

Reading list: Compassionate and inclusive leadership

Date of webinar: 13 July 2023

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1 Description

- This tailored reading list includes signposted web links, links to e-Books held by the BMA library, and journal articles on the topic of **compassionate and inclusive leadership** as a supplement to the Learning and Development webinar you attended on 13 July 2023
- The selected content is representative of the current literature on this topic, inclusion on this list does not imply endorsement from the BMA.
- If you would like to request a literature search on any aspect of this topic please fill out a [request form](#) (this service is available to BMA Members only).
- This reading list prioritises online content to ensure all attendees can benefit from this supporting resource. However most full text links will be accessible to BMA Members only. Find out more about [the benefits of BMA Membership](#) and [join here](#).
- The BMA Library prioritises an e-first approach, however if you are near BMA House in London, we have a modern, purpose-built library space where members are welcome to come and study. Find out more and see how we can help you [here](#).

2 Obtaining full text articles

2.1.1.1 Full text links

If available, the full text link has been included.

2.1.1.2 Search for Journals

The BMA Library provides access to thousands of e-journals for all BMA members. Use our [journal search](#) or [search by citation](#) options on the library website.

2.1.1.3 Article Requests

Members can use our article request service to request digital copies of articles that are not available in our library collections. We will try to obtain these copies from other libraries in the UK on your behalf for a fee: £5.10 (+VAT) for the first ten article requests; £13 (+VAT) for all subsequent requests. To request digital copies of articles, use the [order an article form](#) on the library website (you must be signed in).

2.1.1.4 E-Books

We provide free, direct access to thousands of e-books for BMA members.

2.1.1.5 Further help

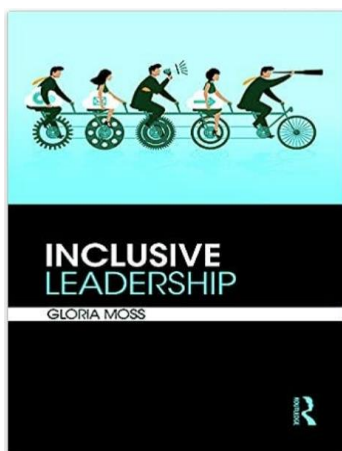
For any further help with getting full text articles, please contact the BMA Library Team (bma-library@bma.org.uk)

3 Results

Results

3.1 e-Books

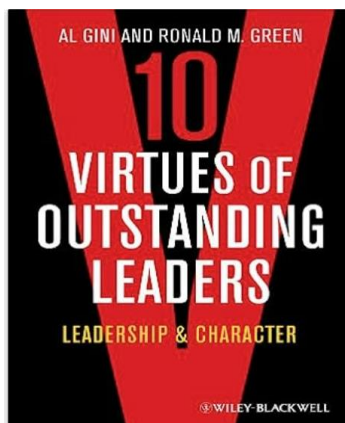
3.1.1 Available through the BMA Library



Moss, Gloria. *Inclusive Leadership*. United Kingdom: Routledge, 2019.

Available online [here](#)

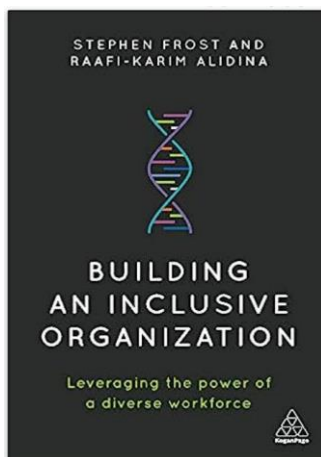
This book breaks important new ground in describing the enhancements to employers, employees and customers that Inclusive Leadership can bring.



Gini, Al ; Green, Ronald M. *Ten Virtues of Outstanding Leaders: Leadership and Character*. Wiley-Blackwell, 2013.

Available online [here](#)

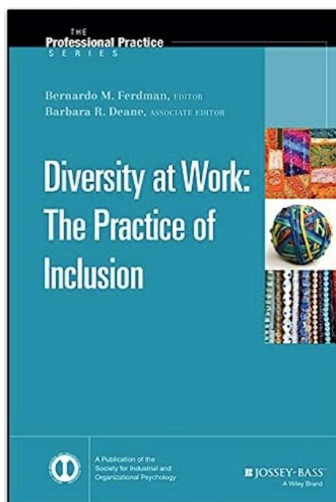
This readable distillation of the core common features of successful leaders shows how an individual's character, and especially their virtue, is the defining factor. Without these ten vital virtues, leadership becomes 'misleadership.' The authors, both renowned business ethicists, combine theory with fascinating biographical detail on exemplary leaders.



