



SCHOOL OF
HEALTH SCIENCES
JÖNKÖPING UNIVERSITY





Value system and views of ethics among nursing home and home care staff

Sofia Kjellström, PhD, associate professor

Per Sjölander, PhD, professor



Background

Value priorities play an important role in even seemingly trivial activities in old age care ([Dauwerse, van der Dam, & Abma, 2012](#); [Persson & Wästerfors, 2009](#)).

Nursing staff with poor education focus on paternal, concrete and physical aspects of caring, being less capable of solving abstract problems, and to have a reluctance to change ([Dauwerse et al.](#),



Theoretical perspective

Adult development

Ability to perceive others in complex ways, are more empathic, capacity to understand the perspectives of others, and relate in a more person-centered way ([Grosch et al., 2011](#); [Juujärvi et al., 2012](#); [Medvene et al., 2006](#))



Purpose of the study

Identify and characterize value systems among nursing assistants and nurses' aides working with old age care, and to assess relations between value systems and views on good care.



Hypotheses tested

It is possible to identify distinct value systems among nursing assistants and nurses' aides, and to determine these value systems relative levels of development.

Less developed value systems are related to a more paternalistic view on good care, whereas more developed value systems are characterized by higher priority to dialogue, autonomy, and preferences expressed by the older persons.

Value system is a good predictor of nursing assistants' and nurses' aides' view on good care for older persons.

Participants

457 **nurse assistants** or **nurses' aides** we asked to participate in the study: 334 staff members working in **nursing homes**, and 123 working in **home care**.

229 answered the questionnaire. Three were excluded since their questionnaires were incompletely filled out ($\geq 25\%$ missing values). Thus, the analyses were performed on **a total of 226 staff members** (overall **response rate 57 %**).

Measures

The questionnaire comprised three sections:

1. Socio-demographic and occupational variables (gender, age, education, employment position, work experience, and working location)
2. Value priorities (i.e. value system), and
3. Characteristics of ethics and good care.

The value system questionnaire

Six questions covering different themes:

education, criticism, important values, knowledge, conflicts, and children.

For each question the respondent was asked to rate the relative importance of five answers or statements



What characterize good education?

It improves my chances to get a safe and secure employment

It is important for developing autonomous individuals and a society where all people are of equal value

It improves my possibility to understand myself and the world

It is important for my personal goals and future achievements

It improves our rationality and the functions of the society

Identification of value system

1. Pattern recognition statistics to identify response patterns among participants
2. Hierarchically arrange value system based on their relative degree of development

Value systems

Three distinct value systems were identified, corresponding to stages of ego development:

early convention(n=121)

middle (n=88), and

late (n=17)

Early conventional value system

Emphasized strict rules, routines and working conditions of staff, and how they would like to be cared for as old.

Values a society that provides stability, harmony, conformity and collective belonging

They scored highest on *'conflict avoidance'*, high on *'critique is insulting'*, lowest on *'epistemological relativism'* and *'independence and creativity'*

Middle conventional value system

Middle were more based on collaboration between the older person and the staff, on individualization and the needs and preferences of the elderly.

Value conformity, education, achievement and expertise

Scored highest on *'social conformity'*, *'over-confidence in education'*, *'conflicts for improvement'*, and *'expert knowledge'*. High on *'critique is insulting'*.

Late conventional value system

Even more in favor of a participatory and individualized approach to old age care, where the elderly are appreciated as unique individuals

Scored highest on *'independence and creativity'* and lowest on *'social conformity'*, *'over-confidence in education'*, *'expert knowledge'*, *'conflict avoidance'* and *'critique is insulting'*

Predictive validity

The value systems showed stronger relation to the staff's views on care ethics, participatory care and autonomy of the older person than socio-economical and occupational factor.

This result is in agreement with previous research demonstrating significant predictive validity of individual's values system, in the study by Sjölander et al. (2013)



Conclusion

Staff at late conventional stages of ego development show value priorities that are most in accordance with the aim to optimizing the older persons' exercise of autonomy and minimizing the exercise of paternalism.



A challenging discrepancy

The value system of staff with early conventional personalities, who were in majority in the present study population,

The demand for participation and individualization among older people and policy makers

Education?

Education is the standard solution to problems of quality of care in old age care

But, to what extent may the individual's value system be through education?



Leadership

A leadership for early conventional value system....?

Promote social relations

Concrete guidance

Expand the in-group affinity

Routines that promotes person-centered care



Questions for further research

How do different ego systems relate to actual behavior?

It it possible to change a person's value system by educational efforts?