



Health Extension Service

Level III

Learning Guide -1

Unit of Competence:	Provide Compassionate, Respectful and Caring Service
Module Title:	Providing Compassionate, Respectful and Caring Service
LG Code:	CON RCW2 M01 LO1-LG-1
TTLM Code:	CON RCW2 TTLM 0919v1

LO 01: Apply professionalism and ethical practice principles



Instruction Sheet	Learning Guide #1
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This learning guide is developed to provide you the necessary information regarding the following **content coverage** and topics –

- Identifying and executing ethical principles and issues of the profession
- identifying and executing Professional code of conducts
- recognizing and demonstrating *Professional values* (responsiveness, compassion, trustworthiness, integrity, honesty etc)
- maintaining and evaluating adherence to ethical principles of the profession

This guide will also assist you to attain the learning outcome stated in the cover page. Specifically, upon completion of this Learning Guide, **you will be able to –**

- Ethical principles and issues of the profession.
- Identify and execute Professional code of conducts
- recognize and demonstrate Professional values (responsiveness, compassion, trustworthiness, integrity, honesty etc)
- maintain and evaluate Adherence to ethical principles of the profession

Learning Instructions:

Read the specific objectives of this Learning Guide.

1. Follow the instructions described below 3 to 6.
2. Read the information written in the information Sheets respectively
3. Accomplish the “Self-checks respectively
4. If you earned a satisfactory evaluation from the “Self-checks” proceed to “Operation Sheet.
5. Do the “LAP tests”



Information Sheet-1	Identifying and executing ethical principles and issues of the profession
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1.1. Concept of Identifying and executing ethical principles and issues of the profession

- The word ethics is derived from the Greek ethos, which means custom or culture, a manner of acting or constant mode of behavior. Thus, Health ethics may be defined as a code of behavior accepted voluntarily, within the profession as, opposed to laws, regulations and directives issued by official body or scientific study of morality. It teaches us how to judge accurately the moral goodness or badness of human action.
- Ethics is the philosophical study of the moral value of human conduct and the rules that govern it(dictionary).
- Ethics have been particularly associated with specific groups in society that are deemed to have societal responsibility.
- Professions are among such groups. What is certain is that professions have a prestigious, powerful and trusted place in society and both the public and the law expect high standards of conduct, especially where society allows self-regulation.
- There are five widely accepted ethical principles

1.1.1. The Principle of Autonomy:

- This principle means that people, being individuals with individual differences must have a freedom to choose their own ways and means of being moral with the framework of the other four principles.



- Respect for autonomy involves respecting another persons rights and dignity such that a person reaches a maximum level of fulfillment as a human being. In the context of health care this means that the relationship between client is based on a respect for him or her as a person and with individual rights.
- Rights in relation to health care are usually taken to include:
 - ✓ The right to information
 - ✓ The right to privacy and confidentiality
 - ✓ The right to appropriate care and treatment

1.1.2. Beneficence (doing good)

- beneficence means doing or promoting good as well as preventing, removing and avoiding evil or harm. E.g. Giving clients clean needles, condoms and provide information about emergency first aid to reduce the risks of HIV infection or accident.

1.1.3. Non-maleficance (doing no harm)

- Non-maleficance holds a central position in the tradition of medical ethics and guards against avoidable harm to subjects.

1.1.4. Justice (fairness)

- This principle states that human being should treat other human being fairly and justly in distribution goodness and badness among them. In other words justice should include:
 - ✓ Fair distribution of scarce resources
 - ✓ Respect for individual and group rights
 - ✓ Following morally acceptable laws

1.1.5. The principle of truth telling (honesty)



- At the heart of any moral relationship is communication. A necessary component of any meaningful communication is telling the truth, being honest.

2. Principles of Health Ethics For health Extension Workers

- The following principles are intended to aid Health Extension Worker individually and collectively in maintaining a high level of ethical conduct. They are not laws, but stands by which Health Extension worker may determine the propriety of his/her conduct in his relationship with:-
 - ✓ client/community members/community organizations
 - ✓ Other members of health professions
 - ✓ Government authorities and other sectors
- 2.1. The principal objective of Health Profession is to render services to humanity with full respect for dignity of people. Health Extension Worker should merit the confidence of communities and of individuals entrusted in their care, rendering always a full measure of service and devotion.
- 2.2. Competence: Health Extension Worker should perform only those procedures in which the Health Extension Worker is competent by virtue of specific training or experience. Health Extension Worker must not Health Ethics and Law misrepresent credentials, training, experience, ability or results.
- 2.3. Health Extension Worker should recognize health and illness in the broader context of social, environmental, political and economic factors as related to Health Service Extension programmes
- 2.4. Health Extension Worker practice concerns in prevention of illness and diseases and ensuring the well being of the rural mass.

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- 2.5. The Health Extension worker (HEW) should safeguard the public and herself against health hazards. Health Extension Workers should observe all, polices and guidelines up hold the dignity and honor in performing his/her duties at all times.
- 2.6. HEW should achieve community health in a way that respects the rights of individuals in the community at large.
- 2.7. HEW worker should see that public health policies, guidelines and programmes, should be developed and evaluated through processes that ensure an opportunity for input from community members,
- 2.8. HEW should advocate for, or work for the empowerment of, community members, ensuring that the basic resources and conditions necessary for Health Ethics and Law health are accessible to all people in the community. As an advocates in the community setting. Health Extension worker should:-
- Inform the clients and promote informed consent;
 - Empower the client and protect autonomy;
 - Protect the rights and interests of clients where they cannot protect their own;
 - Ensure clients have fair access to available resources;
 - Represent and support the views/desires of the clients and not just their needs.
- 2.9. HEW should see that Health Service Extension programmes and policies should be implemented in a manner that must enhances the promotive and preventive health services.
- 2.10. HEW must protect the confidentiality of information that can bring harm to an individual or community.
- 2.11. Additional opinion(s) shall be obtained if requested be the client. Consultations(s) made to protect or safeguard client for further investigations and management
- 2.12. The Impaired Health Extension worker: A physically, mentally, or emotionally impaired Health Extension

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- 2.13. Health extension Worker should withdraw from those aspects of practice affected by the impairment. If the Health Extension worker does not withdraw, it is the duty of others who know of the impairment to take action to attempt to prevent him from harming himself or others.
- 2.14. Health Extension Worker should carry out the best interest of the clients.
- 2.15. HEW experience, judgment and practice must not be affected by economic interest in, commitment to, or benefit from health related commercial enterprises.
- 2.16. Communications to colleagues must be accurate and truthful.
- 2.17. Communications to the community must be accurate. She/He must not convey false, untrue, deceptive, or misleading information through statements, testimonials, photographs, graphics, or other means. They must not omit material information, without which the communication would be deceptive. Communications must not appeal primarily to an individual's anxiety or create unjustified expectations of results. Communications must not misrepresent the Health Extension worker credentials, training, experience, or ability and must not contain material claims of superiority that cannot be substantiated.
- 2.18. Health Extension worker may not reveal confidence entrusted to her in the course of attending clients, or the deficiencies she may observe in the character of clients, or unless it becomes necessary in order to protect the welfare of the individual or community.
- 2.19. Advertisement and Publicity
- The Health Extension worker in her practice shall avoid direct or indirect self-advertisement.
- 2.20. Health Extension worker should participate and must have interest in all activities of the community which have the purpose of improving both the health and well-being of individuals and the community.
- 2.21. The Health Extension Worker is expected to be friendly in carrying out her responsibilities.



- 2.22. The Health Extension Worker is expected to be present on time for every commitment she makes in duties and responsibilities.
- 2.23. The Health Extension Worker is expected to respect the confidential aspects of her assignment, and the dignity and privacy of the clients with whom she works.
- 2.24. The Health Extension Worker must be involved, in a warm and natural manner with the clients she serves without becoming over involved.
- 2.25. The Health Extension Worker should show empathy with the clients, not sympathy.
- 2.26. The Health Extension Worker should be optimistic about life in general and clients outlook in particular without encouraging any unrealistic goals or attitudes.
- 2.27. The Health Extension Worker should be honest and genuine at all times.

3. Rules to Define the Public Interest

- 3.1. Humans have a right to quality health. This publichealth code of ethics affirms Article 25 of the Universal Declaration of Human Rights, which states in part “Everyone has the right to a standard of living adequate for the health and well-being of himself and his family...” Community.
- 3.2. Humans are inherently social and interdependent. Humans look to each other for companionship in friendships, families, and community; and rely upon one another for safety and survival. Positive relationships among individuals and positive collaborations among institutions are signs of a healthy community.
- 3.3. People and their physical environment are interdependent: People depend upon the resources of their natural and constructed environments for life itself. A damaged or unbalanced natural environment, and a constructed environment of poor design or in poor condition, will have an adverse effect on the health of people. Conversely, people can have a profound effect on their natural environment through consumption of resources and generation of waste.
- 3.4. Each person in a community should have an opportunity to contribute to public discourse.

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3.5. Identifying and promoting the fundamental requirements for health in a community are a primary concern to public health. The way in which a society is structured is reflected in the health of a community. The primary concern of public health is with these underlying structural aspects, and secondarily with reducing the impact of adverse health outcomes resulting from underlying causes. Because fundamental social structures affect many aspects of health, addressing the fundamental causes rather than the health outcomes or more proximal causes, is more truly preventive.

4. Common ethical issues

- Practitioner-client relationship
- Privacy and confidentiality
- Shared decision making
- Allocation of scarce resources
- stigma and illness
- Reproductive health care

4.1. Steps for decision making

- Identify the nature of the problem.
- Gather information and consider the possible ways to resolve the problem.
- Communicate openly and honestly with the community served.
- Involve an expert if possible.
- Implement the decision.





Self-Check -1	Written Test
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Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

Match the following ethical principles (under column A) to their meaning(column B)

- | A | B |
|--------------------|------------------------|
| 1. Autonomy | A. honesty |
| 2. Beneficence | B. doing good |
| 3. Non malfeasance | C. doing no harm |
| 4. Justices | D. fairness |
| 5. Truth telling | E. freedom of choosing |
| | F. Doing harm |

Note: Satisfactory rating - 5 points

Unsatisfactory - below 5 points

Answer Sheet

Score = _____
Rating: _____

Name: _____

Date: _____

Short Answer Questions



Information Sheet-2	Professional code of conduct
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2.1. Concept to code of conduct: The intention of codes of conduct is to provide guidelines for the minimum standard of appropriate behavior in a professional context. Codes of conduct sit alongside the general law of the land and the personal values of members of the profession.

- The primary value of a professional code of conduct is not as a checklist for disciplining non-conforming members, although breaches of a code of conduct usually do carry a professional disciplinary consequence. Rather, its primary value is to act as a prompt sheet for the promotion of ethical decision-making by members of that profession.
- Professional codes of conduct provide benefits to the public, as they build confidence in the profession's trustworthiness clients, as they provide greater transparency and certainty about how their affairs will be handled members of the profession, as they provide a supporting framework for resisting pressure to act inappropriately, and for making acceptable decisions in what may be 'grey areas' the profession as a whole, as they provide a common understanding of acceptable practice which builds collegiality and allows for fairer disciplinary procedures others dealing with the profession, as the profession will be seen as more reliable and easier to deal with.
- The conduct health professionals should practice is clearly put on EFMHAC proclamation 661/2009 and regulation 299/2013. These legal



documents explain necessary behaviors the health professionals should adopt. In addition to this regulation, other sources like the penal law, civil law, proclamations and other related regulations are the sources which regulate the health care practice in Ethiopia. The responsibility of health professionals: In healthcare settings, there are often interactions among colleagues and clients. The main responsibility of the health professionals to patients, FMHACA Regulation No. 299/2013, under Article 74, clearly states. Professional responsibilities with respect to patient relationships:

- ✓ Obtain informed consent from a patient, in accordance with the relevant law, before rendering a service.
 - ✓ Respect patient confidentiality, privacy, choices and dignity
 - ✓ Maintain highest standards of personal conduct and integrity
 - ✓ Provide appropriate counseling service to the client
 - ✓ Maintain proper and effective communication with his patients and other health professionals
 - ✓ Register and keep accurate client records
 - ✓ Provide professional service in the working place during assigned duty hours
 - ✓ Ensure public participation and acceptance in designing and implementing public health programme
 - ✓ Comply with any lawful instructions and procedures of the appropriate
-
- The general conduct of public health practice concerns the professionals, individuals and the community at large. Ethical issues often arise as a result of conflict among competing sets of values, such as, in the field of public health, the conflict between the rights of individuals and the need of communities.



- The code of ethics for public health will clarify the distinctive elements of public health and the ethical principles that follow from or respond to those distinct aspects. The Health Extension workers will be abided by code of ethics of public health in rendering public health services.
- The concerns of public health are not fully consonant with those of medicine, however, thus we can not simply translate the principles of medical ethics to public health. For example, in contrast to medicine, public health is concerned more with populations than individuals, and more with prevention than with cure.
- In the context of Health Service extension programme (HSEP) the ethical issues include equity, justice, equality and human rights. These ideals should continue to be of primary importance in providing Health service extension programme (HSEP). Health education, nutrition, basic hygiene and sanitation, family health, immunization, prevention and control of HIV, TB, malaria and first aid are major areas of focus in HSEP.
- Unless all these elements are provided adequately and continuously without interruption, HSEP will have no meaning. There are no priorities in these, and they must be offered as complete package.
- It is highly unethical to keep people ignorant about the causes, control and prevention of diseases, about a healthy life style, and about the social and community responsibilities of the people. Yet this is exactly what happens in the absence of public health education.



Self-Check –2.	Written Test
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Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. The conduct health professionals should practice is clearly put on EFMHAC proclamation 661/2009 Regulation 299/2013.
A. True
B. False
2. Regulation 299/2013, Article 74, clearly states professional responsibilities with respect to patient relationships
A. True
B. False

Note: Satisfactory rating - 2 points

Unsatisfactory - below 2 points

Answer Sheet

Score = _____
Rating: _____

Name: _____

Date: _____

Short Answer Questions



Information Sheet 3	Professional values
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3.1. Concepts of professional values: Values are defined as the acts, customs, and institutions that a group of people regard in a favorable way. Professional values are the guiding beliefs and principles that influence ones work behavior. A Strong Work Ethic, Dependability and Responsibility, Possessing a Positive Attitude, Adaptability, Honesty and Integrity, Self-Motivated, Motivated to Grow and Learn, Strong Self-Confidence. These will generally categorized as:

3.1.1. Responsiveness: is about showing positive response for client /patient's actual and potential problems; reacting quickly, strongly or favorably to something, specially suggestion Responding To problems or treatment. Eg ;- Reacting positively to medical treatment.

3.1.2. Compassion: Is a feeling of deep sympathy and sorrow for the suffering of others accompanied by a strong desire to alleviate the suffering? Therefore, we can say it is being sensitive to the pain or suffering of others and a deep desire to alleviate the suffering.

