

COMPASSION, RESPECT AND CARING: A SCOPING REVIEW OF HEALTH PROFESSIONALS BEHAVIOR IN HEALTHCARE DELIVERY IN SUB-SAHARAN AFRICA

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ABSTRACT

Background: Care, Compassion and respect have always been enshrined in the value statements of the health professions. **Purpose:** To examine and map the evidence related to compassion, respect, and caring behavior of the health professionals in health care delivery in Sub-Saharan Africa. **Data sources/ Study types:** All study designs published in English language were included without specific limit to publication date. **Study Selection:** Titles and abstracts of identified studies were screened by two independent reviewers for assessment against the inclusion criteria. Studies that met the inclusion criteria were retrieved in full and their details imported into reference manager. The full text of selected studies were retrieved and assessed in detail against the inclusion criteria. **Data extraction:** All full-text articles were read and data were extracted by two reviewers. Detailed information for the included studies was charted in a standardized data extraction tool. **Data synthesis:** A narrative synthesis approach is used to collate, summarize, and map the literature, including a numerical count of study characteristics and thematic analysis. **Results:** seven eligible studies were included in this review. The concept related with compassion practice in the health care delivery is qualitatively explored in two studies in relation with HIV care. Respectful care is explored in four studies and caring is addressed only in one study. **Conclusion:** This review identified a limited understanding of compassion, respect and caring behaviors of the health professionals providing health services in the Sub-Saharan Africa.

KEYWORDS: Compassion, respectful care, caring, health professionals' behavior, Sub-Saharan Africa.

1. BACKGROUND

Modern medicine has expanded its capacity to diagnose, treat, and even cure various ailments that afflict human kind, but too often patients and families experience health care as impersonal, mechanical, and quickly discover that patient-hood trumps person-hood.^[1] Recent concerns about suboptimal patient care and a lack of compassionate care have prompted policymakers to question the preparedness of health professionals for the challenging environment in which they practice. Patients do perceive and desire that the behaviors that emerge from health professionals to be respectful, appropriate expressions of caring and information and decision making processes that are tailored to their needs.^[2,3]

The American academy of sciences identified providing patient-centered care as one of the six core competencies of health professionals. Patient-centered *care* requires that the health professionals identify, respect, and care about patients' differences, values, preferences, and expressed needs.^[4]

The Ethiopian government, for example, envisages creating compassionate, respectful and caring health workers during its ten years human resource strategic from 2016-2025. The essential principles of this plan are; 1) To consider patients as human beings in a complex psychological, social and economic needs and provide care with empathy; 2) To make effective communication with the health care teams, patients over time, and across settings; 3) To respect and facilitate patients and families participation in decision-making; and 4) To take pride of

the health profession they are in and get satisfied by serving the people.^[5,6]

In his famous A, B, C, and D, dignity conserving care framework, Hervey Chochinov has proposed a simple mnemonic to support health care providers to maintain patient's dignity and respect throughout the caring process and remind them about the importance of caring for, as well as caring about, their patients. This A, B, C, and D mnemonic represents the Attitude, Behavior, Compassion and Dialogue that should be applied during patient care, teaching, clinical practice at undergraduate, postgraduate levels and across all medical subspecialties.^[3]

1.1. Compassion

Compassion is a deep awareness of the suffering of another coupled with a wish to relieve it and a deep feeling of connectedness with the experience of human suffering that requires personal knowing of the suffering of others. This evokes a moral response to the recognized suffering, results in caring, and brings comfort to the sufferer. Compassionate care also matters to patients; it is the presence or absence of compassion that often marks the lasting and vivid memories patients and family members retain about the overall experience of care in hospital and other settings.^[6,7]

Compassion makes up important principles in the ethics of the healthcare professionals in many nations as evidenced in many literature. For instance, the American code of ethics states that, "A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights". Similarly, the New Zealand and Australian medical codes of ethics goes further and puts articles for the health workers to help them Practice the science and art of medicine to the best of their ability with moral integrity, compassion and respect for human dignity.^[8-10]

