

UNITED REPUBLIC OF TANZANIA



Ministry of Health

HEALTH LITERACY, CUSTOMER CARE AND RESPECTFUL COMPASSIONATE CARE

PARTICIPANT'S MANUAL

JANUARY, 2025

THE UNITED REPUBLIC OF TANZANIA



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University Medical Center Groningen

USN University of South-Eastern Norway



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ABBREVIATION

ASS	Assistant Director
CUHAS	Catholic University of Health Allied Sciences
CI	Clinical Instructor
DNS	Director of Nursing Services
FG	Facilitator Guide
HL	Health Literacy
KCMCo	Kilimanjaro Christian Medical Collage
MOH	Ministry of Health
MUHAS	Muhimbili University of Health and Allied Sciences
RCC	Respectful and Compassionate Care
SNO	Senior Nursing Officer
TAMA	Tanzania Midwifery Association

FOREWORD

Nursing and midwifery services are crucial components of the National package of essential health Interventions, focusing on improving the quality of healthcare provided to patients at all levels of health service delivery points. Nurses and midwives are constituting approximately 60% of the healthcare workforce (National guidelines on respectful and compassionate nursing and midwifery (NG-RCC), 2017, p. v).

Respectful and Compassionate Nursing Care has become increasingly important as public expectations rise regarding the dignity of treatment and the interactions between patients, their families, and healthcare providers. To address these expectations, Ministry of Health developed National Guidelines on Respectful and Compassionate Nursing and Midwifery Care (NG-RCC-2017). In collaboration with Hanze University of Applied Science, Groningen, The Netherlands, and other key stakeholders, the Ministry is implementing The HEALCARE – project. This initiative aims to build capacity within Universities and Teaching Hospitals to enhance Health literacy, promote respectful and compassionate care and improve customer care to graduate nurses. This project also is focuses on strengthening the capacity of professional regulatory council to deliver this training in alignment with CPD systems, ensuring that practicing nurses can provide care that considers Respect and Compassion.

To emphasize the importance of respectful and compassionate care in nursing and midwifery, a team of experts developed three (3) modules; Health Literacy, Customer Care and Respectful and Compassionate Care. These modules are designed to train graduate nurses in providing high quality care by integrating competencies in health literacy, respectful and compassionate care, and customer care. The learning activities for these topics will be covered through theoretical studies, practical experiences, and Skills-Lab sessions. This Participant Manual will provide comprehensive contents and activities for all three (3) modules across these learning arenas.

I trust that Universities, Teaching Hospitals and Professional Councils including lecturers; clinical instructors and hospital staff will find this guide valuable in advancing respectful and compassionate care for patients and their families, ultimately improve the overall quality of care.



Dr. Grace E. Magembe
Chief Medical Officer

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Thank you all for your dedication and expertise

Ziada J. Sellah

Director of Nursing and Midwifery Services

INTRODUCTION TO PARTICIPANTS MANUAL

TRAINING ORGANIZATION

This training program spans 5 days, with 3 days dedicated to theoretical instruction and 2 days focused on practical application through practicum and simulations. Participants will be trained to understand and apply concepts, principles, and skills related to Respectful, Compassionate care as well as Health literacy. The training is structured into 3 modules, each further divided into several sessions. These modules are designed to provide comprehensive coverage of the key topics and ensure that participants gain both theoretical knowledge and practical experience.

Table 1.1 Summary of the modules

SN	Module Tittle	Number of Units	Total Module Hours
1.	Health Literacy	3	660 Minutes
2.	Customer Care in Health Care	4	830 Minutes
3.	Respectful and Compassionate Care	3	580 Minutes
	TOTAL UNITS/ HOURS	10	2070 Minutes

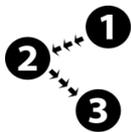
Duration of Training		
	Total Training Programme Time	5 days (40 hours)
	Classroom time (Theory)	3 days (24 hours)
	Simulations	2 day (16 hours)

OVERALL TRAINING PROGRAMME OBJECTIVES

By the end of the training, participants are expected to be able to:

- Apply knowledge and skill of respectful and compassionate in provision of health services
- Apply concepts and skills of health literacy in provision of nursing and midwifery services
- Develop clinical case study on compassionate and respectful care
- Utilize knowledge and skills of customer care in provision of nursing and midwifery services

Teaching and Learning Methods



- Lecture discussions
- Buzzing and brainstorming
- Group discussions
- Gallery walk
- Scenario
- Demonstrations
- Role plays
- Case studies
- Simulations
- Reflection

Training Evaluation



- Daily evaluation
- End of the training evaluation

UNIT 0: ORIENTATION TO THE TRAINING

Learning Objectives

At the end of this session participants are expected to be able to:

- Familiarize with one another
- State own expectations of the training
- Explain the purpose and objectives of the training
- Explain the logistics of the training
- Give an overview of the module content and identify the connections between the modules

Familiarization and Participants Expectation of the Training

Objectives of Training

By the end of the training, participants are expected to be able to:

- Apply knowledge and skill of respectful and compassionate care in provision of health services
- Apply concepts and skills of health literacy in provision of nursing and midwifery services
- Develop clinical case study on compassionate and respectful care
- Utilize knowledge and skills of customer care in provision of nursing and midwifery services

Process of Training

- This training utilizes a number of study methods and approaches, these include; Presentations, Group discussions, Plenary discussion, Lecture discussion, Simulations exercises, Demonstrations, Role plays and Practicum

Logistics of the Training

Norms/Ground Rules

- Agreement between facilitators/trainers and participants on how the meeting will be conducted
- Posted on the wall
- Referred to throughout the training

- Helpful to manage the training
- Require group commitment to abide by ground rules throughout the training

Activity: Brainstorming

The 'Norms/Ground rules' are expectations of both the participants and the facilitators on what they should do to help the training go smoothly and meet the objectives.

REMEMBER that the ground rules will be used throughout the training and new rules can be added as needed

You are required to mention ONE expectation and ONE ground rule of the training.

Possible Ground Rules:

- Use both English and Kiswahili
- Arrive on time for the beginning of each session and after each break (both trainers and participants)
- Keep each session on time
- Mobile phones should be in silence mode while in the training room
- See each other's as equals during training; any office hierarchies and positions are to be left at the door
 - Share experience and expertise. Feel free to express your views/concerns at any time
 - Only one person should speak at a time
 - Active participation. Everyone has something important to contribute and it is important that we have the opportunity to hear from everyone
 - No side-meeting conversations; Comments should be made to the whole group
 - Provide constructive feedback to each other
 - No smoking in the training venue.
 - Respect each other's opinions and contributions

Parking Lot

A place to put items such as questions, concerns or topics that;

- Require extra time
- Are related to training but not critical

- Require follow up
- Can be dealt with during breaks, lunch, evenings or at the end of the training

General Logistics

- Inform participants that there will be health breaks and refer to the timetable
- Show location of where they will get the services
- Direct participants to the restrooms/washrooms
- Inform participants about their Daily Subsistence Allowances

Inform participants to select their Leaders:

- Chairperson
- Deputy Chairperson
- Rapporteurs for each day
- Time keeper
- Social leader

Closure

During the course of the TRAINING you should;

- Share their experience when required
- Ask questions whenever they need further clarification

MODULE 1: HEALTH LITERACY

Learning Outcomes

At the end of this module, participants are expected to be able to:

- 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

UNIT 1.1: CONCEPTS OF HEALTH LITERACY

Learning Objectives

At the end of this session participants are expected to be able to:

- Define Health Literacy
- Identify levels of Health Literacy
- Identify elements of Health Literacy
- Outline the prevalence and patterns of HL 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

UNIT CONTENTS

Definition of Health Literacy

- There are many definitions of health literacy as it is an evolving concept, but core elements of the many definitions that have been formulated are: the extent to which individuals are able to access, understand, appraise and apply health information. It is a relational concept which means that it is about the interaction between a persons' skills and abilities and the demands made of them by the health services. This is reflected in the definition used here that we have adopted in our educational material which is:

- “The degree to which people are able to access, understand, appraise, and communicate information to engage with the demands of different health contexts in order to promote and maintain good health across the life course” (Kwan et al., 2006)
- This definition clearly highlights the fact that health literacy is not concentrated on the individual solely, but it is relational as it emerges from the interaction of individuals with the health system. Moreover, it mentions that it is relevant across the life course meaning that it matters to people in different ages varying for example from adolescent to pregnant women and elderly people.
- From the individual’s perspective it’s more than reading and writing skills, and can include the ability to:
 - Understand complex vocabulary and concepts including medical terms or probability and risk
 - Share personal information with providers about health history and symptoms
 - Make decisions about basic behaviours like healthy eating & exercise
 - Engage in self-care and chronic-disease management
 - Understand instructions on prescription drug bottles, appointment slips, health brochures, physician directions, consent forms
 - Navigate a complex healthcare system from walking hospital corridors to filling out insurance forms
 - It can also include an individual’s numeracy skills.

Levels of Health Literacy

A typology of health literacy has been developed (Nutbeam, 2000) with three levels focusing on what literacy enables people to do in the context of their health.

- Functional health literacy
 - The basic skills of reading, writing and numeracy necessary to function effectively in a health context.
- Interactive health literacy
 - Refers to more advanced cognitive literacy skills that with social skills, can be used to actively participate in everyday situations, extract information and derive meaning from different forms of communication, and apply this to changing circumstances.

- Critical health literacy
 - The ability to critically analyse information and use this to exert greater control over life events and situations.

Elements of Health Literacy

- From a systematic review study, the construct of health literacy covers three broad elements:
 - Knowledge of health, healthcare and health systems
 - The theme of knowledge refers to the understanding of factual information about health and can be further divided into four aspects: knowledge of medicine, knowledge of health, knowledge of health systems and knowledge of science
 - Processing and using information in various formats in relation to health and healthcare
 - This theme concerns whether people are able to process and use information in relation to health and healthcare effectively. It has four subthemes: ability to process and use information to guide health actions, self-efficacy in processing and using health information, provision of health information (active engagement in dissemination of consistent information in a language that is appropriate to consumers), and access to resources and support for processing information.
 - Ability to maintain health through self-management and working in partnerships with health providers.
 - This theme refers to one's ability of using her/his knowledge and information skill set to effectively manage health and illness conditions.
- It involves both self-management and working in partnerships with health providers, requiring abilities of self-regulation, goal achieving and interpersonal skills.

Prevalence and Patterns of health literacy

- A recent study using DHS data on 14 Sub-Saharan African countries showed that about 2 out of 3 participants included in this study has low health literacy (McClintock, 2019).
- According to this study, especially women, persons with lower education, people living in rural areas or were in a lower category of wealth had low health literacy. Health literacy is recognised as contributing to health inequalities.
- In South Africa it was measured that almost a third of the study population had limited health literacy (Marimwe & Dowse, 2019)
- These patterns are reflected in Europe where 47.6% of people in European countries have problems to understand, apply and analyse health information (Sorensen et al., 2015).
- Inadequate health literacy is related to low socio-economic status and lower education levels.
- Rates of limited HL are higher among minority groups and elderly people.

