



## Facilitator's Notes

### PART 1—Introduction to caring behaviours

#### Introduction

Facilitator introduces herself and gives an overview of the session:

- Objectives
- Definition of caring behaviours
- Overview of homework assignment (structured observation of caring behaviour in Labour & Delivery ward)

#### Objectives

Facilitator shares objectives with participants and puts large poster paper or newsprint with objectives (or overhead/PowerPoint) on easel for review and reads (or has a participant read) the objectives to the class. Asks participants if they have questions about the objectives.

1. Define caring behaviour in the provision of maternity care.
2. Identify ten caring behaviours that a midwife, nurse or physician can perform to make the childbirth experience better for women.

#### Topic A: What is caring behaviour?

##### Time—5 mins.

Facilitator asks participants for a definition of a caring behaviour and writes ideas on large poster paper or newsprint. Facilitator reads the following definition:

Caring behaviour is the simple actions that maternity health care providers can take to show women **kindness** and **respect, give them privacy, and make them feel comfortable**. Women receive caring behaviour when providers **respond to their needs promptly** and **provide reassurance and information on ways to help themselves and what to expect during labour and birth**.

##### Time—10 mins.

Small Group Work: Facilitator divides participants into groups of three or four. Participants are told that they have ten minutes to identify as many caring behaviours as it is possible. Each group is given two markers and two to three pieces of large poster paper or newsprint on which to list the caring behaviours.

**Time—15 mins. (Assuming there are 12 participants)**

Large Group Presentation: Each group is asked to give a five-minute presentation of the caring behaviours they came up with. After the first group, each additional group should only add the behaviours not listed in other presentations.

The facilitator writes new caring behaviours mentioned with each succeeding presentation, adding new poster paper or newsprint as needed. This will create a list of caring behaviours and will hang in the room as a reference.

To summarise, return to the initial definition of caring behaviour and incorporate additional elements or details from group discussion.

**Topic B: Introduction of homework assignment**

**Time—5 mins.**

Facilitator informs participants that they will work in pairs to do two-hour observations of caring behaviours in the labour ward. Review the observation tool with them and explain how it should be completed. Inform participants of schedule for observations<sup>1</sup> and ask everyone to return the completed observation forms (one from each pair) by the third day of training.

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<sup>1</sup> Send two pairs (four participants) to the ward at one time. Begin these observations preferably the first evening of training (e.g. send the first group of four observers from 6–8pm, and the second group from 8–10 pm. A second round of observations for remaining participants could be done the following evening.

## **PART 2—Delving deeper into caring behaviours**

### **Introduction**

Facilitator gives an overview of the session:

- Objectives
- Observation of caring behaviour from Labour and Delivery ward
- Research findings and studies
- Practical application of caring behaviours
- Caring behaviours job aid

### **Objectives**

Facilitator shares objectives with participants, hangs large poster paper or newsprint with written objectives on easel or wall for review and reads (or has a participant read) the objectives to the group. By the end of the training session, participants should be able to:

1. Identify at least five caring behaviours seen in the Labour and Delivery unit.
2. List at least three reasons why caring behaviour is important to quality care.
3. State five barriers for midwives, nurses or physicians that could keep them from performing caring behaviours.
4. Identify 3-5 ways to overcome those barriers.

Asks participants if they have questions about the objectives.

### **Topic A: Observations from Labour and Delivery**

**Time—20 mins.**

Discussion: The participants are asked to share their observations from the L&D unit. They are asked to begin by identifying caring behaviour they observed during their two-hour observation period. The facilitator writes these on large poster paper or newsprint (10 mins.).

Facilitator asks what the participants learned from this observation and lists the responses on the large poster paper or newsprint. The facilitator adds the following ideas if they are not mentioned:

- A frequent reason staff give for not providing caring behaviours—as well as clinical care—is the lack of time. During your observation, did the staff appear too busy to perform caring behaviours? Were they too busy to perform additional clinical care such as monitoring foetal heart rate or taking patients' blood pressure?
- It takes very little time or effort to perform caring behaviours, such as talking kindly, giving a backrub, covering the patient, giving advice, etc.