- Patients should be the centre of compassionate care being delivered by staff.
- Sympathy: is an emotional reaction to one's own and other people's emotions and states (e.g. flinching when one sees someone fall. Sympathy can also be expressed by the feeling of joy over the well-being of others.
- Empathy: Understanding and how one perceives one's feelings and thoughts is to empathize.



3.1.3. Trustworthiness: is about values of reliance quality service; -Confidence in and reliance on good qualities ,especially fairness, truth, honor or ability

3.1.4. Integrity: Is possession of firm principles;- the quality of possessing and steadfastly adhering to high moral principles or professional standards

3.1.5. Honesty: moral uprightness; the quality, condition, or characteristic of being fair, truthful, and morally upright



Figure 1.1. Quality of compassion

Box 1 Methods suggested being compassionate without becoming overwhelmed

- Realize that you cannot fix everything
- Entrust your colleagues
- Step back from your initial emotional reactions
- Have some sort of “spiritual” practice
- Keep in mind the meaning and privilege of being a healer
- Have a balanced life & claim the time for it
- Be empathic, but the patient’s suffering is not your suffering (let it go)

3.2. Ethical values for Health Extension workers



3.2.1. Safe, competent and ethical service: Health Extension worker should value the ability to provide safe, competent and ethical health care service that allows them to fulfill their ethical and professional obligations to the people they serve.



Figure1.2. Giving the highest possible standard of care is satisfying for health workers and for the families they look after. (Photo: UNICEF Ethiopia/Indrias Getachew)

3.2.2. Health and well being: Health Extension workers value health promotion and wellbeing and assisting people to achieve their optimum level of health.

3.2.3. Choice: Health Extension Practitioners respect and promote the autonomy of people and help them to express their health needs. They also help them to obtain desired information and services so they can make informed decisions.

3.2.4. Dignity: Health Extension worker recognize and respect the inherent worth of each person and advocate the respectful treatment of all people.



Figure 1.3. Rank by achievement and Dignity

3.2.5. Confidentiality: Health Extension workers safeguard information learned in the context of professional relationship, and ensure it is shared outside the health care team only with the person’s informed consent or as may be legally required, or where the failure to disclose would cause significant harm.

3.2.6. Justice: Health Extension Practitioners uphold principles of equity and fairness to assist people in receiving share of health services and resources proportionate to their needs

3.2.7. Accountability: Health Extension Practitioners are answerable for their practice, and should act in a manner consistent with their professional responsibilities and standards of practice.

(Adapted from: Canadian Nurses Association: Code of Ethics for Registered Nurses,2002)

3.3. Adherence to ethical principles and professionalism

- A compassionate and respect full care will be maintained by the professional adherence to ethical principles
- Adherence is not breaching the ethical principles, it is complying to ethical principles



- Adherence helps to develop and maintain relationship with community, client and between professionals.

3.4. principles of respectful care are:

- Recognize factors affecting dignity
- Challenge dignity barriers
- Recognize diversity and uniqueness of individuals
- Value workplace culture
- Uphold responsibility to shape care
- Recognize the care environment
- Meaningful conversation



Self-Check –3	Written Test
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Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

- Professional values are the guiding beliefs and principles that influence ones work behavior.
 - True
 - False
- Health Extension worker recognize and respect the inherent worth of each person and advocate the respectful treatment of all people. Which ethical value is this?
 - Choice
 - Justice
 - Dignity
 - confidentiality

Note: Satisfactory rating - 2 points

Unsatisfactory - below 2 points

Answer Sheet

Score = _____
Rating: _____

Name: _____

Date: _____

Short Answer Questions



List of reference materials

1. Compassionate, respect full care module development was held on October, 2017 at Ethiopian Management institute, Bishoftu Ethiopia
2. Canadian Nurses Association: Code of Ethics for Registered Nurses, 2002
3. Training modules
4. Text books
5. National health policy
6. Ethics guidelines
7. CRC modules Kumer, 2017, 6th edition
8. EDHS, 2016



Health Extension Service

Level III

Learning Guide -2

Unit of Competence:	Provide Compassionate, Respectful and Caring Service
Module Title:	Providing Compassionate, Respectful and Caring Service
LG Code:	CON RCW2 M01 LO2-LG-2
TTLM Code:	CON RCW2 TTLM 0919v1

LO 02: Apply humanistic care to clients



Instruction Sheet	Learning Guide #2
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This learning guide is developed to provide you the necessary information regarding the following **content coverage** and topics:

- Concept and Principles of CRC
- Benefit of CRC
- Understanding Patients' concern

This guide will also assist you to attain the learning outcome stated in the cover page. Specifically, **upon completion of this Learning Guide, you will be able to:**

- Understand and implement Patients concern
- Consider Patient and clients feelings and emotions
- Addressed and communicated Patients innate needs

Learning Instructions:

6. Read the specific objectives of this Learning Guide.
7. Follow the instructions described below 3 to 6.
8. Read the information written in the information "Sheet 1, Sheet 2, and Sheet 3.
9. Accomplish the "Self-check 1, Self-check t 2, and Self-check 3.
10. If you earned a satisfactory evaluation from the "Self-check" proceed to "Operation Sheet 1.
11. Do the "LAP test" **in page – 37** (if you are ready)



Information Sheet-1	Concept and Principles of CRC
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1.1. Compassionate, respectful and caring (CRC) :Means serving patients, being ethical, living the professional oath, and being a model for young professionals and students. It's a movement that requires champions who identify with their profession and take pride by helping people.

1.2. Principles of compassionate care:

The universal principles of compassion will help us know one another in a more meaningful way where we discover one another respectfully. They create the conditions that allow a person who is suffering to experience the healing power of compassion.

1.2.1. What are the principles of compassionate care?

- ✓ Attention: is the focus of healthcare provider. Being aware will allow the healthcare provider to focus on what is wrong with a patient; or what matters most to the patient.
- ✓ Acknowledgement: is the principle of what the healthcare professional says. Examination or reflection on the patient' buoyant; they let someone know that you appreciate them as a unique individual.
- ✓ Affection: is how healthcare providers affect or touch people. Human contact has the ability to touch someone's life. It is the quality of your connection, mainly through kindness and humor. Affection brings joy and healing.
- ✓ Acceptance: is the principle of being with mystery– how you stand at the edge of your understanding or at the beginning of a new experience, and regard what is beyond with equanimity. It is the quality of your presence in the face of the unknown, in the silence. Like the sun in the north at midnight, acceptance welcomes the mysteries of life and is at peace with whom we are and where we are, right now. It is the spirit of Shalom.



1.3. Principles of Respectful Care:

1.3.1. The principles of respectful care guide actions and responsibility of care providers in ensuring dignified care for their service users. Dignified care has seven core principles. These principles of respectful care are:

- Core Principle 1: Recognize Diversity and the Uniqueness of Individual:
 - ✓ Respect and dignity may have different meaning to different people based on their culture, background, values and beliefs.
 - ✓ Diversity of clients/ patients / in terms of ethnicity, religion, belief, culture, language, age, gender, disability , mental status , and social conditions shall be taken into account when we assess , examine ,diagnosing , plan and manage any health condition.
 - ✓ Health care providers must fully appreciate the need to ensure that services are provided in a way that respects individuality as well as the ways in which personality impacts on user’s perceptions of the services that are provided.
 - ✓ Health care providers themselves shall understand the impact of their own personal values beliefs could impact the practice of care
- Core principle 2: Uphold the responsibility to shape care and support services around each individual
 - ✓ Health care providers must play a key role in translating the understanding and knowledge regarding diversity and uniqueness of patients in to clear practices of care planning and provision.
 - ✓ When providing care and treatment, health care providers should understand the implications of the individual’s mental capacity, knowledge, and experience, their involvement and level of participation in care planning and treatment.
- Core principle 3: Communicating with individuals in ways that are meaningful to them
 - ✓ Communication plays a key role in understanding individual needs and preferences.
 - ✓ This is fundamental to care provision to ensure dignity and respect.



- ✓ Verbal, non-verbal and body language are important elements of communication and these are affected by individual's culture, disability and language
 - ✓ Maintaining confidentiality and transparency is also fundamental for good communication.
 - ✓ It is essential that care providers understand these factors and provide opportunities for the service user to express their wishes and concerns to their care providers.\
- Core principle 4: Recognize and respect how an individual's dignity may be affected
When supported with their personal care
 - ✓ While every care provider aims to provide dignified care there are many occasions which Unintentional compromises to dignity can happen due to lack of awareness and understanding.
 - ✓ It is vital that all professionals providing care understand and support the need for an individual• to receive personal care in a sensitive manner and protect their privacy at all times.
 - ✓ When treating or talking to patients remember their need of, and right to, privacy. Often a hallway or curtained bed space just isn't private enough.
 - ✓ If a patients' bedside curtain or door is closed, please ask the patient or staff attending the patient if it is OK to enter.
 - ✓ In general, in ensuring dignified care it is important that individuals are enabled to be independent and not made uncomfortable when receiving intimate personal care.
 - Core principle 5: Recognize that an individual's surroundings and environments are important to their sense of respect
 - ✓ Ensuring a friendly and supportive environment is a key enabler for individuals to feel respected and maintaining their dignity.



- ✓ A welcoming atmosphere, respect for personal space and privacy and the right environment for effective communications are all integral to caring with dignity.
- ✓ A simple welcome to a patient can do a lot to make them feel comfortable and relaxed.
- Core principle 6: Value workplace cultures that actively promote the Respect for everybody
 - ✓ In addition to providing the right environment for an individual it is also important to ensure a positive workplace environment for health care providers which would enable them to provide dignified care.
 - ✓ A respectful workplace A place where everyone can do his or her best, and where health care providers are free to report workplace concerns without fear of retaliation or reprisal.
 - ✓ A health care setting/ facility that reflects and values the best in everyone, where professionals treat each other respectfully and professionally, and where individual differences are valued.
- Core principle 7: Recognize the need to challenge care that may reduce the dignity of the individual
 - ✓ Respect is everyone's responsibility and this should be integral to all practices in a care setting
 - ✓ Staff health care provider's needs to have the opportunity to discuss things that make them feel uncomfortable but are not necessarily issues that meet safeguarding thresholds.
 - ✓ If health facilities develop cultures that are open and reflective of practice that is undertaken during service delivery then this will be addressed.
 - ✓ Opportunities to learn from mistakes and improving performance are a strong lever for improving the quality of care.



- ✓ A culture of maintaining integrity and following professional conduct enables health care providers to speak up when they come across substandard quality of care.
- ✓ The facility managers and leaders at all levels have a significant role to play in ensuring this. Encouraging everyone including staff, patient/client, and their families can provide ample learning opportunities and scope for improving practice.



Self-Check -1	Written Test
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Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. how healthcare providers affect or touch people is(2)
- A. Attention
 - B. Affection:
 - C. Acknowledgement
 - D. Acceptance

Note: Satisfactory rating - 2 points

Unsatisfactory - below 2 points

You can ask you teacher for the copy of the correct answers.



Information Sheet- 2	The benefits of CRC
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1.1. The benefits of CRC

Table 1.1. The benefits and beneficiaries of Compassionate and Respectful Care

Beneficiaries	Who	How
First	Patients	<ul style="list-style-type: none"> When health professionals are compassionate, patients are less anxious Adherence to medical advice and treatment plans Compassionate care correlates positively with both prevention and disease management. Diabetic patients, for example, demonstrate higher self management skills when they self-report positive relationships with their providers Hostile emotional states in patients delay the healing processes Quality of health professionals –patient communication with increased physical functioning, emotional health and decreased physical symptoms of pain in patients
Second	Health Professionals	<ul style="list-style-type: none"> Health care Professionals satisfaction with their relationships with patients can protect against professional stress, burnout, substance abuse and even suicide attempts Burnout is strongly associated with poorer quality of care, patient dissatisfaction, increased medical errors, lawsuits and decreased expressions of compassion Participation in a mindful communication associated with short-term and sustained improvement in well-being and attitudes associated with patient care A major predictor of patient loyalty When health professionals are compassionate, they achieve earlier and more accurate diagnoses because the patient is better able to reveal information when he or she feels emotionally relaxed and safe Respect from the client/patients Health professionals will find their work more meaningful and gratifying
Third	Students	<ul style="list-style-type: none"> Good role modeling is essential for students Increased motivation to be CRC health professionals
Fourth	Health care facilities	<ul style="list-style-type: none"> Patient satisfaction will rise Quality of health care will be improved Lower malpractice suits Staff will be more loyal to their hospital or health care system Patient adherence to treatment will rise Resources can be conserved Greater employee satisfaction and reduced employee turnover.





3.1. Patient-centered care is: is an innovative approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families. Patient- and family-centered care applies to patients of all ages, and it may be practiced in any health care setting

- Consider patients as human beings with complex psychological, social and economic needs and provide person-centered care with empathy. Effective communication with health care teams, interactions with patients and other health professionals over time and across settings. Respect for and facilitation of patients' and families,' participation in decisions and care

- .Some definitions of associated terms

Several terms are used interchangeably or associated with 'patient-centered care'; these are described below.

✓ Consumer-centered care

The term 'consumer-centered care' is sometimes preferred to 'patient-centered care' to acknowledge that care should focus on people who are actual or potential users of healthcare services. For some, the term 'patient' has passive overtones. In contrast, the term 'consumer' is seen as a more active term, encompassing the need to engage people as partners in health service delivery. The term 'consumer' also aligns with 'client' and 'user' in business and management models of service delivery

✓ Person-centered care

The term 'patient-centered care' is often used interchangeably in primary care settings with terms such as 'person-centered care', 'person-centeredness', 'relationship-centered care' and 'personalized care'. This term appears more frequently in literature on the care of older people, and focuses on developing relationships and plans of care collaboratively between staff and patients. This



term values the needs of patients, carers and staff, with emphasis on the reciprocal nature of all relationships.

✓ Personalized care

‘Personalized care’ is the integrated practice of medicine and patient care based on one’s unique bi

ology, behavior and environment. Personalized care uses genomics and other molecular-level techniques in clinical care; as well as health information technology, to integrate clinical care with the individualized treatment of patients.

✓ Family-centered care

This term emerged in the US in the 1980s in response to the needs of families with children who could not leave hospital. These families sought to work more collaboratively with healthcare professionals and successfully advocated for changes to enable them to care for their children in home and community settings.

✓ What is patient and family centered care?

Patient- and family-centered care is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care professionals, patients, and families.

It redefines the relationships in health care by placing an emphasis on collaborating with people of all ages, at all levels of care, and in all health care settings. In patient- and family-centered care, patients and families define their “family” and determine how they will participate in care and decision-making. A key goal is to promote the health and well-being of individuals and families and to maintain their control.



