

UNITED REPUBLIC OF TANZANIA



MINISTRY OF HEALTH

**HEALTH LITERACY AND RESPECTFUL
COMPASSIONATE CARE**

COURSE OUTLINE

JANUARY 2025

THE UNITED REPUBLIC OF TANZANIA

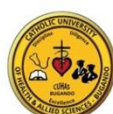


MINISTRY OF HEALTH

ADJUST CURRICULUM FOR HEALTH LITERACY AND COMPASSIONATE CARE TRAINING TO BACHELOR OF SCIENCE DEGREE STUDENTS IN TANZANIA

COURSE OUTLINE

JANUARY 2025



University Medical Center Groningen



NUI Galway



Co-funded by the
Erasmus+ Programme
of the European Union

TABLE OF CONTENTS

TABLE OF CONTENTS	ii
ABBREVIATION.....	iii
FOREWORD	iv
ACKNOWLEDGEMENT	v
INTRODUCTION TO THE CURRICULUM.....	1
Aim of HI and RCC Training Programme	2
Expected Competencies for the Learner	2
Learning Outcomes for HI and RCC Curriculum	3
ORGANISATION OF THE PROGRAMME.....	3
Five Important Features in this Curriculum.....	4
Structure of Modules	4
MODULES DESCRIPTION	5
1.1 Module Name: HEALTH LITERACY (HL01) 1.1 Credits	5
1.2 Module Aim	5
1.3 Learning Outcomes	5
1.4 Learning Content.....	5
1.5 Teaching and Learning Methods	6
1.6 Assessment Methods	6
1.7 Reference and Resources.....	6
2.1 Module name: CUSTOMER CARE (CC 02) 1.4 Credits	9
2.2 Module Aim	9
2.3 Learning outcomes.....	9
2.4 Learning Content.....	9
2.5 Teaching and Learning Methods	10
2.6 Assessment Methods	10
2.7 References	10
3.1 Module Name: RESPECTFUL AND COMPASSIONATE CARE (RCC O3)- Credit 1.0	11
3.2 Module Aim	11
3.3 Learning outcomes.....	11
3.4 Module Content	11
3.5 Teaching and Learning Methods	12
3.6 Assessment Methods	12
3.7 References	12

ABBREVIATION

ASS	Assistance Director
CUHAS	Catholic University of Health Allied Sciences
CI	Clinical Instructor
DNS	Director of Nursing Services
FG	Facilitator Guide
HL	Health Literacy
KCMUCo	Kilimanjaro Christian Medical Collage
MOHCDGEC	Ministry of Health Community Development Gender Elderly and Children
MOH	Ministry of Health
MUHAS	Muhimbili University of Health and Allied Sciences
NUI	University of Ireland
RCC	Respectful and Compassionate Care
SNO	Senior Nursing Officer
TAMA	Tanzania Midwifery Association

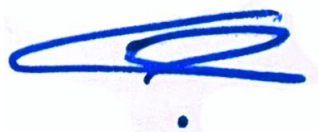
FOREWORD

Health literacy in improving respectful and compassionate care is the intervention designed to improve ethics and customer care among nurses and midwives in health sector. It intends to build capacity to University students' nurses in competencies of HL and RCC for quality nursing services

In recent years we have been experiencing increase of complaints among health care workers on mistreatment of clients during service provision. Complaints not only compromises quality of care but distort the image of the sector and health professionals as well. Various research have documented incidences of mistreatment and unethical conduct to specific service areas including maternity departments, HIV care and treatment, as well as in adult and paediatric care services.

The United Republic of Tanzania is aiming in facilitating Universal Health Insurance to all citizens toward meeting Universal Health Coverage targets. Promoting Respectful and Compassionate Care and Health Literacy are important components that will ensure increased service uptake among public and private facilities which will not be compromised by Universal Health Insurance.

This developed training curriculum that focuses on training of Health Literacy as well as Respectful and Compassionate Care to University Nursing and Midwifery students aiming in imparting knowledge, skills attitudes and behaviours providing quality services. It is my expectations that all Universities within the country will adapt this curriculum as intended



Dr. Grace E. Magembe
Chief Medical Officer

ACKNOWLEDGEMENT

The development of this Curriculum for training of Health Literacy, Respectful and Compassionate Care to University Nursing Students has been made possible by the cooperation and expertise of many people. The Ministry recognise financial support from European Union through Erasmus Programme that facilitated completion of this important document.

