Leaders’ and Caregivers’ Views of Ethics and Responsibility for the Human Being in the Context of Meaning of Public Health Care

Jessica Hemberg, PhD, RN  
Postdoctoral Researcher, University Lecturer, Abo Akademi University, Faculty of Education and Welfare Studies, Department of Caring Sciences, Vaasa, Finland  
Britt-Mari Kaarre, MSc, RN  
Abo Akademi University, Vaasa, Finland  
Hakan Hemberg, MSc(pol. sci.), PhD(c)  
Abo Akademi University, Vaasa, Finland

Correspondence: Hemberg, Jessica PhD, RN, postdoctoral researcher, university lecturer, Abo Akademi University, Faculty of Education and Welfare Studies, Department of Caring Sciences, PB 311, 65101 Vaasa, Finland. E-mail: jessica.hemberg@abo.fi

Abstract

Background: Responsibility and ethics play a decisive role when it comes to the context of meaning of caring. The concept of responsibility has a multifaceted meaning, however, which can make it unclear and diffuse. Therefore, in order to attain a deeper understanding of it, it is meaningful to uncover responsibility in public health care from leaders’ and caregivers’ own understandings.

Aims: The aim of this study is to uncover a deeper understanding of responsibility and ethics in public health care seen from a caring science perspective. The research question is: What is the human being’s responsibility in the context of meaning of caring according to the understandings of caring leaders and caregivers?

Methodology: The study uses a hermeneutical approach. The material consists of texts from interviews with caring leaders and caregivers in Finland concerning their understanding about responsibility in public health care and in the context of meaning of caring.

Results: The study shows that responsibility entails helping others through love and compassion. Responsibility means to create meaning and edify and to maintain dignity, it implies establishing trust, and encouraging participation. Responsibility involves selflessness and responsiveness in communion. In cases of absence of responsibility obstacles such as stress, meaninglessness, and exhaustion may result. Responsibility may mould the vulnerable human being in the context of meaning of caring to become more human through responsibility in love and compassion if this responsibility is fulfilled. Responsibility has the potential to develop all parties involved in the context of meaning of caring.

Conclusion: Responsibility in the context of meaning of caring may enable growth amongst all parties. Absence of responsibility is considered a potential threat for caring in an ethical manner in the context of meaning of caring. Further research in this field should focus on exploring the patients’ views of responsibility in the context of meaning of caring.

Keywords: ethics, responsibility, caring, the context of meaning of caring, leaders, caregivers, interviews, hermeneutical reading

Introduction

Finland’s health-care system includes laws and guidelines about patients’ rights, dignity and equality. Viewed from a political but also from a humanistic perspective, it is important that the human being can be seen and that his or her worth occupies first place in all contexts within health care, not least within public health care.

The basic values and responsibility-taking of care organizations should be visible in caring through actions, language and treatment.

Caregivers are responsible for qualitatively well-performed caring work and have an obligation to continuously develop their professional skills. Caregivers should respect their own and other professional groups’ expertise in an ethically
sustainable way. According to Lindwall et al. (2012), dignity is related to health and human rights. They highlight that caregivers are responsible for protecting and preserving the patient’s dignity. Hemberg (2015) indicates that by understanding the human being and safeguarding his or her essence, the human being is allowed to emerge. Eriksson (2001) writes that the human being experiences his or her absolute dignity when he or she may fulfill his or her mission as a human being, that is, serve and being there for another human being. To this human dignity belongs the freedom to make one’s own choices in life and the right to protect one’s integrity. Depriving the human being of responsibility also robs the human being of his or her dignity. Thus, it is the human being’s right and duty to be responsible both for the other’s dignity and for his or her own.

