# Applying the Ethics of Care to Your Nursing Practice

*"I feel the capacity to care is the thing which gives life its deepest significance."* Pablo Casals (2000)

Use of the theory of care ethics is discussed to help nurses determine if they are applying this theory effectively in their practice. After a basic definition of caring, including Watson's caring theory, the evolution of the theory of ethics of care will be delineated briefly. A case will be used to illustrate Tronto's (1993) four phases of caring and her four elements of care.

## Definition of Caring

Caring and nursing are so intertwined that nursing always appeared on the same page in a Google search for the definition of caring. Caring is "a feeling and exhibiting concern and empathy for others; showing or having compassion" (*The Free Dictionary*, 2002, para. 2). As these definitions show, caring is a feeling that also requires an action.

Dr. Jean Watson's caring theory is well known in nursing. The three major elements of her theory are the carative factors, the transpersonal caring relationship, and the caring occasion/caring moment (Watson, 2001). Her carative factors endeavor to "honor the human dimensions of nursing's work and the inner life world and subjective experiences of the people we serve" (Watson, 1997, p. 50). Two examples of these carative factors, which were later changed to *caritas factors* in 2001, in clinical practice are "developing and sustaining a helping-trusting, authentic caring relationship" and "being present to, and supportive of, the expression of positive and negative feelings as a connection with deeper spirit of self and the one-being-cared-for" (Watson, 2001, p. 347). To build this trusting, caring relationship with the patient, the nurse must be self-aware of any judgmental feelings or feelings that could foster his or her crossing boundaries into intimacy. Caring requires the nurse to have a deep connection to the spirit within the self and to the spirit within the patient. Watson's caring model requires the nurse to look at the uniqueness of the individual and go to all extents possible to preserve the patient's dignity. The second element, the transpersonal caring relationship, describes the nurse's caring consciousness and moral commitment to make an intentional connection with the patient. The third element, caring occasion/caring moment, is the space and time where the patient and nurse come together in a manner for caring to occur.

## Theory of the Ethics of Care

Edwards (2009) described the evolution of the theory of ethics of care over the last 15 years in three versions. First, Gilligan (1982) began the discussion with a focus on the context of the situation versus impartial deliberation of the ethical issue. Impartial reflection is an element of justice-based moral deliberation and does not take into consideration the level of caring or closeness in the relationship. Gilligan was the first to move moral theorizing from a position where selves were seen as independent to a position where selves are interconnected and interdependent. Strangers would not receive the same level of caring as those for whom we experience a personal responsibility. For example, you might agree to care for your neighbor's cat while she is away, but that is different from agreeing to care for your sister in your home while she is in hospice care. Caring lies on a continuum, with different levels of emotional involvement for individuals in a caring relationship.

Second, Tronto's (1993) major contributions have been in the arena of political philosophy. She argued "that if we focus on caring relationships and the relationships between power and caring practices, such as bringing up children and caring for the sick, a radically different set of social arrangements will ensue" (Edwards, 2009, p. 233). Similar to Gilligan (1982), Tronto (1993) differentiated between *obligation-based* ethics and *responsibility-based* ethics. Obligation-based ethics are from the theories of utilitarianism, deontology, or principalism (Beauchamp & Childress, 2009), in which the decision maker determines what obligations he or she has and responds consequently ("What obligation, if any, do I have for this person?"). By contrast, in responsibility-based ethics, the relationship with others is the starting point. According to Tronto (1993), the ethic of care involves developing "a habit of care" (p. 127). The nurse would ask himself or herself how to best meet the caring responsibility.

Third, Gastmans (2006) and Little (1998) sought to answer the question, "What is the best way to care for this patient at this time?" Both did not consider the ethics of care as a theory, but as a moral orientation from which

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action emanates. Such critics of the ethics of care see care as a necessary perspective for moral sensitivity and moral responses, but they believe other tools are necessary for moral problem solving. Some of these tools can be found in Beauchamp and Childress (2009) or in Tronto's (1993) four elements that will be discussed later.