Patient- and family-centered care leads to better health outcomes, improved patient and family experience of care, better clinician and staff satisfaction, and wiser allocation of resources

- How do you provide patient centered care?

They will acknowledge you for who you are and will not discriminate based on your background, beliefs or preferences.

1. Actively participate in your care. ...
2. Respect in a healthcare setting. ...
3. Good communication with patient-centered care. ...
4. Providing a safe environment. ...
5. Speak to your healthcare professional first.

- ✓ What are the benefits of patient centered care?

While the primary goal of any patient-centered care plan is to improve individual health outcomes, healthcare providers also stand to benefit through improved patient satisfaction scores, higher staff productivity and morale, reductions in the overall cost of care, and more..

- 3.1.1. Patient/client feelings and emotions: To be open to feelings, one must accept them. There are a number of different feelings ranging from being sad, angry or anxious and joyful. Some examples of reactions to feelings is sometimes to be critical, to run away from them, to hide or suppress them; but when one is compassionate, it is easier to be open, tolerant, accepting of different types of feelings . Therefore an important aspect of compassion is to learn how to tolerate and come to terms with, become familiar with, and less frightened of, one's feelings. At the same time, however, it is possible to change one's feelings for people, different events or even one's own person. Many otherwise competent and even brilliant healthcare professionals give patients the feeling they are an



inconvenience and a bother. Patients should not be made to feel inferior and misinformed

3.1.2. Patients' innate needs: It refers to "a timely and receptive desire to actively engage in and address a person's multi factorial suffering".

3.1.3. Need to be respected: It refers to "a timely and receptive desire to actively engage in and address a person's multi factorial suffering". always, make sure patients are treated with courtesy and respect. I know executives who pretended to be patients inside their own institutions and were shocked by the lack of focus and concern they received. Treating patients has become simply a job for many healthcare professionals. They manifest boredom with their jobs by treating patients indifferently. That's not professional and it's bad business!

- Respect is a basic moral principle and human right that is accountable to the values of human dignity, worthiness, uniqueness of persons and self-determination. As a guiding principle for actions toward others, respect is conveyed through the unconditional acceptance, recognition and acknowledgment of the above values in all persons. As a primary ethic of nursing, respect is the basis for our attitudinal, cognitive and behavioral orientation toward all persons The action meanings of the word respect are Pay attention to, Honoring, Avoiding damage e.g. insulting, injuring, Not interfering with or interrupting, Treating with consideration, and Not offending

3.1.4. Affection: Describes the extent to which healthcare providers actively connects with their patients' emotions; as well as their influence over the process. In relation to compassion, affect is characterized by vulnerability and action, requiring healthcare providers to enter the relational space and position themselves; to be in the "patient's shoes" as clinical information is being shared.



3.1.5. Caring: Promotes compassion. Because the action of caring has the potential to alleviate individual suffering. Care is the “action and activities directed towards assisting, supporting or enabling another individual or group with evident or anticipated needs to improve a human condition or life way or to face death”.



Self-Check -3

Written Test

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. The term 'consumer-centered care' is always preferred to 'patient-centered care'(2point)

A. True

B. False

Note: Satisfactory rating – 2 points

Unsatisfactory - below 2 points

You can ask you teacher for the copy of the correct answers.

Answer Sheet

Score = _____

Rating: _____

Name: _____

Date: _____



Operation Sheet- 1	Concept and Principles of CRC
---------------------------	--------------------------------------

Techniques of respectful care

- Get ready
- Wear gown
- Wash your hand and wear glove
- greets the client respectfully
- Introduce him/herself to the client
- Properly address patients considering their social status and age
- Provider actively listen to patients
- Allocate adequate time to the client to talk
- Respects patient's view on sampling procedure and laboratory test results
- Obtain consent before sample collection and test procedures
- Ensures confidentiality of patient information
- Maintains privacy in collecting certain samples requiring privacy
- Have good communication and collaboration within the team
- Treat patients equally without discrimination
- Responds promptly and professionally when patients ask for help
- Gives adequate information regarding sampling procedures and tests to be done
- Confirms clients understanding with respect
- Provides when to return with at most respect(if return requires)
- Remove your gown
- wash your hand with soap and water before leaving the laboratory



LAP Test	Practical Demonstration
-----------------	--------------------------------

Name: _____ Date: _____

Time started: _____ Time finished: _____

Instructions: Given necessary templates, tools and materials you are required to perform the following tasks within --- hour.

Task 1- Provide respectful care



List of Reference Materials

1. Providing Compassionate, Respectful and Caring Services Learning Module Module code: HLT
MLS4 MO 16(X) 1017 December, 2017 Bishoftu, Ethiopia
2. Blasdell ND (2017) The Meaning of Caring in Nursing Practice. Int J Nurs Clin Pract 4:
238. doi: <https://doi.org/10.15344/2394-4978/2017/238>
3. Introduction to Professional Nursing and Ethics (LECTURE
NOTES For Professional Nursing Students)
4. Nursing: scope and standard of practice, 3rd edition



Health Extension Service

Level III -

Learning Guide -3

Unit of Competence:	Provide Compassionate, Respectful and Caring Service
Module Title:	Providing Compassionate, Respectful and Caring Service
LG Code:	CON RCW2 M01 LO3-LG-3
TTLM Code:	CON RCW2 TTLM 0919v1

LO 03: Demonstrate effective health care communication



Instruction Sheet	Learning Guide 3
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This learning guide is developed to provide you the necessary information regarding the following content coverage and topics –

- Proper Health Care Communication
 - ✓ Establishing relationship/Rapport
 - ✓ Compassion and concern for a patient
 - ✓ Proper information for accurate diagnosis
 - ✓ Appropriate non-verbal communication
 - ✓ Informing, educating and counseling clients
 - ✓ Effective interaction in health system
 - ✓ Compassionate Therapeutic instructions
 - ✓ Non-violent communication techniques

This guide will also assist you to attain the learning outcome stated in the cover page. Specifically, upon completion of this Learning Guide, **you will be able to –**

- Establish Positive, respectful and collaborative working relationship (Rapport)
- recognize, anticipate and express compassion and concern for the patient
- Proper information is gathered in order to facilitate accurate diagnosis,
- use appropriate non-verbal communication
- inform, educate and Counsel clients are effectively
- establish effective interaction with other people working within the health system
- provide therapeutic instructions compassionately



- use and implement non-violent communication techniques

Learning Instructions:

1. Read the specific objectives of this Learning Guide.
2. Follow the instructions described below 3 to 6.
3. Read the information written in the information “Sheets respectively.
4. Accomplish the “Self-checks respectively
5. If you earned a satisfactory evaluation from the “Self-checks” proceed to “Operation Sheets.
6. Do the “LAP tests”



1.1. Health care Communication

- Health care communication is the art and technique of informing, influencing and motivating individuals or larger audiences about important health issues based on scientific and ethical considerations. It includes the study and use of communication strategies to inform and influence individual and community decisions that enhance health.

1.1.1. Health care Communication May include, but not limited to:

- Non-verbal gestures
- Verbal
- Face to face
- Two-way radio
- Speaking to groups
- Using telephone
- Written
- Using Internet
- Cell phone

1.2. Having good communication with patients/clients helps them in three main ways.

1.2.1. Good communication helps patients/clients feel at ease

- It's common for people who need health care services to feel anxious about their health, about what tests and treatment they might have to undergo and about what the future holds for them. This can sometimes lead them to speak out of character, perhaps being a bit rude or aggressive. Having good communication with



health care workers will reduce their anxiety and build their confidence.

1.2.2. Good communication helps patients/clients to feel in control

- It's easy for people to feel that they give up all control of their lives once they enter the health system. If they're in hospital, for instance, even simple everyday things they normally control, like when they get out of bed, when they wash and when they eat, might be dictated by someone else. Losing control can make people feel helpless and hopeless, which isn't good for boosting their chances of recovery from illness. But good communication can avoid these feelings – it can help people to see that they still have a say and are still in charge of their own lives.

1.2.3. Good communication makes patients/clients feel valued

- The most precious thing we can give to another person is our time. When we show we're prepared to lay aside all the other things we need to do to spend time with someone, to listen to them, get to know them and understand how they are feeling, we're showing that we really value that person. Being able to communicate well helps us achieve this with patients/clients. So let's look at some of the methods of communication we can use to help patients/clients in these important ways. We'll look at communication issues with colleagues later in the programme, in teamwork.

1.2.4. Appropriate Non-verbal communication is often described as 'body language'.

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- Body language says a lot about our interest and engagement in the communication we're having. Even when we 'say the right things', the message can be lost if our body language suggests we're thinking something very different.

1.2.5. Establishing relationship/Rapport: The category of relational communication is an important element of compassion identified by patients consisting of verbal and nonverbal displays conveyed by the healthcare provider's engagement with the person suffering.

- There are four specific themes and associated subthemes that convey compassion within clinical communication:
 - ✓ Demeanor("being"): refers to the disposition of healthcare provider that is conveyed through nonverbal communication, such as body language, eye contact, tone of voice, posturing and expressions. Demeanor is closely related to "patient awareness" within the category of "relational space". It is more sensory-based and contextual to clinical communication.
 - ✓ Affect ("feeling for"): describes the extent to which healthcare providers actively connects with their patients' emotions; as well as their influence over the process. In relation to compassion, affect is characterized by vulnerability and action, requiring healthcare providers to enter the relational space and position themselves; to be in the "patient's shoes" as clinical information is being shared.
 - ✓ Behaviors ("doing for"): associated with relational communication and the use of interpersonal skills in clinical communication, which convey compassion. Compassion-related behaviors vary in expression; behaviors share a commonality that distinguish them from general caring of health care providers to give not only of themselves as a



professional but as a person. The primary behaviors associated with relational communication is described by patients as showing respect; physical displays of caring; and listening and supportive words.

- ✓ Engagement (“being with”): refers to the degree to which patients feel healthcare providers are actively present in the clinical encounter.
 - The first aspect of engagement is attentiveness through nonverbal actions (e.g. sitting versus standing at the patient’s bedside) and temporal indicators (e.g. communicating regularly with patients about their needs or communicating potential health issues to other members of the patient’s care team).
 - Acknowledgment, the second essential aspect of engagement, involves recognizing the personal impact of suffering, reflecting back to the patient, and integrating this information into subsequent interactions.
 - The final aspect of engagement is dialogue, which consists of healthcare providers communicating clinical information accurately and sensitively, including the effective use of silence and allowing patients to participate in the clinical conversation

1.3. Tips to establish rapport: To build lasting relationships with your clients, follow these tips.

1.3.1. Focus on Exceptional Communication

- Timely, efficient communication should be a priority. Of course, communication with a single client should not consistently and unreasonably encroach on your personal time or negatively affect your productivity. However, being available demonstrates that your client’s project and satisfaction are important to you. In



In addition to timely and thorough communication, it's also important to make your clients feel comfortable being open and honest with you. They should feel that their ideas and concerns will be taken seriously.

1.3.2. Maintain a Positive Attitude

- As an independent professional, you carry a number of responsibilities. As stressed out or overwhelmed as you may feel, it's important to show a positive face to your clients. Exude the energy and confidence that you want your clients to feel about your work. Enthusiasm and zeal are attractive personality traits that people enjoy being around and that clients enjoy working with.

1.3.3. Acknowledge Your Client as an Individual

- While your relationship with your client is of a professional nature, acknowledging that you see them as a person—that is, more than just a paycheck—can go a long way. The extent to which this personal connection is appropriate will vary depending on your industry, client type, and the individual client's personality. If you know your client is a parent, you may simply ask how their children are doing. If you have a closer relationship with your client, something more personal such as emailing them a news article about their favorite musician might be appropriate and appreciated.

1.3.4. Share Knowledge

- If your client doesn't understand your area of expertise, they may feel ignorant about the intricacies of the process and therefore



disconnected from the development of the project. This is your opportunity to share information that will help the client understand what you do, which will build trust and confidence in the process. Explaining to your client what you did, why you did it, and how you came to your decision will help them feel knowledgeable and in-the-loop.

1.3.5. Be Open

- In order to build a strong and lasting relationship with clients, they must be able to trust and rely on you as an expert. That's why it's crucial to maintain a policy of openness when it comes to your professional opinions and point of view regarding the best interests of the project. It can be tempting to want to appear agreeable and avoid uncomfortable confrontation by telling a client what you think they want to hear or withholding your true opinion about their project. However, these practices are not only counterproductive, but can also damage your reputation, decreasing your chances of a lasting relationship. By confidently expressing your honest opinions, clients will respect your initiative and desire for excellence.

1.3.6. Exceed Expectations

- One of the best ways to help build a strong relationship with a client is to develop a reputation as an independent professional who delivers exceptional results. Make sure that you don't oversell yourself and promise unrealistic results. By setting reasonable expectations, you give yourself the opportunity to completely impress the client with the final project and position yourself as someone they would like to continue to work with.



- Consider your client and determine what would be valuable to them. The key is to find the opportunity to go above and beyond in a manner that your clients will appreciate.

1.4. Proper information for accurate diagnosis: relies on the following Principles of communication

1.4.1. Shared perception: for communication to be effective the perception of the sender should be as close as possible to the perception of the receiver. The extent of understanding depends on the extent to which the two minds come together.

1.4.2. Sensory involvement: the more senses involved in communication, the more effective it will be. If I hear, I forget. If I see, I remember. If I do, I know.

1.4.3. Face to face: when communication takes place face-to-face it is more effective.

1.4.4. Two-way feedback: any communication without a two-way process is less effective because of lack of opportunity for concurrent, timely and appropriate feedback.

1.4.5. Clarity: ideas, facts and opinions should be clear to the sender before communication happens. Communication should always use direct, simple and easily understandable language.

1.4.6. Correct information: the sender should have at hand correct, current and scientific information before communicating it.

1.4.7. Completeness: subject matter must be adequate and full. This enables the receiver to understand the central theme or idea of a message. Incomplete messages may result in misunderstandings.

1.5. Effective interaction in health system includes :

1.5.1. Teamwork: Teamwork is the collaborative effort of a group to achieve a common goal or to complete a task in the most effective and efficient way. This concept is seen within the greater framework of a team, which is a



group of interdependent individuals who work together towards a common goal.



Figure 3.1. Team work

- 1.5.2. Respect: Respect, also is called esteem, is a positive feeling or action shown towards someone or something considered important, or held in high esteem or regard.
- 1.5.3. Politeness: Politeness is the practical application of good manners or etiquette. It is a culturally defined phenomenon, and therefore what is considered polite in one culture can sometimes be quite rude or simply eccentric in another cultural context.

Table1.1. definition of politeness



❖ What is politeness

Politeness means having or showing good manners and respect for the feelings of others (Wehmeier 2000, p. 976).

❖ Challenges in the study of politeness.

Understanding the differences of interpretation that different cultures make of certain kind of behavior.

