## Special Article

# Awareness of Ethical Challenges and Nursing Intensity in Care of Older People

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## Introduction

The article is an academic essay, a dialog between different aspects of nursing intensity (NI) and theory of Caritative Caring.(Eriksson, 2002a, K, 2003, Eriksson and Lindström, 2009, Eriksson, 2007c, Eriksson, 2007a) The intentions are to reflect on ethically defensible care (Frilund et al., 2013b, Frilund et al., 2014, Frilund, 2013, Frilund and Fagerstrom, 2009, Eriksson, 2007b) Ethically good care are not self-evident. In clinical settings, we need consensus about the criteria for "good ethical care". (Frilund et al., 2014, Larkin et al., 2017, Frilund, 2013). Consensus about "good care" prevent service from becoming impersonal and stereotypical and instead becoming care-based, with ethical manners in the daily work. The syntheses between the ethos of caring and nursing intensity highlight new knowledge about realistic possibilities to act in an ethical manners in praxis. (

Figure 1 A synthesis between ethos and nursing intensity (Frilund and Fagerstrom, 2016)(Frilund and Fagerstrom, 2016, Frilund, 2013)

I want to discuss, by dialog, how NI affects at quality of care and the caregivers' opportunities to provide "good ethically care" for older people. As example on NI measurement instrument was The RAFAELA system used and this instrument includes both elements of to "be with the patient" and to "do something for the patient". (Fagerstrom, 1999, Morris et al., 2007)

Researches have stated that RAFAELA system provides a realistic picture of the patients' care needs, without trying to provide total accuracy. (Andersen et al., 2014, Fagerstrom et al., 2000, Fagerstrom, 1999) An important thing for meeting the needs of elderly people are the caregivers' averageness to own values and attitudes toward the elderly, as well as knowledge about geriatric and aging.(Wadensten and Carlsson, 2003b, Wadensten and Carlsson, 2003a) The Essay is a continued dialog based on my thesis from 2013.

## Background

### Awareness of the good

An ethically aware caregiver strives to invite the patient into a caring relationship that mediates strength as well as respect for the integrity and wholeness of the human being. An ethically aware caregiver strive to "do well", "do right" and "take responsibility". Ethical values, from a caring science perspective, describes in terms as human love and mercy, caring relationships, human dignity, autonomy and respect. (Frilund, 2016, Eriksson, 2002, Eriksson, 2007 The essence of caring is to alleviate the patient's suffering, promote health and wellbeing (Eriksson, 2010, Eriksson, 2007b, Eriksson and Lindström, 2009).

Acting ethically exists in the moment when goodness becomes an awareness choice for caregivers. An awareness of "the good", which cannot react to practice, are for many caregivers, nurses as well as other members of the team, burdensome. (Brodtkorb et al., 2015) Previous research highlights, the fact that caregivers most every day are meeting ethical dilemmas and challenges. (Jakobsen and Sorlie, 2010, Brodtkorb et al., 2015)

### Synthesis between ethos and NI

The theoretically model (

Figure **1**) focus on ethical values- ethos, patients' needs, expectations and wishes, ethical manners and ethical leadership. The connection between the different elements goes through ethical consensus, ethical affirmation, ethical freedom and ethical discussion and decision-making. The caregiver gives life to the model, by her person. Her awareness of ethical values, affirmation of them, willingness and moral actions and responsibility are decisive prior to how the daily work will be designed. (Frilund, 2013, Frilund, 2015, Frilund and Fagerstrom, 2016)