Importance of health literacy

- Health literacy is important because it affects people's ability to:
 - Navigate the healthcare system, including locating patients' services, accessing them and filling forms
 - Share person and health information with providers
 - Engage in self-care and chronic disease management
 - Adopt health-promoting behaviours, such as exercising, diet modification etc.
 - These intermediate outcomes impact:
 - Health outcomes
 - Health costs
 - Quality of care
- Themes that determine why Health Literacy is important
- The published literature identifies six general themes that help determine why health literacy is important for population health:
 - The large numbers of people negatively affected
 - About 16 per cent of the world's adult population lack basic literacy skills. About two-thirds of these are women.

- 77 million adults have basic or below basic health literacy
- Adults over 63 years have lower health literacy scores than all other age groups.
- Poor health outcomes
 - The CDC has found that literacy skills are the strongest predictor of individual health status
 - If people cannot obtain, process, understand and apply basic health information, they will not be able to look after themselves well or make sound health-related decisions.
- Increasing rates of chronic disease
- Health care costs
 - People with low health literacy have poorer health status and higher rates of hospital admission
 - Just as low literacy is linked to low health status, so does low health literacy contribute to socioeconomic disadvantage.
 - Low health literacy may also prevent individuals from fully engaging in society and achieving their life goals.
 - Are less likely to adhere to prescribed treatments and care plans, experience more drug and treatment errors
 - Make less use of preventive services
- Health information demands
 - Healthcare is becoming more complex requiring increased patient skills for them to successfully manage their health
- Health literacy is fundamental to patient engagement.
 - Working with patients for their health requires their participation and trust
- Equity.
 - Improving health literacy is critically important in tackling health inequalities.

Misconceptions of health literacy

- I will be able to tell if my patient cannot read the information provided. Anyway, my patient will tell me if he or she cannot read.
 - This is not the case as many people that have limited literacy skills often feel ashamed and hide it
- The number of years of education is a good indicator of an individual's health literacy skills.
 - Someone may have a very high level of education but in stressful situations, such as receiving bad news about a diagnosis or prognosis, may find it hard to take in and understand what they have been told and may experience limited health literacy.
- Substituting plain language for medical jargon is insulting to well-educated persons.
 - Someone that has a very high level of education and is an expert in, for example, astrophysics may not understand medical jargon.
- All persons who are uneducated and cannot read or write have limited health literacy skills
 - This may not be the case. If a health professional, nurse or doctor, has explained to a person using clear communication such as not using jargon but using everyday terms, and visuals, like pictures or images a person that has limited literacy skills could have a good understanding and be able to manage their health.

Reflection on patient experience of HL in relation to assessing health services.

Reflective practice is a core feature of learning for many health professionals, particularly nurses. This activity draws on ideas from reflective practice for students to begin to gain insight into the health care experiences of people with limited health literacy. This activity draws on Gibbs (1988) Reflective Cycle to provide a structure to the discussion. The stages as written in the model are presented briefly below:

1. **Description** of the experience
2. **Feelings** and thoughts about the experience
3. **Evaluation** of the experience, both good and bad
4. **Analysis** to make sense of the situation

5. **Conclusion** about what you learned and what you could have done differently
6. **Action plan** for how you would deal with similar situations in the future, or general changes you might find appropriate.

Summary of the reflection activity

For students their first day attending college can be exciting, frightening and anxiety provoking as it is an unfamiliar environment.

For people attending hospital it is often an unfamiliar environment which can be intimidating.

For people who are disadvantaged with less education this is even more challenging. It has been found that many people with limited health literacy have a sense of shame and /or embarrassment of their lack of ability and as a result patient /client often over report their level of ability (Kirsch et al., 2005) and hide their lack of literacy and health literacy (Parikh et al., 1996, Strijbos et al., 2018).

STEP 9: Key points

- Health literacy is quite a new concept and still evolving. There are several definitions of health literacy but the core elements of many definitions are: to access, understand, appraise and apply health information.
- Levels of Health Literacy are functional, interactive and critical.
- Health Literacy is a key for health seeking behaviour among the community for quality health care services
- Health literacy has been related to worse health outcomes for patients

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Resource Materials

- **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>

UNIT 1.2: INTERACTION OF CLIENTS WITH LIMITED HEALTH LITERACY IN NURSING AND MIDWIFERY PRACTICES

Learning Objectives

At the end of this session participants are expected to be able to:

- Describe the conceptual model of Health Literacy
- Explain the implications of Health Literacy to nurses and/or midwives
- Identify the implications of limited Health Literacy to the health system
- Describe and explore nurses and midwives' attitudes in relation to patient's functional health literacy (reading, writing, numeracy)
- Outline the link between Health Literacy and RCC

UNIT CONTENTS

Conceptual model in health literacy

Health literacy is about the interaction of a client with the health system. It is not only about the individual skills and characteristics of clients, but it is also about the complexity and demands of the health system. It is a relational concept. Shown in the diagram below and in the formula.

Health Literacy emerges from the interaction between individual skills and environmental demands and complexity (Rudd, 2015).



(Parker, 2009)

The Health Literacy Equation

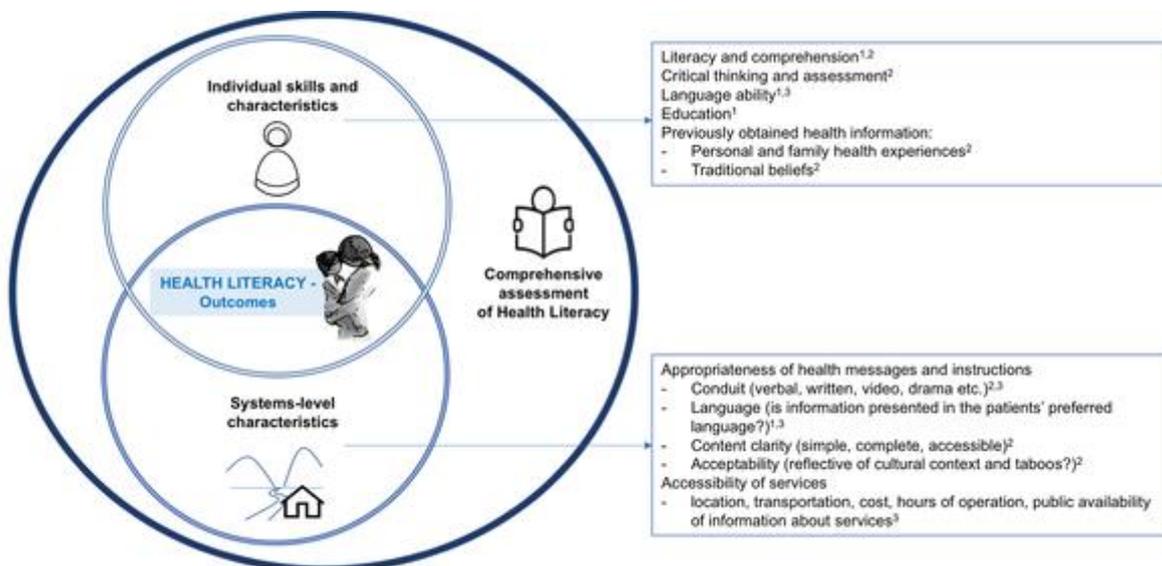
$$\text{Skills and Abilities} \times \text{Demands and complexity} = \text{Health Literacy}$$

(Brach, 2013)

This is also included in the model below:

- The difficulty that clients with limited health literacy may face in the healthcare system needs to be responded to by the health system.
- An important element of the health system is the workforce and the professionals working in healthcare organizations.

- A very important group of healthcare professionals are the nurses and midwives. Therefore, nurses and midwives need to for example, tailor their instructions or messages for patients who have difficulty to understand information or to understand difficult medical terms.



Note: Components assessed by: ¹quantitative audit, ²qualitative focus group discussions, or ³informally through observations.

Comprehensive health literacy educational framework promoting personal-centred care

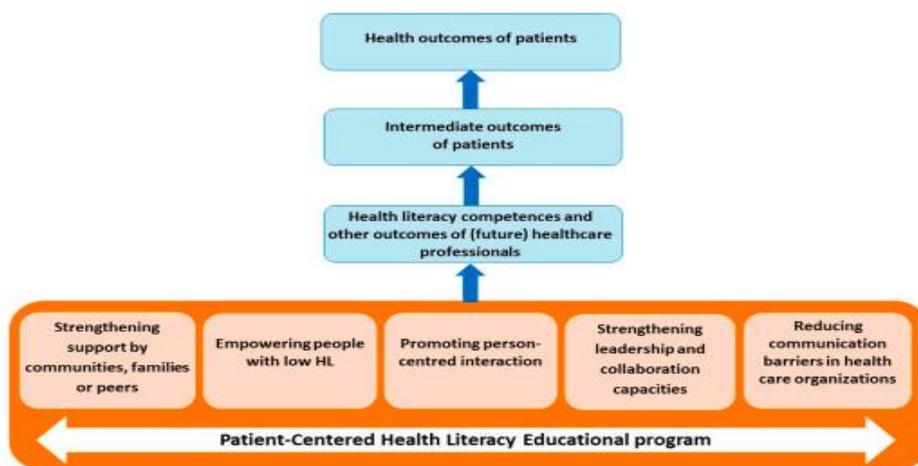


Figure 1. Comprehensive health literacy educational framework promoting person-centred care.

- Strengthen support community, family or peer
 - Support system: defined as the social network of communities, families or peers supporting the patient with limited health literacy.
- Patient empowerment: defined as the inherent capacity to be responsible for maintaining and promoting one's own health.
- Patient–provider interaction: defined as verbal and non-verbal communication exchanges between healthcare professionals and patients with limited health literacy, as well as everything that might influence the interaction between the patient and the HCP (e.g., perceived time, respect).
- Leadership and collaboration: defined as competencies and actions initiated by a healthcare professional in order to accommodate the patient with limited health literacy (e.g., putting health literacy on the agenda, interaction between healthcare professionals, and coordination of care).
- Communication barriers: defined as obstacles within the healthcare system that appear to be a barrier for patients with limited health literacy (e.g., written materials, hospital navigation, front desks, hospital websites).

Limited Health Literacy Implications for nurses and midwives

Implication of limited health literacy

- Unconscious bias
- Financial implications
- Time consuming
- Burnouts

Limited Health Literacy Implications for healthcare system

Implication of patients with limited health literacy

- Poorer patient health outcomes
- Limited patient satisfaction in their experience of health services
- Financial implications
- Long hospital stays
- ‘Revolving door’ – return to hospital soon after discharge
- Increase human resource demand
- hindrance to meet standards for quality care provision (SDGs)

Characteristics that influence health literacy include.

- Individual skills
 - Individual literacy
 - Individual critical thinking capabilities
 - Language barrier
 - Educational level of an individual
 - Individual experiences
- System level
 - Appropriateness of health message
 - Appropriateness of instructions
 - Difficulties of Language used
 - Content clarity
 - Acceptability of the health information
 - Acceptability of services

Attitudes to functional health literacy

In preparation for this exercise read this paper

Easton, P., Entwistle, V.A. & Williams, B. How the stigma of low literacy can impair patient-professional spoken interactions and affect health: insights from a qualitative investigation. BMC Health Serv Res 13, 319 (2013). <https://doi.org/10.1186/1472-6963-13-319>

- This paper reports research exploring the perspectives and experiences of people with limited literacy and the impact this has on interactions with health professionals including nurses. The paper includes reference to participant's emotions and beliefs and how these can influence communication with health professionals from the patient's perspective.
- This activity is based on the premise that health literacy is a relational concept. The paper reports the patients with limited literacy skills expectations of interacting with nurses but what about the nurse's perspective?
- If the nurse knows that someone has difficulties with reading and writing, then they may make extra effort and spend more time explaining things.