Special appreciation to all partners' institutions in the HEALCARE Project for their technical support in developing the training materials.

The Ministry of Health extends its sincere gratitude to the following people for their time and expertise shared in due exercise

	Name	Title	Organization
1.	Saturini Manangwa	Assistant Director	Ministry of Health
2.	Dr Dickson Mkoka	Dean SON	MUHAS
3.	Dr Jane Rogathe	Dean SON	KCMCo
4.	Dr Rose Laisser	Dean SON	CUHAS
5.	Zuhura Mawona	DNS	Muhimbili National Hospital
6.	Brenda Kitali	DNS	KCMC Hopsital
7.	Vivian Saria	Ass DNS	KCMC Hospital
8.	Sr Viola Minusij	DNS	Bugando Medical Centre
9.	Mugara Godfrey	SNO	MNH
10.	Livuka Nsemwa	Ass Lecturer	CUHAS
11.	Shangwe Kibona	Ass Lecturer	CUHAS
12.	Joseph Kilasara	CI	KCMCo
13.	Lucas Dominic	CI	Bugando Medical Center
14.	Hilda Kwezi	SNO	TAMA
15.	Damas Aloyce Missanga	NO	Morogoro CDE
16.	Paul Masika	Training Materials Expert	Huruma College of Health and Allied Sciences
17.	Wolter Paans	Professor Nursing Diagnosis	HANZE UAS
18.	Judith Pellicaan	Lectuer SON	HANZE UAS
19.	Joya M Smit	Lecturer SON	HANZE UAS
20.	Dr Janine de Zeeuw	Post-doc Health Sciences	University Medical Center Groningen

21.	Jaap Koot	Health Sciences	University Medical Center Groningen
22.	Karin Berntsen	Associate Professor of Nursing Science	USN
23.	Inger Åse Reiersen	Associate Professor of Nursing Science	USN
24.	Dr Jane Sixsmith	Lecturer	NUI Galway
25.	Tibendelana Aliamini	Technical Officer	TNMC
26.	Ndementria Vermand	Principle	Morogoro collage of health sciences
27.	Nassania Shango	Training Coordinator	Ministry of Health
28.	Edwin Mkwama	CDE Technical Expert	Ministry of Health
29.	Happiness Kabululu	SNO	Ministry of Health
30.	Upendo Mamchony	SNO	Ministry of Health
31.	Mathias Mbinda	SNO	MoH



Ziada J. Sellah

Director of Nursing and Midwifery Services

INTRODUCTION TO THE CURRICULUM

This training curriculum is part of a Erasmus KA2 Capacity Building funding project HEALCARE with the overall efforts of Government to improve the quality of care for achieving universal health coverage.

The United Republic of Tanzania has embarked on a national programme to improve the quality of care. Part of the programme is the STAR rating of health facilities indicators include patient satisfaction and use of the Patient Charter, which addresses patient rights. In the health sector review, it became clear that many of the training curricula in nursing, midwifery and other professions are technically sound, but show gaps in training in communication or respectful care. The introduction of soft skills and communication for patient-centered compassionate care and health literacy communication will be a start to overcome challenges. There is a need to adjust the bachelor curriculum with a focus on health literacy communication to improve RCC competences. Training of (future) undergraduate nurses regarding low health literacy and RCC is expected to raise the level of knowledge, skills and behaviors that should lead to improved communication skills in addressing the difficulties of patients with low health literacy. To apply health literacy communication and RCC competences learning outcomes related to intellectual knowledge, practical and interpersonal-skills as well as attitudes based on ethical values in nursing care is defined this training curriculum for the universities and in the clinical practicum sites

The Developed educational curriculum and related interventions for for BScN students in Tanzania aim to will improve their Health Literacy and Respectful and Compassionate Care competences. The ultimate purpose is to implement an effective educational intervention for BScN students in Tanzania that will improve their professional conduct using Health Literacy and Respectful and Compassionate Care competences described in this curriculum. The curriculum will consider evidence-based practice with emphasis on clinical learning environment elements taught to ensure adequate Learning of HL and RCC

The Ministry of Health Tanzania intends to minimize the problem of inadequate quality of care to its population who need their services by increasing training output and quality of its products in terms of providing user friendly services that reduces dissatisfaction to clients Hence the curriculum elements will be embodied into the current training of Bachelor of science in nursing course and better engaged during the next curriculum review.

