# Caring and Caring Ethics for the 21st Century: What We Know; What We Need to Ask

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## Introduction

The invitation to come to your lovely city was welcomed and without hesitation I accepted. Then, of course, I had to do the work of writing what I would say while I am here. I gave this much thought and decided since I am a nurse educator and researcher I would focus my remarks on our knowledge base for the concept, caring and caring ethics. It is only as we develop knowledge in some systematic way that we have foundations for nursing practice.

I was for some years a psychiatric nurse and then a teacher of psychiatric nursing before I became so involved in nursing ethics. I became a psychiatric nurse because the question of what makes us human had intrigued me for some time. By the time I focused on ethics beginning in 1976, I already had ways of thinking about individuals and relationships.

I received my Masters' degree in 1956 when psychiatric nursing educators taught skills in communication and how to develop, maintain, and bring to an end a therapeutic nurse-patient relationship and work with patients in small groups. As far as I know, the first nurse, in English at least, to write about this relationship in a conceptual way was Hildegard Peplau.

So, long before general hospital nurses thought about communication and relationships, we in psychiatric nursing were using these psycho-social concepts in our practice. My earlier interest in psychiatric nursing led me to study ethics. We were taught a type of humanistic nursing, perhaps a type of caring, but the hospital settings and the lack of human rights for patients were a problem for me. So being both humanistic and aware of these larger institutional problems, I needed some ways to think about and cope clinically with aspects of my nursing practice. Ethics gave me those ways.

But I did not come to Barcelona to give you the story of my professional life although it is an interesting story. I came to talk about caring and caring ethics and what I say flows from who I am as a person and my professional history.

## To Begin

You need to know that I take the position that no one ethical approach is sufficient for a workable, useful nursing ethics. For this reason, I propose to critique caring ethics rather than assume it is the only or best approach in dealing with nursing ethical issues.

Everyone wants a competent nurse and we recognize such nurses when in their presence but what does this mean? Some would include as a main characteristic of competence the notion of caring. The literature asks: What characteristics do these nurses demonstrate that permit us to say they are caring? Generally, nurses view themselves as members of a caring profession while the profession has striven to be more scientific and more professional. Caring, vital to life and not limited to nursing, remains central in numerous relationships, however, caring remains difficult to conceptualize and especially so in western ethics where historically it was not a dominant value.

Why did western philosophy mostly overlook the concept of caring? Many societies historically have been patriarchal that is, male- dominated, male–identified, and male-centered (Johnson 1997). In such societies caring was, and in many places remains, woman's work and therefore defined as socially and economically not important. Caring for children, the sick, the elderly, the poor usually was done by women.

Another potential reason is that a fundamental problem arises in the human sciences because it is not possible to describe human capacities in context-free features, abstracted from their everyday context as the natural sciences have done (Dreyfus 1986). Madeleine Leininger, points out that caring is highly context-dependent and that this creates certain difficulties in developing a science of caring (Leininger 1978).

Recently several philosophers have focused on the concept of caring and Milton Mayeroff has written one of the clearest philosophical statements available that I know of (Mayeroff 1971).

Today I will traces the development of caring and caring ethics in selected nursing literature limited mainly to major authors who forwarded this concept and I will briefly mention selected contributions from non-nurses. Time does not allow me to include the entire literature that either presents caring as central to nursing or the literature that questions the adequacy of caring as a basis for nursing ethics. I have included some literature that supports caring and some literature that questions it because I believe that nurses should know something of both sides of the debate. The terms caring ethics, care ethics, and an ethics of care, found in the literature, I use interchangeably.

## The First Meaning of Caring: Giving Care To

The word, care, central in the nursing literature for many years, is used in two distinctive ways that differ from one another but also interact: (1) taking care of or giving care to and (2) caring about. The first definition means performing activities for, to, and with another person thought beneficial for that person. Most people think of this when they say, nursing care. This nursing care usually involves two people whose connection is mainly governed by the responsibility of one person to respond to and meet the needs of the other. Unlike relationships of family members or friends, these relationships are usually between strangers who often lack a shared history and occur within the context of professional norms and sanctions (Bowen 1997).