*Figure 1 A synthesis between ethos and nursing intensity (Frilund and Fagerstrom, 2016)*
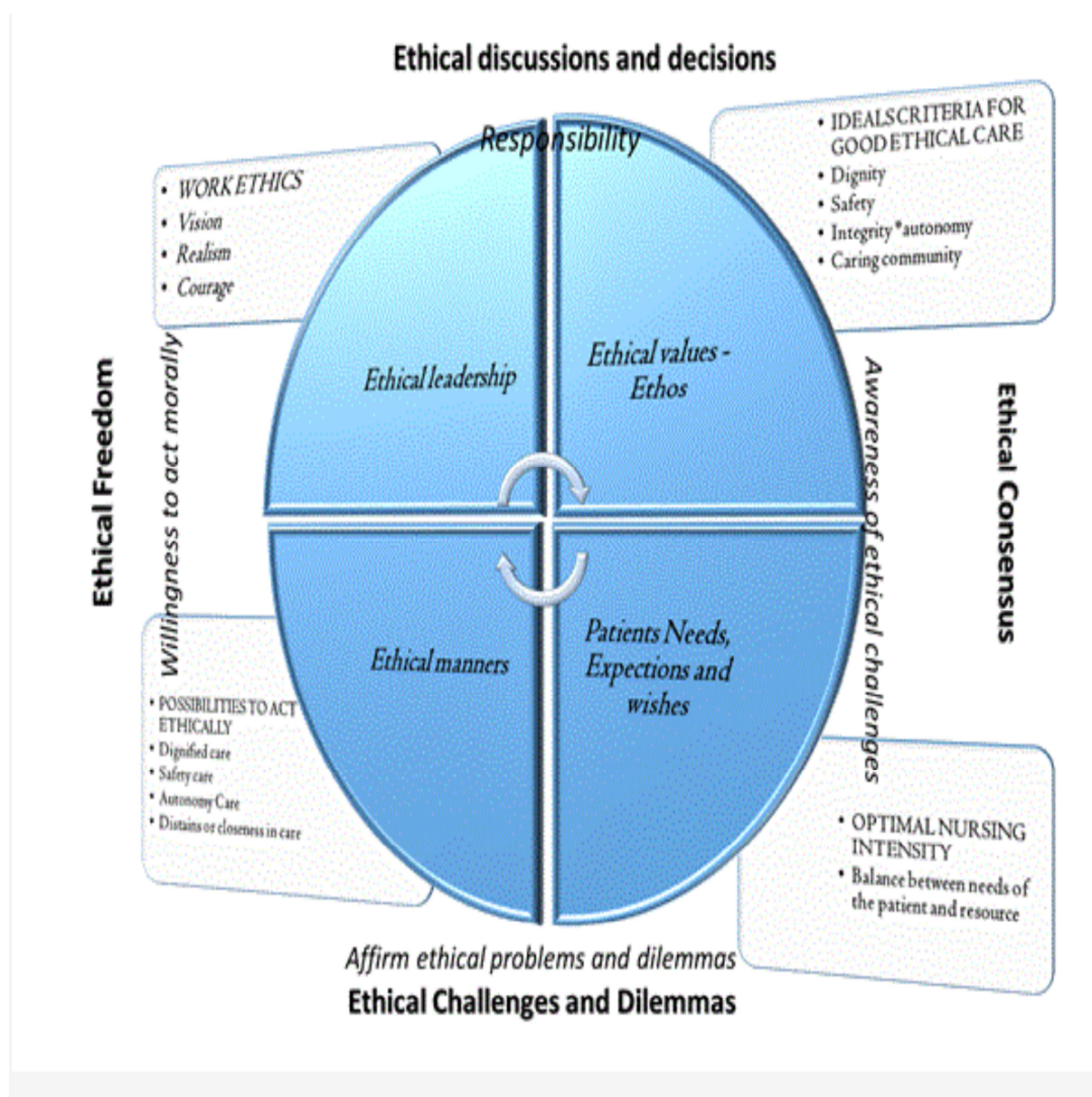


**Nursing Intensity**

In Finland, a patient classification system called the RAFAELA- system, has been under development in hospital care since the 1990s (Frilund and Fagerstrom, 2009, Rauhala and Fagerstrom, 2004, Fagerstrom et al., 2000, Fagerstrom, 1999).The system has been widely used in Finland, Norway and in Sweden. RAFAELA system consist of three parts: 1) The OPC instrument and 2) daily nursing resources and 3) the Professional Assessment of Optimal Nursing Care Intensity (PAONCIL) method. The goals of RAFAELA system are to make sure that personnel resources and patients'

needs for care are in balance with each other. Fagerstøm ( 2000, 1999) highlights that all dimensions of the caring relationship not fully can be measured planned or assessed. The patients' care needs are both measurable and unmeasurable. In order to get a more comprehensive picture of the patients' needs, the assessment of the patient's care, also has to take into account so called "indirectly" nursing. (Morris et al., 2007).

