

Ethics of Care and Nursing Care

Ética del cuidado y cuidado de enfermería

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Abstract: Introduction. Nursing care has an ethical connotation reflected in the attributes that the exercise of duty implies, established mainly in the Code of Professional Ethics, while the ethics of virtues appeals to the development of values. Authors such as Gilligan, Noddigns and Tronto have contributed from the ethics of care, as ethical-theoretical references to the field of feminized nursing. Objective. Describe the contribution of the Ethics of care to professional nursing. Methodology. A theoretical reflection that aims to increase the understanding of care based on the conceptual and epistemological frameworks developed by the authors reviewed. Results and Discussion. The manuscript was organized describing the a) concepts considered key in the Ethics of care, b) Gilligan and the Ethics of care, and finally, b) the contribution made by Tronto and Noddigns who have broadened the discussion about care at a universal level, contributing to informal care as a professional. Conclusions. The Ethics of Care has allowed the development of conceptual frameworks that facilitate the understanding of care in a universal way, giving it a fundamental status for life in society. Recovering the ethical virtues for care in a fair balance with duty, contributes to nursing re-evaluating the emotional in the helping relationship it establishes with patients and communities.

Keywords: ethics, nursing, empathy, nursing care, moral development.

Resumen: Introducción. El cuidado de enfermería tiene una connotación ética reflejada en los atributos que implica el ejercicio del deber, establecido principalmente en el Código de ética profesional, mientras la ética de la virtud apela al desarrollo de valores. Autoras como Gilligan, Noddigns y Tronto han aportado desde la ética del cuidado, como referentes ético-teóricos al ámbito de una enfermería feminizada. Objetivo. Describir la contribución de la Ética del cuidado a la enfermería profesional. Metodología. Reflexión de tipo teórica que pretende aumentar la comprensión del cuidado a partir de los marcos conceptuales y epistemológicos desarrollados por las autoras revisadas. Resultados y discusión. El manuscrito se organizó describiendo: a) los conceptos considerados clave en la Ética del cuidado, b) Gilligan y la Ética del cuidado, y finalmente, b) el aporte realizado por Tronto y Noddigns que han ampliado la discusión sobre el cuidado a nivel universal, aportando al cuidado informal como profesional. Conclusiones. La Ética del cuidado ha permitido desarrollar marcos conceptuales que facilitan la comprensión del cuidado de manera universal, dándole un estatus fundamental para la vida en sociedad. Recuperar las virtudes éticas para el cuidado en un justo equilibrio con el deber, contribuye a que la enfermería revalore lo emocional en la relación de ayuda que establece con los pacientes y las comunidades.

Palabras claves: ética, ética de enfermería, empatía, cuidados de enfermería, desarrollo moral.

Resumo: Introdução. O cuidado de enfermagem tem uma conotação ética que se reflete nos atributos que o exercício do dever implica, estabelecidos principalmente no Código de Ética Profissional, enquanto a ética das virtudes apela ao desenvolvimento de valores. Autores como Gilligan, Noddigns e Tronto contribuíram a partir da ética do cuidado, como referenciais ético-teóricos para o campo da enfermagem feminizada. Objetivo. Descrever a contribuição da Ética do Cuidado para o profissional de enfermagem. Metodologia. Reflexão de tipo teórico que visa ampliar a compreensão do cuidado a partir dos referenciais conceituais e epistemológicos desenvolvidos pelos autores revisados. Resultados e discussão. O manuscrito foi organizado descrevendo a) conceitos considerados fundamentais na Ética do cuidado, b) Gilligan e a Ética do cuidado, e por fim, b) a contribuição de Tronto e Noddigns que ampliaram a discussão sobre o cuidado em nível universal, contribuindo para o cuidado informal como profissional. Conclusões. A Ética do Cuidado tem permitido o desenvolvimento de marcos conceituais que facilitam a compreensão do cuidado de forma universal, conferindo-lhe um estatuto fundamental para a vida em sociedade. Recuperar as virtudes éticas para o cuidado em justo equilíbrio com o dever, contribui para a enfermagem reavaliar o emocional na relação de ajuda que estabelece com o paciente e a comunidade.

