

# The ethic of care

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Much has been said about caring or the lack thereof in the healthcare professions and an appeal has been made to all of us to rekindle a caring ethos in the healthcare services. This immediately raises the question what this is about.

At its foundational level, caring is about people – it takes place with people, for people, to people, and as people. This makes caring unique: people relate to people; one person relates to another person. Caring makes up a large part of our existence as nursing professionals, as partners, spouses, friends, children, parents and other relationships that we are involved in. Caring is not unique to nursing, but it is unique in nursing. Nursing is a practical hands-on profession where experience, emotion, affection and relationships make up the bulk of the everyday work that we do. This does not say that we do not require specialist knowledge and skills – this forms an integral part of the caring that we do everyday. A caring ethos informs the way in which we practice our specialist skills.

## Nursing ethic

The principles of medical ethics will not apply to nursing because the relationship between nurses and their patients and the relationship of medical practitioners and their patients differ considerably. The relationship of medical practitioners is short in duration and is usually characterised by an intermediary tool such as a stethoscope, test results or a scalpel while the nursing relationship is more long-term and more intimate. Nurses are the ones who are there 24/7 when pain and discomfort are experienced and expressed, vulnerability is exposed or when death is near – these situations often do not require a technical response and becomes the basis for the ethical approach to care. This is particularly when the presence of a caring nurse makes the difference for the person in need.

All of us know the ethical principles that healthcare professionals subscribe to, namely doing good and preventing harm; justice; autonomy; and truthfulness or veracity. An ethic of care does not consider the principle in

the first instance; it considers first the need of the patient to be heard, accepted and responded to.

## So what is it all about?

An ethic of care is firmly based on the relationship between the person caring and the person receiving care – as the Canadian nurse-philosopher, M Simone Roach (1998), states – “Caring is the human mode of being”. Care is the basic element of being a person and a human being. When we do not care, we lose our “being” and caring is the way back to “being”.<sup>1</sup>

## What is Caring?

Caring embodies certain qualities and specific characteristics which Roach (1998) summarised in the five C’s, later adding one more characteristic in 1987.<sup>2</sup>

### Six Cs of Caring<sup>2,3</sup>

- Compassion
- Competence
- Confidence
- Conscience
- Commitment
- Comportment

## Compassion

Compassion is a way of living that is born out of an awareness of one’s relationship to all living creatures. It is understood mainly in terms of empathy, which is our ability to enter into and, to some extent, share others’ suffering – to walk in someone else’s shoes, as it were. Compassion is unconditional, undifferentiated and universal in scope which often consists of a gut feeling to a situation of great need – a specific act to a specific need.

*Compassion asks us to go where it hurts to enter into places of pain to share in brokenness, fear, confusion and anguish. Compassion challenges us to cry out with those in misery, mourn with those who are lonely, to weep with those in tears. Compassion requires us to be weak with the weak, vulnerable with the vulnerable and powerless with the powerless. Compassion means full immersion in the condition of being human. (Nouwens et al. 1982)*

### Competence

Competence refers to having the knowledge, judgement, skills, energy, experience and motivation to adequately address the demands of one's professional responsibilities. This means that because we work in different areas, we will have different competencies to adequately address the challenges in our situations. Care requires competence, but it must be competence with a human face. Healthcare users look for warmth, kindness and sensitivity when delivering treatments and care. Care must be appropriate, adequate and practised with respect considering the needs of the recipient. Levels of required competence vary continuously in the healthcare context and we therefore have a duty to keep our knowledge and skills updated.

### Confidence

Confidence is the quality that fosters trusting relationships. Confidence is reciprocal – both parties have to trust each other and this depends on the degree of honesty between them. Genuine care fosters confidence without coercion, fear, and violence – it is based on sharing and mutual respect. Sadly, we currently live in a society where there is very little trust, and this creates a huge gap in the foundation of building a caring ethos.