Stephen Frost, Raafi-Karim Alidina. *Building an Inclusive Organization: Leveraging the Power of a Diverse Workforce*. London: Kogan Page, 2019.

Available online [here](#)

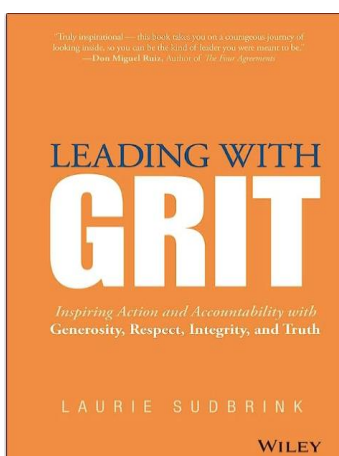
Inclusion ensures that employees feel supported, are treated fairly and are therefore happier, more engaged and more productive. This book is a practical guide to creating an environment of real inclusion. It explains how to remove unconscious bias from company processes including recruitment and selection, how to make the case for diversity and inclusion to all stakeholders and how to embed inclusion into an organization's culture and overall business strategy.



Ferdman, Bernardo M; Deane, Barbara R; Ferdman, Bernardo M; Deane, Barbara R. *Diversity at Work: The Practice of Inclusion*. New York, NY: Wiley. 2013.

Available online [here](#)

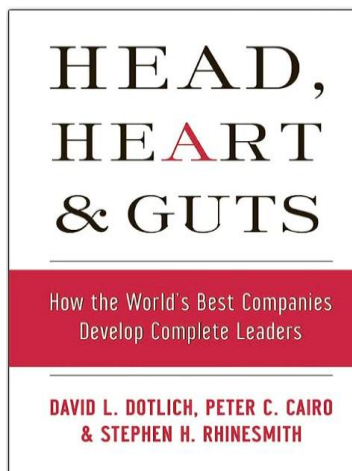
This book presents detailed solutions for the challenge of inclusion—how to fully connect with, engage, and empower people across all types of differences. Readers will learn about the critical issues involved in framing, designing, and implementing inclusion initiatives in organizations and supporting individuals to develop competencies for inclusion. It provides an innovative and expansive model of the practice of inclusion and to address its key aspects at the individual, group, and organizational levels.



Sudbrink, Laurie. *Leading with GRIT: Inspiring Action and Accountability with Generosity, Respect, Integrity, and Truth*. Somerset: John Wiley & Sons, Incorporated, 2015.

Available online [here](#)

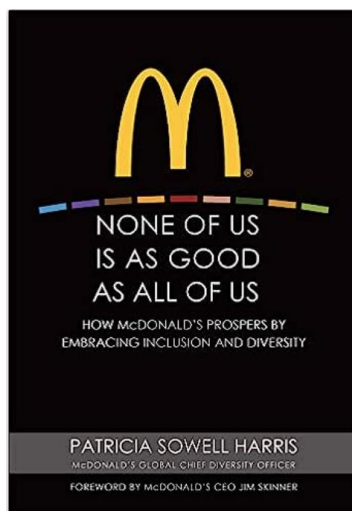
This is a practical guide for transforming the workplace, offering pragmatic insight on value-based strategies that improve the individual and the business. Based on the author's proprietary principles of GRIT - Generosity, Respect, Integrity, and Truth - this book describes how working toward individual improvement produces better organizational results than traditional approaches that focus on collective improvement.



Cairo, Peter C ; Dotlich, David L ; Rhinesmith, Stephen H. *Head, Heart and Guts: How the World's Best Companies Develop Complete Leaders*. Hoboken: John Wiley & Sons, Incorporated. 2006.

Available online [here](#)

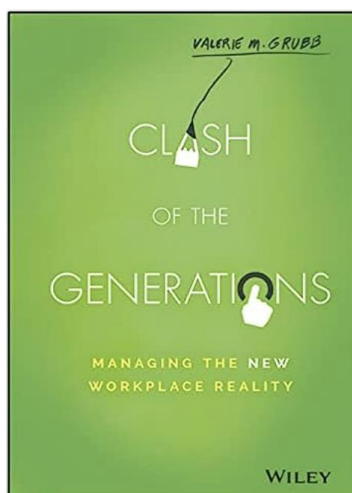
This book reveals the three most important capabilities leaders must demonstrate today: the ability to set strategy, empathize with others, and take risks—all at the same time. It argues that to be successful in a complex, matrixed, fast-moving world, “whole” leaders must set strategy, develop trusting relationships with others, and consistently do the right thing based on personal values.



