Original Article

The Human Being in Need of Nursing Care - Patient, Customer or Fellow Human Being?

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Abstract

Background: There is a trend to replace ´the term ´patient´ with new terms, which describe different aspects inherent in being a human being in need of nursing care, but little attention has been given to the connection between the use of terminology and ethical values.

Aim: To investigate the terms carers use when referring to the human beings in care, including their underlying meaning in relation to a culture's ethical values.

Methodology: Data were collected through an electronic questionnaire sent to all staff at eight selected units at a hospital in western Finland. Data were analysed using descriptive statistics and qualitative content analysis.

Results: Half (52.6 %) of the carers used the term 'patient', one-fifth (21.1 %) 'customer' and a quarter (26.3 %) both; 'fellow human being' was also used. A significant correlation was seen between participants' work units and the terms used. 'Patient' was associated with people in need of care, care setting, traditions and context and was linked to values such as responsibility, dignity, freedom, dependency and uniqueness. 'Customer' was associated with healthy human beings and service facility and was linked to equality, rights and self-determination.

Conclusion: An asymmetrical relationship exists between carers and the vulnerable, suffering human being in a care culture and a symmetrical relationship between carers and the active and decisive customer in a service culture. The simultaneous existence of two cultures with different ethical values influences care and can lead to feelings of uncertainty or mistrust amongst those in care.

Keywords: nursing, care culture**,** service culture**,** patient, customer, person, ethical values.

Introduction

Since the time of Florence Nightingale, in nursing and nursing literature, the term 'patient' has been used to refer to a human being with a disease or illness. Yet during the last two decades a trend to replace 'patient' with new terms such as 'client', 'customer', 'consumer', 'expert by experience' or 'service user' has emerged (McLaughlin 2009). Such terms describe the different aspects inherent in being a human being in need of nursing care. For example, the use of 'customer' implies a more active human being than the more traditional 'patient'. To date, nurses' choice of terminology has not been studied to any greater extent in practical nursing. This study, with a mixed-method design, is part of a larger research project, 'Ethically sustainable caring cultures'. The aim of the study is to investigate the terms carers use when referring to the human beings in care, including their underlying meaning in relation to a culture's ethical values. The research questions are: 1. How do carers perceive the human beings in care? 2. What are carers´ motives for using different terms?

Background

In earlier research, emphasis has been placed on how nurses' reflections on human beings influence the care provided (Edlund 2002, Eriksson 2007, Edlund, Lindwall & von Post 2013, Khahil 2009). According to Nordman

(2006), a link exists between carers' attitudes towards those in their care and the terms they use. The terms used reflects nurses' individual values, attributes and qualities and influences their perceptions and actions (Shevell 2009). McLouglin (2009) maintains that different terms denote distinct relationships and power dynamics. Many healthcare providers prefer 'patient', because this implies a person in need of care (Ratnapalan 2009). In one study, the majority of those registered at a clinic indicated that they wished to be called 'patients' (Wing 1997). As seen from the perspective of the human being in care, 'patient' is related to illness or disease (Nilsson, Sarvimäki & Ekman 2000; Nordman 2006). According to Wing (1997, 287), a patient is 'a sufferer', 'one who is under medical treatment' or 'a person…to whom….something is done'.

'Client' is often used to describe a social work relationship (McLaughlin 2009) and denotes a human being in need of help or 'one who is at another's call' or 'a dependent' (Wing 1997, 287). 'Customer' or 'consumer' are considered to increase the power of the human beings in care; customers and consumers buy services in an efficient way to satisfy their own needs.

'Person' (Willman 2010) has also recently emerged in nursing care. Willman maintains that as a concept 'patient' obscures the unique human being in care, because it is often used to refer to a group or a collective. When using a person-centred approach, nurses strive to see the human being behind the disease as a person and confirm that unique human being's experience of illness, his/her personality and lifeworld (Mead & Bower 2000, Edvardsson 2010). In order to truly understand the human being in care as a person and unique human being, it is necessary that nurses realise presence and attention in the patient-nurse encounter.

