

# Care in Management: A Review and Justification of an Organizational Value

**Denis G. Arnold**

University of North Carolina, Charlotte, USA

**Roxanne L. Ross**

James Madison University, USA

Care has increasingly been promoted as an element of successful management practice. However, an ethic of care is a normative theory that was initially developed in reference to intimate relationships, and it is unclear if it is an appropriate normative standard in business. The purpose of this review is to bridge the social scientific study of care with philosophical understandings of care and to provide a theoretical justification for care as a managerial value. We review the three different forms of care advanced by the ethics literature: caring relations, organizational care, and care as a virtue. We compare these forms of care to the management literature. In doing so, we integrate what has previously been a scattered, yet growing, body of research on care. Our review of the literature reveals that care has increasingly been studied in management in relation to an ethic of care. Yet, many of the properties of care have also played a role in other established research domains (e.g., leadership). We discuss and critique the management and ethics literatures on care, paying attention to areas of agreement or disagreement between the two. We go on to provide a normative justification of care as a value in business. Finally, we close by suggesting directions for future research.

**Key Words:** ethic of care, caring relations, organizational care, deontology, consequentialism

Care, in the sense of being concerned about the well-being of particular others and acting appropriately on those concerns, has been the subject of scholarly attention from ethical theorists and management scholars for at least the last forty years. Many companies, like Ernst & Young LLP and Patagonia, regard care to be a competitive advantage, providing solutions to problems like retention and low motivation (Comeau-Kirschner & Wah, 1999: 29). In the study of management, care has increasingly been emphasized as an important value for business organizations that could be used to help solve wicked problems like large-scale economic collapse, widening income inequality, environmental degradation, and the decline in quality jobs (Peus, 2011; Rynes, Bartunek, Dutton, & Margolis, 2012).

Although care is increasingly advocated as an important part of management, the literature on care exists in isolated and unintegrated pockets. A large body of work

on care in the ethics literature has not been fully integrated with the management literature. The result is a body of work that is disconnected. An integrative account of care from both the management and ethics literatures is needed to better understand where research on care in a business context has been and where it is going.

Furthermore, even though care has piqued interest as a potential part of effective management practice, the question of whether care *should* be used in a business setting remains. Scholars and practitioners have suggested that business should “dare to care” (Tsui, 2013). However, as a normative theory, an ethic of care was introduced and defended by feminist theorists as a dyadic, relational construct. An ethic of care has been used to understand organizations specifically designed for caregiving (e.g., childcare and health care facilities) (Noddings, 2015; Tronto, 2013), but it is not clear if the application of an ethic of care in a business context is normatively appropriate. Empirically observing a practice is not enough to justify that it is ethically appropriate. Rather, theoretical justification is needed to establish the reasons why care should apply in a business context. As Tenbrunsel and Smith-Crowe (2008: 551) argue, behavioral business ethics is a “field without meaning,” unless there is justification that draws from normative philosophy that certain values and practices are in fact ethically appropriate in a business context. Justification of care as a normative practice in a business context is needed.

The purpose of this review article is to examine how different normative foundations of care have been studied in relation to management practice. The goal of this review is to bridge social scientific and philosophical conceptualizations of care to provide a more nuanced and shared understanding of the concept and its application in a business context. We review different conceptions of care from the ethics literature and use them as a framework for analyzing the management literature. It is not possible to take on all discussions of care present in the literature. Instead, we analyze and critique accounts of care from the ethics and the management literatures in relation to one another to point out tensions and areas of compatibility between the two. This review article is motivated by a recognition that a range of values, understood as rational standards of correct intentions and actions in a sphere of activity (Herman, 2007: 7; Nagel, 1979: 129), can and should inform management (Donaldson, 2012; Jones, Felps, & Bigley, 2007) and that care is one of these values. Thus we conclude by offering a theoretical justification of care as a normatively acceptable managerial value in business.

## 1. NORMATIVE FOUNDATIONS OF CARE

There is a rich literature in ethics on care. Care involves taking an interest in another. Baier (1987: 43) describes care as a “concern for the good of others.” Solomon (1998: 527) writes that care involves taking another’s interests “as one’s own.” In archetypal examples of care, a mother provides sustenance and nurturing to her infant child and an adult daughter attends to the needs of an elderly parent. In these cases, care involves an emotional experience focused on the basic needs of another human who is vulnerable (Gilligan, 1982, 1987; Noddings, 1984). The mother and daughter are each emotionally tied to the individual for whom each is caring, and

their actions are focused on the well-being of the other person. There is a strong emotional connection between the caregiver and the recipient of care, and an empathetic connection is present (Batson, 2011: 11).

Philosophical discussion of the core tenet of contemporary feminist care ethics may be traced back at least to Hume (Noddings, 1984: 5). Although Hume did not discuss care by name in his many works, an account of the phenomenal quality of care can be derived from his work. Hume emphasized the importance of our innate feelings of approbation toward other humans and the natural benevolence that it fosters, especially for those who are close to us (Hume, 1740/1978). He argued that the psychological mechanism of sympathy allows us to recognize the needs and desires of others and facilitates the exercise of a natural sentiment innate in humans: “It cannot be disputed that there is some benevolence, however small, infused into our bosom; some spark of friendship for humankind; some particle of the dove kneaded into our frame, along with the elements of the wolf and serpent” (Hume, 1751/1975: 271; see also Arnold, 1995). This innate benevolence, in a Humean view, leads us to be concerned about the welfare of others “and where everything else is equal, [to] produce a cool preference of what is useful and serviceable to mankind, above what is pernicious and dangerous” (271). The phenomenal experience of care, on this account, involves a recognition of the needs or desires of others and a feeling of concern for those others. The benevolent concern for the welfare of others is often said to be a product of evolution (Bowlby, 1973; Damasio, 1994; de Waal, 1996; Sadler-Smith, 2012).<sup>1</sup>

An ethic of care was conceptualized as a moral perspective that emphasizes the social embeddedness of persons in which moral agents respond to the needs of those with whom they have close relationships (Gilligan, 1982; Noddings, 1984). It was proposed as an alternative to a moral perspective in which moral agents interact according to impartial rules of fairness and equality. Because fairness and equality are features of accounts of justice, and because Kohlberg’s (1981) influential psychological theory characterized moral development in terms of justice, the ethic of care came to be contrasted with an ethic of justice. Gilligan’s data suggested that among educationally advantaged adolescents and adults, both men and women exhibited a perspective that emphasized fairness and equality, whereas the care perspective was nearly the exclusive domain of women (Gilligan, 1987). Although, as we later discuss, gender differences in caring moral orientations are less pronounced than Gilligan’s work originally suggested (Jaffee & Hyde, 2000), these findings led Gilligan to conclude that there was bias in ethics that devalued the personal sphere and the experience of women in favor of the public sphere and the experience of men. Since the ethic of care was introduced, however, ethical theorists have taken differing approaches to the role it should play in moral decision-making and activity.

Noddings (1984) initially argued that the ethic of care should apply exclusively in the private sphere, centering on relationships among friends and family, while the

---

<sup>1</sup>For discussion of the distinction between sympathy and empathy in care ethics, see Koehn (1998: 24–26).

justice approach should apply to the public and political sphere. However, other feminist theorists have not embraced a division of values between the private sphere and the public sphere, and Noddings (2003) has since stated that care does not only occur in private spheres. Held (2015) also contended that there is no clear distinction between public and private life, as the ongoing in one's personal life are affected by the political, and vice versa. Gilligan (1987) herself argued that the care and justice orientations are largely a matter of perspective and that ethically mature individuals will be capable of interactions grounded in both perspectives. Baier (1985), Friedman (1993), and Held (2006) also defend an integrative approach between care and other values in which care is properly regarded as one of several important ethical values.

The introduction of an ethic of care invigorated a discussion about the relationship between care and gender with a focus on gender differences as they pertain to moral reasoning. In the business ethics literature, Thomas White (1992) used an ethic of care to explain two studies that found women to be more sensitive to ethical dilemmas involving betrayal. White noted that immoral behavior, according to an ethic of care, is that which dismantles relationships (54). In his work, he advanced the view that women and men operate on two different moral planes, suggesting that women's sense of morality is more heavily dictated by violations of trust. Elaborating on White (1992), Dobson and White (1995: 463) explored how this "feminine take" on morality could be applied in an organizational setting by proposing the concept of the "feminine firm." They suggested that the feminine firm stood in contrast to the "masculine firm," which favors economic rationality and individualistic competition (473). The feminine firm was, instead, to be based on relationships and the "connected self" as opposed to the masculine "separated self" (474). As such, the authors argued that a feminine firm would have a competitive advantage by being more efficient because of the enhanced ability to enforce implicit social contracts through care and trust.

In contrast, Derry (1996: 104) criticized White's (1992) notion of feminine morality, stating that he overemphasized evidence for gender differences in moral reasoning. Derry (1996) went on to argue that Dobson and White's (1995) concept of the feminine firm collapses without sufficient evidence to support the claim that women are more caring than men. Derry (1996) also argued that it is problematic to attempt to use differences between men and women for strategic advantage. Elevating female employees over males because of perceived gender differences fortifies misleading gender stereotypes, flattens intragroup differences within genders, and threatens the inclusion of women in the long run by tying their participation to a potentially fleeting management fad for a more caring workplace (105). Tronto (1993) also criticized the idea that ethical traits associated with mothering were only or always practiced by women. Significantly, a subsequent meta-analysis revealed only minor differences between men and women using a care orientation for ethical decision-making, thus supporting criticisms of the view that an ethic of care is inherently feminine (Jaffee & Hyde, 2000).

Held (2006) later took up the issue of how care is connected to gender, pointing out that care has been historically associated with the unpaid labor of women in

pregnancy, childcare, and eldercare. “Traditionally,” as Held explains, “women have been expected to do most of the caring work that needs to be done; the sexual division of labor exploits women by extracting unpaid care labor from them, making women less able than men to engage in paid work” (16). Simultaneously, the sexual division of labor can be seen as cultivating caring behavior in women by requiring that they engage in caring practices. However, where the sexual division of labor is not present, or is dissipating, women may be less prone to caring practices or as prone to caring practices as men.

