

caring as the relationship between nurse and patient; caring as protection and support of the best interests of the patient; caring as a nursing intervention; caring as a contextual link to multiple aspects; caring as a way of life, and caring as a way to understand the very essence of nursing. Drabosova & Jarosova (2016, 455).

Nursing theorists such as Leininger (1988) and Watson (2003) regard caring as the core of the nursing profession and then put it in context to assist nurses to understand the term. In South Africa, the government has conceptualised caring as a mechanism of putting others first before yourself. This was influenced by the introduction of the Batho Pele (people first) principles, which have been adopted to create a caring ethos for public servants. The majority of nurses in South Africa are part of the public service. They are therefore expected to work within the ambit of the Public Service Act 103 of 1994 and incorporate Batho Pele principles in their day-to-day functioning.

Definitions of caring

Caring is a difficult term to define. Care and caring are defined differently, depending on the context. Caring is an inborn characteristic that every human being possesses. It is the part of us that shows concern for others and this includes caring for other people, caring for animals, plants and even caring for ourselves. So strong is the urge to care that it has become a buzzword (a word that is used often). We hear of people caring for their skins, and caring and nurturing their flowers, pets and other valuables. Mothers are proud of how much they care for their children. This differs from the nurses' care and practice, in that nurses take care of people who are strangers to them, of all races, religions and creeds. Adams (2016) asserts that understanding and defining caring in nursing can be viewed based on two different domains. The first domain views the word 'caring' as a noun, and therefore the act of caring is taking care of another person. The second domain uses 'caring' as an adjective. In this case a caring nurse displays actions of compassion, kindness and concern.

According to Alligold (2014), caring in nursing is seen as the essence and core of nursing, as the tradition of nursing, and as the process of interaction and communication during nursing practice. According to Karasz (2004), nurse theorists, such as Leininger (1988) and Boykin and Schoenhofer (2013), define caring as assistive, supportive or facilitative acts towards or for another individual or group with evident or anticipated needs to ameliorate or improve a human condition or way of life. In her theory of human caring, Watson (2003) emphasises that a caring science perspective is grounded in a relational ontology of being-in-relation, and a worldview of unity and connectedness of

order. Thus, by being able to recognise the other, nurses extend their hearts and care to others. Kong (2008) asserts that caring is a moral imperative, which includes moral feelings of responsibility for others. Caring involves recognition of those who are in need, those who are sick, the poor and the alienated, and having an innate drive to assist them and give them love, compassion, comfort and care.

In the nurses' service pledge, professional nurses profess to take care of everyone who needs them. The ability of nurses to take care sets nursing apart from other health professions. Other health professions focus more on an instrumental (i.e. active) role, while nursing focuses on a holistic approach that is more expressive. The attributes of caring have been defined differently by many authors, however Roach's theory (1987) describes the Cs of caring, which have been supported by other authors to date. Caranto (2015), for example, asserts Roach's six Cs of caring in nursing: compassion, conscience, competence, confidence, commitment and comportment.

Roach's six Cs of caring

Sister Marie Simone Roach of the Roman Catholic nursing order, Sisters of St Martha, was a pioneer in nursing ethics whose influential theory of caring has inspired thousands of nurses and formed the basis for the first code of ethics for nurses in Canada. Her Six Cs of caring theory is described in the following section.

Compassion

Roach maintains that compassion:

- enables a person to be a part of another person's experiences.
- allows a person to be sensitive to the pain and vulnerability of another person.
- is a special quality that allows a person to share with and make room for other people.
- means loving to have and share feelings with patients and understanding patients' feelings.

Compassion, as the core of caring, is seen as love, having and sharing feelings, being a friend and having concern for others. This caring attitude is shown in communication (i.e. listening, talking, explaining, touching, educating, expressing feelings). In the definitions above, compassion has been said to be a quality allowing one to make room for another and to share. When nurses are compassionate, it will come naturally to them to think of the comfort of their patients.

CASE STUDY 6.1

Oh boy! Nurses are really amazing! I was in a car accident and was unconscious for two weeks. I could hear what people were saying, but I could not respond.

Nurses talked to me, they bathed me, touched me with tenderness, and explained everything that they were doing to me, willing me to respond. I would hear them telling me that they were going off duty and that another group would be taking over. That was so special. I could even recognize their voices. I so badly wanted to be conscious again to see if their faces were the same as their lovely caring voices. What surprised me most was that I could feel that they were doing what they were doing with compassion and commitment.

