

THE UNITED REPUBLIC OF TANZANIA



**MINISTRY OF HEALTH, COMMUNITY
DEVELOPMENT, GENDER, ELDERLY AND
CHILDREN**

**NATIONAL GUIDELINES ON
RESPECTFUL AND COMPASSIONATE
NURSING AND MIDWIFERY CARE**

NOVEMBER 2017

Copyright ©

Ministry of Health, Community Development, Gender,
Elderly and Children, November 2017
University of Dodoma,
College of Humanities and Social Science
11th Building,
P.O. Box 743
40478 DODOMA

Supported by: PEPFAR through American International Health Alliance



Table of Contents

FOREWORD	v
ACKNOWLEDGEMENT	vi
ABBREVIATIONS	viii
EXECUTIVE SUMMARY	x
CHAPTER ONE: INTRODUCTION	1
1.1 Background	1
Respect for humankind	2
The value of life principle	2
The principle of goodness or rightness	2
The principle of Justice or Fairness	2
Principle of non -Stigmatization and discrimination	3
The Principle of Truth Telling, Honesty and trustworthy (Veracity)	4
The Principle of Individual Freedom (Autonomy)	4
Responsibility and Accountability	4
Principle of Collaboration and Teamwork	4
1.2 Vision and Mission	4
Vision	4
Mission	5
1.3 Goal and Objectives	5
Goal	5
Objectives	5
1.4 Rationale	5
1.5 Legal Framework	5
CHAPTER TWO: RESPECTFUL CARE	7
2.1 Introduction	7
2.2 Respect for Autonomy	7
2.3 Consented Care	7
2.4 Confidential care	8
2.5 Dignified care	8

2.6 Non-Discriminative care	9
2.7 Respect for cultures and beliefs.....	9
2.8 Non-Judgmental Care	9
2.9 Provide Timely Care	10
2.10 Respect for Privacy.....	10
2.11 Adherence to treatment	11
2.12 Maintaining Safe Care	11
CHAPTER 3: COMPASSIONATE CARE	12
3.1 Introduction	12
3.2 Six Cs in caring clients	12
3.2.1 Commitment	12
3.2.2 Conscience	13
3.2.3 Competence	13
3.2.4 Compassion.....	14
3.2.5 Confidence	14
3.2.6 Courage	14
3.3 Therapeutic communication in clients' care.....	15
3.4 Patient centered care.....	16
3.5 Kindness in providing care	16
3.6 Manage distress or burnout.....	17
CHAPTER FOUR: IMPLEMENTATION AND MANAGEMENT OF THE GUIDELINE.....	19
4.1 Introduction	19
4.2.1Key Result Areas:	19
4.2 Monitoring and Evaluation Framework of the Guidelines	20
REFERENCES	29
APPENDIX 1: NURSING AND MIDWIFRY RESPECTFUL AND COMPASSIONATE CARE ASSESMENT TOOL	32

FOREWORD

The Division of Nursing and Midwifery Services under the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC), has the role to oversee provision of quality nursing and midwifery services in the country. One of its responsibilities is to develop guidelines for improving quality of nursing and midwifery services.

In Tanzania Nurses and midwives constitute about 60% of all the health care work force. In this regard, the effect of nursing and midwifery cadre whether positive or negative can easily be felt so significantly. The increasing of public expectations from health care providers in recent, years has called for nurses and midwives to rethink about their delivery practices in efforts to accommodate such new demands. The effort to revise delivery practices is coupled by the rapidly changing socio-cultural and technical environment. One key aspect of the quality of services delivery is that when patients seek health care services, they expect to be treated with respect and compassion. However, there have been challenges facing the nursing and midwifery profession reported by the public such as misconduct and poor relationship between nurses/midwives and clients, leading to increased public dissatisfaction with services provided which underpins negative public image of nurses and midwives. These challenges have been associated with lack of generic guidelines for nurses and midwives at all levels of health care delivery in the provision of respectful and compassionate care. To address these challenges, the Division of Nursing and Midwifery Services has developed the National Guidelines for Respectful and Compassionate Nursing and Midwifery Care which will guide nurses and midwives to provide appropriate care to clients that meet their expectations.

The presence of the Respectful and Compassionate Care guidelines that focus on core values of nurses and midwives will ensure that the promise to deliver high quality care with strong elements of respect and compassion is fulfilled, which lines with the major role of the Division to oversee provision of quality Nursing and Midwifery services in the country.

This document will be operationalized by the Division of Nursing and Midwifery Services at all levels of health care delivery through effective implementation, monitoring and evaluation mechanisms.

It is my hope that the Nursing and Midwifery workforce in this country will find these guidelines useful and effective in meeting public health needs and expectations.

Dr. Mpoki M. Ulisubisya

Permanent Secretary

Ministry of Health, Community Development, Gender, Elderly and Children

ACKNOWLEDGEMENT

The Division of Nursing and Midwifery Services under the Ministry of Health, Community Development, Gender, Elderly and Children appreciates the collaboration and cooperation rendered by various stakeholders who participated in one way or another in developing this National Respectful and Compassionate Nursing and Midwifery Care Guidelines.

The Division of Nursing and Midwifery Services would like to take this opportunity to express gratitude to American International Health Alliance (AIHA) for funding this process, and its continuous support and collaboration in Nursing and Midwifery Services especially Mrs. Eliaremisa Ayo for her valid contributions during developing this guideline.

Sincere appreciations are extended to Consultants Dr. Thecla Wankuru Kohi, Senior Lecturer from School of Nursing, Muhimbili University of Health and Allied Sciences and Dr. Henry Abraham Mollel, Senior Lecturer from Mzumbe University for their guidance and technical support to the team in the process of developing and finalizing these guidelines. I also would like to appreciate the excellent coordination of Mr. Samwel Ligmas S. Koyo of the MoHCDGEC.