Compassion is frequently referenced as a hallmark of quality care by patients, health care providers, health care administrators, and policy makers. However, compassion is one of the most referenced yet poorly understood elements of quality care.^[11] Every physician without exception should be technically excellent and practice with compassionate care and no person who is ill should have to suffer the indignity of a technically competent but uncaring doctor, nurse, or other staff members.^[12] However, it requires that staff give something of themselves. When fatigue, personal factors, and organizational circumstances conspire to create workplace stress, it becomes more difficult for staffs to feel and show compassion, creating a gap between their intentions and their capabilities.^[7]

1.2. Respect

Care, Compassion and respect have always been enshrined in the value statements of the health professions. Perceptions of disrespect and of being

treated unfairly within patient-provider relationships affect the outcome of the treatment.^[13]

Respect is defined as the recognition of the unconditional value of patients as persons. There are many definitions for respect. It is the act of esteeming another, having a sense of authenticity, integrity, and self-knowledge. It demands that we honor the wholeness, the essence, and the uniqueness of the other. When we give individuals respect, they experience a sense of worthiness, of being seen and heard. We demonstrate respect by our words, deeds, and behaviors when we honor another's choices, preferences, and boundaries for privacy.^[14]

Disrespectful behavior in the health care setting is suggested to be classified into six conducts. These are, disruptive behavior; humiliating, demeaning treatment of nurses, residents, and students; passive-aggressive behavior; passive disrespect; dismissive treatment of patients; and systemic disrespect.^[15]

In many kinds of literature, "respect" is mentioned as core and fundamental principle of "patient-centered care" where treatment of a patient as a person is an underpinning ethical idea. A major contributor to disrespectful behavior is the stressful health care environment it can also deep-rooted, in part, in characteristics of the individual, such as insecurity or aggressiveness.^[4,16-19]

1.3. Caring

Caring implicates health professional's fundamental attitude toward patients, and ability to convey kindness, compassion, and respect.^[1] Caring is a major part of compassion includes items such as the ability to encourage patients, considering the needs of patients, appreciating the patient's relatives, and showing empathy.⁽²⁰⁾ The care of the patient is both a science and an art. On one hand, it is the competent application of science; on the other hand, it is the art of being attentively and fully present to the patient in a manner that facilitates well-being, security, treatment adherence and healing.^[12]

Providing hope, kindnesses, and understanding, irrespective of the situation are the four items that describes the elements of a caring compassionate nurse that is capable of identifying the needs of a patient and his or her family.^[21]

Despite the fact that compassion, respect, and care is considered as guiding principle in the health care delivery and other many national governments' efforts, little is known about compassion, respect and care in primary health care delivery of the Sub-Saharan African countries. Hence, the objective of this review is to examine and map the evidence related to compassion, respect, and caring behavior of the health professionals in the health care delivery in Sub-Saharan Africa and to

lay ground for further studies that explore these concepts in detail.

2. REVIEW QUESTION AND OBJECTIVE

2.1. Review Question

How compassion, respectful and caring is the health professionals to deliver healthcare in Sub-Saharan Africa?

2.2. Objective

The objective of this scoping review is to examine and map the evidence on compassion, respect and caring behavior of health professionals in the health care delivery in Sub-Saharan Africa.

3. METHODS

3.1. Inclusion Criteria

3.1.1. Participants

All categories of health professionals involved in the healthcare delivery in all levels of the public and private or other sectors of the healthcare system in all forty-four Sub-Saharan Africa countries.

3.1.2. Concept

Studies that explore compassion, respect and caring health professional's behaviors in different forms were included in this interview. Compassionate care, compassion, and empathy in healthcare delivery, respectful health care and caring behavior of the health professionals as well as related concepts were explored in this review.

3.1.3. Context

Sub-Saharan Africa is the biggest region of the continent and contains forty-four countries including Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Central Africa Republic, Chad, Congo, Cote d'Ivoire', Djibouti, DRC, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Malawi, Mali, Mauritania, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, Somalia, South Africa, South Sudan, Sudan, Swaziland, Tanzania, Togo, Uganda, Zambia, Zimbabwe.

3.2. Study Types

In this review, all study designs including randomized controlled trials, non-randomized controlled trials, analytical observational studies including prospective and retrospective cohort studies, case-control studies and analytical cross-sectional studies were considered for inclusion. This review also considered descriptive observational study designs including case series, individual case reports, descriptive cross-sectional studies and qualitative studies for inclusion. Studies published in English language were included without specific limit to publication date.