## The Second Meaning of Caring: Emotional Response to the Patient

The second meaning of caring reflects how one person feels about or feels committed to and responds to another person. Generally speaking, this caring is an emotional response that includes a concern for the other, places emphasis on relationship, attachment, openness, and attentiveness to the needs of the one cared for. This is not about the various tasks that nurses perform but their attitude toward the other person, the one receiving care and their engagement with that other person. This meaning depicts the psycho-social dimensions of the nurse - patient relationship and has become a value with moral conotations that says nurses should be caring or empathetic towards and attentive to patients. The good nurse gives competent nursing care and cares about the patient in an empathetic manner. This meaning of caring has attained a special place in the nursing discourse during the last two decades.

Regardless of the approach to the study of caring in nursing, two common themes emerge in the literature: (1) caring is not one single entity and in the strictest sense it cannot be measured, and (2) caring spans the instrumental (first meaning) and existential or expressive (second meaning) aspects of nursing (Lea et al 1998)

## The Nurse-Patient Relationship and Caring

Jean Watson sees care as a foundational value in nursing and views the ideal caring nurse-patient relationship as total encounter (Watson 1985, Watson 1994, Watson 1999, Watson 2004). This relationship should be deep, meaningful, and intimate akin to what the philosopher, Martin Buber calls the I-Thou relationship as oppose to the I-It relationship in which the other becomes an object of attention or an "It" rather than a person (Buber 1970).

The nurse-patient relationship differs from many other types of relationships between people. Many relationships are fleeting because of the social norms dictating appropriate behavior combined with the realities of time and energy. While we are respectful and polite, we invest little of ourselves in these relationships. This can be true with our co-workers, neighbors, and even with some friends. Usually people come together to achieve a specific goal, to solve a specific problem, or to enjoy each other's company. Many adults have limited intimate caring relationships except with some family members and a few close friends.

Caring and caring ethics emphasize the nurse-patient relationship and assumes a relationship between these two people. A patient can interact with numerous nurses but does he/she have a relationship with each one? That depends on how we define relationship. It also depends on how the patient and the nurse define what is important in their interpersonal contacts. One 1991 study reported that nurse educators consider comfort and trusting factors more important while patients said behavior associated with physical care are more important (Komorita et al 1991). In this study, nurse educators think the second meaning of emotional caring is more important while patients think the first meaning, giving care to, is more important.

In critiquing caring and caring ethics, an examination of the nurse-patient relationship literature to determine what we know about that dyad may be enlightening.

Some questions for discussion are: How does the literature inform us as to the nature of the nurse-patient relationship? Do all patients have a patient-nurse relationship? If so, how is this relationship developed and maintained? Can numerous nurses collectively be considered to have one relationship with a patient? Can each encounter, including fleeting ones, between a nurse and a patient be considered a relationship with a patient? Do all patients want/need a caring nurse-patient relationship (Davis 2001)? Since concerned caring for the other occurs within the context of a nurse-patient relationship, this context needs examination not only as an ideal but as a reality factor in the clinical nursing world.

Nursing places high value on relationship but can leave it unexamined. To more fully understand relationship, we must make it problematic and not take it for granted as a given good. An examination does not imply that the nurse-patient relationship lacks importance but opens this ideal of relationship to scrutiny. This helps us to more fully understand caring relationships and caring ethics. In recent explorations of this long held nursing value, to care empathetically, an attempt at a more systematically articulated meaning has been made in order to understand what we mean when we say a nurse cares about a patient.

## Problems of Definition and Theoretical Grounding

One problem in this attempt has been the different basic definitions that nurse authors have given to the phrase, caring about, so that it is unclear exactly what is under discussion. Such words as disposition, feeling, sentiment, virtue, and commitment have been used in the definition of caring (McCance et al 1997).These differences are important because they have implications for how we proceed to develop nursing knowledge. Some nurses in the 1980s writing about caring are now attempting to develop a theory of care ethics. A basic, as yet not entirely clear or agreed upon, definition of caring will provide the foundation for the development of a care ethics.

In 1990, authors concluded that knowledge development related to caring in nursing was limited by the lack of refinement of caring theory, the lack of definitions of caring attributes, and the focus of the theorists and researchers on the nurse to the exclusion of the patient (Morse et al 1990). At present, colleagues in several Asian countries are interviewing cancer patients to obtain their perspective regarding the good, caring nurse.

