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# Perceptions of Professional Responsibility When Caring for Older People in Home Care in Sweden

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## ABSTRACT



Older people in Sweden are increasingly being cared for in the own home, where professional caregivers play an important role. This study aimed to describe perceptions of caring responsibility in the context of older people's homes from the perspective of professional caregivers from caring professions. Fourteen interviews were conducted with professional caregivers from different professions. The result show how professional caregivers perceive responsibility as limitless, constrained by time, moral, overseeing, meaningful and lonesome. Responsibility seems to affect caregivers to a large extent when the burden is high. Professional caregivers' perceptions of responsibility, and the potential consequences of a perceived strained work situation therefore need to be addressed. The findings also indicate a need for professional support and guidance when it is difficult to distinguish between professional and personal responsibility.

## Introduction

The proportion of the older population over 65 is increasing, and aging increases the risk of being disabled and needing care. Similar to many other countries, Sweden has implemented a stay-in-place policy with the overall aim that older people should have the ability to be cared for at home as long as possible (Szebehely & Trydegard, 2012). This has changed the organizational structure of home care. Institutional care has decreased, and many municipalities suffer from a deficit of residential care facilities, such as nursing homes (National Board of Health and Welfare, 2018; Ulmanen & Szebehely, 2015). Thus, to a great extent, older people are cared for in their own homes, often with comorbidity and complex care needs. This places high demands on municipal home care, increasing the need for qualified professional caregivers to care for older people in their homes (United Nations, 2017).

According to Swedish Health and Social legislation, home care shall be available to all citizens in all social groups, based on individual needs. Home care is largely tax financed. A minor part of the cost, based on their income, is paid by older individuals (Szebehely & Trydegard, 2012). Today, the responsibility for social care is regulated by the Social Services Act (Ministry of Health and Social Affairs, 2001), whereas health care is regulated according to the Health and Medical Services Act (Ministry of Health and Social Affairs, 2017). Therefore, home care is a divided responsibility, and caring actions are often balanced, interrelated, and dependent on each other, making collaboration essential for providing home care (National Board of Health and Welfare, 2006).

Sweden underwent an important reform in 1992 called *the reform of ÅDEL*. The reform aimed to clear the boundaries between the responsibility of Health Care and Social Services by dividing that responsibility between the two organizations currently responsible for home care (National Board of Health and Welfare, 1996). However, divided responsibility makes it difficult to apply a holistic

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approach to caring and may reduce opportunities for collaboration (National Board of Health and Welfare, 2006).

The trend to prioritize home care has changed demands on municipalities, increasing the importance of caregivers' competence to meet and treat older people with complex needs (Flojt et al., 2014; Outi et al., 2017). Professional caregiving has been described as unpredictable and being prepared for the unpredictable (Janssen et al., 2014; Sims-Gould et al., 2013). The range and diversity of home care requires broad competence from different professional groups. Home care in Sweden is performed by various professionals, including nursing assistants (NA), registered nurses (RN), specialized RNs, occupational therapists (OT), and physiotherapists (PT). NAs comprise one of the largest professional groups in the entire Swedish labor market (Szebehely et al., 2017). Most NAs have a three-year high school education. They can complete their education later in a 1.5-year education program. NAs are not required to be licensed, unlike most other home care workers (Swedish National Agency for Education, 2011). The frequency and duration of visits is adapted to each individual. Tasks performed by NAs normally include activities for daily living, personal care, and the administration of drugs (Szebehely & Trydegard, 2012). RNs are mainly responsible for nursing care and have a three-year university education. Upon the completion of their education, a license is issued by the National Board of Health and Welfare. RN is a protected professional title (similar to an OT and a PT) and is a prerequisite for practicing in the profession (National Board of Health and Welfare, 2019). According to the Health and Medical Services Act, tasks can be delegated by someone with formal competence (for example, an RN) to another person without formal qualifications (for example, an NA). However, the employer is ultimately obligated to adapt staffing so requirements for safety and quality care can be maintained (National Board of Health and Welfare, 1997).