Example:

1-what counts as an apology in one culture may be seen as an expression of thanks in another.

2- what constitutes a proper request in one culture may be seen very rude in another.

يعطيك
العافية
(المغرب)

Shake hands with
men)muslims (



Figure 3.2. Challenges in politeness <https://www.youtube.com/watch?v=YrnpV2jmFLE>



Figure 3.3. Principles of respect full care

1.6. Compassionate therapeutic instructions: include but not limited to:

- Instructions respecting patients dignity
- Instructions consulting patients feelings and demands
- Cooperative instructions

1.6.1. Summary Quality of Compassionate care

- ✓ Being sensitive
- ✓ Sympathetic
- ✓ Empathy
- ✓ Distress tolerance:
- ✓ Not to condemn or judge:
- ✓ Caring:

1.6.2. Summary Elements of compassionate care

- Virtue
- Relational space
- Virtuous Response
 - ✓ Knowing the person:



- ✓ Seeing the person as priority
- ✓ Beneficence
- ✓ Seeking to Understand
- ✓ Relational Communication :
 - Demeanor (“being”):
 - Affect (“feeling for”):
 - Behaviors (“doing for”):
 - Engagement (“being with”):
- ✓ Patient-Reported Outcomes
- ✓ Principles of compassionate care :
 - Attention
 - Acknowledgement
 - Affection
 - Acceptance

1.7. Compassion and concern for a patient

- Compassionate Care Affects Patient Outcomes
- Patients want to feel cared for and listened to and [whether they feel that way] is based on the actions of the health worker. It begins with nurses providing compassionate, patient-centered care.
- Compassion allows a patient to feel cared for, respected and trust that the health worker has his or her best interest in mind
- Sitting in a chair next to the patient, listening without interrupting, following through on requests and simply asking the patients what they need from a physical, mental and spiritual standpoint is essential in truly understanding the patient,” said Heitmeyer, recommending health worker practice in a calm manner and answer all of the patient’s questions.



Figure 3.4. Health worker compassionate care

1.8. Non-violent communication

1.8.1. Nonviolent Communication (abbreviated NVC, also called Compassionate Communication or Collaborative Communication) is an approach to nonviolent living developed by Marshall Rosenberg beginning in the 1960s. ... NVC theory supposes all human behavior stems from attempts to meet universal human needs.

1.8.2. Why is nonviolent communication important? They make reference to their diagnosis, history, or experiences. The point is to avoid the consequences of being responsible for what happened. As you can see, nonviolent communication requires a good deal personal effort from all parties. However, the benefits of nonviolent communication make the effort well worth it.

1.8.3. Four Components of non violent communication

- Observation: Observation without evaluation consists of noticing concrete things and actions around us. We learn to distinguish between judgment and what we sense in the present moment, and to simply observe what is there.
- Feeling: When we notice things around us, we inevitably experience varying emotions and physical sensations in each



particular moment. Here, distinguishing feelings from thoughts is an essential step to the NVC process.

- Needs: All individuals have needs and values that sustain and enrich their lives. When those needs are met, we experience comfortable feelings, like happiness or peacefulness, and when they are not, we experience uncomfortable feelings, like frustration. Understanding that we, as well as those around us, have these needs is perhaps the most important step in learning to practice NVC and to live empathically.
- Request: To make clear and present requests is crucial to NVC's transformative mission. When we learn to request concrete actions that can be carried out in the present moment, we begin to find ways to cooperatively and creatively ensure that everyone's needs are met.

1.9. Communication that empowers individuals to achieve greater empathy for others by developing their own sense of their feelings and needs

1.10. Communication used to heal:

- ✓ emotional wounds,
- ✓ develop emotional intelligence,
- ✓ resolve conflicts, and
- ✓ create win-win solutions



Table 1.2: benefit of effective communication

Benefits of Effective Communication
Patient may disclose more information
Enhances patient satisfaction
Builds rapport between patient and professional
Patient is more involved in decision making
Leads to more accurate diagnosis
Leads to more realistic patient expectations
Better patient adherence to treatment
Patient more open to seeking further care

Rules for Effective Communication

Message must be clear

Sender must deliver message clearly and concisely

Receiver must be able to hear and receive the message

Receiver must be able to understand the message

Interruption or distractions must be avoided



Figure 3.4. Rules for effective communication

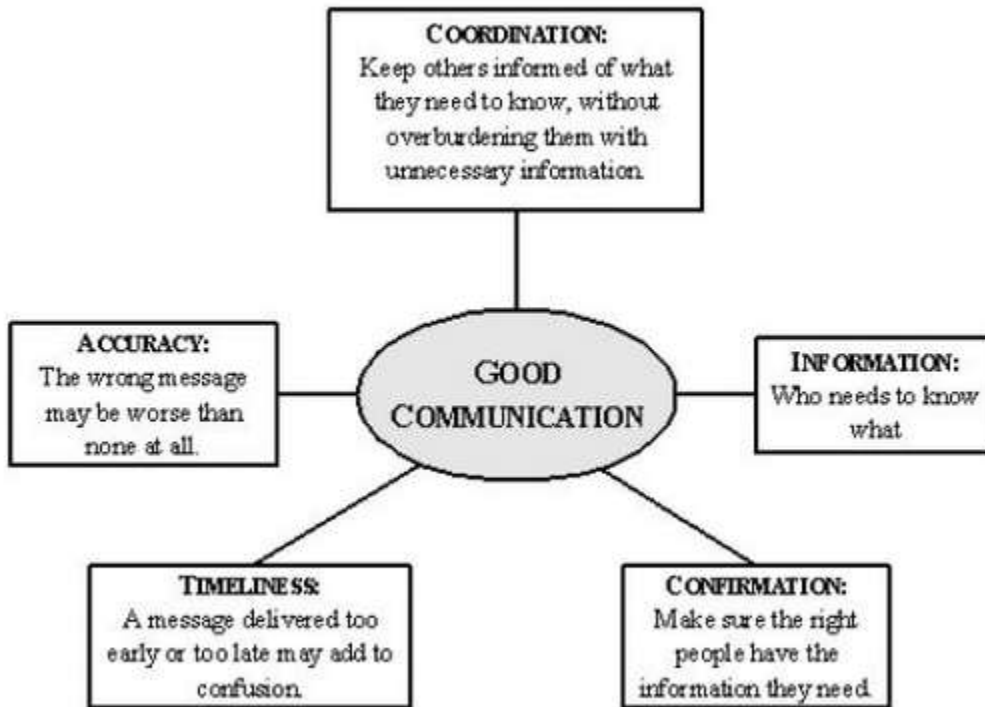


Figure 3.6. Features of good communication

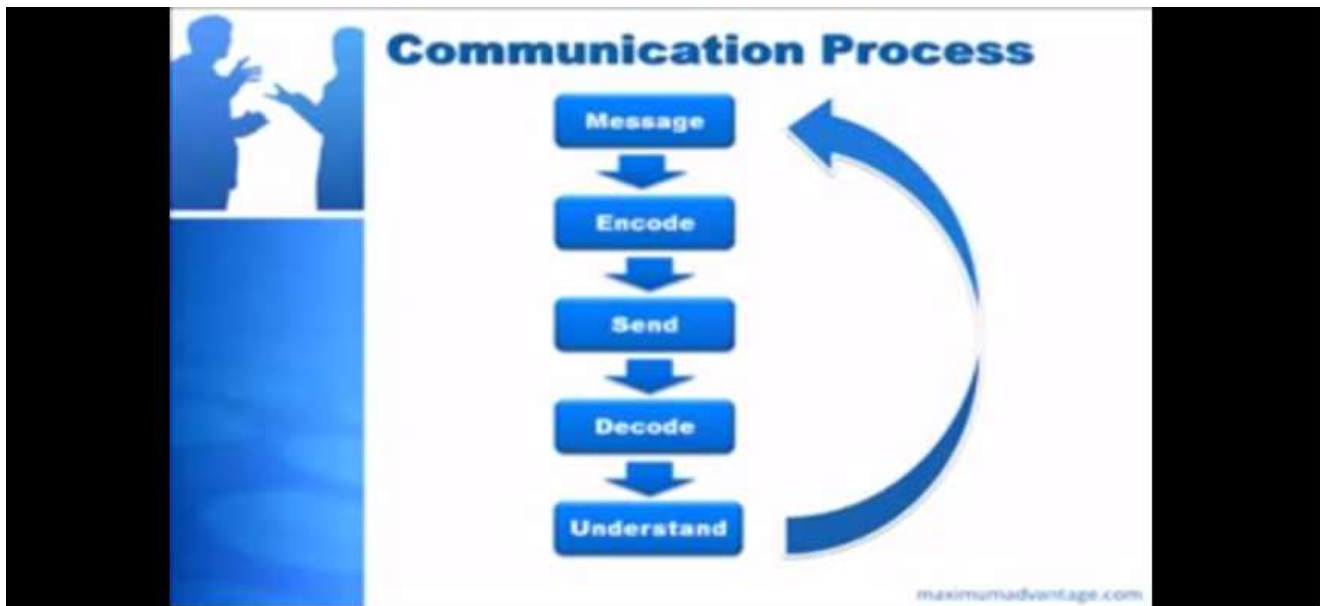


Figure 3.7. Communication process (video <https://www.youtube.com/watch?v=g6u0AVn-NUM>)

1.11. Inappropriate Ways of Nonverbal Communication

- Body language makes up 98 percent of the conversation; studies show it's true. Good or even neutral body language signals help you achieve your communication goals. But inappropriate signals — such as clenching your fists, finger-pointing, a hard stare or lack of eye contact, invasion of personal space and crossing your arms — all give off negative vibes.



Figure 3.8. Aggressive face

- Clutching your fists and leaning forward in the seated position displays that you are angry and ready to engage in physical battle. This position is also meant to intimidate others by threatening impending violence against them. If you find yourself in an argument, or feel defensive of someone who is criticizing you, take note of this type of body-language signal — especially if you are communicating with women. If you feel yourself losing control internally and your body is expressing this frustration, excuse yourself from the situation until you have the chance to cool down.



Fists Clenched, Leaning Forward



Figure 3.9 Fists Clenched, Leaning Forward

- Pointing the finger at people with whom you are quarreling will usually get them defensive. Useless you're speaking to a two-year-old child, pointing your index finger while speaking gives you an authoritarian posture and forces the other person to respond in kind — or shut down completely. Instead of forming your finger like a gun barrel to make your point, open your hands, palms up, to show you're not a threat and encourage the person with whom you're speaking to stay open to your position.





Figure 3.10. Finger-Pointing

1.12. Informing, educating and counseling clients

1.12.1. Informing - The new idea is introduced and made familiar to the target audience.

1.12.2. Educating - The new idea is explained including its strengths and weaknesses.

1.12.3. Persuading- The audience is given convincing argument that motivates them to take an action or accept a new idea.

1.12.4. Prompting/entertaining - The attention of the audience is drawn to the new idea by stimulating the audience's emotions

1.12.5. Counseling (one-to-one communication) is a helping process where one person explicitly and purposefully gives his or her time to assist people to explore their own situation, and act on a solution. The process includes several steps through which the counselor first understands the problem and then helps people to understand their problem for themselves. After this the counselor needs to work together with the person to find solutions that are appropriate to their situation. Counseling involves helping people to make decisions and gives them the confidence to put their decisions into practice.



Figure 3.11. Counselling can focus on specific health issues, such as how to take medication. (Photo:I-TECH/Julia Sherburne)



- Counseling is not advice — it is a helping process in which people are helped to make choices. Advice on the other hand is usually based on opinions or suggestions about what could be done about a situation or problem. It is an opinion given by someone who is considered to be an expert. With advice, the decision is made by the health worker — and then the clients are expected to follow that decision. In counseling, the decisions are made by the clients themselves.

Box 1.1 rules for counseling

- **Good relationships:** A counsellor must build a good relationship from the beginning with the person they are trying to help.
- **Feelings:** A counsellor should develop *empathy* (understanding and acceptance) for people's feelings, not *sympathy* (sorrow or pity). The counsellor's task is to listen carefully. *Empathy* is the ability to imagine yourself in someone else's situation so you can get a better sense of what they are feeling and experiencing. It involves understanding the client's verbal and emotional behaviour. It requires comprehending another person's feelings, emotions and perspective, rather than imposing your own.
- **Identifying needs:** A counsellor seeks to understand a problem as the client sees it from their point of view. The clients must identify their own problems for themselves. The use of open questions will help here, not just those questions requiring a yes or no answer.
- **Participation:** As a counsellor you should work with the clients towards finding their own solution. A counsellor should never try to persuade people to accept their advice.
- **Privacy and confidentiality:** Information that you might gather during your work, especially during counselling, must be kept secret from all other people, even from the client's relatives. The places where you do counselling should be arranged in such a way that no one can listen to your private discussions.
- **Provide information:** Although counsellors do not give advice, as a health worker you should share information and ideas on resources which the clients may need in order to make an informed decision.



Self-Check –1	Written Test
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Directions: Answer all the questions listed below.

1. Quality of Compassionate care **excludes**
 - A. Being sensitive
 - B. Empathy
 - C. Sympathetic
 - D. Being judgmental
2. Components of non violent communication **excludes**
 - A. Observation
 - B. Needs
 - C Feeling
 - D. clenching feast
3. one-to-one communication is represented as
 - A. Informing
 - B. Persuading
 - C. Educating
 - D. Counseling
4. Match the following relational communication to their meaning :

A	B
1. Demeanor	A. feeling for
2. Affect	B. being
3. Behaviors	C. being with
4. Engagement	D. doing for

Note: Satisfactory rating - 4 points

Unsatisfactory - below 4 points

Answer Sheet

Score = _____

Rating: _____

Name: _____

Date: _____

Short Answer Questions



Operation sheet 1	Demonstrating Health care communication process
-------------------	---

1.1. Steps of counseling

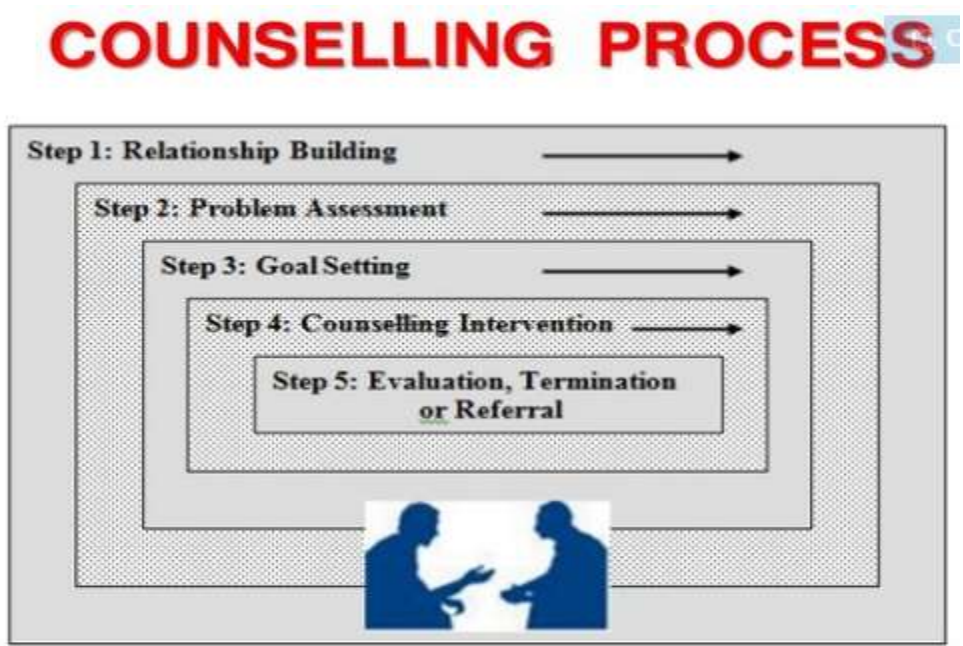


Figure 3.12. Counseling process



LAP test

Name: _____ Date: _____

Time started: _____ Time finished: _____

Instructions: Given necessary templates, tools and materials you are required to perform the following tasks within 01:00 hour.