Harris, Patricia Sowell. *None of us is as good as all of us: how McDonald's prospers by embracing inclusion and diversity*. New Jersey: Wiley, 2009.

Available online [here](#)

McDonald's Global Chief Diversity Officer, Patricia Sowell Harris, offers the first inside look at the company's philosophy of inclusion and diversity through interviews with more than 60 key employees and leaders. These accounts, of franchisees, suppliers, and employees, reveal how McDonald's embraces all races, creeds, and cultures to create unity and business achievement.

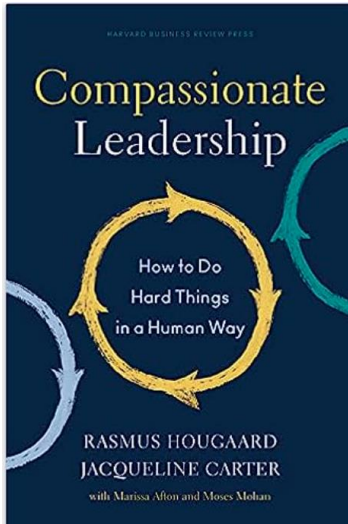


Grubb, Valerie M. *Clash of the Generations: Managing the New Workplace Reality*. Newark: Wiley, 2016.

Available online [here](#)

Every generation in the workplace has value, each has their own strengths, their own weaknesses, and their own unique talents. Each is indispensable, and when they come together as a synergistic force, they can be unstoppable. Effective management means bringing out the best in your workforce, and the strategies presented here help you streamline your varied workforce into a team more valuable than the sum of its parts.

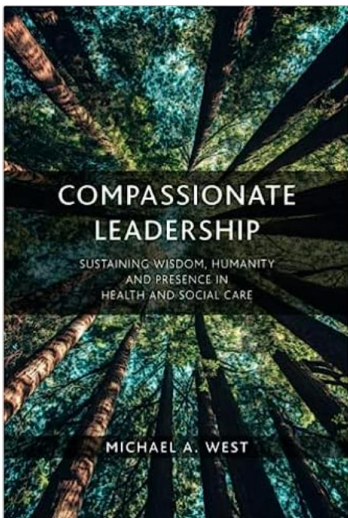
3.1.2 Available through online book sellers:



Hougaard, Rasmus; Carter, Jacqueline. *Compassionate leadership: How to Do Things in a Human Way*. Harvard Business Review, 2022.

Amazon details available [here](#)

Shown in this powerful, practical book, you must always balance caring for your people with leadership wisdom and effectiveness. Using data from thousands of leaders, employees, and companies in nearly a hundred countries, the authors find that when leaders bring the right balance of compassion and wisdom to the job, they foster much higher levels of employee engagement, performance, loyalty, and well-being in their people



West, Michael A. *Compassionate Leadership: Sustaining Wisdom, Humanity and Presence in Health and Social Care*. The Swirling Leaf Press, 2021.

Amazon details available [here](#)

In these pages, an evidence-based approach to transforming the leadership and cultures of health and social care teams and organisations is described. Practical, powerful and compelling, it describes a strategy based on the core human value of compassion, showing that by sustaining that value in health and social care, we can cultivate wisdom, humanity, presence and high-quality in health and care services.

3.2 Web links



CIPD (The Chartered Institute of Personnel and Development)

Building inclusive workplaces: assessing the evidence on workplace inclusion. 2019.

This report assesses the evidence on inclusion – what does inclusion look like in practice, and how can people professionals and the wider business be more inclusive.

Available online [here](#)



Spiceworks

What Is an Inclusive Workplace? Definition, Best Practices, and Tools. 2020.

By Chiradeep BasuMallick

This article looks at the definition of an inclusive workplace and how to create inclusivity in the workplace.

Available online [here](#)



Limeade

11 Essential traits of an inclusive workplace.

By Mady Peterson

Available online [here](#)



NHS England

Changing healthcare cultures - through collective leadership.