## 2. THEORETICAL INTEGRATION OF CARE ETHICS IN THE MANAGEMENT LITERATURE

Through our reading of the ethics and management literature, we find that discussions of care fall into one of three categories: caring relations, organizational care, and care as a virtue. In this section, we characterize each of these forms as they have been argued in the ethics literature, and we review areas in management research that align with how each is conceived. We explore management research that has explicitly focused on care, as well as other areas of management research that have focused on care indirectly or that are closely related to the conceptions of care from the ethics literature.<sup>2</sup> We should note that our review is not fully exhaustive. Given the breadth of the ideas related to care and their potential connection to management research, we likely left out some concepts that might have been included (we address “compassion” specifically in the following pages). Because of the potential breadth involved, we do not claim to account fully for the ways in which care has been applied in management. Rather than being fully exhaustive, our aim is to discuss selected works that we believe exemplify one of the three conceptions of care presented.

---

<sup>2</sup>Our article retrieval and search process involved several iteratively conducted stages. Owing to the diffuse nature of research on care, we identified articles for inclusion using both systematic searches of Business Source Complete, PsycInfo, and Google Scholar databases and our knowledge of the management literature. Articles from the management literature were retained in the final set of articles for the review if they discussed care in a way that was similar to the conceptualizations presented from the ethics literature and were about business or management phenomena. We focused our review on published articles from journals listed on the “Management” list of the InCites Journal Citation Reports that were also ranked an A or A\* on the ABCD Journal Quality List and a 4 or 4\* on the UK ABS Academic Journal Guide. Initially, we sought to identify a broad range of potential topics for inclusion in the review by searching for any articles in the databases that included “care” or “caring” in the abstract and articles that were about business or management issues. We then conducted backward and forward citation searching within the articles that fit the inclusion criteria. Backward searching involves identifying important citations within articles from the initial list (White, 2009). This process enabled us to trace the lineage of relevant concepts and works and to find important articles that the initial search did not produce. Forward searching was also used to bolster the initial list. Forward searching involves beginning with a publication and finding additional articles that cite it, allowing us to examine how scholarly discourse around a particular topic evolved after an important publication. Then, we supplemented our initial search and our forward and backward searches using our knowledge of the field. This allowed us to identify any concepts or articles that focused on care or related concepts without using the term “care.” In all, our review of the management literature includes fifty-five articles.

In the following sections, we highlight areas of both compatibility and tension between care as it is understood in the ethics and management literatures. We use the comparison of both literatures as a basis for discussion and critique. We also use our comparison to point out lingering questions or challenges about the study of care. We hope the bodies of work will mutually inform one another to further advance an understanding of care.

### 2.1 *Caring Relations*

We begin our analysis by considering care in relationships. From this perspective, care may be understood as *morally appropriate relationships between individuals involving intimacy, sensitivity, trust, reciprocity, and interdependence*. This is the conception of care developed by feminist scholars. As historically developed by Gilligan, Noddings, Tronto, and other feminist scholars, the ethic of care was both conceptually and practically tied to dyadic relationships. Tronto's (1993: 106) four stages of care illustrate the centrality of relationships. Care, in this account, begins with caring about another person by identifying needs that ought to be met. Care then advances into "taking care of," in which a person assumes the responsibility for meeting those needs. Caregiving involves meeting those needs. The recipient responds as a result of receiving care.

Held (2006, 2015) has provided one of the most extensive and sophisticated defenses of this conception of care as a value. Held's account merits special attention because it is the most extensively developed (Bagnoli, 2006; Friedman, 2008). On this account, such "caring relations" are grounded in "the small societies of family and friendship on which larger societies depend" (Held, 2006: 43). Care is grounded in a particular concern for others, especially those who are dependent on the caregiver for their well-being. Following Held, we will refer to this conception of care as *caring relations*. Care differs from benevolent actions informed by a beneficent disposition on this view because care is a "social relation" more than an "individual disposition" (Held, 2006: 42).

Care may be described as an innate value-expressive attitude that confirms the worth or importance of the persons who are the objects of care and expresses a basic feature of human evolutionary psychology. On this account of care as a value, Held (2006) is emphasizing the feminist concern with valuing the experience of women by recognizing the fundamental importance of caring relationships, such as caring for children or the elderly, that have historically been associated with women. Held is careful to point out that caring relations, as a value, can be appreciated and practiced by both women and men. She also explains that care is to be regarded as compatible with justice and other important values. Care, she believes, is "the most basic moral value" (72) because it is causally primary and because it is more inclusive than other values, such as justice. She observes that it is impossible for human beings to be fully autonomous and disconnected (Held, 2015). Instead, humans are interdependent and embedded in social relations for their entire lives. Thus, she argues, caring relations are the core foundation of a functioning society. Although Held does not use the language of principles in her analysis as other feminist scholars do (Collins, 2015), on this account, a

corresponding principle would be the following: maintain caring relations involving trust, reciprocity, and sensitivity with those with whom one is intimate or interdependent.

### 2.1.1 Caring Relations in the Management Literature

The idea that caring relations are related to positive outcomes in a business context is a theme across many of the articles on care. For instance, Snoeren, Raaijmakers, Niessen, and Abma (2016) use a coconstructed autoethnography approach to explore the relational characteristics of high-quality mentoring relationships. From their findings, one core element of fostering a positive mentoring relationship was care, which they described as attentiveness toward the other person, respecting and valuing the other person, and having a concern for the person's vulnerability and needs.

Lawrence and Maitlis (2012) also argue that caring relations are a key foundation to building resiliency in the workplace. They characterize an ethic of care "as an approach to morality that emphasizes the concrete needs of people with whom we are in relationships; it is driven by the emotions flowing from those relationships and is understood as a social practice rooted in maternal relations rather than as a private disposition or feeling" (643).<sup>3</sup> They describe teams as "small, bounded groups of people involved in concrete, enduring relationships" (647). They contend that because a "justice ethic emphasizes the universal application of timeless principles," it must "constrain members' behaviors based on their histories and long standing commitments," whereas an ethic of care creates an "ontology of possibility that opens people up to novel action and uncertain futures" (653). They suggest that people enact care by constructing experiences to highlight the positive aspects of others and contextualizing team members' struggles in broader social and cultural processes, instead of assuming that struggles are caused by individual failings. Finally, caring team members create narratives about the future that focus on empowerment and the potential fulfillment of individual capacity.

Similarly, Carmeli, Jones, and Binyamin (2016) studied positive outcomes of caring relations among top management teams. They found that caring relations helped managers respond more effectively to unforeseen changes to the external environment. Care played a role in the ability of managers to respond to such changes because it can create psychological space for generativity, that is, the capacity to see problems differently and produce transformative changes as a result (Carlsen & Dutton, 2011). Because members care for one another, this generativity can be tapped even in the face of anxiety and uncertainty.

Although the bulk of the articles reviewed presently view care in the workplace positively, several studies that explore caring relations qualitatively have suggested otherwise. Antoni, Reinecke, and Fotaki (2020) found that care can create conflict when competing needs are present, that is, the care allocation dilemma. The *care allocation dilemma* refers to the challenges arising from the finite potential for

---

<sup>3</sup> Here Lawrence and Maitlis appear to endorse a gendered conception of care. However, as we indicated earlier, there does not appear to be an empirical basis for such a distinction.

individuals to care for others and the infinite needs to receive care (Tronto, 1993). Antoni et al. (2020) claim that this dilemma occurs when caring for coworkers interferes with supporting organizational objectives, that is, “caring for work.” To suppress the care allocation dilemma, employees engaged in different types of boundary work (the purposeful attempts to create social, symbolic, material, or temporal demarcations and distinctions; Langley, Lindberg, Mørk, Nicolini, Raviola, & Walter, 2019). In some cases, the conflicts that arise from the care allocation dilemma were resolved through willful blindness of coworkers’ needs, reframing care for coworkers as care for work, or through a rejection of the importance of caring for coworkers. In other instances, employees resisted the temptation to exclude coworkers as potential recipients of care (Antoni et al., 2020: 467). This was accomplished by affirming the need to care for coworkers, openly acknowledging the care allocation dilemma with coworkers, and prioritizing care for coworkers at the expense of care for work when necessary.

Relationships between managers and subordinates are also an area where negative effects of practicing caring relations can be seen. Also using qualitative techniques, Toegel, Kilduff, and Anand (2013) examine the differential assessments of when managers care for their subordinates. Their research finds that managers view their attempts to help subordinates with negative emotions as voluntary organizational citizenship behavior (i.e., behavior that is discretionary and not formally rewarded yet promotes organizational functioning; Organ, 1988). Meanwhile, subordinates find help from managers to be part of managerial duties. The discrepant views between manager and subordinate are associated with differential expectations about reciprocity. Managers felt subordinates should reciprocate their discretionary caring behavior, whereas subordinates did not feel obligated in this way. Thus there were both conflicting expectations for help and subsequent expectations of reciprocity.

Owing to the centrality of relationships in understanding human behavior in a business setting (Krasikova & LeBreton, 2012), a number of other concepts in management share some similarities with caring relations as it is advanced in the ethics literature. For instance, Stephens, Heaphy, and Dutton (2012) describe high-quality connections as short-term, dyadic, and positive discrete interactions at work that occur when there is genuine concern, reciprocal engagement, vulnerability, and fulfillment of needs. High-quality connections seem similar to care in many ways, except that they occur at a discrete time point, rather than in an ongoing relationship.<sup>4</sup>

---

<sup>4</sup> Other management concepts are like caring relations introduced by care ethicists, except that the focus on need fulfillment is more narrowly restricted to fulfilling needs of others that also support team or organizational performance. For example, relational coordination refers to enhanced group functioning resulting from the formation of spontaneous relationships characterized by genuine connection, mutual respect, enhanced communication, and appreciation of shared goals (Gittell, 2002). Similarly, leader–member exchange is about the quality of the relationship between leaders and followers (Graen & Uhl-Bien, 1995). Effective leader–follower relations are characterized by trust, respect, attending to each other’s needs, and mutual obligation, comparable to caring relations, but leader–member exchange is more targeted on developing such relationships for the mutual exchange of work-related benefits (e.g., follower effort, loyalty,



Compassion is perhaps the most similar to caring relations, and the relationship between the two has not always been clear. Although compassion has long been a subject of concern in philosophy and theology, it has also received increased attention from management scholars in recent years (Dutton, Worline, Frost, & Lilius, 2006; Kanov, Maitlis, Worline, Dutton, Frost, & Lilius, 2004; Rynes et al., 2012). In the management literature, *care* and *compassion* are sometimes used synonymously (Lawrence & Maitlis, 2012; Peus, 2011; Tsui, 2013: 168). Compassion is occasionally labeled as a type of caregiving (Lilius, Worline, Maitlis, Kanov, Dutton, & Frost, 2008: 195). Conversely, care is described as a component of compassion (George, 2014: 7). Compassion is also viewed as an emotional response associated with caring behavior (Graham et al., 2013; Haidt, 2012: 125).

