Deep Dive – Patient-Provider Respect and Trust

Patient-Provider Respect and Trust

Patient-provider respect and trust refers to a relationship between patients and providers that is mutually respectful and trusting. Respect and trust between providers and patients can improve communication and provider motivation and contribute to the formation of continuous relationships over time.

Visual Aid - Availability of Effective PHC

Availability of Effective PHC

Can a patient see a provider when needed?

Provider Availability
Three components determine availability:

- Suitable Workforce
  - An adequately sized workforce with appropriate skill mix and equitable distribution

- Minimal Absenteeism
  - That workforce is predictably onsite and available to serve patients

- Sufficient Time
  - Each provider has enough time to devote to each patient’s needs
Patient-Provider Respect and Trust is a component of Availability of Effective PHC Services

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- Efficiency
- Resilience of Health Systems

Social Determinants & Context (Political, Social, Demographic & Socioeconomic)
Patient-Provider Respect and Trust is a component of Availability of Effective PHC

- Patient-Provider Respect and Trust
- Provider Availability
- Provider Competence
- Provider Motivation
- Safety
What can you learn about Patient-Provider Respect and Trust from the Improvement Strategies?

**SECTION 1**

**What is Patient-Provider Respect and Trust?**

**What it is:** Learn more about the core principles and goals of Patient-Provider Respect and Trust and its role in PHC improvement.

**SECTION 2**

**How do I assess my performance?**

**What it is:** Learn more about some indications that improvements might be relevant in your context and what you can achieve by focusing improvements on Patient-Provider Respect and Trust.

**Vital Signs Profile:** Use the information in your Vital Signs Profile to help determine relevant areas for improvement.

**SECTION 3**

**How do I get started?**

**What others have done:** Learn from implementation approaches and challenges in other country contexts.

**How to succeed:** Consider your country context, what elements are not functioning properly, and what needs to be in place to support effective improvements.

**What to ask:** Use guiding questions to help determine how you might begin to plan and enact reforms in your country context.

*Guided by the above considerations and relevant resources, start to build out an improvement plan with your CE lead and/or focal point.*
Goals & Outcomes

✓ Improved experiential quality of care and clinical outcomes: Patient respect for providers is an important component of the quality of health care. Patients who feel respected by providers are more likely to seek care when needed, allowing patients and providers to develop continuous, lasting relationships and ultimately, improve health outcomes.
Patient-Provider Respect and Trust – How do I assess my performance?

Learn more about whether you should focus on Patient-Provider Respect and Trust in the Vital Signs Profile.
How do I assess my performance?

Use the information in the Vital Signs Profile to help determine relevant areas of improvement.
What are other indications that Patient-Provider Respect and Trust might be an appropriate area of focus?

Other Indications

- Patients are unable to have complex conversations with providers due to language barriers such as providers who are unable to converse in indigenous languages or in diverse dialects.

- There are long wait times to see a provider and once with a provider, the consultation feels rushed. Patients may also have concerns about privacy and confidentiality.

- There are no systems to report and hold providers and facilities accountable for disrespectful or inappropriate care, such as the U Report platform from UNICEF where users may report problems in their communities or at their facilities on a mobile platform.
Learn more about the core principles of Patient-Provider Respect and Trust and what you can achieve by focusing improvements in the **What it is** section.
What is Patient-Provider Respect and Trust?

Patient-provider respect and trust refers to a relationship between patients and providers that is mutually respectful and trusting.

Patient-provider respect and trust can maximize outcomes by:

- Encouraging patients to actively participate in care (e.g. taking prescribed medications, seeking care in emergencies)
- Improving patient-provider communications
- Contributing to the formation of patient-provider relationships over many years and decades
- Building resilient health systems

Patient-provider respect and trust is a key component of availability of effective PHC services.

What is Patient-Provider Respect and Trust?

Patient-provider respect and trust refers to a relationship between patients and providers that is mutually respectful and trusting.

Patient-provider respect and trust is a key component of availability of effective PHC services.

What should I know before beginning improvements?

**Are there already systems and interventions in place to improve patient-provider respect and trust?**

Minimizing language barriers and understanding socio-cultural practices are two ways to directly improve patient-provider provider communication, while Patient and Family Advisory Councils and community monitoring networks facilitate community engagement.

