

Coalescing the Theory of Roach and Other Truth-Seekers

Lawrence C. Caranto

College of Nursing, Benguet State University, La Trinidad, Benguet, Philippines

Abstract This paper will attempt to coalesce Roach's six attributes of caring with the descriptions of caring put forward by other truth-seekers. It is the aim of this essay to explain that however defined in many ways, caring shall boil down to: compassion, competence, confidence, conscience, commitment, and comportment. Compassion is demonstrated as the nurse attempts to understand what the patient may be experiencing. Competence is demonstrated by exquisite hands-on technical care of the patient. Confidence is the quality, which fosters trusting relationships. Conscience is a state of moral awareness. Commitment is staying with the family and the patient for the duration of care. Comportment requires that the nurse must look, sound, and act as the professional that he/she is.

Keywords Roach, Nursing, Theory, Caring, Compassion, Competence, Confidence, Conscience, Commitment, Comportment

1. Introduction

Care has been highlighted in nursing as the essence and main reason for its' existence as a field of knowledge and profession (Nascimento and Erdmann [1] 2009). Many researchers or truth-seekers have attempted to define the science of caring. However, Roach [2] (1987) comes closest to the true nature of caring when she states that 'caring is the human mode of being.' This paper will attempt to coalesce Sr. Simone Roach's six attributes of caring with the descriptions of caring put forward by other truth-seekers. It is the aim of this essay to explain that however defined in many ways, caring shall boil down to: compassion, competence, confidence, conscience, commitment, and comportment.

2. Roach's Six Attributes of Caring

Roach's [3] (2002) six attributes of caring from which a nurse can demonstrate caring offers caring nursing for both the patient and the family.

2.1. Compassion

Compassion is demonstrated as the nurse attempts to understand what the patient may be experiencing-the pain, discomfort, perhaps the nothingness of being alive, and the experiences of the family. One of the hardest things to appreciate is the death or impending loss of a loved one,

particularly the loss of a child. Perhaps the nurse might recognize the family's need to express their questionable expectations, their fears, grief, or regrets, while assisting them to become aware of the truth of their child's condition. "Caring is leaving the confines of your home to sit by a dying patient," agrees Walker [4] (1995). This attribute of compassion coincides with Hawthorne and Yurkovich [5] (1994) who states that the ability to respond to one another is based on an inherent ability to love. Love when given through caring, is reciprocal and enriches both recipient and respondent and emphasizes that human beings function not only on a bio-psycho-social level, but also on a spiritual level. Only compassion is something more than a set of behaviors and skills to be learned.

As cited by Mantesso [6] (2005), "Sherwood (2000) defined caring through four concepts: individuality, presence, knowing, and interacting for growth." Among these four concepts, compassion is closely related to interacting for growth. A nurse's central role is to promote, maintain, or establish human connectedness for therapeutic outcomes. Caring as interacting recognizes the vulnerability of the other and enables the other to become stronger, creating a compassionate atmosphere in which to grow and heal (Sherwood [7] 2000). Additionally, compassion is a way of living born out of an awareness of one's relationship to all living creatures; engendering a response of participation in the experience of another; a sensitivity to the pain and brokenness of the other; a quality of presence which allows one to share with and make room for the other (Sitzman [8] 2007). The attribute of compassion is also closely analogous to Boykin and Schoenhofer's [9] (1993) definition of caring as the intentional and authentic presence of the nurse with another who is recognized as person living caring and growing in caring. Here, the nurse endeavors to

* Corresponding author:

lawrencecaranto@yahoo.com (Lawrence C. Caranto)

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come to know the other as caring person and seeks to understand how that person might be supported, sustained, and strengthened in their unique process of living caring and growing in caring. Finally, Watson [10] (2001) in her pivotal *caritas* processes enumerates practice of loving kindness, and being authentically present as a way of giving special loving attention. Caring can mean the difference between life and death for a patient. And nobody in healthcare knows more about the power of compassion than do nurses (Simpson [11] 2004).

2.2. Competence

Competence is demonstrated by exquisite hands-on technical care of the patient, the knowledge of knowing the patient's condition, and the ability to explain these conditions to the parents in terms that they will understand. The nurse could demonstrate competence by anticipating the impending deterioration of the patient and could assist in preparing the family for the forthcoming events. Furthermore, it is the state of having the knowledge, judgment, skills, energy, experience and motivation required to respond adequately to the demands of one's professional responsibility. Knowing is the highest form of steadfastness in giving client care (Sherwood 2000). Sherwood gives insight into this as, "Knowledge offers confidence and empowerment." Only a competent and confident nurse can be released from the anxiety of what to do to have therapeutic presence and intervention. Her insight is that being a caring nurse is transforming good intentions into positive and effectual actions. Halldorsdottir [12] (2012) in his theory *Nursing as Compassionate Competence* describes that competence encompasses the skills and techniques required of the nurse. Competence has primacy in nursing by striving to prevent harm to patients. It is correctly assessing the condition, needs, and responses of the patient. The nurse knows how to fluently integrate knowledge with procedure and knows what he is doing and why (Watson [13] 2008). Mayeroff [14] (1990) also believes that caring is competently reflecting on the human condition of others. Lastly, Halldorsdottir [15] (1997) succinctly states "caring without competence and competence without caring has limited value for most patients."