The caring attributes displayed in this case study characterize the caring actions. The actions show the humanitarian aspects of caring. The nurses displayed respect for the patient by not viewing him as an object. They respected his dignity, and gave him reassurance despite his being unconscious. They showed concern by talking to him even though they knew that he would not be able to respond. He felt their compassion through their communication skills. He felt comfortable in their care; he felt the need to recover and see their caring faces.

Commitment

Commitment is defined as 'a complex affective response characterized by a convergence between one's desires and one's obligations and by deliberate choice to act in accordance with them' (Roach, 1987, 62).

Commitment can be demonstrated by just being there for a patient or the family. It is described as making an intellectual and emotional decision to do something in which you believe. This means that you have thought about the decision, as well as gone with your feelings. Your first commitment should be to yourself, where you decide to do your best under all circumstances. Because of continuous changes in the nursing field, you should also commit yourself to adapting to change to meet the challenges. In this way, you will constantly grow.

Students who choose nursing as a profession commit themselves to caring for those who are vulnerable (weak and at risk). Through training, nurses become involved in professional caring. During the learning/training process nurses provide comfort, do things for the patient, assist and help in providing care. By committing yourself, you are promising faithfully that you will do whatever you have committed yourself to do. For commitment to take place, there must be interest. You have to show interest in a patient to know more about them. A relationship must be formed between you and the patient and,

through commitment that relationship may grow into one of understanding and trust. In that situation, care and commitment to caring is possible. Commitment involves doing, loving, showing no bias and 'being there' for the patient.

Conscience

The word 'conscience' has been defined by Roach as 'a state of moral awareness, as a compass directing a person's behaviour according to the moral fitness of things' (Roach, 2002, 60). Conscience tells you whether what you are doing is right or wrong.

If you have a conscience you will show compassion, sympathy, empathy and humility in caring for your patients. The opposite is cruelty, harshness, haughtiness and bad feelings. A person who has a conscience is a person who has ubuntu, or humane feelings, for people in need.

Your conscience causes you to be more deeply concerned about your patient's condition. In this way, the health of the patient becomes the most important part of the nurse's daily tasks.

Competency

'Competency is having knowledge, judgement, skills, energy, experience and motivation. It also means that you can respond to the demands of your professional responsibilities' (Roach, 2002, 68). A competent nurse is able to assess a situation correctly by always being alert. Knowledge and skills also help and guide the nurse towards being professional and responsible.

Your education and knowledge are important factors in developing your competency. For you to experience self-actualisation, you need to believe in your ability to make it through events and changes and to face the future meaningfully, with self-knowledge, autonomy, self-respect and empathy. To be competent you must be able to explain diagnosis and treatment to patients and their families using simple language that they can understand.

Confidence

Confidence is the quality that helps to build trusting relationships. If you are confident, you are sure about your abilities, qualities and ideas. You know what to do without hesitation. Confidence comes with competence, because you cannot be confident about what you are doing if you do not have the required competence. Confidence gives you self-worth, which enables you to know what you are capable of doing. Confidence gives you courage. Confidence is displayed through the ability to make the family of the patient comfortable. You are able to give them the guarantee that their relative is in safe hands by demonstrating your knowledge and skills of the current treatments and care modalities that are being used to treat their loved one.

Commitment is defined as a dignified manner or conduct. Commitment is the nurse looking, sounding and acting the professional at all times. The nurse must use the body language that expresses her caring attitude. Her eye contact, tone of voice and communication skills must be those of a professional person and thus aid the wellbeing of her patient. Commitment also includes upholding the professional image of the nurse. One of the ways this is done is by nurses wearing their uniform at all times. The uniform gives them an identity and defines their image and their role in society.