Compassion has historically been understood as “suffering together with another”<sup>5</sup> when the object of compassion is enduring “grave or serious negative conditions” (Blum, 1980). In his important analysis of the subject, Blum argues that compassion always involves the imaginative reconstruction of a person’s suffering together with regard for the welfare of the person that reflects a broader sense of shared humanity (511–12). Compassion, then, is tied to individual suffering and typically involves a response directed at a particular person during the period of his or her suffering.

Kanov and colleagues (2004) suggest that compassion is a three-stage process comprising noticing pain, feeling empathic concern, and attempting to alleviate suffering. These subprocesses do not necessarily proceed in rigid succession; sometimes stages occur iteratively or in different orders (Dutton, Workman, & Hardin, 2014: 292). Atkins and Parker (2012) made the case that there should be an additional appraisal stage, occurring after suffering is noticed, that influences whether concern is felt. Put another way, compassion may or may not unfold, depending on how the suffering is interpreted. For instance, if a person’s suffering is thought to be self-caused or easily avoidable, this could lead to anger or resentment rather than compassion. According to these interpretations, compassion requires acting. Feeling sorrow for another’s pain without action is regarded as empathic concern.

Other areas of research on compassion view it as an emotion, not necessarily a process involving action (e.g., Melwani, Mueller, & Overbeck, 2012; Miller, Grimes, McMullen, & Vogus, 2012; Sy, Horton, & Riggio, 2018). This area of research stems mainly from Lazarus’s (1991: 415) conceptualization, which viewed compassion as a feeling of personal distress at another’s suffering and the desire to help. Like Atkins and Parker (2012), Lazarus (1991) noted feeling compassion is more likely when the person’s suffering appears blameless. Unlike later formulations (e.g., Atkins & Parker, 2012; Kanov et al., 2004), compassion was not seen

---

organizational resources, rewards). Heedful interrelating is also like caring relations, as both concepts describe attentiveness, consideration, and mutual interdependence of interaction partners (Weick & Roberts, 1993), though heedful interrelating was introduced as a theory to explain the coordination between team members in contexts that require high reliability and reduction of errors.

<sup>5</sup> Oxford English Dictionary, s.v. “compassion.”

necessarily to involve acting but rather is related to the *impulse* to act. In other words, compassion creates a drive that may or may not actually take place to alleviate another's suffering (Lazarus, 1991: 77). Elsewhere, the emotional experience of compassion has been more strictly separated from compassion as an action (Goetz, Keltner, & Simon-Thomas, 2010: 351).<sup>6</sup>

### 2.1.2 Analysis and Critique

A primary concern regarding caring relations is whether caring relations can or should be applied to a business context, as we pointed out in the introduction. Held (2006: 107–24) extends her analysis to markets and argues that an ethic of care should inform our understanding of the value of caring work, such as domestic childcare, education, and health care. Her main claim is that market values should not exclude an appreciation of the value of caring work.<sup>7</sup> She also suggests that a market economy based on care, rather than one based on individuality and competition, would be able to provide members of society with what they need, in contrast to a system that accumulates wealth for those who are already economically advantaged (Held, 2015). However, Held does not explain how morally appropriate, reciprocal, and interdependent relations between individuals can or should inform the management of employees in a business context. As Marilyn Friedman has argued, Held's analysis—and feminist care ethics more broadly—has not yet provided the theoretical analysis needed to extend care ethics fully into various public domains (Friedman, 2008). This is at least partly due to a failure to provide an adequate theoretical foundation of care ethics in multiple domains of human experience, including organizations that are not primarily designed to provide care, such as a business corporation. As Friedman explains, Held leaves unspecified “the sources and justifications of the standards that are being used for recognizing which care experiences are valuable and constitute the foundation of care ethics” (543). One implication of this is that “as an independent theoretical approach, the ethics of care is not yet justified” (Bagnoli, 2006). However, it is also possible that a feminist ethics of care is not readily applicable in a business context. This problem has also affected the research on care in management. A general flaw present in some management scholarship regarding the ethics of care is that it assumes without argument that caring relations, as a distinctive value, can and should be extended to a managerial context.

We also observed that the characterization of caring relations in management often had a focus on strong emotional attachment between the provider and the recipient of care. Lawrence and Maitlis (2012) emphasize this dynamic. However, caring for others does not always require a strong emotional attachment. Though an emotional connection may often be present in caring relations, it is not a necessary condition of all conceptions of care. Indeed, in some occupations, a strong emotional connection on the part of the caregiver for the person cared for may undermine the ability of the caregiver to provide appropriate care. An example from an occupation

---

<sup>6</sup> For further discussion of compassion, see the review article by Dutton and colleagues (2014).

<sup>7</sup> For a compelling critique of Held's discussion of care in the market, see Friedman (2008: 553–54).

where caring is thought to be particularly important will help illustrate this point. Consider the case of a nurse on a cardiac evaluation ward, to which patients are admitted with symptoms consistent with possible stroke or heart attack. Patients are evaluated within thirty-six hours and either admitted to a transitional cardiac care ward or sent home. On a busy evaluation ward, a nurse may have responsibility for as many as six patients during each twelve-hour shift. The nurse must take an interest in each person and act to maintain or improve each patient's welfare. However, if he establishes a strong emotional connection with each patient, the nurse will likely have a difficult time performing his job as patients leave his care and sometimes die, either during his care or soon after. If a nurse works four or five shifts a week and becomes emotionally engrossed with each patient, then he will likely become emotionally exhausted and fail to perform well at work and will have little energy for relationships outside of work. If a nurse were always to establish strong emotional ties with his patients, then he would be unlikely to have the emotional capacity to sustain his work. However, it is implausible to claim that a nurse who does not form a strong emotional connection to his patients but performs all his professional duties ably and well is not appropriately caring for his patients. Thus, although the practice of care is essential for caregiving in the role of a nurse, different phenomenal experiences underlie these acts.

Managers and organizational leaders are not unlike the nurse in this example. They have direct responsibility for the people under their supervision. It is not feasible for them to develop strong emotional attachment, or "engrossment," as Noddings (1984: 16) describes the experience, to their employees akin to a mother for a child. To do so would entail a variety of negative outcomes. If a manager were to establish strong emotional connections with each employee, the manager would likely have a difficult time performing her job as employees confront the challenges of life, such as breakups or divorces, childbirth or adoption, health issues in the home, and death. If a manager becomes engrossed with each employee, then she is likely to become emotionally exhausted and fail to perform well at work and will have little energy for relationships outside of work. If a manager were always to establish strong emotional ties with her employees, then she would be unlikely to have the emotional capacity to sustain her work. (A similar point is made by Antoni et al., 2020.) However, this does not mean that managers cannot care for employees. Care can be conceptualized as a value in a way that does not focus only on relations that involve a high level of emotional attachment.

Finally, our review revealed that many of the makings of caring relations proposed by care ethicists are found in a variety of different management concepts. However, they differ from a normative account of care in several ways. In contrast to the ethics literature, some areas in the management literature have tended to view intimate work relationships specifically in terms of how they support the goals of the business or oneself, rather than considering the broader range of potential needs of those receiving care. In this sense, the needs of an interaction partner may be met if they happen to align with the needs of the caregiver (e.g., a leader) or the organization. These relational concepts differ from how care has been traditionally theorized in the ethics literature because they do not emphasize the needs of the cared for.

We wish to discuss the conceptual relationship between compassion and caring relations given the tendency to conflate the two concepts in the management literature. We suggest that compassionate responding is a type of caring behavior, but it is not altogether equivalent to care. Compassion is more specifically directed toward relieving suffering, whereas care is focused on fulfilling needs more generally. In this sense, fulfilling someone's need for relief from suffering would be a form of care. However, having needs does not necessarily entail suffering. An employee may need a break from work, or the employee may need assistance from someone on a task without experiencing intense suffering, just as a client in a nursing home may need routine care for daily living without necessarily suffering each day before receiving care. A manager who cared for her employee could exhibit some degree of compassion for an employee who was confronting serious suffering. However, a manager could also care for an employee by fulfilling other types of needs not directly related to suffering. Thus we argue that caring relations includes compassion, as it is understood as a three-stage process (Kanov et al., 2004), but that caring relations is a broader concept that also involves fulfilling other types of needs.

## 2.2 Organizational Care

The second, alternative conception of care reviewed presently is *organizational care*, that is, care at the organizational level. There are numerous examples of organizations espousing the value of care, viewing it as part of their identity and culture. Companies as diverse as Colgate, First Citizens Bank, and NuStar Energy explicitly identify care as a core value (see Table 1). The importance of care in management was emphasized by John Bogle, the founder and former chairman and chief executive of Vanguard, who for decades maintained that care should be a central value of an organization (Bogle, 2008: 162).

Although we find numerous examples of organizations espousing the value of care, understanding care as an organizational-level phenomenon entails several conceptual difficulties. Scholars have sought to understand whether care has higher-level manifestations at the organizational level by considering if organizations can be a means by which care is provided or how care might manifest in different ways at the organizational level. Noddings (2015) suggests that care be applied to the organizational level with great caution. Organizations, including businesses, can serve individual needs: a childcare facility can serve the needs of families, and a health care facility is designed to serve the needs of its patients. However, she states that organizations struggle to be constructed in a way that maintains the "person-to-person relationship" (76) needed to sufficiently provide care. Often, when organizations are formed to meet a need, that need is assumed to be known, and the opinions of the recipient of care are not heard. Such organizations lose the attentiveness of the care recipient.

Liedtka (1996) also grappled with the idea of whether care could manifest at the organizational level in a business context. She adopted a different approach, suggesting that care can exist at the organizational level, albeit in a qualitatively different form than at lower levels. According to Liedtka, businesses could be seen as caring when two conditions are met (185–87). First, the organization must comprise

**Table 1: Statements of Care**

Organization	Statement of care
Cemex	People care: To commit to our personal and professional development and create a highly skilled, multi-cultural work environment. To recognize, reward and encourage people to build and sustain a community that fosters our values. <sup>a</sup>
Colgate	The Company cares about people: Colgate people, customers, shareholders and business partners. Colgate is committed to act with compassion, integrity, honesty and high ethics in all situations, to listen with respect to others and to value differences. <sup>b</sup>
First Citizens Bank	We care about: Our Clients—Our clients' satisfaction is fundamental to everything we do.... Our Associates—Our associates are the source of our vitality, and we honor and celebrate their diversity and individual gifts.... Our Community—We are passionate about making a difference in the communities we serve and call home.... Our Shareholders—We recognize that the first step in serving our clients is maintaining the solidity of First Citizens. <sup>c</sup>
Servicemaster	We Care About People: Creating a positive work environment begins with building meaningful relationships. We value and respect the concerns and feelings of others. This compassion translates into behaviors that communicate empathy towards others, respect for the individual and appreciation of diversity among associates. <sup>d</sup>
Wegmans Food Market	We care about the well-being and success of every person. <sup>e</sup>
NuStar Energy	A leader in operational excellence, safety performance, environmental stewardship and community service, NuStar employs individuals who care equally about their company, co-workers and communities. <sup>f</sup>
Truist	Caring—Everyone and every moment matters. <sup>g</sup>

<sup>a</sup> <http://www.cemexssc.eu/culture/values>, accessed July 29, 2013.