Facilitator asks if there was behaviour the staff performed that they think could be performed differently to benefit the patient. Would the participants want to be treated this way if they were in labour? Ask what the participants might have done differently.

Presentation: Facilitator presents the data from the observation forms either on poster paper, newsprint or in a handout. Using the data, the facilitator encourages discussion about the following questions:

1. What are the strengths of the L&D unit in terms of creating a caring environment for patients? Identify the areas where participants noted caring behaviours performed.

Examples: Eight of ten women were covered and provided some privacy when examined. Another example might be that all patients were advised on how to breathe slowly to assist with the discomfort of labour.

2. Which areas could be improved to improve caring behaviours?

**Topic B: Caring Behaviours: research findings and studies**  
**Time—20 mins.**

Discussion: (See **Resource C** handout) Facilitator discusses research findings and shares information on caring behaviours. Participants are encouraged to share ideas and ask questions.

**Topic C: Personal experience with caring behaviours**  
**Time—20 mins.**

Role Play: Facilitator divides the participants into groups of four. She gives an explanation of the role play and describes the roles of each person in the group. (See **Resource D: Role Play**) The facilitator explains that:

- each group will perform the role play twice, with participants changing roles for the second role play.
- there is a time limit of ten minutes per role play.
- one of the observers will be the time keeper.
- observers are asked to write down their observations.
- a part of the room is assigned to each group.

The facilitator monitors time and gives the participants a five-minute warning. The facilitator checks that the first role play ends in ten minutes and the second role play, with the observers becoming the midwife and patient, begins immediately after.

**Time—30 mins.**

Values Clarification: All groups return to the classroom for group discussion and values clarification exercise. Facilitator encourages general discussion about the role plays and writes comments with marker on the poster paper/newsprint.

All participants who role-played the woman in labour are asked:

- How did it feel to be the patient?
- Did you get the care you wanted? Were you comfortable asking the midwife to help you or provide comfort measures?

All participants who played the midwife are asked to:

- Describe the caring behaviour they used to assist their sister.
- Describe any differences in the care of their sister and the care of an average labour patient. How was it different?

The observers are asked to discuss what they saw happening in the role play:

- What caring behaviours did they see?
- Do they think most women in labour get this type of care? Why or why not?
- How was the care of the patient different than an average patient in labour?

Barriers: What are the barriers to providing this type of care (the care given to the sister) to all women in Labour and Delivery units? Facilitator lists these barriers on a large poster paper or newsprint.

- If not mentioned, facilitator mentions the following barriers:
  - lack of sufficient time to perform caring behaviours.
  - class differences between maternity care provider and the woman.
  - difference in educational level of provider and patient.
  - low salary of the midwife or other maternity care provider.
  - few incentives or rewards for exemplary patient care for staff.
  - concerns that adopting caring behaviours may make colleagues look bad and lead to resentment.
  - treatment of staff: rude or disrespectful treatment of midwives by physicians, supervisors or administration.

How can these barriers be overcome? Facilitator lists ways to overcome barriers on large poster paper or newsprint.

## **Topic D: Creating a job aid for caring behaviours**

**Time—30 mins.**

Ask the group if everyone is familiar with the term “job aid”. If anyone is not familiar with the term, ask the group to help explain what a job aid is and then ask participants to brainstorm what the value of a job aid is—how do job aids assist health providers in performing required tasks?

After the brainstorm, remind participants of the consensus they reached about the definition of caring behaviour (post the newsprint with the definition developed in **PART 1** of the caring behaviours module). Ask participants to each spend 15 minutes developing a one-page job aid on caring behaviours and emphasise that in creating the job aid, they should try to include key elements from the definition (e.g. respect, kindness, reassurance, etc.)

