

Empirical Ethical Values Promoting Good Caring Encounters with Older Patients and Relatives in a Geriatric Setting

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Received November 29, 2019; Accepted December 10, 2019; Published December 17, 2019

ABSTRACT

OBJECTIVE

This study describes empirical ethical values promoting good caring encounters with older patients 65, relatives, and care staff in a geriatric clinic.

METHODS

Hermeneutic method was used in a secondary analysis, a re-analysis, of data already collected in three previous studies describing empirical ethical values. Data in the previous studies was collected in a geriatric clinic at a county hospital in a medium-sized city in Sweden. In study I were older patients (n = 22) with registered nurses and enrolled nurses observed during caring encounters (n = 57). Study II was an interview study with older patients' relatives (n = 14). Study III observed encounters with registered nurses (n = 20) who cared for older patients.

RESULT

Empirical ethical values promoting good caring encounters comprising a welcoming environment, moral actions in physical and social movements, showing respect, participation, security, and a worthy start, middle, and end of caring encounters.

CONCLUSION

Bearing these empirical ethical values in mind should help care staff to focus on patient safety and their own ethical values, with the aim to promote good caring encounters with older patients and relatives. Respect establishes the basis for reciprocity, when people in caring encounters trust one another, security ensues and the fundamentals for patient safety fall into place.

KEYWORDS

Care staff; Empirical ethical values; Caring interaction; Hermeneutics method; Older patient; Relatives

Citation: Lise-Lotte Jonasson, Empirical Ethical Values Promoting Good Caring Encounters with Older Patients and Relatives in a Geriatric Setting. J Clin Cases Rep 4(1): 1-11.

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1. Introduction

This study describes empirical ethical values promoting good caring encounters with older patients (65 years and more), relatives, and care staff in a geriatric clinic. Research has shown the importance of linking ethical issues to care staffs' attitudes, norms, and values. This link emerges in how care staffs' really act in different care situations [1,2]. This performance is called "empirical ethics" [2]. Older patients can be a vulnerable group; specifically, that adults may lose their dignity during hospital stays, which makes it particularly important to focus on this context. Care staff behavior and hospital environment can influence whether older patients' dignity is lost or upheld [1]. The way in which older patients are treated indicates the quality of their caring encounters [3].

Older patients should be able to influence their everyday lives and grow old in safety with their self-determination intact [1,2]. Individualized care based on older patients' needs is more likely to succeed when the ethical climate is congruous and when health professionals perceive their environment to be agreeable [4]. Ethics must play a larger role if care staff is to make morally correct decisions [1] and works professional [5]. A lack of ethical values means that older patients may feel ignored, as well as mental and physical abused [6]. Older patients are at risk for physical, verbal, financial, and sexual abuse and neglect [7]. Yon and co-workers [8] estimated that 64 percent of the care staffs admitted to abuse and neglect older patients in their care at institutional settings during one year. This high prevalence of abuse adds to the demand for care staff to improve the quality of care for older patients.

Good caring encounters require that older patients' relative promotes to participate in the care [9]. Relatives position in the healthcare system is unique because they support their relatives, and therefore also needs care staff's support [9]. Thus, the care relationship also includes the encounter between older patients' relatives and the care staff [10]. Older patients and relatives must feel mutual

respect, commitment, and trust in their encounters with care staff. However, research showed the opposite that relatives do not always feel mutual respect, commitment, and trust with care staff [11,12]. Relatives to older patients who are seriously ill often experienced feelings of powerlessness, vulnerability, anxiety, and stress [13]. The information the healthcare system currently shares with relatives is not always satisfactory [14]. Relatives are deeply affected on a physical, mental, and emotional level, and there is an absence of the proposed evidence-based psychological support from healthcare workers [15]. Psychological and pedagogical measures from care staff can positively impact on relatives.

Various empirical ethical values are necessary for caring encounters [16]. To achieve a worthy encounter, care staff' approach toward ethics is key [17]. This refers to how care staff speaks to an older patient, how respect is shown and experiences participation, and how the patient experiences security. From the perspective of relatives, the approach is related to how amenable the care staff is [18]. The approach that care staff uses made visible by the way they show respect, invites participation and demonstrates how care staff shows their professionalism. Care staff' ethical approaches are made visible by the way they show respect by actively listening and showing empathy [19,20]. Care staff has ethical competence when they can focus on others, i.e., they respect the dignity of older patients [21,22].