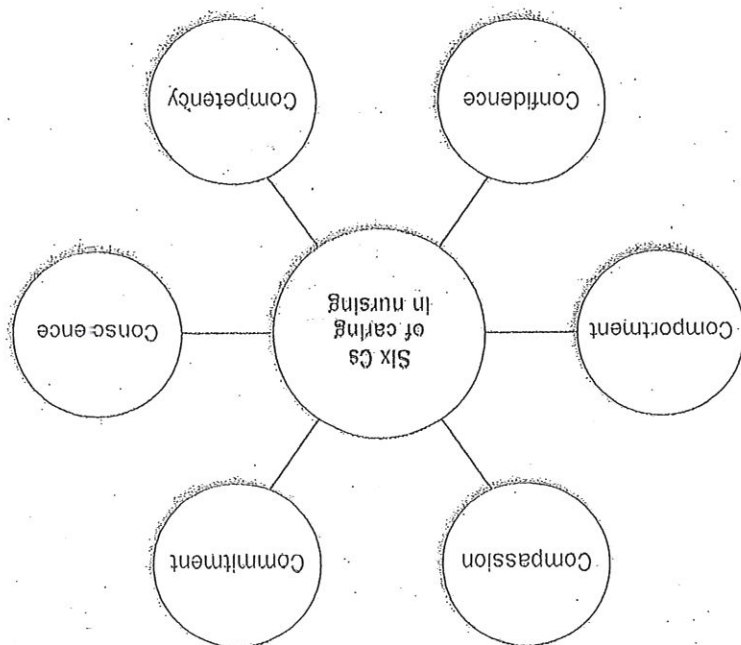


Figure 6.1 The six Cs of caring

Communication as the basis of caring

Caring is the expressive dimension of nursing in which the nurse makes use of her scientific and technological knowledge to provide a caring service. However, technological advancements cause the patient to become more and more removed from personal contact, and consequently, at the same time, cause them to have an even greater need for human comfort and support. This means that as technology excludes touch more and more, nurses will have to compensate by increasing and strengthening their verbal and non-verbal communication skills.

Communication forms a link between attributes of caring and is the factor that brings about the unique relationship between the nurse and the patient. This relationship is built on trust, which involves mutual assistance and self-disclosure. To fulfil your caring role you have to build a rapport with your patient, which is an aspect of communication that is often overlooked.

Rapport is the catalyst that transforms a series of contacts into meaningful relationships. To develop this meaningful relationship, you must show concern for and interest in others and have a belief in their worth, dignity and uniqueness. You must be non-judgemental and show both empathy and sympathy. Being non-judgemental requires a nurse to understand that patients have a right to autonomy and that they may have different value systems from their own. Theorists such as Leininger (1988) and Papadopoulos et al., (2016) emphasise that holistic caring in nursing must include the ability of the nurse to assess differences in value systems between herself and that of her patients. This means that the nurse must wholeheartedly embrace cultural diversity. She must respect the cultural beliefs of the patient and his family and therefore promote culturally sensitive, congruent and safe care.

Caring nurses must be aware that in certain instances their role is to empower patients with information to enable them to make informed decisions. For example, nurses may belong to a religion that is against abortion. They must, however, refrain from imposing their values and beliefs upon the patient who seeks to abort. In this case, their role will be to counsel the patient and describe the advantages and disadvantages of abortion without showing their own stance.

An extremely important aspect of communication that is often neglected in building a caring relationship is listening. Listening skills are fundamental to caring. Listening to what patients have to say can prevent conflict and misunderstanding. Nurses must be able to listen to their patients and respond where necessary. During the process of listening, nurses need to encourage patients to talk while reflecting on what is being said. Probing is a skill that nurses need to possess to be able to reach the patient and enable them to talk freely about their pains and ailments. You must therefore not be afraid to ask questions, while keeping focused on the topic under discussion.

You must also try to be sensitive to the feelings of others. Communication refers not only to what is being said, but also to what and how things are being done. Your ability to recognise and appreciate the patient's and the family's uniqueness, dignity and integrity will determine how you respond to the patient in distress and pain. In order to communicate effectively with one another, truth is needed, and when a person cannot face the truth, communication becomes difficult. Nurses must use the language that patients will be able to understand. The use of difficult terms and jargon undermines the value of communication.

Respect as part of communication

Respect is the core element of the nurse-patient relationship and without it, there can be no meaningful communication. By respecting the patient as equals and human beings who deserve the same amount of respect as they do, nurses are likely to find that patients will be responsive and cooperative, ready to listen and to voice their needs and ask questions. The issue of respect is also a part of the Ubuntu philosophy as described in Chapter 1. Respect emphasises caring ethics such as the respect of patients' self-autonomy and human dignity.

CASE STUDY 6.1

A 25-year-old woman, Mrs Matome, says that she didn't know how important nurses were until the day her daughter fell and broke her arm. The ambulance took her daughter to the casualty department at the hospital where she was examined, taken for X-rays and had her arm put in a splint. Then she was discharged and told to come back in 10 days.