After participants finish their job aids, ask them to hang the job aids on the wall and encourage them to circulate the room to review each other’s job aids. Call attention to particularly good elements of the various job aids. Hand out **Resource F** (Job Aid from UNICEF Bangladesh) and ask participants to continue to fine-tune their job aids during the remainder of the training.

## **Topic E: Assessment of and feedback from participants**

**Time—10 mins.**

The assessment will determine if the participants have met the session objectives. The facilitator should ask the following questions. If the participants are unable to answer the questions, then the facilitator should provide a brief review to ensure that they meet the session objectives.

1. What are five caring behaviours performed in the Labour and Delivery unit?
2. What are ten caring behaviours that a midwife, nurse, or physician can perform to make the childbirth experience better for women?
3. List three reasons why caring behaviour is important to quality care.
4. What are five barriers for midwives, nurse or physicians that could keep them from performing caring behaviours?
5. Identify three to five ways to overcome those barriers.
6. Does everyone have a personal and group action plan to improve caring behaviour in Labour and Delivery?

## **Topic F: Wrap-up**

**Time—5 mins.**

Facilitator reviews the important points from the session. These are:

- Caring behaviours include: (list caring behaviours frequently mentioned by

participants).

Repeat critical parts of the definition: *treat women with kindness and respect, give them privacy, make them comfortable in a safe environment, respond to their needs promptly and provide information to them on ways to help themselves and what to expect during labour and birth.*

- Many caring behaviours take little time to perform but markedly increase the quality of care and satisfaction of patients. Research indicates that improving caring behaviours will increase the number of women who use skilled attendance at childbirth; therefore increasing the number of safe births.

Additional reasons that caring behaviour is important (list reasons participants provide):

- Five barriers that prevent midwives, nurses, or physicians from performing caring behaviours (list barriers participants mention):

Three ways to overcome these barriers: (list ideas from participants)

- All participants and groups of providers from a facility will have developed a person action plan and an action plan for their institution by the end of the training session. This is the first step to improving the quality of care provided to women in your facilities and toward making a contribution to Safe Motherhood.

### **Topic G: Introduction of homework assignment**

**Time—5 mins.**

Facilitator informs participants that they will work in four groups to develop a five-minute presentation for a facility in-charge or co-workers at their workstations to sensitise them about the importance of caring behaviours and convince them of the value of compassionate actions toward maternity clients. Inform participants that they will be asked to role play their presentations on the last day of the training prior to developing their skills implementation plans.

## **PART 3—Introducing caring behaviours to colleagues**

### **Introduction**

Facilitator gives an overview of the session:

- Objectives
- Improving caring behaviours at the workstation

### **Objectives**

Facilitator shares objectives with participants. Hangs large poster paper or newsprint with objectives (or overhead/Power Point) on easel for review and reads (or has a participant read) the objectives to the group. By the end of the session, participants will be able to:

- identify the key challenging and supportive factors they expect to encounter in introducing caring behaviours at their home workstations.
- identify strategies to inform and sensitise colleagues about the importance of caring behaviours.

Asks participants if they have questions about the objectives.

### **Topic: Improving caring behaviours at the workstation**

**Time—15 mins.**

Discussion: Ask participants to share their perspectives on the challenges of introducing caring behaviours to colleagues at their home workstations. Do they think their colleagues will be receptive/supportive? Do they think that their colleagues will make it difficult for them to try to treat clients in a more caring and compassionate manner? Facilitator writes down on poster paper or newsprint all the supportive and challenging factors participants mention.

**Time—25 mins.**

Role play/mock presentation: Next ask each group to make a five-minute presentation on how they will sensitise colleagues at their home workstations about caring, compassionate care. After all four groups have made their presentations, ask participants to comment on what elements or arguments included in the presentation were most convincing and to discuss how best to approach a facility in-charge and other co-workers with this information.