The Division acknowledges the greater efforts of, Saturini Manangwa, Mark Ogweyo, Machimu Venance, Veronica Mpazi and Romana F. Sanga as Technical staff from the Ministry of Health, Community Development, Gender, Elderly and Children who coordinated this important activity.

In addition, the Division appreciates participation and contribution from Kalidushi Charles from PO-RALG and Leila M. Mavika from PO-PSMGG during the preparation of this important document. Furthermore we acknowledge the contributions provided by Paul Magesa (TANNA representative), Lucy Mabada and Stephano Simba (TAMA representatives), together with TNMC representative, Mr Andrew Kapaya.

The division also extends its gratitude for the contributions provided by the following participants; Julius C. Masanika and Jasmine Chadewa (Jhpiego), Mary R. Kipaya (Kahama-SON), Emelda K. Lwena (CCBRT), Wambura J. Mabuga, Judith E. Shayo and Joel A. Seme (MUHAS), Ellen P. Mwandemele (St. Aggrey College of Health Science-Mbeya), Felister Philipo (Mwika H/C-Moshi DC), Zawadi Richard (Uhuru H/C-Morogoro MC), Samwel Mwangoka and Happiness S. Kabululu (SOTM-Mbeya), Eva H. Saria (Sinza

Hospital–Ubungo Municipal), Helta M. Soko (Ruvuma RRH), Anatolia J. Mkindo (RAS–Dodoma), Victoria P. Bura (RAS-DSM), Martha E. Macha (Temeke Municipal),

Nyangee J. Lugoe (Agakhan Hospital–DSM), Gerwalda P. Mumba (Ilala Municipal), Concessa M. Nsanze (Arafa H/C –DSM), Martina M. Gitte (Mbeya ZRH), Jane E. Bararukuliliza (Arusha CC), Simon C. Andrew (Kahama TC. Hospital), Upendo Munuo (Same–SON), Jane J. Mmari (MNH–DSM) and Joy M. Bategereza (DSM).

Last but not least, the Division appreciates Supporting staff from the Ministry of Health, Community Development, Gender, Elderly and Children) for their supportive work during workshops.

We sincerely appreciate the efforts and commitment of all individuals and institutions for successful completion of these guidelines.

Mr. Gustav Moyo

Director of Nursing and Midwifery Services

ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
AIHA	American International Health Alliances
CC	City Council
CCBRT	Comprehensive Community Based Rehabilitation In Tanzania
CPD	Continuing Professional Development
DC	District Council
DNMS	Division of Nursing and Midwifery Services
DSM	Dar es Salaam
H/C	Health Centre
HIV	Human Immunodeficiency Virus
IEC	Information, Education, Communication
IPC	Infection Prevention and Control
KRA	Key Result Areas
MC	Municipal Council
MNH	Muhimbili National Hospital
MoH- NHSWQISP-I	Ministry of Health – National Health Social Welfare Quality Improvement Strategic Plan – I
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MoHSW	Ministry of Health and Social Welfare
MUHAS	Muhimbili University of Health and Allied Sciences
MZRH	Mbeya Zonal Referral Hospital
N/M	Nurses and Midwives
PEPFAR	President’s Emergency Fund for AIDS Relief
PLWHA	People Living With HIV and AIDS
PO –PALG	President’s Office – Regional Administrative and Local Government Authority
PO-PSMGG	President’s Office – Public Service Management and Good Governance

RAS	Regional Administrative Secretary
RCC	Respectful and Compassionate Care
RRH	Regional Referral Hospital
SON	School of Nursing
SOTM	School of Operating Theatre Management
TAMA	Tanzania Midwives Association
TANNA	Tanzania National Nurses Association
TC	Town Council
TNMC	Tanzania Nursing and Midwifery Council
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
WHO	World Health Organization

EXECUTIVE SUMMARY

Nurses and midwives constitute about 60% of key health care providers in the health system in Tanzania (MoHSW, 2015). This means that they play a significant role in the provision of health services in the country. In striving to oversee the provision of quality nursing and midwifery services, the MoHCDGEC through the Division of Nursing and Midwifery Services has identified some challenges such as inadequate responsibility, accountability and non-adherence to ethical principles which has led to reduced client's satisfaction. To address these challenges, the importance of incorporating aspects of respect and compassion in provision of nursing and midwifery care including HIV and AIDS services has become paramount.

In view of this, the Division of Nursing and Midwifery Services has developed the National Respectful and Compassionate Guidelines with the overall goal of attaining respectful and compassionate delivery of nursing and midwifery care including HIV and AIDS services. The specific objectives of the guideline are: to improve capacity of Nurses and Midwives in delivering respectful and compassionate health care including HIV and AIDS services, to strengthen interpersonal relationship between Nurses/midwives and service users in accessing health care and HIV and AIDS services, to enhance utilization and satisfaction of service users on nursing and midwifery health including HIV and AIDS Services, and to enhance respect and compassion in the delivery of nursing and midwifery care including HIV and AIDS services.

Expected outcome of this guideline is improved quality of nursing and midwifery services, increased client's satisfaction, improved image of nursing and midwifery in the community, and motivation among nurses and midwives. This guideline comprises of four chapters organised as follows Introduction, Respectful care, Compassionate care, and Implementation and management of the guidelines respectively. The Introduction chapter describes the background, Vision, Mission, Goal, Objectives, Rationale and Legal framework. The respectful care chapter emphasizes on rights of the clients, respect for autonomy, consented care, confidential care, dignified care, non-discriminating care, respect for culture and beliefs, non-judgmental care, timely provision of care, respect for privacy, adherence to treatment and maintaining safe care. Compassionate care chapter describes the 6Cs of caring which are commitment, conscience, competence, compassion, confidence, and courage as integral part

of care. Also, it describes other important concepts of compassionate care which include therapeutic communication skills, client centered care, management of distress/burnout and kindness.