<sup>b</sup> <http://www.colgate.com/app/Colgate/US/Corp/LivingOurValues/CoreValues.cvsp>, accessed July 29, 2013.

<sup>c</sup> <https://www.firstcitizens.com/meet-first-citizens/our-values/>, accessed July 29, 2013.

<sup>d</sup> <http://www.servicemaster.com/commitment.html>, accessed July 29, 2013.

<sup>e</sup> <https://www.wegmans.com/values-in-action/>, accessed January 15, 2023.

<sup>f</sup> <https://www.nustarenergy.com/Company/OurMission>, accessed January 15, 2023.

<sup>g</sup> <https://www.truist.com/who-we-are/culture>, accessed January 15, 2023.

members who care for one another; that is, organizational members tend to form caring relations and be responsive to each other's needs. Second, the organizational environment should enable the practice of care. Company policies, reward systems, and resources would need to be geared toward facilitating care. Without having infrastructure to support care, employees' desire to care for one another is overridden by a work environment that makes the practice of care difficult.

### 2.2.1 Organizational Care in the Management Literature

Although care has been tenuously applied to the organizational level in the ethics literature, much research in management is conducted at this level of analysis. Most of these articles are based on one or both of Liedtka's (1996) criteria for caring business organizations. As one example of an article focused on both of Liedtka's criteria, McAllister and Bigley (2002: 895) describe organizational care as a deep structure of "values and organizing principles centered on fulfilling employees' needs, promoting employees' best interests, and valuing employees' contributions." According to McAllister and Bigley, organizational care is an organization-level

corollary of perceived organizational support, which is an employee's global belief about whether the organization values her contributions and cares about her (Eisenberger, Huntington, Hutchison, & Sowa, 1986). Perceived organizational support partially reflects individual-level perceptions that the organization exhibits organizational care, and McAllister and Bigley's (2002) organizational care refers to the general belief that the organization cares for employees overall.

Gittell and Douglass (2012), on the other hand, extend Liedtka's view of organizational care by theorizing one way a business organization could be constructed to make caring for organizational members possible. The purpose of their research was to examine how the caring interactions in relational organizations could be scaled to larger ones to reap the benefits of both relational (i.e., organizations characterized by caring personal relationships) and bureaucratic forms (i.e., more formal and structured organizations). In relational organizations, caring relationships occur because interactions are informal and interpersonal, like what would be found in other social systems (e.g., family). Organizing is accomplished through reciprocal relationships that are personal, emergent, and not constrained by formal rules. As a result, members are better able to attend to dynamically evolving situations and respond to other members' needs because of the organic nature of relational organizations. However, the personal nature of relational organizations is difficult to scale. Bureaucratic forms, on the other hand, are scalable owing to the focus on formal rules, functional specialization, hierarchy, and professionalism. Yet bureaucratic forms can lose care because of the depersonalization and denial of emotional connection inherent in bureaucracies.

To resolve this trade-off, Gittell and Douglass (2012) theorize how care can be expressed in larger organizations as a hybrid organizational form, which they label *relational bureaucracy*. They suggest that the hybrid organizational form embeds conditions necessary for care in formal structures, such as hiring, training, performance management, and job design. They argue that a relational bureaucracy can be accomplished by institutionalizing care at the role level, thus moving caring relationships from specific personal ties to relationships between different roles that can be occupied by different people over time.

Considering Liedtka's first criterion of caring organizations, research on climate lends support to the idea that organizational care is partially established by members who tend to care for one another. Specifically, "caring climate" is the extent to which business organizations comprise members who care for each other. A caring ethical climate is one of a total of five ethical climate types identified by Victor and Cullen (1988). Decision-making in organizations characterized by a caring climate centers around "an overarching concern for the well-being of others" (Simha & Cullen, 2012: 21). Organizational climate is primarily considered an organizational- or group-level phenomenon in which normative expectations to care for one another are shared.

### 2.2.2 Analysis and Critique

Although efforts have been made to understand and describe organizational care, numerous questions remain about the applicability of care to the organizational level

in a business context. In the ethics literature, discussions of whether care can be provided by organizations often center around organizations specifically designed to provide care (e.g., childcare or health care organizations). For instance, Tronto (2010) notes that caring organizations must be primarily driven by their purpose, or their intention to care, rather than by profit, to successfully meet the needs of the care recipient. It is not clear whether the characteristics that these organizations should have to be considered caring would apply to businesses in general. Most businesses are quite different from childcare or health care facilities, for example, because they are not designed primarily for the purpose of caregiving.

Castig care at the organizational level could also be problematic in that it risks removing some fundamental components of care. As Noddings (2015) argues, care must involve attentiveness to the needs of the cared for, and organizations struggle to meet this criterion for care as it requires human connection. From this perspective, losing the element of attentiveness and dynamic responding to the needs of the cared for is too different from care to be considered an organizational-level manifestation of it.

However, as Liedtka (1996) argues, organizational manifestations of care can still exist, albeit in a different form compared to caring relations. Similar views have been expressed with respect to compassion organizing, which is considered the joint product of the structure of the organization and the tendency of organizational members to act compassionately in a coordinated way (Dutton et al., 2006; George, 2014). Multilevel theorizing acknowledges that manifestations of similar concepts can occur across levels in materially different forms (e.g., Bliese, 2000). A higher-level manifestation can exist in a similar theoretical domain as the lower-level counterpart, but the higher and lower levels have distinctive meanings and different nomological networks. As an example, diversity at the group level can be represented as an aggregation of individual demographic characteristics. Diversity is quite different from individual demographic characteristics in terms of meaning and what they are related to empirically. However, they operate in the same theoretical domain.

Businesses cannot be caring in the sense that they cannot exhibit attentiveness to a specific individual (Noddings, 2015). Yet, as Liedtka's work implied, they may be considered caring, though of a different type, when organizational members commonly cultivate attentive, caring relationships and the organization is structured to permit this type of caring relation. We are inclined to agree with this perspective of organizational care in a business context on the basis that caring relations can proliferate in businesses, as is seen in the case of caring climates, and businesses could be designed to facilitate these relations or meet employee needs. That is to say, we believe organizational care can exist in some form. It is not the same as caring relations, as it operates differently, has different properties, and has a different nomological network; however, organizational care is within a similar theoretical domain.

As our last critical assessment of the literature on organizational care, we join others (e.g., Mayer, 2014; Treviño, den Nieuwenboer, & Kish-Gephart, 2014) in pointing out the mismatch between the stated level of theory and the level at which

data are analyzed with respect to caring climates. Theoretically, the level at which organizational care resides should be the organization, and therefore analyses must also then be conducted at the organizational level. Alignment between the level at which a concept is theorized and the level of data analysis is required for findings to make accurate level-based inferences, as data analyzed at one level cannot provide an idea of empirical relationships for concepts at another level (Schriesheim, Castro, Zhou, & Yammarino, 2001). Caring climates are typically studied by gathering employee perceptions at the individual level without aggregation to higher levels (Kuenzi & Schminke, 2009). In ethical climate research generally, a review found that 77 percent of studies were conducted at the individual level without aggregation (Newman, Round, Bhattacharya, & Roy, 2017). Thus there is a great deal known about psychological perceptions of a caring climate (i.e., what individual employees perceive the ethical climate to be). Much less is known at the organizational and group levels because these individual-level data cannot be used to test theory on organizational or group levels of caring ethical climates. Some research has begun to examine ethical climate at aggregate levels (e.g., Kao, Cheng, Kuo, & Huang, 2014; Wang & Hsieh, 2013). Nevertheless, the problem of misalignment between the level of theory and analysis is still common.

### 2.3 *Care as a Virtue*

The third conception of care that we consider is *care as a virtue*. A virtue is a positive trait of character that is embraced for the right reasons and integrated into the virtuous person's personality and motivational structure (Alzola, 2012; Aristotle, 1985; Audi, 2012; Hursthouse, 1999). It is a disposition to act in a manner consistent with right action or goodness. The discussion of care as a virtue is distinct from the discussion of care as a value because it does not focus on care as a norm of moral behavior but rather on care as a character trait (Halwani, 2003; Solomon, 1998; Tong, 1998). In Tong's prototypical view, "a feminist virtue ethics of care requires [one] to at least try to develop caring feelings as well as conscientious desires and empathetic skills" (151). A character trait is itself a disposition to act in predictable ways, and in varying circumstances, over time. A manager exhibits the virtue of care if he recognizes a duty to care for employees under his supervision, internalizes that duty as a motive for action, and then consistently acts in a caring manner toward employees.

It is important to keep in mind that "fair weather" care alone will not be sufficient to characterize a person as caring. For instance, a manager will need to exhibit this trait in difficult circumstances, such as during economic downturns or personally trying circumstances, to be properly regarded as exhibiting this trait. Caring for employees cannot be fitful or episodic; it must be generally consistent over time and in a range of circumstances. A manager who recognizes the moral significance of caring for her employees, and consistently cares for them in these ways, is properly characterized as exhibiting the virtue of care.

#### 2.3.1 Care as a Virtue in the Management Literature

Several studies focus on a notion of care in a leadership context that is consistent with care as a virtue. For instance, one study examines whether a moral orientation



informed by an ethic of justice or one informed by an ethic of care best explains follower perceptions of transformational or transactional leadership (Simola, Barling, & Turner, 2010). Previously, follower perceptions of transformational leadership were thought to be caused by the leader's justice orientation. A justice orientation to morality refers to the tendency to focus on "adjudicating between individual interests or rights in solving moral dilemmas" (Simola et al., 2010: 180). Simola and colleagues note that transformational leadership is actually more community based, focusing more on fulfilling the needs of multiple people. They argue that transactional leadership is more closely aligned with a justice orientation, whereas transformational leadership is more associated with a care orientation. Results support the idea that leaders with a care-based moral orientation are more likely to be seen as transformational by followers and that those with a justice-based orientation are more likely to be seen as transactional.