This nursing training course on HL and RCC is intend to prepare nurses who are more accountable and responsible for health care for today's Tanzanian community where the need to train nurses on issues that meet community needs is mandatory. HL and RCC are needy community themes of time. We believe users of this

curriculum can demonstrate a difference in client centered care that meets patients' needs to their satisfaction

Aim of HI and RCC Training Programme

To strengthen the nursing professionals by developing competent nurses with knowledge, skills and behaviors pertaining to HL and RCC in nursing and midwifery care; utilizing evidence-based practices, and display professional, moral and ethical conduct in efforts to reduce clients /patients' complaints and dissatisfaction of nursing services in Tanzania

Expected Competencies for the Learner

On completion of HL, Customer care and RCC the training, the learner will have the following competencies. He/she will be able to:-

- i. Apply the knowledge of Health Literacy, Respectful and Compassionate care in caring for clients/patients with different health conditions.
- ii. Apply effective interpersonal relationship skills at work, within families, clients and the community at large.
- iii. Utilize ethical values and principles when providing care to clients/patients, families and the community at large
- iv. Demonstrate quality nursing care utilizing HL, RCC and Customer care using available nurse practice acts and standards.
- v. Use the HL and RCC research evidences in provision of nursing care to clients/ patients.
- vi. Appreciate cultural/contextual needs of individuals and communities in HL practices and RCC.
- vii. Apply the principles clinical learning environment skills for teaching and learning during provision of services to clients /patients, and in the community.
- viii. Apply leadership and management skills relevant for HL and RCC in nursing practice.
- ix. Demonstrate skills of HL and RCC to clients with HIV/AIDS to include COVID-19.
- x. Use empathetic approaches when giving/sharing relevant information regarding sensitive health problems with patients/ clients and families during HL sessions.
- xi. Demonstrate integrity and confidentiality during nursing procedures with focus on informed consenting and responding to medical evidence/delivering clients/patients examination results.
- xii. Demonstrate valuing of set standards for nursing professional conduct when providing Health Literacy services to patients/clients.
- xiii. Train clients on self-care needs with compassion, respect and observe sensitivity to patient/client's individuality

Learning Outcomes for HI and RCC Curriculum

- i. Describe the concept of respectful care and its advantages in provision of nursing services
- ii. Describe how compassionate care improves nurse patient relationship in care giving
- iii. Utilise knowledge of respectful care domains during nursing clinical practice
- iv. Apply values of respectful and compassionate care as stipulated by the employer/local work Institution, regulatory bodies and the MoH when conducting nursing and midwifery services
- v. Use reflection-skills to support the learning process toward performing Respectful Compassionate Care and Health Literacy to patients
- vi. Appreciate Clinical Learning Environment to implement RCC and HL competencies
- vii. Apply evidence based and best practices in Health Literacy practice and reinforce Respectful and Compassionate care among students and professional nurses.
- viii. Describe concepts of Health Literacy
- ix. Utilize knowledge and skills of health literacy in provision of nursing and midwifery services
- x. Apply concepts of client-centred maternity care in provision of maternal services.
- xi. Develop strategies to create health literate friendly healthcare learning environments
- xii. Employ techniques to support patient self -management
- xiii. Evaluate customers for their satisfaction and suggestions to maximize quality of nursing services

ORGANISATION OF THE PROGRAMME

The BSc.N programme teaching HL and RCC will have additional three modules in its four-year program of study. There are eight semesters with courses and modules specified for the current curriculum with already a total number of credits 484.1 Credits. In this four-year course of study Health Literacy component is missing while for RCC few elements are touched. HL and RCC currently are important educational needs for Tanzanians, this program will bridge this gap.