- A nurse could also judge a person's lack of literacy as to be a result of the person being lazy and not attending school and then not take account of this in their care provision.
- However, this study, in common with others, found that people hide their lack of literacy skills as they are ashamed. Some participants in the study reported that they '*limited their conversational engagements with health professionals and often took care to avoid revealing when they did not understand what was being discussed.*'
- From a nurses perspective this could be interpreted as patients not listening or not taking their health seriously, this could result in nurses taking less time with people, explaining things less.

Linking Health Literacy with RCC

- In the literature respectful and compassionate care is seen as a person-centered approach where the rights of the individual are promoted and valued and their needs are considered in delivering quality health care (Santali et al., 2018; Sinclair et al., 2020).
- Sinclair et al. (2017) describe compassion as a relational care construct and identifies communication as a core skill of compassion competence.
- Those with limited health literacy are described as having unmet health literacy needs particularly in relation to communication as they have difficulty accessing, understanding, appraising and applying health information for their health and as a consequence suffer more ill health and have poorer health outcomes.
- The MoHCDGEC (2017) define compassionate care as referring to 'the care given through relationships based on empathy, respect, kindness, and dignity accompanied by a strong desire to alleviate sufferings' (p12).
- Developing health literacy focused communication competences can be a key driver in improving compassionate and respectful care.

Key Points

- ***The formula is described as follows: skills and abilities of individuals X demands and complexity of health system= health literacy.***
- The implication of limited health literacy is unconscious bias, financial implications, time consuming, and burnouts.

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UNIT 1.3: COMMUNICATION SKILLS WITH THE FOCUS ON LIMITED HEALTH LITERACY

Learning Objectives

At the end of this session participants are expected to be able to:

- Identify clients with limited Health Literacy and be aware of its consequences for clients
- Identify Health Literacy communication skills in nursing and midwifery practice
- Employ Health Literacy techniques to support patient self-management
- Apply health literacy communication techniques to promote patient shared decision making (SDM)

UNIT CONTENTS

Identification of a person with limited Health Literacy

- As limited health literacy has such an impact on health outcomes it is important that healthcare professionals can identify people with limited health literacy and work with them sensitively.
- The following can be characteristics of persons with limited health literacy
 - Mostly a lower education level (not always) and/or lower socio-economic status.
 - Having difficulties understanding information
 - Being passive in asking questions and participating in conversations; waiting until the health professional provides information.
 - Feeling ashamed that they do not understand information and as a result try to hide their low health literacy.
 - Having difficulties in applying and planning changes: for example, taking medication in the proper way, how to stop smoking or losing weight.
 - Having difficulties critically analysing information and gaining control in the management of their disease.
- Individuals are MOST at Risk to have limited health literacy
 - Compromised health status

- Client who cannot speak Swahili
- Low-income level
- Low education level
- Older adults

In nursing practices no measurement exists to identify the clients with limited health literacy. However, the following are behaviours identified as 'red flags' suggesting that the person may have limited health literacy.

Clients who:

- Frequently miss appointments
- Do not complete patient registration forms
- Don't comply with medication
- Are unable to name medications, explain purpose or dosing
- Identify pills by looking at them, not reading the label
- Are unable to give a coherent, sequential health history
- Ask few or no questions
- Ask a lot of questions
- Doesn't follow-through on tests or referrals

As well as these red flags there are some social characteristics that are linked to a higher risk of limited health literacy. These are:

- Lower socio-economic status, as determined by occupation, income or social exclusion
- Low education attainment, for example completing primary education only or early school leaving.
- Loneliness
- Poor language skills or illiteracy, living in rural areas
- Any group that is probably underserved by preventative health care services, such as migrant workers or illegal drug users.

Health literacy communication skills in nursing practice

- Access to information is a key determinant of patient health literacy according to the WHO, people who have limited or no access to health-based information are likely to experience lower levels of health literacy.
- Using a few simple strategies, we can improve our patients' health literacy skills by providing health information that is accessible, clear and actionable.

Healthcare professionals need the communication skills to mitigate the increasing health literacy demands placed on patients/clients, particularly those with limited health literacy

- Foster Dignity and Respect
 - Create a Shame-Free Environment
 - People with a limited health literacy often reports a sense of shame about their skill level.
- Individuals with poor literacy skills are often uncomfortable about being unable to read well and develop strategies to compensate.
- Assess Learning Styles, Skills, and Preferences
- Use Plain Language
 - One of the most common strategies leveraged against the problem of limited health literacy is the “plain language and speak slowly agenda”.
 - The Use of plain language does not imply only to reducing the reading level of a text, or the use of words people use in their everyday lives in interpersonal communication, but also to improve the tone and organization of the information.
 - Plain language means “put simply” replacing medical or technical terms with words that people use daily in their conversation (jargon-free language)
 - It showcases information in a friendly user manner by organizing ideas into units headed by appropriate titles.
 - Organizing information so the most important points come first
 - Breaking complex information into understandable chunks
 - Using simple language and defining technical or medical terms
 - Using the active voice

Health literacy techniques to support patient self -management

- In patient Self-management, health literacy plays a crucial role in chronic disease self-management.
- In order to manage chronic or long-term conditions on a day-to-day basis, individuals must be able to understand and assess health information, which often includes a complex medical regimen, plan and make lifestyle adjustments, make informed decisions, and understand how to access health care when necessary.
- A lack of skill in these areas prevents many patients from engaging in effective self-management.
- Improved health literacy is put forward as a condition necessary to enable active successful self-management by patients for most conditions.

Activity

- Tools for working with people with limited health literacy
 - Open ended questions
 - Speak more slowly when providing instructions, with an emphasis on being respectful and clear without being patronizing.
- Use visual aids
 - Visual aids, such as simple illustrations, images, informational graphics and videos, can help patients better understand health information.
 - They can be excellent tools for reinforcing written or verbal health communication.
 - This is especially important since health information that is provided in a stressful or unfamiliar situation is less likely to be retained.
 - It is important to choose meaningful visuals that are culturally sensitive, linguistically appropriate, are clearly labelled and captioned, and support your message.
- Recommend and use technology
 - Text messaging is used to remind people to take their medication.
 - Mobile apps offer patients multiple options for learning about or managing health issues.
 - Smartphone apps can collect personal health data to be shared with physicians, provide general health information, and assist with preventive lifestyle strategies.

- Use Effective Teaching Methods
 - Teach back
 - Show me method: have patients show or explain what they are supposed to do
 - Show back
 - When teaching a patient to use a device or perform a task, to demonstrate correct use.

Teach Back

- A way to make sure you—the health care provider—explained information clearly. It is not a test or quiz of patients.
- Asking a patient (or family member) to explain in their own words what they need to know or do, in a caring way.
- A way to check for understanding and, if needed, re-explain and check again.
- A research-based health literacy intervention that improves patient-provider communication and patient health outcomes.

What you do

- Use a caring tone of voice and attitude.
- Display comfortable body language and make eye contact.
- Use plain language.
- Ask the patient to explain back, using their own words.
- Use non-shaming, open-ended questions.
- Avoid asking questions that can be answered with a simple yes or no.
- Emphasize that the responsibility to explain clearly is on you, the provider.
- If the patient is not able to teach back correctly, explain again and re-check.
- Use reader-friendly print materials to support learning.
- Document use of and patient response to teach-back.

Let us re-visit Mr J.

	<p>Facilitators Instructions for Exercise .2.2: Role Play</p>
<ul style="list-style-type: none"> ● Demonstrate ability to demonstrate the importance of health literacy ● Have a flipchart/White or Black board available to write participants' responses and checklist ● Have computer and projector ● Facilitate the role play 	
<p>Exercise.2.1: Role Play – Teach back / Show back</p>	
<p>Purpose</p>	<p>To practise and acquire knowledge on importance of health literacy</p>
<p>Duration</p>	<p>1 hour</p>
<p>Advance Preparation</p> 	<p>Review the following materials:</p> <ul style="list-style-type: none"> ● Clinical objectives ● Role play guide
<p>Introduction</p>	<p>This exercise provides an opportunity for the learner to practise and acquire skills on importance of health literacy</p>
<p>Activities</p>	<p>Ask a learner to read the role play scenario related to provision of health literacy to client</p>
	<p>Scenario:</p> <p>Mr J admitted in high dependant ward 2days ago with diagnosis of DKA. Mr J is known DM client whom have been admitted to the ward several times due to uncontrolled blood glucose. For 3 months he has been admitted 5 times with the same problem of uncontrolled blood glucose. Socially he is married with 2kids, daily heavy drinker, smokes cigarettes and no evidence of dietary restriction. He is not taking his daily insulin injection as prescribed</p>

Nurse M is assigned to provide health literacy to Mr J. During conversation Mr J who has recovered from DKA said that I know nothing about the DM. Mr J proceed by saying I neither know about the diet nor the treatment, “I am living my normal life”

Role Player 1: Mr (J)

- Assume the role of the Mr J
- Mr J now knows about DM, diet and lifestyle changes he needs to make and his treatment but doesn't know how to inject himself with insulin.

Role Player 2: Nurse (M)

- Provide health literacy through the teach back technique about insulin injections

Role of Observers (other learners) during the Role Play

- Observe the role play
- Identify the sequence followed by nurse (Role player 2)
- Identify areas where nurse (Role player 2) did well as well as areas for improvement
- Provide comments on the performance of nurse (Role player 2)
- Discuss in plenary for better understanding

Role of Facilitator during the Role Play

- Organize the learners for role play
- Identify the key actors/players in the role play
- Instruct each actor/player on the role to play clearly pointing out specific tasks
- Provide each actor with the role play guide
- Allow time for each learner to go through the guide and practice it before the actual doing
- Instruct the observers (other learners) to carefully observe the role play
- Allow the actors/players to effect the role play

	<ul style="list-style-type: none"> ● Observe the performance of each player ● After the role play; <ul style="list-style-type: none"> ○ Allow comments from the observers of the role play pointing out strengths and areas for improvement from clinical instructor (Role player 2) ○ Conduct plenary discussion on the role of the oncology nurse (Role player 2) in assessing oncology nurse performance ○ Clarify and summarize the points given by the learners ● De-role each player
Debriefing	<ul style="list-style-type: none"> ● ENGAGE the group of learners in discussion by asking the following question: <ul style="list-style-type: none"> ○ What did you learn from this role play? ● CLARIFY and SUMMARIZE the session

Health literacy techniques to promote patient shared decision making

- When patients don't know what SDM is and why it's important or how to identify their values, goals, and preferences, they cannot engage in the process.
- When providers do not have the necessary communication skills or mistakenly believe they are engaging patients in SDM, a meaningful conversation cannot happen.
- Difficulty understanding complex health information creates a challenge for engaging in SDM.
- Low health literacy, Culture and religion can influence what care is chosen and how individuals choose to receive it
- The need for patient's decision aids

Key Points

- Skills like the use of clear communication in written and interpersonal communication can enable makes health information accessible to people with limited health literacy.
- Techniques like Teach back can check that patients have understood and provides the opportunity to correct any misconceptions.
- The use of these skills and techniques can mitigate the negative effects of limited health literacy on patients' health

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MODULE 2: CUSTOMER CARE IN HEALTH CARE

Learning Outcomes

At the end of this module participants are expected to 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

UNIT 2.1: CONCEPT OF CUSTOMER CARE

UNIT OBJECTIVES

Total Unit Time: 120 minute

After completing the unit, the learner will be able to:

- 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

Definition of Customer Care

- **Customer** -is someone who receives services we provide either directly or indirectly, or is affected with quality of products or services whether in paying or not, who is either internal or external has a direct relationship with the organization or not.
- **Care** - Is any activity, work performed by health care provider to meet needs and problems of a client.
- **Customer care** - Is the art of meeting client's needs and problems by providing or delivering professional, helpful, high-quality service and assistance.