1. Demonstrate counseling process.



List of reference materials

1. Compassionate, respect full care module development was held on October, 2017 at Ethiopian Management institute, Bishoftu Ethiopia.
2. Training modules
3. Text books
4. National health policy
5. Ethics guidelines
6. CRC modules Kumer,2017,6th edition
7. EDHS,2016
8. Compassionate, respect full care module development was held on October, 2017 at Ethiopian Management institute, Bishoftu Ethiopia



Health Extension Service

Level III -

Learning Guide -4

Unit of Competence:	Provide Compassionate, Respectful and Caring Service
Module Title:	Providing Compassionate, Respectful and Caring Service
LG Code:	CON RCW2 M01 LO4-LG-4
TTLM Code:	CON RCW2 TTLM 0919v1

LO 04: Provide respectful care for Clients



Instruction Sheet	Learning Guide # 4
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This learning guide is developed to provide you the necessary information regarding the following content coverage and topics:

- Incorporating client's knowledge, values, beliefs and culture into the planning and delivery care
- Provide accurate information for decision making
- Engaging a patient in health care for decision making
- Communicating complete and unbiased information
- Establishing collaboration in health care system
- Patient's rights to access care

This guide will also assist you to attain the learning outcome stated in the cover page.

Specifically, upon completion of this Learning Guide, you will be able to::

- incorporate Patient and family knowledge, values, beliefs and cultural backgrounds into the planning and delivery of care
- communicate and share patient and families complete and unbiased information with in ways that they are affirming and useful
- provide Patients and families timely, complete, and accurate information in order to effectively participate in care and decision-making.
- encourage and support Patients and families are in participating in care and decision-making at the level they choose
- Establish Collaboration between patients, families, health care practitioners and hospital leaders in policy and program development, implementation, and evaluation; in



health care facility design; and in professional education, as well as in the delivery of care.

- Respect Patient's rights to access care, transfer and continuity of care.

Learning Instructions:

1. Read the specific objectives of this Learning Guide.
2. Follow the instructions described below 3 to 6.
3. Read the information written in the information "Sheet 1, Sheet 2, Sheet 3, Sheet 4 Sheet 5 and Sheet 6"
4. Accomplish the "Self-check 1, Self-check 2, Self-check 3, Self-check 4. Self-check 5 and Self-check"
5. If you earned a satisfactory evaluation from the "Self-check" proceed to "Operation Sheet 1"
6. Do the "LAP test" in **page – 88** (if you are ready)

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Information Sheet-1	Incorporating client's knowledge, values, beliefs and culture into the planning and delivery care
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1.1. Respect and dignity: may have different meaning to different people based on their culture, background, values and beliefs. Diversity of clients/ patients / in terms of ethnicity, religion, belief, culture, language, age, gender, disability , mental status , and social conditions shall be taken into account when we assess , examine ,diagnosing , plan and manage any health condition. Health care providers must fully appreciate the need to ensure that services are provided in a way that respects individuality as well as the ways in which personality impacts on user's perceptions of the services that are provided. Health care providers themselves shall understand the impact of their own personal values beliefs could impact the practice of care. Health care providers must play a key role in translating the understanding and knowledge regarding diversity and uniqueness of patients in to clear practices of care planning and provision. When providing care and treatment, health care providers should understand the implications of the individual's mental capacity, knowledge, and experience, their involvement and level of participation in care planning and treatment.

1.2. Respect the clients and family socio cultural back ground

1.2.1. Respect and Dignity

- Dignity: **The** word dignity originates from two Latin words: 'dignitus' which means merit and 'dignus' meaning worth. It is defined from two perspectives:
 - ✓ Dignity is a quality of the way we treat others.
 - ✓ Dignity is a quality of a person's inner self.
- Types of Dignity: There are four types of dignity: dignity of human being, personal identity, merit and moral status.



- ✓ Dignity of human being; - This type of dignity is based on the principle of humanity and the universal worth of human beings their inalienable rights- which can never be taken away.
- ✓ Dignity of personal identity; this form of dignity is related to personal feelings of self-respect and personal identity, which also provides the basis for relationships with other people.
- ✓ Dignity of merit. This is related to a person's status in a society.
- ✓ Dignity of moral status;-This is a variation of dignity of merit, where some people have a personal status because of the way they perceived and respected by others.

1.2.2. Attributes of Dignity

There are four attributes of dignity:

- ✓ Respect: self-respect, respect for others, respect for people, confidentiality, self-belief and believe in others
- ✓ Autonomy: having choice, giving choice, making decisions, competence, rights, needs, an independence
- ✓ Empowerment: Feeling of being important and valuable, self-esteem, self-worth, modesty and pride.
- ✓ Respectful: - the kind of care, in any setting, which supports and promotes, and does not undermine a person's self-respect, regardless of any differences.
- ✓ Communication (may be verbal or non feeling comfort, and giving time to the patients / families.

1.2.3. Definition of Respect

- ✓ It is a term which is intimately related to dignity
- ✓ It is probably the most important action verb used to describe how dignity works in practice
- The action meanings of the word respect are:

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- ✓ Pay attention to
- ✓ Honoring Avoiding damage e.g. insulting, injuring
- ✓ Not interfering with or interrupting
- ✓ Treating with consideration
- ✓ Not offending

1.3. Dignity, respect and culture in the health care setting

Treating clients with dignity implies treating them with courtesy and kindness, but it also means;

- ✓ Respecting their rights
- ✓ Giving them freedom of choice
- ✓ Listening and taking into consideration what they say and
- ✓ Respecting their wishes and decisions, even if one disagrees.
- ✓ Treating clients with dignity implies being sensitive to clients' needs and doing one's best for them, but it also means:
 - ✓ Involving them in decision making
 - ✓ Respecting their individuality
 - ✓ Allowing them to do what they can for themselves and
 - ✓ Giving them privacy and their own personal space



Self-Check -1	Written Test
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Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. Which type of dignity is related to a person's status in a society?(2)
 - A. Dignity of human being
 - B. Dignity of personal identity
 - C. Dignity of merit
 - D. Dignity of moral status
 - E. None

Note: Satisfactory rating - 2 points Unsatisfactory - below 2 points

You can ask your teacher for the copy of the correct answers.

Answer Sheet

Score = _____
Rating: _____

Name: _____

Date: _____

Short Answer Questions



Information Sheet-2	Provide accurate information for decision making
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2.1. Informed consent: Informed Consent is legal document whereby a patient signs written information with complete information about the purpose, benefits, risks and other alternatives before he/she receives the care intended. It is a body of shared decision making process, not just an agreement. Patient must obtain and being empowered with adequate information and ensure that he/she participated in their care process.

For consent to be valid, it must be voluntary and informed, and the person consenting must have the capacity to make the decision. These terms are explained below:

- Voluntary: the decision to either consent or not to consent to treatment must be made by the person him or herself, and must not be influenced by pressure from medical staff, friends or family. This is to promote the autonomy of the patient.
- Informed: the person must be given all of the information in terms of what the treatment involves, including the benefits and risks, whether there are reasonable alternative treatments and the consequences of not doing the treatment. This will help to avoid harm—patients may harm themselves if they decide based on unwarranted and incorrect information.
- Capacity: the person must be capable of giving consent, which means they understand the information given to them, and they can use it to make an informed decision.

2.1.1. Information for patients:

Effective communication is key to achieving informed consent. You should take appropriate steps to find out what patients want to know about the laboratory procedure to be carried out for them and what they ought to know about the laboratory sampling procedure requirements, the duration of test accomplishment and laboratory diagnosis or test to be performed. Every adult patient is presumed to have the capacity to make decisions about their own healthcare. A care provider or laboratory worker has a duty to



assist patients to make informed decisions by giving them information in a clear and comprehensible manner; and ensure that they have appropriate support.

A Laboratory worker should consider patients' individual needs and priorities when providing information. For example, a client's or patients' beliefs, culture, occupation or other factors may have a bearing on the information when making a decision.

The laboratory worker should ask a patient whether they have understood the information they have received and if they need more information before making a decision. The laboratory worker must answer any questions the patient might have.

Also, the laboratory worker must not withhold any information necessary for the patient to make an informed decision unless disclosure would cause the patient serious harm. In this context 'serious harm' does not imply becoming upset or decide to refuse treatment.

2.1.2. Timing of consent process:

Obtaining informed consent cannot be an isolated event. It involves an ongoing process of keeping or in pain and therefore less likely to make a calm and reasoned decision. Where possible, you should explain risks well patients up to date with any changes in their condition and the treatments or investigation proposed. Whenever possible, the laboratory worker should discuss available sampling procedure options at a time when the patient is best able to understand and retain the information. It is not recommended to seek consent when a patient may be stressed, sedated in advance of an intervention.



Self-Check -2	Written Test
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Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

- 1. For the consent to be valid, it must be(2)
 - A. Voluntary
 - B. Informed
 - C. The must be capable/ capacity
 - D. All

Note: Satisfactory rating - 2 points

Unsatisfactory - below 2 points

You can ask you teacher for the copy of the correct answers.

Answer Sheet

Score = _____
Rating: _____

Name: _____

Date: _____

Short Answer Questions



Information Sheet-3	Engaging a patient in health care for decision making
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3.1. Engagement: Refers to the degree to which patients feel healthcare providers are actively present in the clinical encounter.

- The first aspect of engagement is attentiveness through nonverbal actions (e.g. sitting versus standing at the patient's bedside) and temporal indicators (e.g. communicating regularly with patients about their needs or communicating potential health issues to other members of the patient's care team).
- Acknowledgment, the second essential aspect of engagement, involves recognizing the personal impact of suffering, reflecting back to the patient, and integrating this information into subsequent interactions.
- The final aspect of engagement is dialogue, which consists of healthcare providers communicating clinical information accurately and sensitively, including the effective use of silence and allowing patients to participate in the clinical conversation.

3.1.1. Decision making for incompetent patients: many patients may be incompetent to make a decision for themselves. Example, include young children, individuals affected by certain psychiatric or neurological conditions which potentially impair their decision making ability, and those who are temporarily unconscious or comatose. These patients require substitute decision-makers. Ethical issues arise in the determination of the appropriate substitute decision-makers and in the choice of criteria for decisions on behalf of incompetent patients.

3.1.2. Refusal of any laboratory care: Every adult with power to decide is entitled to refuse medical help. The laboratory must respect a patient's decision to refuse any laboratory services, even if he or she disagrees with the patient's decision. In these circumstances, the laboratory technician or technologist should clearly explain to the patient the possible consequences of refusing laboratory diagnosis and offer the patient the opportunity to receive a second medical opinion if possible.



Self-Check -3	Written Test
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Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. Every adult with power to decide is entitled to refuse medical help.(2)
A. True B. False

Note: Satisfactory rating - 2 points

Unsatisfactory - below 2 points

You can ask you teacher for the copy of the correct answers.

Answer Sheet

Score = _____
Rating: _____

Name: _____

Date: _____

Short Answer Question



Information Sheet-4	Communicating complete and unbiased information
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4.1. Communicating with individuals in ways that are meaningful to them : Communication plays a key role in understanding individual needs and preferences. This is fundamental to care provision to ensure dignity and respect. Verbal, non-verbal and body language are important elements of communication and these are affected by individual’s culture, disability and language. Maintaining confidentiality and transparency is also fundamental for good communication. It is essential that care providers understand these factors and provide opportunities for the service user to express their wishes and concerns to their care providers.

- There are four specific themes and associated subthemes that convey compassion within clinical communication
 - ✓ Demeanor(“being”): Refers to the disposition of healthcare provider that is conveyed through nonverbal communication, such as body language, eye contact, tone of voice, posturing and expressions. Demeanor is closely related to “patient awareness” within the category of “relational space”. It is more sensory-based and contextual to clinical communication.
 - ✓ Affect (“feeling for”): Describes the extent to which healthcare providers actively connects with their patients’ emotions; as well as their influence over the process. In relation to compassion, affect is characterized by vulnerability and action, requiring healthcare providers to enter the relational space and position themselves; to be in the “patient’s shoes” as clinical information is being shared.
 - ✓ Behaviors (“doing for”): Associated with relational communication and the use of interpersonal skills in clinical communication, which convey compassion. Compassion- related behaviors vary in expression;



behaviors share a commonality that distinguish them from general caring of health care providers to give not only of themselves as a professional but as a person. The primary behaviors associated with relational communication are described by patients as showing respect; physical displays of caring; and listening and supportive words.

- ✓ Engagement (“being with”): Refers to the degree to which patients feel healthcare providers are actively present in the clinical encounter. The first aspect of engagement is attentiveness through nonverbal actions (e.g. sitting versus standing at the patient’s bedside) and temporal indicators (e.g. communicating regularly with patients about their needs or communicating potential health issues to other members of the patient’s care team). Acknowledgment, the second essential aspect of engagement, involves recognizing the personal impact of suffering, reflecting back to the patient, and integrating this information into subsequent interactions. The final aspect of engagement is dialogue, which consists of healthcare providers communicating clinical information accurately and sensitively, including the effective use of silence and allowing patients to participate in the clinical conversation.



Meaningful communication

- Avoid Using Medical Jargons
- Avoid mixing foreign language with local language
- Use culturally appropriate eye contact
- Use body language that encourage clients to express their view without fear
- Provide tailored information appropriate to the client’s needs
- Allow sufficient time to actively listening and reflect on what was being said

4.1.2. Communication techniques

Effective communication is very mandatory to ensure dignity and respectful care.

