

**ASSESSING PROVIDER CAREGIVING BEHAVIORS:  
CURING/CARING/CULTURE CARING BEHAVIORS CONDENSED**

- I. ATTEND TO PHYSICAL NEEDS**
  - II. BE ACCESSIBLE TO CLIENTS**
  - III. ATTEND TO EMOTIONAL NEEDS**
  - IV. HUMAN DIGNITY/ RIGHTS**
  - V. INFORM/EXPLAIN/INSTRUCT**
  - VI. INVOLVE FAMILY**
  - VII. INCORPORATE CULTURAL CONTEXT**
- NEGATIVE BEHAVIORS**

**CATEGORY I: ATTEND TO PHYSICAL NEEDS**

- Behavior 1:** Listen to patient's expression of need
- Behavior 2:** Respond appropriately to needs identified
  - Sub-behavior 1:** Offer or check that patient takes fluids/ food
  - Sub-behavior 2:** Provide pain medications or encourage relaxation
  - Sub-behavior 3:** Encourage patient to go to toilet every few hours
- Behavior 3:** Assist patient gently

**CATEGORY II: BE ACCESSIBLE TO CLIENTS**

- Behavior 1:** Be physically accessible
  - Sub-behavior 1:** Come quickly when patient calls
- Behavior 2:** Express accessibility verbally
  - Sub-behavior 1:** Encourage patient to request assistance and express needs

**CATEGORY III: ATTEND TO EMOTIONAL NEEDS**

- Behavior 1:** Observe and identify signs of emotion, stress, fatigue, pain
- Behavior 2:** Respond to patient appropriately
  - Sub-behavior 1:** Make statements to reassure patient
  - Sub-behavior 2:** Touch or demonstrate caring in a culturally appropriate way, example: rub her back for comfort
- Behavior 3:** Identify what activities/tasks patient is doing well
  - Sub-behavior 1:** Observe and talk with patient
- Behavior 4:** Respond appropriately

**CATEGORY IV: HUMAN DIGNITY/ RIGHTS**

- Behavior 1:** Demonstrate respect for the dignity and rights of the patient and family:
- Behavior 2:** Communicate respectfully with patient
  - VERBAL COMMUNICATION**
    - Sub-behavior 1:** Introduce yourself and ask patient to introduce herself

#### NON-VERBAL COMMUNICATION

**Sub-behavior 1:** Assure privacy

**Sub-behavior 2:** Cover woman with hospital gown or other covering during exam, birth and procedures

**Sub-behavior 3:** Maintain confidentiality

**Sub-behavior 4:** Treat patient as individual

**Behavior 3:** Consider patient/family perspective on care

#### **CATEGORY V: INFORM/ EXPLAIN/ INSTRUCT**

**Behavior 1:** Provide anticipatory guidance

**Sub-behavior 1:** Explain to patient when to contact midwife: rupture of membrane, urge to push or have bowel movement

**Behavior 2:** Provide periodic updates during normal labor/delivery

**Sub-behavior 1:** Explain progress of labor, lack of progress

**Sub-behavior 2:** Explain what needs to be done by obstetric team when a complication occurs

**Behavior 3:** Instruct patient during and after labor/delivery how to participate to improve outcome

**Sub-behavior 1:** Advise patient to change position, walk around, breathe in and out for comfort and to hasten labor

**Behavior 4:** Explain to patient/family after labor/delivery and at discharge

#### **CATEGORY VI: INVOLVE FAMILY**

**Behavior 1:** Establish rapport with family and treat respectfully throughout labor/delivery

**Sub-behavior 1:** Encourage family members access to patient and baby when appropriate

**Behavior 2:** Share relevant information with family periodically

**Sub-behavior 1:** Give periodic updates on patient status/progress of labor

**Behavior 3:** Instruct family members how to best assist in labor/delivery

**Behavior 4:** Discuss wellbeing of mother/newborn after discharge and what they can do to maintain health postpartum

**Behavior 5:** Respond appropriately

#### **CATEGORY VII: INCORPORATE CULTURAL CONTEXT**

**Behavior 1:** Identify religious preferences and requirements

**Sub-behavior 1:** Ask patient/family for religious preferences/requirements, e.g. Jehovah Witness, Wakorino sect

**Sub-behavior 2:** Respond appropriately

**Behavior 2:** Identify cultural preferences and requirements

**Sub-behavior 1:** Ask patient/family for cultural preferences/requirements

**Sub-behavior 2:** Respond appropriately

**Sub-sub behavior 1:** Allow patient/family to observe cultural preferences/practices

**Sub-sub-sub behavior 1:** Touch/physical distance/physical contact

**Sub-sub-sub behavior 2:** Gender (patient/providers)

**Sub-sub-sub behavior 3:** Disposal of placenta

**Sub-sub-sub behavior 4:** Ritual burial of mother/newborn

**Sub-sub-sub behavior 5:** Birth position

**Sub-sub-sub behavior 6:** Privacy/modesty/dressed/undressed

**Sub-sub-sub behavior 7:** Belief in influence of “spirits” on birth process and outcome

**Sub-sub-sub behavior 8:** Decision making by hierarchy of sociofamilial relationships

**Behavior 3:** Identify actual or potential conflicts between patient/provider religious and cultural preferences and practices

**CATEGORY: NEGATIVE BEHAVIORS**

**Behavior 1:** Belittling behavior to patient

**Behavior 2:** Rough treatment of patient

**Behavior 3:** Not responding to patient needs

**Behavior 4:** Physically present/emotionally distant

**Behavior 5:** Shares patient’s personal