Some individuals suffer from a moral blindness and are not moved by the suffering of others to take action. For some, moral vision exists but it is not as developed. However, a care orientation is fundamental to the nurse-patient relationship and the nursing profession itself (Edwards, 2009; Gastmans, 2006). According to the *Code of Ethics for Nurses,* "The measures nurses take to care for the patient enables the patient to live with as much physical, emotional, social, and spiritual well-being as possible" (American Nurses Association [ANA] 2001, p. 7).

## A Case for Caring

Mr. Jones, age 59, is admitted to the hospital for acute abdominal pain with vomiting of coffee-ground material. He has a long history of alcoholism and unmanaged diabetes, and has a left below-the-knee amputation. Four months ago, his wife died after 40 years of marriage. Mr. Jones states this was the reason he stopped taking care of himself and began drinking heavily again. According to the nurse providing end-of-shift report, he asks for pain medications more frequently than other patients with this condition. Because you have provided care for Mr. Jones on several other occasions, you know he often requires a higher level of analgesia and you are responsive to his suffering by contacting the physician for a change in the order. The physician is hesitant to increase the dose of morphine and, in order to avoid causing harm to the patient, the nurse advocates for Mr. Jones by engaging in conflict resolution with the physician. The result was an increase in the morphine dose.

## Applying the Ethics of Caring to Practice

Tronto (1993) offered this definition of care:
> On the most general level we suggest caring be viewed as a species activity that includes everything we do to maintain, continue and repair our "world" so that we can live in it as well as possible. That world includes our bodies, our selves and our environment, all of which we seek to interweave in a complex, life-sustaining web. (p. 103)

Tronto suggested there is a pre-existing moral relationship between people; therefore, the question is, "How can I meet my caring responsibility?" Tronto's model proposes four phases of caring and four elements of care. The phases are not necessarily in sequential order and often they overlap. The elements of care are considered the fundamentals necessary in order to demonstrate caring.

*Four phases of caring.* Meeting Tronto's (1993) four phases of caring for patients involves cognitive, emotional, and action strategies:
1. caring about
2. taking care of
3. caregiving
4. care receiving (p. 165)

In Mr. Jones's case, the nurse in phase one (caring about) recognized the need for increased pain medication in the assessment of the patient's pain. In phase two (taking care of), the nurse saw a responsibility to respond to the level of pain the patient was experiencing. Therefore, in phase three (caregiving), the nurse took action to call the physician for a change in the analgesia order, and the morphine dose was increased. This is the work of reacting to a patient's needs. Facing conflict with this physician is a necessary part of care (Kohlen, 2011; Lachman, 2009). Finally, in phase four (care receiving), the nurse assesses the success of the intervention with the patient (receiver of care). This last phase helps preserve the relationship between patient and nurse, and is a distinctive aspect of the ethics of care (Edwards, 2011).

This example illustrates the nursing process in action, and this problem-solving method is needed for effective nursing practice. However, it is the implementation of this process that determines if the patient experiences caring. Caring defines nursing, as curing often defines medicine. The nurse attends to the vulnerability of the patient, principally because this patient's needs have the potential to create dependency (Edwards, 2009). In the case of Mr. Jones, the physician's focus on cure involved an amputation, while the nurse needed to apply the four phases of caring for effective nursing practice.

*Four elements of caring.* The four elements or fundamentals necessary for effective caring require certain attitudes and skills. Good care combines certain activities, attitudes, and knowledge of the patient and the situation. In this case, the nurse's past experience with the patient provided knowledge about his pain management needs, which helped the nurse avoid a judgmental attitude about his pain medication requests and motivated the action (activity) to request an increase in his dose of analgesic.

Tronto's (1993) four elements of caring include the following:
1. attentiveness
2. responsibility
3. competence
4. responsiveness of the care receiver (p. 127)

First, attentiveness entails the detection of the patient and/or family need. If the nurse fails to recognize the need, the patient or family will not experience caring.
> Attentive nurses take up a receptive position with respect to the patient; they are challenged to step out of their own personal preference system in order to take up that of the patient, so they can better understand the patient's real-life situation. (Gastmans, 2006, p. 136)

Hospitals also have implemented policies to foster attentiveness to the patient's needs. Some hospitals have signs indicating "No Pass Zone" (Hendren, 2010). This is to reinforce the message that staff never walk past a room where the patient's light is on, as this patient is expressing a need. Another classic implementation to support this ele-

ment is hourly rounding, where the nurse directly asks the patient about his or her needs every hour (Meade, Bursell, & Ketelsen, 2006). Both these strategies help ensure the patient is not neglected when most in need.