Meaningful communication



- ✓ Avoid using Medical Jargons
- ✓ Avoid mixing foreign language with local language
- ✓ Use culturally appropriate eye contact
- ✓ Use body language that encourage clients to express their view without fear
- ✓ Provide tailored information appropriate to the client' s needs
- ✓ Allowed sufficient time to actively listening and respect on what was being said.

4.1.3. Conversation skills:-

- ✓ Control the tone of your voice so that you are conveying exactly what you mean to say.
- ✓ Be knowledgeable about the topic of conversation and have accurate information.
- ✓ Be flexible
- ✓ Be clear and concise
- ✓ Avoid words that may be interpreted differently
- ✓ Be truthful
- ✓ Keep an open mind
- ✓ Take advantage of available opportunities

4.1.4. Listening Skills- is a skill that involves both hearing and interpreting what is said. It requires attention and concentration to sort out, evaluate, and validate clues so that one understands the true meanings in what is being said. Listening requires concentrating on the client and what is being said

- Techniques to improve listening skills. Whenever possible sit when communicating with a client
 - ✓ Be alert but relaxed and take sufficient time so that the client feels at ease during the conversation
 - ✓ If culturally appropriate maintain eye contact with the client
Indicate that you are paying attention to what the client is saying
 - ✓ Think before responding to the client
 - ✓ Listen for themes in the client's comments.
- Use of silence-The nurse can use silence appropriately by taking the time to wait for the client to initiate or continue speaking. During period of silence, the nurse has the



opportunity to observe the clients verbal and non verbal messages simultaneously.
Periods of silence during communication Introduction to Professional Nursing and
Ethics 139 demonstrating comfort and contentment in the nurse-client relationship



Self-Check -4	Written Test
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Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. Which of the followings is/are techniques of effective communication in patient care(2)
 - A. Avoid using medical jargons
 - B. Use culturally appropriate eye contact
 - C. Allow sufficient time to actively listening
 - D. All

Note: Satisfactory rating - 2 points

Unsatisfactory - below 2 points

You can ask you teacher for the copy of the correct answers.

Answer Sheet

Score = _____

Rating: _____

Name: _____

Date: _____

Short Answer Question





Information Sheet-5	Establishing collaboration in health care system
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5.1. Establishing collaboration: In many health systems, integrated care is seen as a possible solution to the growing demand for improved patient experience and health outcomes of multi morbid and long-term care patients. During the last decade different models and approaches to integrated care have been widely applied and documented across a variety of settings, which has resulted in the multiplicity of definitions and conceptual frameworks.

Integrated care is often contra posed to fragmented and episodic care, and it is used synonymously to terms like coordinated care and seamless care, among others. However, there is no unifying definition or common conceptual understanding of integrated care, which is most likely, a result of ‘the polymorphous nature of integrated care itself’ In effect, the perspectives that construct the concept are likely to be shaped by views and expectations of various stakeholders in the health system.

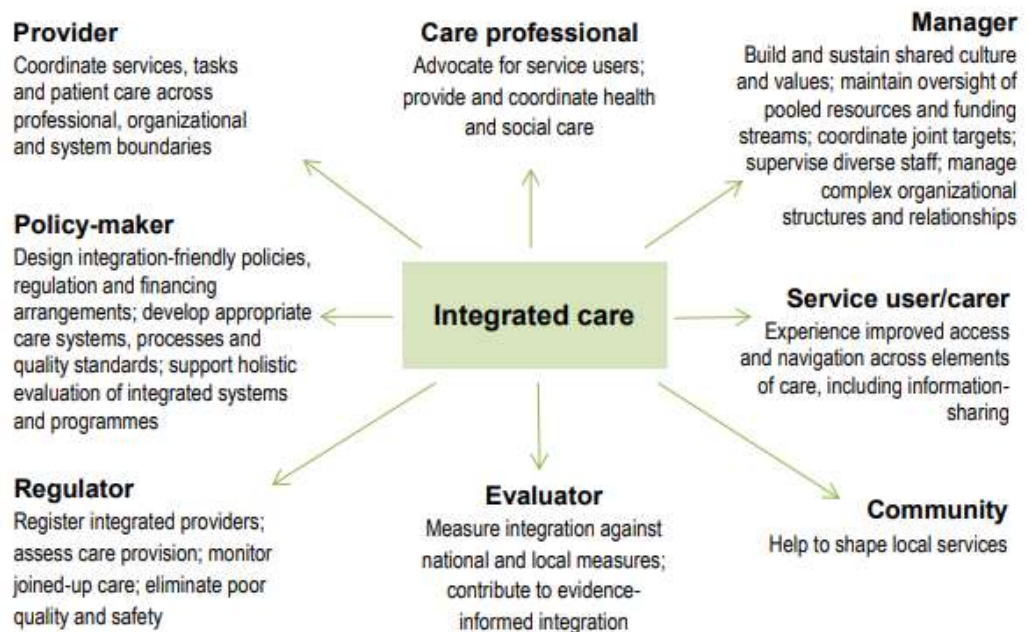


Fig 5.1 work relation ship



- Helping Relationship; The helping relationship is sometimes called therapeutic or client nurse relationship. The goals of a helping relationship between a nurse and a client are determined cooperatively and are defined in terms of the client's needs.
- Broadly speaking common goals might include:
 - ✓ Increased independence,
 - ✓ Greater feelings of worth and
 - ✓ Improved physical well being
- Basic Characteristics of a Helping Relationship
 - ✓ Dynamic
 - ✓ Purposeful and time limited
 - ✓ The person providing the assistance in a helping relationship assumes the dominant role Collaborating positive work relationship is very important to provide respectful health care.



Self-Check -5	Written Test
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Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. Which one is not Basic Characteristic of a Helping Relationship(2)

- A. Dynamic
- B. Purposeful and time limited
- C. The person providing the assistance in a helping relationship
- D. None

Note: Satisfactory rating - 2 points

Unsatisfactory - below 2 points

You can ask you teacher for the copy of the correct answers.

Answer Sheet

Score = _____

Rating: _____

Name: _____

Date: _____

Short Answer Question



Information Sheet-6	Patient's rights to access care
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6.1. Patient rights: Ethical and legal rationale behind ensuring informed consent is to respect the patient's autonomy and their right to control their own life. The basic idea of personal autonomy is that everyone's actions and decisions are their own. Therefore, the patient has the right to get full information and decide what happens to their own body. Healthcare providers should respect the right of the patient to choose treatment and accept or reject the recommendation provided to him. This is stipulated in Codes of Ethics of different health professions, international documents, as well as in legal documents like regulation 299/2013, directives and standards.

- Patient's informed consent: Ethiopia Council of minister's regulation 299/2013, Article
 - ✓ Medical service may not be provided without obtaining the patient's informed consent
 - ✓ Notwithstanding the provision of sub-article 1 of this article, medical service may be provided to a patient without obtaining his/her consent when:
 - a. The patient is unable to give his consent and such consent is given by;
 - ✓ A person authorized by the patient in writing to give consent on his behalf;
 - ✓ In the absence of a person authorized to give such consent, the spouse, child, parent, brother, or sister of the patient or
 - ✓ A person authorized to give such consent in accordance with the law or a court order



b. Failure to treat the patient may result in a serious risk to public health

c. The patient has not expressly or in any other way refused to get the medical service and any delay in the provision of medical service could result in irreversible damage on his/her health

- ✓ Any health professional shall make reasonable effort to obtain the patient's informed consent
 - ✓ The health professional shall explain to the patient who refused to get medical services, the possible risks of his refusal on his health and shall record same in writing
 - ✓ A consent given under this article shall be valid when it is obtained from the patient or any other third party in writing, unless it is permitted by directives to be expressed orally or through conduct.
- General principle: You should ensure that informed consent be given by a patient before any laboratory procedure is carried out. The ethical and legal rationale behind this is to respect the patient's autonomy and their right to control his or her life. The basic idea of personal autonomy is that everyone's actions and decisions are his or her own.



Self-Check -6	Written Test
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Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. the patient has the right to get full information and decide what happens to their own body(2point)
A. True B. False

Note: Satisfactory rating - 2 points

Unsatisfactory - below 2 points

You can ask you teacher for the copy of the correct answers.

Answer Sheet

Score = _____
Rating: _____

Name: _____

Date: _____



Operation Sheet- 1	Communicating complete and unbiased information
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Procedures of effective communication

Step 1: Organizing your Thoughts

Identify all the people you want your message to reach.

Identify what action you want your audience to take after receiving your message.

Identify what information your receivers need the message to contain.

STEP 2: Compose and encode your message

Determine how you are going to communicate your message e.g. face to face or email?

Does your audience prefer high-level big picture information or more detailed information?

STEP 3: Deliver your message

What is the right time to deliver your message?

STEP 4: Receive feedback

Analyze your feedback



LAP Test	Practical Demonstration
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Name: _____ Date: _____

Time started: _____ Time finished: _____

Instructions: Given necessary templates, tools and materials you are required to perform the following tasks within –30 minute

Task .1. Perform effective communication



List of Reference Materials

1. Providing Compassionate, Respectful and Caring Services Learning Module Module code: HLT MLS4 MO 16(X) 1017 December, 2017 Bishoftu, Ethiopia
2. Blasdell ND (2017) The Meaning of Caring in Nursing Practice. Int J Nurs Clin Pract 4: 238. doi: <https://doi.org/10.15344/2394-4978/2017/238>
3. Introduction to Professional Nursing and Ethics (LECTURE NOTES For Professional Nursing Students)
4. Nursing: scope and standard of practice, 3rd edition



Health Extension Service

Level III -

Learning Guide -5

Unit of Competence:	Provide Compassionate, Respectful and Caring Service
Module Title:	Providing Compassionate, Respectful and Caring Service
LG Code:	CON RCW2 M01 LO5-LG-5
TTLM Code:	CON RCW2 TTLM 0919v1

LO 05: Function with legal and ethical framework through responsibility and accountability



Instruction Sheet	Learning Guide #5
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This learning guide is developed to provide you the necessary information regarding the following **content coverage** and topics –

- Legislation and common laws
- Policies and procedures
- Confidentiality of individual's record
- Ethical issues and ethical dilemma
 - ✓ Importance of ethical practices
 - ✓ Ethical and legal problems
 - ✓ Preventing disclosure
 - ✓ Handling patient in case of emergency
 - ✓ Releasing patient data
- Conduct training for health care providers
- Publicizing patient privacy ethical standards

This guide will also assist you to attain the learning outcome stated in the cover page. Specifically, upon completion of this Learning Guide, **you will be able to –**

- Understand legislation and common laws relevant to work role
- compile policies and procedures appropriately
- Ensure confidentiality of individual's record.
- Prevent disclosure of patient's information to another person without patient's consent.
- Recognize ethical issues and ethical dilemma in the workplace
- Handle patients who are not able to communicate in case of emergency or other conditions.
- Released patient-specific data to only authorize users in accordance with organizational policy.
- Publicize ethical standards related to patient privacy rights according to organizational policy.



- Assessments are conducted and solutions on privacy issues/problems recommended according to organizational procedure.
- conduct training programs for health care providers and other staff on privacy and confidentiality of patient information
- recognize and report unethical conduct in accordance with organizational procedure
- **Learning Instructions:**
 1. Read the specific objectives of this Learning Guide.
 2. Follow the instructions described below 3 to 6.
 3. Read the information written in the information Sheets respectively.
 4. Accomplish the “Self-checks, respectively
 5. If you earned a satisfactory evaluation from the “Self-checks” proceed to “Operation Sheets
 6. Do the “LAP test



Information sheet 1	Legislation and common laws
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1.1. Legislation is law made by parliaments. Legislation is also known as statute law, statutes, or Acts of Parliament. If there is a conflict between legislation and the common law, legislation will over-ride the common law. However, that conflict must be clear. There is a presumption that rights under common law continue unless the legislation clearly does away with them. “Legislation is written on the common law”.

1.2. Ethics and law as enablers of CRC

- Ethics as discussed in the previous sessions, is considered as a standard of behavior and a concept of right and wrong beyond what the legal consideration is in any given situation. Law is defined as a rule of conduct or action prescribed or formally recognized as binding or enforced by a controlling authority. Law is composed of a system of rules that govern a society with the intention of maintaining social order, upholding justice and preventing harm to individuals and property. Law systems are often based on ethical principles and are enforced by the police and criminal justice systems, such as the court system.



Self-Check –1	Written Test
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Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. Legislation is law made by parliaments. Legislation is also known as statute law, statutes, or Acts of Parliament
A. True B. False
2. Ethics is considered as a standard of behavior and a concept of right and wrong.
A. True B. False
3. Law is composed of a system of rules that govern a society
A. True B. False

Note: Satisfactory rating - 3 points

Unsatisfactory - below 3 points

Answer Sheet

Score = _____
Rating: _____

Name: _____

Date: _____

Short Answer Questions



Information sheet 2	Policies and procedures
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2.1. Policies and procedures

- Policies and procedures are designed to influence and determine all major decisions and actions, and all activities take place within the boundaries set by them. Procedures are the specific methods employed to express policies in action in day-to-day operations of the organization.
- Employers often provide employees with handbooks, policies and procedures which regulate workplace matters such as:
 - ✓ Work health and safety.
 - ✓ Anti-discrimination and equal employment opportunity.
 - ✓ Occupational Health and Safety.
 - ✓ Use of company property.
 - ✓ Use of social media.
 - ✓ Drug and alcohol use.
- **2/31 (1943) L. 25: Sanitation Rules** The major function of this legislation is to empower the HEW to issue order regarding various health matter the legal Notice is Primarily concerned with; (1) wells; (2) seizure of foodstuffs; (3) disinfection and vaccination, and (4) disposal of refuse.
- In order to enforce all rules and regulations in these areas the second section of the legal Notice authorized HEW on the matters with which these rules and concerned and covered by later laws, which probably would be more suitable for prosecution. The one rule which does not appear to be covered by the later is that which permits the (HEW) to require dangerous wells to be closed. The law is directed toward the public enforcement authority rather than the individual. The law does not seem to hold the individual responsible but merely requires the public enforcement authority to take remedial action. Therefore, there is some doubt about the validity of enforcement of this law in local communities.