A professional role in home care requires formal competence. However, the roles can be difficult to balance. Professional caregivers can be seen either as a guest or as a professional, but not both, because an informal relationship interfaces with their professional responsibility (Oresland et al., 2008). It is difficult to be formal when a caring professional's role also includes an empathic dimension, according to which the professional wants to customize care for each person (Janssen et al., 2014). Hence, the fact that care is increasingly provided in a patient's home poses great challenges today and in the future. Working as a professional caregiver includes meeting older people with complex needs and being exposed to difficult situations and challenging decisions (Furaker, 2012) that include ethical aspects. Caring places high demands on professional caregivers because it includes interpersonal relationships (Meiers & Brauer, 2008), not only with the older person but also with his/her family (Jarling et al., 2019; Rasool et al., 2018). To better understand how these requirements manifest and how they are handled, the present study aimed to describe perceptions of caring responsibility in the context of older people's homes from the perspective of professional caregivers from caring professions.

## Design and Methods

The study was conducted in Sweden within the context of home care governed by Swedish legislation. Professional responsibility is divided between several professions in disparate organizational structures, based on varied management strategies.

### Study design

A qualitative design with a phenomenographic approach was used to study qualitatively different ways of perceiving a professional caregiver's perceptions of responsibility when caring for older persons in their own homes.

Phenomenography was first introduced by Marton (1981) to describe and understand variations in the way a phenomenon is perceived, in this study the above-mentioned responsibility. The finding thus primarily focuses on the variation of how a phenomenon is expressed by participants in the study.

## Participants and data collection

Interviews were conducted with 14 professional home care caregivers. Subjects were initially selected and asked to participate by a coordinator and by managers of the units. Participants were strategically chosen with the intention to capture qualitatively divergent ways of perceiving professional responsibility. The age, gender, lengths of professional experience, and geographical areas of participants differed. Concerning professional credentials, they included RNs, a specialist RN, NAs, a PT, and OTs (Table 1). The 11 women and three men ranged in age between 23 and 57, and they all worked on a regular basis in home care with a caring responsibility.

The interviews were conducted in places chosen by the participants. The interviews lasted between 33 and 63 minutes and were audio-recorded and transcribed verbatim by the first author. Data were collected using open interviews in line with the life world approach (Dahlberg et al., 2008). The interviews all began with the same initial question: How do you perceive your professional responsibility? Follow-up questions were asked based on participants' answers to the initial question with the aim of deepening their responses, such as: Can you tell me a bit more about . . . What does this mean to you?

## Data analysis

The data were analyzed based on the phenomenographic method described by Dahlgren and Fallsberg (1991) using seven steps: familiarization, condensation, comparison, grouping, articulating, labeling, and contrasting. In the *familiarization* and *condensation* steps, data was carefully read several times. Significant statements were selected based on the aim of this study. In the *comparison* step, similarities and differences were identified, followed by *grouping* the statements that seemed similar into groups where the significance represents the similarities in each group. *Articulating* refers to a first attempt to describe each group. The groups were then *labeled* with suitable expressions. Finally, the obtained categories were compared to investigate whether the categories differ, which is important in phenomenography. The entire analysis process was characterized by reflection and continuous interplay between various steps.

During the analytical process, the phenomenographic principles of methodological decontextualization (Friberg et al., 2000) were applied to separate conceptions from individuals in the analysis process to highlight the conceptions and, thus, allow the phenomenon to be central, not the subjects. Consequently, the statements that describe perceptions are separated from participants.