The structure of this curriculum herewith (table 1) indicates the three (3) modules of HL and RCC to be taught in the 2nd semester of either year 1 or year 2 depending upon the individual Universities' arrangement of agreed BScN program in Tanzania during implementation

Five Important Features in this Curriculum

- i. The academic year will have two semesters of twenty weeks each.
- ii. Use a weighting system in which 1 Credit = 10 notion hours. These hours include lectures, seminars and tutorials, Assignments, independent studies & Research and Practical training and will be structured to follow a 6-contact hour time table per day.
- iii. Modules will be implemented using a variety of teaching and learning methods to include reflective practice
- iv. Clinical Learning environment sessions will be included to allow trainees to be able to be effective in teaching of Health Literacy practice to clients
- v. Assessment of the modules will be conducted with CAT and the final UE examination for the taught semester will that ensure questions on HL and RCC will be

Structure of Modules

Semester 2 of either Year 1 or Year 2									
Course Code	Course /Module Name	Core	LH	T/SH	AH	IS H	PH	Total Hrs	Credits
HL 100/HL200	Health Literacy	Core	3	2	1	1	4	11	1.1
CC 100/CC200	Customer service	Core	3	2	2	1	6	14	1.4
RCC 100/RCC200	Respectful and Compassionate Care	Core	3	1	1	1	4	10	1.0
Total Hours/Credit			9	5	4	3	14	35	3.5

Key

LH= Lecture Hours

T/SH= Tutorial/Seminar Hours

AH= Assignment Hours: IS H= Independent Study Hours and PH= Practical Hours

MODULES DESCRIPTION

1.1 Module Name: HEALTH LITERACY (HL01) 1.1 Credits

1.2 Module Aim

The aim of this module is to inculcate competencies of Health literacy to nursing students for them to improve their health information/education and promotion of health to their clients/patients

1.3 Learning Outcomes

The module has the following learning outcomes

- Appraise the value of Health Literacy in clinical care and health promotion activities
- Explain the importance of health literacy in improving Respectful and Compassionate Care
- Apply Communication skills appropriately with the focus on people with limited health literacy

1.4 Learning Content

- Concepts of Health Literacy
 - Define Health Literacy
 - Identify Health Literacy
 - Identify elements of Health Literacy
 - Outline the prevalence and patterns of Health Literacy in the population
 - Explain the importance of Health Literacy
 - Question misconceptions of Health Literacy
 - Reflect on patients experience of Health Literacy in relation to accessing health services
- Interaction of clients with limited health literacy in nursing and midwifery practices
 - Describe the conceptual model of HL
 - Explain the implications of HL to nurses and/or midwives
 - Identify the implications of limited HL to the health system
 - Explore nurses and midwives attitudes in relation to patients functional health literacy (reading, writing, numeracy)
 - Outline the link between Health Literacy and RCC
- Communication skills with the focus on limited health literacy

- Identify clients with limited HL and be aware of its consequences for clients
- Identify HL communication skills in nursing and midwifery practice
- Employ HL techniques to support patient self-management
- Apply health literacy communication techniques to promote patient Shared Decision Making (SDM)

1.5 Teaching and Learning Methods

Lecture, tutorials, lecture discussions and presentations, assignments and practical sessions, reflection, role plays, individual studies/literature reviews / show me and teach back method, clinical practices.

1.6 Assessment Methods

There will be Continuous and Final module examinations using scores from Graded assignments, quizzes, oral tests and practical/clinical MODULES DESCRIPTION examinations (OSCE/OSPE)

1.7 Reference and Resources

Berkman, N. D., Sheridan, S. L., Donahue, K. E., Halpern, D. J., & Crotty, K. (2011). Low health literacy and health outcomes: an updated systematic review. *Annals of internal medicine*, 155(2), 97–107. <https://doi.org/10.7326/0003-4819-155-2-201107190-00005>

<https://pubmed.ncbi.nlm.nih.gov/21768583/>

Brach, C. (2013). *From health literacy evidence and tools to patient understanding, and navigation: the imperative to take action to improve health care outcomes*. Agency for Healthcare Research and Quality, US Department of Health and Human Services. Retrieved from https://unitedwaytarrant.org/wp-content/uploads/2016/05/TX-Health-Literacy.Keynote.Brach_Final.pdf

Chipiwa Marimwe & Ros Dowse | Phoenix Mo (Reviewing editor) (2019) Health literacy test for limited literacy populations (HELT-LL): Validation in South Africa, *Cogent Medicine*, 6:1, DOI: [10.1080/2331205X.2019.1650417](https://doi.org/10.1080/2331205X.2019.1650417)