The Implementation and management chapter is comprised of the 4 key result areas for monitoring and evaluation targeted to achieve respectful and compassionate care. These are (i) Nurses and Midwives with capacity to deliver respectful and compassionate health care including HIV and AIDS services (ii) Nursing and midwifery care including HIV and AIDS services delivered with respect and compassion. (iii) Well established interpersonal relationship between Nurses/Midwives, and service users for effective utilization of health care and HIV and AIDS services (iv) Community members who are effectively utilizing and satisfied with nursing and midwifery health care including HIV and AIDS Services. The monitoring and evaluation framework presented in chapter four provide guidance for information to be generated and used for improving implementation of this guideline. It provides indicators and means in which implementation of activities will be verified This guideline will be disseminated and oriented to nurses and midwives at all levels so that it is well understood and implemented for the intended purpose.

CHAPTER ONE: INTRODUCTION

1.1 Background

The Ministry of Health, Community Development, Gender, Elderly and Children strives for quality health services delivery to the Tanzanian population (MoH- NHSWQISP-I - 2013 – 2018). As indicated in the National Health Policy and National Health Sector Strategic Plan - realization of quality health care including HIV and AIDS services is facilitated by availability of resources, conducive working environment and competent health workers who perform their role in accordance to the existing code of conducts. In recent years, there have been challenges on provision of quality health care in the country that adequately meet the existing professional ethical code of conduct. Some of the challenges include nursing and midwifery services that do not satisfactorily reflect respectful and compassionate care.

In a study done in 2016, 70 % of women in urban Tanzania reported experiencing at least one instance of disrespect and abuse from nurses and midwives. Among them 8% experienced abandonment while in labour pains and delivery complications. Six percent (6%) experienced non-dignified care (i.e. patients were shouted at, scolded, threatened to withhold services, laughed at; or scorned). Five percent (5%) were physically abused, kicked, pinched, slapped and had episiotomy without anaesthesia (Sando et al., 2016). The situation is even more to Women Living with HIV and AIDS who are frequently experiencing non- consented care (Sando et al, 2014).

Another study conducted in Tanzania revealed that, the main reason for HIV and AIDS clients to disengage from care and missed appointments resulted from harsh and disrespectful treatment from health care providers. Clients reported a strong desire to re-engage in care but were reluctance to return due to fear of further mistreatment (Layer et al, 2014). In the same vein, the study conducted in Iringa showed the key barriers towards engaging in HIV services includes disrespectful treatment from service providers, stigma and discrimination as well as poor interpersonal relationship with health care providers such as negative interactions (Layer et al., 2014; USAID Project SEARCH, 2013). This situation calls for the need to improve knowledge and skills of nurses and midwives on issues of attitude of caring, respect and compassion to facilitate attainment of the goal of nursing and midwifery care and 90/90/90 UNAIDS HIV and AIDS target.

In response to the existing challenges the Division of Nursing and Midwifery Services of MOHCDGEC has developed Strategic Plan 2016 – 2021, that among other things focuses on enhancing respect and compassion in health services provided by nurses and midwives. This has called for the need to develop the guidelines to facilitate nurses and midwives to practice their profession more diligently and efficiently to realize respectful and compassionate care in their respective work place.

The guidelines will also set a framework to facilitate implementation of Nursing code of conduct that stipulates professional practices. It emphasises adherence to the set out conventional principles and expectations that are binding to all nurses and midwives in Tanzania. The purpose being to guide the professionals so as to attain acceptable standards expected of them when discharging their responsibilities (TNMC, 2015). The guidelines covers' key aspects reflected in the following Ethical Principles which govern quality of care:

Respect for humankind

Respect of humankind; is the act of consciously accounting for life of other human beings in one's action. It is very important to acknowledge individuals as **unique human beings**, this enables health care provider to understand and fully appreciate client's experience of illness and have a better understanding of how to support the clients.

The value of life principle

This principle requires the nurses to value human life and honour the patients/clients wishes regarding quality of life. It demands the nurse to recognize life as basic and important, but also life should be recognized as having an end. Nurses and midwives have the responsibility to make possible effort for preserving life of patients/clients.

The principle of goodness or rightness

The principle is composed of two things that a nurse/midwife is required to do; promote goodness over badness and do good (beneficence), cause no harm or badness and prevent badness or harm (non-maleficence).

The principle of Justice or Fairness

Justice refers to the moral obligation to act on the basis of fair intervention to all players involved. It implies fairness, entitlement and equality in provision of nursing and midwifery

care. Nurses and Midwives must consider fair distribution of scarce resources without being biased or giving preference to some members for unjustified reason.

Principle of non -Stigmatization and discrimination

Stigma refers to attitude and beliefs that lead people to shy away avoid and fear of being perceived differently. Discrimination occurs when individuals or institutions deprive others of their right and life opportunities due to stigma. Stigma and discrimination violets human rights of access to quality care.

