are of particular importance in healthcare practice. These are briefly described below.

Peace is introduced as our natural state, ie that within all of us there is an innate core of calm and tranquillity. The programme uses simple yet powerful ways to rediscover this inner peace. By practising peacefulness, participants can access their positive qualities, which help to build self-respect and contentment. Peacefulness is the medicine for 'burnout'.

Positivity is about having the choice and power to change the way we think. Healthcare professionals can often think critically or even negatively out of habit, whereas positive thoughts make people feel good. The programme helps participants to recognise unhelpful patterns of thinking and change them to more positive ones by learning to observe their thoughts. Their resulting positivity and optimism brings benefits not only to themselves, but also to colleagues and patients.

Compassion brings humanity to healthcare. It is the expression of our innate qualities of patience, generosity and kindness, yet there are often personal barriers to its expression – anger, anxiety, guilt and attachments. The programme helps participants to acknowledge and tackle these barriers and to view compassion as a value they can consciously express throughout their practice.

Co-operation is about working together successfully, as individuals and teams. The programme helps participants to gain an understanding of the thoughts, attitudes, feelings and behaviour which enable successful co-operation. It enables them to build team spirit in non-competitive ways, so that tasks become enjoyable and creative.

Valuing the self requires that we recognise our own worth and, in doing so, can better acknowledge the intrinsic worth of others. Participants explore ways they currently do look after themselves and consider what sources of personal support they have available to them in particular situations. Self-confidence will grow as they develop their self-respect. This can help them to bring mutual respect and harmony into their relationships, to the benefit of themselves, their patients and colleagues.

Spirituality in healthcare is a vital concept in furthering the ideals of holistic health and in meeting the spiritual needs of patients and practitioners alike. The programme involves participants in clarifying concepts of health and healing, spirit and spirituality, in order to further develop their values-based practice.

The main premise of *Values in Healthcare* is that in developing a conscious, values-based approach, participants can rediscover their own peacefulness, think more positively, and act with compassion and co-operation, while putting their own self-care at the centre of their efforts. This provides the foundation for addressing how to provide better spiritual care for patients.

A more detailed discussion of values can be found in the background reading papers of the relevant sessions in **Part 3 The Modules**.

2 A Spiritual Approach

The *Values in Healthcare* programme has a distinctive style of training and approach. The materials are not designed to be *taught*, but rather to guide both participants and facilitator to *experience* core values. The exercises prompt an *internal* experience which can be surfaced, identified and subsequently expressed more consciously in personal and work situations. This differs from the more common emphasis on external frames of reference or models of thinking, and their application to furthering understanding and developing practice. Instead, *Values in Healthcare* provides the parameters for a voyage of inner discovery, unique to each participant but which, when shared within groups and teams, can lead to a common understanding and to enhanced clarity with regard to values-based practice. This is what we call 'a spiritual approach'.

The learning tools (OHP 5)

In the healthcare professions, many different methods are used to teach the skills and art of each discipline. Traditionally, formal lectures, personal study, tutorials and practical experience are used alongside apprenticeship learning. The *Values in Healthcare* approach requires teaching in small groups with exercises and activities which are mainly experiential. In order to emphasise and explore the essential connection between people's humanity and their experience of living and working, the *Values in Healthcare* programme introduces participants to seven tools for learning, called 'spiritual tools'. These tools provide the means by which participants engage with inner exploration and apply their insights to a wide range of situations and problems. They are briefly described below.

Meditation in this programme involves participants in being silent and using the time to learn about their minds and their thoughts. By using positive and peaceful thoughts, participants can experience quietening their minds, moving towards the silent centre of their consciousness, and bringing calm to their work.

Visualisation involves using the mind to create positive images which can help to address past negative experiences and associated feelings of failure or frustration. Visualisation exercises can help to build participants' self-respect and positive attitudes.

Reflection is much used within healthcare training. 'Reflective practice' involves learning from past experience to review professional progress, evaluate concerns and improve clinical practice. The spiritual approach to reflection involves participants in taking a detached view – looking at themselves from outside, so that they can examine their own emotional reactions. From a place of calm and peacefulness, it enables them to understand and release feelings of anger, anxiety and attachment, learn from mistakes and build on positive experiences.

