

## EDITORIAL

# EMBEDDED IMPLEMENTATION RESEARCH ON COMPASSIONATE AND RESPECTFUL CARE SERVICES IN THE ETHIOPIAN HEALTH SYSTEM

*Binyam Tilahun<sup>1\*</sup>, Assegid Samuel<sup>4</sup>, Alemayehu Teklu<sup>2</sup>, Binyam Kefyalew<sup>1</sup>, Adane Nigussie<sup>3</sup>, Marta Feletto<sup>5</sup>*

One of the key factors that distinguish a thriving health care service delivery system is its ability to deliver excellent medical care to its citizens. Compassionate and respectful care (CRC) is very critical for human-centered care and for serving patients ethically and with respect, adhering to a professional oath, and as a model for young professionals (1). Compassion within healthcare has been given growing attention globally over the last decade (2, 3). However, less emphasis has been placed in low resource settings, where little research has been conducted to date (3).

Compassion and respect are fundamental to the higher purpose of the health care system. Compassion can be built in three ways, namely: inquiring about the candidate's attitudes and beliefs towards compassion at the recruitment stage; providing continuous on-the-job training in compassion skills; and practicing compassion with healthcare staff (4, 5). This reflects the core concept of compassionate care flow, requiring healthcare workers to be supported in this practice by an enabling organizational culture, in order for these values and behaviors to be modeled and enacted (6). The other important aspect of compassionate care is communication. Evidences show that good patient-clinician communication is associated with patients' better adherence to medication regimen and post-treatment guidelines (7-9). Health workers who adopt a warm, friendly, and reassuring manner are more effective than those who keep consultations formal and do not offer reassurance (10).

The importance of compassion is attested by patients and their families, who consistently rank features of compassion among their greatest healthcare needs (11-14). Patients who are cared for with compassion and kindness are more likely to trust their health care providers and a trusting relationship is crucial for better outcomes. Additionally, compassionate care eases patients' anxiety and distress, which can help them better cope with pain and discomfort, maintain a positive attitude towards recovery – reflecting in shorter length of hospitalization stay, and comply with post-discharge instructions (15, 16).

Ethiopia's health policy emphasizes the importance of granting access to a basic package of quality primary health care services to all citizens. The national initiative toward creating compassionate, respectful and caring (CRC)

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<sup>1</sup> Department of Health Informatics, Institute of Public Health, College of Medicine and Health Sciences, University of Gondar, Gondar, Ethiopia, <sup>2</sup> Department of Pediatrics and Child Health, School of Medicine, College of Medicine and Health Sciences, University of Gondar, Gondar, Ethiopia, <sup>3</sup> Department of Health Systems and Policy, Institute of Public Health, College of Medicine and Health Sciences, University of Gondar, Gondar, Ethiopia, <sup>4</sup> Human Resource for Health Development Directorate, Ministry of Health, Ethiopia, <sup>5</sup> Alliance for Health Policy and Systems Research, World Health Organization, Geneva, Switzerland

health services was among the four transformation agendas of the 2015-2020 Health Sector Transformation Plan I (HSTP-I) (17) of the Ministry of Health. However, the implementation of the initiative didn't progress as expected. Hence, evidence was needed to identify what works and what doesn't using an implementation sciences approach to use the generated evidence as an input in the implementation of the initiative in the new health sector transformation plan running from 2021 to 2025.

Starting in 2021, the Ministry of Health has been collaborating with the University of Gondar and the Alliance for Health Policy and Systems Research of the World Health Organization on an initiative for embedded implementation research on compassionate and respectful care services. The initiative adopts an implementer-led approach to identify, document challenges and learn from best experiences in the implementation of the national strategy to foster CRC services. Collaboration between researchers and implementers was central across all stages of the research process, from defining the research agenda to co-producing the research to discussing the findings and incorporating learning into decision making. Efforts to strengthen local capacity to conduct implementation research were supported by partners throughout the initiative.