Based on my preunderstanding and the aim with the paper following hypothesis where formulated:

*Awareness about ethical values, consensus about criteria for good care and optimal resource allocation make it possible to act ethically. Awareness and consensus in case of ethic are the secrets behind good ethically care and caregivers' job satisfaction.*

## Dialog

### Dialog I- Ethical consensus

Organizational and political changes of today will easily be in conflict with the caregivers' individual wishes to act ethically. Ethos is a fundamental human value made visible in words, needs and attitudes.(Frilund and Fagerstrom, 2016) Eriksson state that ethos stands for the good as a potential. Something each nurse has opportunities to choose or refrain (Eriksson, 2002b, Eriksson, 2007b, Eriksson, 2009, Eriksson and Lindström, 2009). The majority of nurses have an obvious picture about how the daily care together with older people should be designed (Nordman, 2006, Frilund et al., 2013b). However, many nurses expire they lack realistic opportunities to care in accordance with their ethical ideals. (Nordstrom and Wangmo, 2017, Larkin et al., 2017, Frilund and Fagerstrom, 2016)

My study from 2013 show that a number of caregivers not necessary have an awareness about what ethical values suppose us to be or do in the daily work with older people. There will be a gap between ideals and the caregivers' ontological standpoint to act ethically. (Frilund et al., 2013a, Frilund, 2013) What kind of ethical manners or position healthcare professionals show in the relation to the patient are depended on which ethical values the caregivers have affirmed and the opportunities the caregivers feel they have to be ethically. (Frilund et al., 2014, Frilund and Fagerstrom, 2016) Ability to be ethically can be expired as challenging and problematical.

In praxis different professions work together in team. Different professions have their own ethical codes and guidelines that can easily come into conflict with each other. An important task for the team members are to get consensus about which ethical values the team are ready to conform. If dignity, autonomy, respect participation are values they agree with, how can caregivers make them visible in the daily work? Good ethically care are depended on how well the ethical values have been operationalized to understandable concepts with clinical evidence. In addition, are the caregivers willing to act in accordance with made agreements at the unit or would the ethical level depends on each caregivers' own attitude? (Frilund et al., 2014, Frilund et al., 2013b) Wecan stat that ethically "good care" is dependent of ethical consensus made at the unit, willingness to be ethical, ethical freedom and ethical consensus. The consensus would be a background for to stat optimal NI level.

Optimal Nursing Intensity (NI) level is a concept which describe how well available resources are in balance with the patients' needs of nursing. (Frilund and Fagerstrom, 2009, Rauhala and Fagerstrom, 2004) Many instruments used within the care of older people measure primarily the patients' ability to manage in everyday life and only to a limited extent take into consideration the patients' psychological, social and spiritual needs. NI level affects personnel allocation and thereby, the quality of care.(Frilund and Fagerstrom, 2009, Sung et al., 2005)

Possibilities to be ethically needs an optimal NI level. In accordance to RAFAELA- system, the NI can be at different levels; the optimal level, the lower level and the high level. An optimal level describes a situation where the patients' needs are in balance with available resources. In this case, the patients' care have been in accordance with the criteria's of good care that the unit in case has defended.

If the NI is higher than the optimal level, the patients' needs are higher than the available resources. In that case, a gap between needs and possibilities to provide good care will occur. Research has shown that high NI level under a long period not only will be a risk for the quality of care but also a health risk for the caregivers.(Frilund and Fagerstrom, 2009, Sung et al., 2005, Rauhala, 2008)

Ethical consensus is thereby critical for the unit's criteria of good ethically care. *Are the criteria of good care in accordance with the ideals as dignity, caring relationship, closeness and distance, safety, autonomy and participation?*

**Dialog II -Optimal nursing intensity and patients' care needs**

Patients have become older, their care needs have increased, and this has consequences for working conditions within primary health care. (Frilund et al., 2009, Frilund et al., 2013a, Frilund et al., 2013b) Personnel dimensioning (staff allocation) as well as the personnel's level of competence is something quite different today than it was for 20 years ago (Sundler et al., 2016, Mahlin, 2010) NI level in primary health care is high and national recommendations for nurse-to-patient ratios have not been implemented, because of economic conditions. (Murphy, 2007, Frilund and Fagerstrom, 2009). Still, there is an increased need for instruments that measure NI level and state the optimal NI level per nurse within primary health care.(Fagerstrom et al., 2014)

Assessment of nursing intensity (NI) with RAFAELA system has proven to be a useful method to reveal the relationship between NI and available resources, and find out the optimal level of NI at the unit.(Frilund and Fagerstrom, 2009, Frilund et al., 2014) Balance between patients' needs of care and available staff support caregivers to develop nursing compatible with Theory of Caritative Care. (Eriksson and Lindström, 2009, Eriksson, 2009, Eriksson, 2007b) RAFAELA system gives sufficient attention to psychological, social and spiritual needs.(Murphy, 2007) and thereby support the theory of caritative caring.