3.3. Search Strategy

The search strategy aimed at finding both published and unpublished studies. An initial limited search of PubMed and CINAHL were undertaken followed by a comprehensive search in PubMed databases. Combination of the text words contained in the title and the index terms were used to search the literatures (**annex II**). The reference list of all studies selected for inclusion was screened for additional studies.

Grey literature searches were completed across organizational websites Ministry of health, Ethiopian Public Health Institute and Google Scholar from a network.

3.4. Study Selection

Following the search, all identified literatures were collated and duplicates were removed. Titles and abstracts of these literatures were then be screened by two independent reviewers for assessment against the inclusion criteria. Studies that met the inclusion criteria were retrieved in full and their details imported into reference manager. The full text of selected studies were retrieved and assessed in detail against the inclusion criteria. Full-text studies that do not meet the inclusion criteria were excluded and reasons for exclusion were provided. PRISMA flow diagram is used to report the search results. All disagreements raised between the reviewers were resolved through discussion.

3.5. Data collection process

All full-text articles were read and data were extracted by two reviewers. Detailed information for the included studies were charted in a standardized data extraction tool available in the JBI SUMARI for a scoping review, including basic study details as author, title, journal, publication year, country of origin, purpose, and how compassionate and respectful behavior was conceptualized, as well as methodological details of each study, including setting, design, sample, recruitment, interventions, data collection and analysis, and results. A quality assessment was not conducted as the purpose of this scoping review is not to synthesize or weight evidence on a topic. All disagreements raised between the reviewers were resolved through discussion.

3.6. Data synthesis

Given the heterogeneity of studies, we used a narrative synthesis approach to collate, summarize, and map the literature, including a numerical count of study characteristics and thematic analysis.

4. RESULTS

4.1. Search flow and study characteristics

Overall, the search strategy identified 96 records (**Annex I**). After screening and removing duplicates, 24 records were thoroughly screened using the inclusion criteria. A total of 20 full-text articles of potential relevance were retrieved and read; 13 articles were subsequently

excluded and 7 articles were retained for the final review.

Seven studies that match the inclusion criteria were included in this scoping review (**Annex III: Study characteristics**). The concept related with compassion practice in the health care delivery is qualitatively explored in two studies in relation with HIV care in Uganda and South Africa respectively (22,23). Respectful care is explored in four of the studies included in this review and all are discussed in relation with respectful maternity care, disrespect and abuse during labor and delivery services in Mali, Ghana, Burkina Faso, Malawi and other five East and Southern African countries (24–27). Whereas caring is addressed in one study in South Africa to determine its meaning from a midwives perspective (28).

4.2. Compassion in health care delivery

A study conducted in Malawi using a phenomenological analysis explored undergraduate nursing students' clinical learning experience regarding compassionate caring for HIV/AIDS patients. This study demonstrated an overt fear of contracting HIV infection among novice nursing students which led them to deliberately avoid taking care of HIV positive patients and develop a sense of legitimate emotional detachment. However, as they progressed in their studies, and their knowledge and experiences increased, they realized that HIV and AIDS patients needed support and empathy.^[23]

This study urges that compassionate care is about emotions and it requires considerable emotion work and discusses issues on emotions are often approached through the concept of *emotional labour*. Emotional labour is conceptualized as the internal regulation or management of emotions which takes place when an individual perceives a mismatch between their inner emotions and the expected emotions to be displayed.

They discuss two themes, the first being, 'emotional detachment': Does it portray 'compassion deficit?' This theme derives from the fact that students avoided caring for HIV positive patients because of fear of the infection which is interpreted as emotional detachment they wanted to tease out whether this is an indication of 'compassion deficit' or not. The second theme is entitled, 'the centrality of emotional engagement in providing compassionate care.' This theme derives from the fact that as students progressed with their studies, they changed their attitudes and were committed to care for HIV positive patients, which is interpreted as emotional engagement and viewed as essential for compassionate care.

In conclusion, G. Msiska et al explained that the learning trajectory for the nursing students demonstrate a gradual change from emotional detachment based on fear to a sense of emotional engagement built on knowledge, experiential insights and the notion of emotions

management that led to the provision of care driven by compassion as opposed to anxiety.

