

## Supplementary information for: Fostering compassionate public healthcare leadership towards sustainability: Evidence from Bihar, India

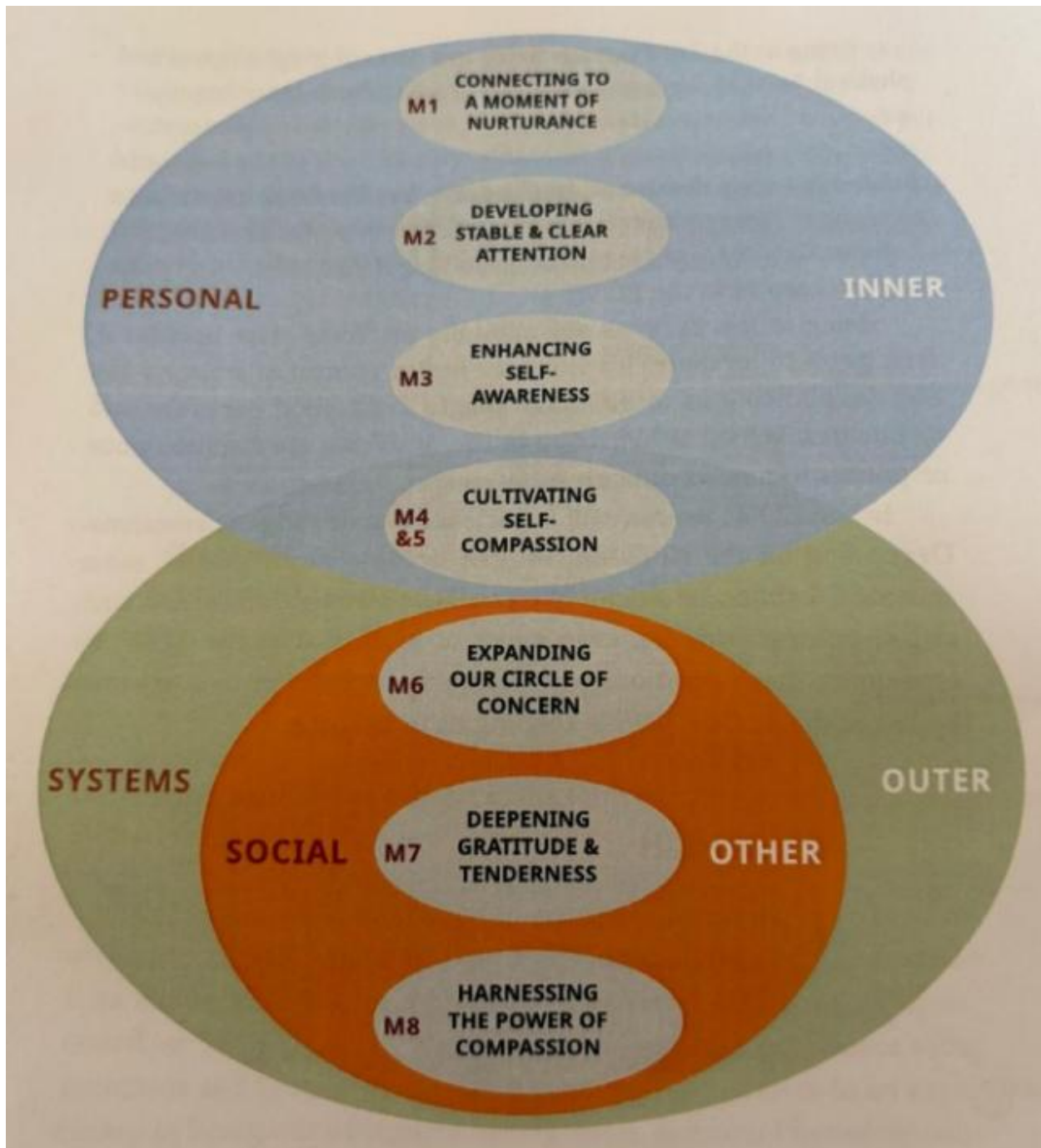
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### Supplement 2b. Personal transformation and team building

#### 2b.1 Use of CBCT framework

As part of the Government of Bihar initiative of Mission 60 – transforming hospital infrastructure in 60 days Personal Transformation and Team Building Program – was developed in conversation with government stakeholders to support the sustainability of the mission practices. It was understood that all the transformations being implemented can give consistent results only when people in the facilities understand the need to change not only themselves, but also their relationship with their peers, patients, and the system. This required essentially to present a contextualized program. The Modules of CBCT were a guiding force, given the domains aligned with our organisation's motto of Self Change to System Change – all the modules fall under the Personal, Social, and Systems Domains (Figure 1). With the aim to influence, enable, and develop a desire to bring forth a change in the way the health workers look at themselves and their peers, the program would also help the system. Thus, notable components were used from the Framework to align with the need.