**Which services are most relevant to the community?**

Engaging communities in health care early and often can help align expectations between patients and providers and help providers identify the needs of their population. Engagement is a strategy for building trusting relationships between communities and the health system and also for improving provider motivation.

**What are the needs of providers in the community?**

Providers who are more motivated may be more likely to respect and trust their patients. Conversely, providers who are overworked, or are not well supported, may be less likely to engage respectfully with their patients. Efforts to improve provider motivation may, by extension, improve respectful care.
What is Patient-Provider Respect and Trust?

Patient-provider respect and trust refers to a relationship between patients and providers that is mutually respectful and trusting.

Patient-provider respect and trust is a key component of availability of effective PHC services.

What are some key steps to improving Patient-Provider Respect and Trust?

Recruit providers who speak local languages and diverse dialects and educate providers on socio-cultural practices.

Minimizing language barriers is an important foundation for strong communication and trust between patients and providers. Globally, indigenous groups experience significant disparities in health care and worse health outcomes due to language barriers.

Integrate respectful care into provider performance measuring and monitoring.

Provider respect for patients is important to patient-provider respect and trust. Respect for patients includes short wait times and meaningful consultations; and ensuring privacy and confidentiality of patient information.

Implement social accountability strategies, such as complaint lines or app-based platforms for patients to submit complaints.

Social accountability mechanisms can help minimize patient disrespect and abuse through more polite treatment and shorter waiting times. Social accountability can be pursued through patient and family advisory committees, or citizen monitoring of quality of care.
Visual aid: Patient-Provider Respect and Trust

Availability of Effective PHC

 Providers

 Patients

 PROVIDER AVAILABILITY
 Three components determine availability:

 Suitable Workforce
 An adequately sized workforce with appropriate skill mix and equitable distribution

 Minimal Absenteeism
 That workforce is predictably onsite and available to serve patients

 Sufficient Time
 Each provider has enough time to devote to each patient’s needs

 PROVIDER MOTIVATION
 May be intrinsically or extrinsically driven, and is affected by both availability and competence

 PROVIDER COMPETENCE
 Should be planned during pre-service training, in-service training, and during standard supervision. Training should be specific to the skills and tasks providers are expected to provide

 RESPECTFUL AND TRUSTING RELATIONSHIPS
 Patients and providers should have mutually trusting and respectful relationships that are strengthened over time

 During interactions with providers, do the patients receive appropriate care?

 Fulfillment from work and appreciation of patients

 Money or work benefits, housing, vacation time, other opportunities

 Knowledge informs practice
Patient-Provider Respect and Trust – How do I get started?

Derive information from What others have done, What to ask and How to succeed to help determine where and how you might begin to plan and enact forms in your country context.
The guidance and recommendations described within the Patient-Provider Respect and Trust module are not intended to provide a one-size-fits-all solution.

The considerations involved in planning and implementing strategies will depend on your local context.

**Sample activities**

- **Consider** implementation challenges and approaches in other country contexts
- **Understand how the features of your health system**, such as how decisions get made and the role of the private sector, will impact your improvement plans
- **Identify** key elements that need to be in place to support improvements
- **Use the guiding questions in the Improvement Strategies** to spur thinking about Patient-Provider Respect and Trust in your country context and stimulate ideas for improvement
- **Start to develop** an improvement plan
The specific considerations involved in planning and implementing strategies will depend on your local context.

The questions listed may be a useful starting place to determine how you might begin to plan and enact reforms in your context.

Sample questions

☐ Are community members asked about their experiences with provider respect and trust?
The specific considerations involved in planning and implementing strategies will depend on your local context.

The questions listed may be a useful starting place to determine how you might begin to plan and enact reforms in your context.

Sample questions

☐ Are community members asked about their experiences with provider respect and trust?

☐ Are there processes for evaluating respectful care in facilities? Are there any quality improvement systems in place to identify and respond to challenges related to respect and trust as well as disrespect and abuse?
Questions to ask to help you get started

The specific considerations involved in planning and implementing strategies will depend on your local context.

The questions listed may be a useful starting place to determine how you might begin to plan and enact reforms in your context.

Sample questions

☐ Are community members asked about their experiences with provider respect and trust?

☐ Are there processes for evaluating respectful care in facilities? Are there any quality improvement systems in place to identify and respond to challenges related to respect and trust as well as disrespect and abuse?

☐ Do providers feel that they are adequately supported to provide respectful care?
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Sample questions

☐ Are community members asked about their experiences with provider respect and trust?