Salmela & Lindholm (2000) maintain that 'patient' and 'customer' stem from two divergent cultures, the care and service cultures. We thus ask whether it is possible for two different cultures to simultaneously exist in the same care organisation and, if so, how this impacts nurses' possibilities to create a common value base. The terms nurses use reflect their individual values, attributes and qualities and influence their perceptions and actions (Shevell 2009). According to Salmela & Lindholm (2000), the care and service cultures can neither be juxtaposed nor reconciled, which implies that 'patient' and 'customer' cannot be either. In a care culture, those in care are considered 'patients' and focus is placed on the individual level. Care stems from the needs of each unique human being's needs, wants and existence, and according to Eriksson (2007) carers help the human being live despite suffering and illness. A 'patient' is perceived to be passive: a human being who tolerates, suffers and endures in his/her unique way (Eriksson 2003). In a service culture, those in care are considered 'customers' and focus is placed on the organisational level. Service (not care) stems from the human being's wishes, needs and problems, and service staff must be able to cooperate with, interpret and actively listen to the human being in care (Alvesson 2001). A 'customer' is perceived to be active and acquires dual roles (Alvesson 2007).

Methodology

Participants and data collection

All staff on eight selected units from a single care organisation were asked to respond to the study questionnaire during September 2013, with a response rate of 32 % (n=122).

Of those responding (Table 1), the majority (75.8 %) were nurses, about a quarter (23 %) service staff and a small percentage (4.2 %) physicians. Half of the participants (52.4 %) worked on inpatient or outpatient units, while half worked for service units such as laboratory or radiology unit. More than half (60.8 %) were aged 40-59, one-fourth aged 30-39, and the remainder aged either under 30 (9.2 %) or over 59 (8.3 %).

The questionnaire contained a total of 51 close-ended and open-ended questions. The findings presented here come from our analysis of one close-ended question about terms used for the human being in care and comments about motives for using these terms.

Ethical considerations

Permission for the study was obtained from the upper management at the participating care organisation, and the study was performed in accordance with accepted research ethical standards (Finnish Advisory Board on Research Integrity 2012). Information was included in the cover letter guaranteeing voluntary participation in the study and anonymity, and participants gave their informed consent prior to inclusion.

Table 1. Participant characteristics.

Characteristics	No.	%
1. Profession	120	100.0
Nurses	91	75.8
Physicians	5	4.2
Service staff	23	19.2
2. Gender	120	100.0
Female	107	89.2
Male	12	10.0
3. Age group (years)	120	100.0
< 20	0	0.0
20-29	11	9.2
30-39	23	19.2
40-49	36	30.0
50-59	37	30.8
> 59	10	8.3
4. Unit	120	100.0
Inpatient	28	23.2
Outpatient	35	29.2
Service units (laboratory, radiology)	55	45.8
5. Employment	120	100.0
Temporary	51	42.5
Permanent	67	55.8

Data analysis

The close-ended question concerning human beings in care and the terms 'patient' and 'customer' was analysed using descriptive statistics, specifically IBM SPPS Statistics for Windows, version 21. In Table 2, the category 'both' represents responses where 'patient' and 'customer' were used interchangeably. Pearson's correlation coefficient was used to determine how the participants' background factors (gender, age group, work unit, profession and employment) correlated to the various categories ($p<0.05$). For the question, 'The patient is more than his/her disease' (Figure 1), the categories 'strongly agree' (5) and 'partly agree' (4) were sorted into the category 'agree', 'strongly disagree' (1) and 'partly disagree' (2) into 'disagree', and 'neither agree nor disagree' (3) into 'neutral'.

The comments were analysed using qualitative content analysis inspired by Graneheim & Lundman (2004). The text was read several times in order to get a sense of the material as a whole and then divided into meaning units based on words and sentences related to the study aim. The meaning units, in turn, were condensed in order to clarify the essence of the text from the open-ended questions. The condensed text was then abstracted and coded based on similarities and differences in content. Categories were then subsequently created.

Results

Regarding what terms are used to refer to the human beings in care (n=114), about half of the participants responded 'patient', one-fifth 'customer' and about one-quarter 'both' (Table 2).