Listening is an essential skill in healthcare, and the quality of *how* we listen can bring benefit not only to those being listened to, but also to the listener themselves. Listening as a spiritual tool involves participants in deep listening and requires that the listener finds inner peacefulness, so that they can give their full attention, focusing on what the person is saying with an open heart and without judgement.

Appreciation is an important tool when dealing with many aspects of patient care, interaction with colleagues, and personal lives. As a spiritual skill, it looks at individuals and groups from the perspective of valuing what works best, drawing on existing skills and shared values to seek solutions, rather than focusing on the problem and apportioning blame. In healthcare, the emphasis is often on developing a critical attitude. While this is essential in the technical side of medical care, practising appreciation can help participants to recognise the value of the human contribution and to encourage co-operation between colleagues and within teams.

Creativity encourages the discovery of new solutions. As a spiritual skill, it emphasises the premise that ideas come to us when we give ourselves silent space and drop our preconceptions. As part of the *Values in Healthcare* programme, participants are encouraged to experience the creativity which can flow though drawing, writing poetry, and visualisation. Facilitators are encouraged to experiment with activities which explore values in creative ways. For all, the sessions may involve taking risks by behaving outside our normal roles. However, the experience of heightened creativity and its application to problem solving will be a positive learning outcome.

Play introduces the idea that it is legitimate to experience fun and laughter as part of the learning process. Being playful is being spontaneous and carefree, with a willingness to let go of barriers and overcome difficulties. While participants may feel inhibited at first, the playing of simple games can be a moving experience, connecting people at a deeper level and allowing everyone to 'just be themselves'. Having a sense of 'lightness' in our manner encourages tolerance in our listening and softness in our judgements.

The seven tools are introduced and applied thoughout the programme and can become valuable resources for participants to take into everyday living and healthcare. They are described in detail in **Part 4 Spiritual Tools**.

3 Values in Healthcare Programme

Modules (OHP 6)

Values in Healthcare comprises seven modules, each of which will help groups of healthcare professionals to explore values in depth, as they relate to their personal lives and professional practice:

- Module 1: Values Inner values and Values at work
- Module 2: **Peace** Being peaceful and Peace at work
- Module 3: **Positivity** Being positive and Positive interaction at work
- Module 4: Compassion Finding compassion and Compassion in practice
- Module 5: **Co-operation** *Understanding co-operation* and *Working in teams*
- Module 6: Valuing Yourself Self-care and Support at work
- Module 7: **Spirituality in Healthcare** *Exploring spirituality and healing* and *Spiritual care in practice.*

Module structure (OHP 7)

Each module consists of a full-day session, containing a mix of group learning activities, guided by a facilitator. The modules can be run as stand-alone workshops, incorporated into wider development programmes, or run in sequence as a *Values in Healthcare* programme. The materials can also be effectively used for self study.

Each module begins with an introduction to the theme and optional warm-ups, followed by a structured programme of activities, some active, some reflective. Time is then spent on summarising, action planning, evaluation and closure. The morning and afternoon sessions allow for a progression from personal exploration through to application of learning to work-based situations and issues.

A typical module programme includes the following:

Background reading

Total session time	Approx 6 hours
Closure	5–10 mins
Evaluation	10 mins
Action planning	30 mins
Session review	10 mins
Breaks (including lunch)	1 hour 35 mins
Movement exercises	10 mins
Exercises	2 hours 45 mins
Introduction/review of previous session	30 mins

Follow-on/homework (optional)

Detailed information about preparing for and running the modules can be found in **Part 2 Guidance for Facilitators**.

The materials (OHP 8)

The pack contains detailed guidance and all the necessary materials to run the seven modules, packaged into a ring binder with CD and including:

Part 1: Introduction

Introduction to the pack and the **Values in Healthcare** programme.

Part 2: Guidance for Facilitators

Detailed guidelines on the structure of the programme, role of the facilitator, and preparing for and running the sessions.

Part 3: The Modules

Seven modules, each providing:

- background information on each module topic which can be given to participants as a handout
- timed programme
- session overview, aims and learning outcomes, and step-by-step guidance on running the session
- exercises and feedback, session review, action planning and evaluation
- exercise sheets and handouts for exercises.