**Table 1.** Participants' characteristics.

Participant	Age	Profession	Years in profession
Male	32	RN	6
Female	42	RN, specialist	10
Female	39	RN	14
Female	23	NA	3
Female	29	NA	3
Female	47	NA	19
Female	29	NA	4
Female	36	NA	3
Female	43	NA	3
Male	39	OT	2
Male	46	PT	3
Female	36	RN	2
Female	57	OT	13
Female	45	RN	17

**Ethical considerations**

Approval and permission for the study were obtained from the Ethics Committee of the Medical Faculty at the University of Gothenburg (Dnr 484–16). The study was conducted according to the Declaration of Helsinki (WMA, 2008), following recommendations for research involving human subjects. Written permission was given by the head of the department in the municipality. All participants were given written and verbal information about the purpose of the study by the researcher. They were also informed that participation was voluntary, and they could withdraw at any time without any personal consequences. All material was treated as confidential, and no personal information was obtained. Because professional caregivers work in an exposed and pressure-filled environment, they may feel uncomfortable being questioned or examined. Therefore, it was important to establish trust and create a safe environment for them to, potentially, talk about their positive and negative experiences. This was considered before, during, and after interviews.

**Findings**

Six categories were used to describe the different ways professional caregivers perceive caring responsibility (Table 2). Each category is described and illustrated using quotes (italicized) from the interviews.

**Limitless responsibility**

In this category, responsibility is perceived as limitless because the older person has many multifaceted needs. The workload is greater than the time allotted, which makes it necessary to prioritize. However, prioritization is difficult. It requires having to opt out of important and necessary duties. It also requires being able to simultaneously handle many things, which increases fragmentation, making it more difficult to overview the patient’s caring needs.

Being a nurse means a very fragmented professional role with little time spent with the patient. It’s the phone, fax, and I must transport myself by car everywhere. Delegations, families, updating the journal, doctors to get in touch with. That wasn’t what I imagined when I became a nurse. (RN)

Professional responsibility without clear limits entails a lack of clarity. Everyone does things differently, based on his/her own standards, not common guidelines, which makes it difficult for colleagues to agree on how to prioritize.

I would feel much happier if there were common guidelines. I do not see equal care for the older person. . . . It does not exist in practice. It is very different from one nurse to another, and I think it’s wrong that it depends on which nurse you get; it’s almost dangerous. (RN)

According to the responsibility divided by law, the borderline between efforts further contributes to the ambiguity of professional responsibility. Some caregivers’ tasks are those that someone else would have been responsible for performing. If a colleague is absent due to sickness, the workload can

Table 2. Categories.
A caring responsibility is perceived as . . .
Limitless
Constrained by time
Moral
Overseeing
Meaningful
Lonesome

increase significantly. It is difficult to replace caregivers on short notice, and tasks must then be shared by the group, besides their ordinary duties.

Limitless responsibility becomes more obvious when the care organization is inefficient, for example, in the event of incompetence. A caregiver can be perceived as both overqualified and underqualified for the tasks he/she is expected to perform.

The nurses do almost everything, so I am not allowed to do what I used to do. And that's a bit boring, because I've been working for many years, so I got rid of the fun duties, blood samples, for example. (NA)

If one is overqualified or underqualified, knowledge within a certain limited area is not adequately used. Expectations of one's professional role can be perceived as unrealistic if they do not correspond to the expectations addressed during one's professional education. Although the responsibility is limitless, the care organization is perceived to be poor at utilizing individual competence. This can be due to the lack of guidelines and frameworks for how to use a professional caregiver's competence. Consequently, important skills can be wasted.

We are really good at stroke, but patients with other problems are a bit neglected. And then, I realize there is a lot missing.//I have been at a patient's home and realized that I could have done much more. But I am a bit tied to the fact that I have no mandate for it. (PT)

Public health nurses do exactly the same things as general nurses, which is a great mistake. Use our skills! They train us in advanced nursing, but they have no duties for us. (RN)

### ***Responsibility constrained by time***

Professional responsibility is perceived as challenging when work is controlled by time, rather than individual needs. This can result in worries about the older person's ability to control his/her life. Depending on their occupational role, caregivers can lack the ability to respond to and assess the older person's needs. Negative domino effects emerge when a task becomes more time consuming than expected, because it affects subsequent visits. Then, the workload is adjusted by focusing on some needs while neglecting others. The responsibility focuses on balancing time trying to do the right thing for everybody, which can be perceived as causing stress at the expense of one's own health.