Consensus about the criteria for good ethical care and an optimal nursing intensity level gives the patient opportunities to "be met" with ethical manners and morality. (Frilund and Fagerstrom, 2009, Frilund et al., 2014, Rauhala and Fagerstrom, 2004) However, it is not self-evident that consensus about ethical values turn into ethical manners in the daily work with older people.(Frilund et al., 2014, Suhonen et al., 2013) Conflicts between the healthcare provider's ideals of ethical care and their experiences of realistic possibilities to act ethically can lead to different adverse effects for both the patients' quality of care (Frilund et al., 2013a, Frilund et al., 2013b) and the caregivers'

job satisfaction (Glasberg.A-L., 2007, Førde and Aasland, 2013). Nordstrom and Wangmo (2017) show in their study a tension between the nursing staffs' ideals and values and their actual work context. Their informants described a deep willingness to serve the patients in order to promote well-being.(Nordstrom and Wangmo, 2017) Lindström and Lindholm(Lindstrom and Lindholm, 2003) warns that every sentence context can turn into futility and fragmentation. Nurses and other healthcare providers become carriers of values, which praises productivity, efficiency and impact, in praxis the meaninglessness and fragmentation emerges as ethical dilemmas and challenges. (Jakobsen and Sorlie, 2010)

*Are the patients' needs, wishes' and expectations in balance with available resources?*

**Dialog III- Ethical manners**

The caregivers must have realistically opportunities to meet the patients' needs, and it will be a main task for the leaders to argue for balance between patients' needs and available resources. (Frilund and Fagerstrom, 2016, Frilund, 2015)

A holistic view of caring, individual treatment of the elderly, efforts to preserve the autonomy of the elderly, encourage to actively make it possible for the older person to participate in their own care, are generally expectations or wishes to day. However, might the level of participation and autonomy be embraced different within the working group? One obvious problem is the conflict between economic principles and ethical ideals, between effectiveness and relations, between my opinion and the patients' opinion.

Within the team are expectations, which not necessary will be consistent with the patient's and/or family's expectations. The patient want to participate in his/her own care, be a part of the decision – making process, and feel dignity and safety. Healthcare professions has theoretically the same opinion, but in clinical settings, the situation will be something else. *We do not have time* is a common statement. Can we derby feel free to decide without asking the patient about his/ her opinion? Dignity, participation, safety integrity are common values in the community to day. What do these values impose us to be or do? (Sundler et al., 2016, Sung et al., 2005, Nordstrom and Wangmo, 2017, Frilund, 2015)

In recent years, professional identity, ethics and ethical issues and their impact on health of the caregivers have been subject to numbers of studies.(Manomenidis et al., 2017, Ahlin et al., 2015, Orrung Wallin et al., 2015) Ethical awareness that cannot be realize through an ethical approach, differently affect caregivers. The phenomena can be described as *"a good intention goes wrong"* with the patients' autonomy and dignity are been overlooked.

Studies demonstrate correlations between *conscience stress and burnout*, which can lead to emotional exhaustion. The caregivers are forced to numb their conscience for to manage their situation or they have to leave the health care. (Manomenidis et al., 2017, Ahlin et al., 2015, Orrung Wallin et al., 2015) One of the reasons for conscience stress can be a consequence of high nursing intensity.  The caregivers felt they not could live up to patients' expectations. They felt they did not have a supporting team or leaders around. In combination with luck of inner strength, they decided to live the area of caring.(Frilund et al., 2013b, Frilund and Fagerstrom, 2009)

Moral anxiety and stress also occurs when the career's experience of ethical and moral responsibilities towards patients came into conflict with organizational expectations, and the expectations from the team. Frilund (2013) believe that with the help of reflection and discussion in the working Group, it will be possible to find optimal solutions to ethical problems.

**Consensus**

Back to the hypothesis, *Awareness about ethical values, consensus about criteria for good care and optimal resource allocation make it possible to act ethically. Awareness and consensus in case of ethic are the secrets behind good ethically care and caregivers' job satisfaction.*

A new understanding for awareness of ethical challenges and NI in care of older people has been born. Ethical values need to be discussed; they need to be taken seriously and they need to be made visible as criteria for good care. The clinical settings need measurement tools for to measure the working load at the unit. New questions have been born under the writing process that we have to answer in future research. Thereby, we have opportunities to develop the theoretical model described above and promote a model with clinical evidence. *(Figure 1)*

*Future research questions  for relevance*

- *Are the criteria of good care in accordance with the ethically ideals as dignity, relations, closeness and distance, safety, autonomy and participation?*
- *Are the patients' needs, wishes' and expectations in balance with available resources?*
- *What are the caregivers' realistic opportunities to act ethically in the daily work? What is the NI level at the unit?*

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