The reading and exercise handouts can be photocopied for group use within an educational programme and for individual study.

Part 4: Spiritual Tools

Detailed information about the seven tools of learning employed in the sessions.

Part 5: Additional Resources

- Warm-up exercises, movement exercises and closure exercises
- Learning logs, action planning and evaluation pro formas
- References and resources for follow-up reading and exploration
- Text transcription of meditations and visualisations on CD

CD of Meditations

CD containing meditations and music to be used during the meditation and visualisation activities.

OHP 1 Values in Healthcare

Benefits of a valuesbased approach

Professional

- Set professional standards and codes of practice
- Help resolve ethical issues
- Manage workload, expectations and change more effectively
- Work in teams with better co-operation
- Improve the quality of relationships and communication at all levels

Personal

- Build self-esteem and sense of purpose
- Renew enthusiasm and vitality
- Consider self-care as essential to well-being and good patient care
- Cope better with stress and prevent burnout and ill health

Benefits of a values-based approach

Organisational

- Improve staff recruitment and retention
- Provide better support to staff
- Boost morale in the workforce and reduce sickness absence
- Enhance performance and cost efficiency
- Introduce positive, values-based change into healthcare environments

Educational

- Introduce a holistic educational programme
- Provide opportunities for learning new caring skills
- Enhance reflective practice and personal development plans.
- Develop a spiritual approach to personal and professional development

OHP 2 Values in Healthcare

Principles of the programme

I Physician heal thyself

The professional care giver is placed at the centre of healthcare delivery, with the emphasis on self-care and personal development

2 Learning through experience

Values are best understood through facilitated, experiential learning, rather than didactic instruction, with time for reflection and sharing in a supportive environment

3 Relevance to work

The learning experience should be relevant to participants' work and lives, with an emphasis on reflection, action planning, evaluation and a commitment to ongoing learning

Who can benefit from the programme?

- A wide range of healthcare practitioners at all levels, including doctors, nurses, allied health professionals, social workers, managers, support and administrative staff
- A wide range of settings including hospitals, hospices, general practice, health centres and clinics
- Staff groups and teams including multidisciplinary teams, primary healthcare teams, outpatient teams and departmental teams
- Qualifying and undergraduate teaching programmes as part of, or as elective elements of, curricula
- Postgraduate and postqualifying courses
- Continuing professional development for a range of professionals

OHP 4 Values in Healthcare

The values

- Peace
- Positivity
- Compassion
- Co-operation
- Valuing the self
- Spirituality in healthcare

OHP 5 Values in Healthcare

A spiritual approach

The programme provides:

- an emphasis on guided experience, rather than direct teaching
- an individual experience of core values which can then be expressed more consciously in personal and work situations
- a sharing of experience within groups and teams which can improve understanding and clarity with regard to values-based practice

using the following learning tools:

- meditation
- visualisation
- reflection
- listening
- appreciation
- creativity
- play

OHP 6 Values in Healthcare

Modules

Module I Values

Inner values

Values at work

Module 2 Peace

Being peaceful

Peace at work

Module 3 Positivity

Being positive

Positive interaction at work

Module 4 Compassion

Finding compassion

Compassion in practice

Module 5 Co-operation

Understanding co-operation

Working in teams

Module 6 Valuing Yourself

Self-care

Support at work

Module 7 Spirituality in Healthcare

Exploring spirituality and healing

Spiritual care in practice

OHP 7 Values in Healthcare

Module structure for a one-day session

Background reading

Total session time	Approx 6 hours
Closure	5–10 mins
Evaluation	10 mins
Action planning	30 mins
Session review	10 mins
Breaks (including lunch)	I hour 35 mins
Movement exercises	10 mins
Exercises	2 hours 45 mins
Introduction/review of last session	30 mins

Follow-on/homework (optional)

OHP 8 Values in Healthcare

Contents of pack

Part I: Introduction

Part 2: Guidance for Facilitators

Part 3: The Modules

Part 4: Spiritual Tools

Part 5: Additional Resources

CD of Meditations