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## Ethical Issues and Prospects of Professional Home Care Services in Nigeria

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*"IF WE FAIL TO PLAN, THEN WE ARE PLANNING TO FAIL".*

*Benjamin Franklin*

### **Abstract**

*This paper focused on the extant need of developing and enforcing professional ethical guidelines for the evolving home care services in Nigeria. It holds that Professional home care services in Nigeria could improve the lives of the citizens, provide employment, add to the economy, as well as ensure security for both cared and the care givers. Legalization can only be possible by providing and adopting guidelines and principles that will meet both international and local standards. Thus the paper explores different types of home care services, the fundamental issues to be contained in any ethical guideline and the need for a regulation body for the profession.*

### **Introduction**

Professional Home Care Services (PHCS) is a broad term which denotes a multi-disciplinary service provided at private homes of clients or patients that include the development and delivery of the highest quality of medical, and social supportive services to the aged, infirm, disabled and nanny services to the infants as live-in or live-out agents (Charlesworth, 2010, National Association for Home Care Hospice (NAHC), 2017).

Developed Nations have since acknowledged the need for, and implemented the services of PHCS. Thus U.S.A, Europe, Asia, and Australia have developed workplace policies and ethical guidelines that enable legitimate practice of different types of PHCS. As Obi-Nwosu (2017) rightly stated a profession is an occupation that requires standardized course of training to acquire expedient skills; members share codes, practice norms, and regulated registration process.

### **Need for PHCS in Nigeria**

Presently, Nigeria is gradually drifting away from rural, hierarchical and patriarchal society which was characterized by large power distance in sex role between males and females and inequality among the citizenry, to urban, industrialized and egalitarian society where there is small power distance between the males and the females and equality is advocated at all levels (Hosfedes 2011). These transitions have led to changes in the societal and family values from collectivism to individualism such that each family works for their own nuclear needs. This is further evidenced in the massive exodus of citizenry from homogenous ethnic settlements to heterogeneous settlements where people from different ethnic backgrounds compete for scarce labour and amenities (Olujimi, 2011).

The rural to urban drift has also redefined cogent needs that make people seek employment. Thus, there is advocacy for equal rights, equal opportunities and equal treatment for both males and females in job / employment. Thus females who hitherto stayed at home to provide home care for the family now seek for equal job opportunities in the labour market. The unprecedented consequences of these transitions include the fact that there is gross decline of the home care for the special populations (newborn and infants, infirm, aged, physically and mentally challenged). These groups who were hitherto cared for by the extended families and house wives now suffer huge neglect. In order to make up for this lacuna many families employ the services of minors who maybe relatives or children of poor families or other unprofessional caregivers. This trend unfortunately creates another major societal evil on the part of the child caregiver and client. For the child caregiver, it had led to massive child abuse and trafficking, while on the part of those receiving care from unregulated and unprofessional home care givers, various forms of preventable accidents, psychological pains and trauma, and even death have been reported. Also, there have been reported cases of theft, kidnapping and burglary facilitated by these unprofessional caregivers.