- **Internal customer** - An internal customer is someone who has a relationship with health facility, though the person may or may not use your services.
- **External customer** - External customers are the people that pay for and use the products or services your health facility offers.

Six domain of good customer care

- **Safety** – avoiding injuries to clients from care that is intended to help them.
- **Effective** – avoiding overuse and misuse of care.
- **Client-Centered** – providing care that is unique to a client's needs.
- **Timely** – reducing wait times and harmful delays for clients and providers
- **Efficient** – avoiding waste of equipment, supplies, ideas and energy.
- **Equitable** – providing care that does not vary across intrinsic personal characteristics.

Components of good customer care

- Prioritize each customer
- Strive for a great reputation
- Apologize when needed
- Be reachable
- Respond as quickly as possible
- Teach appropriate communication skills
- Deliver a consistent experience

Values of good customer care in health

- **Respect** - Every customer is your most important customer
- **Personalize** - Avoid preconceived notions and stereotypes
- **Attention** - Assess how customers want to be served and adjust
- **Caring** - Present a positive, supportive attitude
- **Advocacy** - Stay on your customer's side

Integration of 5 values in our daily work by using the acronym GREAT

- **Greet** all customers and make them feel comfortable
- **Respect** cultural and other personal differences
- **Evaluate** how your customers want to be served.
- **Adjust** your approach to match your customer's needs.
- **Thank** your customers.

Importance of Providing Good Customer Care to Internal and External Customer

- **The best customer service builds trust.**
 - People will only stay loyal to a company if they have very good reason to. Otherwise, there is plenty of competition available they could choose to move to.
 - You have to work harder to keep customers and build their trust in your organization/services. By providing the best in customer service, you will increase trust top your customers/clients
- **Customer care matters more than the bills**
 - Large group of consumers say that customer service is much more important than the bill. External and internal customers value good customer care more than paying for the service.
- **Good customer care will build organization awareness**
 - When you provide the best in customer care people will talk about your organization. They will remember your services.
 - Having satisfied customers leads to increased revenue and increased brand awareness.
- **Good customer care reduces problems/complains**
 - Problems are always going to arise for any organization no matter how hard you try to avoid them.
 - If customers know that they can voice complaints and those issues will be handled properly, they will feel more comfortable to visit your organization for services.
- **Good customer care increase productivity of an organization**
 - Having satisfied employees is the key contributor to a company's success - especially in tough economic times.
 - Increased employee satisfaction
 - Increased employee productivity and performance

References

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Government of South Australia. (2006). Customer Services power point presentation. South Australia: Volunteering S.A. Inc

	Facilitators Instructions for Exercise 2.1 Role Play: Integrating the values in customer care
<ul style="list-style-type: none"> • Review contents on Integrate the values of customer care in nursing and midwifery care • Have a flipchart/White or Black board available to write learners’ responses • Have computer and projector • Facilitate a role play 	
Exercise 2.1: A Role Play for Integrating the values in customer care	
Purpose	To practise and acquire skills in integrating the values in customer care in nursing and midwifery care
Duration	1 hour
Advance Preparation 	Review the following materials: <ul style="list-style-type: none"> • Components of Integrate the values in customer care • Role play guide
Introduction	This exercise will provide learners opportunity to practise and acquire skills in Integrating the 5 values in customer care
Activities	<ul style="list-style-type: none"> • Ask learners to read the scenarios for the role play related to Integrate the values in customer care • REFER learners to Handout 2.1: Role Play Guide
	<ul style="list-style-type: none"> • Exercise 2.1 A Role Play for Integrating the values in customer care <p>Scenario:</p> <p>Mrs A from minority tribe comes to reproductive clinic with her 13years old daughter whom she suspects to be pregnant. She needs information about her daughter’s health. Mrs “A” knows little Swahili, not educated and culturally sensitive that her daughter is grown enough to be married. Nurse P attends the girl while Mrs “A” is waiting for information</p> <p>Role Player 1: Mrs A</p> <ul style="list-style-type: none"> • Assume the role of the Mrs “A” • Assume that you are Mrs “A” who don’t know Swahili well, who insists on her daughters’ marriage and bride price

	<p>Role Player 2: Nurse (P)</p> <ul style="list-style-type: none"> • Assume the nurse’s role • Provide information to mama “A” with culture sensitivity <p>Role of the Observers (other learners) during the Role Play</p> <ul style="list-style-type: none"> • Observe the role play • Identify the sequence followed by each player • Identify areas where each player did well as well as areas for improvement • Provide constructive comments on the performance of nurse P • Discuss in plenary for better understanding <p>Role of Facilitator during the Role Play</p> <ul style="list-style-type: none"> • Organize the learners for role play • Identify key actors/players in the role play • Instruct each actor/player on the role to play clearly pointing out specific tasks • Provide each actor with the role play guide • Allow time for each learner to go through the guide and practice it before the actual doing • Instruct the observers (other learners) to carefully observe the role play • Allow the actors/players to effect the role play • Observe the performance of each player • After the role play; <ul style="list-style-type: none"> ○ Allow for constructive comments from the observers pointing out strengths and areas for improvement for Customer care ○ Provide comments on the areas where Nurse P has done well and areas for improvement ○ Conduct plenary discussion with the learners for better understanding ○ Clarify and summarize the points • De-role each player
Debriefing	<ul style="list-style-type: none"> • ENGAGE the group of learners in discussion by asking: <ul style="list-style-type: none"> ○ What did you learn from this role play? • CLARIFY and SUMMARIZE using the unit 1 contents

UNIT 2. 2: PRINCIPLES OF CUSTOMER CARE

Unit objectives

After completion of the unit, the learner will be able to:

- Outline principles of customer care
- Describe each principle of customer care in nursing and midwifery care
- Outline Importance of following principle of customer care
- Explain utilization of the principle of customer care
- Outline Attitudes in providing good customer care

Principle of Customer Care

- Professionalism
- Respect
- Communication
- Compassion
- Courtesy
- Team work

Principles of Customer Care in nursing and midwifery care

- **Professionalism**
 - All health care provider should maintain a professional behaviour and dress throughout patient hospitalization as to build customer confidence.
- **Respect**
 - Health care provider should respect and protect the dignity of each person.
 - Assist customers/patient to maintain a sense of control and feel valued.
- **Communication**
 - Patients need personal attention and thorough communication about their health. Health concerns often cause a great deal of anxiety among patients and their family members. In some cases, health issues are life-altering.
 - Understanding as much as possible about what is happening with your body, why particular procedures are being performed, and what to expect during and after any procedure can allay some of that anxiety, so it is important to find health care providers who take time to communicate clearly and effectively with

the client by answering all of questions and educating about health and care options. The health care provider should also be able to listen and respond in a prompt and timely manner.

- **Compassion**

- In dealing with patients, you must keep in mind that they are your customers. It's not that "the customer is always right," but they may be under stress from pain and worry about a medical condition or about the ability to pay the bill. While you must follow proper procedures with any job you have, you can always listen and be compassionate.
- Provide excellent customer service, health care providers must see their patients as human beings first. A provider, who communicates not only information, but also compassion, can make a tremendous difference in how a patient experiences care.
- Health care professionals who deliver outstanding customer service are mindful on a day-to-day basis that each patient is a person living with a unique set of circumstances, not just a box to check or a puzzle to solve. They make the effort to understand what their patients are experiencing, treat them with empathy, and help them to feel as comfortable as possible.

- **Courtesy**

- Health care provider should treat others/ patient with courtesy at all times through consideration, helping and supporting clients.

- **Team work**

- Encourage cooperation and teamwork among health workers and value each member of the healthcare team as contribute to team spirit.

Utilization of the principle of customer care

Importance of following principle of customer care

- Happy patient's return and refer others
- Happy patients will recommend you to other people
- Happy patients will not complain about the you to others – the statement 'I'll never go there again; they are rubbish' is very bad news to the teams
- Happy patients contribute to profitability of your hospital/faculty
- Happy patient's result in happy staff who in turn attract more customers in the faculty/hospital/department

Attitudes in providing good customer care Presentation

Attitudes in providing good customer care are;

- Enjoy helping people
- Handle people well
- Care for the customers
- Give fair and equal treatment to all
- Be empathetic to peoples' needs

References

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UNIT 2. 3: CUSTOMER CARE SKILLS IN NURSING AND MIDWIFERY SERVICES

Unit objectives

After completion of the unit, the learner will be able to:

- Outline customers' needs
- Apply customer care techniques to make your customer feel important
- Describe key customer care skills

Understanding customers need

Seven (7) ways to make your customers feel important;

- Pay attention
- Really listen
- Put them first
- Put yourself in their shoes
- Be honest and genuinely open to feedback
- Deal with problem quickly
- Be creative in showing appreciation

Key customer care skills in nursing and midwifery practice

Key customer care skills in nursing and midwifery practice includes:

Problem solving skills

- Customers do not always self-diagnose their issues correctly. Often, it's up to the support person to take the initiative to reproduce the trouble at hand before navigating a solution.
- That means they need to intuit not just what went wrong, but also what action the customer was ultimately after. In other situations, a problem-solving pro may simply understand how to offer pre-emptive advice or a solution that the customer doesn't even realize is an option.

Patience

- Patience is crucial for customer service professionals. After all, customers who reach out to support are often confused and frustrated.
- Being listened to and handled with patience goes a long way in helping customers feel like you're going to alleviate their current frustrations.
- It's not enough to close out interactions with customers as quickly as possible. You should be willing to take the time to listen to and fully understand each customer's problems and needs.

Attentiveness

- The ability to truly listen to customers is crucial to providing great service for a number of reasons.
- Not only is it important to pay attention to individual customers' experiences, but it's also important to be mindful and attentive to the feedback that you receive at large.

Emotional intelligence

- A great customer support representative knows how to relate to anybody, but they're especially good with frustrated people.
- Instead of taking things personally, they intuitively understand where the other person is coming from and they know to both prioritize and swiftly communicate that empathy.

Clear communication skills

- The ability to communicate clearly when working with customers is a key skill because miscommunications can result in disappointment and frustration.
- The best customer service professionals know how to keep their communications with customers simple and leave nothing to doubt.

Creativity and resourcefulness

- Solving the problem is good, but finding clever and fun ways to go the extra mile and wanting to do so in the first place is even better.

Persuasion skills

- Oftentimes, support teams get messages from people who aren't looking for support they're considering purchasing your company's product.