Thus, the 6-hour module, which was given in a block of 3 hours per day as per the availability of the health workers, focused on Connecting to Nurturing Moments, Self-Awareness, Appreciation of Self and others, Building Connections and a sense of community through Expanding the Circle of Concern. Understanding the role of everyone in their lives, including the team members, through Gratitude Practice and Team exercise. Importance of Compassionate Action through Lead India, Power of One, and Movie Video, and Understanding of Discernment in their actions through understanding of Circle of Control and Influence.



**Figure 1.** Conceptual model of the CBCT Framework mapping its modules across personal, social, and systems domains (Self change to system change)

## 2b.2 Self-awareness activities

### 2b.2.1 Activity 1: Inner-outer life balance (Möbius strip)

Understand the importance of inner and outer life which needs balance, else we will always be under stress struggling and suffering. That the journey of change is not smooth, however, as we work on ourselves, we also start influencing people around us and start seeing changes in our surroundings and that this is a continuous process as we are all work in progress.

### *2b.2.2 Activity 2: Life journey reflection (River of life)*

Participants, through a grounding and resourcing practice, go back to their life journey till date and see who were the people around them, helping them and being with them from their birth, childhood, school, college, first job and today. What were the challenges, and who all supported at each stage, can they remember their faces and names and how they helped them become who they are?

After the short meditation, participants draw their life journey for 5 minutes in a chart paper, then they are divided into small subgroups of 4 to 5 people and share their journeys with each other.

They not only have to show their drawings and share; the others have to listen and write down one word of appreciation in their stories. This is then shared on a palm drawn on a sheet and circulated. While they are all mesmerized to hear the life stories of each group member, they are also happy to see how they have been appreciated by the group for their life journey.

The activity makes people aware of their own journey to others journey and see how similar and how much more difficult problems team members have than theirs and how they have been helped and supported by so many different people. This initiates the sense of community among the hospital staff as they feel more connected than before and also have newly formed sense of appreciation for their peers' journey. (Connecting to moment of Nurturance to Self-compassion to Expanding the Circle of Concern)

### *2b.2.3 Activity 3: Cultivating gratitude practice across personal and professional life*

This is followed by Gratitude Practice wherein they thank everyone in their lives, personal and professional who have helped and supported them including those they don't know and have never seen them but who make things available for them at their doorstep through their hard work, sincerity and honesty.

### *2b.2.4 Activity 4: Collaborating with compassion: A team building exercise for collective action*

Each group has to make the tallest tower of Papers. People become aware of how each member is important for the team work how each role will complement the task, and how to leverage support each other's strengths in the tasks. How compassion with each team member will help build more compassionate actions in their current work at the hospital.

### *2b.2.5 Activity 5: Lead India Video - Compassionate problem solving*

People learn through Lead India Video how our initiatives can help solve problems at the hospital and how these compassionate actions can transform the hospital.

### *2b.2.6 Activity 6: The power of one: How individual compassion creates meaningful change (Starfish video)*

There is the STARFISH VIDEO (Power of one) also shown on how one person's one step can make a difference in at least one person's life.

### *2b.2.7 Activity 7: Respectful care demonstration (Munna Bhai MBBS movie clip)*

Movie clip shown on how to be compassionate and respectful to everyone at the hospital including the housekeeping people. (Munna Bhai MBBS)

**2b.2.8 Activity 8: From concern to action: Identifying circles of control, influence, and responsibility**

Participants make a list of things over which they have absolute or no control, what are the things they have control on and what are the things they can influence. On the basis of this, an action plan is made for self and team.

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#### **Author contribution statement**

RM, HP drafted the manuscript with contributions from SSA, SB and TR. AJ, TM-1, SF, MKS-2 and KV contributed to Programmatic narrative development. SD, TR, AS, DG, KC, TM-1, SF, AD and NSR were involved in tool development and implementation. MKS-1, AK, SSA, AD and TM-2, designed the conceptual model, and analytical plan. MKS-1 and AK conducted data analysis. KV and TM-2 contributed to review and finalization of manuscript. All authors critically reviewed the manuscript and approved the final version.

#### **Note on supplementary material**

The other supplements are available upon reasonable request to the corresponding author.

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The authors declare no competing interests.

**AI statement**

AI was not used in the drafting of this manuscript.

**Data availability statement**

The data used for the manuscript is freely available upon emailed request with justification to the corresponding author.

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