In 1991, nurses published a comparative analysis of conceptualizations and theories of caring. They used five major conceptualizations of caring as: (1) a human trait, (2) a moral imperative, (3) an affect. (4) an interpersonal interaction, and (5) as intervention. They concluded that caring, as a concept, was relatively undeveloped, had not been clearly explicated and often lacked relevance for nursing practice (Morse et al 1990).

In1997, authors conducted a content analysis on caring and identified four critical attributes of caring: (1) serious attention, (2) concern, (3) providing for, and (4) getting to know the patient. They also found that amount of time, respect for persons, and an intention to care were identified as antecedents of caring (McCance et al 1997).

Some questions for your attention. Is a Care Ethics possible if nursing has not defined the key concept of care in a coherent fashion? Is the nursing profession any closer to developing a coherent care definition and theory than in the 1980s when the nursing literature began to more specifically focus on these ideas? If the nursing profession reminds unclear on what constitutes caring, so fundamental to a care ethics, how do we proceed with the development of this ethics?

Again, this is not to say that people examining this issue of definition are anti-caring but it does mean they think a more solid foundation seems necessary for the development of any ethical theory.

Stan Van Hooft, a philosopher, says that caring can be understood as a holistic virtue unlike courage a trait that lies dormant and comes to expression only as specific occasions demand it. Caring is a framework or form given to all aspects of our existence insofar as that existence expressed our caring for others. Also there is a concern for oneself in caring (van Hooft 2003).

Another issue in the development of this central value, caring, stems from the problem of definition but goes beyond it. Caring is a large concept that could include a set of behaviors based on concern, compassion, worry, fondness, affection, a commitment to a person, being careful and attentive to details, responding in a sensitive way to the other's situation, listening to the other and others characteristics not yet identified. In examining these non- mutually exclusive caring behaviors, one question becomes: Is caring a virtue? Virtues, or aspects of character, and virtue

ethics have been part of nursing since Nightingale's time and then reflected what Victorian society considered morally right behavior for middle and upper class women. If caring is a virtue, then caring ethics belongs in virtue ethics because caring is an additional virtue.

Or is caring a duty like the duties of truth-telling, promise keeping, and non-infliction of harm? Or is caring something we seek, such as health, well-being, human dignity, and respect?

Should we conceptually place caring and caring behavior in the theories of philosophy, psychology, theology or some other knowledge base such as feminist ethic? Recently, scientists have said that genes determine altruistic behavior but more studies are needed to support or refute this (Wilson 2003, Singer 2004). If this is true or not, can altruistic behavior, so akin to caring, be taught and importantly, can young adult nursing students learn and apply this knowledge to their interactions with patients? Is there a difference between knowing about caring and developing caring behavior? Is caring a set of communication techniques called the therapeutic use of self and taught to psychiatric nurses in the 1950s-60s that I mentioned earlier?

How best to explore and examine caring as a concept and what knowledge base to use remain important questions because the way we answer them will determine the form that caring and caring ethics will take. Various fields of knowledge frame definitions, questions, answers and what counts as important differently. Even within one field of knowledge, different concepts arise to create various theoretical foundations.

For example, two authors indicate that an ethics of caring gains appeal from several philosophical sources: (1) the early Greek philosopher, Aristotle's emphasis on natural virtues such as wisdom, prudence and temperance, (2) the 13th century Italian philosophical theologian, Aquinas's altruism or love based ethics, and (3) the 18th century Scottish philosopher Hume's utilitarianism that bases ethics on people's wants/likes and the avoidance of people's dislikes/aversions (Bandman & Bandman 1990).

Nursing's focus on this second sense of caring has led to the development of care ethics also referred to as an ethics in a different voice that attempts to challenge the dominant principled based ethical theory also called a theory of justice.

Some take the position that nurses feel fulfillment in their professional role when these two meanings of care, to give care and to care about, converge so that articulation of the professional sense of practice discloses the moral sense. These authors say that caring and care ethics can create this convergence (Bishop & Schudder 1990).