The depth of responsibility emerges when the human being is seen as an entity of body, soul and spirit and when the human being’s dignity is respected (Edlund, Lindwall, von Post & Lindstrom, 2013). According to Lindwall et al. (2012) and Karlsson, Nystrom och Bergbom (2012), caregivers’ responsibility entails being present and allowing themselves to be touched by the patients’ stories, seeing and encounter the patient’s unspoken desires or expressed needs. The patient’s dignity can be maintained if caregivers act according to their ethical responsibility. For Wallinvirta (2011), the complex concept of responsibility includes direction and action. Responsibility means relation to someone who has asked for a response. The inner core of responsibility consists of freedom, guilt and love. Laws, rules and norms in the caring culture create the external ethics of responsibility. Internal ethics is unique for each human being, and is uniquely expressed through personal actions of responsibility as external and internal ethics merge. (Foss, 2012; Wallinvirta, 2011.) Relations between human beings in caring situations are highly meaningful (Nortvedt, Hem & Skirbekk, 2011). Support for care leaders in ethical responsibility is needed from the management as the care leaders in turn need to support the nurses in health-care work (Storch, Schick Makaroff, Pauly & Newton, 2013). Responsibility in the cause of caring connects and offers patients, caregivers and care leaders the opportunity for development and growth in the context of meaning of caring (Honkavuo, 2014: Wallinvirta, 2011).

Responsibility as relation is connected with the willingness and ability to give to others of one’s inner self, to allow oneself to be emotionally dependent on and allied with the other. Responsibility as discernment and action has to do with understanding, responding and realizing the good through actions in the context of meaning of caring. (Wallinvirta, 2011) Care leaders should be appreciated and be allowed to be human beings, not being reduced to tools for rendering organizations more effective (Foss, 2012). Because responsibility is complex and diffuse, it is important in this study to consider what the human being’s responsibility entails in the context of meaning of caring from care leaders’ and caregivers’ own perspectives.

Aims

The aim of this study is to uncover a deeper understanding of responsibility and ethics in public health care seen from a caring science perspective. The research question is: What is the human being’s responsibility in the context of meaning of caring according to caring leaders and caregivers?

Theoretical framework

This study’s theoretical framework is based on Eriksson’s caritative theory as part of the caring science tradition (Eriksson et al., 1995; Lindstrom, Nystrom & Zetterlund, 2014). Eriksson (2001) underscores that the ultimate aim of caring is to alleviate suffering by maintain dignity with an attitude of love and responsibility. Caritative leadership (Bondas, 2003) is based on life values to understand every unique co-worker and patient and their respective life situation and on ethical values and attitudes toward one’s fellow beings.

According to Eriksson (2001), the context of meaning of caring is what unites and ties together and gives caring meaning; the caring communion represents its lynchpin. In this study, the context of meaning of caring includes the caring communion between patient, caregiver and care leader. The fundamental condition for the context of meaning of caring is found in the caritas motive which is its fundamental value, and entails a spontaneous willingness to take responsibility and sacrifice something for the other in love.
According to Soderlund (2012), the world of caring is characterized by interest and true engagement in which the patient is being understood, participates and is taken seriously. Ethics is reflected in the care leader’s attitude and relation to patients and health-care staff. This ethics is shown in the care leader’s responsibility, the responsibility that the care leader is prepared to take and that is consistent with the willingness to serve the cause of caring (Salmela, 2012).

Rehnsfeldt (2012) indicates that mutuality in the caring communion means that both parties participate together and that both parties change. The human being strives for a sense of value as a human being in all contexts (Edlund, 2012).

Responsible care leadership promotes ethical responsibility and compassion in the caring culture and communion in the context of meaning of caring, it promotes responsibility for oneself and others (Foss, 2012). Responsibility is a basis for caring in the context of meaning of caring; therefore, this study considers it important to explore this from the understanding of care leaders and caregivers.

Methodological aspects

The study uses a hermeneutical approach according to Gadamer (2004). The material used for creating the proposed deeper understanding of responsibility in the context of meaning of caring consists of texts from interviews with caring leaders and caregivers in Finland. The study’s method is hermeneutical reading (Koskinen & Lindstrom, 2013).

Data material and data collection

The material consists of texts from interviews with five Finish care leaders and five Finish caregivers concerning their understanding of responsibility in the context of meaning of caring.

The caregivers and care leaders worked in medical health-care centres and home care within out-patient primary health care. The persons were contacted personally and the interviews lasted for 30–60 minutes. Study participation and data handling for research purposes were approved by the participants when they provided their informed consent.