Being amenable denotes that care staff is guided by ethical values that mean they will invite older patients and relatives to participate in caring encounters. From a registered nurses perspective, the approach has to do with showing consideration and care by being present, creating a trusting relationship, and performing tasks in a safe manner [18]. Ideas of beneficence and non-maleficence constitute care staffs' obligation to "do no harm" [23]. Beneficence and non-maleficence are connected to older

patients' right to safe care [22]. Research present relatives' [18], and care staff [16] perspectives of caring encounters. There are ethical empirical values across these perspectives. Making these ethical values visible is likely to increase our understanding of the complexity in caring encounters.

2. Material and Methods

Hermeneutic method [24-26] was used in a secondary analysis, a re-analysis, of data already collected in three previous studies describing empirical ethical values [16-18]. Approval for the studies was obtained from the Regional Research Ethics Committee at Linköping University hospital (Dnr. 170-06). Approval was also obtained from the Clinic manager, the department director, the personnel department, and the units involved. Consideration was given to The Declaration of Helsinki [27].

Data was collected in a geriatric clinic at a county hospital in a medium-sized city in Sweden. In study I [17] were older patients (n = 22) with various care staff (registered nurses and enrolled nurses) observed during caring encounters (n = 57). The observations were followed up with individual interviews with the older patients. Study II [18] was an interview study with older patients' relatives (n = 14). Study III [16] observed encounters with registered nurses (n = 20) who cared for older patients. The observations were followed up with individual interviews.

2.1 *Data analysis*

This secondary analysis of the results in three previous studies [16-18] was focused on the original transcriptions [28]. The transcribed text from the observations and interviews with older patients, relatives and care staff were analyzed and interpreted. The hermeneutic method of analysis used is useful to gain a deeper understanding [26]. Gadamer [24] outlined the four principles used in secondary analysis to describe and explain the empirical ethical values promoting good caring encounters.

The first principle is openness. Keeping an open mind, researchers read the text multiple times to obtain a general idea of what it says; the first analytical task was to develop a sense of the entire text [24,25]. The second principle was to be aware of the power of tradition. For example, a sentence is the result of the merger of text and interpretation. The principle of the "merging of horizons" means that researchers should reject the notion that there is a single correct interpretation of a given text. Instead, the chosen interpretation should be accepted to be more probable than other possible constructions [24,25,29]. The third principle was to interpret two elements: a descriptive stage that extends from the text to the text's "horizon", and another stage in which the text is parsed and analyzed by the interpreter's sentence horizon. Interpretation involves a continuous dialectical movement between the two horizons [24,25]. To reach a hermeneutic "circle," it is essential that the analysis works on both levels and horizons. The two parts and the whole are crucial for understanding [24]. The fourth principle is the interpretation of the text; here, researchers examine each phrase and meaning in the text to interpret the data in order to understand the two different sentence horizons [24,25]. In this interpretative effort to grasp the horizon of the text and the horizon of the interpreter, the present author creates a fusion that provides a newer and deeper understanding of empirical ethical values promoting good caring encounters with older patients, relatives, and care staff [24].

3. Results

The results described empirical ethical values promoting good caring encounters with older patients, relatives, and care staff in a geriatric clinic comprising:

- A welcoming environment
- Moral actions in physical and social movements
- Showing respect
- Participation
- Security
- Worthy start, middle, and end

3.1 A welcoming environment

What precedes a meeting, what occurs during a meeting, and what happens afterward all provide different experiences, depending on whose perspective is observed? The organization and work context influence the care staff. The older patients has likely suffered a period of ill health and disease before contacting the healthcare system and will have questions and concerns about what might have caused the illness. The answers depend on the care staff that is present at the encounter. The relatives will also bring their own issues to the physical meeting with the care staff, who provide professional care grounded in their knowledge, skills, and personal qualities. The caring encounter thus includes the older patients with needs, desires, and issues related to the illness or condition.