### Conscience

Conscience is a state of moral awareness; a compass directing one's behaviour according to the moral fitness of things. It is the basis of ethical behaviour. Conscience is a loyalty to oneself that should be respected in ourselves and in others as an innate right, and as a duty in responding to something greater than ourselves. Conscience – a sense of right and wrong – is instilled in us from early childhood by our parents and our teachers and these become our value basis on which judgements and decisions are based.

### Commitment

Commitment is a complex affective response characterised by a convergence between one's desires and one's obligations, and by a deliberate choice to act in accordance with them. Commitment confirms the other C's – the other attributes all have to be present for commitment to be viable. It is represented in a "stickability" that gets one involved with another person/cause/task without sentimentality or a sense of burden. Again this is not only seen in healthcare but often

in our communities where we see others care for their loved ones without any help or remuneration.

### Comportment

Comportment refers to the professional presentation that we as nurses show to others in behaviour, attitude, appearance, dress and language that communicate a caring presence. It includes the need for self-awareness, awareness of impact we have on others, and accepting responsibility for our actions. This extends to responsibility for the healthcare environment, or so-called therapeutic environment and the behaviour of others who contribute to it.<sup>4</sup>

### The caring relationship

The caring relationship is the basis of the ethic of care and is based on the freedom and autonomy – the right of individuals to make their own decisions. The relationship consists of the elements of empathy where there is a "feeling-in" at the beginning of the relationship and "letting go" or "standing back" at a later stage in the relationship. This relationship is often unequal – one is knowledgeable and the other is or may be ignorant; one is receiving and the other is giving; one is in need and the other is providing in a need. The hallmark of professionals is their expert knowledge which they share and put at the disposal of the healthcare user. The relationship should not be about a power struggle – nurses should see themselves as partners in the caring relationship and this diminishes the need for power and defence of power drastically. The idea of a partnership with the healthcare user stems from a sense of being together in this – a sense of a common destiny.

The time for healing can also be a time for wider perspectives and a springboard for greater integrity and creativity and the nurse who can help healthcare users realise this, is truly making an important contribution to the caring relationship. Both parties benefit from this relationship. Both parties in the relationship must be receivers, and the main element of such receiving is listening.

### The caregiver

The nurse as caregiver is a partner in the caring relationship and to be a good partner in this relationship will require self knowledge from the nurse. S/he must have empathy – the ability to "feeling" with another. It is not only what we give in the relationship, but also what we receive, but above all knowing that I made a difference. Remember that an ethic of care does not consider the principle in the first instance; it considers first the need of the patient to be heard, accepted for who they are, and responded to.

### Receiver of care

The terminology (patient, client, healthcare user) which we use to refer to the other partner in the caring relationship, is not always the right one. "Patient" refers to something static which we hope that our patient will not be. Terms like "client"

or "healthcare user" sound like someone who shops around for a service or article and pays for it. Whatever the terms that we choose to use, this is the individual who is the receiver of the care that we as nurses are providing.

A complex aspect of the caring relationship is that only when you know how to receive, can you also give. This is not automatic and can only be clearly understood after an experience of illness where one was in need of care and assistance. We have all seen the extremes of the needs of some the partners in the caring relationship – the ones who want no assistance and cannot accept any assistance and the ones who squeezes every ounce of care out of the system and the people around them. Caring is person-orientated and when we say we are caring for a "difficult old woman/man" or a "prisoner" we are judging them by giving them a label. We judge others in order to maintain our value systems but they also force us to question that value system. In order to meet the person we need to go beyond the appearance and the label, the misdeed and particularly beyond our fears and hang-ups, so that real care giving and receiving are not blocked.

## Conclusion

The need to care is paramount and cure is not possible without care. Both the "cared-for" and the "one-caring"

benefit because both parties are fulfilled and humanised. This leads to that almost indefinable something that nurses know so well – and frequently describe as "job-satisfaction" – which is received when real caring happens.

Needless to say, nurses also require care and if the carer is not cared for, the employer cannot expect the nurse to sustain and maintain a caring ethos in service delivery. In the employment relationship, the employer is the other partner in the relationship and all of the above principles will apply to this relationship as well – nurses must be accepted, listened to, and responded to. Only then will it be possible to re-establish and maintain a caring relationship.

## References

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