Kwan, B., Frankish, J., & Rootman, I. (2006). The development and validation of measures of "health literacy" in different populations. Vancouver: University of British Columbia Institute of Health Promotion Research & University of Victoria Centre for Community Health Promotion Research. <https://blogs.ubc.ca/frankish/files/2010/12/HLit-final-report-2006-11-24.pdf>

McClintock HF, Alber JM, Schrauben SJ, Mazzola CM, Wiebe DJ. Constructing a measure of health literacy in Sub-Saharan African countries. *Health Promot Int*. 2020;35(5):907-915. doi:10.1093/heapro/daz078

- Nutbeam, D. (2000). Health literacy as a public health goal: A challenge for contemporary health education and communication strategies in the 21st century. *Health Promotion international*, 15, 259-267.
- Pleasant, A. (2014). Advancing Health Literacy Measurement: A Pathway to Better Health and Health System Performance. *Journal of Health Communication*. 19(12): 1481–1496. doi: 10.1080/10810730.2014.954083
- Sørensen, K., Van den Broucke, S., Fullam, J. *et al.* Health literacy and public health: A systematic review and integration of definitions and models. *BMC Public Health* **12**, 80 (2012). <https://doi.org/10.1186/1471-2458-12-80>
<https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-12-80#citeas>
- Sørensen, K., Pelikan, J. M., Röthlin, F., Ganahl, K., Slonska, Z., Doyle, G., Fullam, J., Kondilis, B., Agraftiotis, D., Ueters, E., Falcon, M., Mensing, M., Tchamov, K., van den Broucke, S., Brand, H., & HLS-EU Consortium (2015). Health literacy in Europe: comparative results of the European health literacy survey (HLS-EU). *European journal of public health*, 25(6), 1053–1058. <https://doi.org/10.1093/eurpub/ckv043>:
<https://pubmed.ncbi.nlm.nih.gov/25843827/>
- Strijbos, R.M., Hinnen, J-W., van den Haak, R.F.F., Verhoeven, B.A.N., Koning, O.A.J. (2018). Inadequate health literacy in patients with arterial vascular disease. *European Journal of Vascular and Endovascular Surgery*. 56,(2),239-245.
- Brach, C. (2013). *From health literacy evidence and tools to patient understanding, and navigation: the imperative to take action to improve health care outcomes*. Agency for Healthcare Research and Quality, US Department of Health and Human Services. Retrieved from https://unitedwaytarrant.org/wp-content/uploads/2016/05/TX-Health-Literacy.Keynote.Brach_Final_.pdf
- Santana, M. J., Manalili, K., Jolley, R. J., Zelinsky, S., Quan, H., & Lu, M. (2018). How to practice person-centred care: A conceptual framework. *Health Expectations*, 21(2), 429-440. DOI: 10.1111/hex.12640
- Sinclair, S., Hack, T. F., McClement, S., Raffin-Bouchal, S., Chochinov, H. M., & Hagen, N. A. (2020). Healthcare provider's perspectives on compassion training: a grounded theory study. *BMC Medical Education*, 20(1), 1-13. Retrieved from <https://link.springer.com/article/10.1186/s12909-020-02164-8>
- Sinclair, S., Russell, L. B., Hack, T. F., Kondejewski, J., & Sawatzky, R. (2017). Measuring compassion in healthcare: a comprehensive and critical review. *The Patient-Patient-Centered Outcomes Research*, 10(4), 389-405.
- Baker, D.W., Pitkin M.V (1996) the healthcare experience of patients with low literacy. *Archive of Family Medicine*, 5, 329-334.

DeWalt DA, Berkman ND, Sheridan SL, Lohr KN, Pignone M. Literacy and health outcomes: a systematic review of the literature. *Journal of General Internal Medicine*. 2004; 19(12): 1228 –1239.

De Walt D.A. & Hink A. (2009) Health literacy and child health outcomes: a systematic review of the literature. *Paediatrics*, 124, s265-274.

Murray S., Rudd R., Kirsch I., Yamamoto K., Grenier S. (2007) Health literacy in Canada, initial results from the International Adult Literacy and Skills Survey, Ottawa: Canadian Council on Learning.

Nutbeam, D. (2000). Health literacy as a public health goal: A challenge for contemporary health education and communication strategies in the 21st century. *Health Promotion international*, 15, 259-267.

