Caring is the ethical foundation of nursing means without caring there is no ethics behind the nursing care that is being provided. There are different foundations to nursing and ethics is one of the most important ones and with that foundation the caring attribute is what it is founded on. Many theorists explain what caring is and the characteristics needed to guide caring in the nursing practice. “The belief that all persons, by virtue of their humanness, are caring establishes the ontological and ethical ground on which this theory is built. Persons as caring are a value which underlies each of the major concepts of Nursing as Caring and is an essential idea for understanding this theory and its implications” (Boykin, A., & Schoenhofer, S. O., 2001). To care is to be ethical and morally correct and that is the grounds in which nursing is founded on.

            The ANA Code for nurses guide our moral and ethical choices by making sure there are a set of statements that are generally acknowledge as guides throughout nursing (American Nurses Association, 2015). These are statements that are mandated by the American Nurses Association as the foundation that all nurses are to follow and abide by in our practice. This ANA code fits into caring as the ethical foundation because these statements were founded on ethics and morals that all nurses are to abide by. The statements made in this code are based on the concepts of caring. Based on even the first code written that the nurse is to practice with compassion and respect is founded on caring because compassion is one of Roach’s six C’s (Roach, 1992).

            My nursing situation interprets this ethical framework because compassion was one of Roach’s six C’s that guided my practice. When you have compassion for your patients, which I make sure to always allow guiding my nursing practice it all ties in with respect. As caring being the foundation of the care that I provide my patients with I exemplify these code of ethics in my practice as a nurse. Each and every code of ethics that I read over in this module I realized that in order to follow these codes each of every one of them stem back to caring in nature in order for the nurse to follow them. Looking back at my nursing situation I realized that I was able to practice within the ANA code of ethics because of the caring foundation I practice with.

            Transcultural nursing is positively influencing ethical knowing and practice. Because of the multicultural population in the US, nurses are finding themselves dealing with different cultures and having to provide care in different ways based on patient’s cultural beliefs. Transcultural caring and advocacy in the workplace are intended to call attention to specific learning content for nurses related to culture and linguistics to prepare them to serve the diverse patient populations they are certain to encounter in practice (Martin, M. B., 2014). With ethical knowing the nurse has to know whether or not any ethical issues are present in the situation within their practice (Carper, 1978). Our obligations with transcultural nursing includes ethics regarding if this patient understands their treatment if there is a language barrier, making sure that the necessary tools like a language line is available for the patient’s preferable language translation. Or for a nurse to respect a patient’s wish if they refuse treatment because of their culture or religion that no matter what we have to respect that. Overall the nurse’s obligation is to respect and accept a patient’s cultural difference even if it is against what you believe in or feel is right. Nurses in all roles must continue to share practice experiences in caring for diverse cultures both within and beyond the workplace as ‘‘life presents nurses with countless conversational openings to talk about nursing’’ (Buresh & Gordon, 2006, p. 64).

            Yes, one can say cultural competence is about discovering how different and yet how alike we all are. “In a culturally diverse society, ethical questions expand to include how people ought to live with members of communities who share the same life world but hold different views of human virtues, ethical principles, cultural values, and religious beliefs” (Ray, M. A., 1994). With cultural competence the nurse is to become knowledgeable about the various cultures that are in society especially the ones that they take care of most within their community. For example a patient receives a life changing diagnosis but shows no emotion because that is culturally how they emotionally deal with certain things does not mean they are not afraid or need someone to talk to. As nurses it is our responsibility to become culturally competent and understand that we are alike in ways such as having feelings like being scared but we have different ways of expressing them.

            Cultural competence includes knowledge, attitudes, and skills that support caring for people across different languages and cultures (Murphy, K., 2011). Cultural sensitivity is being aware that cultural differences and similarities between people exist without assigning them a value – positive or negative, better or worse, right or wrong (American College of Obstetricians and Gynecologists, 2011). I do not feel like there is much difference between being culturally competent versus culturally sensitive. In my opinion in order to be culturally competent you have to be sensitive to the cultures you are obtaining knowledge about. Especially in the nursing practice with sick patients and stressed out family members, we have to be extra sensitive to their beliefs and values while being competent in what those beliefs are and respecting one’s wishes, while still maintaining our compassion. Researching cultural competence and cultural sensitivity I found most articles and definitions actually used these terms concurrently, no real difference between the two.

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