☐ Are there processes for evaluating respectful care in facilities? Are there any quality improvement systems in place to identify and respond to challenges related to respect and trust as well as disrespect and abuse?

☐ Do providers feel that they are adequately supported to provide respectful care?

☐ Does the facility have a charter for respectful care? If so, how was it developed and how is it disseminated and used?
Questions to ask to help you get started

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Sample questions

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☐ Do providers feel that they are adequately supported to provide respectful care?

☐ Does the facility have a charter for respectful care? If so, how was it developed and how is it disseminated and used?

☐ Is patient time respected? Do patients have to endure long waiting times once they are at the facility?
Learn from what others have done

The **Staha Study | Tanzania**
The *Staha* study found that interventions such as curtains for exams and private admissions areas decreased the odds of self-reported disrespectful care.

**Participatory Voices Project | Peru**
The Participatory Voices Project was implemented in Peru between 2008 and 2011; this project introduced community monitoring as a tool to improve quality of health services.
Tanzania’s health care system is decentralized, with the governance of PHC at the local level.

### Tanzania: At-a-glance context

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<th>GDP per capita ($PPP)</th>
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<th>Life expectancy at birth</th>
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<th>Percentage of population living under $1.90 per day</th>
<th>Population</th>
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<td>67%</td>
<td>49%</td>
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Learn from what others have done: Tanzania

**Background & why reforms were needed**

- The *Staha* ("respect" in Swahili) study was implemented in two districts in the Tanga region of Tanzania starting in 2011
- The *Staha* study aimed to reduce disrespect and abuse during childbirth
- Community members and health system stakeholders designed the intervention based upon baseline data on disrespect and abuse in districts of the Tanga region

**Approach**

The *Staha* study included a two-part intervention:

1) A client service charter on norms and standards for mutual respect and respectful care to display in health facilities
2) A quality improvement process for identifying drivers of disrespect and implementing targeted facility-level changes

**Examples of targeted facility-level changes include:**

- A private admissions area
- Curtains for exams
- Customer satisfaction exit interviews
Learn from what others have done: Tanzania

- The interventions (private admissions area, customer satisfaction exit interview) were assessed through self-reported disrespectful care.

- The odds of disrespectful and abusive care were reduced by 66%, with process indicators suggesting that intervention contributed to these changes.

- Additionally, these effects were found to be sustained even a year after facilitation by Staha concluded.

- The Staha study demonstrated the effectiveness of participatory planning to identify and execute interventions related to disrespect and abuse.

- A number of resources from the Staha project including but not limited to baseline and end line surveys, in-depth interview guides, and focus group discussion guides can be found on the Averting Maternal Death and Disability website.

Peru: At-a-glance context

Latin America & Caribbean

Upper - Middle Income

An increasing number of public PHC facilities and public health insurance options have allowed Peru to make progress in PHC delivery.
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<th>GDP per capita ($PPP)</th>
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<tr>
<td>22%</td>
<td>4%</td>
<td>32.5M</td>
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Learn from what others have done: Peru

Background & why reforms were needed

• Peru has the second highest maternal mortality rate in South America\(^1\)

• On average, for every 100,000 women who give birth, 185 die in labor; this rate is higher in rural areas\(^1\)

• The Participatory Voices project introduced community monitoring as a tool to improve quality of health services

Learn from what others have done: Peru

Approach

“CARE’s Participatory Voices (PV) project aimed to improve the health of poor and marginalized people in some of Peru's most deprived regions”\(^1\)

Key goals of PV included:
• Encourage individuals to become involved in community organizations
• Provide technical assistance to develop policies that benefit those living in poverty
• Train citizens from traditionally marginalized groups to monitor health services (training topics included human rights, healthcare rights, organization and operation of healthcare services)

To improve health outcomes in communities in rural Peru, PV trained ‘Vigilantes’, community women who monitor health services

Learn from what others have done: Peru

Observations of the PV program found that a number of respectful care practices were encouraged and fostered, including:

- A greater promotion of culturally appropriate practices
- Increased attention to the right to health by authorities

Through the community monitoring networks, Vigilantes:

- Identified that providers made women feel uncomfortable while receiving neonatal care, leading to discussions about the patient-provider relationship and communication
- Led to the development of “national neonatal guidelines for health workers”¹

Recap: Patient-Provider Respect and Trust

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