3.2 Moral actions in physical and social movements

The caring encounter starts with the physical movement in the room, or people's approaches to one another both physically and verbally during the care event. How the care staffs approach the older patients and relatives will affect how the caring encounter continues. The older patients will decide whether to be active or passive or to show a positive or negative reaction, which will depend on how those involved in the caring encounter behave. The people involved in the caring encounter often ask questions, for instance, care staff commonly ask the older patient or relative questions, i.e., 'I see you are tired; would you like to go to bed?'

The older patients or the relatives make their demands clear in their conversations with the care staff. These questions usually come at the beginning of an encounter. The precise contours of any given caring encounter may vary depending on the care staff's workload. Some include a care staff addressing the older patients and then performing relevant tasks, whereas other encounters rely more on the care staff's conduct, such as seeing the older patients and relatives, making eye contact, placing themselves at the same body height, and talking to the

older patient and relative in a calm and friendly manner. The care staff's approach shows their interest in wanting to know more about and communicate with the older patients as needed. The care staff must show judgment during care situations that depends on the older patient's condition. This conversation could be a light-hearted one, in which both parties show pleasure and even laughter; however, it could also be a serious situation where the care staff work in silence, showing their care and respect for older patients and relatives by focusing on showing professionalism.

3.3 Showing respect

Ensuring that the older patients and the relatives feel welcomed creates the ideal conditions for self-determination for all parties involved in the caring encounter. Relatives who feel respected by the care staff's interest will be curious and ask questions. The attention that the care staff shows the older patients will make a difference; their way of behaving and interacting conveys that the care staff understands and act on their responsibility toward the older patients. Similarly, when the care staff refers to the older patients by name, the older patients will feel to be at the center of attention and that the care staff is doing their best. Care staff demonstrates attention by being present in the moment, providing extra nursing interventions, and staying up-to-date on the older patient's needs. Similarly, the older patients and relatives will respect the care staff when they see that they are knowledgeable both in general and about the specific older patients. Thus, those involved show one another mutual respect. This atmosphere provides the prerequisites necessary for the care staff to ensure a beneficial encounter.

3.4 Participation

Participation is a fundamental value for older patients and relatives. Older patients become involved in caring encounters based on the movement of those involved. The conditions that are necessary for older patients'

participating are respect and to be able to acquire information about their care. This participation will be strengthened or weakened by how care staff and relatives act.

Care staff can handle situations in different ways. They often use the word “we” in their approach to older patients to ensure older patients’ participation. Their actions may be questioning or encouraging, or they may focus on the entire older patients based on the older patient’s physical, mental, social, and existential state. These actions necessitate participation from adults and relatives. As the relatives are part of care for older patients, it is important that care staff allow them to participate in the care, and that they see themselves as resources in the care.

3.5 Security

While those involved in the caring encounter experience security in different ways, the fact that they all experience it makes it a key value. The care staff provides the tools for both actual security and the crucial element of perceived security; thus, the older patients should feel safe. The care staff provides this prerequisite by demonstrating a genuine understanding that adults and relatives are worried, might feel abandoned, and may not know what is to come. Care staff knows that it is important to send security signals through both words and actions, which shows their professionalism. Care staffs who demonstrate uncertainty may create uncertainty in the older patients, who will then become disturbed and feel insecure. The actions of the care staff can cause older patients to become impaired in their illness, e.g., they have more trouble managing their illness. The relatives involved feel security when care staff makes themselves available by responding to the relatives’ questions, giving them clear information, and providing beneficial care. The relatives will then feel cared for, which in turn strengthens the older patient’s sense of security.

3.6 Patient safety

A welcoming environment, moral actions displayed through physical and social movements, and respect create the conditions for those involved in the caring encounter to participate in and experience security. This approach also enables the care staff to work safely and reliably with the older patients. To provide beneficial care means to perform a task during a care session with competence and knowledge such that unhealthy issues are solved. The care must be provided safely and securely so that the older patients who is being cared for does not suffer. This approach ensures that the care is based on ethical values. Working with empirical ethical values creates a sense of security, which means that safe patient work is done. By treating older patients and relatives this way, care staff earns their trust and faith in the caring encounter.