Seen in relation to the participants' age groups, half overall (53.2 %) selected 'patient' (Table 3). Of those aged 30-39 half (56.5%) selected 'patient', of those aged 40-49 a uniform distribution between the terms was seen, and of those aged 50-59 more than half (64.7 %) selected 'patient'.

In relation to participants' work unit, about half overall (52.7 %) selected 'patient', one-fifth (21.4 %) 'customer' and one-quarter (25.9 %) 'both', independent of work unit (Table 4).

'Patient' was preferred by more than half of those on inpatient units (62.1 %) or outpatient units (55.9 %), yet less than half (44.9 %) of those on service units. However, quite a uniform distribution was seen for 'both' between outpatient (29.4 %) and service units (28.6 %).

No significant correlation (Table 5) was seen between the term used and participants' gender, age group, profession or employment, while a significant correlation was seen between the term used and work unit.

Motives for using 'patient'

The participants' responses showed that 'patient' was associated with people suffering from an illness or disease. Nonetheless, the majority (89.1 %) also maintained that each human being in care was 'more than' his/her illness or disease (Figure 1).

The participants motivated the use of 'patient' by arguing that it refers to a human being who is ill and in need of specialist medical care: '*If he/she is ill, then he/she is a patient*'. They defined 'patient' as someone with an illness or disease who needed professional care and help in regaining health: '*if he has lost his health and needs help to regain it*'; '*a patient is someone who is in need of care*'. A 'patient' was in need and must be admitted to hospital: '*his/her choices are limited*'. In comparison, a 'customer' was defined as someone not in need of care who can make demands and own choices. There were no limitations for a 'customer:' '*a patient can be limited but not a customer*'. The participants considered a 'patient' to be 'much more' than a 'customer': '*patients not only had rights, they also had obligations*', '*the rights of a patient override the rights of a customer*'. The use of 'patient' was related to a question of responsibility; the participants stated that they feel responsible for a 'patient' but not a 'customer'.

To a certain extent, the participants' profession influenced their choice of terms. Nurses used 'patient', while the other professional groups used either 'customer' or 'patient'. '*As a professional nurse I take care of patients*'; '*Because I am not a nurse I experience the person more like a customer*'. The setting where the care occurs also influences the choice of terms; this was seen in relation to care on inpatient units, more specifically admittance to a unit.

Table 2. Terms used for the human beings in care.

	n	%
Patient	60	52.6
Customer	24	21.1
Both	30	26.3
Total	114	100.0

Table 3. Terms used for the human beings in care, in relation to participants' age group.

| Age group	Patient	Customer	Both	n	%
< 20	0	0	0	0	0
20-29	8	0	3	11	10.0
30-39	13	4	6	23	20.7
40-49	11	11	11	33	29.7
50-59	22	5	7	34	30.6
>59	5	2	3	10	9.0
Total	59	22	30	111	100.0

Table 4. Terms used for the human beings in care, in relation to participants' work unit.

Unit	Patient	Customer	Both	n	%
Inpatient units	18	6	5	29	25.9
Outpatient units	19	5	10	34	30.4
Service units	22	13	14	49	43.7
Total	59	24	29	112	100.0

Table 5. Correlation coefficient values.

	Patient	Customer	Both
Gender	r= 0.051*	r= 0.149	r= - 0.162
Sig.(2-tailed)	0.636	0.162	0.128
Age group	r= - 0.071	r= - 0.040	r= 0.059
Sig.(2-tailed)	0.509	0.705	0.579
Work unit	r= - 0.281	r= 0.075	r= 0.095
Sig.(2-tailed)	0.008	0.483	0.378
Profession	r= - 0.205	r= 0.057	r= 0.198
Sig.(2-tailed)	0.025	0.535	0.031
Employment	r= -0.165	r = - 0.015	r= 0.145
Sig.(2-tailed)	0.121	0.892	0.172