When she told people later of her experience at the hospital and about the hospital staff, Mrs Matome had this to say: 'Everybody was busy running around attending to my daughter's injury, which I appreciated, but nobody bothered to find out how I felt. There I sat, worrying about my daughter and not knowing what to do. Then suddenly, a kind-looking nurse came up to me. She smiled and asked me if I was all right. She showed empathy and sympathy, explaining the kind of treatment my daughter was receiving. She also reassured me that my child would be fine. We chatted for quite some time, and she listened closely to what I was saying. I suddenly felt free to tell her more about my daughter. In return I was comforted and received the sympathy I was yearning for. I do not know how I would have coped without her. With the other health professionals it was as though I did not exist'.

What does the case study show you about the importance of listening closely to patients and to members of the family?

Mrs Matome had two different experiences of communication with hospital staff while her daughter was being treated. Describe them.

From what you have seen in hospitals, which experience of family members is most likely? Explain fully why the experience of communication you indicate is the most likely.

What does the case study teach you about what can be done to improve communication with family members?

Respect means a relationship between people that is close and understanding. Explain how the relationship between the nurse and Mrs Matome illustrates rapport.

What role does rapport play in caring?

Explain why it is important to listen when the patient or his family communicates with you.

Characteristics of caring

Caring is a process during which you learn to know yourself as well as the patient. It is, therefore, a process based on the moral ideal of restoring the patient to a state of well-being.

Mayeroff believed caring offers both the carer and the person who is being cared for opportunities for personal growth. Both the carer and the cared for are actualised and transformed by the relationship which involves patience, honesty, trust, humility, hope and courage. (Mayeroff, 1972e).

CASE STUDY 6.2

Ms Madiionga, who has just given birth to her third child, relates her experiences in hospital as follows: I had heard other women complain about the poor treatment they received in hospital, but my memories of hospital were always good until the day I walked into that hospital for the delivery of my last child. The nurse who was attending to me was really terrible. She was inhuman! Even though I begged for painkillers she told me that she didn't approve of women who wanted to go the 'artificial way'. She told me that pain was the natural way to go and even went as far as quoting Genesis to me. She kept on screaming to me to breathe in and out. She told me that I was a spoilt brat and should have thought of the pain before I made love, and that it was all my own doing. She showed me an instrument called an artery forceps, and told me that if I screamed again she would use the forceps. When the next pain came I naturally screamed again and that was the last time. I felt an unbearable stabbing pain in my loins. The nurse showed me the forceps and told me that she would use them again. After a while the baby was born and the nurses' attitude changed completely. She was very happy and even asked me to forget everything that had happened for the good of the baby. Ms Madiionga summarised her experience as follows: 'I will never, ever trust nurses again. Outside they wear white dresses and you imagine their hearts are as pure as their looks, but underneath those white dresses they are evil.' ('Ndi nga hembe tsheha tsheha mara nga ngomu havho mbilu dzavho ndi ntswu ntswu.')

Describe the attitude of the nurse who delivered the baby. Include examples from the case study to illustrate your points.

How would you have dealt with the situation if you were in Ms Madiionga's position?

As a colleague, how would you approach a nurse who acts in this manner?

The case study shows the vulnerability of patients during hospitalisation periods. By being hospitalised, the patients temporarily lose their status either as a mother, father, executive or whatever the position they occupy in society. Nurses need to be able to recognise and identify their patients' physical, emotional, social and spiritual needs. They can show they care by their compassion expressed in their empathy and sympathy when they speak to their patients. The nurses' use of caring, calm, soothing and reassuring words will have a calming and soothing effect on their patients. Many physical ailments are made worse by stress and fear. Ms Madhionga would have felt comforted if the nurse had been kind, encouraging and understanding. Her autonomy should have been respected. She was within her own rights when she requested the painkiller. The nurse should not have been judgemental, but should have responded to the patient's needs and used caring words which would have assisted in alleviating the patient's pains and allaying her anxieties. The case study also shows non-caring behaviour that includes belittling, inhumane actions, lack of recognition of the patient's uniqueness, and physical and emotional abuse. This often cents the image of the nursing profession and its caring domain.

The characteristics of caring as indicated by Morrison (1993) are discussed below.