I actually do more than what I should, what constitutes tasks. Many probably do, because we have to do what's been decided the older person should have help with. (NA)

Some professional responsibility involves coordinating and planning other caregivers' work. This takes time from the older person's care and from the primary tasks for which the caregiver has been trained.

a responsibility for me as a nurse is to ensure that the patient receives necessary care. Pull the strings toward home care, rehabilitation, care managers. If there is additional help needed, an accommodation, for example, ... it is pretty much to be whatever is 'at the heart of things' that applies. (RN)

### ***Moral responsibility***

Working in an older person's home is perceived as a moral responsibility. Although the municipality has an overall obligation to provide care on equal terms, performing care presupposes that professionals have an ethical compass, based on a willingness to care for others and do well.

At home, the older person can take greater responsibility. I can reinforce this from my profession by enabling them to go outside, be a housewife, a mother. And it's really important. (PT)

When caring for an older person, the previously described time shortage can also entail an ethical dilemma for the professional caregiver, making professional responsibility devastating. There is a need for an interpersonal connection, where the caregiver can make a difference. This can be difficult, because the caregiver cannot always give more than the allotted time, because the next person is waiting for care.

They get different care. It depends on which nurse you get and how the nurse feels. The older person's feeling depends on how your nurse is feeling. One person. It's very dangerous. (RN)

Professional caregivers have great responsibility. The will to care for others and do good often motivates caregivers to overextend themselves, which, in turn, creates a feeling of not doing one's best. Therefore, this responsibility can be both stimulating and stressful.

You try to make it happen. Sometimes, you don't do a great job as you could have . . . to keep up so you don't fall behind in the time schedule. It's not easy. (NA)

A moral responsibility is perceived as the need to constantly balance being personal and not becoming too private or too committed. However, backing away is sometimes difficult when helping others in need. It requires consideration of whether to exert the maximum effort to benefit the patient to protect oneself.

I cannot just leave everything and go and finish my shift. I feel this inner stress. (NA)

You simply do as much as you can, sacrifice yourself. (RN)

From experiences with exposing oneself to difficult situations, one slowly learns to choose wisely. With this insight, one gradually learns how to balance the relationship between being personal and remaining private.

I have come so far and been there so many times, I've been able to shut down. You have to limit yourself to survive!//Or turn off . . . you get used to it, too, somehow. (RN)

However, extensive professional experience contributes to the perception of being better equipped to make decisions, set limits, and maintain a professional attitude, thereby protecting oneself from going too far. Even with experience and knowledge of regulations, professional responsibility is sometimes perceived as a requirement to exceed limits. When difficulties and ambiguities emerge, individuals must decide to "take matters into their own hands" and go beyond the rules, for example, when distributing responsibilities.

The boss knows; I told [regularly giving this patient more time than allotted].//Yes, it is misconduct, but what should I do? The patient is old; it's his last time to live. Why should they [planners] decide what to have and what not to have? (NA)

I try to get the relatives' attention, win their trust. It requires that I do extra. I go outside the box, away from our common routine. I let my colleagues down. (RN)

### **Overseeing responsibility**

A responsibility that includes a formal delegation of medical duties is perceived as a difficult supervisory task. It assigns caregivers responsibility for other caregivers' work because it includes a formal responsibility for efforts that someone else is supposed to perform. It is also problematic when NAs are ineligible for task delegation. Some new NAs lack sufficient knowledge in the Swedish language to fully understand the delegated tasks, making it difficult to determine whether they have the right skills.



It creates frustration when delegations are not carried out according to plan.//It becomes stressful, with the need to control something that you don't need to control.//You become suspicious and distrusting. If it's not done, maybe other things will not be done, either. (RN)

Being responsible for the care provided and rarely given the opportunity to personally meet caregivers in home care makes coordination and delegation difficult. The only way to act professionally is to assume an overseeing function which, in turn, takes time from the older person.