2.3. Confidence

Confidence, the third attribute, might be displayed by ensuring that the family is assured that the care of their child and the information they receive is truthful and current. Confidence is the quality, which fosters trusting relationships. Guaranteeing that the family is comfortable and aware that the nurse is there for them and their child assists in developing the nurse's confidence and the family's confidence in the nurse. Mayeroff [16] (1971) provides one of the most eloquent definitions of caring. He defines caring as a "confidence to protect the welfare of another person or to assist that person to grow and actualize the self."

2.4. Conscience

The nurse must display conscientiousness in everything done for the patient and the family, remembering that the patient always comes first. This determination to demonstrate conscience must include advocating for the patient with other healthcare professionals and with the family, should the need arise. Recognizing that everyone deals with critical situations differently and, in caring for each person as an individual, understanding persons as whole and complete in the moment are crucial to expressing conscience on the part of the nurse. Conscience is a state of moral awareness; a compass directing one's behavior according to the moral fitness of things. Cowling (2000) writes

"My own view is that the nature of nursing is one of responding with reverence and conscience to the wholeness of human experience . . . In human terms, the pattern gives identity to and distinguishes one person from another. It is the essence of being who you are; thus, pattern appreciation is reaching for this essence in each individual and seeing the wholeness within pattern." (cited in Johns [17], 2005, p. 153)

Caring is a moral imperative that requires action and practice (Morse, Bottorff, Neander & Solberg [18], 1991; Watson [19] 1990). It is caring for the needs of people in the context of a principle that guides and directs nursing action. Additionally, conscience is closely related to Barbara Carper's [20] (1978) ethical knowing. Ethical knowing is one of the four fundamental patterns of knowing in Nursing. It entails knowing what is right or wrong and being committed to take nursing action on this basis.

2.5. Commitment

The nurse demonstrates commitment by simply staying with the family and the patient for the duration of care-being there, not necessarily to say or do anything momentous or profound, just being authentically. A complex affective response characterized by a convergence between one's desires and one's obligations, and by a deliberative choice to act in accordance with them. Gadon [21] (1980) asserted the nurse is committed to the *wholeness* of the patient, not to the lived body or object body alone but to both combined, unified. Sherwood considers presence at a deep level as an intimate connection between two people. Therefore connection through presence is, for that patient and nurse, an "ideal mode of being." The action of being present in a *physical, mental, spiritual, and emotional* manner through a caring practice is transformational. Presence in this sense means a committed bond experienced by both the client and the nurse in whom even silence can be understood and healing.

2.6. Comportment

The last of Roach's six Cs, comportment, is essential. The nurse must look, sound, and act as the professional that he/she is and be truthful to oneself, to the patient, and to the

family, showing “respect for patient first and the disease second.” All of these attributes are essential elements of nursing as caring. Sherwood claims that acknowledging each individual is unique is mandatory when fulfilling this concept. It is using eye contact, body language, tone of voice, and communication in general that takes no additional time yet makes a difference in client wellbeing. This concept proposed that individualized care considers each person on an individual basis. Leininger [22] (1997) states that caring is 'the essence of nursing and the unique and unifying focus of the profession,' and Bevis as cited in Blattner [23] (1981) states that caring 'raises human relationships to satisfying experiences of pleasure, security, trust, growth, and professional activity.'

3. Conclusions

This paper presented the six C's of caring by Roach, and how it can be merged to some extent with the other definitions in literature. Practicing nursing with these attributes allows the patient and the family to become part of the dance of caring persons and to grasp and eventually absorb the veracity of the caring. Caring can be summed up by Mayeroff (1971), “... to care for another person, one must be able to understand him and his world as if he were inside it. He must be able to see, as it were, with his eyes what his world is like to him...”

Lastly, according to Kelley and Johnson [24] (2002), the fundamental nature of the caring is “authentic caring for the purpose of preserving dignity and the wholeness of humanity.” Although there is no consensus regarding definitions of caring, the components of care or the process of caring (Morse, Bottorff, Neander & Solberg [25] 1990).

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