Palavras-chave: ética, ética em enfermagem, empatia, cuidado de enfermagem, desenvolvimento moral.

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Introduction

Implicit in the nursing profession is the concept of care, a vital subject for the subsistence of humanity and common relations among people. From this perspective, caring is an indispensable activity for humanity; it is not only survival, but promoting and developing all those activities that provide for the common good of people and groups. According to Nightingale, every woman at some time in her life will serve as a nurse in one form or another, since nursing consists of accompanying or taking responsibility for the care of another person (1). Thus, nursing care is defined from a holistic view of humanity, where a person is all made up of different dimensions: physical, psychological, social and spiritual. In this respect, Jasemi et al. (2) notes that it is possible to find nurses with great skill in maintaining a balanced care among the human dimensions, while others have greater interest in physical care, where aspects of the care relationship could be weakened. Hence, ethical aspects must be a permanent concern, considering what is relevant to making decisions on behalf of patients. On the other hand, Feito points out that the professional duty of nurses is a moral practice in which care becomes all important, since it justifies and legitimizes the social value that the profession contributes to society through care (3).

Morality involves standards of behavior that distinguish right from wrong, unlike ethics, which ponders the ideal nature of human behavior. The importance of this point is that the ethical nature of a profession enables it to be recognized socially, which is why nursing defines care as its essential social action (3,4).

The increasing importance given to ethics in recent decades establishes it as a central axis of nursing, and it acquires importance in other health professions (3). Therefore, being well trained and having knowledge of professional ethics contributes to improving care practices, putting patient, person and communities at the center, while greater empowerment of patients in terms of their rights pressures the care system so that nurses are more empathetic, sensitive to their pain and their needs (5). Reflecting on clinical practice, it contributes in this sense to nurses pausing to look with greater attention at how we relate to the patient, and how we efficiently manage resources without affecting the humanization of care. Aspects like listening to the patient, their uniqueness in processes of change due to disease, their emotional, psychological and intellectual response, are as important as identifying and including physiopathological changes in order to establish the care objectives and identify the appropriate activities to be performed, which help focus this effort (5).

Indeed, prioritizing rationality and management directed only from professional practice without due consideration of the emotional and psychological aspects could cause difficulties in making decisions that truly benefit the patient. Thus, recognizing the importance of emotion in care management is one of the key aspects to further in humanized care. According to the authors, alluding to the “Ethics of care” makes it possible to reflect on the aims and means of care work, emphasizing the values that are meant to be safeguarded (3). This should be a habitual reflection that balances the pre-eminence of the proposals that have prevailed mainly from modernity. In those models, called “ethics of justice”, virtue is restricted to the private sphere referring to personal beliefs or choices. Thus, the model of distributive justice under a discourse of defending the ideas of freedom and equality that are the foundation of democratic systems and the rule of law leaves the emotional and social dimension in the background. These latter elements make up a person’s moral life, but that has no place in a rational foundation model where the aim is impartial

universalization. In this context, Ethics of care reclaim these dimensions, vindicating the attitude of understanding and concern for people (3).

This clearly goes beyond the disciplinary field and extends to all professions; however, it corresponds to nurses being permanently with the patient, interpreting their emotions and desires through the helping relationship. Thus, it provides unique elements to advocate for them and ensure that their needs are covered efficiently and humanely. It may be suggested, therefore, that the “Ethics of care” have served as a guide for acting in a world with values like solidarity and empathy, which prevail over the lack of care (6,7).

The “Ethics of care” have been of benefit to all health care professions by promoting self-reflection and developing social awareness of universal humanist principles, something that can be internalized from professional practice and experience. Thus, professionals faced with ethical dilemmas manage to identify their implications, realize that the possible responses are not so obvious, nor easy to find and, in addition, that there are no straight answers (3).

