

Leader as maintainer of multi-professional ethical competence in healthcare practice

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ABSTRACT

Ethical competence is a core competence in healthcare, and healthcare leaders have a key position when it comes to maintaining professionals' ethical competence. This study aims to broaden the understanding of leaders as maintainers of ethical competence in healthcare practice seen from a multi-professional perspective. The methodology for data collection was hermeneutic application research and hermeneutic dialogues in which participated 14 informants with different professional backgrounds at a university hospital and three researchers from a university in Norway. Thematic analysis was used as a data analysis method.

The thematic analysis resulted in three themes: Creating a culture with common ethical values, Leading with clarity and supporting ethical acting, and Focusing on the patient and quality of life. The leader's ethical character and passion to create care cultures based on common ethical values and actions, and where the focus is on the patient and quality of life maintain multi-professional ethical competence.

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ABSTRAKT

Ledares som främjare av multiprofessionell etisk kompetens inom hälso- och sjukvården

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Etisk kompetens utgör en kärnkompetens inom hälso- och sjukvården, och ledaren har en nyckelposition när det gäller att upprätthålla professionella vårdpersonalens etiska kompetens. Forskningen syftar till att vidga förståelse för hur ledare kan förstärka etisk kompetens sett ur ett multiprofessionellt perspektiv. Metodologin för datainsamling var hermeneutisk applikationsforskning. Material inhämtades genom hermeneutiska dialoger där 14 deltagare med olika professionsbakgrund vid ett universitetssjukhus och tre forskare från ett universitet i Norge deltog. Tematisk analys användes som data-analysmetod.

Den tematiska analysen resulterade i tre teman: Skapa en kultur med gemensamma etiska värderingar, Leda med tydlighet och stödja etiskt

Key words: ethical competence, ethical practice, healthcare leaders, hermeneutic application research, thematic analysis

handlande och Fokusera på patienten och livskvalitet. Ledarens etiska hållning och passion för att skapa vårdkulturer baserade på gemensamma etiska värderingar och handlingar med fokus på patienten och livskvalitet upprätthåller multiprofessionell etisk kompetens.

Sökord: etisk kompetens, etisk praxis, hermeneutisk applikationsforskning, ledare inom hälso- och sjukvård, tematisk analys

What is already known about this topic?

- Ethical competence is a core competence to provide the best possible care for patients.
- Leaders serve as ethical role models for supporting ethical thinking and ethical care practice.
- Research highlight leaders' and organizations' strategies to support nurses' ethical competence.

What this paper adds?

- Multi-professional ethical competence is maintained when leaders have a clear agenda and passion to create an ethical care culture.
- Multi-professional ethical competence is maintained when leaders serve as ethical role models and their character serves as a guiding light for ethical actions.
- Multi-professional ethical competence is maintained when leaders work closely with the everyday care work and patient care.

What significance does research have for nursing, nursing education and management?

- Provides an understanding of leaders as maintainers of multi-professional ethical competence.
- Provides tools for reflection on healthcare leaders' responsibilities and actions for maintaining multi-professional ethical competence.
- Provides tools for the development of administrative structures and quality of care.

Background

The background to this study is our previous research, the development of a three-dimensional multi-professional ethical competence model to encompass an ethical value base in healthcare practice (Koskinen et al. 2022). The first dimension in multi-professional ethical competence is a personal ethical attitude that includes a desire to do one's best, to be touched by and take into consideration the patient's feelings, and honestly try to understand the patient. The second dimension, the ethical basis, foregrounds quality of life and comprises a genuine interest in the patient's whole life and uniqueness. The third dimension, ethical culture, shows the importance of leaders' ethical thinking as a guide and role model for care practice.

Multi-professional ethical competence is maintained by reflection to find new opportunities to act ethically, time for talk as an interdisciplinary team, and leaders as ethical role models for ethical actions. Thus, this research takes as a starting point that leaders' ethical thinking is a key factor for maintaining multi-professional ethical competence and an ethical value base in healthcare practice. The result sparked an interest to deepen the understanding of how healthcare leaders can maintain multi-professional ethical competence.