- 2.1.1. Wells: The HEW is authorized to close any well, which he deems dangerous to public health. There are no express criteria delineated in the provision; and therefore, it is difficult to determine what elements must exist in order for a well to be deemed dangerous to public health.
- 2.1.2. Seizure of Foodstuffs: The HEW is given the authority to destroy all foodstuffs which are considered dangerous to public health. Again the definition of what is dangers to public health is not present and it is uncertain whether a judge will find a certain act in violation of clause. It may be what is deemed by the woreda Health Office to be dangerous to public health is an action which is generally should be practiced through the community and perhaps of even by the judge.
- 2.1.3. Disinfestation and vaccination: This section of the Legal Notice authorizes the HEW to order disinfection of any premises, which are liable to harbor or spread disease. She is further required to order persons suffering from infectious disease to receive medical treatment and body disinfection and isolation. The power to order the vaccination of any persons for vaccine preventable diseases.
- 2.1.4. Disposal of Refuse: There are five sections of notice overrunning this subject. These sections present reasonable clear statements of the requirements imposed on property owners in regard to their disposal of refuse. They prohibit the burning or disposal of refuse in any public street or public place; require the removal of night soil from buildings; demand removal of dead animals within twenty-four hours; and prohibit the disposal of any or carcass in any street, public place or water source. The sections of this area seen to provide explicit and reasonably concise requirements and violations of the provisions could be proved in court with little difficulty.
- 2.2. **2.11 (1943) L. 26: Rabies (Control) Rules:** The Legal Notice allows the commissioner of police to destroy any dog with out a mark or identification or any dog with a mark of identification but appearing to suffering from rabies. The law is reasonably explicit but it dose not provide for woreda Health Office enforcement. The regulation and enforcement of it by law is governed by the police commissioner; and therefore, will not be a part of the woreda Health Office enforcement; practices and procedures.



- 2.3. **6/12 (1947) P. 91:** Public Health Department Proclamation 91 sets up the respective duties and responsibilities of the Ministry of Health in its sub-divisions. In particular, part III delineates the regional and local administration of the Ministry of Health's rules and regulations. Actions eight-to-fourteen define the duties of the regional council, regional health Bureau, the Kantiba and the HEW. These sections should be consulted in order to determine which official in the hierarchy is to be responsible for the enforcement of public health legislation. Note that section 15(11) provides that the public health legislation shall be enforced in accordance the penal code of 1957 (subseq/impl. Amd.). This shall be an important point, which will be introduced later in this chapter.
- 2.4. **7/1 (1949) 104:** Quarantine Rules This Legal Notice control the entrance of infective persons, vehicles merchandise and baggage into Ethiopia. It has no substantial application within the provinces as it appears to regulate only border problems and therefore, would not be applicable for use by health center staffs. In general, this legislation governs the quarantine of persons, and the quarantine of merchandise baggage.
- 2.5. **10/1 145:** Woreda Health Office Rules The HEW should be familiar with this legislation since it defines most of the legal aspects of his office. This legal Notice requires her to engage in a variety of numerated acts, which are designed to promote the health of the community. In particular, the Woredas Health Office is required by section five to report to the Kantiba if any condition exists which is dangerous to public health; the Kantiba is thus granted authority to refrain from granting a new license to a new applying establishment in which there exist violation of any provision of any health legislation.
- This legislation does not appear to authorize revocation of any present establishment's licenses; however, section seven allows the kantiba to withhold extetion or renewal of any license held by an established license business which is acting contrary to law. The law also includes a tag on provision, section six, which requires every person having a vacant plot fence it in accordance with the instructions given by the authority. It should be noted that this legislation assists functions the kantiba.



2.6. **10/1 (1950) L. 146:** Water Rules Legal Notice 149 combines a series of separate provisions, which together are designed to prevent impure and unhealthy water from reaching the public. A large part of this legislation has been superceded by later more pervasive law; but, in general, it provides some good enforceable rules and regulations. The sections of this legislation are designed to prevent contamination of the water table and the watercourses in Ethiopian towns. The legislation is straight forward and provides little room for judicial interpretation as to what in fact constitutes a threat to public health for example: “unsafe water” is defined as "water which can be demonstrated to be polluted with human or animal excrement or with poisonous substances. “Therefore, the legislation is that of prohibition and provides a clear and specific enough set of rules and regulations to allow any judge to declare a particular act in violation of the law.

- The legislation prohibits: (1) offering unsafe water to the public for drinking; (2) urination or defecation in public places or places other than a properly constructed fly-proof latrine; (3) exposing human excrement to flies or rat of permitting such to be exposed upon his premises; (4) the exposure and discharge of sewage into water courses without a permit; and (5) the discharge of sewage into cesspool or abandoned well more than ten meters deep, or contamination of the natural ground water at a depth greater than ten meters.

2.6.1. **The Food Laws:** (1) prohibit offering to the public food unsafe or unfit for human consumption (2) food contaminated with human waste material as dangerous to public health; (3) define certain foods as unsafe for human consumption: (a) meat without stamp of public municipal slaughter house; (b) milk from animals having tuberculosis infections, abortion, or anthrax cases; (c) other food declared unsafe by the HEW; and (d) vegetables irrigated with water containing human excrement; (4) authorize the Woreda Health Office to sample the foods; (5) prohibit the serving of food or drink in containers or with utensils not properly washed and define washing standards; (6) prohibited food or drink containers from being used which are not capable of being cleaned; (7) require all places where food or drink is served to prevent the access of flies, roaches and rats to the food; (9) require that butcher shops to be thoroughly cleaned daily; and (10) authorize the HEW to grade restaurants and other shops selling food to the public according to standards



she has drawn up and to issue a certificate stating the grade that the shop has been given.

- 2.7. **10/1 (1950) L. 148.** Refuse Rules All private households and business enterprises are required by this Legal Notice to keep all garbage and refuse in bins and containers. The provisions of this Legal Notice are reasonably defined and should be enforceable in court should concrete proof of the alleged violation be in the hands of the HEW.
- In general, the rules require; (1) garbage to be deposited daily in municipal garbage in containers on the premise: (2) containers to be easily cleaned and that they be maintained in good condition with tight fitting lids capable of excluding flies and rats; (3) the non accumulation of putrescible material which may breed flies.
- 2.8. **10/1 (1950) L. 149:** Vaccination Rules: This legal notice requires all parents to have their children vaccinated at the public clinics maintained by the municipal/Public Health service. The requirements are concise and specific and should be enforceable with little difficulty.
- 2.9. **10/1 (150) L.150:** Disposal of Dead Bodies This legislation requires the Kentibas to designate cemeteries or burial places. It further sets up the duties of the cemeter officers and the rules and regulations of the burial procedure. Only article three places some duty on the surviving relation to make sure that the body is buried with decency before but not later than twelve hours after death.
- 2.10. **10/3 (1950) L. 151:**Venereal Disease Rules The legislation in this area does not begin to meet the basic problems inherent in this major public health problem. The rules set forth in this Legal Notice are clearly not pervasive to provide the power necessary to restrict and control the practice of prostitution and the spread to venereal disease. There occurs flagrant violation of this law in every town in Ethiopia. e.g. (ii): no prostitute shall practice prostitution on premises or places where intoxicating liquors are sold or consumed or on any promises connected therewith". For those reasons it appears that this law will be difficult to enforce in the courts due to the lack of public opinion and non-governmental desire to enforce the Notice's sanctions and provisions. There is also considerable inertia created by the views of the community in regard to such practice. Therefore, for the present, not



only is the legislation not sufficient, but appears that the community is also not ready to accept enforcement.

- 2.11. **10/12 (1951) L. 156:** Communicable Disease Rules This legislation sets forth specific and enumerated communicable diseases which it divides into classes. The legal Notice is designed to find and eradicate disease with complete protection to citizens in the epidemic or endemic areas. The regulations of this Legal Notice are primary directed toward the Health Officials in charge of the area in question: however, section 9, 10, 11 and 14 apply specifically to private individuals and are sufficiently specific that their violation may be prosecuted in the courts.
- Section nine requires the notification of the existence of a communicable disease as soon as the individual has knowledge of it. This requirement is placed on all individuals over eighteen years of age, the heads of households, and the managers of any leading establishments. Under section 14, any person who refuse to comply with the rule of the provisions of the rules shall be liable to the penalties prescribed under Article 15 of the public Health proclamation (proclamation No. 91 of 1947).
- 2.12. **10/12 (1951) L. 157:** Urination and Defecation This un-enforced law provides a penalty of twenty-five cents or twelve hours in jail to be imposed upon any individual found urinating or defecating in any public street or along any public water course. It will be difficult to enforce this law until sufficient public latrine facilities are constructed which will aid in the prevention of these acts. Therefore, there are no the provisions of this legislation.
- 2.13. **N. 18/6 (1959) 0.22:** Malaria control and prevention:- The primary thrust of this order is directed to ward the actions of the malaria control and prevention, section ten provides that any person who visits any provision of the order or regulations issued there under provided cordance. With the provisions of article 785 of the penal code of Ethiopia of 1957. This section is designed to enforce the particular provisions applying to individual. In particular section 6 and 7 require individuals to permit taking of blood films accept treatment for malaria and report any person with malaria who fail to comply with this regulation.
- **Articles 503-520:**These Articles are primarily concerned with offences against public health. This section of the code, comprising Title VIII, is concerned with



promulgating specific laws which prohibit certain offences against the health of the community. Listed as “Infringement of the general protective provisions” are the following laws:

- **Article 503** - Spreading of Human Diseases • Spreading of human diseases intentionally or negligently is punishable • Where the offender intentionally transmitted grave diseases as epidemic, the punishment is rigorous imprisonment not exceeding five years, if necessary in addition to fine. • Where the offender has acted through negligence, the punishment is simple imprisonment not exceeding one year, or fine
- **Article 504** - Spreading of Epizootic Disease Article 505 - Propagation of Agricultural or Forest Parasite Article 506 - Contamination of Water Article 507 - Contamination of Pastureland Public Health Measures • Disregard of the measures prescribed by law for the prevention, limit or arrest of a communicable disease is punishable
- In cases of intentional disregard, the punishment is simple imprisonment not exceeding two years or fine, and where the offender has acted by negligence he is punished with imprisonment not exceeding six months, and with a fine not exceeding one thousand Birr.
- **Article 509** - Production, Making, or Distribution of Poisonous or Narcotic Substances • Production, making, transforming, importing, exporting or transporting, acquiring or receiving, storing, offering for sale or distribution or procuring for another, poisons drugs, or narcotic substances, without lawful authority is punishable act.
- The punishment may be simple imprisonment for not less than three months, and with a fine not exceeding twenty thousand Birr.
- The same punishment may be inflicted upon any one who knowingly places at the disposal of another, premises in which (where) the taking of drugs or narcotic substance is practiced.
- Rigorous imprisonment not exceeding five years and a fine not exceeding thirty thousand Birr may be passed where the offense is committed by a band or association organized by this traffic, or by a person who makes a profession of such violent action or where such forbidden toxic substance or access to the



premises is furnished knowingly, for gain for improper motivate, to an infant or young person, a mental defective or a drug addict.

- **Articles 510** - Of Poisonous of Narcotic Substances: Manufacture, Adulteration and Sale of Injurious or Damaged Products are prohibited Article 511 - Manufacture, Adulteration and Sale of Injurious of Damaged Products or Food Staff • Manufacture of food stuffs, products for human consumption --in such a way as to endanger public health or importing receiving, storing, offering for sale or distributing such injurious products is punishable with simple imprisonment for not less than three months, or in grave cases, with rigorous imprisonment not exceeding five years and fine.
- A severe sentence (punishment) is passed where the offender discharges special duties of supervision or control in an undertaking of public interest belonging to the state, or let out to concession by the state or in cases of the deliberate manufacture...
- **Article 514** - Endangering the Health of Another by Alcoholic Beverage or highly fermented Liquor /Very alcoholic is punishable; Article 515 - Endangering by Mental Means or Practices • Endangering the health of another by inducing in him/her a state of hypnosis, trance or catalepsy or any other changes or suspension of his/her conscious faculties is punishable with simple imprisonment not exceeding three months or fine, with the prohibition of professional practice, if necessary, where the offense is repeated...
- **Article 518** - Unlawful Exercise of The Public Health Professions • A making of treatment of sick persons in any form for remuneration, whether the treatment is by consultation, by selling of remedies or any other medical or curative activities are punishable with simple imprisonment or fine. Casual advice, aid, or services rendered in cases of urgency or in an emergency or out of kindness or devotion and free of charge ... do not come under this provision. (is not punishable).
- **Article 519** - Unlawful Delivery of Poisonous or Dangerous Substances • Making the use of poisonous or narcotic substances or substances entailing grave danger to health, or to keep or sale such substance, or delivering them to the public without special authority and apart from the cases permitted in normative curative practice is punishable with simple imprisonment not exceeding five years, and fine,



where the offender has acted in a grossly culpable manner for gain a fine not exceeding twenty thousand Birr is imposed.

- **Article 520 - Refusal to Provide Professional Aid** • Any person lawfully entitled to render professional attention and care, who, contrary to his duty and without just cause, refuses, to provide his services in a case of serious need, whether from indifference, selfishness, cruelty, hatred, or contempt, or for any other similar motive is punished with fine, in the event of repetition of the offense simple imprisonment not exceeding one month may be passed. The punishment may be up to one year where the offender is under an obligation, professional or contractual, medical, to go to the victim's aid or lend him assistance. Manufacture of food stuffs, products for human consumption --in such a way as to endanger public health or importing receiving, storing, offering for sale or distributing such injurious products is punishable with simple imprisonment for not less than three months, or in grave cases, with rigorous imprisonment not exceeding five years and fine. A severe sentence (punishment) is passed where the offender discharges special duties of supervision or control in an undertaking of public interest belonging to the state, or let out to concession by the state or in cases of the deliberate manufacture...
- **The Criminal Procedure Code of 1961**: These articles are intended to protect the rights of defendant charged with violation of the article of the penal code of 1957. In particular, the HEW should be aware of article 51 governing arrest without a warrant. This article prohibit the police from arresting any individual without a warrant unless the person arrested is reasonably suspected of having committed an offence punishable with imprisonment for not less than one year. This article in effect precludes almost all public health legislation in Ethiopia. Therefore, the HEW should be aware of bringing individuals into the court before securing a warrant from the proper authorities.



Self-Check –1	Written Test
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Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. The major function of legislation (**2/31 (1943) L. 25**) is to empower the HEW on Sanitation Rules
 - A. True
 - B. False
2. The legislation (**10/12 (1951) L. 156**): is Communicable Disease Rules
 - A. True
 - B. False

Note: Satisfactory rating - 2 points

Unsatisfactory - below 2 points

Answer Sheet

Score = _____

Rating: _____

Name: _____

Date: _____

Short Answer Questions



3.1. Concept of Confidentiality

Confidentiality in healthcare ethics underlines the importance of respecting the privacy of information revealed by a patient to his or her health care provider, as well the limitation of healthcare providers to disclose information to a third party. The healthcare provider must obtain permission from the patient to make such a disclosure.

The information given confidentially, if disclosed to the third party without the consent of the patient, may harm the patient, violating the principle of non-maleficence. Keeping confidentiality promotes autonomy and benefit of the patient.

- The high value that is placed on confidentiality has three sources:
 - ✓ Autonomy: personal information should be confidential, and be revealed after getting a consent from the person
 - ✓ Respect for others: human beings deserve respect; one important way of showing respect is by preserving their privacy.
 - ✓ Trust: confidentiality promotes trust between patients and health workers.