In the following article, the authors try to contribute to the understanding of the Ethics of care and their contribution to professional nursing. For this, the following will be reviewed: a) key concepts used in the Ethics of care, b) Gilligan and the Ethics of care and b) Tronto and Noddings, who have broadened the discussion on care in a universal way. This way the importance of ethics for the profession is reinforced at times when the importance of care, respecting people’s dignity and how it affects societies and a country’s economy, is being discussed. The methodological approach is documentary, based on a literature review that contextualizes the theoretical aspects of interest to fulfill the purpose indicated (8).

Methodology

Theoretical documentary type based on a deliberate literature review emphasizing the Ethical perspective of care. This will make it possible to contextualize and substantiate the contributions to the nursing profession and care, as well as reveal new questions and answers to the existing theoretical corpus (8).

Results and discussion

Nursing Care and Ethics: related concepts

Nursing considers the person an integral, unique system in a sociocultural context where they are born and which must be considered and respected in the performance of professional duty. The social determinants that include people’s living conditions necessarily require an integral and systemic approach, but at the same time from the theoretical perspective of the profession (3,9). In this respect, nurses must be prepared to identify and respect the cultural, spiritual, social, demographic and psychological norms of each population, stressing the forms and conditions of people’s lives, their needs and the needs of those who care for them, valuing human diversity. This is why nurses must draw upon knowledge and attitudes that allow their care actions to have

sociocultural relevance, with no exclusion of any kind and respecting the human rights of the entire human condition (9).

The concept of care in nursing is the basis of the discussion. For Collière, patient care represents a series of acts, the main purpose and function of which is to keep human beings alive and healthy to reproduce and continue. Thus, care consists of maintaining life, ensuring a set of needs are satisfied for the individual, family, and community, who have health experiences in continuous interaction with their surroundings (10). Care requires knowledge that distinguishes it as human and professional care, this being what the nursing profession features (11). Nightingale realized that the natural care of people, based on love and dedication to others, was not enough to promote health or cure a disease; rather, care depended on certain specific skills, experiences and knowledge, establishing the foundations for professional care (12). The female stereotypes as a source of natural care were also associated with submission and subordination, attributes described as being inherent to women. This has been conveyed to the nursing profession since its beginnings as a doctor's assistant, with a vocation to serve the patient, the doctor and the institution (12). Thus, this had a strong effect on its future development, because professional status has historically been shaped by gender relations that have constrained nurses from gaining positions of power, with working conditions and salaries that are lower than men's most of the time (13).

The social value of the care provided by women, based on lived experience with their own body, exercised by mothers, sisters, grandmothers or mothers-in-law and closely related to reproduction and motherhood, was marking the way to exercise natural care, which by extension reaches to professional nurses, so that they continue to be self-sacrificing, generous and selfless, typical of a mainly female profession (12).

For nursing, care is considered the essence of the discipline that involves not only the subject of that care, but the nurses in a relationship characterized by bidirectionality (14). Kérouack posits in this sense that "nursing is focused on the care of the person and family in continuous interaction with the surroundings" (15). In this scenario, nurses identify with the person being cared for in their health-disease process and implement agreed-upon strategies so as to achieve adaptation to a particular situation and the achievement of the maximum possible level of health. To care is to work to serve people, starting with oneself (11,16). To care is to accompany the person in their life experiences and recognize their dignity through therapeutic techniques and means; it is to break the dichotomy between technique and humanism, since both aspects must coexist in an integrated way (17).

Henderson outlines that nursing care involves offering assistance in all those activities that a person cannot do for themselves, with the aim of contributing to their health and helping increase their abilities to reach a level of independence in their daily life and adapt to their situation of disease (1). The dedication in caring for a human being implies universal values like tenderness, flexibility and generosity (18). In addition, Feito emphasizes that nursing is a moral practice, since it incorporates an ethical attitude or behavior based on moral virtue reflected in solidarity and concern for the good of human beings, and which demands the responsibility to give people greater dignity (19). This responsibility constitutes an intrinsic element of care through which the human rights to health and life are exercised (3).