The participants were informed both orally and in writing about the study purpose, confidentiality, withdrawal of consent and publication intent. Seen from an ethical perspective, it may be defensible to carry out this study because it might reasonably develop deeper thoughts about responsibility amongst the participants, whilst they put their experiences into words. The study follows The Finnish National Advisory Board on Research Ethics (2012).

Results

The study shows that responsibility has to do with love and compassion. This constituted a main theme. Four subthemes were identified under this main theme. A second main theme concerned absence of responsibility which may be a potential threat for caring ethically.

Responsibility as love and compassion

The basis for responsibility in the caring context of meaning is seen as helping others through love and compassion. As human beings exist together they also have a mutual responsibility for each other all the time. Preconceived notions about a particular human being may disappear in the encounter with the human being, caregivers indicate, if one starts talking to and listen to this human being. The human being’s uniqueness and the importance of being taken seriously and being recognized in his or her difference is emphasized by caregivers and care leaders alike.

“All human beings are different, they do not think alike and they do things differently, and that is why they are very and you always learn something new.”

As a caregiver it is necessary to affirm that life situations and circumstances can change quickly for a patient and that this patient at another encounter may be a completely different person. One may support the patient’s uniqueness by offering love and compassion.

Caregivers and care leaders assume that responsibility and an ethical attitude are inborn or innate and that they are linked to will.

“If you don’t want to, you don’t take responsibility.”

It is emphasized that responsibility is mutual and that everybody has a responsibility. Caregivers feel responsible for the patients and want them to be cared for in a good way. Care leaders are responsible for patients, nursing staff and care work, that is, for everybody’s well-being.

“I feel I’m responsible for the well-being of the employers, I should create the right conditions for this.”
Responsibility as creating meaning

It is important that patient, caregiver and care leader alike, share the same goal for the patient’s care. As a caregiver it is possible to create meaning in work by considering the unique human being and manifesting charity and compassion. Good division of labour and interesting tasks for the nursing staff are emphasized; but

"if you don’t find the patient interesting you are in the wrong trade”.

The caregiver’s questions to the patient are meaningful to discover a starting position, as a basis for creating meaning. Professional responsibility is crucial. Patients should be informed about different alternatives, and, in the end, it is the patients who set the course and take responsibility for their own health.

Changes can also mean uncertainty and stress for caregivers and care leaders. Changes are viewed to be difficult when there is no time to deal with them, and if one does not see the point with the changes and instead lives in a state of constant uncertainty. The care leader’s responsibility is to address issues and discuss them, and to create common rules for the unit that all can accept and that take the responsibility further. Clear visions, guidelines and objectives are significant, and should aim at good patient care that creates meaning for patients, caregiver, and care leaders.

Responsibility as edifying and maintaining dignity

Dignity is closely related to responsibility in health care. The nursing staff and care leaders express the importance of seeing and edifying the human being’s dignity through love so he or she will be able to grow as a human being. This is especially noticeable at house calls, because one is a guest in the home of a patient, and should behave accordingly. Responsibility entails seeing and listening to what the patient needs at the time and to help. To deprive someone of his or her responsibility is a great violation. To adjust the extent of responsibility that the patient can take means that the patient’s dignity is maintained.

“I raise and lower the bar for my responsibility according to how the patient him- or herself can take responsibility.”

In the context of meaning of caring also the dignity of the caregivers and care leaders are important. As a human being one wants to be taken seriously, be respected and listened to. One wants to take responsibility because it is seen as meaningful. To treat each human being as valuable is therefore of highest significance. The care leaders emphasize that the division of labour and the division of responsibility are central so that all know their own tasks. In this way, they have the opportunity to take their responsibility.

Care leaders highlight being present and caring, welcoming all equally in the work team. When responsibility is transferred to another fellow worker, information to maintain responsibility as well as dignity is important. In providing sufficient information, the colleague knows what needs to be done and this, in turn, is safer for the patient. In this way, responsibility and dignity may be maintained.