Ability to use positive language

- Effective customer service means having the ability to make minor changes in your conversational patterns. This can truly go a long way in creating happy customers.
- Language is a crucial part of persuasion, and people (especially customers) create perceptions about you and your company based on the language that you use.

Acting skills

- Sometimes your team is going to come across people who you'll never be able to make happy.
- Situations outside of your control (such as a customer who's having a terrible day).

Time management skills

- The best customer service professionals are quick to recognize when they can't help a customer so they can quickly get that customer to someone who can help.

Ability to read customers

- There are a lot of metaphors for this type of personality "keeps their cool," "staying cool under pressure," and so on but it all represents the same thing: The ability some people have to stay calm and even influence others when things get a little hectic.

Goal-oriented focus

- Ability to handle surprises
- Sometimes, customers are going to throw your team curveballs.
- They'll make a request that isn't covered in your company guidelines or react in a way that no one could have expected.
- In these situations, it's good to have a team of people who can think on their feet.
- Even better, look for people who will take the initiative to create guidelines for everyone to use in these situations moving forward.

Tenacity

- Call it what you want, but a great work ethic and a willingness to do what needs to be done (and not take shortcuts) is a key skill when providing the kind of service that people talk (positively) about.

Closing ability

- Being able to close with a customer as a customer service professional means being able to end the conversation with confirmed customer satisfaction (or as close to it as you can achieve) and with the customer feeling that everything has been taken care of (or will be).
- Getting booted before all of their problems have been addressed is the last thing that customers want, so be sure your team knows to take the time to confirm with customers that each and every issue they had was entirely resolved.

Empathy

- Perhaps empathy the ability to understand and share the feelings of another is more of a character trait than a skill. But since empathy can be learned and improved upon, we'd be remiss not to include it here.

Willingness to learn

- While this is probably the most general skill on this list, it's also one of the most important. After all, willingness to learn is the basis for growing skills as a customer service professional.
- Your team members have to be willing to learn your product inside and out, willing to learn how to communicate better (and when they're communicating poorly), willing to learn when it's okay to follow a process and when it's more appropriate to choose their own adventures.

- Those who don't seek to improve what they do whether it's building products, marketing businesses, or helping customers will get left behind by the people who are willing to invest in their own skills.

Key points

Key customer care skill are:

- Problem solving skills
- Patience
- Attentiveness
- Emotional intelligence
- Clear communication skills
- Creativity and resourcefulness
- Persuasion skills
- Ability to use positive language
- Acting skills
- Time management skills
- Ability to read customers
- Goal-oriented focus
- Tenacity
- Closing ability
- Empathy Willingness to learn

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	Facilitators Instructions for Exercise 2.3 Role Play: Seven ways to make your customer feel important
<ul style="list-style-type: none"> • Review contents on sing ways to make a customer feel important nursing and midwifery care • Have a flipchart/White or Black board available to write learners’ responses • Have computer and projector • Facilitate a role play 	
Exercise 2.3: A Role Play for ways to make customer feel important	
Purpose	To practise and acquire skills in provision of customer care services that makes a customer feel important
Duration	30 minutes
Advance Preparation 	Review the following materials: <ul style="list-style-type: none"> • Seven ways to make a customer feel important in nursing and midwifery care • Role play guide
Introduction	This exercise will provide learners opportunity to practise, acquire skills and attitudes in making a customer feel important during nursing and midwifery care
Activities	<ul style="list-style-type: none"> • Ask learners to read the scenarios for the role play related to ways to make a customer feel important • REFER learners to Handout 2.3: Role Play Guide
	<ul style="list-style-type: none"> • Exercise 2.3 A Role Play for ways to make a customer feel more important in nursing and midwifery care <p>Scenario:</p> <p>Mr B is above 60 years old and is from Msingwa village. He was hospitalized for two weeks due to medical conditions. He has now been discharged and is in need of information on how to settle hospital’s bills. Mr “B” knows little about benefits of bill exemptions due to old age (cost sharing category). His family members are aware of the discharge plan.</p>

Next of kin approaches Nurse M for further clarification on bills and discharge plan.

Role Player 1: Mr B's next of kin

- Assume the role of the Mr "B" next of kin
- Assume that you are the next of kin who does not understand clearly on modalities of bill payment for his old dad and their family is facing financial instability.

Role Player 2: Nurse (M)

- Assume the nurse's role
- Provide information to Mr "B's" son taking into accounts the government policy on exemptions

Role of the Observers (other learners) during the Role Play

- Observe the role play
- Identify the sequence followed by each player
- Identify areas where each player did well as well as areas for improvement
- Provide constructive comments on the performance of nurse M
- Discuss in plenary for better understanding

Role of Facilitator during the Role Play

- Organize the learners for role play
- Identify key actors/players in the role play
- Instruct each actor/player on the role to play clearly pointing out specific tasks
- Provide each actor with the role play guide
- Allow time for each learner to go through the guide and practice it before the actual doing
- Instruct the observers (other learners) to carefully observe the role play
- Allow the actors/players to effect the role play
- Observe the performance of each player

	<ul style="list-style-type: none"> • After the role play; <ul style="list-style-type: none"> ○ Allow for constructive comments from the observers pointing out strengths and areas for improvement for Customer care ○ Provide comments on the areas where Nurse M has done well and areas for improvement ○ Conduct plenary discussion with the learners for better understanding ○ Clarify and summarize the points • De-role each player
Debriefing	<ul style="list-style-type: none"> • ENGAGE the group of learners in discussion by asking: <ul style="list-style-type: none"> ○ What did you learn from this role play? • CLARIFY and SUMMARIZE using the unit 1.3 contents

UNIT 2. 4: CONCEPT OF PERSON-CENTRED CARE IN PROVISION OF NURSING AND MIDWIFERY SERVICES

Module learning objectives

After completion of this unit the student is expected to be able to:

- Define Person Centred Care
- Describe principles 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 centered care

Definition of Person Centred Care

- Person-centred care (PCC) is personalized and coordinated care given to individuals. PCC is tailoring healthcare services to suit the patient's needs, by providing care for a patient beyond the disease condition.
- PCC is a process of treating a client receiving healthcare service with respect, values, dignity and involving the individual in all planning and choices to make all decisions about their healthcare based on preferences, it is a broader approach of caring for patient by looking on the whole life of the patient to guide clinical decisions.
- This is holistic care, and the strategy is related to a person's right to ask questions and complaints about their healthcare, which helps patients receive better quality of care.
- To achieve this, healthcare workers need to know patients at a personal level and involve them in the decision-making process.
- This is because nobody values someone making decisions for them without involving them.
- Using PCC with patients gives them a sense that they are human beings with feelings and beliefs instead of objects.

Principles and Values of Person-Centred Care

- Connection with person
- Continuity of care

- Cultural Responsiveness
- Community ties

Values of Person-Centred Care

- **Respect:** Respect persons' wishes, concerns, values, priorities, perspectives, and strengths.
- **Human Dignity:** Care for a person as whole and unique human beings, not as problems or diagnoses.
- **Experts for Their Own Lives:** Persons under care know themselves the best.
- **Clients as Leaders:** Follow the lead of clients with respect to information giving, decision making, care in general and involvement of others.
- **Coordinated Care Goals:** Defined goals that coordinate the practices of the health care team. All members of the team work toward facilitating the achievement of these goals.
- **Continuity and Consistency of Care and Caregiver:** Continuity and consistency of care and caregiver provides a foundation for person centred care.
- **Timeliness:** The needs of a person and the communities in our care deserve a prompt response.
- **Responsiveness & Universal Access:** Care that is offered to a person or a community needs to be accessible and responsive to their wishes, values, priorities, perspectives, and concerns.

Core Processes of Person-Centred Care

- Identifying Concerns/Needs
- Making Decisions
- Caring and Service
- Evaluating Outcomes

Importance of Person Centred Care

Nurses are there to inform, advise and support, but it is ultimately up to the patient to determine what course of action they will take:

- Improve the quality of the services available

- Help people get the care they need when they need it
- Help people be more active in looking after themselves
- Reduce some of the pressure on health and social services

Barriers to successful person-centred care

The key barriers to patient and family centred care are:

- Staffing constraints and reduced levels of staff experience
- High staff workloads and time pressures,
- Physical resource and environment constraints and
- Unsupportive staff attitudes.
- Actual clinical condition of the patient
- Lack of time
- “Take ten minutes with a refreshing drink to sit down and reflect. Think back to a recent moment (case study) when you were able to spend some quality time talking and listening to a patient.
- How does that make you feel? What benefits do you think the patient experience because of moment of quality time together? Do you think you are able to get to know the Mr Siwezi on a deeper, more meaningful level?”
- “Now think back to what things prevent you in your day-to-day practice to be able to develop therapeutic relationships with your patients. How can you reduce or overcome barriers?”(Stonehouse, D. 2021)

Key Points

- The person is the one who decides if and who will participate in his/her care.
- The term person, is inclusive of individuals, families/significant others, groups, communities, and populations
- Person-centred care is not just about giving people whatever they want or providing information. It is about considering people’s desires, values, family situations, social circumstances and lifestyles; seeing the person as an individual, and working together to develop appropriate solutions.
- Making sure that people are involved in and central to their care is now recognized as a key component of developing high quality healthcare

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Case study

	Facilitators Instructions for Exercise 1.4 Case Study: Identify core processes of person centred care
<ul style="list-style-type: none"> • Review contents on core processes of person centred care • Have a flipchart/White or Black board available to write learners' responses • Have computer and projector • Facilitate a role play 	
Exercise 1.4: Case Study: Explain core processes of person centred care	
Purpose	To acquire skills on identification of core processes of person centred care
Duration	20 minutes
Advance Preparation	Review the following materials: <ul style="list-style-type: none"> • Core processes of person centred care • Case study
	
Introduction	This exercise will provide learners opportunity to practise, acquire skills and attitudes in identifying the core processes of person centred care
Activities	<ul style="list-style-type: none"> • You will be Asked to read the scenario for case study related to utilization of customer care principles • You will be REFERED to Handout 1.4: Case Study
	<ul style="list-style-type: none"> • Exercise 1.4 A case study on core processes of person centred care <p>Scenario:</p> <p>Mister Siwezi (swahili name) is hospitalized. He has type 2 diabetes mellitus. Siwezi's forefoot was amputated a year ago. A serious infection has now occurred and it has been decided to amputate the entire leg.</p> <p>Mr. Siwezi is 55 years old. He comes to the hospital with his wife and daughter. Mr Siwezi has a fever and feels bad. He is supported by his daughter. She says she is very worried and wonders how things will be</p>

	<p>at home after admission. Mr Siwezi lives 4 hours travel from hospital and transportation is an issue.</p> <p>The care and rehabilitation of patients after an amputation require specialist multidisciplinary knowledge and skills. This knowledge and skills are important to prepare Mr Siwezi for a prosthesis and to allow him to rehabilitate with it.</p> <p>The nurse plays also an important role in interventions aimed at reducing stump oedema, preventing contractures and treating phantom pain. In addition, the nurse plays an important role in preparing the patient for returning home.</p> <p>From the scenario: You ask the following questions to learners</p> <ul style="list-style-type: none"> • What do you do to identify the concerns and needs of the Mr Siwezi and his family? • What does the 4 C's mean in this situation?
Debriefing	<ul style="list-style-type: none"> • ENGAGE the group of learners in discussion by asking: <ul style="list-style-type: none"> ○ What did you learn from this case study? • CLARIFY and SUMMARIZE using the unit 1.4 contents

MODULE 3: RESPECTFUL AND COMPASSIONATE CARE

Learning Outcomes

At the end of this module, participants are expected to 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

UNIT3. 1: RESPECTFUL CARE IN NURSING AND MIDWIFERY

Learning Objectives

At the end of this session participants are expected to be able to:

- 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

Definition of Respectful Care in Nursing and Midwifery

- **Respectful Care**

Refers to individualized care that considers clients autonomy, dignity, feelings, choices and preferences (WHO,2012).It demonstrates respect for human rights and care that does no harm, promotes positive clients outcome and cultural sensitivity, valued by an individual and the community.