The first codes of ethics formed the ethical foundation of medical practice and influenced other disciplines in the health sciences, such as nursing. Although there are ethics linked to human care, the birth of nursing ethics is placed at the same point as that of nursing as a profession. In addition to the explicit commitment of Nightingale and her work, the bases of ethical nursing are

tied to some currents that have emerged throughout history. The most influential have been prescriptive ethics, the ethics of virtue and care ethics, which serve as benchmarks for nursing ethics (20).

Prescriptive or normative ethics are an ethical current that appeals to the nature of moral action, they use general norms to establish that an action is morally good when it is consistent with a universal principle, i.e., all human beings and possible situations. It is, therefore, morally bad when it contradicts these universal norms (21). On the other hand, the ethics of virtue combine a series of discourses of contemporary moral philosophy that have endeavored to recover the category of virtue and at same time seek to structure a model for the understanding and direction of morality, while the Ethics of care appeals to attachments and responsibility (22).

In short, it is not possible to achieve clinical excellence by improving only the technical quality of care in terms of the use of resources and benefits, since an adequately adapted ethical development that defines the nature of the profession through the possibility of offering patient support, empathy, confidentiality is required, i.e., the attributes that define a good therapeutic and helping relationship. Indeed, if nursing professionals can be equipped with technical and humanist knowledge in a fair and healthy balance, the excellence of professional care, the satisfaction of personal, and collective performance will be achieved (23).

Origin of the Ethics of Care

The Ethics of care have their origins in the discussion of Gilligan with the studies by Kohlberg, who in 1978 conducted a study on moral development to prove if, as in Piaget's cognitive development, there was a sequential and step-wise moral development that resulted in moral maturation. This model was the object of numerous criticisms in relation to the methodology used. Perhaps one of the most revealing objections was the existence of gender bias, since the psychologist centered his study on the reasoning of male participants. This is what drove Gilligan, a disciple of Kohlberg, to investigate the topic. Until then there were no studies related to moral development that included women, which for Gilligan was an omission of truths and a limitation in the development of the concept of the "human condition" (23).

The researcher's aim was none other than "to broaden understanding of human development, using the group that was omitted in the construction of the theory, to draw attention to what is lacking in his version" and, in addition, to provide "a base on which a new theory could be created that, potentially, can grant a more general view of the lives of both sexes" (23). Thus, in 1982 Gilligan published "In a different voice: Psychological Theory and Women's Development", a text that challenges the traditional conception on moral development, calling into question the presumed universality of Kohlberg's evolutionary paradigm in light of women's experiences, until that moment excluded from the theoretical analyses on moral development and capacity (24). Gilligan indicated that both moral theoreticians as well as those of psychology had "implicitly adopted a man's life as the norm, trying to create women based on a male pattern". Thus, it showed the necessary incorporation of the female experience in moral and political theory, historically associated with men and the public sphere with a moral direction focused on justice and rights.

From this perspective, Gilligan tries to expand the scope of morality, proposing the notion of Ethics of care and establishing the bases for her later dialogue and complementing it with the ethics of justice (25).

Gilligan observed that women obtained low scores and they did not commonly reach the final moral level. Initially, this evidence was interpreted by Kohlberg as a woman's inability to emit higher moral judgments, caused by her position in society, referring to the private and domestic sphere, where topics of care, affection and responsibility are developed.

Gilligan outlined the problem in detail from the two basic premises of feminist theorization: social reality is organized on the basis of a sex-gender system that defines a way of perceiving the world, and this system is based on patriarchal domination, where men hold power over women. Asking herself about the explanation of this fact, and not taking for granted that it was due to a supposed "moral immaturity" in women, Gilligan showed that in Kohlberg's studies the social structures of exclusion were not considered sex-gender, nor the fact that the concrete experiences of the subjects condition the ways they have to develop their moral reasoning (25).