3.2. The right of patient to confidentiality:

- All identifiable information about a patient's health status, medical condition, diagnosis, prognosis and treatment and all other information of a personal kind, must be kept confidential (secretly), even after death. Exceptionally, family may have a right of access to information that would inform them of their health risks.
- Confidential information can only be disclosed if the patient gives explicit consent or if expressly provided for in the law. Information can be disclosed to other healthcare providers only on a strictly "need to know" basis unless the patient has given explicit consent.



- All identifiable patient data must be protected. The protection of the data must be appropriate to the manner of its storage. Human substances from which identifiable data can be derived must also be protected.

3.2.1. Exceptions to the requirement to maintain confidentiality:

- Disclosure of patient information occurs frequently in many healthcare institutions. Many individuals (physicians, health officers, nurses, laboratory technicians, students, etc) require access to a patient's health records in order to provide adequate care to that person and, for students, to learn how to practice care provision.
- Care providers routinely inform the family members of a deceased person about the cause of death. These breaches of confidentiality are usually justified, but they should be kept to a minimum and those who gain access to confidential information should be made aware of the need not to spread it any further than is necessary for descendants benefit. Where possible, patients should be informed ahead that such a breach might occur.
- Many countries have laws for the mandatory reporting of patients who suffer from designated diseases, those deemed not fit to drive and those suspected of child abuse. Care providers should be aware of the legal requirements to be able to disclose patient information. However, legal requirements can conflict with the respect for human rights that underlies healthcare ethics. Therefore, care providers should look carefully at the legal requirement to allow such an infringement on a patient's confidentiality and assure that it is justified. If care providers are persuaded to comply with legal requirements to disclose their patients' medical information, it is advisable to discuss this issue with their patients the necessity of any disclosure before it occurs and enlist their co-operation.
- Ethiopia Council of ministers' regulation **299/2013, Article 77**
Professional Confidentiality



- ✓ A health professional may not disclose, verbally or in writing, information regarding a patient unless the appropriate organ believed that there is a prominent health risk to the public demanding to do so, it is ordered by a court, he gets written consent from the patient or the patient's guardian or it is permitted by law
- ✓ A health professional may release or transfer information regarding patients for the purpose of conducting scientific research or studies where the information released is in such a manner that it does not identify directly or indirectly any individual patient.
- ✓ A health professional shall encourage a patient with communicable diseases to disclose his status to individuals with potential exposure to the infection.

3.3. Ethical liabilities listed on proclamation 661/2009

- Duty to fully record personal health information generated during each encounter (Art.37)
- Duty to report the existence of professional mal-practice to the appropriate regulatory organ (36).
- Duty to practice in accordance with the standards of healthcare (Art. 34)
- Duty to practice with the scope of professional practice (Art. 34).
- Duty to render emergency medical treatment within the scope of his professional practice (Art. 38).
- If a health professional is not capable of providing the necessary emergency medical treatment, he or she shall immediately refer the patient
- Duty to perform in accordance with the relevant Code of Ethics (Art. 35).
- No person shall practice as a health professional without having obtained a professional practice license (Art. 33).

3.4. Informed Consent

- Informed consent is legal document whereby a patient signs written information with complete information about the purpose, benefits, risks and other alternatives before he/she receives the care intended. It is a body of shared decision making process, not just an agreement



Self-Check –3	Written Test
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Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

- sources of the high value that is placed on confidentiality **is**
A. Autonomy C. Respect for others
B. Trust D. all
- _____ is a body of shared decision making process, not just an agreement
A. Confidentiality C. trust
B. Informed consent D. Consent
- Ethical liabilities listed on proclamation 661/2009 deals on duty to fully record personal health information generated during each encounter.
A. Art.37 C. Art.36
B. Art. 34 D. Art. 38

Note: Satisfactory rating - 3 points

Unsatisfactory - below 3 points

Answer Sheet

Score = _____

Rating: _____

Name: _____

Date: _____

Short Answer Questions



Information sheet 4	Ethical issues and ethical dilemma
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4.1. Concepts of Ethical issues and ethical dilemma: A dilemma is a situation in which two or more choices are available; it is difficult to determine which choice is best and the needs of all these involved cannot be solved by the available alternatives.

- Ethical dilemmas arise when a difficult problem is seemingly incapable of a solution that will satisfy everyone who is involved. The same dilemma might occur when a situation arises that involves a choice between equally unsatisfactory alternatives.
- In ethical conflicts, the decision maker is confronted with more than one course of action that respects personal, professional and societal morality, but by deciding on one course of action the other course is harmed in some way. For example, as a Health Extension worker you may face confidentiality conflicts. You are morally and legally obliged to keep patient information confidential. At the same time, you may be required to disclose sensitive information because breaking the rules of confidentiality would benefit the family or the wider community.

4.2. The following are among common ethical dilemmas encountered in the healthcare:

- **Resource scarcity related dilemmas:** Health care is resource intensive and there is always gap between demand and supply. This dilemma is a universal phenomenon though particularly severe in low-income countries where there is a large population and high burden of disease. Handling such dilemmas fairly in a companionate, respectful and caring manner should be satisfying to all parties. A type of dilemmas may appear could be:
 - ✓ **Refusal of Treatment dilemma :** This can happen in many ways including withdrawal from treatment against medical advice for



different reasons, because of cultural and/or religious beliefs or personal reason

- ✓ **Disclosure and truth telling Dilemma:** Healthcare providers have the responsibility to tell the truth about the diagnosis, treatment, prognosis and related issues to the patient, parent or legitimate care taker. However, it is quite a common dilemma that relatives of patients come and ask health workers not to tell the truth to the patient with an excuse of protecting the patient from stress. The patient should be allowed to plan his/her life based on firsthand information on his/her health status.
- ✓ **End of Life dilemma:** Futility is when it is known that all possible efforts would not reverse the patient's condition or patient is brain dead. In such situations, the dilemma of withholding or withdrawal of treatment arises. Health care providers and families get conflicted whether continuing the treatment is actually helping or hurting the patient, prolonging suffering.

4.3. Common ethical issues

- Practitioner-client relationship
- Privacy and confidentiality
- Shared decision making
- Allocation of scarce resources
- Stigma and illness
- Reproductive health care

4.4. Disclosure of Information

- Disclosure of information is not necessarily an actionable breach of confidence. Disclosure may be allowed, under certain circumstances, when it is requested by: the patient, and where it applies, freedom of information can be used by patients to obtain health care information:
- **Other health practitioners** (with the patient's consent, and where the information is relevant to the patient's care);
- **Relatives** in limited circumstances (e.g., parents when it is in the interests of the child);



- **Researchers** with ethics committee approval (and where the approved process is followed);
- The **court**
- The **media**, if the patient has consented; and
- The **police**, when the health profession has a duty to provide the information.

4.5. The responsibility of health extension workers

- Obtain informed consent from a patient, in accordance with the relevant law, before rendering a service.
- Respect patient confidentiality, privacy, choices and dignity
- Maintain highest standards of personal conduct and integrity
- Provide appropriate counseling service to the client
- Maintain proper and effective communication with his patients and other health professionals
- Register and keep accurate client records
- Provide professional service in the working place during assigned duty hours
- Ensure public participation and acceptance in designing and implementing public health programme
- Comply with any lawful instructions and procedures of the appropriate

4.6. Benefits of ethical practice

A professional code of ethics sets a standard for which each member of the profession can be expected to meet. It is a promise to act in a manner that protects the public's well-being. A professional code of ethics informs the public what to expect of one's doctor, lawyer, accountant, health extension worker or property manager. As long as professionals adhere to these standards, the public is willing to have their professional associations create and enforce their ethical codes.



Self-Check –4	Written Test
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Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. A dilemma is a situation in which two or more choices are available and it is difficult to determine which choice is best.
A. True
B. False
2. Withdrawal from treatment against medical advice , because of cultural and/or religious beliefs or personal reason which dilemma is it?
A. Refusal of treatment dilemma C. disclosure and truth telling
B. Resource scarcity related dilemma D. end of life dilemma

Note: Satisfactory rating - 2 points

Unsatisfactory - below 2 points

Answer Sheet

Score = _____
Rating: _____

Name: _____

Date: _____

Short Answer Questions



Information sheet 5

Conduct training for health care providers

5.1. Introduction to training for health care providers

- Training for health care providers is one of the strategies to overcoming compassion fatigue

5.1.1. **Overcoming compassion fatigue:**

- Compassion focused exercises and imagery is designed to try and create feelings to stimulate a particular kind of imagery. We can try to stimulate more compassionate responses in a number of ways. For example:
- **Developing an inner compassionate self:** Focusing on creating a sense of a compassionate self, just like actors do if they are trying to carry out a specific role.
- **Compassion to yourself:** This is linked to developing feelings, thoughts and experiences focusing on self-compassion. Life is often very difficult and learning how to generate self-compassion can be helpful during these times, particularly to help understand emotions.
- **Teaching/training compassion to professionals through, training and education** Healthcare professionals' role is to increase compassion in healthcare. Training of health professionals should focus on aspects of care that are important in establishing a good relationship with patients.
- **Dealing with staff stress and burnout** Ways to address staff stress may include providing preventive strategies, including creating regular support groups or stress management workshops for health professionals or suggesting taking time outs. These preventive interventions can run parallel to secondary strategies including counseling and occupational health services. These strategies will also help to improve patient care.
- **Dealing with wider health facility context:** As health facility scope with increasing patient demand and higher levels of patient need, it becomes even more important to address issues of humanity within the process, dealing compassionately with staff so that health facility staff can do the same for patients.



Self-Check –5	Written Test
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Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. Training for health care providers is one of the strategies to overcoming compassion fatigue.
A. True
B. False

Note: Satisfactory rating - 2 points

Unsatisfactory - below 2 points

You can ask you teacher for the copy of the correct answers.

Answer Sheet

Score = _____
Rating: _____

Name: _____

Date: _____

Short Answer Questions



6.1. Concepts of patient privacy

- Health privacy is the practice of maintaining the security and confidentiality of patient records. It involves both the conversational discretion of health care providers and the security of medical records.
- Patient privacy refers to the right of patients to determine when, how and to what extent their health information is shared with others. It involves maintaining confidentiality and sharing identifying data, known as protected health information (PHI), only with healthcare providers and related professionals who need it in order to care for the patient.
- Patients also have a right to decide and control how their health information is used and shared. In particular, patients have the right to decide whether their information can be shared, such as with employers or with other entities that are not otherwise involved in their care.
- Patients also have a right to say how they want to be contacted. For example, they can tell a provider that they want to be contacted at a particular phone number or to tell them where a covered entity can or cannot leave a message.
- Patients may also request that their health information, such as bills or lab reports, be received at a location other than their home address.
- Patients should also be given an option to take a copy home of the notice of privacy practices. This is another area where we sometimes do get complaints from patients. One, we get complaints that providers do not provide the notice, or we have had complaints that patients who are asked to sign a form stating that they received the form, but in fact, according to the patient, they never did get it. This is a relatively simple area with which to comply, so we really encourage providers to really be careful with these issues.

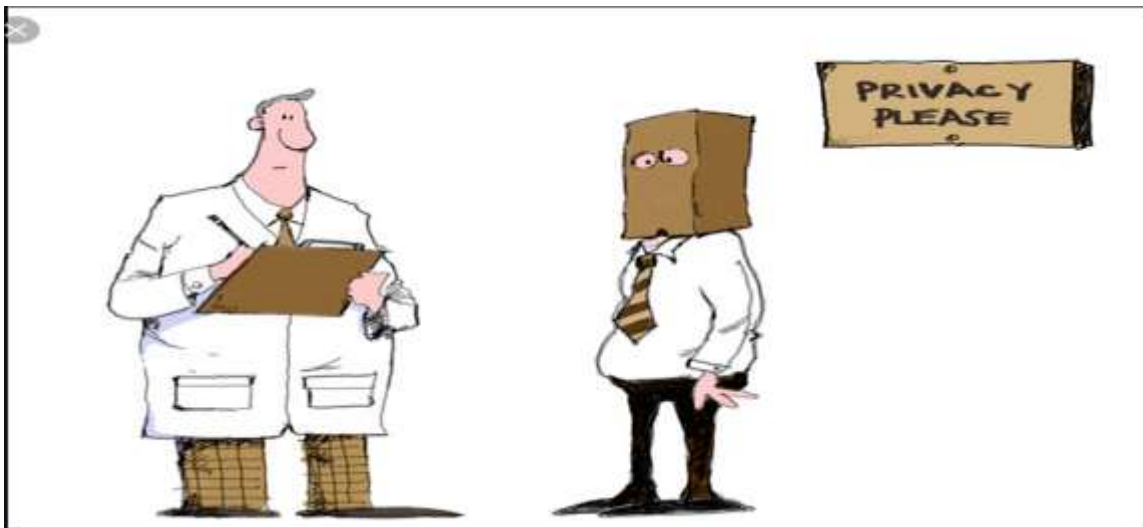


Figure 6.1. privacy of patient

6.2. Ways to protect patient privacy

- Think about people before you think about data(rule one: a profiled person means a protected patient.)
- Encourage a security mindset across the organization (rule two: more ease-of-use means more security of PHI.)
- Give the patient easy access to their own records (rule three: a single version of the data means multiple protections for the patient.)
- Position HIPAA as a benefit, not a box-checking exercise (rule four: train for the patient benefit over the legal requirement.)
- Turn remote access into a competitive advantage (rule five: never forget who your customer is. the patient receiving care.)



Self-Check –6	Written Test
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Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. Patient privacy refers to the right of patients to determine when, how and to what extent their health information is shared with others
 - A. True
 - B. False
2. Patient privacy cannot be breached at any time by any one
 - A. True
 - B. False

Note: Satisfactory rating - 2 points

Unsatisfactory - below 2 points

You can ask you teacher for the copy of the correct answers.

Answer Sheet

Score = _____

Rating: _____

Name: _____

Date: _____

Short Answer Questions



Operation sheet 1	Decision making on dilemma
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Steps for decision making on dilemma

- Step 1: Identify the nature of the problem.
- Step 2: Gather information and consider the possible ways to resolve the problem.
- Step 3: Communicate openly and honestly with the community served.
- Step 4: Involve an expert if possible.
- Step 5: Implement the decision.



LAP test

Name: _____ Date: _____

Time started: _____ Time finished: _____

Instructions: Given necessary templates, tools and materials you are required to perform the following tasks within 01:00 hour.

1. Demonstrate decision making on dilemma



List of Reference Materials

1. Compassionate, respect full care module development was held on October, 2017 at Ethiopian Management institute, Bishoftu Ethiopia.
2. Training modules
3. Text books
4. National health policy
5. Ethics guidelines
6. CRC modules Kumer,2017,6th edition
7. EDHS,2016