Additionally, several prominent leadership constructs imply that care as a virtue is a part of effective leadership. Conceptually, care is invoked; however, it is often not explicitly called "care." Aligning with the research from Simola and colleagues (2010), transformational leadership seems to have connections to care. Specifically, individualized consideration, defined as "when leaders pay attention to the developmental needs of followers and support and coach the development of followers" (Bass, 1999: 11), is consistent with care as a virtue. That is, a transformational leader is one that can be expected to have caring feelings, to have empathic skills, and to help followers in a consistent way. Similarly, authentic leaders are able to cultivate relationships with followers built on trust, provide guidance for how to achieve worthwhile objectives, and place an emphasis on follower development (Gardner, Avolio, Luthans, May, & Walumbwa, 2005: 4). Ethical leaders are also depicted as leaders who show concern for followers (Brown & Treviño, 2006: 597; Treviño, Hartman, & Brown, 2000: 131). Likewise, servant leaders are said to be concerned with facilitating followers' growth and adopting a concern for their professional development (Liden, Wayne, Zhao, & Henderson, 2008: 167). Finally, consideration, from the Ohio State leadership studies, reflects a leader's tendency to show concern and respect for followers (Bass, 1990).

Another area in which care has been studied as a positive character trait is selection. *Selection* is the process of identifying relevant knowledge, skills, abilities, and other characteristics that are necessary to perform a particular job; measuring those characteristics; and then using measurement capabilities for hiring purposes (Schmitt & Chan, 1998). Kracher and Wells (1998) propose that selecting for employees who care could resolve the challenges associated with hiring employees who will engage in organizational citizenship behaviors. Specifically, the knowledge, skills, and abilities used for selection relate to *core job functions*, determined by conducting a job analysis. Conversely, organizational citizenship behaviors are discretionary behaviors that promote organizational functioning but are not explicitly recognized by the formal reward system (Organ, 1988: 4); therefore organizational citizenship behaviors would not be detected in a job analysis. Kracher and

Wells (1998: 86) suggest that selecting for employees who care fills this “void left by existing selection techniques.” Motivated to build relationships, caring employees are theorized to be more likely to engage in organizational citizenship.

### 2.3.2 Analysis and Critique

It appears that care may be experiencing the jangle fallacy within the study of leadership. The *jangle fallacy* occurs when essentially the same or similar concepts have different labels (Kelley, 1927). Each of these forms of leadership touches on the notion of leaders showing some form of care for their followers, albeit under different names. Consistent with the notion of this conceptual overlap, evidence from a recent meta-analysis showed empirical overlap between these leadership constructs as well (Banks, Gooty, Ross, Williams, & Harrington, 2018: 6). One reason for the overlap may be the constructs’ shared focus on care for followers’ well-being and development, that is, the virtue of care.

### 2.4 Final Critique Across All Three Forms of Care

As a final critique across all three forms of care, there has not been sufficient justification to argue that care can and should be applied to a business context. It is important to address this gap in the literature given the growing interest in care in management and the need to carefully consider the normative ideals toward which businesses should be oriented (Tenbrunsel & Smith-Crowe, 2008). Feminist scholars have made the case that caring relations can be justified generally, and they have argued for the need to care in organizations designed for this specific purpose (Noddings, 2015; Tronto, 2013). However, there are several reasons to believe that there needs to be concerted attention on discussing the role of care in businesses.

Considering organizational care, businesses are not created for the same reasons as childcare and health care facilities. Unlike these other types of organizations, it is not given or assumed that businesses should provide care. Similarly, the relationships among colleagues or managers and subordinates are not the same as the relationships created for caregiving (e.g., doctors and patients or teachers and students). In the latter, relationships are developed to support the needs of the person receiving care. There is more dependency on the person providing care, and the exchange of care is usually in one direction. Work relationships are typically developed for very different reasons, and exchanges are less straightforward. Many work relationships are created to complete shared and organizationally relevant tasks, and they commonly involve interdependence of skills or responsibilities (Kozlowski & Ilgen, 2006). Hence the role care should play in work relationships is less straightforward. Should organizational care and caring relations be important and appropriate in a business context, it then becomes helpful to select managers and employees who exhibit care as a virtue. Without justification, such efforts are not obviously necessary. For these reasons, a case still needs to be made that care can be justified in a business context. We develop that argument in the following section.

### 3. JUSTIFYING CARE AS A MORAL PRINCIPLE OF MANAGEMENT

Although numerous studies have been conducted on care, to observe and explain such relationships in a management context does not in itself justify a role for care in management. Without such a justification, there is no reason to theorize about how care can be implemented in business organizations because there is no reason for thinking it should be incorporated into management practice. To establish any normative principle, justification is required. Here we focus on the justification of care in business organizations. Such a justification might stem from a *sui generis* feminist normative perspective. However, we don't believe feminist theorists have developed a theory of care that justifies its use in business organizations. We understand that other scholars may have a different interpretation of the state of feminist care ethics.

One influential method for establishing the validity of ethical principles is reflective equilibrium. This method was initially articulated and defended by John Rawls (1971: 48; 1996: 96) as a way of justifying principles of justice. The method has been refined and applied by other ethics and applied ethics scholars and is particularly influential in biomedical ethics (Audi, 2004: 74; Beauchamp & Childress, 2009: 382; Daniels, 1996). At its core, it involves a process of recognizing and reflecting on considered judgments in our moral thinking. These are judgments about particular circumstances or standards or institutions made in a clear and careful manner. They are to be tested against principles that might explain such judgments. Recognizing that the two sets of judgments reached are unlikely to be initially identical, one then seeks to ensure the coherence of the different elements to achieve equilibrium between principles and careful intuitive judgments. This will involve working back and forth between principles and judgments while taking into account other relevant considerations, such as the application context (e.g., organizational life) for the principles. In this way, principles can be established not merely by inferring their existence but via a process of reflective judgment. Such a methodology allows for the development of a moral epistemology of managerial principles (e.g., care, distributive justice, or integrity) that is epistemically coherent and justified rather than merely descriptive.

It is beyond the scope of this article to attempt to defend multiple normative foundations for care in management. But we will show how the method of reflective equilibrium can be used to justify care as a principle of management according to two commonly invoked normative frameworks. Specifically, we will show that both deontic and consequentialist analyses using this justificatory method support care as a legitimate focus of management practice.

#### *3.1 Deontic Reasons for Care as a Virtue and Caring Relations*

Our deontic argument that managers have a duty to actively care for employees is developed in four parts. First, care is identified as a common intuition, and the intuitive basis for care is connected to the development of care as a virtue. Second, the unique role responsibility of managers is identified. Third, limits to the development of caring relations are articulated in relation to these responsibilities. Fourth,

the idea that individuals demonstrate respect for employees by meeting their functional requirements and attending to important elements of their physical and psychological welfare as they perform their work responsibilities is defended. In the final stage, caring intuitions are themselves reinforced based on a recognition that such intuitions both motivate and facilitate the respectful treatment of others.

### 3.1.1 Step 1: Intuition and the Formation of Care as a Virtue

In step 1, we recognize care as an intuition as a feature of everyday experience and describe how this intuition forms the basis of care as a virtue. This judgment is grounded in both the actual feelings and experience of individuals interacting with family members, coworkers, students, or others and the memory of being cared for ourselves and the memory of caring for others. Our discussion in the previous section has laid the groundwork for this step in our deliberative process.

Care has been raised as a form of moral intuition dating back to Hume's (1740/1978, 1751/1975) naturalistic account of care as a natural impulse. From the Humean view, care can be conceptualized as innate benevolence to serve others' needs. On this account, the feeling of beneficence or concern for others that is the grounding of care may be understood as an intuition. The notion that moral judgments may originate in intuitions has a long and distinguished history in modern moral philosophy (Audi, 2004; Moore, 1903; Ross, 1930/1988; Sidgwick, 1907/1962).

In their most basic form, cognitive intuitions may be understood as value-expressive attitudes (Katz, 1960) with certain characteristics. Audi (2004), following Ross (1930), identifies several such characteristics. Intuitions are noninferential in the sense that they are not believed based on premises, they are not fleeting but moderately firm cognitions, and they are pretheoretical in the sense that they do not depend on theories and are not themselves theoretical hypotheses (Audi, 2004: 33). This does not mean that intuitions cannot be justified or dispelled. Instead, these are the cognitive features of intuitions.

This innate intuition of care may or may not be operative in interpersonal relationships, depending on factors like the availability of time for caring, resources for caring, conflicting incentives, and predisposition to care for other persons. This latter point is significant because this account of care as an intuition is compatible with different individuals having different dispositions to care, that is, care as a virtue, and the same individual having different dispositions to care in different contexts and at different points in time, that is, caring relations at work and organizational care.

Intuitive care aligns with recent descriptive findings in moral psychology. In their recent study of moral intuition, Haidt and Joseph (2004) found that the fulfillment of role-based duties and care is foundational across cultures, thereby providing evidence that the idea of a principle of care in management could be applied in a variety of cultural contexts in which managers are at work. Moral psychology and decision-making literatures suggest that moral intuitions, such as care, are the foundation on which virtues form. Haidt and Joseph (2007: 384) maintain that intuitive judgments operate like innate "taste buds of moral sense" that are organized before experience and invoke certain reactions and affective experiences. Intuitions are activated reflexively in association with certain stimuli. This type of associative moral

thinking forms neural patterns in response to those stimuli, and eventually, exposure to similar stimuli creates mental prototypes of like ideas, situations, persons, and so on (Reynolds, 2006). Importantly for our discussion, mental prototypes can have multidimensional qualities, such as having an association with a particular context, sound, emotion, or even social interaction. The number of dimensions associated with different mental prototypes varies, and some people tend to have more multidimensional mental prototypes than others. One interesting feature of this form of thought is that, through experience, intuitive judgments can become more fine-tuned (Haidt & Joseph, 2007; Reynolds, 2006). As a person accumulates new experiences, additional information is added to the mental prototype.

Becoming virtuous comes, in part, from exposure to virtue in practice and habituation and elaboration of these intuitive judgments (Sadler-Smith, 2012). Virtues are thought to have six dimensions: a field or situation in which a virtue tends to operate, a targeted aim or end goal, a person or people who benefit, awareness of where to focus efforts, morally appropriate motivation, and grounding of actions on this awareness and motivation (Audi, 2012). Haidt and Joseph (2007) suggest that virtues develop through continued experience, during which rudimentary moral intuitions form into more sophisticated mental models that incorporate more of these dimensions of virtue.