In this vein, contemporary universalist justice based on a model of citizenship built through the common is called into question and leaves aside the differences, prioritizing one morality over another and one human group over another: men over women, public sphere over private sphere, justice and duty over care and responsibility. Gilligan demonstrated that there is no single way to understand morality, but "the divergent paths of moral development that men and women follow in terms of differences" mark different ways to develop the moral (25). This aspect is especially important for the profession, from the greater presence of women that are formally dedicated to care than men.

The author posits that the central concept of the Ethics of care is the responsibility and moral action of women, who are focused on more than abstract general judgments, in the responsibility that arises from the awareness of forming part of a network of interdependent relationships. This is because their identity is strongly relational. In addition, she observed an association between the manner of moral reasoning and the conception of the ego in men and women. Women, when they describe themselves, do so in terms of relationships and do not mention their academic or professional distinctions, unlike men (6,24). From this distinction, Gilligan draws a picture of moral development in the sphere of the Ethics of care. In the first stage, the woman concentrates on caring for herself. In the second stage, good is identified with caring for others, a period in which care and sacrifice become indistinguishable. The third stage includes the transition of femininity to adulthood and consists of learning to take care of others as well as oneself and to take responsibility for one's choices (6).

The contribution to nursing from what is posited by Gilligan is based on responsibility as the central concept of the ethics of care; this is the axis that guides the actions of the nursing profession, understanding this responsibility as an action in the form of aid (6,26) and not only as a question of duty and justice (3). It has to do with real, true situations such as people's needs, the desire to avoid harm, the circumstance of being responsible for another, having to protect, to take care of someone. Morality as commitment derives precisely from the certainty that well-being and even survival requires something more than justice. In this respect, Gilligan's theory emphasizes the moral role of emotions, affect and all the spheres of the personality (27,28). It is a theory, or a set of moral reflections that focuses on care as a moral imperative. It gives a place of importance to the good of the people, people with whom a relationship is established, a relationship that respects human emotions (29), emphasizing people's needs in a situation of vulnerability and

dependency, giving priority to their care (30,31). The way to respond to a person's needs, therefore, is based on analyzing the related emotions and interpersonal relationships (30).

Ethics of Care: a view from other authors

Important theoretical debates have taken place from Gilligan's theoretical proposal, where philosophers and sociologists have stressed the importance of the relational in care. In this aspect, Camps mentions that, more than duty, what is important in care is the relation with people and its situation-related application, mixing rationality with emotion to focus on the direct and personal commitment with others (32). In turn, Lévinas reinforces the centrality of emotion in care, where sensitivity is what sustains responsibility and extreme vigilance (33). By contrast, other authors have openly criticized the Ethics of care, noting that it is an underdeveloped theory (34), that it is a simplification that suffers from a lack of adherence to duty and to the principle of justice (35), and that it is "female", maintaining that ethics are universal and do not belong to any one group (34).