Another study reported on compassionate health care provider's behavior in relation with nursing care in HIV clinic in Uganda.^[22] This study deployed a qualitative study design to explore compassionate practice of Ugandan nurses who provide HIV services. In this study, 24 female nurses who are providing HIV care understood compassion as an emotion through which one feels concern for the suffering of others along with a desire to ease that suffering.

The nurses also identified compassion as a motivational factor for entering the profession as young women and remained a quintessential feature of their current practice despite the overwhelming challenges associated with the pandemic. In this study the participants discussed the impact the arrival of HIV pandemic brought to the health care. They believe resources quickly became inadequate, levels of fear and apprehension rose rapidly, and a smothering blanket of stigma and suspicion settled. Workloads escalated and nurses found that they were unable to provide care to the high standard they had come to expect of themselves.

4.3. Respectful health care

Four studies are included in this review and all of them discuss respectful health care from the maternal health point of view. These studies were conducted in Mali, Ghana, Burkina Faso and the fourth one was conducted in five countries in eastern and Southern Africa including Ethiopia, Kenya, Rwanda, Tanzania and Madagascar.

The study conducted in Ghana involved more than nine hundred midwifery students across 15 public midwifery schools in the country to determine what graduating midwifery students witnessed, perceived and learned during their clinical training with regard to respectful care during labour and childbirth.^[25]

About three quarter of the midwifery students reported that maltreatment was a problem in Ghana and more than three fourth also reported women are treated more respectfully in private than public facilities. Providers telling women to stop making noise, shouting at women, scolding women if they didn't bring birth supplies, treating educated/wealthy women better than less educated/ poor women, detaining women who couldn't pay and speaking disrespectfully to women were reported by the students. Students also reported providers being overworked, stressed, and working without adequate resources and students who trained in district hospitals witnessed more types of disrespectful care than others.

The other study conducted in five Eastern and Southern African countries used Structured, standardized clinical observation to determine the prevalence of respectful maternity care and disrespectful and abusive behavior at

facilities providing maternal services.^[27] A total of 2164 labor and delivery observations were conducted at hospitals and health centers. It is reported in this study that many women experienced poor interactions with providers and were not well informed about their care and both physical and verbal abuse of women were observed. The most frequently mentioned form of disrespect and abuse in the open-ended comments was abandonment and neglect. Similarly, a mixed method study conducted in Mali on 67 mostly rural auxiliary midwives found that Participants were likely to report disrespect and abuse among their peers, particularly yelling, slapping, forcing legs open, and detaining clients for fees.^[24]

The fourth study was conducted in Burkina Faso on 46 health workers, including obstetricians, obstetricians in training, health assistants (nurses specialized in surgery and anesthesia), and midwives.^[26] This study employed a quasi-experimental study design to reinforce respectful maternity care among health workers from three health facilities in the country. These health workers were trained for three days on two sessions and the main themes of these sessions were focused on respectful care and interpersonal skills through the use of presentations, group work, role play, and case studies.

A health-facility visit on the final day allowed for direct scrutiny of health worker–patient relationships in a clinical setting, and participants were able to observe both respectful and non-respectful elements of care. Follow up visits were also integrated by experienced health workers to reinforce the awareness of respectful maternity care among staff and enabled review of practices at each facility.

4.4. Caring in the health care

This concept was reported qualitatively in one study^[28] from the perspectives of midwife nurse students, midwife professionals and midwife teachers in Republic of South Africa. Three themes emerged in this study in relation with the meaning of caring in health care. These are, Caring and competence as the basis of nursing, Compassion and support to others in need and Respect for humankind.

4.4.1. Caring and competence as the basis of nursing

In this theme, the student midwives expressed caring as when one gives the best care to patients using expert knowledge and the midwife educators expressed that rendering service based on individual needs, respect, affection, and dignity reflect caring whilst the professional midwives perceived dedication to one's work as competency and caring.

4.4.2. Compassion and support to others in need

In this theme, caring was perceived as understanding someone's difficult situation. According to the student midwives, caring means to 'be there' for somebody when the need arises, and nurturing is a positive way of

helping someone. The professional midwives described caring as unconditional support of the woman and her family. The educators expressed that attending to Patients' needs demonstrate caring.

4.4.3. Respect for humankind

Under this theme, caring is discussed as when individuals, their families and their beliefs are respected. The student midwives and professional midwives stated that one should show respect or give respect to others whilst the educators mentioned that respecting the other person's individuality, norms, values and cultural practices demonstrates caring.