Resources

- **Centers for Disease Prevention and Control CDC**
<https://www.cdc.gov/healthliteracy/index.html>
- **Gibbs Reflection Cycle** <https://www.ed.ac.uk/reflection/reflectors-toolkit/reflecting-on-experience/gibbs-reflective-cycle>
- **World Health Organization. Regional Office for South-East Asia. (2015).** Health literacy toolkit for low- and middle-income countries: A series of information sheets to empower communities and strengthen health systems. WHO Regional Office for South-East Asia.
<https://apps.who.int/iris/handle/10665/205244>
- Health Literacy: Learning is the best medicine". (2010). [Video] Toronto.
<http://www.youtube.com/watch?V=qRO2fjqVrs>

2.1 Module name: CUSTOMER CARE (CC 02) 1.4 Credits

2.2 Module Aim

The aim of this course is to equip learners with competencies of Customer care for quality delivery of services to clients /patients

2.3 Learning outcomes

At the end of the module learners will be able to:

- Describe concept of customer care as applied in health care
- Apply principles of customer care in all levels of health care facilities in provision of nursing and midwifery services
- Demonstrate customer care skills to satisfy clients' needs
- Apply concepts of clients centred care in provision of nursing and midwifery services
- Utilize client's charter in provision of healthcare services

2.4 Learning Content

- The concept of Customer care
 - Define customer care
 - Describe domains of customer care
 - Explain components of customer care
 - Describe Value and integration of Quality of Customer Care in Health
 - Explain Importance of Providing Good Customer Care to Internal and External Customer
- Principles of Customer Care in Nursing and Midwifery
 - Describe principles of customer care
 - Outline Importance of following principle of customer care
 - Outline Attitudes in providing good customer care
 - Apply principle of customer care in attending patients
- Fundamentals of customer care in nursing and midwifery services
 - Outline customers' needs
 - Apply customer care techniques to make your customer feel important
 - Describe key customer care skills
- Concept of person-centred care in provision of nursing and midwifery services
 - Define Person Centred Care
 - Describe principles and values of person-centred care
 - Describe core processes of person-centred care
 - Explain importance of person-centred care important during care
 - Outline barriers to successful person cantered care

2.5 Teaching and Learning Methods

Lecture, tutorials, lecture discussions and presentations, assignments and practical sessions, reflection, role plays, individual studies/literature reviews / show me and teach back method, clinical practices, field visits to selected Customer care best practice sites

2.6 Assessment Methods

There will be Continuous and Final module examinations using scores from Graded assignments, quizzes, oral tests and practical/clinical Examinations (OSCE/OSPE)

2.7 References

- MoHCDGEC (2018) National Client's Service Charter for Health Facilities. Available at: <http://ciheb.org/media/SOM/Microsites/CIHEB/documents/CQI/Tanzania-Client-Charter.pdf>
- Cook, S. (2008). Customer Care Excellence: How to create an effective Customer focus (5th Ed.). Philadelphia: Kogan Page Publishers. Available at [http://103.38.12.142:8081/jspui/bitstream/123456789/458/1/Customer%20Care%20Excellence %20How%20to%20Create%20an%20Effective%20Customer%20Focus%20%28Customer%20Care%20Excellence %20How%20to%20Create%20an%20Effective%20Customer%20Care%29.pdf](http://103.38.12.142:8081/jspui/bitstream/123456789/458/1/Customer%20Care%20Excellence%20How%20to%20Create%20an%20Effective%20Customer%20Focus%20%28Customer%20Care%20Excellence%20How%20to%20Create%20an%20Effective%20Customer%20Care%29.pdf)
- Dasha, S. K., & Pandab, A. K. (2011). Managing Customer Relationships in Private Health
- Government of South Australia. (2006). Customer Services power point presentation. South Australia: Volunteering S.A. Inc
- Larson, E., Vail, D., Mbaruku, G. M., Kimweri, A., Freedman, L. P., & Kruk, M. E. (2015). Moving Toward Patient-Centered Care in Africa: A Discrete Choice Experiment of Preferences for Delivery Care among 3,003 Tanzanian Women. *PloS one*, 10(8), e0135621. <https://doi.org/10.1371/journal.pone.0135621>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4532509/>
<https://www.health.org.uk/publications/person-centred-care-made-simple>
- Makwero, M., Muula, A., Anyawu, F. C., & Igumbor, J. (2021). The conceptualisation of patient-centred care: A case study of diabetes management in public facilities in southern Malawi. *African journal of primary health care & family medicine*, 13(1), e1–e10. <https://doi.org/10.4102/phcfm.v13i1.2755>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8517774/>
- Stonehouse (2021) The importance of person-centred care and how to achieve it. *British journal of healthcare assistants*. Vol 15 (7) <https://login.research4life.org/tacsgr1doi.org/10.12968/bjha.2021.15.7.334>