For the nursing profession the Ethics of care uncover important aspects in the moral development of women applicable to the profession, given that the profession is made up mainly of women (36). Noddings, known for her work in the philosophy of education, has raised the importance of relational care as a fundamental and vital aspect for life in society (36). Her work is anchored in an analysis of care and its place in ethics. Her argument starts from the idea that care is basic to human life, and that everyone wishes to be taken care of. However, care demands an extraordinary effort to motivate and stimulate care in social relations. For the author, the Ethics of care have their practical roots in the history and traditions of women; it is not to defend feminism (36). Of this she writes: *"I have no idea if women are by nature more caring than men. I doubt it. But I believe it is possible to be learned by studying the tradition of care that has largely been the history of women. The fact that care had arisen from the conditions of subordination is no reason to reject it, but to evaluate it and cherish its best traits, and to encourage young people to enter into its spirit and practice"* (38). Noddings suggests that ethics have their roots in feelings, although they do not reject reason as a guide for a moral life (38). *"What motivates us is not reason, but the feeling for the other"* (39). This feeling for the other, or empathy, that becomes clear in the relation between the person who cares and the person who is cared for, leads to an appreciation of things from their point of view and not to act on the basis of the carer's norms or principles (30). She maintains, in addition, that morality is an active virtue that requires at least two feelings: the first is the feeling of natural care innate in human beings that makes it possible for us to act on behalf of other people because we want to. The care of a mother and the efforts on behalf of her child are not usually considered ethical but natural; the second is the feeling of ethical care and it is based on natural care, which arises as a response to the memory of natural care when a conflict between one's own desires and actions coexist according to the care of others (38). In order to develop these concepts, the author appeals to the distinction between acting out of desire and out of duty. When a person embraces a friend because they need a hug at a particular moment, they are acting "out of desire", which is guided by natural care. When one embraces a person although one does not want to, one is acting out of duty, i.e., on the basis of ethical care.

Natural care and/or ethical care are also explained by the type of relationship developed with the person being cared for (30). However, for the author there are various levels of relationality because people are surrounded by concentric circles of affective and social relations.

The first is the inner circle, which has the greatest influence on people and which is comprised of the beings we love, where natural care is most evident. However, even in these contexts the case can occur of requiring ethical care. Another circle is the one made up of people for whom we have consideration and esteem, but with whom we do not maintain a close relationship (30). Help would be expressed in relation to how one feels in the moment, what the other person expects of us and what type of relationship one has with them. Finally, there are other types of relationships that Noddings calls “close stranger” and “remote stranger”. Both cases deal with people that are not known personally, but who can come to be known if something bonds them in some way, for example neighbors, classmates, etc. Meanwhile, the remote stranger is the one with whom there is no type of relation, but that in the same way is born of the need for care (30).

For Noddings, dialogue is what allows people to relate to one another and know their needs and desires. The carer has to pay attention to the person who is being taken care of to understand how and why they wish to be cared for in a certain way, and must be completely dedicated to this task. On the other hand, the person being cared for must appreciate the carer’s efforts to understand and care for them so that an effort must be made to inform them meticulously how and why to do it concretely in relation to their own circumstances (30). Noddings has developed a thought that is useful to constructing a gender bias-free theory; her approaches show the need to transform sociocultural guidelines in favor of the Ethics of care. Above all, human development needs all the care received from the people with whom there is an affective bond (40). It is she, who with her proposal leads care from a specific female position to a moral and political education in its entirety. Female, because as has already been mentioned, care has historically been part mainly of women’s lives, as mothers and spouses in charge of the home. But this clarifies that it is not an essential trait of women, but an experience open to every human being, especially those who are in a position to care for others. The ethics of care do not know male moral agents, considering it the ideal for all moral agents (37). Noddings defines natural care as: “*the human condition that we, consciously or unconsciously, perceive as good*” (38). “*In that condition that we yearn for and strive for, and it is our yearning to be in that special relationship that sustains the motivation of being morally good*” (37).

Another outstanding author who has investigated the ethics of care is Joan Tronto, who has explored the intersections of the ethics of care, theory feminist and political science. She endorses feminist ethics of care to frustrate the accumulation of power in the existing powerful and to increase the value of the activities that legitimize shared power. She identifies the moral limits that have served to privatize the implications of the ethics of care, and emphasizes the political dynamics of the relations of care they describe, for example, the tendency of women and other minorities to carry out care work that benefits the social elite. Tronto coins the phrase “privileged irresponsibility” to describe the phenomenon that allows the most advantaged in society to buy care services, delegate care work and avoid the responsibility for the suitability of practical attention (41). The author understands care as a “*generic activity that includes everything we do to maintain, perpetuate, repair our world under so we may live in it as well as possible. This world includes our body, ourselves, our surroundings and the elements that we seek to connect in a complex life support network*”. From this form of applying the ethics of care, Fisher and Tronto posit four functional phases of care (3,26):

- a) Caring about: implies the recognition of needs, the moral requirement for this interest was described as “attention”,
- b) Caring for: accepting the responsibility supposes to assume it in relation to the identified need as well as to determine the nature of the response to contribute.
- c) Care giving: is the real task of care, with competency as the moral notion necessary to cover these needs.
- d) Care receiving: to receive care, with the moral quality of responsiveness.