We are not a team. I hardly meet the nursing assistants. You encounter them at the patient's home, but there are no common meetings.//I think it would be good to meet and talk about the patients instead of faxing. There is much to be missed. We speak without listening enough to each other. The consequences, unfortunately, affect the patient. (RN)

### ***Meaningful responsibility***

While responsibility is perceived as difficult and necessary competence is not always used, professional caring responsibility is also perceived as an opportunity for personal development. Opportunities to make changes are given based on the professional's unique ability to create a positive solution for an older person's caring needs. When flexibility is offered based on one's own professional responsibility, a feeling of satisfaction and joy arises, and responsibility can be perceived as meaningful, even when efforts are limited by time. This requires creativity to solve daily problems to adapt to the older person's specific needs. This is called "stepping outside the box" to create new solutions.

Yes, it's pretty much like Tetris (a computer puzzle), you could say ... //get all the pieces in; it has to fit. (NA)

I am passionate about my profession. ... You have such opportunities, and we are so independent. (OT)

Thus, working in home care can be extremely rewarding and stimulating, because of the opportunities to help an older person stay in his/her home. It is also perceived as gratifying, especially when one's personal way of performing care is appreciated by both the older person and his/her family members; this makes the job meaningful.

I want the older person to be satisfied before I leave. And if not, I ask what I can do better. And then, maybe I can do it before I go, so he/she could feel this was really good. (NA)

It's really exciting; I feel like an artist! You should keep track of so much and be able to know everything about your co-workers. But others don't need to know anything about your qualifications? At the end of the day, I feel like a hero. (RN)

### ***A lonesome responsibility***

A great, and sometimes overall, responsibility is often perceived as lonesome. Loneliness can be due to not having colleagues nearby, but it can also be experienced if colleagues are so busy that there is no time for joint planning and decision making. Because there are only a few opportunities to discuss decisions with others, doing so becomes extremely important.

Usually, there isn't even a doctor coming to check. I have to book an appointment, and there's often no time for that. ... So usually, I choose to just send the older person to the hospital based on my decision. There's a lot of lonely decisions. ... //Of course, we have colleagues, but we don't work together. (RN)

Responsibility is perceived as less lonely when colleagues can share their thoughts. However, little time is allocated for coordination. Especially when different professions should cooperate, geographical and temporal distances can create major obstacles.

The demands of older persons are high, and we don't have colleagues who help out. Previously, we had more help from nursing assistants, but this relationship no longer exists. Our extended arm was broken long ago. (RN)



## Discussion and Implications

### *Reflections about the findings*

This study addresses the important issue of how professional caregivers perceive their responsibility when working with older persons in home care. Working on the basis of professional responsibility can be understood as being demanding and complex, as also described in several studies (cf. Janssen et al., 2014; Sims-Gould et al., 2013; Tyler-Viola et al., 2009), thereby highlighting the demands placed on an individual caregiver. The present study's findings shed light on the limitless responsibility that is largely based on priorities. Professional caregivers seem to experience uncertainty about the guidelines that apply to their work. There may also be uncertainty about how to prioritize the older person's individual needs for help and support. At times, it might be extremely difficult to prioritize between guidelines and needs. Consequently, professionals prioritize their routine tasks, forcing the older person to adapt (Jarling et al., 2018). Ethical dilemmas can arise when it becomes difficult for professional caregivers to make decisions (Rasoal et al., 2018).