This special issue brings together the findings from the original studies that have been conducted under this initiative, which explore a wide range of issues, from the role and impact of performance appraisal in enhancing CRC to the implementation of CRC in pre-service education as well as in in-service training. Other studies explore the role of community platforms for community engagement in supporting CRC implementation, the status of its monitoring and evaluation, and overarching barriers to and opportunities for strengthening implementation. It is our hope that findings and lessons, as well as recommendations stemming from these studies, will serve to inform the Motivated Competent and Compassionate (MCC) health care system agenda in the Health Sector Transformation Plan II (HSTP-II), and strengthen its implementation.

## REFERENCES

1. Chapin HL, Darnall BD, Seppala EM, Doty JR, Hah JM, Mackey SC. Pilot study of a compassion meditation intervention in chronic pain. *Journal of compassionate health care*. 2014;1(1):1-12.
2. FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA MINISTRY OF HEALTH. National CRC Training-Participant Manual;. 2017.
3. Lown BA, Rosen J, Marttila J. An agenda for improving compassionate care: a survey shows about half of patients say such care is missing. *Health Affairs*. 2011;30(9):1772-8.
4. Kaplan JE, Keeley RD, Engel M, Emsermann C, Brody D. Aspects of patient and clinician language predict adherence to antidepressant medication. *The Journal of the American Board of Family Medicine*. 2013;26(4):409-20.
5. Strahan E. Compassionomics: The revolutionary scientific evidence that Caring makes a difference. *Family Medicine*. 2020;52(6):454-5.

6. Nigusie A, Endehabtu BF, Angaw DA, Teklu A, Mekonnen ZA, Feletto M, et al. Status of Compassionate, Respectful, and Caring Health Service Delivery: Scoping Review. *JMIR Human Factors*. 2022;9(1):e30804.
7. Beach MC, Inui T. Relationship-centered care. *Journal of general internal medicine*. 2006;21(1):3-8.
8. Borrell-Carrió F, Suchman AL, Epstein RM. The biopsychosocial model 25 years later: principles, practice, and scientific inquiry. *The Annals of Family Medicine*. 2004;2(6):576-82.
9. Miller FG, Kaptchuk TJ. The power of context: reconceptualizing the placebo effect. *Journal of the Royal Society of Medicine*. 2008;101(5):222-5.
10. Di Blasi Z, Harkness E, Ernst E, Georgiou A, Kleijnen J. Influence of context effects on health outcomes: a systematic review. *The Lancet*. 2001;357(9258):757-62.
11. Cherlin E, Schulman-Green D, McCorkle R, Johnson-Hurzeler R, Bradley E. Family perceptions of clinicians' outstanding practices in end-of-life care. *Journal of palliative care*. 2004;20(2):113-6.
12. Heyland DK, Cook DJ, Rocker GM, Dodek PM, Kutsogiannis DJ, Skrobik Y, et al. Defining priorities for improving end-of-life care in Canada. *Cmaj*. 2010;182(16):E747-E52.
13. Heyland DK, Dodek P, Rocker G, Groll D, Gafni A, Pichora D, et al. What matters most in end-of-life care: perceptions of seriously ill patients and their family members. *Cmaj*. 2006;174(5):627-33.
14. McDonagh JR, Elliott TB, Engelberg RA, Treece PD, Shannon SE, Rubenfeld GD, et al. Family satisfaction with family conferences about end-of-life care in the intensive care unit: increased proportion of family speech is associated with increased satisfaction. *Critical care medicine*. 2004;32(7):1484-8.
15. Olaisen RH, Schluchter MD, Flocke SA, Smyth KA, Koroukian SM, Stange KC. Assessing the longitudinal impact of physician-patient relationship on functional health. *The Annals of Family Medicine*. 2020;18(5):422-9.
16. Rakel D, Barrett B, Zhang Z, Hoeft T, Chewning B, Marchand L, et al. Perception of empathy in the therapeutic encounter: effects on the common cold. *Patient education and counseling*. 2011;85(3):390-7.
17. FMOH. Health Sector Transformation Plan. Addis Ababa: Federal Ministry of Health (FMOH). 2015.