The participants in this study define caring as being compassionate and showing respect and it is concluded that from the professional midwives and educators perspective caring, competence and compassion together constitute caring in midwifery clinical practice and fundamental for nursing care.

5. DISCUSSION AND CONCLUSION

This scoping review explored the available literature on compassion, respect and caring health care provider's behaviors in the healthcare setting in Sub-Saharan Africa and charted the results. Despite considerable emphasis to these concepts in almost all streams of medical ethics, it is still a budding and less understood area of study within healthcare in the mentioned setting.

This review identified a limited understanding of compassion, respect and caring behaviors of the health professionals providing health services in the Sub-Saharan Africa. A deeper understanding of these behaviors is necessary as it directly impacts the health outcome of patients and the health seeking behavior of the community.

Conflicts of Interest

The authors of this scoping review declare no conflict of interest.

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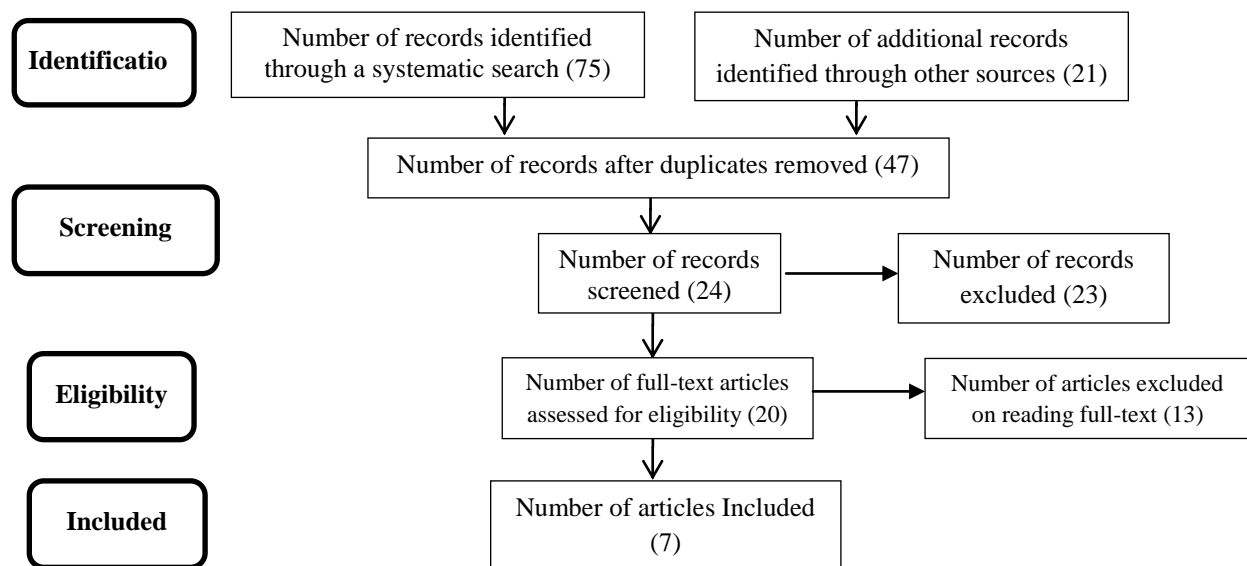
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ANNEXES

Annex I: PRISMA flow diagram of the scoping review.



Annex II: PUB MED Search strategy

Title: Compassion, respect and caring: a scoping review of health professionals' behavior in healthcare delivery in Sub-Saharan Africa

P= Health professionals

C= Compassion, respect and caring health professional behavior

C= Sub-Saharan Africa

Keywords:

1. Compassion
2. Respect
3. Caring
4. Health professionals' behavior
5. Healthcare delivery
6. Sub-Saharan Africa

MESH terms

1. Compassion (concern, empathy, kindness, consideration, care).
2. Respectful (deferential, reverential, reverent, polite, courteous, considerate, civil).
3. Caring (kind, thoughtful, gentle, helpful, considerate, compassionate, concerned, loving)
4. Health professionals (Health professionals, Health personnel, Health care provider, Health care providers, Healthcare provider, Healthcare worker, Nurses, Midwives, Pharmacists, Physicians, Healthcare Providers)
5. Healthcare delivery (health care delivery, health system, service delivery, health facility)
6. Behavior (performance, actions, deeds, activities, manners, conduct).