Stigma leads to people not being treated with dignity and respect. This is contrary to nurses and midwives professional code of conduct. It is crucial nurses and midwives to observe patients' rights in providing care, these rights include but not limited to the following;

- Right to access timely and quality care
- Right to participate in the development and implementation in the plan of care
- Right to be treated with respect and dignity
- Right to be informed about condition, treatment options, and the possible results and side effects of treatment
- Right to refuse treatment in accordance to law, and receive information about the consequences of refusal
- Right to quality health care without discrimination because of race, creed, gender, religion, national origin, or source of payment
- Right to privacy and confidentiality, which includes access to medical records upon request and personal safety
- Right to know the identity of the person treating the patient, as well as any relationship
- Right to informed consent for all procedures
- Right to information including the medical records by the patient or by the patient's legally authorized representative and hospital charges
- Right to consultation and communication
- Right to complain or compliment without the fear of victimization in access of quality care

The Principle of Truth Telling, Honesty and trustworthy (Veracity)

Honesty is very important to create relationship with patients/clients and colleagues. In order for a person to make rational choices, they must have right information which helps patient/client to make a decision. The information must be clear and understandable. This principle can be violated by lying, deliberate omission of information or by failure to convey information in an understandable language.

The Principle of Individual Freedom (Autonomy)

Individual freedom is the action of accepting one's independence and individuality. The principle enables a patient/client in making any choice as wishes however freedom is restricted in the interest of the public.

Responsibility and Accountability

The nurse/midwife is responsible for maintaining professional standards for quality care and be accountable for his/her actions.

Principle of Collaboration and Teamwork

Collaboration and Teamwork is the ability to work effectively with others on a common task, taking actions, which respect the needs and contribution of others, reaching consensus, negotiation a win – win solution to achieve the objective of the team. Collaboration in health implies a process called team work in which all healthcare team members work together and consult each other depending on the patient's needs or health status. Effective teamwork in health care delivery can have an immediate and positive impact on patient health.

1.2 Vision and Mission

This guideline is guided by the vision and mission of the Division of Nursing and Midwifery stipulated in the Nursing and Midwifery strategic plan 2016 to 2021.

Vision

“To have accessible, high quality and compassionate nursing and midwifery services to meet the changing health needs and expectations of the Tanzanian population”

Mission

“To instil nurses and midwives with competence and commitment in meeting public needs and expectations, adhering to nursing and midwifery, professional standards and providing quality service in partnership with other health professionals”

1.3 Goal and Objectives

Goal

To attain respectful and compassionate delivery of nursing and midwifery care including HIV and AIDS services

Objectives

The objectives of these guidelines are:

1. To improve capacity of nurses and midwives in delivering respectful and compassionate care to clients including people living with HIV and AIDS.
2. Enhance respect and compassion in the delivery of nursing and midwifery care including HIV and AIDS services
3. Strengthen interpersonal relationship between nurses and / midwives and service users in accessing health care and HIV and AIDS services
4. Enhance utilization and satisfaction of service users on nursing and midwifery health including HIV and AIDS services

1.4 Rationale

The fundamental reason for developing these guidelines are increased public complains towards nursing and midwifery services which are associated with inadequacy of respect and compassion in providing nursing care. Thus, these guidelines are intended to guide nurses and midwives in the provision of respectful and compassionate nursing and midwifery care including HIV and AIDS services towards AIDS free generation.

1.5 Legal Framework

The development of these guidelines recognizes existing rules and regulation governing nursing and midwifery practice in the provision of health care. Some of the existing rules and regulations include:

- Universal Declaration of Human Rights 1948, Article (2), (12), (25)

- United Republic of Tanzania Constitution 1977, Article 12 (1)&(2)
- Tanzania Nursing and Midwifery Act, 2010
- Code of Professional conduct for Nurses and Midwives in Tanzania, 2007 Revised 2015
- Code of Ethics and Conduct for Public Services, 2005

CHAPTER TWO: RESPECTFUL CARE

2.1 Introduction

Respectful care refers to individualized care that considers clients autonomy, dignity, feelings, choices and preferences (WHO, 2012). It demonstrates respect for human's rights and care that does no harm, promotes positive client outcomes and cultural sensitivity, valued by an individual and the community. In the provision of care to clients, nurses and midwives should observe and adhere to the following:

2.2 Respect for Autonomy

Autonomy is usually considered as major principle of making decision about individual's health. Clients including those living with HIV and AIDS and minors 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

2.3 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. This may be even more important for HIV and AIDS clients
- 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 such as HIV testing services
- Seek permission from a relative or legally authorized person to make decision about care for minors and those who are mentally affected

2.4 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.

2.5 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. Clients like those having HIV or AIDS are often victims of this
- Treat others as you would like to be treated
- Dress in acceptable manner in accordance to nursing and midwifery practice

2.6 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. This may be more important for groups like key populations in which HIV prevalence is higher than in the general population. 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. This may be more important in HIV and AIDS care and treatment
- Avoid discriminating clients for complaining about services

2.7 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

2.8 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

2.9 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

2.10 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. The 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

2.11 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

2.12 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 incidence

CHAPTER 3: COMPASSIONATE CARE

3.1 Introduction

Compassionate care refers to the care given through relationships based on empathy, respect, kindness and dignity accompanied by a strong desire to alleviate sufferings. Compassionate care is the key product of healthcare providers which is expected by the public including those living with HIV and AIDS. 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.

3.2 Six Cs in caring clients

The 6Cs are a set of values that support compassionate care, a vision and strategy for nursing, midwifery and all health care providers. Each of the C carries equal weight and focus on putting the client being cared for, at the heart of the care received. The 6Cs are very important to apply in daily nursing and midwifery practice as demonstrate compassionate care. However, efforts are needed to ensure they are consistently applied in the workplace. The nurse and midwife should care the patient by addressing 6Cs that are: commitment, conscience, competence, compassion, confidence and courage.

3.2.1 Commitment

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

3.2.2 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

3.2.3 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

3.2.4 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

3.2.5 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

3.2.6 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.