Elements of respectful care

- Respect for autonomy
- Consented care
- Confidential care
- Dignified care
- Non discriminative care
- Respect for culture and beliefs
- Non –Judgemental care
- Provide timely care
- Respect for privacy
- Adherence to treatment
- Maintaining safe care

Respect for Autonomy

- Autonomy is usually considered as major principle of making decision about individual's health.
- Clients need to be respected and be informed about the decisions made about their health. This involves ability of an individual to exercise his/her rights, have their choices being respected without influence or interference by others.
- To achieve this nurses and midwives should:
 - Establish therapeutic relationship with clients and relatives
 - Listen to clients concerns and respond accordingly
 - Consider feelings, needs and expectations of minors (such as children)
 - Involve the client in planning and implementation of care
 - Allow clients to make choices of care
 - Respect client decision to refuse treatment and inform the consequences of refusal and document it

Consented Care

- This is providing clients with information for informed decision making using a consent protocol.
- The informed consent of the client is a prerequisite for any medical intervention. Client/Client has the right to refuse or stop a medical intervention.

- However, the implications of refusing or stopping such an intervention must be carefully explained to the client.
- For this to be achieved nurses and midwives should:
 - Provide complete and correct information about client condition, treatment options, and possible results and side effects of treatment.
 - Ensure the clients understand information given for making informed decision
 - Explain any procedure to the client in full detail and ensure she/he understand it
 - Obtain verbal or written consent from the client before any procedure
 - Seek permission from a relative or legally authorized person to make decision about care for minors and those who are mentally affected

Confidential care

- Confidentiality is the state of keeping or being kept secret or private, it requires health care providers to keep client/client health information private unless permission is obtained from the client to make such disclosure.
- All information about client's health status, medical condition, diagnosis, prognosis and treatment and all other personal information must be kept confidential, even after death.
- Nurses and midwives have an ethical responsibility to safeguard information obtained in the context of the nurse/midwife-client relationship.
- As such Nurses and Midwives should:
 - Protect client's information from improper disclosure all the time such as information on HIV and AIDS status
 - Seek client's wishes regarding sharing information with family members or others
 - Maintain and preserve client's records in a proper manner
 - Avoid using client information in social settings e.g. home, public transport, social media.

Dignified care

- Dignified care refers to provision of care to individuals with respect that enables them to maintain maximum possible level of independence, choice and control of their own life.

- For this to be achieved nurses and midwives should:
 - Provide the client with empathetic care and treat them as unique beings
 - Strive to provide care to the client/client in a private environment as much as possible
 - Avoid use of indecent, offensive and abusive language
 - Provide individualized care
 - Do not undermine person's self-respect regardless of any difference.
 - Treat others as you would like to be treated
 - Dress in acceptable manner in accordance to nursing and midwifery practice

Non-Discriminative care

- Non-discriminative care is about providing equitable and fair care to an individual or group regardless of age, disability, sex, race, religious belief, pregnancy, sexual orientation and socioeconomic status.
- For this to be achieved nurses and midwives should:
 - Respond to clients/clients' needs regardless of their gender, race, marital status, political affiliation, cultural and belief system.
 - Provide quality healthcare without discrimination.
 - Avoid discriminating clients for complaining about services

Respect for cultures and beliefs

- Culture is often described as the combination of a body of knowledge, belief and behaviour.
- It involves a number of elements, including personal identification, language, thoughts, communications, actions, customs, beliefs, values, and institutions that are often specific to ethnic, racial, religious, geographic, or social groups.
- In provision of health services, it is important to acknowledge cultural diversity and belief systems as they define the people's lives and preference of care.
- It is important for nurses and midwives to be culturally competent because it improves provision of care, builds client confidence and trust to caregiver, and establishes successful and open therapeutic relationships.
- For this to be achieved nurses and midwives should:
 - Assess and identify client cultural background and belief system
 - Treat each client individually by respecting their cultures and beliefs

- Encourage useful cultural beliefs and discourage harmful ones
- Allow client to express spiritual needs and facilitate meeting them e.g. to be visited by a spiritual leader

Non-Judgmental Care

- Non-judgemental care refers to care that avoids making judgments based on the client condition. It is provision of care which is not biased by avoiding judgments based on one's Personal status.
- If the nurse or midwife is not careful, he/she may be judgemental over clients like those with HIV and AIDS.
- For this to be achieved nurses and midwives should:
 - Avoid criticizing client opinions rather understand to avoid defensiveness.
 - Enable clients to express freely and comfortably about problems without feelings that they are being judged.
 - Avoid stereotypes related to societal attitudes towards clients since it may hinder the healing process.
 - Respect client feelings, experiences and values.
 - Receive and respond to feedback given by client in a professional manner without compromising access to quality care

Provide Timely Care

- Timely care refers to care that is provided to the client/clients within required time according to standards and client service charter.
- For this to be achieved nurses and midwives should:
 - Set priority in care provision
 - Organize the working environment for timely service provision
 - Respond to client's/client's needs timely
 - Seek for appropriate help if unable to provide timely care
 - Document time of care and treatment given to enable timely continuity of care
 - Orient yourself regularly on client's/client's records for continuity of care
 - Avoid doing personal activities during working hours e.g. use of mobile phones while attending the clients/clients
 - Provide assistance in case client/client needs consultation from care provider and communicate effectively with honest and openness

Respect for Privacy

- Privacy is the state of being free to be observed or disturbed by other people.
- Privacy makes clients and family feel respected all the time.
- Nurse and midwife are required to ensure an environment that provides sufficient physical and auditory privacy during provision of care.
- For this to be achieved nurses and midwives should:
 - Use linen, curtains, screen partitions and private room depending with environment in ensuring privacy
 - Use reasonable voice to communicate with client
 - Avoid unnecessary exposure of the client's body parts
 - Avoid unnecessarily movements in the client's room
 - Ask permission before entering client's room

Adherence to treatment

- Adherence is described as the degree to which a client correctly follows medical advice and medical treatment.
- Commonly, it refers to medication/drug compliance, but it can also apply to other situations such as medical device use, self-care, self-directed exercises and therapy sessions.
- For this to be achieved nurses and midwives should:
 - Provide adequate information on treatment regimen
 - Give clear and precise directives on how and when medication will be taken
 - Inform the client about the possible side effect of drugs
 - Ensure proper and accurate recording of clients' treatment information
 - Make follow up of the clients to ensure compliance

Maintaining Safe Care

- Safe care is an important aspect that needs to be considered in achieving respectful care. It does not only include the physical environment but includes how or the way care is provided.
- Safe care contributes much to the better health care outcomes as it makes patients feel more comfortable.
- For safe care to be achieved, nurses and midwives should:
 - Introduce self and the agency to the client, wear badge/name tag/identity card

- Protect client from any injuries/harm
- Create positive environment that allows clients to provide feedback
- Avoid negligence in provision of care
- Avoid harassing clients
- Adhere to IPC standards in provision of care
- Record and report any medical error or incidences

Utilization of Respectful Care elements in improving care

	Facilitators Instructions for Exercise 3.2 Reflection
<ul style="list-style-type: none"> • Review contents on the main steps of Reflection • Have a flipchart/White or Black board available to write learners' responses • Facilitate a Reflection session in a duo-group 	
Exercise 3.2: A Reflection for provision of respectful nursing and midwifery care	
Purpose	To be aware of own knowledge, skills and attitudes in provision of Compassionate Nursing and Midwifery care
Duration	1 hour
Advance Preparation 	Review the following materials: <ul style="list-style-type: none"> • Reflections models • Elements of Compassionate Care
Introduction	This exercise will provide learners opportunity to practise and acquire knowledge, skills and attitudes when providing Compassionate Nursing and Midwifery care
Activities	<ul style="list-style-type: none"> • Ask learners to write down a self-experienced patient-nurse-situation from a clinical setting • REFER learners to Handout 3.2: Reflection Models
	Exercise 3.2 Reflection in Nursing and Midwifery Care - duo-groups Scenario: <ul style="list-style-type: none"> • Two learners in a group; sharing their written self-experienced patient-nurse-situation from a clinical setting. Observer??? Part I Learner 1; <ul style="list-style-type: none"> • Share your written situation from the clinical Learner 2; <ul style="list-style-type: none"> • Active listening to Learner 1. When Learner 1 is finished, start the reflection process

Part II

Learner 2;

- Share your written situation from the clinical

Learner 1;

Active listening to Learner 2. When Learner 2 is finished, start the reflection process

Reflection process

DESCRIPTION

- Learner is asked to present an experience from a patient-nurse-situation – one experience is to be chosen
- Learner describes her/his situation
- What happened? Details to be presented

REFLECTION

- What did you think?
- Which skills did you use
- Values behind your actions
- What did you feel?

EVALUATION

- Was your knowledge relevant?
- Was your skills relevant – appropriate?
- Did your actions solve patient's problem/challenge
- Did you miss knowledge or skills? Other relevant knowledge and skills?
- Did you challenged your values – nursing-values?

NEW PERSPECTIVES

- What did you learn from this reflection?
- How to be prepared for next time?
- What implications does this have in you Practice?

CHANGE OF BEHAVIOUR

- What else could you do towards your patients?
- What do you need to be able to apply your new perspectives?
- How to develop commitment for a possible change?
- Learning points?