The eight characteristics of caring

Morrison's eight characteristics make clear how demanding it is to be a caring nurse - very different from most people's image of someone in white, looking at a patient with a gentle, concerned expression.

Knowledge

In caring, you need to know about the patient that you are nursing. You need knowledge of the patient's needs to enable you to intervene. The question is: How much will the patient reveal to you and how will you be able to get the necessary information? This information can be obtained by taking the patient's history and by building a relationship of trust. This gaining of knowledge of the patient will be a test of your competence. You need knowledge obtained from your education as a nurse on how to question your patient competently. Indeed, knowledge underlies everything you do as a competent nurse. For you to be competent, nursing education has to meet the needs of healthcare under promote, preventive, curative and rehabilitative circumstances and take into account the specific needs of the country, region or community where the caring takes place. Nurses need an effective knowledge base if the credibility of nursing is to be proved.

This knowledge is acquired by:

- doing research and using the findings in real situations.
- generating (thinking up) new theories and testing them.

Nurses are now expected to use evidence-based practice. There is a need for nurses to have up-to-date knowledge. Knowledge is a tool that nurses can use to inform patients about their condition and the care that they need. Nurses in clinical practice must use scientifically-proven evidence and best practices to care for their patients.

Alternating rhythms (learning from experience)

Whatever relationship one person has with another person, whether it is between mother and child, husband and wife or patient and nurse, it is found to have fluctuations as in any other human relationship. This is because of normal human mood swings. How you feel today is not necessarily how you might feel on another day. These ups and downs are called alternating rhythms. The best way to cope with these is to modify your way of dealing with situations (Roach, 1987, 107).

Experience means learning by doing. One day you might handle a situation one way, but you may approach it differently the next day because of the experience you have gained. If an experience had a positive outcome, you could handle the situation in the same way, but if it had a negative effect you would have to use a different approach.

In the caring context, alternating rhythms would also mean adjusting to a specific situation under specific conditions. The same pattern cannot be followed with every patient even though they may suffer from the same condition, as people react differently to illness and situations. Culture can play an important role in this regard.

Reflection

Give suggestions on how the nurse could have handled Mrs Madilonga.

Patience

Caring for patients requires dedication, devotion and patience. In a caring relationship there is a need to know more about each other. You must not, however, rush a patient into a relationship. You must move at the patient's pace in order to achieve your goal. You must devote your time and energy to caring, and this can be achieved only if you think your efforts are worthwhile.

To build a caring relationship requires cooperation from the patient. If the patient does not understand you because of a language problem or a difference in cultural values they may not cooperate with you. It is your duty then to get

the necessary assistance even if doing this takes more time for you to explain things to the patient. In the end, the nurse who has patience with the patient under the above circumstances will achieve much more than the one who becomes impatient. You also need patience with subordinates who are learning from you. They will learn only if they feel they will not be criticised for being slow to understand and this feeling of freedom to learn comes when they know that their seniors have the necessary patience to teach them. Students cannot learn if the teacher is critical and impatient.

Reflection

In the case of Ms Madilonga, how would patience have improved the relationship between the nurse and the patient?

Honesty

Honesty is one of the virtues that nurses must possess. It entails the ability to be able to tell the truth. Nurses are often confronted with the issue of being honest in very difficult circumstances, such as a situation where you have to tell patients or families that they have been diagnosed as suffering from a terminal illness or any other condition that is life altering. It is often difficult to be honest or to tell the truth as nurses are not sure if the patients will be able to handle the truth as the information is often devastating to them. The situation poses a moral conflict in which nurses may try to find a way of sharing information in a manner that will be acceptable to the patients and family. In so doing, they may find themselves being dishonest. It is therefore very critical for nurses to understand that honesty is viewed as a prerequisite for good care (Erichsen, Danielsson & Friedrichsen, 2010).

Reflection

Give suggestions on how the nurse could have handled Ms Madilonga.

Respecting human dignity

Respecting human dignity is an integral part of a caring nursing attitude. Often it may not be beneficial to the patient (in their best interests) to be told the whole truth. You might have to give a controlled response. For example: Husted and Husted (2001) mention a case where a woman has suffered three myocardial infarctions and is going to theatre to have a coronary bypass. Her husband has just died in a car accident on his way to the hospital. At this point the woman asks the nurse where her husband is. In this situation, there are a number of reasons why the nurse should not tell the truth.