3.3 Therapeutic communication in clients' care

Therapeutic communication is the process of interacting that focuses on advancing the physical and emotional well-being of a client. Nurses and midwives use therapeutic communication techniques to understand client's needs, concern and feelings. The nurse is obliged to have effective communication strategies and interpersonal skills so as to appropriately establish, maintain, re-establish and terminate the nurse/midwife client relationship. The nurse and midwife client caring relationship are based on empathy, trust, openness, honesty and professional intimacy. Nurses and Midwives should:

- Establish good rapport by greeting the client and introduce self and roles
- Address the client by the preferred name and/or title
- Relieve anxiety by calming the client
- Provide the client time and opportunity to explain himself/herself
- Actively listen to the client with the intention of understanding client's feelings
- Encourage the client to verbalize feelings (e.g., fear, discomfort)
- Observe verbal and non-verbal cues
- Modify communication style as necessary to meet the client needs e.g. accommodate a different language, literacy level, developmental stage or cognitive status
- Provide information to promote client informed decisions
- Listen, understand and respect the client's values, opinions, needs and cultural beliefs
- Discuss the ongoing plans for client's care and needs
- Maintain level of professional distance and objectivity
- Give constructive feedback to the client concern
- Provide therapeutic touch when appropriate, if culturally accepted
- Respect clients silence
- Talk to the client even when the client is unconscious or a child
- React to criticism reasonably

3.4 Patient centered care

Patient centred care is a model of care that respects the patient's experience, values, needs and preferences in the planning and coordinating delivery of care. It entails treating patients as partners, involving them in planning their health care and encouraging them to take responsibilities for their own health. A central component of this model is a therapeutic relationship between the patient and the team of healthcare professionals. This improves outcomes for patients, better use of resources and increased satisfaction with care. The nurse/midwife should;

- Consider patient's values, needs, preferences and expectations
- Involve the patient, family and significant others in patient/client's care
- Consider patient's physical, social, and psychosocial (comfort, safety, communication)
- Assess client's abilities and limitation
- Make yourself available to the patient and family
- Consider the patient as a whole being
- Link the clients including people living with HIV and AIDS to other services such as social welfare, spiritual and home-based care to ensure continuum of care

3.5 Kindness in providing care

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

Figure 1 below summarizes the values and behaviours in relation to kindness.

Values and Behaviours

Our values and behaviours are the living breathing evidence of our nursing and midwifery vision



Source: Government of South Australia

Figure 1: Values and Behaviours in Practice of Kindness

3.6 Manage distress or burnout

Nurses and Midwives are constantly facing distress / burnout due to obstacles and challenges resulting from the nature of their job. Burnout has been associated with negative change of attitude, mood or behaviour during stressful events in the job. Burnout compromises the quality of care and job satisfaction among nurses and midwives as they tend to feel tremendously pressured and emotional exhaustion (Motaghedi, Donyavi, & Mirzaian., 2016). Distress tolerance skills are used to help nurses and midwives to cope and survive during a crisis as well as tolerate short term or long term pain both physical and emotional. Tolerating distress includes a mindfulness of breath and awareness of situations. Nurses and Midwives should;

- Identify causes of distress at work and address them
- Set priorities in providing care
- Delegate tasks appropriately

- Seek for help appropriately
- Promote and maintain good working relationship
- Respond to your own needs e.g. resting, sick leave and support
- Manage your own stress
- Avoid self-destructive behaviour
- Relax and sooth yourself (deep breath, a glass of water)
- Find a place where you can be alone and undisturbed
- Re-discover your values
- Have a mentor to whom you may be able to express or vent your concerns
- Plan for and participate in recreational activities e.g. retreat

CHAPTER FOUR: IMPLEMENTATION AND MANAGEMENT OF THE GUIDELINE

4.1 Introduction

Effective implementation of the guideline depends on the extent to which nurses and midwives are capacitated and working environment is improved to facilitate delivery of respectful and compassionate health care including HIV and AIDS services. To ensure the guideline is effectively implemented the main activities to facilitate implementation of the guideline have been designed and categorized in four key result areas. The key result areas provide a framework in which the immediate and long terms results will be examined. It is important to notice that key result areas are aligned to the objective of the guideline and the Monitoring and Evaluation presented in this chapter.

4.2.1 Key Result Areas:

Key Result Area 1: Nurses and Midwifery with capacity to deliver respectful and compassionate health care including HIV and AIDS services

Key Result Area 2: Nursing and midwifery care including HIV and AIDS services delivered with respect and compassion

Key Result Area 3: Well established interpersonal relationship between Nurses/midwifery and services users for effective utilization of health care and HIV and AIDS services

Key Result Area 4: Community members who are effectively utilizing and satisfied with nursing and midwifery health care including HIV and AIDS Services

4.2 Monitoring and Evaluation Framework of the Guidelines

Monitoring and evaluation framework provide a basis and guidance for management of implementation of the guideline. It indicates the way in which activities and results will be measured including means of verifications and important assumptions.

The monitoring and evaluation framework provide the logical flow from the objective to the intended results. In this regard, the framework aligns four objectives of the guidelines to the activities and expected results. **Key Result Area 1:** Nurses and Midwives with capacity to deliver respectful and compassionate health care including HIV and AIDS services

Objective 1: To improve capacity of nurses and midwives in delivering respectful and compassionate care to clients including people living with HIV and AIDS.