	<ul style="list-style-type: none"> • What would be done differently after learning this? • Why might this matter to you and your Profession with the patients?
Debriefing	<ul style="list-style-type: none"> • ENGAGE the group of learners in discussion by asking: <ul style="list-style-type: none"> ○ What did you learn from this Reflection session; knowledge, skills, attitudes? • CLARIFY and SUMMARIZE using the unit 1 contents <p>Describe</p> <ul style="list-style-type: none"> • Write a description of the experience; what happened – what did you say and do - what did the patient say • What are the key issues within this description that I need to pay attention to? <p>Analyse</p> <ul style="list-style-type: none"> • What was I trying to achieve? • Why did I act as I did? • What are the consequences of my actions? <ul style="list-style-type: none"> ○ For the patient and family ○ For myself ○ For people I work with • How did I feel about this experience when it was happening? • How did the patient feel about it? • How do I know how the patient felt about it? <p>Evaluate - Influencing factors</p> <ul style="list-style-type: none"> • What internal factors influenced my decision-making and actions? <ul style="list-style-type: none"> ○ Knowledge ○ Skills ○ Attitudes/values • What external factors influenced my decision-making and actions? • What sources of knowledge did or should have influenced my decision making and actions? • Alternative strategies

	<ul style="list-style-type: none"> • Could I have dealt better with the situation? • What other choices did I have? • What would be the consequences of these other choices? <p>Learning</p> <ul style="list-style-type: none"> • How can I make sense of this experience in light of past experience and future practice? • How do I NOW feel about this experience? • Have I taken effective action to support myself and others as a result of this experience? • How has this experience changed my way of knowing in practice? <p>New perspectives</p> <ul style="list-style-type: none"> • What to do next time? • How to use new knowledge – skills and values
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Key points

For safe care to be achieved, nurses and midwives should:

- Introduce self and the agency to the client
- Wear badge/name tag/identity card
- Protect client from any injuries/harm
- Create positive environment that allows clients to provide feedback
- Avoid negligence in provision of care
- Avoid harassing clients
- Adhere to IPC standards in provision of care
- Record and report any medical error or incidences

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Handout:3.3 Checklist for Assessment of students clinical performance

STANDARD	COMPETENCE	OBSERVED		REMARKS
		YES	NO	
Respect for autonomy	Greets the client			
	Introduces self by name and title			
	Created rapport with the student and client or patient			
	Listens client's concern			
	Observes client's feelings			
	Guided the student correctly			
	Involves client in planning and implementation for care			
	Allows client to make choice			
Consented care	Provides correct information			
	Ensures client understand the information			
	Explains each action/procedure			
	Obtains verbal/written consent			
	Seeks permission from relatives or legal authorized			
Confidential care	Protects clients' information from improper disclosure			
	Seeks client wishes on sharing information with family members			
Dignified care	Provides clients with empathetic care and treat them as unique beings			
	Strives to provide care to the client in private environment as much as possible			
	Avoids indecent, offensive and abusive language			
	Provides individualized care			
	Treats others as you would like to be treated			
	Dress in acceptable manner in accordance in accordance to Nursing and midwifery practice			
	Respects clients' needs regardless			

Non-discriminative care	Provides quality care without discrimination			
	Avoids discriminating clients for complaining about services			
Provide timely care	Sets priorities in care provision			
	Organizes the working environment for timely service provision			
	Responds to clients' needs timely			
	Seeks for appropriate help if unable to provide timely care			
	Documents time of care and treatment given			
	Orients yourself regularly on client records of continuity of care			
	Provides assistance in case client/clients' needs			
Respect for privacy	Screens client bed			
	Uses reasonable voice to communicate with the client			
	Avoids unnecessary exposure of the client's body parts			
	Avoids unnecessary movements in the clients room			
Adherence to treatment	Provides adequate information on treatment regimen			
	Gives clear and precise directives on how and when medication will be taken			
	Informs the client about possible side effects of drugs			
Maintain safe care	Introduces self and the agency to the client, wear identity cards/name tags			
	Protects client from injury or harm			
	Creates positive environment that allows the client to provide feedback			
	Avoids negligence in provision of care			
	Avoids harassing clients			
	Adheres to IPC standards in provision of care			
	Record and report any medical error or incidence			

UNIT 3.2: COMPASSIONATE CARE IN NURSING AND MIDWIFERY

Learning Objectives

At the end of this session participants are expected to be able to:

- 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

Definition of Compassionate Care in Nursing and Midwifery

- Refer to the care given through relationships based on empathy, respect, kindness and dignity, accompanied by strong desire to alleviate suffering.
- Compassionate care is the key product of health care providers, which is expected by the public (National Guideline, 2017)
- Nurses and Midwives uphold trust of the patients by providing care that is based on integrity, genuineness, kindness and comfort.
- They take care of their everyday needs like eating, bathing and personal hygiene. These personal environments make compassion a necessary trait in Nursing and Midwifery Practices.
- In ensuring Compassionate Care Nurses and Midwives should address six Cs, apply therapeutic communication, show kindness, and manage distress / burnout in caring clients.

Self-compassion

- Self-compassion involves being gentle, kind and understanding of yourself. Treat yourself as you treat others.
- It is all about accepting and understanding of yourself without judgement or criticism and being able to recognise your value and worth as human being.

Elements of compassion Care in Nursing and Midwifery

- Commitment
- Conscience
- Competence
- Compassion
- Confidence
- Courage

Commitment

- Refers to the fact that nurses and midwives should dedicate themselves to provide quality care above and beyond normally expected behaviours and pledging to uphold strong values.
- Nurses and Midwives should demonstrate commitment by;
 - Enhance timely and quality care by being punctual
 - Promptly attend to clients' needs
 - Dedicate your extra time when necessary in giving care
 - Devote yourself to the welfare of the client
 - Be innovative and embrace changes for improvement of care
 - Adhere to the Professional Code of Conduct, standards and nurses/midwives pledge
 - Accountable to omission and commission

Conscience

- Conscience is the inner sense of what is right or wrong in ones conduct or motives that impel one towards right action or thought of an individual.
- Conscience helps guide actions even when focused on stress or personal matters, which can challenge the consistent application of best practices.
- Nurses and Midwives should demonstrate conscience by:
 - Apply best practices consistently in providing clients care
 - Adhere to own conscience in decision-making
 - Advocate for clients concerns
 - Adhere to moral standard and focus on empathy
 - Be accountable and responsible for own actions
 - Tell the truth all the time

Competence

- Competence is the combination of knowledge, skills, attitudes, values and judgment required to safely perform the prescribed role at acceptable standard to clients and others in the profession or refers to application of high standard of excellence when fulfilling daily tasks regardless of the circumstances.
- Competence is reflected in cognitive, affective and psychomotor domain of learning.
- The competent nurse/midwife displays strong capabilities, skills and professionalism in performing all necessary tasks. Nurses and Midwives should:
- Apply nursing process in provision of care
 - Acknowledge the limit of professional competence and refer the clients appropriately
 - Use evidence-based practice in providing care
 - Document, keep and utilize records to make decisions
 - Strive for continuous education and lifelong learning
 - Understand, interpret and implement own job description
 - Fulfil daily task regardless of the behaviour of others or circumstances.
 - Promote the delivery of care that meets facility standards
 - Demonstrate high level of competence in providing services
 - Present self in a professional manner

Compassion

- Compassion is an essential component of the nurse/midwife patient relationship.
- It is empathy, sympathy and sensitivity to human pain, suffering and joy that allows one to enter into the experience of another.
- When the client feels that are truly cared, they become free to express inner feeling and detailed information that lead to appropriate diagnosis that could help for better care of clients, most important to those living with HIV and AIDS.
- Nurses and Midwives should:
 - Demonstrate effective communication verbally and non-verbally
 - Touch and handshake if appropriate
 - Show kindness without expecting anything in return
 - Avoid using indecent/abusive language to the patients
 - Challenge self to smile more

- Incorporate the phrases such as thank you, sorry, you are welcome in your daily routine
- Empathize with clients
- Respect client decisions

Confidence

- Confidence is the feeling of self-assurance arising from one's appreciation of own abilities or qualities.
- It also refers to the feeling or belief that you can do something successfully.
- Confidence is an integral part of a successful nurse/midwife, it enables to build positive attitude, gains clients trust and hence achieve personal and professional goals.
- Nurses and Midwives should;
 - Set priorities in providing care
 - Listen actively to gain confidence in responding to patients needs
 - Acknowledge the limit of professional competence
 - Update yourself in accordance to standards to maintain professional competence
 - Accomplish tasks timely

Courage

- Courage refers to the quality of mind or spirit that enables a person to face difficulty, danger and pain without fear.
- This enables the nurse/midwife to make right decision and act upon during ethical dilemmas.
- Nurses and Midwives should;
 - Resolve ethical dilemmas arises during clients' care
 - Advocate for the clients concerns
 - Embrace innovation and new ways of working
 - Help clients and family members to raise positive change in dealing with difficult situations including HIV and AIDS.

	Facilitators Instructions for Exercise 3.4 Reflection
<ul style="list-style-type: none"> • Review contents on the main steps of Reflection • Have a flipchart/White or Black board available to write learners' responses • Facilitate a Reflection session (individual or in a group??) 	
Exercise 3.4: A Reflection for provision of compassionate care	
Purpose	To be aware of own knowledge, skills and attitudes in provision of compassionate nursing and midwifery care
Duration	1 hour
Advance Preparation 	Review the following materials: <ul style="list-style-type: none"> • Reflections models
Introduction	This exercise will provide learners opportunity to practise and acquire knowledge, skills and attitudes when providing compassionate nursing and midwifery care
Activities	<ul style="list-style-type: none"> • Ask learners to write down a self-experienced patient-nurse-situation from a clinical setting for the scenario of: <ul style="list-style-type: none"> • Patient was admitted at HDU in a surgical ward with Intestinal Obstruction, On Oxygen therapy with NGT draining Greenish materials.at 0700hrs pt was planned to go for emergency laparotomy. At around 1400hrs patient was still in ward. Nurse supervisor and surgeon came at the same time to see the same patient. At HDU there was no skilled nurse but a student nurse, doctor asked why they didn't take patient to Theatre earlier, student replied that it was no stretcher available, doctor was angry and talked aggressively to student. The student had no reply to the doctor • REFER learners to Handout 1.2: Reflection Models
	Exercise 3.2 Reflection in Compassionate Nursing and Midwifery Care-duo-groups Scenario: <ul style="list-style-type: none"> • Two learners in a group; sharing their written self-experienced patient-nurse-situation from a clinical setting. Observer???

Part I**Learner 1;**

- Share your written situation from the clinical

Learner 2;

- Active listening to Learner 1. When Learner 1 is finished, start the reflection process

Part II**Learner 2;**

- Share your written situation from the clinical

Learner 1;

Active listening to Learner 2. When Learner 2 is finished, start the reflection process

REFLECTION PROCESS**ANALYSE**

- What do you think about the situation?
- Which skills did you see in action?
- Possible values behind the actions
- What do you think the student – the nurse supervisor and the doctor did feel?

EVALUATE

- What was the challenge from this situation?
- What important things was supposed to be done to the patient?
- What was the role of nurse in this situation?
- Was the knowledge relevant?
- Were the skills relevant – appropriate?
- Did the actions solve patient's problem/challenge?
- Do you think it was lack of knowledge and/or skills? Other significant knowledge and skills needed?
- Do you think the student values and/or nursing-values were challenged?
- What was another alternative to do for this situation with respect to compassionate care?

	<ul style="list-style-type: none"> • Assume you were the student nurse in the scenario; how would you feel-what could you do? <p>IDENTIFY ANY LEARNING</p> <ul style="list-style-type: none"> • What did you learn from this reflection? • How could the student include the experiences in your further practice? <p>NEW PERSPECTIVES</p> <ul style="list-style-type: none"> • How could the student nurse be prepared for next time? • What was the gap in this situation considering compassionate care? • Missing any knowledge, skills or attitudes relevant when performing compassionate care • Does your supervisor behave right or not? Why? <p>CHANGE OF BEHAVIOUR</p> <ul style="list-style-type: none"> • How might the student behave in a similar situation to perform compassionate care? • What do you think the student need to do to be able to apply new perspectives? • How to develop commitment for a possible change for utilize compassionate care? • Learning points regarding necessities to perform compassionate care? <ul style="list-style-type: none"> - What would be done differently after learning this? - How might this matter to your profession and elements in compassionate care?
Debriefing	<ul style="list-style-type: none"> • ENGAGE the group of learners in discussion by asking: <ul style="list-style-type: none"> ○ What did you learn from this Reflection session; knowledge, skills, attitudes? • CLARIFY and SUMMARIZE using the unit 1 contents <p>Describe</p> <ul style="list-style-type: none"> • Write a description of the experience; what happened – what did you say and do - what did the patient say • What are the key issues within this description that I need to pay attention to?