Ethical competence is described by Kulju et al. (2016) as an umbrella concept and is indirectly a part of all competencies that support healthcare professionals to provide the best possible care for patients. Ethical competence as a core competence is defined by

the values, attitudes, and beliefs that the whole organization stands for and that all healthcare providers must uphold in everyday work (Mohammed et al. 2021, Albarqouni et al. 2018, Falkenström et al. 2016). A review of previous research shows that the focus when it comes to ethical competence often is on nurse practice. According to a study by Kim et al. (2018), nurses describe how regular in-house ethics training, continuous ethical education, and consultation are imperative parts of support to improve ethical thinking. Poikkeus et al. (2014, 2018, 2020) describe similarly ethical education, ethical rounds, ethical committees, and consultations as strategies to maintain ethical competence. Research highlights (Falkenström & Höglund 2020, Poikkeus et al. 2014, Dreyer et al. 2011, Bærøe & Norheim 2011, Höglund et al. 2010, Källemark Sporrang et al. 2007) that nurses need support both at the individual, multi-professional and organizational levels and that nurse leaders have a key role in providing opportunities for nurses to gain ethical competence. Nurse leaders are responsible to take a comprehensive approach to support ethical competence and activities through the creation of different areas for ethical reflection, collaboration, consultation, and training programs. Sufficient time to talk and reflect with other nurses and medical doctors is seen as essential for ethical decision-making and an ethical work environment for nurses. Ethical reflections increase sensitivity, knowledge, and self-reflection as individual capacity in ethical decision-making (Robichaux 2012). Previous research also indicates that nurse leaders not only have a responsibility for implementing strategies to reduce the risks of unethical actions and patient safety but as well to maintain nurses' work satisfaction (Vanderheide et al. 2013). Nurses tend to show poor performance, burn out, or even leave the nursing profession if they are unable to sustain an ethical course in their work and care actions.

Previous research also describes goals for high-quality care in healthcare organizations and how core competencies collectively constitute the foundation of the whole healthcare organization's competitiveness (Flinkman et al. 2017). Ethical reasoning and dialogues enable the management of ethical goals and values in an organizational context (Falkenström & Höglund 2020). Healthcare organizations are responsible for clarifying the ethical responsibility of healthcare leaders and for arranging channels to collect and maintain ethical decision-making and strengthening the sensitivity to unethical situations and how to handle ethical challenges (Bærøe & Norheim 2011, Falkenström & Höglund 2020). The responsibility for health professionals' ethical competence is thereby seen as a duty of leaders (Aitamaa et al. 2010), as well as of organizations (Suhonen et al. 2011). At the same time, Falkenström et al. (2016) describe in their research that leaders appeared relatively unprepared to argue for the ethical values at stake and accept that economic goals are given priority over ethical considerations and quality of care. To achieve ethical competence, leaders also need education, collective reflections in management teams, and self-reflection concerning their own and others' weaknesses and fears. Integrated collective ethical reflections, collective work-based learning, and ethical impact evaluation are needed to develop an inter-organizational collective ethical competence and ethical responsibility in care activities within the whole healthcare system. Leaders highlight that they do not have organizational or structural support for important communicative activities to learn to handle ethical issues together (Falkenström & Höglund 2020).

Ethical competence in healthcare has primarily focused on nurse leaders' and healthcare organizations' strategies and actions for increased ethical competence as well as leaders' shortcomings in ethical matters. There is

a lack of studies that highlight the healthcare professional's view of ethical competence and how the leader can maintain ethical competence in healthcare practice. Clarification is needed to appraise different viewpoints of leaders' responsibility and assignment in ethical decision-making (Poikkeus et al. 2014, Falkenström et al. 2016).

Aim

This study aims to broaden the understanding of leaders as maintainers of ethical competence in healthcare practice seen from a multi-professional perspective.