*) Pearson's correlations coefficient

Figure 1. How participants' view the patient.
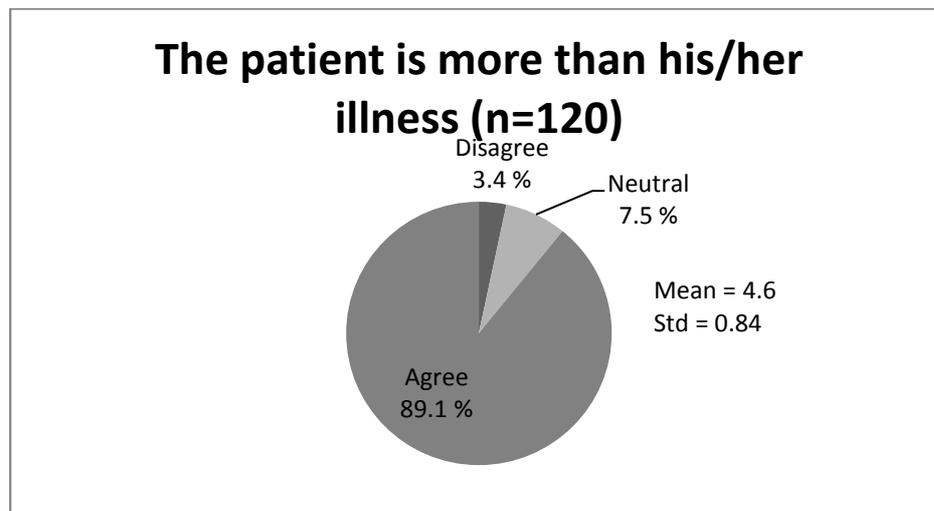
Several participants highlighted that it was the act on the status and rights of patients that determines what term should be used: '*I talk about a patient, in accordance with the Act on the Status and Rights of Patients*'. The severity of a human being's illness or disease also determined whether 'patient' or 'customer' was used: '*A seriously ill person feels more like a patient*'. Practice, habit or tradition also exerted an influence: '*The term patient is deeply rooted*'. For some participants, 'patient' was '*an old and good term*' or '*just a word that is still around from the past*'. No indications were seen that the use of 'patient' was considered in any way to be offensive or insulting. Some participants maintained that it was the context that determined whether 'patient' or 'customer' was used: '*with each other we talk about patients, but in public about customers*'. Some furthermore stressed that those in care on inpatient units should not only be called 'patient' but must also be allowed the right to be a 'patient'.

Motives for using 'customer'

The participants' responses showed that 'customer' was associated with greater equality: '*the term customer shows greater equality and even creates an image that care staff are experts in their own specialist area*'. The participants also maintained that 'customer' should be used when referring to healthy human beings: '*a completely healthy person can come for tests; a customer is someone who, for example, comes over from occupational healthcare for a routine blood test*'.

According to the participants, a hospital was a service facility and, subsequently, 'customer' should be used for those in care there: '*We are a service facility and therefore have customers*'; '*Our services must be service-oriented and customised*'. A 'customer' buys services and pays for him/herself, makes decisions about his/her care and decides whether or not to accept the care offered. Consequently, a 'customer' has the right to demand care: specifically, correct care and the correct implementation of care. The participants related 'customer' to greater rights: '*a customer has more rights than a patient*'. Such rights included the right to receive service in one's mother tongue. One participant even noted that such rights include the concept that, '*the customer is always right*'.

Motives for using 'fellow human being'

According to the participants, because nurses consider themselves to be human beings who provide care, the use of 'fellow human being' was appropriate: '*the person in care is a human being – I work as a human being with human beings*'. The participants noted that those in care are more than the symptoms they seek help for. They are unique and special human beings who are experiencing pain, fear or suffering and who are in need of response from fellow human beings and, at times, attention.

The connection between ethical values and terminology

The term that carers use when referring to those in care were clearly related to their understanding and conception of values. We found that equality, rights and self-determination comprise the values that form the basis for the use of 'customer', while 'patient' was linked to values such as responsibility, dignity, freedom, dependency and uniqueness. According to the participants, patients must be allowed the right to be ill and to receive care, specialist healthcare, caring and help. A 'patient' has varying needs that carers should satisfy, while a 'customer' has demands that should be fulfilled. Whether the human being in care was considered a 'patient' or 'customer' revealed a carer's value base, which is built on individuality, caring, respect and compassion.