SN	Activities	Output	Outcomes	Indicators	Means of Verifications	Assumptions
1.	Orient nurses, midwives and key stakeholders on the RCC guidelines	N/M and key stakeholders oriented on RCC guideline	Promote and support implementation	<ul style="list-style-type: none"> • Number of N/M and key stakeholder oriented • Number of N/M aware of the guidelines 	<ul style="list-style-type: none"> • Orientation report • Attendance register 	<ul style="list-style-type: none"> • Availability of fund • Availability of trained facilitators
2.	Train nurses and midwives on compassionate and respectful aspects in the	Nurses and midwives trained on RCC	Nurses and midwives adhering to the RCC guideline in delivering the	<ul style="list-style-type: none"> • Number of nurses and midwives trained on RCC • Percent of Nurses 	Training report and attendance register	<ul style="list-style-type: none"> • Availability of fund • Support from leaders

	delivery of health care including HIV and AIDS		services	and Midwives adhering to the RCC guideline		
3.	Train nurses, midwives on customer care and therapeutic communication skills	Nurses and midwives trained on customer care and therapeutic communication skills	Nurses and midwives with good interpersonal relationship with clients	<ul style="list-style-type: none"> • Number of nurses and midwives trained on customer care and therapeutic communication skills • Number of complaints received from clients • No of clients using nursing and midwifery services 	<ul style="list-style-type: none"> • Training report • Documented complaints • Register books 	<ul style="list-style-type: none"> • Availability of fund • Support from leaders • Commitment of nurses and midwives
4.	Develop CPD modules for nurses and midwives on RCC	CPD modules for nurses and midwives on RCC developed	CPD modules on RCC used	<ul style="list-style-type: none"> • Number of CPD modules on RCC developed • Percent of modules 	<ul style="list-style-type: none"> • Reports of development of CPD modules 	<ul style="list-style-type: none"> • Availability of fund • Support from leaders

				utilized	<ul style="list-style-type: none"> • CPD utilization report 	
5.	Conduct mentorship to Nurses and midwives in delivering RCC	N/M mentored	N/M with competence on RCC	<ul style="list-style-type: none"> • Number of N/M mentored • Percent of N/M demonstrating competences on RCC 	<ul style="list-style-type: none"> • Mentorship report • Performance report 	Availability of mentors and funds
6.	Establish learners' corner to enhance competences of nurses and midwives on RCC	Learners' Corner on RCC established	Learners' Corner on RCC being used	<p>Number of learners' Corner established</p> <p>Percent of learners utilizing learners corner</p>	<ul style="list-style-type: none"> • Report of established learners corner • Report of utilization of learners' corner 	Availability of references, funds,

Key Result Area 2: Nursing and midwifery care including HIV and AIDS services delivered with respect and compassion

Objective 2: Enhance respect and compassion in the delivery of nursing and midwifery care including HIV and AIDS services

SN	Activities	Output	Outcomes	Indicators	Means of Verifications	Assumptions
1.	Distribute respectful and compassionate care guidelines	Guidelines distributed	Respectful and compassionate care guidelines utilized	<ul style="list-style-type: none"> • Number of hard copies distributed • Guideline uploaded into the ministry website • Number of hard copies utilized 	<ul style="list-style-type: none"> • Signed dispatch book • Signed issue vouchers • Availability of the guidelines in health facilities and Ministry website 	<ul style="list-style-type: none"> • Availability of funds • Active website
2.	Develop respectful and compassionate care checklist for supportive supervision	Checklist tool developed	SS checklist tool utilized	Number of checklist developed.	Checklist	Availability funds
3.	Conduct supportive	Supportive	Respectful and	Number of supportive	<ul style="list-style-type: none"> • Supportive 	Availability of

	supervision in nursing and midwifery services regarding respectful and compassionate care	supervision conducted	Compassionate care services improved	supervision conducted. Increased clients' satisfaction and service utilization	supervision report. <ul style="list-style-type: none"> • Exit interview • Clients registers 	checklist and funds
4.	Advocate for respectful and compassionate care to health managers, leaders and other stakeholders.	Respectful and compassionate care advocacy conducted	Respectful and compassionate care awareness raised	<ul style="list-style-type: none"> • Number of advocacy activities conducted • Number of health managers, leaders and stakeholders promoting respectful and compassionate care 	Advocacy report	<ul style="list-style-type: none"> • Availability of funds. • Supportive environment
5.	Introduce the agenda of respectful and compassionate care in nursing QUAD collaboration forum.	Respectful and compassionate care agenda prepared and incorporated in nursing QUAD	<ul style="list-style-type: none"> • Respectful and compassionate care agenda discussed in QUAD forum 	<ul style="list-style-type: none"> • Agenda of RCC become part of the agenda of QUAD forum • Number of issues on 	<ul style="list-style-type: none"> • QUAD forum report. • Assessment report on utilization of 	Availability of funds Willingness and readiness of key stakeholders to support

		forum	<ul style="list-style-type: none"> • Strategies to facilitate implementation of the guidelines owned by key stakeholders • Utilization of RCC guidelines at all levels. 	<p>RCC discussed on QUAD forum</p> <ul style="list-style-type: none"> • Number of RCC deliberated in the QUAD forum • Percent of health facilities implementing RCC guidelines. 	RCC guidelines	
6.	Initiate recognition rewards system for nurses and midwives	Recognition rewarding system in place	Nurses and Midwives recognized for their performance	<ul style="list-style-type: none"> • Number of recognition mechanisms • Number of nurses and midwives recognized 	Recognition reports, letters and certificates copies	Availability of resources

Key Result Area 3: Well established interpersonal relationship between Nurses/Midwives and service users for effective utilization of health care and HIV and AIDS services

Objective 3: Strengthen interpersonal relationship between nurses and / midwives and service users in accessing health care and HIV and AIDS services