Methods

The present study is part of an ongoing collaborative research project between a university and a university hospital in Norway with the aim of interweaving ethical theories and concepts with multi-professional ethical healthcare practice.

Recruitment of participants and data collection

To recruit participants an invitation was extended to healthcare professionals and healthcare leaders with responsibility for patient care within one university hospital. A total of four medical doctors, one psychologist, seven nurses, and two leaders from healthcare practice participated. The participants from clinical practice had backgrounds from various disciplines: psychiatry, surgery, emergency care, and internal medicine. Both men and women participated. Three of the participants were between 20 and 30 years, two between 30 and 40 years, five between 40 and 50 years, and four between 50 and 60 years. The variation in work experience was wide; three participants had worked between 1 and 5 years, three participants be-

tween 10 and 15 years, three participants between 15 and 20 years, two participants between 20 and 30 years, and three participants between 30 and 35 years. The three scientific researchers with Ph.D. degrees in health sciences participated.

The research starts from a point of view that it is important to involve practice in research, and therefore hermeneutic application research described by Koskinen and Nyström (2017) was chosen as the data collection method. Hermeneutic application is a participatory-oriented method where the basic notion is that participants with clinical experience and participants with theoretical knowledge meet in dialogues with the same premises and equivalents. Two equal dialogue groups with six participants in each were formed by scientific researchers. The groups each met four times in the year 2020. Each dialogue lasted an average of two hours. Each time, the dialogue began with a short presentation of a theme grounded in caring science to initiate reflection and inspire dialogue. The themes were human dignity, caring encounter, ethical leadership, and ethical competence. Of interest to this study were the dialogues where the participants reflected together on ethical values expressed in clinical practice and how leadership can maintain ethical competence from a multi-professional perspective.

Data analysis

The dialogues were recorded and transcribed into 117 pages of text. Thematic analysis according to Braun and Clarke (2006) was chosen as the data-analysis method because it was considered logical with hermeneutical application research. The thematization was conducted in five different steps. The first step was to become familiar with the data and obtain a general impression. The next step was to verify meaning-bearing themes. After that, the meaning-bearing themes were interpreted.

This step resulted in three themes that highlighted the results. In the fourth step, the themes were named based on their essence and content, and in the last step, the themes were compiled in a logical order. The results are presented based on the three themes and quotations.

Results

Creating a culture with common ethical values

The results highlight that an ethical organization that ensures seamless transitions and that guarantees that the patient is taken care of are a starting point for maintaining ethical competence in practice. A risk to ethical practice seen today is that care wards avoid receiving patients. One participant said, *the discussion that is going on is unethical many times, there are almost tendencies to quarrel, and the discussion is not about our patient*. From an ethical maintaining point of view, it is therefore important that leaders address the question of what ethical values guide the organization, and how ethical questions are driven, and thus together create a culture with common thinking and attitudes toward the patients. A caring culture is maintained by ethical values such as quality of life, security, and respect. The leader has a responsibility to ensure that everyone in the care culture is met with the same dignity and respect. Treating everyone with the same dignity and respect means that the leader puts words to common values and that these values are reflected and constantly kept active in the hectic everyday care work. As one participant expressed, *the leader said very clearly; now this patient comes to us, and we will show and meet him with the same importance as we do with everyone else. In care work, there must also be room for patients that are angry and shout*. Common ethical values should not only be applied in meetings with patients but also in

meetings with colleagues and within the whole organization, expressed as an appreciation of each other's work. It is also a leader's responsibility to support healthcare personnel to have the courage to take up for discussion observations that patients are being violated.

In maintaining common ethical values in a whole care culture, professionals must help each other and solve ethical problems together. With skilled guidance from a leader and colleagues who has more experience in what is ethical and unethical, one can better meet the ethical challenges and become more ethical. The opportunity provided by the leader for discussing ethical values makes professionals confident in their ethical decisions. Professionals should have the opportunity to address ethical situations and reflect on how to proceed to resolve the situation. Leaders are therefore an important part of culture creation and in a key position when it comes to maintaining opportunities for communication and creating a space to reflect on common ethical values in the workplace. The leader's ethical attitude often reflects the attitude of the entire organization. Thinking ethically and developing ethical practices does not cost any money, but it is quickly noticeable if there exists an agreement and a shared attitude in conversations and meetings with patients, relatives, and colleagues. The leader needs to have a clear agenda with ethical values to create and maintain a culture and strategy for ethical competence.