Responsibility as establishing trust

Trust in oneself and in others through the power of love is important for the human in the context of meaning of caring. Trust affects encounters between human beings in public health care. Encounters can, for instance, take place face to face in the home or at a medical health centre, via a phone call or via epicsises. Trust emerges in how parties are treated, sincerity, the willingness to learn, to help and to receive help. The significance of trust between all parties in the context of meaning of caring is essential. Caregivers underline interest, engagement and expertise as important for creating trust in patients and for patients having the courage to be honest. Caregivers also emphasize that trust cannot be provoked but must develop if it is not present from the beginning:

“interest and engagement emerge in listening, they tell and you just sit quietly and listen”.

Trust in oneself is also seen to be important and it is assumed that it increases concurrently with the experience and knowledge one possesses and in relation to one’s own well-being. Professional confidence and trust help one believe in what one does. Simultaneously, experiences provide insight into what can happen next in each situation. The caregivers’ work includes much communication, information and supervision with patients and next-of-kin. This means bringing out one’s cause in a clear way while simultaneously being responsive to the other.

This, in turn, creates trust in the other. The care leaders emphasize trust in the working community for everything to work on an optimal
level. This means that caregivers among themselves and caregivers and care leaders take responsibility, believe in each other and have the courage to confide in each other. Care leaders also need to receive support from management which builds trust.

Responsibility as encouragement to participation

By lovingly and compassionately seeing the human being one may encourage participation in different ways. Interest needs to be aroused in such a way that it encourages the person to take responsibility. It is a challenge to inspire motivation in patients through posing the right questions so that the person may come forth.

Responsibility is viewed as being innate and encouragement as bringing joy. By those means the positive aspects of encouragement are emphasized. Responsibility nurtures self-esteem and enables experiences of joy and strength. The experience of slowly progressing motivates the patient. The whole human being and his or her background must be considered so that sustainable change can be achieved and the steady progress continues and the human being is able to appreciate it. The caregivers emphasize social discussions and showing their willingness to take responsibility, indicating that it then becomes easier to engage next-of-kin to participate in patient care. If one knows the patient before-hand and already shares a mutual trust with that individual it is easier to encourage responsibility and participation in the patient.

Good contact with the leadership is viewed to be essential. Caregivers believe it is important that care leaders find the time to listen, inform about current matters, and in this way enable participation. It is important to support the working community. A thank you or a smile can be encouraging in themselves. In the context of meaning of caring it is possible to encourage and be encouraged by each other.

Responsibility as unselfishness and responsiveness in communion

True unselfishness is important in the context of meaning of caring and has to do with forgetting self in service to the patient. A selfish attitude, where patients and co-workers are not seen as human beings represents an obstacle for good patient care.

“If you only care about yourself and economic premises and everything else is of secondary importance”, the fundamental aspects of caring, love and compassion, are missing. Responsibility is seen as innate, and if it is present since childhood it enables the setting aside of self. "You think extra much about how to act, not just about yourself, but more about what to do to help the other person.” It is important to be present and focused in the here and now, because the patient can sense if the caregiver is unfocused and this may be interpreted as lack of interest and engagement. Responsibility means the obligation to be there and to be responsive to the patient in the present.

The boundaries of responsibility are ambiguous and depend on the situation. Caregivers feel they sometimes have too much responsibility instead of giving patients the opportunity to take more responsibility to become more independent. This requires clear information so that patients understand this, because caregivers have professional knowledge.

While caregivers need to be responsive they cannot always allow patients to decide everything because they may not have the right qualifications or knowledge for this. Patients need to know the caregiver’s role in helping patients and how much is the patient’s responsibility. It is important for caregivers to have trust in their expertise and profession so that they do not agree to demands and wishes from outside that do not serve the interests of the patient.

Responsibility can also mean uncomfortable situations where one is required to bring up inconveniences for discussion and be capable of intervening for the sake of the good even if this means that one is not accepted by all. Open communication in the working community is necessary here.

Absence of responsibility as a potential threat for caring

This study considers absence of responsibility as a potential threat for caring in an ethical manner in the context of meaning of caring. Circumstances within health care can have consequences of different kinds that are not always possible to influence, such as economic aspects.
When the caregiver or care leader are not able to fulfill their inner willingness to take their ethical responsibility as a result of outer circumstances they may feel powerless and frustrated. Work resembling a production line system can make caregivers feel that they are not able to commit themselves to their work.