3.1 Module Name: RESPECTFUL AND COMPASSIONATE CARE (RCC O3)- Credit 1.0

3.2 Module Aim

The main purpose of this module is to equip learners with competencies necessary to provide Respectful and Compassionate care for quality nursing and midwifery services

3.3 Learning outcomes

At the end of this module learners will be able to

- Explain the concept of respectful care in health services
- Apply elements of Respectful care in provision of health services in clinical area
- Explain concepts of compassionate care in health services
- Apply elements of compassionate care in provision of health services in clinical area
- Describe concepts of Self Compassion
- Utilize self compassion characteristics in improving compassionate care
- Organizing values (prerequisites) in Respectful and Compassionate care as personal references when conducting nursing/midwifery
- Explain how reflection-skills may support the learning process toward performing Respectful Compassionate Care to patients with Health Literacy

3.4 Module Content

- Respectful care in nursing and midwifery
 - Explain the concept of respectful care as applied to nursing care and midwifery provision
 - Apply elements of respectful care in nursing and midwifery
 - Utilize element of respective care in improving care
 - Apply Reflection as a tool for awareness of values and attitudes necessary when performing Respectful Care in Nursing
- Compassionate care in nursing and midwifery services
 - Explain the concepts of compassionate care
 - Describe the elements of compassion
 - Apply elements of compassionate care during nursing and midwifery practice
 - Describe values and attitudes necessary when performing compassionate care in nursing and midwifery
- Self-compassion in nursing and midwifery services
 - Explain the concepts of self compassion
 - Describe the elements of Self- Compassion
 - Explain Key Values, Knowledge and Skills in Self Compassion

- Valuing Self-compassion Assessment
- Discuss Kindness in providing care

3.5 Teaching and Learning Methods

Lecture, tutorials, lecture discussions and presentations, assignments and practical sessions, reflection, role plays, individual studies/literature reviews / show me and teach back method, clinical practices

3.6 Assessment Methods

There will be Continuous and Final module examinations using scores from Graded assignments, quizzes, oral tests and practical/clinical Examinations (OSCE/OSPE)

3.7 References

American Sentinel University. (2016). Confidence building strategies for nurse. Retrieved 19th September, 2017 from <http://www.americansentinel.edu>

Atkins, S. and Murphy, K. (1994). Reflective Practice. *Nursing Standard*, 8(39) 49-56.

Beauchamp, T. L., & Childress, F. J. (2001). Principles of biomedical ethics. (4th edition). Oxford University Press

College of Nurses of Ontario. (2006). Practice standard: Therapeutic Nurse-Client Relationship (2nd edition). Toronto

Craven, R. F., Hirnle, C. J., Jensen S. (2013). Fundamentals of Nursing: Human Health and Function (7 th edition). Philadelphia PA: Lippincott Williams and Wilkins

Disability Rights California. (2012). Mental Health Stigma & Discrimination Reduction. Retrieved 20th September, 2017 from www.disabilityrightsca.org

Encyclopedia of Surgery. (2003). Patient's rights. Retrieved on 19th September, 2017 from <http://www.surgeryencyclopedia.com/>

Federal Ministry of Health Ethiopia. (2017). Training Manual on Compassionate Respectful Care. Ethiopia.