Leading with clarity and supporting ethical acting

The results show that ethical competence is maintained in how the leader supports, backs up, and gives good feedback to the healthcare staff that is making decisions so that what is decided will be right and best for the patient. The leader must be clear, specifically regarding ethically untenable ac-

tions. One participant said, *she not only took care of me, but she also said firmly that this is not possible. My boss would only have said "just call here and there" and I would have been sat there and continued with the problem myself. But she knew she had more authority, has a louder voice than I do. She sorted out the situation and I felt that I got a little extra strength because I did everything right ... It was nice.* The care professional needs to hear that the leader is proud of the work that has been done, and that the care professional did not just let the work slip through. The leader's support gives the courage to fight for and take the patient's side in ethically challenging situations.

Today, many changes are taking place in the organization of healthcare. Reorganization succeeds if professionals are informed and understand the thought and context behind it. Awareness and discussion give ripple effects and support professionals to work in teams. One participant said, *if you are going to spread a message, then just explain why you are doing it.* Consequently, maintaining ethical competence means that the leader has the responsibility to talk about ethical challenges in reorganizations, what ethical infringement does to the professionals, and what it does to the patient. Willingness to communicate, two-way feedback and awareness are important for maintaining ethical practices. Supervision and support are therefore an important part of a leader's work when maintaining ethical competence. One participant said, *...if you get good guidance from a manager with more experience about what is ethical and unethical, you can acquire ethical competence.*

Focus on the patient and quality of life

The results problematize leaders are often faced with many choices, including prioritizing between care activities, protecting the number of patients and care places, and on the other hand, seeing the needs

of the individual patient. The leader has a responsibility to determine who and what should be prioritized. At the same time, there is a risk that the focus changes from the patient to the administrative processes and managing operations. The results reveal that it is easy to prioritize the patient if the leader has close contact with the patient. In situations where the leader can see the patient and be involved in the care work, it is easy to feel the need of the patient and maintain the ethical practice, while a distant relationship makes it more difficult to show empathy and the patient can easily become just a number. One of the leaders said, *...it is a bit scary that when I turn my head a bit, change my focus on administrative processes, it is hard for me to see the patient in the same way. I come a long way from the patient, but when I'm there in the daily care work, it's the patient that is in focus.* Maintaining ethical competence for a leader in healthcare is challenging in terms of both managing and organizing the daily care work and at the same time showing the professionals that the main goal always is to have the individual patient's needs in focus. Leaders are responsible to maintain ethical competence by constantly referring to ethics as the quality of care, increasing awareness of ethical values, and showing that it is the patient's interests and the patient's quality of life that should be the main goal. Putting the patient's best at the centre of the organization of care means that the quality of care is of the highest level. The results show that it is not possible to compromise here. Quality of care and ethics belong together. One participant said, *she (the leader) does not talk so much about ethics but talks about quality in all contexts. The leader said we are here for the patient, and it is the quality that counts. We can never ignore that.* Healthcare leaders have the responsibility to provide qualitative good and safe care, and they are expected to take

responsibility for decisions in conflicts and ethical dilemmas. A specific arena that maintains ethical competence is interactions between healthcare professionals about specific patients.

Discussion

The results from this study widen the understanding that healthcare leaders need to give high priority to maintaining ethical competence and an ethical culture for healthcare professionals and the whole organization. The responsibility of maintaining ethical competence is seen as a leader's duty (cf. Aitamaa et al. 2010). Healthcare leaders have responsibility for realizing and passing on ethically sustainable caring cultures and creating prerequisites for staff's growth and development (cf. Salmela et al. 2017) and a value-based organizational culture that maintains value-based care for people in need (cf. Denier et al. 2019). This finding is also in line with Nyholm et al.'s (2018) study and the assumption that if ethics will be visible and sustainable, it must include and encompass the whole healthcare culture, as managers are therefore responsible.