### **Present Study**

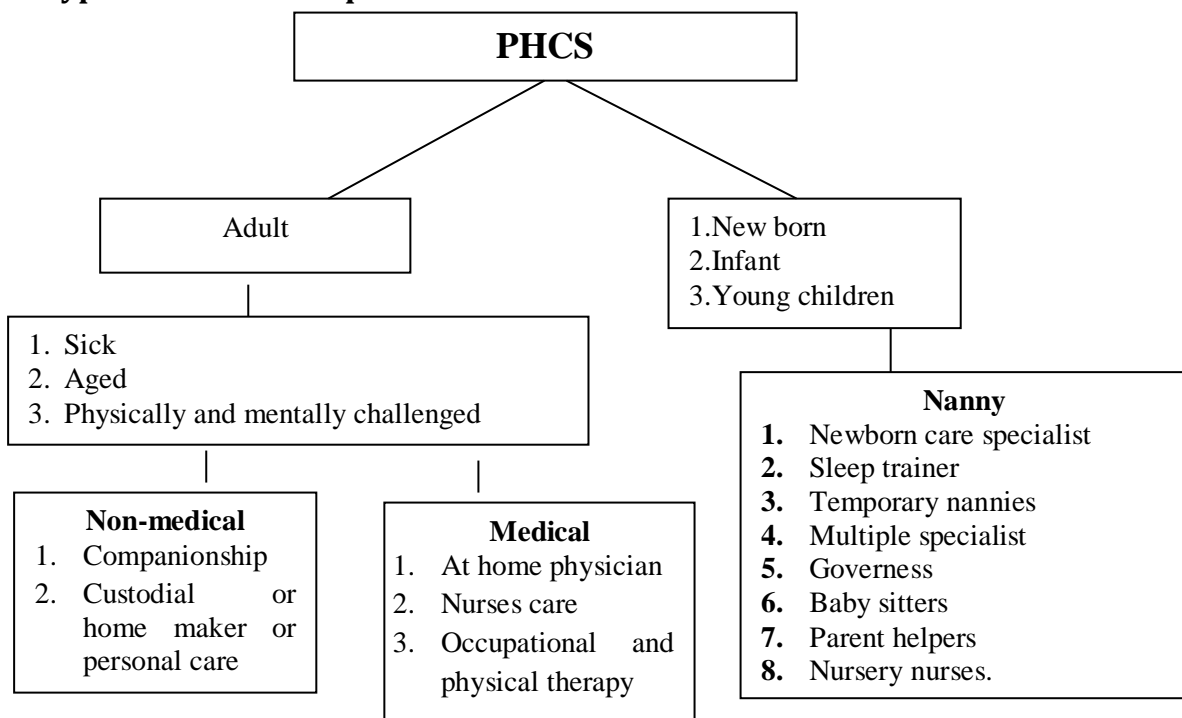
Nigeria and other sub-Saharan African states are made up of about 47% population who can be categorized as special population and who might need the services of PHCS (new born, infants, infirm, aged, physically and mentally challenged). Yet, there is no regulation body to pilot or organized this industry. By implication, there are no legitimate ethical principles or code of ethics that regulate the practices of the different types of PHCS in Nigeria. This scenario will undeniably promote quackery and lack of public trust in this important sector of



economy and human wellbeing services in our society. Therefore, the present paper explores the following:

1. The different types of home care and their functions
2. Need for ethical principles and code of conduct that suit the different home care specialties
3. The need to form specialized regulatory bodies, and training for the different types of home care specialties.

### Types of Homecare Specialties and their Functions



**Figure 1: Different types of Home Care Services**

Clearly, home care service is a multi-disciplinary sector that requires some learnable skills and personal characteristics to be able to function properly in the profession.

Review of some agencies that are involved in home care services (In Home Care, 2017; ; International Nanny Association (INA), 2017; National Association for Home Care and Hospital (NAHC), 2017) shows that home care specialties can be divided into two main categories;

1. Homecare services for adults (see figure 1)
2. Homecare services for newborn, infant and young children (see figure 1)

**Homecare Services for Adults:** This category include home care services for the following;

- a. Sick adults
- b. The aged
- c. Physically challenged
- d. Mentally challenged

The type of home care service that can be available for these groups may further be sub divided into the following:

- A. **Medical Home Care Service** : Under this is the following
  - i. **At home physician care:** This is a type of service for sick adults who require a higher level of medical care by in-home qualified doctors. It involves regular house calls by licensed physicians
  - ii. **Nursing care:** This type of home care service is also for the sick and is provided by registered nurses and nursing assistants under the direction and monitoring of the physician. Here a treatment plan is designed and approved by a qualified physician, then the nurses attend to the needs of their patients within the comfort of their own homes.
  - iii. **Occupational and physical therapy:** At times the aged, injured or the infirm may require an additional help when it comes to relearning certain psycho-motor skills. Thus an in-home treatment will allow physical therapists to visit patients at homes to perform physical or occupational or speech therapy until the patient recovers well.
- B. **Non-medical home care services:** These are provided by the following personal care, custodial care, home maker, companion and private duty agencies. They have skills and pseudo-license endorsed by their unions or specialized agencies to provide multi services which are not considered as medical skilled care. Their tasks do not require any specialized skill but involved supportive custodial care that can be provided by certified nursing assistants, home health aides or non-certified nurse aides, home maker, personal care aides, personal attendants, caregivers, sitters and companions. There task are often referred to as Activities of Daily Living (AOL). The AOL involved six basic task
  - a). Bathing
  - b). Dressing
  - c). Transferring
  - d). Using the toilet



- e). Eating
- f). Walking.