Reflection
 Take a moment to think of why you as a nurse should or should not tell this woman what has happened to her husband. Discuss your reasons with a partner or with the whole class.

If you are expected to care effectively for the patient, the patient also needs to tell the truth. For example, a patient who is suspected of being HIV-positive and who does not give the nurse the correct information about their sexual relationships cannot expect to get the necessary caring.

Trust

A trusting relationship involves showing that you care about the patient; their independent existence and their self-worth. Trust enables you to believe in the patient. Trust includes telling the patient anything he or she needs to know and explaining to the patient anything that they do not understand. It also means supporting the patient's decisions and enabling them to practise self-care (Rutherford, 2015).

Building a trusting relationship does not happen quickly. It takes time and patience. Trust can only be built if you are honest and keep your promises. If it becomes necessary to break a promise, the person you have made the promise to must be informed as soon as possible. Encourage others by giving them recognition for what they have achieved and always do your best when caring for your patients. The public trust nurses and they feel comfortable with us because of the way we display our knowledge, skills, compassion, commitment and care (Rutherford, 2015).

Humility

To display humility is a sign of being mature, because you are sure of your competence and knowledge. When a person has the necessary knowledge, there is no need to act as though they do not know anything, or to be rude. To act in a way that may offend patients will not build a trusting relationship. Speaking down to a patient is never allowed, even if you do not agree with what the patient has done.
 The way that you act and perform your duties will be proof of your competence and knowledge. Humility means respecting others for what they are. Humility is displayed when you are thankful for what you know and are prepared to share your knowledge in the correct way. In this way, patients will develop confidence in you and a trusting relationship will grow.

Hope

Hope is the reasonable belief and expectation that good will happen. Any patient in hospital needs hope. It is hope that gives a patient courage and the will to recover from an illness. It is your duty to provide this hope and to try to soothe the patient and assure them that everything will be all right.

You must try never to give false hope, however. This can be more harmful to the patient as it is promising something that cannot happen. You must study the situation and decide what might happen if you give a person false hope.

Courage

Courage enables the caring nurse to advocate for a person's needs and the right to treatment as well as intervening for the patient where such intervention is called for. Moreover, courage and confidence enable the nurse to take calculated risks (risks that have been given a great deal of thought) for the patient.

Courage requires you as a nurse:

- never to violate the rights of your patient
- to defend your own rights
- to accept your own humanity and the humanity of your patient
- to accept the uniqueness and self-ownership of the patient in your care.

The ethics of caring

Nursing needs to uphold the ethos of caring. Nurses are guided by two ethical approaches in caring, that is, the rights-based approach and the relational-ethical approach. The rights-based approach is based on principles such as autonomy, beneficence and non-maleficence, justice, veracity and fidelity. Relational ethics is based on personal values that are guided by virtue ethics.

It has been argued that the proliferation of ethical codes of conduct, and the promulgation of a number of legislation and policies are failing. It is therefore necessary to inculcate in nurses themselves attitudes and virtues to guide human conduct. The ethics of caring must not be informed by the ethics of rules and principles such as beneficence and non-maleficence, which emphasise that we must do no harm but strive to do good. Neither must they be informed by the respect for autonomy, justice or Bartho Pele only, but by virtue ethics which emphasise the personal values of a nurse.

Virtue ethics emphasise that it is the character of a person that determines what is good. Virtue ethics do not focus on principles and rules but on the morals and character of an individual. They are about the innate being, who will be able to socialise with others. Virtue ethics instil responsibility, enabling the individual to embrace the 'we' thinking rather than the 'I'. They emphasise

- personal traits such as respect, caring, compassion, kindness, warmth, understanding, sharing, humanness, reaching out, wisdom and neighbourliness (Mulaudzi, 2007). Virtues of individuals are important as they:
- determine what they regard as right, good, worthy, beautiful and ethical and provide the standards and norms by which the individual guides their day-to-day behaviour.
- chiefly determine the individual's attitude towards causes and issues with which they come into daily contact, such as political, economic, social and industrial questions.
- determine which ideas, principles and concepts they can accept, assimilate, remember and transmit without distortion.

The principles of virtue ethics are similar to those of ubuntu.

In ubuntu, an individual must be seen in terms of their complementarity with others. The principle of 'I am because you are' makes it possible for people to feel for each other and value each other. Ubuntu is based on values that ensure a happy and qualitative human life in the spirit of a family. Nursing needs a caring culture that not only supports ethical behaviour, but ensures that it also defines and underpins right and wrong conduct at the individual and institutional levels.