The present study found that the moral aspect of responsibility is a prominent perception among professional caregivers; it seems to be difficult to establish boundaries between the professional and personal aspects of their job. It can be understood that it is challenging to separate professional responsibility from one's ethical responsibility for others in need of help in everyday life. This concern was also raised by Faseleh-Jahromi et al. (2014), confirming that responsibility is not only about formal knowledge and competence but also about personal values, being solution-focused, and acting in a professional manner. The participant's difficulty in separating his/her professional and ethical responsibilities is supported by Levinas, who posited that humans have a responsibility to see and treat each other with the utmost respect without expecting anything in return (Levinas, 2002). However, what happens when professional responsibility is not compatible with the professional's own human values? Levinas (2002) meant that, while the responsibility is not always self-chosen, an individual must still handle it. Responsibility for another person cannot be avoided, ignored, or transferred, regardless of the situation. Therefore, professional responsibility is personal and infinite; it cannot be overlooked (Clancy & Svensson, 2007). One can understand participants' perceptions from a Levinasian point of view when expressing difficulties in prioritizing their responsibilities. Because responsibility seems irreversible, time constraints and caring interventions can be perceived as unethical, resulting in negative experiences. This theoretical statement can help professional caregivers understand the feelings that arise as they are faced with dilemmas. However, according to a wider perspective, Levinas (2002) theories could also guide politicians and decision makers to gain a deeper understanding of what professional responsibility requires of an individual caregiver.

In this context, it is also important to highlight the meaningful aspects of responsibility that, in this present study, professional caregivers perceived in home care. Being able to contribute and make a difference affects their perceptions of meaningful responsibility. Professional caregivers might perceive a situation to be joyful and satisfying despite its negative aspects. This paradox can be difficult to understand, as highlighted in previous research (Borjesson et al., 2014). Therefore, there are tremendous opportunities to benefit from how empathic professional caregivers care for others by utilizing and managing their will to do good by benefiting the empathic, caring relationship.

The findings also indicate how striving for meaningfulness in combination with one's responsibility for others may be "too good," becoming difficult to balance. Being pushed toward the limits may be exhausting (Vik & Eide, 2012) and may result in further consequences and prolonged problems, such as burnout and compassion fatigue (Kolthoff & Hickman, 2017; Melvin, 2012; Yoder, 2010). Compassion fatigue has been described as a unique form of burnout that affects individuals in caregiving roles (Joinson, 1992). The concept describes a situation in which nurses have turned off their feelings or experienced helplessness when facing devastating caring situations. Yoder (2010) described triggers, such as a stressful work environment, experienced helplessness, and workloads. Yoder (2010) also discussed ways to prevent compassion fatigue or burnout using coping strategies. This could mean addressing difficult situations, receiving collegial help, debriefing one another, or

even leaving the nursing profession. Sadly, the most common strategy described by professional caregivers is to change their personal engagement by ignoring and disengaging from caring situations.

As demonstrated in the present study, limitless responsibility and being constrained by time have proven to be a problem among professional caregivers who find it difficult to handle demands, expectations, and values, both from themselves and others (Rasoal et al., 2018). Rasoal et al. (2018) also mentioned the challenges of balancing laws and caring that focuses on the individual when care is perceived as not being congruent with the conditions needed to ensure safety and provide equal care. This highlights how responsibility requires professionals to be competent. However, sometimes unlicensed caregivers are hired that lack formal training (Swedberg et al., 2013), making it hard to implement their assignments (Jansen et al., 2009). Because professional caregivers require governance and guidance to fulfil their limitless responsibilities, it is important to implement clear structures and guidelines. In line with the findings of the present study, it is important to address the competence professional caregivers must have to manage demanding and complex situations and to fulfill the responsibilities given to them. According to the findings, it seems reasonable to question if competence is used optimally. However, previous research has also raised concerns about the lack of knowledge, training, and certification requirements for working in home care (Hasson & Arnetz, 2008; Swedberg et al., 2013). Studies have also addressed the uncertainty of professionals, because the need for advanced nursing care in home settings is constantly increasing, which also places considerable demands on their competencies. These findings highlight the importance of professionals being given the opportunity to develop their skills (Furaker, 2012).