Available online [here](#)

General Medical Council**General Medical Council (GMC)**

Healthcare leaders must embrace equality, diversity and inclusion. 2023

This news item contains a link to the GMC's latest update on progress towards their ED&I targets.

Available online [here](#)

Forbes**Forbes**

What An Inclusive Workplace Actually Looks Like, And Seven Ways To Achieve It.

By Laura Hamill

Available online [here](#)

Forbes**Forbes**

What is Compassionate Leadership?

By Laurel Donnellan

Available online [here](#)

NHS**Health Education England****NHS Health Education England**

Diversity and inclusion: Respect, dignity, compassion and care should be at the core of how patients and staff are treated.

Provides access to a number of resources such as their strategic framework and annual report.

Available online [here](#)

The King's Fund**The King's Fund**

Compassionate and inclusive leadership

Provides a range of resources such as blogs, reports, articles, video and audio recordings on creating a culture of compassion and inclusion.

Available online [here](#)

BMJ Leader

BMJ Leader Volume 6, issue 3 pages 186-91

Enactment of compassionate leadership by nursing and midwifery managers: results from an international online survey.

Irena Papadopoulos et al.

Available online [here](#)

Becoming a Caring & Compassionate Practitioner in Health and Social Care

Created by Professor Teena Clouston, et al. School of Healthcare Sciences, Cardiff University, 2017

Compassionate Leadership

Available online [here](#)

Becoming a Caring & Compassionate Practitioner

Available online [here](#)

3.3 Google Scholar



Search string: allintitle:(compassion OR compassionate OR inclusive) AROUND 2 (leadership OR leaders OR managers OR management) AND (work OR staff OR team OR employee) -Medline

English papers only

Click link to see [Google Scholar results](#)

BMA members can follow the instructions set out in [this library blog post](#) to directly access the full text of any of the Google Scholar articles that the BMA library has a subscription to (you only need to follow these instructions once).

**Please note that as Google Scholar results are ordered by relevance, the first few pages of results will be the most useful.*

3.4 Journal articles

1. Allwright, K., et al. (2019).

“Fostering positive spaces in public health using a cultural humility approach.”

Public Health Nursing 36(4): 551-556.

[Click to view reference](#)

Culturally competent frameworks used within health care systems are contributing to the discrimination and marginalization of sexually and/or gender diverse persons. In this discursive paper, we argue that cultural humility ought to be implemented as the best practice approach for fostering sexually and gender diverse positive spaces in public health settings. A paradigm shift away from cultural competence frameworks toward cultural humility is necessary. This shift can be achieved by enhancing educational opportunities for public health nursing students and professionals and by recruiting organizational leaders to be champions for systemic change. In order to achieve this, we must establish effective educational programs that espouse cultural humility practices and develop valid measurement tools for assessing the provision of culturally humble care. This would equip educators, students, practitioners, and organizational leaders with the necessary tools to guide and assess their performance. Integrating a culturally humble approach will ultimately enhance self-reported cultural safety in public health spaces and reduce health inequities experienced by sexually and/or gender diverse clients and staff members.

2. Aysola, J., et al. (2018).

“Perceptions of Factors Associated With Inclusive Work and Learning Environments in Health Care Organizations: A Qualitative Narrative Analysis.”

JAMA Network Open 1(4): e181003.

[Click to view reference](#)

Importance: Diversifying the health care workforce remains a critical goal for health care organizations focused on reducing disparities in care. However, it remains unknown what factors create inclusive health system environments and help organizations retain a diverse workforce.

Objective: To understand from members of the health care workforce what factors contribute to inclusive work and learning environments and what can be done to improve inclusion within health care organizations.

Design, Setting, and Participants: A qualitative narrative analysis of responses to a weekly email call for narratives within health care organizations sent June 1, 8, 15, and 22, 2016. The email contained an anonymous link to 2 open-ended stimulus questions asking for stories reflecting inclusion or lack thereof within participants’ work environments as well as demographic questions. The study took place at 6 hospitals, including a free-standing children’s hospital and a Veterans Affairs medical center, 4 health sciences schools (Medicine, Nursing, Dental, and Social Policy and Practice), and outpatient facilities within a university-based health care system in Pennsylvania. There were 315 completed narratives submitted from health care system executives (n = 3), staff (n = 113), academic faculty (n = 97), trainees or students (n = 99), and 3 who declined to specify their positions.