Ubuntu transcends all attempts to restrict the term and place it in a category. It is simply a way of living and being that allows our basic goodness to come forth. Chuwa (2012) and Mulaudzi (2007) maintain that ubuntu is about humanness. The fundamental values of ubuntu form the basis or cornerstone of African ethics and they are also the foundational values found in many nations and cultures. The ubuntu philosophy can also provide the moral fabric that determines how nurses behave in Africa and around the globe (Mulaudzi, Libster & Phiri, 2009). Principles of ubuntu such as solidarity, collectivism, consensus, participatory decision making and communitarianism are relevant to caring. Nursing is much more teamwork than an individual effort. Nurses provide care as a group and if they work as a community they complement each other in their caring attitudes. Patients will also feel like part of the family rather than strangers. The principle of participatory decision making and consensus will help the nurse to involve patients in planning their own care. The nurse will be able to respect the patients' integrity and their freedom to choose.

Batho Pele principles as caring ethics

In 1997, government formulated the Batho Pele principles. Batho Pele is a northern Sotho phrase that means people-first. This was done in an attempt, for the first time, to change the prevailing approach to service delivery by

making it citizen-centric, to be more responsive to the diverse needs of our people in order to redress the prevailing imbalance as regards access to services (*Government Gazette*, 1997). Batho Pele principles are based on the Constitution, which emphasises human rights principles. In addition, they embody the principles of ubuntu. Batho Pele principle emphasises caring ethics, a sense of belonging and teamwork. They indicate that the service rendered must be citizen-centric, and that public servants are to be held accountable to the citizens whom they serve. They require public servants to show commitment to the citizenry and to exercise transparency in their work (Khumalo, 2015). In our nursing situation, this will mean that care must be patient-centred. This view supports the principle of putting patient first as alluded in the nursing pledge. The Batho Pele principles also emphasise the notion of holding the individual public servants responsible for their acts and omission. In nursing these are emphasised through its regulatory body, the South African Nursing Council.

The eight principles of Batho Pele are:

- consultation
- service standards
- access
- courtesy
- openness
- transparency
- redress
- value for money.

Attributes of caring

The attributes of caring can be divided into three perspectives, namely:

- those that are derived from a moral ideal
- the nurse's self-actualisation
- personality.

Caring attributes derived from a moral perspective

From a moral perspective, caring includes respect and love for others. People learn these qualities as they grow up. The issue of caring is the basis of ubuntu. In the African culture, children are taught respect and humanism. Ubuntu means 'I care because you care and I am because you are'. This implies that people love and care for each other (Mapadimeng, 2017).

Communication links the six major attributes of caring, confidence, compassion, conscience, competency and commitment to bring about a unique nurse-patient relationship, which is built on trust and entails mutual assistance and disclosure of relevant and accurate personal information.

- alleviate their vulnerability
 - promote their growth and health
 - facilitate their comfort and dignity, or ensure their peaceful death
 - preserve and extend human possibility.
- Caring means feeling and showing concern for others. In caring for their patients, nurses:

Conclusion

The government needs competent, knowledgeable, dedicated and virtuous public servants who work within the ambit of Batho Pele to deliver quality services. These people must show commitment, compassion and create a caring ethos. It is personal transformation that will make the Batho Pele principles a reality that is achievable.

- Does your conscience play a part in the kind of nurse you are?
 - Under which category of nurse do you fall?
 - What can you deduce about nurses from Mrs Jonas's statement?
- you no longer felt that you were lonely, forlorn and forsaken'.
 and willing to listen to your pleas. They brought joy and happiness so that same. There were those with a sense of humour, who were kind and loving and their hurried pace told you to keep quiet. However, they were not all the their facial expressions were so impersonal. They made no eye contact some of the nurses would crush you with a "Shut up, I am still busy" look. Nurses were always going up and down. When you called for help, feelings:
- Mrs Jones describes the experience of her stay in hospital with mixed

CASE STUDY 6.3

The personality of the carer is most important. In caring, your personality and character drive your caring attitude. The caring nurse must be someone who is eager to help others. A caring nurse must be empathetic and willing to carry other people's burdens. A caring nurse has the ability to bring out the best in others.

Attributes of caring derived from personality