## Ethics in a Different Voice: The Beginning

Many consider two non-nurses, Carol Gilligan and Nel Nodding, to have given birth to care ethics. Gilligan's first book and Nodding's book on feminine caring received great attention and critique (21, 22). Gilligan said that people use two different moral voices: a language of justice or impartiality which is male and a relational language of self and social relationships or a voice of care which is female (Gillian 1982).

Nodding's later book on feminine ethics and moral education discussed the two roots of caring: (1) the universal memory of being cared for and (2) the natural sympathy human beings feel for each other that enables them to feel the pain and joy of others (Nodding 1984). Both authors detail the importance in ethics of personal histories and context and criticize principle-based ethics for overlooking these factors. These works had a major impact that included the development of caring as a major concept in feminist ethics and nursing ethics.

Some authors think of care ethics as an embryonic form of feminist ethics and a new ethics theory. For example, Rosemarie Tong finds the distinction between feminine and feminist ethics useful. She makes a contrast between care-focused feminine ethics and power-focused feminist ethics and says that feminine ethics needs to rehabilitate culturally associated feminine values such as empathy and kindness whereas a power-focused feminist approach has the duty to eliminate or modify any system, social structure, or set of norms that contribute to women's oppression (Tong 1993). This statement has implications for nursing and an ethics of care.

One feminist author has argued for a necessary connection between care and justice and details their compatibility (Friedman 1987). Notions of compatibility also have implications for nursing's development of a care ethics. This means that the often used ethical theory, principle-based ethics, can be used with caring ethics.

Aristotle believed that women and men differed morally and he said that moral virtue belong to all but the temperance of a man and a woman, or the courage and justice of a man and of a woman, are not as Socrates maintained, the same; the courage of a man is shown in commanding, of a woman in obeying (Aristotle 1986).

Other recent western philosophers believed that women could not or should not be sufficiently rational to be moral. Sigmund Freud embraced this idea and used these social constructions of the female in the development of psychoanalysis. In his theory, the male is the norm and the female is a deviation of the norm (Freud 1990). The 19th century Victorians believed that women had certain virtues different from men that limited women to caring work such as nursing and teaching. These beliefs in the lack of female rationality and the limitations of specific female virtues helped keep women from participating in the larger world. They could not vote, work outside the home, own or inherit property, or enroll in colleges and universities. Dominate religions helped create and supported these social definitions of the good woman. Women should be passive, submissive, loyal, and caring. This history reveals the fact that people do not live in a social vacuum but rather they live is a complex social world and this in large part influences how they see the world and how they act in that world. This statement has major ramifications for nursing as it continues to define its boundaries and essence (Bowen 1997, Chambliss 1996, Kuhse 1997).

The legacy of these social, philosophical, and religious beliefs remains in some form today although changes have occurred internationally but in an uneven fashion. One could argue that these beliefs about womanly virtues became a major factor that helped Nightingale to develop modern nursing as a female occupation that some believe to be a continuing major source of difficulty for professional nursing.

An important potential issue that needs addressing is the danger of gender essentialism. Essentialism assumes that women and men have unique characteristics and dispositions determined by their biological differences (Volbrecht 2002). Gender essentialism allowed discrimination of women to occur. As early as 1792 the English feminist writer, Mary Wollstonecraft, viewed such ideas as a double edged sword more capable of hurting than helping women (Wollstonecraft 1996). Some writers believe it is not gender but class and education that make the difference in the way people view and try to solve ethical problems (Walker et al 1984).

Some authors viewed caring as the essence and central focus of nursing before Gilligan and Nodding published. Leininger published that idea in 1977 and continued with this topic into the 1990s (Leininger 1977, Leininger 1980, Leininger 1981, Leininger 1990). Nursing journals published articles on caring but not until the 1980's and 1990's did a critical mass of literature began to develop on caring and caring ethics in a renewed examination and extension of an old central value in nursing. During these years Patricia Benner (Benner 1984, Benner 1989, Benner 1994 a, Benner 1994 b) and Watson (1985, 1994, 1999) published their early works that added considerably to the literature on caring. These contributions have implications for the development of caring ethics. Other North American and United Kingdom nurses made major contributions to this literature. I am not familiar with the writings of nurses from other parts of the world who have contributed to caring ethics and I apologize for my limitation. I welcome your comments that will inform me on what is available in Spanish in this regard.