It also involved six instrumental activities of daily living such as a. light house work b. preparing meals c. taking medication, d. shopping for groceries and clothing e. using telephone f. managing money

### **Home Care Services for Children: Nanny Services**

- i. Newborn
- ii. Infants
- iii. Young children

According to INA (2007) nannies are specialized in child's care and most willingly work in family's private homes. They provide the highest level of customized child care to the children of their clients. While the nanny maybe either live-in or live-out; full-time or part-time, their major role is to provide adequate support to the family by meeting each child's physical, emotional, social and intellectual needs. Therefore an efficient nanny should possess specialized child care skills, deep understanding of children and a genuine love for caring for children. Although most nannies provide multiple child care tasks to families where they are placed, however, different types of specialties exist for nannies according to INA (2017), and they include

- i. Newborn Care Nannies: These nannies are specialized in new born care or nursing through their training and extensive experience. They usually provide 24-hour childcare for families with newborns during the first weeks of child's life.
- ii. Sleep Trainer: These are specialized nannies with some skills in developing individual routines and systems for helping babies and children develop solid, healthy sleep habits.
- iii. Temporary Nannies: These groups of nannies accept short term employment during which they may provide emergency care, sick care or backup care which may last for few hours or several months?
- iv. Multiples Specialists: They have skills and extensive experience caring for twins, triplets or higher order multiples.
- v. Governess: They are educationally qualified nannies employed for the purpose of tutoring of the family's children. Governesses are educators and are not usually employed to perform domestic tasks or to meet the physical needs of the family's children.
- vi. Baby Sitters: These are often referred to nannies, however, unlike the other specialized nannies, babysitter may have no special training and

they also have limited child care experience. Babysitters also provide supervisory and custodial care of children on a full or part-time basis.

- vii. Parent's Helpers: They work with families that have infants and younger children and they provided full or part-time child's care and domestic help for families in which one parent is at home most of the time. Some of the times, they may be left in charge of the children.

### Three Basic Nanny Care Models

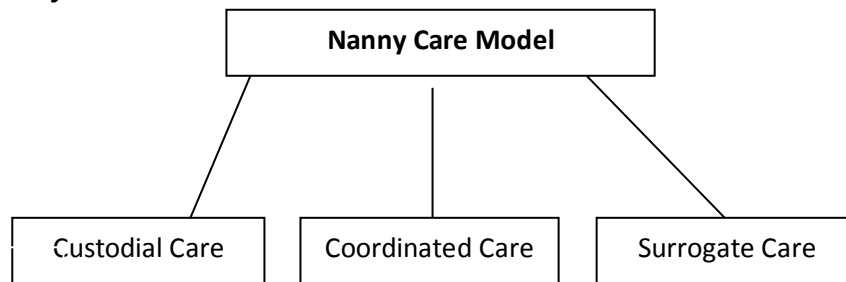


Figure 2:

#### Three nanny care models:

- a. Custodial Care Model: The nanny's role under this model is limited to meeting the children's physical and emotional needs during their parents' absence (INA, 2017). In other words, the parents provide the nanny with specific guidance and the nanny will not have input into the child's scheduling or activities and does not have a voice regarding child rearing practices or parenting philosophies.
- b. Coordinated Care Model: Under this model nannies are team players in raising the children and thus have some voice in child the childrearing practices and parenting philosophies.
- c. Surrogate Care Model: This type of care model allows the nanny to be the primary care giver for the children. Nannies in this model may have limited interaction with the employers and may be left to make almost all decisions for the children in their care.