Then she adds a fifth phase, “caring with”, this phase refers to the fact that while the care is taking place, people tend to trust the continued provision of this care. Their moral qualities are culturally defined trust and solidarity. She considers the care active, characterizing a singular activity or process. It is simultaneously a practice and a disposition (3,26). Thus, Tronto affirms that the sphere of care is immense and recognizes the difficulty in delimiting its field, which is materialized in concrete activities, oriented to care and self-care. It is decisive in care to consider the needs of the other in order to guide the action; this implies a kind of active relationship (3,26).

On this point there are many authors who highlight the kindness of the ethics of care, recognizing that, from this, there has been a change in favor of formal and informal care, where virtues like solidarity, care, responsibility, competency, responsiveness and trust come together. Care, therefore, requires listening and understanding the circumstances in which help is sought. Responsibility includes undertaking action based on the care and particularities of the needs of patients and carers, dedicating time to building trust (42). Tronto especially emphasizes this aspect when referring to the nature of the relationship between the one who provides the care and the one who receives it as an interactive process (26).

Broadening the capacity for moral understanding allows the approach to the other, cultivating attitudes to relationships, communication and problem-solving skills, considering the uniqueness and particularity of each case, underscoring the authenticity of the person without forgetting what is universal and objective (20). Applied to formal care, the importance of the nurse-patient relationship reinforces contact, making it more human, based on the responsibility to the other and, consequently, on their comprehensive care by promoting suitable attitudes that equip those with the practice of a professional and moral commitment (43).

In light of what has been put forward, the ethics of care imply that there is a moral significance to the fundamental elements of the relationships and dependencies of human life. Normatively, they seek to maintain relationships by contextualizing and promote the well-being of carers and receivers in a network of social relations. More often defined as a practice or virtue rather than as a theory as such, “care” involves maintaining the world and satisfying the needs of oneself and others (41). It is based on the motivation to care for those who are dependent and vulnerable, and is inspired by the memories of being taken care of and by idealizations of the ego. This also confirms the importance of motivation, emotion and the body in moral deliberation, as well as reasoning from the details (41).

Conclusions

The ethics of care have contributed to strengthening the action of care; authors like Gilligan, and later Tronto and Noddings, have developed conceptual frameworks that facilitate the understanding of care in a universal way, elevating its status as a fundamental action for life in society. Recovering the ethical virtues for care in a fair balance with duty contributes to nursing professionals rediscovering the helping relationship established with patients, given that they have a comprehensive education that gives them knowledge, preparation, motivation and moral sensitivity to care.

The ethics of care are, therefore, intimately related to the nursing profession responsible for the formal care of people and communities, as a profession historically made up of women, with great natural emotional and moral sensitivity, and unjustly burdened with gender-related prejudices, devaluing and rendering invisible the care which is characteristic of a world that stands out mainly for productivity. Thus, there is a need to reflect on the space that has been given to the emotional in formal care, as an intimate and exclusive characteristic of the social nature of the profession.

The voices that have been raised around the world, like those of Gilligan, Noddings and Tronto, have contributed to establishing the theoretical bases to place the subject in a cross-sectional debate, giving care a status that is slowly beginning to draw attention to the people responsible for a country's public policies. Since care is an essential task for the common good of society, to uphold civic principles like solidarity, and therefore to consider it in public policies favorably, affects a country's economy. Caring is not a burden for the people and the State, but rather the reflection of a society that is developed in solidarity and with respect for the fundamental human rights of all people without exclusion.

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