Main Outcomes and Measures: Workplace experiences with inclusivity, implications of these experiences, and recommendations to improve inclusion within environments.

Results: Of 315 narratives submitted from members of the health care system, in 188 (59.7%) the writer self-identified as female; in 10 (3.2%), as transgender/queer; in 38 (12.1%), as non-Hispanic black; in 152 (48.3%), as non-Christian; in 31 (9.8%), as having a language other than English as their primary language; and in 14 (4.4%), as having a disability. Analysis of the narratives revealed 6 broad factors that affected inclusion within health care organizations: (1) the presence of discrimination; (2) the silent witness; (3) the interplay of hierarchy, recognition, and civility; (4) the effectiveness of organizational leadership and mentors; (5) support for work-life balance; and (6) perceptions of exclusion from inclusion efforts. Challenges with inclusion had negative effects on job performance and well-being, with reports of stress, anxiety, and feelings of hopelessness. Most respondents referenced a systemic culture that influenced their interpersonal dynamics and provided specific strategies to improve organizational culture that focused on leadership training and expanding collegial networks.

Conclusions and Relevance: This narrative analysis provides a taxonomy of factors that health care organizations can use to assess inclusion within their learning and work environments as well as strategies to improve inclusion and retain a diverse health care workforce.

3. Baggett, M., et al. (2016).

“Exploring the human emotion of feeling cared for in the workplace.”

Journal of Nursing Management 24(6): 816-824.

[Click to view reference](#)

AIM: To explore the emotion of feeling cared for in the workplace.

BACKGROUND: The emotion of feeling cared for drives health-promoting behaviours. Feeling cared for is the end-product of caring, affecting practice, environment and outcomes. Identifying behaviours that lead to feeling cared for is the first step in promoting caring practices in leadership.

METHOD: A survey with open-ended questions was designed, validated and electronically distributed. Data from 35 responses were thematically analysed.

RESULTS: Unit culture and leadership style affect caring capacity in the workplace. First level coding revealed two caring behaviour categories: recognition and support. Themes emerged aligned to Chapman’s model of workplace appreciation: words of affirmation, receiving gifts, quality time and acts of service. The importance of being treated as a whole person was reported: being appreciated personally and professionally. Feeling cared for drives outcomes such as feeling valued, important, teamwork and organisational loyalty.

CONCLUSIONS: This study generalises the applicability of Chapman’s model developed for workplace appreciation in the health-care setting.

IMPLICATIONS FOR NURSING MANAGEMENT: Concrete examples of how leaders stimulate feeling cared for are provided. Caring leadership behaviours have the potential to improve retention, engagement, the healing environment and the capacity for caring for others.

4. Bird, A., et al. (2023).

“Fostering an inclusive workplace for LGBTQIA+ people in radiology and radiation oncology.”

Journal of Medical Imaging & Radiation Oncology 67(2): 193-199.

[Click to view reference](#)

The inclusion and celebration of LGBTQIA+ staff in radiology and radiation oncology departments is crucial in developing a diverse and thriving workplace. Despite the substantial social change in Australia, LGBTQIA+ people still experience harassment and exclusion, negatively impacting their well-being and workplace productivity. We need to be proactive in creating policies that are properly implemented and translate to a safe and inclusive space for marginalised groups. In this work, we outline the role we all can play in creating inclusive environments, for both individuals and leaders working in radiology and radiation oncology. We can learn how to avoid normative assumptions about gender and sexuality, respect people's identities and speak out against witnessed discrimination or slights. Robust policies are needed to protect LGBTQIA+ members from discrimination and provide equal access across other pertinent parts of work life such as leave entitlements, representation in data collection and safe bathroom access. We all deserve to feel safe and respected at work and further effort is needed to ensure this extends to LGBTQIA+ staff in the radiology and radiation oncology workforces.

5. Chen, L., et al. (2020).

“Challenges and opportunities for the multicultural aged care workforce: A systematic review and meta-synthesis.”

Journal of Nursing Management 28(6): 1155-1165.

[Click to view reference](#)

AIMS: To identify (a) the challenges for multicultural aged care teams; (b) the opportunities to facilitate teamwork; and (c) the strategies to assist team members in a multicultural work environment.

BACKGROUND: High-income countries have an increasingly culturally diverse aged care workforce. Fostering teamwork in such an environment is challenging.