The results highlight that ethical competence is maintained through clarity, support, reflection, and dialogue. A leader's responsibility is thereby to create different areas for ethical reflection and multi-professional collaboration. It is important for professionals to get support from the leader in making ethical choices and to receive appreciation for ethical actions. Denier et al. (2019) use the concept, "Walk and talk", which embodies steadiness, honesty, openness in communication, and clarity and consistency in ethical views and actions. A leader's character or ethos is ethics in action and includes courage and the ability to do what needs to be done to maintain ethical choices in the hectic everyday care

work. Leaders' sense of where they want to go, a clear agenda and passion for what they want to ethically accomplish, as well as the ability to communicate it and act in such a way that others can feel their enthusiasm and follow them is important for maintaining ethical competence. The results of this study show that the character of ethical leaders is informed by the values of dignity and respect and is reflected in their treatment of others. This result is consistent with Höglund et al.'s (2010) description of how ethical competence is acquired through work experience with leaders as role models. Leaders serve as ethical role models and guides for maintaining ethical thinking in care practice (cf. Denier et al. 2019). The question is whether leaders as maintainers of an ethical culture also are essential for the healthcare personnel's well-being, motivation, and willingness to work in healthcare (cf. Poikkeus et al. 2018).

An interesting result is that leaders should work closely with daily care work and patient care to maintain ethical competence. If they do not, there is a risk that the financial and administrative precede the support of ethical competence and, ultimately, qualitative and good patient care. This result is interesting in relation to the starting point of the study and the assumption that the basic ideas and core of ethical competence and culture are the willingness to do good and to do the best for the unique and vulnerable patient and quality of life instead of individual and organizational procedures. Falkenström et al. (2016) and Wallingford (2011) also points out the risk of giving personal and economic goals priority over ethical considerations and quality of care. This study shows that it is of great importance that leaders work closely to the care work and the patient care to maintain multi-professional ethical competence with their ethical character, support of ethical acting, and enabling multi-professional dialogues.

Ethical considerations

This study was conducted according to the ethical principles outlined in the Declaration of Helsinki (2013). The healthcare organization's upper management permitted the study. An ethical request was not needed as the participants were healthcare professionals (NSD 2021). The participants received information about the purpose of the group dialogues and that participation in the study was voluntary and anonymity was guaranteed during reporting. All participants signed informed consent. The data material has been stored according to the legislation regarding personal data and general data protection regulations. Ethical issues were considered throughout the process.

Strengths and limitations

The strength of this study is the innovativeness with a multi-professional perspective and that the study aims to broaden the understanding of a previously developed model for multi-professional competence. The richness of this study was the dialogue that was opened between the various professions and, in addition, scientific researchers. The strength is also that several researchers participated in both data collection and data analysis. A weakness may be that not all professions within health care practice are represented.

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Conclusions

The study makes visible the importance of ethics as a core competence and the responsibility the leader has in maintaining ethical competence. The study confirms how the leader, both through his/her thinking, attitude, and actions, is the guiding light in maintaining multi-professional ethical competence in healthcare. The study also confirms the importance of healthcare organizations investing in leaders who work closely with the daily care work and patient-oriented leadership.

According to Falkenström et al. (2016) leaders also need education, self-reflection, and collective reflections in management teams to maintain ethical competence. The study arouses interest in further research on the leader's point of view on what competence and what organizational support healthcare leaders need to maintain multi-professional ethical competence.

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CONTRIBUTIONS

Research design: GB, BDR, ARJ, KK, CK, data collection: GB, BDR, ARJ, KK, CK, data analysis: CK, writing the manuscript: CK, commenting on the manuscript: GB, BDR, ARJ, KK

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