Carers must bear greater responsibility in the care relationship but must also understand that the unique human being in care is a specialist in regard to his/her own life and health. Each human being in care is a unique human being who, because of illness or disease, is unable to freely make choices. Regardless of the terms used, each unique human being experiencing pain, fear or suffering needs to be treated as a human being.

Discussion

According to the National Advisory Board on Social Welfare and Health Care Ethics ETENE in Finland (2011), differences exist between a 'patient' and 'customer'. 'Patient' reflects the traditional professional responsibility that nurses have to protect the interests of those in care, yet does not limit the right of those in care to self-determination. 'Customer' reflects an equality between nurses and those in care, where those in care are allowed the right to make decisions. As seen in our results, the carers´ responses mirror these definitions.

The carers were influenced by variables that affected their views of those in care, including reason for care (presence and/or severity of disease), care setting or context (inpatient, outpatient and/or service units). Over half of those working on inpatient units preferred 'patient' over 'customer', while more than a quarter on outpatient units and service units used both 'patient' and 'customer'. We interpreted the simultaneous use of 'patient' and 'customer' as a multifaceted view of the human beings in care.

Earlier research shows that carers care and invite others into relationships without being aware of an organisation's common basic values (Manthey 2000). Carers often experience that their ethical values conflict with the delineated values of their care organisation, which prevents carers from providing the best possible care (Gaunt 2000, Gaudine & Thorne 2012).

A common ethical value base is of importance for how carers work together (Horton, Tschudin & Forget 2007) and it reflects the foundation that the care is built on, created by carers. As seen in our results, when the term 'patient' is used, care is based on values such as responsibility, dignity, freedom, dependency and uniqueness. A human being in need of care is a 'patient' dependent on carers. The carers acknowledged a responsibility for human beings who are ill and need care and allowed them to be 'patients'. As an ill and suffering human being, a 'patient' is allowed to transfer the responsibility for his/her care to those providing the care, thus creating an asymmetrical relationship. Conceptually, 'patient' stems from the idea to 'withdraw, prefer, endure and suffer' (Wing 1997). The patient represents a suffering human being, a unique entity of body, soul and spirit (Eriksson 2007, Lindholm et al. 2014).

When 'customer' is used, care is based on values such as equality, rights and self-determination. These values govern the care that places the 'customer' at its centre, and carers are motivated by a sense of 'what is right'. In this study, the human being in customer-centred care was perceived to be active and decisive: not vulnerable and suffering. The power dynamics between carers and the human beings in care differs according to whether those in care are considered 'customers' or 'patients' (cf. McLouglin 2009) where ´customer´ and carers exist in a symmetrical relationship and where rights and wishes of the human being in care define the care relationship.

A care culture that protects the vulnerable, suffering 'patient' cannot be juxtaposed or reconciled with a service culture that protects the active, decisive 'customer' (Salmela & Lindholm 2000, Salmela 2012). These two different cultures remove carers from the ethos that should comprise the foundation for their common ethical endeavour. On the basis of our findings,

we maintain that both the 'patient' and 'customer' exist in a state of tension between two divergent value bases. The existence of two different cultures in a single care organisation influences the care provided. For those in care, this can lead to feelings of uncertainty or mistrust or of being subjected to the discretion of carers. We find that carers are unaware or unconscious of the consequences that terminology has on ethical values. Through such unconscious behaviour, the potential exists for carers to violate the dignity of the unique human beings in care (cf. Henderson et al 2009).

If carers are unaware of their own stances and choices regarding ethical questions, then values from two different cultures can create ethical conflicts. One question is whether terminology also reflects carers´ choices regarding the ethics of justice or the ethics of care (cf. Botes 2000). Another question is whether the meaning and nuances of the concept 'customer' are changing; is 'customer' metamorphosing into a more person-centred approach (cf. McCormack & McCance 2010)?