SN	Activity	Output	outcome	Indicator	Means of verification	Assumptions
1.	Develop Nursing and Midwifery IEC materials on RCC	Nursing and Midwifery IEC materials developed	<ul style="list-style-type: none"> Utilization of Nursing and Midwifery IEC materials 	<ul style="list-style-type: none"> Number and types of Nursing and Midwifery IEC materials developed Percent of N/M utilizing IEC materials 	IEC materials in place Displayed IEC materials	Availability of funds
2.	Advocate for client Charter	Client who are aware of their rights and obligations	<ul style="list-style-type: none"> Clients exercising their rights and obligations 	<ul style="list-style-type: none"> Percent of health facilities displaying clients charter Number of clients aware of their rights and obligation 	Clients charter in place	Availability of funds

				<ul style="list-style-type: none"> • Number of clients exercising their rights and obligations 		
--	--	--	--	---	--	--

Key Result Area 4: Community members who are effectively utilizing and satisfied with nursing and midwifery health care including HIV and AIDS Services

Objective 4: Enhance utilization and satisfaction of service users on nursing and midwifery health including HIV and AIDS services

SN	Activity	Output	outcome	Indicator	Means of verification	Assumptions
1.	Promote utilization of feedback tools	Community members covered with the promotion activities on utilization of feedback tools Promotion activities	Community awareness on existing feedback tools	<ul style="list-style-type: none"> • Number of community members reached with promotion activities on existing feedback mechanism • Percent of community members aware of existing feedback tools 	<ul style="list-style-type: none"> • Report of the promotion activities conducted • Report of utilization of existing feedback tools 	<ul style="list-style-type: none"> • Availability of funds • Willingness and readiness of the community members to utilize tools.

		conducted		<ul style="list-style-type: none"> • Percent of community members utilizing existing feedback tool 		
2.	Sensitize the community on improved health services delivery	Community members sensitized on improved health services	Community members utilizing health services	<ul style="list-style-type: none"> • Number of community members aware of improved health services • Number of clients utilizing the service 	Sensitization report	<ul style="list-style-type: none"> • Availability of funds • Willingness and readiness of the community members to utilize health services.
3.	Advocate on use of feedback mechanisms to the community	Use of feedback mechanism advocated to the community members	<ul style="list-style-type: none"> • Community members aware of existing feedback mechanism • Community members utilising existing feedback mechanism 	<ul style="list-style-type: none"> • Number of feedback mechanism advocated • Number of community members aware of existing feedback mechanism • Percent of community members utilizing feedback mechanisms 	<ul style="list-style-type: none"> • Report of advocacy on the use of feedback mechanisms • Report on utilisation of feedback mechanisms 	<ul style="list-style-type: none"> • Availability of funds • Willingness and readiness of the community members to utilize feedback mechanism

REFERENCES

- American Sentinel University. (2016). *Confidence building strategies for nurse*. Retrieved 19th September, 2017 from <http://www.americansentinel.edu>
- Beauchamp, T. L., & Childress, F. J. (2001). *Principles of biomedical ethics*. (4th edition). Oxford University Press
- College of Nurses of Ontario. (2006). *Practice standard: Therapeutic Nurse-Client Relationship* (2nd edition). Toronto
- Craven, R. F., Hirnle, C. J., Jensen S. (2013). *Fundamentals of Nursing: Human Health and Function* (7th edition). Philadelphia PA: Lippincott Williams and Wilkins
- Disability Rights California. (2012). *Mental Health Stigma & Discrimination Reduction*. Retrieved 20th September, 2017 from www.disabilityrightsca.org**
- Encyclopedia of Surgery. (2003). *Patient's rights*. Retrieved on 19th September, 2017 from <http://www.surgeryencyclopedia.com/>
- Federal Ministry of Health Ethiopia. (2017). *Training Manual on Compassionate Respectful Care*. Ethiopia.
- Gluyas, H. (2015). Patient centered care: Improving healthcare outcomes. *Nursing Standard*, 30(4), 50-59
- Guttmacher, E. A., & Collins, S. F., (2003). Ethical, Legal and Social Implications of Genomic Medicine. *The New England Journal of Medicine*, 349:562-569
- Layer, H., Brahmabhatt, H., Beckham W., Ntogwisangu J., Mwampashi A., Davis W. W., Kerrigan, D. L., & Kennedy, C. E. (2014). "I Pray That They Accept Me Without Scolding:" Experiences with Disengagement and Re-Engagement in HIV Care and Treatment Services in Tanzania. *AIDS Patient Care and STDs*. Vol. 28(9): 483-488
- Layer, H., Kennedy, CE., Beckham W., Mbwambo K. J., Likindikoki S., Davis W. W., Kerrigan, D. L., , Brahmabhatt, H. (2014). The LTC Tanzania Collaborative Study Team; Multi-Level Factors Affecting Entry into and Engagement in the HIV Continuum of Care in Iringa, Tanzania. *PLOS ONE* Vol 9 (8): e104961
- Merriam - Webster Dictionary retrieved on 20th September, 2017 from <https://www.merriam-webster.com/dictionary/compassion>.
- MoHCDGEC. (2016). National Nursing and Midwifery Strategic Plan 2016 – 2021

MoHSW. (2013). National Health and Social Welfare Quality Improvement Strategic Plan 2013 – 2018

Morrison, P.A., & Burnard, P. (1997). *Caring and communicating: the interpersonal relationship in nursing (2nd edition)*. Basingstoke, U.K: Macmillan Press

Motaghedi, H., Donyavi, R., & Mirzaian, B. (2016). Effectiveness of mindfulness based cognitive therapy on the distress tolerance of nurses and job burnout. *Journal of Nursing and Midwifery Sciences*, 3(4), 3-12.

National Health Service England (2013); Compassion in practice retrieved on 20th September, 2017 from <https://www.england.nhs.uk/>

Nursing and Midwifery Board of Ireland. *Scope of practice: Continuing Professional Development*. Retrieved on 21st September, 2017 from <https://www.nmbi.ie/>

Parandeh, A., Khaghanizade, M., Mohammadi, E., & Mokhtari-Nouri J. (2016). Nurses' human dignity in education and practice: An integrated literature review. *Iranian Journal of Nursing and Midwifery Research*. 21(1): 1–8.