According to the *Code of Ethics for Nurses* (ANA, 2001*)*, all professional nurses have a responsibility to care for patients under their care. Therefore, there is no uncertainty surrounding responsibility as the second element of caring. In the context of nursing ethics, there is no ambiguity that nurses have a responsibility for their assigned patients (Edwards, 2009). However, the extent and scope of their caring can raise questions. Does the medical-surgical nurse have a responsibility to care for Mr. Jones once he has been transferred to surgery? This author believes that at the minimum, the nurse has responsibility to make the transfer to and from surgery as supportive of Mr. Jones as possible.

The third element is competence (Tronto, 1993). If the nurse executes pain management strategies that are ineffective, either due to lack of knowledge or organizational protocols, then this nurse would not be seen as caring from the patient's perspective. The administrator has an obligation to provide the nurse with pain management education and effective, evidence-based pain management protocols. The nurse has a responsibility to update competence continuously. "Continual professional growth, particularly in knowledge and skill, requires a commitment to lifelong learning" (ANA, 2001, p. 8).

Good care requires the competence to individualize care — to give care that is based on the physical, psychological, cultural, and spiritual needs of the patient and family (Vanlaere & Gastmans, 2011). Good care is aimed at helping the person be as independent as possible, yet safe. Good care needs to be delivered competently, while considering the patient's context (e.g., death of wife after 40 years of marriage).

The final element is patient/family responsiveness to care (Tronto, 1993). The patient is vulnerable to the nurse's actions or lack of actions. In some situations, the patient's lack of responsiveness to analgesia is not reassessed to determine if a different plan of care is warranted. The nurse needs to verify that the caring needs of the patient are met.

Care is a reciprocal practice, occurring within a framework of a relationship between the nurse (caregiver) and patient (care receiver) (Gastmans, 2006). The reciprocity consists of verifying that the care given actually met the needs of the patient. This interchange always must be focused on meeting the care needs of the patient or family, so no abuse of power occurs (e.g., paternalism).

Watson (2001) also focused on this reciprocity of the relationship, which she indicated addresses the importance of the nurse's own caretaking. The patient is never to be used as a means to an end of self-gratification. Summarizing Gilligan's (1982) ideas, the nurse needs to take care of self in order to be able to care for others. The nurse must engage in self-care strategies so he or she will have the energy and motivation to implement the four elements of care: attentiveness, responsibility, competence, and responsiveness (Tronto, 1993).

## Conclusion

Most nurses have been exposed to Watson's caring theory, but many are not aware of the ethics of care theory development that began in moral psychology with the work of Gilligan (1982). Care is crucial for human development, and is first and foremost aimed at physical needs. Caring is necessary on the biological level for infants to survive, but also for the patient who is dependent at end of life. Care ethics stem from the idea that care is basic to human existence. Caring weaves people into a network of relationships (Vanlaere & Gastmans, 2011).

However, when a person chooses to be a nurse, he or she has made a moral commitment to care for all patients. Such a decision to care is not to taken lightly, as it reflects this statement in the *Code of Ethics for Nurses*: "The nurse respects the worth, dignity and rights of all human beings irrespective of the nature of the health problem" (ANA, 2001, p. 7). Caring is required if a patient, such as Mr. Jones, has health consequences due to lack of adherence to a treatment plan for his diabetes and alcoholism. Putting aside personal biases and prejudices to implement Tronto's (1993) four phases of caring is not easy. The four dimensions of care suggest "good care demands more than just good Intention; good care…is a practice of combining activities, attitudes, and knowledge of the situation" (Gastmans, 2006, p. 137). Care can be considered simply an ethical task and thus a burden of one more thing to do, or it can be considered a commitment to attending to and becoming enthusiastically involved in the patient's needs. **MSN**

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