The carers in this study promoted a value base built on individuality, caring, respect and compassion which is in line with earlier research, where the concept 'person' is highlighted together with values such as respect and holism, power and empowerment, choice and autonomy, empathy and compassion. Central to person-centred care is that care stems from the perspective of the human beings in care and that each unique person is included in all aspects of care (Nolan, Davies, Brown, Keady & Nolan 2004, Edvardsson 2010, Pelzang 2010). For McCormack & McCance (2010), 'person' refers to those who are involved in a caring interaction and includes patients, customers, relatives, nursing colleagues and/or other staff members part of a multidisciplinary team. Willman (2010) maintains that 'person' is linked to rights and also comprises the concept 'self', i.e. how human beings view themselves. We ask, therefore, whether it is possible that 'person' can encompass 'patient', 'customer' or 'fellow human being'? Only further research can provide an answer to this question.

Is person-centred care the solution to the value conflict between the care and service cultures? Wing (1997) demonstrates that the human being in care him/herself wishes to be a 'patient' and McLouglin (2009) that a suffering human being

is vulnerable yet nonetheless an expert on his/her own life. Others argue that a 'patient', who is considered an equal as a human being and active regarding matters pertaining to him/herself, is a 'patient' in need of care (cf Eriksson 2003). McCormack & McCance (2010) maintain that 'caring' and 'person-centredness' are important concepts for nursing practice; like Eriksson (2007), they view 'caring' as a human trait and a moral imperative, an interpersonal interaction and a connection.

The carers in this study used 'patient' and 'customer' simultaneously. While the carer sample is too little for generalisations, we nonetheless are left contemplating which ethical values permeate the care culture that exists today. The study's reliability was assured through the specification of frequency, percent, mean and standard deviation and its validity strengthened through the use of participant quotations.

While no definitive answer exists to the question of what term should be used to refer to the human beings in care, it should nonetheless be noted that various terms reflect different value-bases in divergent cultures. Given this, new questions arise. Are carers skilled in providing service to 'customers'? Do 'customers' need care? What kind of service does a fellow human being require? Can one change the dynamics of care merely by introducing new terminology? However a human being in need of nursing care is always a fellow human being and a ´patient´ that can be a ´customer´. Our conclusion is that a person-centred or human-centred care could be the solution to the conflict between the use of terminology and ethical values.

Acknowledgements

References

Alvesson M. (2001) *Organisationskultur och ledning*. (Organisational Culture and Leadership). 2 uppl. Nordstedts juridikforlag, Stockholm.
Alvesson M. (2007) Corporate culture and organisational identity – supportive norm system or brainwashing? I: Alvesson, M & Sveningson, S

(red). *Organisationer, ledning och processer.* Studentlitteratur, Lund, 11-44.

Botes A. (2000) A comparison between the ethics of justice and ethics of care. *Journal of Advanced Nursing,* 32 (5) 223-236.

Edlund M. (2002) Human dignity – a basic caring science concept. PhD Thesis, Abo Akademi University, Finland.

Edlund M, Lindwall L, Von post I. (2013) Concept determination of human dignity. *Nursing Ethic*s, 13, 1-11

Edvardsson D. (2010) Person-centred care – definitions, measurement scale and health effects). I: Edvardsson D. Person-centered nursing in theory and practice, 29-37. Studentlitteratur AB, Lund.

Eriksson K. (2003) Ethos. In: Eriksson, K & Lindstrom, U.A. (eds) *Gryning II.* (Dawn II). Clinical care science, Abo, Finland: Åbo Akademi University publications, pp 21-33.

Eriksson K. (2007) Becoming Through Suffering – The Path to Health and Holiness. *International Journal of Human Caring* 11(2) 8-16.

Eriksson K. (2013) I was there, I saw, I witnessed and became responsible – the mantra of caring ethics). In: Alvsvag H, Bergland Å, Forland O. (ed). Necessary detours - a scientific anthology to Kari Matinsen's 70th birthday. Oslo: Cappelen Damm akademisk.

Gaudine A. & Thorne L. (2012) Nurses' ethical conflicts with hospitals: a longitudinal study of outcomes. *Nursing Ethics*, 19, 6, 727-737.

Gaunt N. (2000) Practical approaches to creating a security culture. *International Journal of Medical Informatics.* 60 (2) 151-157.

Graneheim U.H. & Lundman B. (2004) Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*, 24, 105-112.

