

Editorial**Duty Bearers and Care Seekers****Gehanath Baral**

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DOI: <https://doi.org/10.3126/jonmc.v12i2.60798>**Abstract**

Health care systems and businesses have a common format of service delivery to the customer. Both internal and external customers are there and the difference is in the urgency, degree of continuity of care, and sensitivity of issues. Motivation of internal customers and satisfaction of external customers are the key elements of success. The service system is described as a Four-block service system.

Keywords: *Business system, Care-seeker, Duty-bearer, Health service*

Relation of Duty Bearer and Care Seeker

There are three categories of respondents in health services. Those are the duty bearer, the care seeker, and the service regulator. The duty bearers range from directors or managers both off-site (on-call) and on-site (on-duty) to support personnel and assistants. The nature of duty would be full-time or part-time, continuous or shift-wise, and office hours or off-hour.

The bulk of the duty bearers are the direct output generators, likely overworked and exhausted. They have to respond to managers and care seekers along with their regular duties and responsibilities; and at times to the regulators as well [1]. They are the backbone of institutions and the real workforce. Discharging duty to the disproportionately high volume of care seekers is a challenge and stressful. Decisions and actions appear as the events go which is not as easy as deciding retrospectively. The four-block service system (FBSS) has been illustrated. [Fig-1]

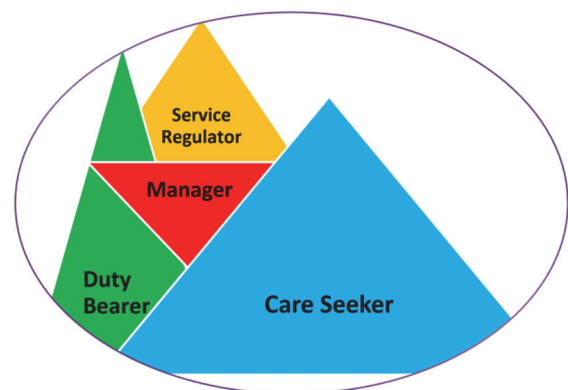



Figure 1: Four-block service system (FBSS)

Duty-Bearing Confounders

The exercise of power will be the confounder to influence the nature of duty bearers and care seekers. This confounder may exist in the form of stake, politics, coercion, undue influence, or threat. The tip of the duty bearers block is privileged and discharges nominal duty and tends to

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overrule at times. They escape from the eyes of regulators as well. Thus, the true duty bearers are entrapped by managers, care seekers, regulators, and confounders all the time. This group needs rescue, justice, and motivation for sustained output [2, 3]. Duty-bearing confounders emerge as a tip parallel to the manager and regulator block with influencing power. These appear to entrap care seekers and regulators in business whereas the duty bearers will be the victim in health care service [4]. Their professional negligence is shirker (as omission of duty) and dereliction of duty (as commission of duty) both [5].

Purpose and Goal

The level of responsibility and duty depends on the status of the Directors/Managers block whether they are employers or employees. This differential status brings inherent conflict of interest as the priority may not align with promoting an institution or developing a career. Thus, the promoter role and the job holder role should be kept in equilibrium by institutional regulation. Transparency in every issue keeps promoters in confidence and long-lasting relationships [6].

Goal span also varies like the long-term goal of managers, short-term goal of duty bearers, and ultra-short goal of care seekers. The nature of duty further influences the goal span. Continuous, full-time, and off-hour duty bearers will discharge a higher degree of responsibility than shift-wise, part-time, or office-hour duty bearers because they have to make instant decisions at the workplace more frequently. This is because of contact hours with the care seekers [7-9]. This pattern applies to health services and the decision-making is easier for office hour duty-bearers by a team of people [10, 11]. In contrast, the office hour duty-bearers have more contact hours than off-hours in business; and off-hour decisions can be postponed. The business system utilizes a call center during off-hours but the health system requires an instant decision from the duty station.

Customer Expectation

Most of the care seekers have a positive attitude towards duty bearers and few will have pre-occupied negativity that puts pressure on the duty bearers, and it hampers smooth service delivery. It has both power and attitude confounders to influence the system. The conflict arises when there is disequilibrium in demand and supply; reasonable demand could be supplied if the institution's capacity permits; otherwise, it remains unmet. Unmet expectations always remain in the society and provide space for improvement, corrections, and development. A clear communication gap is observed at this point in a real sce-

nario. Reasonable care depends on professional duty, interpersonal communication, appropriate motivation, and a support system in place [12, 13].

Conclusion

All the blocks are in the active phase except the regulatory block that comes once there is a breach of trust, rules, professional norms, and care-seeking behavior. For effective output, a true workforce should get appropriate motivation and an efficient support system. Thus, for the smooth running of the system and sub-system, the interest of each system block should work in equilibrium.

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