Hence an intuitive basis of care may form into care as a virtue insofar as it motivates altruistic behavior, that is, actions taken for others' interests. *Altruistic behavior* is here defined, following Batson (2011: 20), as "a motivational state with the ultimate goal of increasing another's welfare." The drive to behave altruistically, in turn, creates learning experiences that allow for refinement of one's prototypical views about care. This connection between experience and the elaboration of intuitive thinking is what Haidt and Joseph (2007: 384) call "the editing process." It is partly through this editing of automatic thinking through experience that the multiple dimensions of virtues become more finely attuned through association with certain stimuli and not others. Experiences with altruism help identify the fields in which care should take place or who should receive care, for example. These experiences modify ideas about where to focus efforts of care and what actions best serve those efforts. Thus innate and intuitive forms of care, which, as noted, can vary from person to person, drive a person to create experiences that allow them to develop care as a virtue, which also would vary from person to person.

### 3.1.2 Step 2: Managerial Duties

In the second step, we consider the unique function of managers within businesses. As we later discuss, these unique functions provide both a limit and a minimum on the expression of caring relations at work, and these constraints should moderate managers' preexisting disposition to care. One of the essential features of management is managing with people. Mintzberg (2009: 65–72) characterizes managing with people as involving the ability to lead people within the unit by energizing and developing individuals, building and maintaining teams, and establishing and strengthening culture. To the extent that managers are responsible for facilitating others' contributions toward achieving common goals, they may be said to have

distinct role responsibilities that they fulfill well or badly. In his classic work *Punishment and Responsibility*, Hart (1968: 212) characterizes a role responsibility in the following terms:

Whenever a person occupies a distinctive place or office in a social organization, to which specific duties are attached to provide for the welfare of others or to advance in some specific way the aims or purposes of the organization, he is properly said to be responsible for the performance of these duties, or for what is necessary to fulfill them. Such duties are a person's responsibilities.

We may summarize the duty of a manager qua manager as utilizing the talents and abilities of workers to achieve the organization's goals. We recognize this duty as fundamental to the function of managers, as we recognize the duty of curing disease as fundamental to the function of physicians and the duty of representing the interests of clients as fundamental to the function of lawyers.

### 3.1.3 Step 3: Moderating Caring Relations within the Context of Managerial Duties

Managers have varying levels of care as a virtue that are developed and refined through experience both within and outside of the workplace. They enter their role, not as a blank slate, but as complex individuals with different motivations or ideas about practicing care. For managers who have cultivated the virtue of care, managerial duties likely create an outer limit on the development of caring relations with employees, at least relative to other types of caring relations they may form outside of a work context. A manager who has a deeply developed and generalized sense of care as a virtue may be inclined to meet a broad array of employee needs. However, attending to some of these needs could, at times, create tension with managerial duties, as the employee's needs might significantly interfere with or detract from organizational goals. For example, an employee's need to miss work might create a situation in which his workgroup cannot accomplish its tasks because the absent employee is necessary and cannot easily be substituted. While occasional or even temporarily ongoing missed work may be tolerable, eventually, the manager must resolve the issue in a way that gets the workgroup back on task. Doing so may require the denial of one employee's need in the short term, and it could, at first, feel like the manager is not behaving in a way that is consistent with the virtue of care.

Similar tensions have been observed in Gilligan's (1982) work. "Goodness" from a care perspective can involve friction between self-sacrifice and care for others, such as when a manager might need to sacrifice organizational functioning to care for employees. In her original work, Gilligan found that this friction is resolved when a mature form of care emerges, marked by the realization that care for the self and care for others are interconnected. Care for others cannot occur unless there is also care for the self. This realization of a need to care for the self is characterized by a certain level of honesty about what one wants or needs and the importance of considering oneself as an equally relevant party when practicing care.

A similar argument applies to the limits of caring relations developed with employees and the needs of the organization. Should attending to an employee's needs significantly impede organizational functioning, the goals of the organization

cannot be met, and as a result, the employee's needs that are met by the organization (e.g., employment, income) also become more difficult to fulfill. Similar to what was found in Gilligan's (1982) original research, a caring manager can resolve the apparent tension by being honest about what is required for the organization to function and the limits of the manager's ability to attend to the needs of any individual employee at the cost of reaching organizational goals. This honest reflection can create a specialized form of caring relations where managers recognize that practicing care as a virtue might involve denying some needs in service of the organization's ability to function.

#### 3.1.4 Step 4: Setting a Minimum Level of Caring Relations Based on Respect for Employees

For some managers, the virtue of care is not as developed, and caring for others does not come easily. They may recognize the need to develop something that looks like caring relations with employees as a practical matter of recruiting and retaining labor. Considering circumstances in which talent and abilities are scarce, managers who are not predisposed to care may need to develop and recruit workers to help ensure appropriate contributions and improve organizational functioning. However, when potential workers are abundant and easily replaceable, development will not be necessary. Absent the application of particular values, a manager who fulfills his role responsibilities may exhibit little regard for workers' welfare. Though duties of ordinary morality (e.g., nonmaleficence) would preclude such direct harms as forced labor and physical assault, such as that supervised by I.G. Farben managers at the Buna Chemical Plant at Auschwitz during the Second World War (Borkin, 1978), it would not preclude harms that result simply from permitting dangerous working conditions. Ordinary, shared moral beliefs do not provide substantive guidance for managers' determination of occupational health and safety standards.

Still, the function of the manager must be fulfilled within the constraints of what is ethically permitted or required, just as the function of the physician or lawyer must also be so constrained. Thus we acknowledge the need for minimum constraints or ethical limits on the utilization of employees for the ends of the business organization and reflect on which constraints should be operative. In this way, we recognize individual employees as self-governing agents and not merely as resources or inputs utilized to produce outputs. Though Kant (1785/1990; see also Bowie, 1999) famously defended the view that persons are intrinsically valuable because they are capable of acting in a manner consistent with universalizable moral principles, it is a mistake to believe that all arguments that attribute intrinsic value to persons based on their autonomous capacity are equivalent to Kant's position (Beauchamp, 2005). The work of contemporary ethical and political theorists of a variety of theoretical orientations has provided sound reasons for believing that persons are valuable in themselves in ways that are distinct from Kant's argument (Audi, 2004; Ci, 2005; Raz, 2001; Sen, 2009). What these views hold in common is the argument that people possess inherent value because persons are autonomous agents capable of both valuation and intentional action grounded in values. This conception of the value of persons does not rely on particular religious beliefs, such as divine grace or

divine intention. It is both secular and cosmopolitan, thereby making it a suitable ethical constraint for management in a global context.

If persons are valuable in themselves, then there are good reasons for believing that they are entitled to a certain kind of regard. Respect, understood as a proper appreciation for the value of something, is the kind of regard owed to possessors of inherent value. Great works of art are valued highly and may be understood to be deserving of respect. But autonomous agents are distinct from other kinds of things that have value in being self-aware. Raz (2001: 170–71) puts the point as follows:

If respect for people differs from respect for works of art this is partly because the value of people differs from the value of works of art. It is also because people, unlike works of art, the comatose, and other animals have a sense of their own identity, a sense that they are of value, and therefore are hurt by disrespect, a fact which lends special stringency to duties of respect for people. It also explains the importance of symbolic acts of expressing respect. People who have a sense of their own value and understand when it is acknowledged and respected by others and when not can come to greatly resent disrespectful behavior, and can come to expect affirmation of recognition of their value.

Respecting people, as distinct from respecting art or respecting a unique ecosystem, such as Yellowstone National Park, involves recognizing and responding appropriately to their agency. Employees have a legitimate expectation to be respected by their managers because of their membership in the community of moral agents. We can recognize respect, then, as a constraint on the legitimate use of employees. For managers who have not developed the virtue of care, this constraint modifies and limits the ways in which they utilize workers' talents and abilities to achieve the organization's goals. But it is also important to recognize that employees forgo certain freedoms in accepting actual and implied labor contracts. The respect owed to employees is a truncated version of the respect owed to agents in general as a result of legitimate contractual constraints.

One way that managers demonstrate respect for employees is by meeting their functional requirements and attending to important elements of their physical and psychological welfare as they perform their work responsibilities. This practice may be characterized as caring for employees. It is similar in some ways to what Dillon (1992) has characterized as *care respect*. According to Dillon, *care respect* is a variety of respect for persons that takes into account the unique situated existence of distinct persons. Both managers with a developed virtue for care and motives to care for employees under their supervision and managers without these character traits are readily capable of recognizing the general duty of caring for employees that is grounded in the respect that employees are owed as persons and informed by a recognition of the role-based duties of managers.

### 3.1.5 Step 5: Reinforcing Intuitive Care

A recognition of the principle of care can reinforce the perception of care as an intuition in oneself and others. This is the fourth stage of justification, and it is the step in which caring intuitions are themselves reinforced based on a recognition that



such intuitions both motivate and facilitate the respectful treatment of others. At this stage, the rationally determined principle of care is found to be compatible with an intuitive disposition common to humanity, one that is varied in its strength and expression among individuals but that is nonetheless familiar and commonly apprehended.

The idea that deliberative reason can influence intuitions via cognitive appraisal is compatible with a large body of empirical research in social psychology (Pizarro & Bloom, 2003). In a review and discussion of this literature, Pizarro and Bloom show that reasoning can educate our moral intuitions via cognitive appraisal. After reviewing this literature, Pizarro and Bloom conclude that “our immediate moral intuitions can be (and are) informed by conscious deliberation, and this deliberation plays a central role in our moral judgments” (195).<sup>8</sup> An awareness of an intuitive disposition to care reinforces the principle of care, and together they provide a dual internal motivation for managers to care for employees.

Care as a principle is not comprehensive, or all-encompassing, as other values, such as efficiency, truthfulness (Strudler, 1995, 2005), and fairness or integrity (Audi & Murphy, 2006), will also need to be integrated into a moral framework for managers. Care is a principle relevant to some but not all situations. Whereas care is an appropriate moral principle to guide managers when dealing with those under their supervision, nonmalfeasance or some other moral principle may be more appropriate in relationships with community members. The particularities of each situation should serve as determinant factors in whether the value of care is appropriately enacted (Friedman, 1993: 108).

### *3.2 Consequentialist Reasons for Organizational Care*

As noted, previous discussion about whether organizations can or should care has been centered mostly around organizations that are designed to provide care. For businesses that are not designed for this purpose, it is not entirely clear what role care should play in the design of organizational systems and shared norms. We believe that consequentialist reasoning can be used to explore the role care should play at the organizational level in a business context.