## Care and Caring Ethics in the Nursing Literature

Principle- based ethics that includes the principles of autonomy, do no harm, do good, justice, truth telling, promise keeping, asks what should I do to be ethical while caring ethics asks: How should the one giving care interact with the one being cared for? Watson reacts to principle-based ethics by saying: " In nursing and caring we are not concerned primarily with ethical principles and laws that indicate an act is right or wrong. Caring, as a moral ideal, entails a commitment to the protection and enhancement of human dignity and preservation of humanity. An ethics of moral caring and curing needs a nursing ethics that favors subjective thinking, not objective principles" (Watson 1985). This is a reaction against rational principle- based ethics that also have limitations. Helga Kuhse, a philosopher, raises the question: Can an ethics of care be spelled out adequately without reliance on some principles, rules, or norms, that is, without a prior defense of the values or principles we should be caring about (Kuhse 1997)? This question is at the heart of my concern about caring ethics.

Benner's research of nursing competencies represents one of the most extensive and through articulation of nursing practice available. She focuses on the knowledge embedded in actual practice and believes that nurses have not explored this knowledge embedded in actual nursing practice because they have not understood the difference between theoretical knowledge and practical knowledge (Benner

1984). Aristotle defined practical wisdom as one of the chief intellectual virtues that includes knowledge of how to secure the aims of human life. Benner and Wrubel considered the facets of personhood that influence and are influenced by the stress of disruption to the usual smooth functioning of a person's existence (Benner & Wrubel 1989). They say that the experience of illness depends on its personal meanings to the patient and an understanding of each patient's own personal involvement and commitment allows nurses a healing entrance into patients' disrupted world.

Benner illustrates in her discussion of individual practice that nurses do care by displaying clinical competent and caring attitudes in the nurse patient relationship. To some extent she also deals with the tension between personal caring and the impersonal context in which it occurs. Disillusionment with institutional nursing and the belief that the organization and social constraints in hospitals render nurses impotent remain widespread in the professional culture. Nursing care can be determined by its institutional demands rather than by the patient's personal needs. Schedules, resources, efficiency requirements, physicians' orders, routines, work shifts combine to structure relationships with patients (Chambliss 1996).

Sally Gadow, a nurse philosopher, began writing in the 1970s and has influenced a generation of nurses and other caregivers. The journal, Nursing Philosophy, devoted an entire issue to her work noting her major contribution in nursing practice, education, and research (Nursing Philosophy 2003). Her recurring themes include the demand for objectivity in science and the subjectivity of both patient and nurse or the sick person as object of scientific knowledge and the sick person as the subject of a lived life. Gadow's work, pertinent to an understanding of caring and caring ethics, includes papers that specifically address the nurse and patient in a caring relationship (Gadow 1980, Gadow 1985, Gadow 1990).

Sara Fry, another nurse philosopher, also contributed to the caring literature. In 1989 she published two articles on caring challenging the presumption of medical ethics and its principle-based and moral justification ethics as an appropriate model for nursing ethics (Fry 1989a). She maintained that the development of nursing ethics, as a field of inquiry, largely paralleled developments within biomedical ethics. She points to growing evidence that the development of a nursing ethics theory might not follow a similar pattern because the value foundations of nursing ethics are derived from the nature of the nurse-patient relationship rather than from rights-based

autonomy or the social contract of professional practice found in medical ethics. Fry maintained that the value of caring ought to hold a central place in any theory of nursing ethics (Fry 1989b) and makes the point that:

"The context of nursing practice requires a moral view of persons rather than a theory of moral action or behavior or a system of moral justification. Present theories of medical ethics…do not fit in with the practical realities of nurses' decision making in patient care and that, as results, tends to deplete the moral agency of nursing practice rather than enhance it" (Fry at al 1996).

Fry says that some contemporary ethical theorist have criticized traditional ethical theory for its inadequacies in accommodating the demands of special relationships and that past great moral/ethical theorists did not envision today's ethical challenges. She views care-based reasoning, caring, and the ethics of care as contemporary responses to the need for new moral theories adequate for today's moral questions (Fry 1989a).