METHODS: This systematic review of qualitative studies followed the Joanna Briggs Institute (JBI) meta-aggregation approach. Six databases were searched. Retrieved articles were screened by two reviewers. This review identified 111 findings that were aggregated into 15 categories and five themes.

FINDINGS: Aged care workers' awareness of cultural diversity varies, and their knowledge of each other's cultural background is limited. However, cultural skills are demonstrated, contributing to teamwork. Their experience in cross-cultural encounters is broad, and enhanced team cohesion is desired.

CONCLUSIONS: The cultural competence of the aged care workforce shapes team building, peer support opportunities and positive cross-cultural experiences.

IMPLICATIONS FOR NURSING MANAGEMENT: Recommendations are provided for the adaptation of aged care workers to culturally diverse teams, fostering teamwork to enhance care outcomes for clients. Interventions for improvements in cross-cultural leadership and management, and staff experience of cross-cultural encounters are much needed.

6. Hofmeyer, A. and R. Taylor (2021).

“Strategies and resources for nurse leaders to use to lead with empathy and prudence so they understand and address sources of anxiety among nurses practising in the era of COVID-19.”

Journal of Clinical Nursing 30(1-2): 298-305.

[Click to view reference](#)

AIMS: Identify strategies and resources for nurse leaders to use to lead with empathy and prudence to improve quality of care and to ease the psychological toll on nurses caring for patients with COVID-19.

BACKGROUND: In a 2020 report, clinicians caring for patients during the COVID-19 pandemic said their healthcare leaders needed to: 'hear me, protect me, prepare me, support me, and care for me'. These words provide an action plan for nurse leaders to communicate, educate and support nurses to practice competently and safely (physically and mentally) in the context of COVID-19.

DESIGN: Discursive paper.

METHOD: Identification and inclusion of relevant international evidence with clinical discussion.

FINDINGS: Nurse leaders can mobilise system and individual level strategies and resources to support nurses to manage pandemic-related issues including: anxiety due to the risk of infection, supporting anxious children, mitigating moral injury; providing safe and quality nursing care for patients with COVID-19 and end-of-life care as needed; supporting relatives who cannot be present with a dying relative and care for grieving relatives and colleagues. We categorise a selection of evidence-based, online sources providing current COVID-19 information, practice updates and resources to develop personalised self-care plans to ease anxiety and support renewal and resilience.

CONCLUSIONS: Nurse leaders must ensure adequate PPE supply, upskill nurses to provide safe, quality care for patients with COVID-19 and promote restorative self-care plans.

RELEVANCE TO CLINICAL PRACTICE: The strategic actions nurse leaders take today can positively impact nurses' well-being and ability to provide safe and quality care for patients in the context of COVID-19.

7. Markey, K., et al. (2021).

"Fostering an ethos of cultural humility development in nurturing inclusiveness and effective intercultural team working."

Journal of Nursing Management 29(8): 2724-2728.

[Click to view reference](#)

AIM: To discuss the importance of fostering an ethos of cultural humility development in cultivating inclusiveness and effective intercultural team working.

BACKGROUND: Widening cultural and ethnic diversity of the health care workforce enriches the working environment and encourages a broader perspective on health care services and delivery. However, the intricacies of learning to work effectively within intercultural health care teams and adapting to new ways of working are often under estimated and thus overlooked.

EVALUATION: In adopting a framework for cultural humility development (Hughees et al., 2020, 10.1016/j.profnurs.2019.06.005), this paper proposes some practical suggestions for nurturing intrapersonal, interpersonal and system level cultural humility simultaneously.

KEY ISSUES: Fostering an ethos of cultural humility development within the workplace can support inclusiveness and better intercultural team working relationships. Nurses need support in developing awareness of their own cultural beliefs, whilst examining perceptions of cultural difference.

CONCLUSION: Examining cultural factors that influence intercultural working relationships will help in identifying structures, supports and approaches required for integration and inclusiveness.

IMPLICATIONS FOR NURSING MANAGEMENT: Nurturing ways of supporting interpersonal, intrapersonal and systems levels cultural humility development inspires the self-awareness,

openness and respect for cultural difference required. Developing culturally responsive leadership styles and prioritizing their own cultural humility development is critical.

8. Qi, L., et al. (2019).

“Impact of inclusive leadership on employee innovative behavior: Perceived organizational support as a mediator.”

PLoS ONE [Electronic Resource] 14(2): e0212091.