When actions improve overall outcomes for all relevant parties, they are justified on consequentialist grounds (Broome, 1991; Pettit, 1997). Consequentialist justification is to be distinguished from mere instrumental justification for ethical behavior. In the management literature, instrumentalist justification for management decision-making typically focuses on positive outcomes for the financiers or shareholders rather than all relevant parties (Donaldson & Preston, 1995). However, as Quinn and Jones (1995: 28) have previously noted, instrumental reasoning is not equivalent to consequentialist reasoning because instrumentalist reasoning is

---

<sup>8</sup> The implications of empirical studies on moral cognition are limited by the situations that are studied. Monin, Pizarro, and Beer (2007) found that most empirical studies on moral cognition by psychologists have focused either on sophisticated dilemmas or quick reactions to the moral infractions of other people. If this assessment of the literature is correct, then new experiments that better take into account the interplay of intuitive judgment, organizational culture, and deliberative reason are warranted.

concerned merely with the outcomes of the financiers or shareholders. Consequentialist reasoning must take into account a broader range of stakeholders.

If employees can be shown to have enhanced preference satisfaction as a result of managers' embedding care into organization systems and encouraging developing caring relations as an organizational norm, then positive outcomes for employees will be enhanced. Positive outcomes for the organization will also be enhanced if more content employees are better able to meet organizational goals. In for-profit businesses, these positive outcomes will include the financiers or shareholders, but it could include other stakeholders affected as well. If we assume improved employee satisfaction does not harm other relevant parties, organizational care can be expected to improve overall organizational outcomes, thus providing external motivation to embrace care as a principle of management.

Employees do respond positively when managers embed care into the organization, as has been demonstrated in the organizational psychology and behavior literature regarding perceived organizational support. Rhoades and Eisenberger (2002) define perceived organizational support as consisting of care about employees' well-being and valuation of employees' contributions. According to perceived organizational support, if an employee feels cared for by her organization, then that employee is more likely to care about the organization's objectives in return, based on a norm of reciprocity (Rhoades, Eisenberger, & Armeli, 2001). An organization's care for its employees, typically enacted via managers, can create a felt obligation to the organization within the employee. This felt obligation is related to the employee's likelihood of helping the organization reach its goals and positively contributing to the organization's welfare (Eisenberger, Armeli, Rexwinkel, Lynch, & Rhoades, 2001). Rhoades and Eisenberger (2002) maintain that fairness, supervisor support, autonomy, recognition, pay, and performance are all ways that managers and organizations care for their employees; these are antecedents of perceived organizational support. Meta-analytic evidence demonstrates that perceived organizational support is positively associated with organizational commitment, job satisfaction, organizational citizenship behaviors, effort with work tasks, and job performance ratings (Kurtessis, Eisenberger, Ford, Buffardi, Stewart, & Adis, 2017). In sum, the evidence supports the conclusion that managers who care for employees improve employee preference satisfaction while at the same time improving organizational outcomes, thereby providing consequentialist justification of organizational care.

Like the development of caring relations, we believe there are some limits to the extent to which organizational care should be implemented in a business organization. Considering the structure of the organization, there are a number of instances in which policies could be implemented to promote beneficial outcomes for relevant parties. However, businesses cannot be expected to fill many needs felt by employees or other stakeholders for the same reason that managers have limits on what needs they can attend to. At some point, need fulfillment degrades the ability to meet other organizational goals.

Still, there needs to be some idea of what needs should be met even at the expense of diminished goal attainment. Otherwise, employee needs would always be

subservient to organizational goals when the two are incompatible. Businesses can and should be structured to meet needs that cannot be filled by other organizations or institutions. This is to say, businesses can meet only a select range of needs, just as hospitals meet only health-related needs or law firms meet only legal needs, and they should be filled by the business even if doing so comes at some expense to shareholders, financiers, or other stakeholders because there are no feasible alternatives.

Maternity and paternity leave are examples of benefits that employers can provide to fill employee needs that are not easily fulfilled elsewhere. Evidence also suggests that the nature of parental leave policies has wide-reaching economic, educational, and social benefits for mothers (Cools, Fiva, & Kirkebøen, 2015) and children (Berger, Hill, & Waldfogel, 2005; Carneiro, Løken, & Salvanes, 2015). Hence, in addition to having no substitutes, meeting these needs benefits a wide range of stakeholders. Similarly, retirement benefits meet an additional need that is not fully served by other institutions, do not have a reasonable substitute, and have wide-reaching benefits.

#### 4. DISCUSSION AND FUTURE RESEARCH

In the present work, we sought to provide an integrative account of different forms of care as they are discussed in the ethics literature and care as it is studied in management research. Specifically, we focus on three forms of care: caring relations, organizational care, and care as a virtue. We intend for our theoretical integration of the types of care in management to serve as a guide for future research by drawing attention to the different properties of each type of care reviewed, which should help direct operationalization and design choices. For example, when considering caring relations, care is viewed as taking place in an ongoing relationship involving intimacy, trust, sensitivity, and reciprocity. It involves attention on the recipient of care and dynamically responding to her needs. As we discuss in further detail in the remaining paragraphs, research on this conception of care should focus on interactions between specific members of caring relationships. Conversely, organizational care does not involve these types of person-to-person properties. Instead, research on organizational care should be conducted at the organizational level using one or both of Liedtka's two criteria (i.e., the propensity for care among organizational members or caring infrastructure).

We also illustrate that care has been studied in a wide range of areas in the management literature. Our review revealed that sometimes care is claimed and studied explicitly, and sometimes ideas related to care are indirectly invoked in other research domains. We analyze and critique the management literature in relation to the ethics literature to further develop an understanding of how care might manifest in a business context and with what consequences. We also use our comparison between the management and ethics literatures to advance our overall understanding of care.

Finally, this article defends a prominent role for the value of care in management practice. The position defended is distinctive in that it focuses on the core role of managers in business organizations and on their specific role responsibilities.

Normative scholarship in management tends to emphasize the agency relationship of managers in for-profit corporations, either by emphasizing the instrumental value of ethical behavior by management or by criticizing certain interpretations of the agency relationship. We have taken a different approach by emphasizing the role responsibilities of managers. Care has been shown to be a duty of managers with overlapping justificatory reasons for adaptation and implementation. The main conclusions of this article are *prima facie* compatible with a range of theoretical perspectives in business ethics, including social contract theory, virtue theory, and deontological ethics, thereby allowing for widespread integration of the value of care.

We believe there are several encouraging areas for future research on care in a business context. We are not aware of any studies that used quantitative approaches specifically to study caring relations between pairs of interaction partners at the dyad level. Dyads, as one-to-one linkages (e.g., leader–follower, coworker–coworker), operate at a level higher than the individual level and therefore are considered multilevel phenomena (Gooty & Yammarino, 2011). Dyadic phenomena are said to emerge when people have a relationship involving interdependent behavior and reciprocal influence (Reis & Collins, 2004: 235). Caring relations involve dynamic, mutually dependent interactions between the person providing and the person receiving care. Thus testing theory about caring relations will mean that quantitative studies need to be conducted at the dyad level, as nonreciprocal data from individuals are incapable of being used to test properties of relationships (Kozlowski & Klein, 2000; Schriesheim et al., 2001).

Future research that studies caring relations using dyadic modeling of interactions between specific pairs could answer a number of previously unanswered questions (Krasikova & LeBreton, 2012). For instance, future research could study whether the caregiver and recipient agree on the quality of care provided and how such alignment or misalignment of perceptions affects other attitudes or behaviors. Characteristics (e.g., personality traits, values) of the caregiver or care recipient could be used to model perceptions of relationship quality from both interaction partners. It would also be possible to determine how much of the variance in the perceived quality of caring relations is primarily due to differences among caregivers and recipients or the unique interaction between the two. The existing qualitative research on caring relations revealed both negative and positive consequences of care in the workplace. Future research could also explore what moderators tend to bring about either positive or negative consequences between dyads.

We believe research on care could also benefit from investigating the experiences of the receivers of care more explicitly. Although some articles in our review accomplished this (e.g., Antoni et al., 2020), the receiving stage of care seems to be comparatively neglected. One way in which the receiver of care could be studied is in leader–follower relations. For instance, future research could be conducted to examine how followers perceive care they receive from a transformational, authentic, ethical, or servant leader. As Tronto (2010) suggests, instrumental forms of care are more likely to feel alienating to the care recipient. Empirical research could be conducted to examine if followers feel such alienation if they perceive the care

shown by their leader to be done primarily for the purposes of team or organizational functioning, rather than to fulfill their needs. Potential moderating variables could be explored to understand the conditions under which care from leaders feels alienating and is perceived as instrumental.

Future research could also more fully consider and investigate the dynamics that explain how caring relations emerge and become more common in organizations. Emergent phenomena occur when dynamics at lower levels, such as caring relations, yield a pattern at higher levels (Bliese, 2000; Kozlowski & Klein, 2000). Liedtka's (1996) portrayal of caring organizations as partly comprising members who tend to establish relationships of care suggests that bottom-up emergence of caring relations would need to occur for organizational care to exist. Additional theory building could be conducted to describe the specific ways in which caring relations might become common in an organization. This line of work could further add to the debate of whether organizational care can exist by testing the proposed characteristics of caring business suggested by Liedtka. Morgeson and Hofmann (1999) point out that it is necessary to understand how exactly the lower-level interactions give rise to a concept at a higher level. In the context of care, future research could explore the theoretical mechanisms that depict the lower-level interactions that cause caring relations not only to take place but to proliferate and spread between organizational members. Theories of behavioral contagion could be particularly insightful.

Studying how caring relations emerge empirically would also provide a strong complement to theoretical arguments for how care might spread. Management scholars have historically struggled with studying the mechanisms of emergence, as multilevel modeling is more easily used to study how higher levels create contextual constraints on lower levels, rather than to identify how lower levels coalesce into high-level phenomena (Kozlowski, Chao, Grand, Braun, & Kuljanin, 2013). Kozlowski and colleagues point out that case studies and ethnographies are one approach for examining emergence, and our review indicated that some of the mechanisms behind the emergence of caring relations in businesses have been studied this way (e.g., Antoni et al., 2020; Snoeren et al., 2016).