There are other nurses in other countries whose writings focus on ethics. Sister Simone Roach and Janet Storch, Canadians; Verena Tschudin in London, editor of the international journal, Nursing Ethics; Megan Jane Johnstone, an Australian, have all contributed to ethics in nursing ( Roach, 1992,1997,1998; Storch 2004; Tschudin 1986, 2003; Johnstone,1989).

This attempt to theoretically develop caring and caring ethics is very new when compared with virtue ethics and principle based ethics and, like them, did not arrive fully grown and mature. The growing pains that caring ethics experiences are not unique but represent the usual progression towards refining knowledge.

A topic has come of age when extensively critique. While some might not like such critique because they view caring above these debates, nevertheless, such critique and dialogue remain vital to the development of knowledge. We arrive at faith in one way and at knowledge by quite another method.

## Teaching Caring and Caring Ethics

No longer can teachers of nursing ethics avoid caring ethics. An important question for all nursing teachers is: Can caring be taught? One answer is: Yes, caring can be

taught. But there is a difference between teaching people about caring as a concept and teaching people to be caring. The first type of teaching should be easy while the second may be more difficult. Some people might say, authentic caring cannot be taught to young adult students. This of course, depends on how you define caring and where it fits in a larger body of knowledge. Watson maintains that caring can be taught. She lists care factors that include the formation of a humanistic-altruistic value system that begins developmentally at an early age with values shared with parents. Several authors suggest that caring, based on humanistic values and altruistic behavior, develops through examination of one's own views, beliefs, and interactions with various cultures, and personal growth experiences and can be taught and learned (Leininger & Watson 1990, Bevis & Watson 2000, Watson 2002). People, and that means mostly women, enter nursing for many reasons. Some may be caring people upon arrival but others may not be especially caring. If so, what happens to these students? Do they learn to be caring and if so, what is the nature of that caring? Benner and Wrubel found numerous examples of caring nurses in their specific nurse-patient relationship (Benner & Wrubel 1989). Have they always been caring; did they learn to be caring in nursing school; did they learn this behavior as a practicing nurse? The answer may be yes to all three of these possibilities.

Pioneers such as Watson and Benner made their contribution in caring and caring ethics because they thought nurses lacked adequate moral voice and agency in their work and the reasons for this situation may be a combination of using biomedical ethical theory that some say does not fit nursing plus the nature of the work setting. Over 25 years ago, two authors raised questions about the possible social and institutional constraints that can inhibit the ethical practice of nursing (Davis & Aroskar 1978). While both Watson and Benner discuss the importance of the nurse-patient relationship, they pay little attention to the context that led them to undertake their work. In any class room discussion of caring ethics, as with any ethics theory, it is useful to discuss this larger context within which nursing ethics occurs. In the clinical world of nurses and patients, ethics is not lofty abstractions but a set of behaviors based on ethical thinking and acting that occurs in the context of health care facility norms and demands.

Most of us most of the time want a clinically competent and sensitive-to-others nurse when we are patients in the health care system. Can nursing ethics teachers help prepare such nurses? One way might be to focus on the developments made in

caring and see them not as ideology and a given good but as important topics in need of further critique, research, and development.

I now raise more questions for nurses and nursing ethics teachers to ask themselves. I have grouped these and additional questions according to the ideas presented today.

1. Caring and Relationship: Concepts Basic to Caring Ethics: Some Questions

a. Why did western philosophy mostly overlook caring?

b. What is the nature of the nurse-patient relationship? How does the nursing literature inform us on this relationship? Do all patients have, need, or want a nurse-patient relationship? How is a relationship developed and maintained? Can each encounter be a relationship between nurse and patient? Can a nurse be caring even in fleeting encounters with patients? Can a patient have one relationship with a collective of nurses? Is any relationship between nurse and patient possible when patient come and go within hours.

Recently I had my gall bladder removed. I arrived at the hospital about 6 a.m., had my operation and left about 1 p.m. on the same day. A few years ago a friend had a mastectomy as same day surgery. When I had my knee caps replaced, I rarely saw a nurse during the 2 days I was hospitalized and once in a rehabilitation center I was taken care of by nurse's aids who were very good. It seems to me that in order to develop a relationship, people need some time together do that. Perhaps it is different with chronically ill patients but we need research on the nurse patient relationship in various settings. I will be interested to know more about the nursing situation here in Barcelona in this regard.

c. What is the definition of caring? Does nursing have an adequate definition of caring for clinical, teaching, research? Where does caring, as a concept, fit into the organization of knowledge in psychology, philosophy, theology, and genetics? Is caring a virtue? Is caring one of several concepts in feminist ethics? Is caring a duty or is it an end that we want to achieve?