### Need for Ethical Principles and Specialized Code of Ethics for the Different Home Care Services

Ethical principles and the codes of ethics are the moral principles and values that govern the way an individual or group conduct their activities (King & Churchill, 2000). International federation of Educative Communities (FICE); (1998) describes codes of ethics as the hallmarks of a profession which explains the standards of practice expected of the group of people to whom it refers.



Home care service is a multi-disciplinary profession that is made up of professionals from different specialized disciplines (eg. Medicine, nursing, psychology, physical therapy, social work, food & nutrition). Therefore each professional in addition to abiding to their domicile discipline ethics, is also expected to abide by the ethics of the domain of home care services he or she is practicing. In relation to homecare services, each specialty is expected to draw the ethical code of conducted that should guide the practices bearing the key players in mind. These key players are the following:

1. The home care provider (self)
2. The clients or patients as the case maybe (adult, younger children, infant or newborn, aged, mentally and physically challenged).
3. Family/direct employers
4. Agencies and indirect employers
5. Regulatory professional bodies
6. The society and government

Each of the above players has specific expected roles and characteristics. This is however, not within the scope of the present article (See: FICE, 1998; INA, 2017; NAHC, 2017)

In designing the specific ethical code, the APA general principles may serve as a good guide for different specialized home care services.

According to APA (2010) the five pillars that guide the design and formation of ethical code as it concerns the different they players are

1. Principle of beneficence and non-maleficence
2. Fidelity and responsibility
3. Integrity
4. Justice
5. Respect for people's rights and dignity

### **Beneficence and non-maleficence**

This will allow home care service professionals in Nigeria, to develop ethical codes of conduct at different levels of specialization which will ensure high quality assistance/help is rendered to the clients or patients (beneficence) while minimizing harm of any sort to the barest minimum or eliminating same (non-maleficence)

### **Fidelity and Responsibility**

The ethical code should be designed to ensure that home care services providers will conduct themselves in a manner that depict high quality trust and sense of responsibility, to families, agencies, society and government.

### **Integrity**

The ethical code should make provisions to ensure that home care providers maintain and promote accuracy, honesty and truthfulness.

### **Justice**

Provisions should be made to ensure that every person or stakeholder is treated fairly in the contract. PHCS provider are made to exercise seasoned judgment and take precautions to ensure that their potential biases, the boundaries of their competence and the limitations of their expertise do not lead to or condone unjust practices (APA, 2010).

### **Respect for People's Right and Dignity**

PHCS ethical code should include respect and dignity of all people. It should cover areas such as the individual privacy, confidentiality and self-determination. Other rights and dignity issues to be considered may also be based on cultural, individual, role difference, impair autonomous decision making and age.

### **Need For Training and Regulation of Practice**

Generally, no profession can strive without quality assurance and rules to guide the conduct of its members (ethical codes of conducts). Similarly, ethical codes are not developed by an individual but rather by a group of professionals in a particular discipline with quality experience to develop the guide and standard for practice in the discipline. Therefore, the applicability of PHCS in Nigeria may depend on the ability of professionals, government agencies, and institutions to form bodies that will develop professional training and registration standards that will guide the practice of PHCS.

These standards will be used for accreditation of those interested in this sector of the economy, and services. In addition, the body will draw guideline or frame for the PHCS work agreement, roles, qualities or characteristics, salary, recommended educational competencies, minimum age and commitment to professional excellence.

### **Conclusion**





Nigeria is one of the fastest growing economies in the world, and the largest populated black African country in the world. According to sustainable development goal UNDP, (2016) projection, before 2030 more Nigerian rural areas must have been reclassified as urban areas. This may imply that more people will seek white collar job and further reduce the attention paid to the vulnerable population that need homecare services. If Nigerians fail to plan now, then it would be a huge disaster by 2030 as quackery and unethical conduct will mar biggest sector the economy (just as Nigeria is experiencing in the educational sector today). PHCS has big prospect in Nigeria to create more businesses and reduce unemployment by up to 20%, therefore professional bodies, government and private agencies should start on time to design guidelines and ethical codes that will regulate the sector before it drifts into the hands of unorganized quacks.

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