Henderson A., van Eps M-A., Pearson K. J., C, Henderson P. & Osborne Y. (2009) Maintenance of patients' dignity during hospitalization: Comparison of staff-patient observations and patient feedback through interviews. *International Journal of Nursing Practice,* 15 (4) 227-230.

Horton K, Tschudin V & Forget A. (2007) The Value of Nursing: A literature review. *Nursing Ethics,* 14, 6, 716-740

Khalil D. (2009) Nurses' attitude towards 'difficult' and 'good' patients in eight public hospitals. *International Journal of Nursing Practice,* 15, 437-443.

Lindholm L., Lindstrom U. Å. & Zetterlund J. E. (2014) Katie Eriksson, Theory of caritative caring. In: Marriner Tomey A and Alligood M R (eds). *Nursing Theorists and Their Work.* St. Louis, Missouri: Mosby pp 191-223.

McGormack B. & McCance T. (2006) Development of a framework for person-centred nursing. *Journal of Advanced Nursing*, 472-479.

Manthey M. (2000) Nursing values: A look back, a view forward. *Creative Nursing*, 1, 5-8.

McLaughlin H. (2009) What's in a Name: 'Client', 'Patient', 'Customer', 'Consumer', 'Expert by Experience', 'Service User' – What's next? *British Journal of Social Work,* 39(6), 1101-1117.

Mead N. & Bower P. (2000) Patient-centeredness: a conceptual framework and review of the empirical literature. Social Science & Medicine 51*, 7, 1087-110.*

National Social and Health Care Advisory Commitee in Finland. (2011). The National Advisory Board on Social Welfare and Health Care Ethics ETENE.

Nilsson M., Sarvimäki A. & Ekman S-L. (2000) Feeling old: Being in a phase of transition in later life. *Nursing Inquiry.* 7, 41-47.

Nordman T. (2006) A Human Being as a Patient in a Caring Culture). PhD Thesis, Abo Akademi University, Finland.

Nolan M. R., Davies S., Brown J., Keady J. Nolan J. (2004) Beyond "person-centred" care: a new vision for gerontological nursing. *International Journal of Older People Nursing* in association with *Journal of Clinical Nursing*, 13, 3a, 45-53.

Norberg A. (2010) Experience of identity for people with dementia interpreted from Harre's theories. I: Edvardsson D. Person-centered nursing in theory and practice,19-28. Studentlitteratur AB, Lund.

Ratnapalan S. (2009) Shades of grey: patient versus client. *Canadian Medical Association Journal* 17 (180, 4, 472).

Research Ethical Delegation (2012) Finnish Advisory Board on Research Integrity. Good scientific practice and procedures for handling misconduct and fraud in science, Helsinki. pp. 3-40

Rytterstrom P., Cedersund E. Arman M. (2008) Care and caring culture as experienced by nurses working in different care environments. International Journal of Nursing Studies, 46, 689-698.

Salmela S & Lindholm L. (2000) To minister and serve. A study about care culture and service culture). *Hoitotiede* 12, 1, 36-46.

Salmela S. (2012) Leading change by leading relationships, processes and cultures. PhD Thesis, Abo Akademi University, Finland.

Shevell M. (2009) What do we call 'them'?: the 'patient' versus 'client' dichotomy. *Development Medicine & Child Neurology.*

Tadd W., Clarke A., Lloyd L., Leino-Kilpi H., Strandell C., Limonidou C., Petsios K., Sala R., Barazzetti G., Radaelli s., Zalewvski Z., Bialecka A., van der Arend A. & Heymans R. (2006) The value of Nurses codes: Europeans Nurses´ views. *Nursing Ethics* 13(4), 376-393.

Pelzang R. (2010) Time to learn: understanding patient-centred care. *British Journal of Nursing, 19, 14, 912-917.*

Willman A. (2010) Evidence and person-centred care). I: Edvardsson D. Person-centered nursing in theory and practice,pp 101-112. Studentlitteratur AB, Lund.

Wing P. (1997) Patient or client? If in doubt, ask. *Canadian Medical Association Journal*, 157:287-9.