## 2. Caring Ethics

a. Can nursing have an ethics of care without an adequate definition of caring? Can an ethics of caring be fully developed without reliance on some ethical principles, rules, or norms? What values should nurses be caring about? Can nurses use caring ethics in their relationships with patients and principle- based ethics to cope with ethical questions outside that relationship?

b. I wonder if conceptualizing principle-based ethics and caring ethics as opposing and mutually exclusive theories helps nurses in dealing with ethical issues. Both theories have limitations but both may be helpful in understanding the complex world where nurses practice. How can this tension between two ethical approaches best be taught to students? It is one thing to understand nursing ethics intellectually; it is quite another thing to take it in to one's self making is central to one's being so that it is natural to see and think about ethical problems in our every day nursing world.

## Some Final Words

While my remarks have raised many questions about caring and caring ethics, I think it is important for all nurses to have a humanistic approach to all patients in all settings. What this means behaviorally for the nurse will differ from situation to situation. I have listed some caring behaviors and the literature, while it does not always say the same thing, is a great resource for learning more about what characteristics caring nurses exhibit. Being caring does not necessarily mean being sweet towards the patient or doing everything for the patient. It is more respecting patients for who they are and the goals that they and/or their families have for their recovery and well-being.

When you read this literature, it might be helpful to think what these descriptive characteristics mean in your culture. In bioethics and nursing ethics we talk about Western philosophical ethics and Western religions that influence how we view our world and how and what we value. In places like Japan they have Eastern ethics that draw their values from Confucious thought, Buddhism, and a very long culture isolated even from other Asian countries for about 250 years during the 17$^{th}$ and 18$^{th}$ centuries which we refer to as the Ago of Reason and the Age of Enlightenment that helped the West define what we mean by the individual self, notions of autonomy and choice as well as responsibility. In mentioning this, I am saying that ethics has

historical and cultural influences. One of the pleasures of living in San Francisco is that every third person is Asian and there is a very large population of Spanish speaking people. We vote in six languages. In this complex culture, we need to ask: Does every person, regardless of cultural background, see the ethical world according to the ethical principles usually used in bioethics and nursing ethics and does caring mean the same things to all people; to all patients?

Along with possible cultural differences that might be taken into account in any ethical decision I think other variables of important might be urban-rural, age and gender. Perhaps you can think of other factors that influence what caring might mean to various people. This statement assumes that caring is not always the same with all people and that is also open to examination.

Now I want to end my comments with a clear statement of my belief about what I think is important in the teaching of nursing ethics and using nursing ethics in clinical practice. What I say here is not The Truth; it is only my opinion based on the last 30 years thinking and writing about nursing ethics. There are several theoretical approaches to health care ethics. All have limitations but all can help us frame an ethical problem, discuss it and make decisions about the right action in a specific situation. As we have ways of thinking in nursing ethics so these concepts determine what we perceive as an ethical issue, how we conceptually organize this issue and what concepts we use to make our decisions about this issue. There is nothing more practical than concepts because they inform our thinking. And as we think about something so we act accordingly. I fully believe that principle-based ethics and caring ethics are not at opposite pole in ethics so that if you use one approach you don't use the other. Theories, made up of concepts, give us different ways of thinking about the same thing. For example, when I have a patient I can think of that person from a (1) physiological perspective, (2) psychological perspective, (3) social perspective, (4) cultural perspective and (5) ethical perspective. He or she is the same patient but viewed using the lens from different bodies of knowledge. I think of ethical knowledge as giving us different perspectives to use when we think about a patient and that enriches my perspective of that person. I believe that while you can be a caring nurse you can also use several ethical approaches such as virtue ethics and principle-based ethics, and caring ethics, to be an ethical nurse.

I look forward to your comments and questions. Thank you for your attention.

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