Rhodes, M., Morris, A., & Lazenby, R. (2011). Nursing at its best: competent and caring. *The Online Journal of Issues in Nursing*, 16(2), 10

Salter School of Nursing and Allied Health. (2016). *Why compassion is important for practical nurses: 5 Ways to a Patient's Heart*. Retrieved on 20th September, 2017 from <https://www.salternursing.com/>

Sando, D., Kendall, T., Lyatuu, G., Ratcliffe, H., McDonald, K., Mwanyika-Sando, M., Langer, A. (2014). Disrespect and Abuse During Childbirth in Tanzania: Are Women Living With HIV More Vulnerable? *Journal of Acquired Immune Deficiency Syndromes (1999)*, 67 (Suppl 4), S228–S234.

Sando, D., Ratcliffe, H., McDonald, K., Spiegelman, D., Lyatuu, G., Mwanyika, MS., Emil, F., Wegner, MN., Chalamilla G., & Langer, A., (2016). The prevalence of Disrespect and abuse during facility based child birth in Urban Tanzania. *BMC Pregnancy and Childbirth*. [10.1186/s12884-016-1019-4](https://doi.org/10.1186/s12884-016-1019-4)

Select International. *Safety perspectives: What does safety commitment mean to the employee?* Retrieved on 19th September, 2017 from <http://www.selectinternational.com/safety-blog/>

Tanzania code of ethics and Conduct for Public services, 2005

Tanzania Nurses and Midwives Council. (2009). *Nursing Ethics: A Facilitator's Guide*

Tanzania Nursing and Midwifery Council (2007) Code of Ethics and Professional Conduct for Nurses and Midwives in Tanzania

Tanzania Nursing and Midwifery Council (2015) Code of Ethics and Professional Conduct for Nurses and Midwives in Tanzania

Ten Ways to Show Compassion. Retrieved on 20th September, 2017 from <https://montessorirocks.org/10-ways-to-show-compassion>

The eight principles of patient centered care. Retrieved on 20th September, 2017 from www.oneviewhealthcare.com/

United Nations: Universal Declaration of Human Rights 1948-1998

University of Saint Mary: The 5 C's of Caring retrieved on 19th September, 2017 from <http://online.stmary.edu/>

USAID. (2013). Strategic assessment to define a comprehensive response to HIV in Iringa, Tanzania: Research brief HIV Testing and Counseling

White Ribbon Alliance (2012). *Respectful Maternity Care: Universal rights of childbearing women*. Retrieved on 19th September, 2017 from http://www.who.int/woman_child

WHO. (2001). International Digest of Health Legislation

WHO. (2002). *Genomics and World Health. Report of the Advisory Committee on Health Research*. Geneva

**APPENDIX 1: NURSING AND MIDWIFRY RESPECTFUL AND COMPASSIONATE
CARE ASSESMENT TOOL**

FACILITY/ WD/ UNIT/ COMMUNITY.....

DATE OF ASSESMENT

ASSESOR’S NAME....., SIGNATURE.....

INSTRUCTIONS

1. *This tool should be used by a nurse or midwife at all levels of health care settings to assess Respectful and Compassionate care.*
2. *Respondents should be clients at any health care settings.*
3. *Ask for verbal client consent*
4. *Emphasize to the client that their names or any other identification will not appear on the interview tool*
5. *Assure the client that information given will be confidential, and it will be used for service improvement purposes and no one will be denied services.*
6. *Put a tick (√) on the respective column to indicate the response of the client*
7. *‘YES’ means the service is provided, ‘NO’ means the service is not provided or partially provided and ‘NA’ means not applicable.*
8. *If the service in a question is only provided by some nurses/midwives, put a tick in a ‘NO’ column and indicate the reason in the ‘Remarks’ column.*

SN	COMPONENT	YES	NO	NA	REMARKS
	RESPECTFUL CARE				
1.	Are you greeted by the nurse/ midwife who provides care to you?				
2.	Do nurses/midwives introduce themselves by				

	names to you?				
3.	Are nurses/midwives dressed in a respectful manner?				
4.	Were you oriented to the ward/clinic environment?				
5.	Do you receive prior information about the service to be given?				
6.	Are you involved in decision making about the care provided to you?				
7.	Are you informed about your rights during health services provision?				
8.	When receiving services, were you provided with enough privacy?				
9.	Are nurses/midwives giving you feedback about care provided?				
10.	Have you been mistreated in anyway /anyhow by a nurse /midwife?				
11.	Are your spiritual needs considered or attended?				
12.	Were you asked for consent before any procedure?				

	COMPASSIONATE CARE				
1.	Do nurses/midwives communicate with you in a polite manner?				
2.	Are nurses/midwives communicating with you in understandable and simple language?				
3.	Do nurses and midwives respond to your call as early as possible?				
4.	Do you receive treatment/services timely?				
5.	Were you given adequate time to express yourself?				
6.	Are nurses/midwives addressing you by your preferred name?				
7.	Do you feel comfortable and protected while in the ward/clinic?				
8.	Were you consoled when you were in pain or worried or anxious?				
9.	Are there any circumstances that forced you to give money to a nurse/midwife for services?				

10.	Do you know where to submit your complaints?				
11.	Do nurses/midwives apologize to you for any wrong doing?				

Any other suggestion, concern or comment from the client/patient?

NOTE:

After obtaining the above information:

1. Share the assessment findings to the respective unit/department and the facility management
2. Develop implementable action plan to address the gaps