3.7 Worthy start, middle, and end

A caring encounter can be thought of as a chain of events with several parts. First, the start of the caring encounter is highlighted when the care staffs welcome the older patients and relative and invite them to join the caring session. This inviting atmosphere is created through both verbal and physical moral actions. The middle stage is execution, in which the older patients are the focus. The attitude of those involved should encourage participation, respect, and a sense of safety, all of which create the potential for security. Third, the end of the caring encounter should reflect transparency for the various parties’ different desires. These three stages are all important for the overall experience of beneficial care during caring encounter for all involved. The experience of a positive encounter will linger and be of benefit during the next caring encounter.

4. Discussion

The results described empirical ethical values promoting caring encounters with older patients, relatives, and care staff in a geriatric clinic. The room that frames the care

environment is the shared environment for the older patient, the relatives, and the care staff, and it affects how care staff meets older patients and relatives. Such meetings reveal the ethical values at play and can create a sense of welfare in the older patients and relatives. It is important to create a welcoming atmosphere in which older patients and relatives are greeted by care in both the design of their encounters with the care staff [30]. In addition, older patients with dementia can become disoriented by colors, sounds, and light, so these factors should be considered before the meeting even begins. In emergency medical care, a peaceful and safe environment is often best, although it does not always occur [31-34]. It is important to designing healthcare environments that are welcoming to visitors and where older patients are met with thoughtfulness and respect from care staff [30].

The various stages of caring encounter, i.e., a worthy beginning, middle, and end, are highlighted by the results of the events in the care chain. A beneficial start of caring encounter is related to the care staff's physical and social approach. The former involves the care staff's movements in the room, the importance the care staff places on the older patients in their care, and how the care staff treat an older patient's entire being. Studies have shown that older patients can feel overlooked and experience a loss of control over their situations because of a lack of information, not being listened to, and experiencing stress responses [35].

The social approach examined in the present study relates to communication and the encounters between older patients, relatives, and care staff. These elements are important considerations, since older patients in acute care often feel that they and their medical conditions are treated as objects because the medical staff is working under intense time pressure [36]. Older patients may perceive that the care staff is not genuinely involved with them as full-fledged people but instead as merely physical bodies in their care [36].

The care staff should focus on older patients and relatives regardless of the organizational requirements that may affect care staff. Research [37] emphasized that care staff neglect to provide necessary medical care between 10% and 27% of the working time, which may originate from inadequate staff resources that cause deficiencies in the work environment.

An atmosphere of mutual respect is created when the conditions exist for the care staff to provide worthy care to older patients and relatives; the care staff's conduct will then be reflected in older patients. This approach benefits older patients' dignity, as other authors have also found [38]. According to previous research, one contributing factor to preserving older patients' dignity is body language, such as smiling, which has a positive influence on older patients. Showing respect when talking to older patients is a significant factor in healthcare. Physicians and care staff often talk with relatives before speaking with the older patients, who should be at the center of the caring encounter [39]. Relatives should instead be thought of as partners of the medical staff [40].

The results showed that the foundation for patient safety can be based on ethical values. Earlier research [41,42] confirmed these results, stating that ethics are closely related to patient safety, and that the team leader's role is the key to ensuring an ethical practice environment. When care staff bases their work with older patients on ethical values, they create a secure environment: the older patients feels safe, the relatives feel respected, and the care staff are viewed as trusted partners. This way of working will enable working environments in which care staff has reasonable workloads and time for reflection and thought. In contrast, if they have a heavy workload and often experience stress, then patient safety will likely suffer [43-45].

Older patients pay attention to the mood of the care staff, and that care staff's work satisfaction influences whether older patients are treated well [46]. A clear link has

emerged between how care staff perceives their working environments and how satisfied older patients are with the care [47]. Social capital plays a vital role in the workplace [48], since it increased social capital predicts improved job satisfaction, greater work commitment, and better patient safety. The care staff's physical and social approach is also important for healthcare meetings with older patients, relatives, and care staff. A focus on ethical interventions improved patient-related results and organizational performance [49]. Focusing on ethics for the sake of older patients and relatives will yield positive results for older patients and healthcare organizations. Nurse managers should influence care staff and act as arbiters between organizational and professional values [41,50]. They also play a strategic role in patient safety that is sensitive to ethics; thus, they should promote nursing practice that respects the humanity and dignity of older patients.