[Click to view reference](#)

Despite extensive literature on leadership and its impact employee innovative behavior, few studies have explored the relationship between inclusive leadership and employee innovative behavior. To address this gap, this study aimed to investigate how inclusive leadership influenced employee innovative behavior by examining perceived organizational support (POS) as a mediator. We used multi-wave and multi-source data collected at 15 companies in China to test our theoretical model. Results revealed that inclusive leadership had significantly positive effects on POS and employee innovative behavior. Furthermore, POS was positively related to employee innovative behavior and partially mediated the relationship between inclusive leadership and employee innovative behavior. We discussed implications and limitations of this study as well as avenues for future research.

9. Salminen-Tuomaala, M. and S. Seppala (2023).

“Hospital nurses’ experiences and expectations of compassion and compassionate leadership.”

Scandinavian Journal of Caring Sciences 37(2): 486-495.

[Click to view reference](#)

RATIONALE AND AIM: Nurses caring for critically ill patients need compassionate attention and support, especially during exceptional times. The aim of this study was to provide a trustworthy description of nurses’ experiences and expectations for compassionate leadership and compassion at a central hospital in Finland. The study was conducted during the early stage of the coronavirus 2019 pandemic.

ETHICAL ISSUES AND APPROVAL: The voluntary nature and anonymity of the survey were stressed in the cover letter, to make sure that participants did not perceive any undue influence caused by participating in the study.

METHODS: The participants were 50 intensive care and emergency nurses of a central hospital. An online survey tool with open questions was used to collect data on the meaning of compassion and on nurses’ experiences and expectations of compassion and compassionate leadership. Inductive content analysis was used to analyse the data.

RESULTS: The nurses reported a great variety of positive experiences of compassion, although the emphasis in this study seemed to be on the absence of compassion, especially in regard to leadership. The nurses expected individual attention and genuine physical and psychological presence from their immediate supervisors.

STUDY LIMITATIONS: One researcher analysed the data, which can cause some bias in the qualitative analysis.

CONCLUSIONS: Immediate supervisors express compassion by being physically present and by fostering an open dialogue. Compassion received from leaders and colleagues may be reproduced in patient contacts, which can increase patients’ confidence and psychological safety. Participatory

and simulation-based learning methods, which involve shared reflection, are recommended for compassionate leadership skills.

10. Wang, Y. X., et al. (2019).

“The mediating role of inclusive leadership: Work engagement and innovative behaviour among Chinese head nurses.”

Journal of Nursing Management 27(4): 688-696.

[Click to view reference](#)

AIM: This study investigated the relationship between work engagement and inclusive leadership in Chinese hospital head nurses. Besides, it explored the effect of the mediating role of inclusive leadership in the relationship between work engagement and innovative behaviour among Chinese hospital head nurses.

BACKGROUND: Head nurses are essential in the group of registered nurses who are to pass the Chinese licensure examination for nurses. Their work engagement and innovative behaviour are beneficial to improve the quality, efficiency and competitiveness of nursing services. However, little is known about the mediating role of inclusive leadership in the relationship between work engagement and innovative behaviour.

METHODS: In April 2018, a total of 374 Chinese head nurses were surveyed with a Work Engagement Scale, an Inclusive Leadership Scale and an Innovative Behavior Scale. Because the data were normally distributed in our study, Pearson’s correlation coefficient[®] was used to conduct the correlation analysis of study variables. Multiple linear regression analysis was used to explore the factors of innovative behaviour. Model 4 of Hayes’s (2013) PROCESS macro and Bootstrap method was used to examine the mediating role of inclusive leadership.

RESULT: Inclusive leadership was significantly and positively correlated to innovative behaviour and work engagement ($p < 0.01$). Moreover, work engagement was correlated with innovative behaviour ($p < 0.01$). In addition, hospital level, publishing papers, work engagement and inclusive leadership were the factors of head nurses’ innovative behaviour ($p < 0.01$). Inclusive leadership partially mediated the relationship between work engagement and innovative behaviour, accordingly.

CONCLUSION: Work engagement affects innovative behaviour among Chinese head nurses, and inclusive leadership is a mediator in the relationship. We should take measures to improve the leaders’ level of inclusive leadership, in order to strengthen head nurses’ innovative behaviour.

IMPLICATIONS FOR NURSING MANAGEMENT: According to the results of the study, the leaders of head nurses should pay attention to improve head nurses’ innovative behaviour, inclusive leadership, work engagement, and the quality and competitiveness of nursing.