Analyse

- What was I trying to achieve?
- Why did I act as I did?
- What are the consequences of my actions?
 - For the patient and family
 - For myself
 - For people I work with
- How did I feel about this experience when it was happening?
- How did the patient feel about it?
- How do I know how the patient felt about it?

Evaluate - Influencing factors

- What internal factors influenced my decision-making and actions?
 - Knowledge
 - Skills
 - Attitudes/values
- What external factors influenced my decision-making and actions?
- What sources of knowledge did or should have influenced my decision making and actions?
- Alternative strategies
- Could I have dealt better with the situation?
- What other choices did I have?
- What would be the consequences of these other choices?

Learning

- How can I make sense of this experience in light of past experience and future practice?
- How do I NOW feel about this experience?
- Have I taken effective action to support myself and others as a result of this experience?
- How has this experience changed my way of knowing in practice?

New perspectives

- What to do next time?
- How to use new knowledge – skills and values

Application of the elements for the Compassionate Care in Nursing and Midwifery

	<p>Facilitators Instructions for Exercise 3.5 Role Play</p>
<ul style="list-style-type: none"> • Review contents on providing compassionate nursing and midwifery care • Have a flipchart/White or Black board available to write learners' responses • Have computer and projector • Facilitate a role play 	
<p>Exercise 3.5: A Role Play for provision of compassionate nursing and midwifery care</p>	
<p>Purpose</p>	<p>To practise and acquire skills in provision of compassionate nursing and midwifery care</p>
<p>Duration</p>	<p>1 hour</p>
<p>Advance Preparation</p>	<p>Review the following materials:</p> <ul style="list-style-type: none"> • Components of compassionate care • Role play guide
	
<p>Introduction</p>	<p>This exercise will provide learners opportunity to practise and acquire skills in providing compassionate nursing and midwifery care</p>
<p>Activities</p>	<ul style="list-style-type: none"> • You will be Asked to read the scenarios for the role play related to provision of compassionate nursing and midwifery care • You will be REFERED to Handout 3.1: Role Play Guide
	<p>Exercise 3.1 A Role Play for Provision of compassionate Nursing and Midwifery Care</p> <p>Scenario:</p> <p>Mrs P admitted in HDU after getting CVA, Nurse M is assigned to provide nursing care to Mrs P, which include taking vital signs, feeding, changing position and giving her medication</p> <p>Role Player 1: Mr X</p> <ul style="list-style-type: none"> • Assume the role of the Mrs P with CVA admitted in the HDU • Assume that Mrs X is her first hospitalization • Provide cooperation with the health care provider

Role Player 2: Nurse (Y)

- Assume the nurse's role
- Conduct quick assessment to Mrs P
- Conduct nursing assessment to Mrs P
- Turn Mrs P
- Check vital sign for Mrs P
- Provide medication for Mrs P
- Feed her

Role of the Observers (other learners) during the Role Play

- Observe the role play
- Identify the sequence followed by each player
- Identify areas where each player did well as well as areas for improvement
- Provide constructive comments on the performance of nurse Y
- Discuss in plenary for better understanding

Role of Facilitator during the Role Play

- Organize the learners for role play
- Identify key actors/players in the role play
- Instruct each actor/player on the role to play clearly pointing out specific tasks
- Provide each actor with the role play guide
- Allow time for each learner to go through the guide and practice it before the actual doing
- Instruct the observers (other learners) to carefully observe the role play
- Allow the actors/players to effect the role play
- Observe the performance of each player
- After the role play;
 - Allow for constructive comments from the observers pointing out strengths and areas for improvement for compassionate care
 - Provide comments on the areas where Nurse Y has done well and areas for improvement

	<ul style="list-style-type: none"> ○ Conduct plenary discussion with the learners for better understanding ○ Clarify and summarize the points given by the learners ● De-role each player
Debriefing	<ul style="list-style-type: none"> ● ENGAGE the group of learners in discussion by asking: <ul style="list-style-type: none"> ○ What did you learn from this role play? ● CLARIFY and SUMMARIZE using the unit 1 contents

Step 5: Key Points

Elements of compassion

- Commitment
- Conscience
- Competence
- Compassion
- Confidence
- Courage

To demonstrate compassionate care Nurses and Midwives should:

- Demonstrate effective communication verbally and non-verbally
- Touch and handshake if appropriate
- Show kindness without expecting anything in return
- Avoid using indecent/abusive language to the patients
- Challenge self to smile more
- Incorporate the phrases such as thank you, sorry, you are welcome in your daily routine
- Empathize with clients
- Respect client decisions

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Handout.3.6: Checklist for Assessment of students' clinical performance

STANDARD	COMPETENCE	OBSERVED		REMARKS
		YES	NO	
Commitment	Greets the client			
	Introduces self by name and title			
	Created rapport with the student and client or patient			
	Listens client's concern			
	Observes client's feelings			
	Guided the student correctly			
	Involves client in planning and implementation for care			
	Allows client to make choice			
	Enhances timely and quality care by being punctual			
	Attends to clients' needs promptly			
	Dedicate your extra time when necessary in giving care			
	Devotes yourself to the welfare of the client			
	Innovative and embrace changes for improvement of care			
	Adheres to the Professional Code of Conduct, standards and nurses/midwives pledge			
Conscience	Applies best practices consistently in providing clients care			
	Adheres to own conscience in decision-making			
	Advocates for clients concerns			
	Adheres to moral standard and focus on empathy			
	Be accountable and responsible for own actions			
	Tells the truth all the time			
Compassion	Acknowledges the limit of professional competence and refer the clients appropriately			
	Uses evidence-based practice in providing care			
	Documents, keep and utilize records to make decisions			

	Strives for continuous education and lifelong learning			
	Understands, interpret and implement own job description			
	Fulfils daily task regardless of the behaviour of others or circumstances.			
	Promotes the delivery of care that meets facility standards			
	Demonstrates high level of competence in providing services			
	Presents self in a professional manner			
Compassion	Demonstrates effective communication verbally and non-verbally			
	Touch and handshake if appropriate			
	Shows kindness without expecting anything in return			
	Avoids using indecent/abusive language to the patients			
	Incorporates the phrases such as thank you, sorry, you are welcome in your daily routine			
	Empathize with clients			
	Respect's client decisions			
Confidence	Sets priorities in providing care			
	Listens actively to gain confidence in responding to patients needs			
	Acknowledges the limit of professional competence			
	Updates yourself in accordance to standards to maintain professional competence			
	Accomplishes tasks timely			
Courage	Resolves ethical dilemmas arises during clients' care			
	Advocates for the clients concerns			
	Embraces innovation and new ways of working			
	Helps client and family members to raise positive change in dealing with difficult situations including chronic disease			



Handout.3.3: SELF-ASSESSMENT COMPASSIONATE MEASURING TOOL¹.

Based on needs assessment survey key values, knowledge and skills identified were:

Values and principles: respect equity, compassion, cultural competence, tolerance, humanity and professionalism

Knowledge: knowledge about different cultures, health care knowledge, communication skills

Skills: Communication skills, empathy, experience, leadership skills, courage.

Universal components of compassion

- Recognizing suffering
- Understanding the universality of suffering in human experience
- Feeling of the person suffering and emotionally connect with their distress
- Tolerating an uncomfortable feeling around

Key concepts of measuring compassionate care, based on literature review

- Empathy
- Recognizing and ending suffering
- Communication
- Patient involvement
- Competence and attending to patients needs

Using a focussed group discussion, literature review, the needs assessment and Papadopoulos concepts, IENE 4 formulated **compassion measuring tool**. The tool consisted of 5 parts

- Culturally aware and competent healthcare leadership
- Culturally knowledge and compassionate health care leadership
- Culturally sensitive and compassionate health care leadership
- Culturally competent and compassionate healthcare leadership
- Experiences of everyday practices

Papadopoulos model of culturally competent and compassionate practitioner (Papadopoulos 2015)

¹ Designed by IENE4 (ieneproject.eu) with the aim to improve the quality of training for Nurses/midwives and health care professionals

UNIT 3.3: SELF COMPASSION IN NURSING AND MIDWIFERY

Learning Objectives

At the end of this session participants are expected to be able to:

- 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

UNIT CONTENTS

Concepts of Self Compassion in Nursing and Midwifery

Universal components of compassion

- Recognizing suffering
- Understanding the universality of suffering in human experience
- Feeling of the person suffering and emotionally connect with their distress
- Tolerating an uncomfortable feeling around

Key concepts of measuring compassionate care, based on literature review

- Empathy
- Recognizing and ending suffering
- Communication
- Patient involvement
- Competence and attending to patients needs

To Understanding self-compassion

- Needs to understand self-criticism
- This relates to our internal voice or inner critic who insults, undermines and criticises us. Tells you that: you are not good, you are so stupid, you are such a failure, you will not succeed

Elements of Self-compassion in Nursing and Midwifery

Self-compassion is made up of three elements, which interact to form a self-compassionate frame mind.

- **Self-kindness** as opposed to self-criticism, means understanding ways towards ourselves especially when we feel inadequate
- **Sense of common humanity** as opposed to self-isolated; a sense of common humanity is the recognition that part of being human is our imperfection, vulnerability and personal inadequacy
- **Mindfulness** as opposed to over identifying; which means being aware of our negative emotions in a way, which helps us to avoid suppressing or exaggerating our feelings. Involves willingness to observe our negative thoughts

Key Values, Knowledge and Skills for Self Compassion

- **Values and principles:** respect equity, compassion, cultural competence, tolerance, humanity and professionalism
- **Knowledge:** recognition of different cultures
- **Skills:** Communication skills, empathy, experience, leadership skills and courage.

Kindness in providing care (10 minutes)

Kindness is behaviour marked by ethical characteristics, a pleasant disposition, and a concern for clients or is the quality of being gentle, caring, and helpful.

- Nurses and midwives should provide care by paying attention to clients and acknowledging their situation and point of view.
- It conveys openness and generosity without judgment and respects the dignity of individual.
- Nurses and Midwives should;
 - Show understanding and treat clients with compassion, generosity, and a forgiving spirit
 - Care friendly, considerate and willing to help
 - Show concern or empathy and being sensitive to the needs of clients
 - Offer support and time to help clients
 - Talk positively about clients

RANKING FOR CULTURAL AWARENESS (SELF- COMPASSION)

CULTURAL AWARENESS CRITERIA	SCORE	REMARKS
Internal motivation of doing good		
Compassionate to oneself and be able to be compassionate to others		
Characterized by willingness to help and care for others (staff and patients)		
Practicing and teaching compassion is also a personal responsibility		
Alleviates patients and or staff suffering when he/she responds with compassion		
Flexibility		
Ability to provide compassionate leadership		
Provides compassionate care unconditionally		
Total score		

RATING

1. Poor
2. Satisfactory
3. Good
4. Excellent