An older patient's trust is related to care staff's behavior, which in turn is based on care staff's physical and social approaches [51]. Older patients and relatives are dependent on others and are often in a vulnerable position. From the older patient's perspective, trust is not based on an objective assessment of risk; it is generated in contexts where the older patients provide true and reliable information. Trust is built when care staff is open, views each older patient as a unique and full-fledged individual, and is open to receiving information. Care staffs who behave in these ways will instill trust in older patients and relatives in terms of skills and knowledge [51].

The results described a sequence of circumstances that affect the experience of older patients, relatives, and care staff; all the elements contained in the sequence can affect the experience of the caring encounter. Thinking of the caring encounter as a sequence of events can ensure care staff's analysis of an older patient's progress, particularly when care staff focuses on all three phases: the welcoming phase, the work phase, and the completion phase. Other authors described the caring encounter as a process that

requires clarification of the work processes and the responsibilities of each healthcare discipline as well as managers, care staff, and older patients [52,53]. Care staff ought to concentrate on the older patient's safety and own ethical values. Care staff already think of patient safety as a goal from their education, work experience, and training, but patient safety can often be of secondary importance in the ward, as completing the routine requirements of nursing and other tasks takes time, physical energy, and mental attention. Patient safety is a link between the organization's culture, safety rules and resources, and the actions of the bedside care staff [54].

Registered nurses play a strategic role in patient safety [41]. They incorporate the ethical values of patient safety in decision-making at the various levels of an organization and encourage one another to examine the ethical values of care provided to and families. Patient safety that is sensitive to ethics provides sustainable practices in which the humanity and dignity of all stakeholders are respected. According to Trevino et al. [55], a culture of safety that allows older patients and relatives to feel comfortable asking questions should be promoted. If older patients receive negative responses when they ask questions, then they will be less likely to ask questions regarding own uncertainty about the future. When care staff's welcome older patients and families and encourage questions, the latter two groups will be much more likely to ask questions and talk about security, thus preventing potential adverse events. The authors of this study agree with Whicher et al. [56] that guidance on applying the well-established principles of ethics to the specific issues inherent to patient safety research is imperative to driving much-needed progress in improving the safety and quality of care delivered to older patients.

Hermeneutic interpretation is a helpful way of describing empirical ethical values promoting good caring encounters with older patient, relatives, and care staff in a geriatric clinic. In qualitative studies, the aim is to gain

understanding. According to Gadamer [24], not all interpretations are equally valid. The validity of the interpretations of the data examined in the current study comes from its systematic approach; the author carried out a secondary analysis on data collected in carefully conducted primary studies. The interpretations presented here are plausible and consistent with previous authors' interpretations [24,25,28]. The study may have limitations, it was carried out in a narrow context; however, the results ought to be transferable to other contexts since caring encounter and ethical values in caring encounters are universal. In addition for being consistent with the results of the three primary studies, the results of the present study will be advantageous to the perspectives of older patients, their relatives, and care staff.

5. Conclusion

Empirical ethical values promoting care encounters with older patients, relatives and care staff are visible in welcoming environments together with moral actions that are manifested in the staff's physical and social approach, along with showing respect. These values create the

foundation for inviting participation of older patients, relatives, and care staff. Everyone involved depends on the security, patient safety, and the caring encounter to have a worthy start, middle, and end. Ethical values permeate everything. Thinking of the caring encounter as a sequence of events can help ensure focus on the welcoming, the work, and the completion phases of care. Bearing these values in mind should help care staff to focus on patient safety and their own ethical values, with the aim to promote good caring encounters with older patients and relatives.

6. Acknowledgement

We are grateful to all of the study participants.

7. Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

8. Conflict of Interest

The authors and planners have disclosed no potential conflicts of interest, financial or otherwise.

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