Gluyas, H. (2015). Patient centered care: Improving healthcare outcomes. *Nursing Standard*, 30(4), 50-59

Guttmacher, E. A., & Collins, S. F., (2003). Ethical, Legal and Social Implications of Genomic Medicine. *The New England Journal of Medicine*, 349:562-569

[Johns, C. \(1994\). Nuances of reflection. Journal of Clinical Nursing 3 71-75](#)

- Layer, H., Brahmbhatt, H., Beckham W., Ntogwisangu J., Mwampashi A., Davis W. W., Kerrigan, D. L., & Kennedy, C. E. (2014). "I Pray That They Accept Me Without Scolding:" Experiences with Disengagement and Re-Engagement in HIV Care and Treatment Services in Tanzania. *AIDS Patient Care and STDs*. Vol. 28(9): 483-488
- Layer, H., Kennedy, CE., Beckham W., Mbwambo K. J., Likindikoki S., Davis W. W., Kerrigan, D. L., , Brahmbhatt, H. (2014). The LTC Tanzania Collaborative Study Team; MultiLevel Factors Affecting Entry into and Engagement in the HIV Continuum of Care in Iringa, Tanzania. *PLOS ONE* Vol 9 (8): e104961
- Merriam - Webster Dictionary retrieved on 20th September, 2017 from <https://www.merriamwebster.com/dictionary/compassion>.
- MoHCDGEC. (2016). National Nursing and Midwifery Strategic Plan 2016 – 2021
- MoHSW. (2013). National Health and Social Welfare Quality Improvement Strategic Plan 2013 – 2018
- Morrison, P.A., & Burnard, P. (1997). *Caring and communicating: the interpersonal relationship in nursing* (2nd edition). Basingstoke, U.K: Macmillan Press
- Motaghedi, H., Donyavi, R., & Mirzaian, B. (2016). Effectiveness of mindfulness based cognitive therapy on the distress tolerance of nurses and job burnout. *Journal of Nursing and Midwifery Sciences*, 3(4), 3-12.
- National Health Service England (2013); Compassion in practice retrieved on 20th September, 2017 from <https://www.england.nhs.uk/>
- Nursing and Midwifery Board of Ireland. Scope of practice: Continuing Professional Development. Retrieved on 21st September, 2017 from <https://www.nmbi.ie/>
- Parandeh, A., Khaghanizade, M., Mohammadi, E., & Mokhtari-Nouri J. (2016). Nurses' human dignity in education and practice: An integrated literature review. *Iranian Journal of Nursing and Midwifery Research*. 21(1): 1–8.
- Rhodes, M., Morris, A., & Lazenby, R. (2011). Nursing at its best: competent and caring. *The Online Journal of Issues in Nursing*, 16(2), 10
- Salter School of Nursing and Allied Health. (2016). Why compassion is important for practical nurses: 5 Ways to a Patient's Heart. Retrieved on 20th September, 2017 from <https://www.salternursing.com/>

- Sando, D., Kendall, T., Lyatuu, G., Ratcliffe, H., McDonald, K., Mwanyika-Sando, M., Langer, A. (2014). Disrespect and Abuse During Childbirth in Tanzania: Are Women Living With HIV More Vulnerable? *Journal of Acquired Immune Deficiency Syndromes* (1999), 67 (Suppl 4), S228–S234.
- Sando, D., Ratcliffe, H., McDonald, K., Spiegelman, D., Lyatuu, G., Mwanyika, MS., Emil, F., Wegner, MN., Chalamilla G., & Langer, A., (2016). The prevalence of Disrespect and abuse during facility based child birth in Urban Tanzania. *BMC Pregnancy and Childbirth*.10.1186/s12884-016-1019-4
- Select International. Safety perspectives: What does safety commitment mean to the Employee? Retrieved on 19th September, 2017 from <http://www.selectinternational.com/safety-blog/>
- Tanzania Nursing and Midwifery Council (2007) Code of Ethics and Professional Conduct for Nurses and Midwives in Tanzania
- Tanzania Nursing and Midwifery Council (2015) Code of Ethics and Professional Conduct for Nurses and Midwives in Tanzania
- Ten Ways to Show Compassion. Retrieved on 20th September, 2017 from <https://montessorirocks.org/10-ways-to-show-compassion>
- The eight principles of patient centered care. Retrieved on 20th September, 2017 from www.oneviewhealthcare.com/
- United Nations: Universal Declaration of Human Rights 1948-1998 University of Saint Mary: The 5 C's of Caring retrieved on 19th September, 2017 from <http://online.stmary.edu/>
- USAID. (2013). Strategic assessment to define a comprehensive response to HIV in Iringa, Tanzania: Research brief HIV Testing and Counselling
- White Ribbon Alliance (2012). Respectful Maternity Care: Universal rights of Childbearing women. Retrieved on 19th September, 2017 from http://www.who.int/woman_child