Consequently, they do only what they have to do, no more, because they can see no meaning in it and therefore do not commit to their responsibility. In cases of absence of responsibility, or if the burden of responsibility becomes too heavy to carry for the caregiver or the care leader, obstacles including tiredness, stress, fear, insecurity, unwillingness, meaninglessness, powerlessness, unobtrusiveness and finally exhaustion may result.

Failure to take responsibility is seen to be contagious within the working community and it often reflects negatively on patient care. When all recognize their responsibility and fulfill it, caring becomes ethically sustainable. If one member of the staff does not fulfill his or her responsibility, collaboration suffers and it becomes difficult to share and hand over responsibilities among staff members. It is important to investigate wrongs and mistakes so that the caregiver does not unnecessarily carry guilt. At the same time it is important to reflect on failures and learn from them and to receive support from the leadership.

Discussion
Responsibility in the context of meaning of caring means to respond to what the other (for instance, the patient or the care leader) asks for. Responsibility entails helping other people through love and compassion (cf. Eriksson, 2001; Foss, 2012; Lindstrom et al. 2014; Wallinvirta, 2011). Love and compassion sustain responsibility as meaning, trust, dignity, encouragement, participation, responsiveness and unselfishness in the context of meaning of caring, where patient, caregiver and care leader depend on each other in communion (cf. Edlund, 2012; Nortvedt et al. 2011; Soderlund, 2012). The potential of responsibility are created when all take their responsibility and this is also when the best patient care is produced, which, in turn, brings joy, strength, trust and safety to patient, caregiver and care leader so that they may more easily meet new challenges in life.

Caregivers need to affirm that life situations and circumstances can change rapidly for a patient and that at the next encounter this patient may be a completely different person (cf. Soderlund, 2012). Caregivers may support this person’s uniqueness through love and compassion, and this, in turn, strengthens the patient’s dignity and health (cf. Edlund et al. 2013; Lindwall et al. 2012). Caregivers and care leaders assume that responsibility is something innate and that it is connected with will and freedom to act (cf. Wallinvirta, 2011). It is emphasized that responsibility is mutual and that everybody in a context of meaning of caring has a responsibility. Through this responsibility each may grow as a human being in the context of meaning of caring (cf. Rehnsfeldt, 2012).

This study has identified absence of responsibility as a potential threat for caring in an ethical manner in the context of meaning of caring. Many or frequent changes at once in the workplace or experiences of a production line system can constitute obstacles for caregivers or care leaders to find meaning to commit to their responsibility. It is important to have support from the working community or care leaders (cf. Foss, 2012; Storch et al. 2013) at times of heavy workloads or when something serious has happened, as this may reduce the caregivers’ suffering so that they again can venture to carry their responsibility courageously and are able to realize caritative and good care. Responsibility has the potential to develop all parties involved in the context of meaning of caring (cf. Honkavuo, 2014: Wallinvirta, 2011). Responsibility means that the vulnerable human being in the context of meaning of caring can be moulded to become more human through responsibility in love and compassion if this responsibility is fulfilled (cf. Honkavuo, 2014: Wallinvirta, 2011).

Conclusions
Absence of responsibility constitutes a potential threat for caring ethically. When caregiver and care leader carry their ethical responsibility the patient’s dignity may be maintained and suffering may be alleviated. Responsibility in the caring context of meaning may enhance all parties to grow as human beings. Further research in this field should focus on exploring patients’ views of responsibility in the context of meaning of caring.
Acknowledgements

The authors would like to thank PhD Marinella Rodi-Risberg for language editing parts and translating other parts of the manuscript.

Author contribution

Jessica Hemberg was responsible for writing the article at all stages of the development of it. Britt-Mari Kaarre was responsible for the data collection and she was also involved in writing the article and in the data analysis. Hakan Hemberg contributed with critical comments and knowledge about ethics.

The work was carried out at: Abo Akademi University, Faculty of Education and Welfare studies, Department of Caring Sciences, P.B. 311, 65101 Vaasa, Finland

Email: jessica.hemberg@abo.fi

References