### ***Implications of the study's findings***

It is crucial for professional caregivers to be aware of the impact of their responsibility to provide the care that older people are entitled to while adhering to ethical standards, acknowledging their responsibilities, and tending to their own health and well-being. The issue of the need for structure and the need to address the health of the professional caregivers is still an organizational concern; this will help ensure that professionals have a reasonable range of responsibility. Responsibility needs to be clearly delineated to encourage them to view their efforts as meaningful. Efforts should be made to ensure cohesive teamwork, which seems good for both professional caregivers and the people they care for in their own homes. The working group's managers' must support efforts to prioritize tasks, especially in times when home care is burdened. Overall, decision makers must not implement procedures that erode the profession. This requires a powerful, joint effort to maintain the value of caring professions.

### ***Strengths and limitations***

One strength of this study is that the statements that originated in the interviews focused on each individual participant's perceptions. In a phenomenographic study, credibility can be described by illustrating the relationship between the data collected and the categories that describe various ways of experiencing the phenomenon. One way to support the relevance of the result is by providing examples of quotes from interviews to exemplify data. The responses become more understandable in their context.

In this study, the phenomenographic principle of decontextualization (Friberg et al., 2000) was applied. This means that all statements from the interviews are treated as data without comparing them to other statements by the same person. Thus, each participant has contributed to data in most categories. The demarcation of the participant's profession after each quote is not intended to distinguish between the different professional groups. It is the phenomenon that is central to the research conducted in the present study.

In line with methodological assumptions, one of the central aspects of phenomenography is to identify qualitatively different ways of perceiving a phenomenon (Sjostrom & Dahlgren, 2002). Despite a pronounced qualitative difference, the central aspects seem to be closely related in such a way that one assumes the other. This might be an issue in qualitative studies that study personal and

human experiences and perceptions. This is also confirmed and problematized by Dahlgren and Fallsberg (1991), who advocated that researchers need to have an open mind. To strictly adhere and follow a specified method in detail can be considered to be “contradictory to the spirit of a qualitative analysis when focusing on the essence of the people’s world of thoughts” (Dahlgren & Fallsberg, 1991, p. 152).

The professional caregivers were chosen from one municipality, in different work units and by several different managers. Including one municipality can be a limitation of the data because all municipalities have different ways of organizing home care. One limitation of the study may also have been that the participants were selected by the manager that directly supervised their unit. Thus, it can be assumed that, to some extent, the selection was guided by the participants’ perceptions of their professional situation. This is a sensitive issue to approach when performing interviews that, in some areas, could be influenced by dissatisfaction or conflicts. During the interviews, this was handled with caution and openness by focusing on the phenomenon. The participants were encouraged to share their perceptions, and they were, sometimes, helped with follow-up questions to ensure that the focus remained on the phenomenon being studied.

## Conclusion

The professional responsibility in home care affects caregivers in several ways. The personal responsibility is perceived as lonely, while also for instance, meaningful and morally important. Overall, the responsibility has two dimensions: being able to cope with challenges or giving up. In turn, this can be understood as two extremes: to turn oneself inside out by giving absolutely all one has or turning off feelings to protect oneself. The risk of burnout is high, which can be confirmed by the high prevalence of burnout due to the workload in home care. Today, it is widely known that the shortage of healthcare personnel in Sweden is high, while the burden on those remaining, is increasing. Professional caregivers’ perceptions of responsibility and the potential consequences of a perceived strained work situation therefore need to be addressed.

These types of care situations imply a multifaceted and complicated responsibility that must be managed on different organizational and educational levels. Caregiving responsibilities need to be given priority over other concerns that arise due to lack of time, lack of or incorrectly used professional skills, and other issues that should be addressed at the organizational level. The findings also indicate a need for professional support and guidance when it is difficult to distinguish between professional and personal responsibility.

Hence, this study indirectly indicates a need for further research to identify which organizational changes are needed to handle the divided responsibility within the various professional categories in home care, to determine how joint responsibility can be implemented, and to identify the kind of guidance and other support functions individual professional caregivers need to deal with a high workload and time pressure.

## Disclosure Statement

No potential conflict of interest was reported by the authors.

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