Pub Med search result

((((((((((compassion*) OR concern) OR empathy) OR kindness) OR consideration) OR care)))) AND (((((((Respect*) OR deferent*) OR reverent*) OR polite*) OR courteous) OR considerate) OR civil)))) AND (((((((caring) OR kindn*) OR thoughtful) OR

gentle) OR helpful) OR considerate) OR compassionate) OR concerned) OR living)))) AND ((health professional* OR health personnel* OR healthcare provider* OR health care provider* OR healthcare worker* OR nurses OR Midwi* OR pharmacists OR physicians OR health care worker*)) AND (((((((behavior) OR performance) OR actions) OR deeds) OR activities) OR manners) OR conduct)) AND (healthcare delivery OR delivery of healthcare OR healthcare system OR healthcare systems)) AND ((sub-saharan africa OR subsaharan africa)).

(<https://www.ncbi.nlm.nih.gov/portal/utils/pageresolver.fcgi?recordid=59d7982af25be1725a657706>).

Annex III: Study characteristics.

Author(s) and year	Country of origin	Aim/Purpose	Population	Sample size	Methodology	Intervention (If any)	Comparator (If any)	Key findings
G. Msiska et al (2014)	Malawi	Explore the clinical learning experience of undergraduate nursing students with the aim of understanding the nature of their experience regarding relationship between emotions and compassionate care in providing HIV care	undergraduate nursing students	30	Phenomenological analysis			The study findings demonstrated an overt fear of contracting HIV infection among novice nursing students. Such fear led students to deliberately avoid taking care of HIV positive patients and develop a sense of legitimate emotional detachment. However, as students progressed in their studies, and their knowledge and experiences increased, they realized that HIV and AIDS patients needed support and empathy.
Harrowing, J. (2011)	Uganda	The purpose of this article is to explore the concept and consequences of compassion practice in providing HIV care	Nurses and nurse-midwives providing HIV care	24	Qualitative			
Nicole W. et al (2015)	Mali	To explore disrespect and abuse toward women in labor from the perspective of auxiliary midwives	auxiliary midwives	67	Mixed method			Participants reported disrespect and abuse among their peers, particularly yelling, slapping, forcing legs open, and detaining clients for fees
C.A. Moyer et al. (2016)	Ghana	To determine what midwifery students throughout Ghana were witnessing, perceiving, and learning with regard to respectful care during labor and childbirth.	All graduating midwifery students in Ghana	929	cross-sectional survey			Majority of the midwifery students witnessed disrespectful maternity services. Women are treated more respectfully in private than public facilities. Telling women to stop making noise, shouting at women, scolding women if they didn't bring birth supplies, treating educated / wealthy women better than less educated / poor women, detaining women who couldn't pay and speaking disrespectfully to women were reported
A. Ouédraogo et al (2014)	Burkina Faso	To develop the interpersonal skills of health workers in Burkina Faso through the introduction of respectful maternity care	Health workers, including obstetricians, nurses specialized in surgery & anesthesia and midwives	46	Quasi Experimental	Training integrated with follow up visit to reinforce skills in respectful maternity care	NA	Follow-up of trainees by experience professionals reinforced awareness of respectful maternity care among staffs and enabled review of practices at each facility
Rosen et al. (2015)	Ethiopia Kenya Madagascar Rwanda, Tanzania	To provide a descriptive overview of the quality of respectful maternity care in diverse facility settings in East and Southern Africa	All health professional providing maternal health services	2164	Structured, standardized clinical observation			Women overall were treated with dignity and in a supportive manner by providers, but many women experienced poor interactions with providers and were not well-informed about their care. Both physical and verbal abuse of women was observed during the study. The most frequently mentioned form of disrespect and abuse in the open-ended comments was abandonment and neglect
Masala-Chokwe et al (2015)	South Africa	To determine the meaning of caring from the perspectives of The undergraduate student midwives, the professional midwives, and the educators teaching midwifery	Midwife students midwives midwife educators	38	Qualitative			The findings revealed that 'caring' was taken to mean being well conversant, up-to-date and proficient in the field of work as well as considerate and respectful to others. The professional midwives indicated that they have seen colleagues demonstrate uncaring behavior whilst educators emphasized respect as caring