However, another promising method for studying emergent processes is agent-based modeling (for reviews, see Kozlowski, Chao, Grand, Braun, & Kuljanin, 2016; Smaldino, Calanchini, & Pickett, 2015). Agent-based modeling is a technique that reproduces behaviors of entities, such as employees or organizations, in a way that mimics ongoing, real-world interactions in an artificial environment (Fioretti, 2013). It appears particularly suited for research on the emergence of caring relations because it is used to study ongoing and dynamic interactions of many actors. The technique requires that theoretical mechanisms behind emergence be depicted mathematically, along with any other interaction rules. Conceptual experimentation can then be conducted whereby changes are made to the artificial environment (e.g., social structure) to examine how social dynamics are shaped. In fact, agent-based modeling is thought to be the only way to study ongoing relational dynamics and bottom-up emergence, besides qualitative research (Fioretti, 2013: 233). Agent-based modeling has been used to study similar research topics, such as emotional contagion (Bosse, Duell, Memon, Treur, & van der Wal, 2015), team knowledge

emergence (Grand, Braun, Kuljanin, Kozlowski, & Chao, 2016), and diffusion of extra-role helping behavior (Zhao, Chong, & Li, 2022). Because the technique can be used to model actor–structure interactions, it is possible to study how alterations in the formal, structural components of Liedtka’s view of caring organizations could change whether caring relations emerge. Modeling the emergence process in this way could, therefore, indicate how Liedtka’s (1996) two criteria for caring organizations operate together.

As previously noted, investigations into whether organizational members care for one another in the ethical climate literature have generally neglected aggregation to the organizational level of analysis. One likely reason for the lack of studies that aggregate ethical climate to the organizational level is the difficulty in gathering a sufficiently large sample of organizations. For multilevel studies, dozens, if not hundreds, of organizations may be required to have a large enough sample size (Scherbaum & Ferreter, 2009). Acquiring data from that many organizations can be challenging when using traditional survey designs, particularly when researching a sensitive topic like ethics. One option could be to use publicly available data (e.g., online employee company reviews, annual reports, the company website) to analyze ethical climates using computer-aided text analysis. Computer-aided text analysis has been used to study other concepts that have faced similar data scarcity challenges in the past (for a review, see Short, McKenny, & Reid, 2018), and it is a technique that can be applied to studying multilevel concepts at the organizational level (McKenny, Short, & Payne, 2013).

Finally, we are not aware of any studies that examine how care changes over time. Longitudinal research could be useful for understanding how the virtue of care could be cultivated over time. Though Held (2006) defends care as a value, she also views it as a skill that can be strengthened. Future research could explore potential predictors that explain how caring practices could be developed. A longitudinal perspective could reveal when and why caring practices might decline as well. For instance, the relationship between care as an employee virtue and burnout could be modeled over time to examine declines in care. Furthermore, longitudinal research could be used to verify the idea of care as a virtue empirically. That is, care as a virtue would be exhibited if individuals show similar tendencies to care across different situations and over time. Although the idea of care as a virtue exists in the ethics literature, longitudinal research could verify the assumption that people do in fact vary in terms of their capacity to care and that this capacity is shown by some across different situations.

## 5. CONCLUSION

Although management research on care has grown, the applicability of care as a moral principle and practice in a business context has remained ambiguous. In this review, we describe the different meanings of care as they are presented in the ethics literature and compare them to management research conducted on care. We explore tensions between the ethics and the management literatures. We close by justifying care as a moral principle for management practice in a business context and offer

several paths for future research. We hope for our review to guide future research by bridging both normative and descriptive perspectives on care. Ultimately, our goal with this review is for the management and ethics literatures on care to become less siloed and for each body of work to inform the other.

### Acknowledgments

Thanks to three anonymous referees and associate editor Gary Weaver for helpful comments on previous drafts.

### REFERENCES

- Alzola, M. 2012. The possibility of virtue. *Business Ethics Quarterly*, 22(2): 377–404.
- Antoni, A., Reinecke, J., & Fotaki, M. 2020. Caring or not caring for coworkers? An empirical exploration of the dilemma of care allocation in the workplace. *Business Ethics Quarterly*, 30(4): 447–85.
- Aristotle. 1985. *Nicomachean ethics* (T. Irwin, Trans.). Indianapolis, IN: Hackett.
- Arnold, D. G. 1995. Hume on the moral difference between humans and other animals. *History of Philosophy Quarterly*, 12(3): 303–16.
- Atkins, P. W. B., & Parker, S. K. 2012. Understanding individual compassion in organizations: The role of appraisals and psychological flexibility. *Academy of Management Review*, 37(4): 524–46.
- Audi, R. 2004. *The good in the right: A theory of intuition and intrinsic value*. Princeton, NJ: Princeton University Press.
- Audi, R. 2012. Virtue ethics as a resource in business. *Business Ethics Quarterly*, 22(2): 273–92.
- Audi, R., & Murphy, P. E. 2006. The many faces of integrity. *Business Ethics Quarterly*, 16(1): 3–21.
- Bagnoli, C. 2006. Review of Virginia Held, *The ethics of care: Personal, political, global*. *Notre Dame Philosophical Reviews*. <https://ndpr.nd.edu/reviews/the-ethics-of-care-personal-political-global/>.
- Baier, A. 1985. *Postures of the mind: Essays on mind and morals*. Minneapolis: University of Minnesota Press.
- Baier, A. 1987. The need for more than justice. *Canadian Journal of Philosophy* 13 (Suppl.): 41–56.
- Banks, G. C., Gooty, J., Ross, R. L., Williams, C. E., & Harrington, N. T. 2018. Construct redundancy in leader behaviors: A review and agenda for the future. *Leadership Quarterly*, 29(1): 236–51.
- Bass, B. M. 1990. From transactional to transformational leadership: Learning to share the vision. *Organizational Dynamics*, 18(3): 19–31.
- Bass, B. M. 1999. Two decades of research and development in transformational leadership. *European Journal of Work and Organizational Psychology*, 8(1): 9–32.
- Batson, C. D. 2011. *Altruism in humans*. New York: Oxford University Press.
- Beauchamp, T. 2005. Who deserves autonomy and whose autonomy deserves respect? In J. S. Taylor (Ed.), *Personal autonomy*: 310–29. Cambridge: Cambridge University Press.
- Beauchamp, T. L., & Childress, J. F. 2009. *Principles of biomedical ethics*. Oxford: Oxford University Press.

- Berger, L. M., Hill, J., & Waldfogel, J. 2005. Maternity leave, early maternal employment and child health and development in the US. *Economic Journal*, 115(501): F29–F47.
- Bliese, P. D. 2000. Within-group agreement, non-independence, and reliability: Implications for data aggregation and analysis. In K. J. Klein & S. W. J. Kozlowski (Eds.), *Multilevel theory, research, and methods in organizations: Foundations, extensions, and new directions*: 349–81. San Francisco: Jossey-Bass.
- Blum, L. 1980. Compassion. In A. O. Rorty (Ed.), *Explaining emotions*: 507–17. Berkeley: University of California Press.
- Bogle, J. C. 2008. *Enough: True measures of money, business, and life*. New York: John Wiley.
- Borkin, J. 1978. *The crime and punishment of I.G. Farben*. New York: Free Press.
- Bosse, T., Duell, R., Memon, Z. A., Treur, J., & van der Wal, C. N. 2015. Agent-based modeling of emotion contagion in groups. *Cognitive Computation*, 7(1): 111–36.
- Bowie, N. 1999. *Business ethics: A Kantian perspective*. Malden, MA: Blackwell.
- Bowlby, J. 1973. Affectional bonds: Their nature and origin. In R. S. Weiss (Ed.), *Loneliness: The experience of emotional and social isolation*: 38–52. Cambridge, MA: MIT Press.
- Broome, J. 1991. *Weighing goods*. Oxford: Basil Blackwell.
- Brown, M. E., & Treviño, L. K. 2006. Ethical leadership: A review and future directions. *Leadership Quarterly*, 17(6): 595–616.
- Carlsen, A., & Dutton, J. E. 2011. The call for generativity. In A. Carlsen & J. E. Dutton (Eds.), *Research alive: Exploring generative moments in the doing qualitative research*: 12–24. Copenhagen: Copenhagen Business School Press.
- Carmeli, A., Jones, C. D., & Binyamin, G. 2016. The power of caring and generativity in building strategic adaptability. *Journal of Occupational and Organizational Psychology*, 89(1): 46–72.
- Carneiro, P., Løken, K. V., & Salvanes, K. G. 2015. A flying start? Maternity leave benefits and long-run outcomes of children. *Journal of Political Economy*, 123(2): 365–412.
- Ci, J. 2005. Taking the reasons for human rights seriously. *Political Theory*, 33(2): 243–65.
- Collins, S. 2015. *The core of care ethics*. New York: Palgrave Macmillan.
- Comeau-Kirschner, C., & Wah, L. 1999. Holistic management: A new millennium calls for a new approach to employee management. Welcome to the age of holistic management. *Management Review*, 88(11): 26–32.
- Cools, S., Fiva, J. H., & Kirkeboen, L. J. 2015. Causal effects of paternity leave on children and parents. *Scandinavian Journal of Economics*, 117(3): 801–28.
- Damasio, A. R. 1994. *Descartes' error: Emotion, reason, and the human brain*. New York: Putnam.
- Daniels, N. 1996. *Justice and justification: Reflective equilibrium in theory and practice*. Cambridge: Cambridge University Press.
- Derry, R. 1996. Toward a feminist firm: Comments on John Dobson and Judith White. *Business Ethics Quarterly*, 6(1): 101–9.
- de Waal, F. 1996. *Good natured: The origins of right and wrong in humans and other animals*. Cambridge, MA: Harvard University Press.
- Dillon, R. S. 1992. Respect and care: Toward moral integration. *Canadian Journal of Philosophy*, 22(1): 105–31.
- Dobson, J., & White, J. 1995. Toward the feminine firm: An extension to Thomas White. *Business Ethics Quarterly*, 5(3): 465–78.
- Donaldson, T. 2012. The epistemic fault line in corporate governance. *Academy of Management Review*, 37(2): 256–71.



- Donaldson, T., & Preston, L. E. 1995. The stakeholder theory of the corporation: Concepts, evidence, and implications. *Academy of Management Review*, 20(1): 65–69.
- Dutton, J. E., Workman, K. M., & Hardin, A. E. 2014. Compassion at work. *Annual Review of Organizational Psychology and Organizational Behavior*, 1: 277–304.
- Dutton, J. E., Worline, M. C., Frost, P. J., & Lilius, J. 2006. Explaining compassion organizing. *Administrative Science Quarterly*, 51(1): 59–96.
- Eisenberger, R., Armeli, S., Rexwinkel, B., Lynch, P., & Rhoades, L. 2001. Reciprocation of perceived organizational support. *Journal of Applied Psychology*, 86(1): 42–51.
- Eisenberger, R., Huntington, R., Hutchison, S., & Sowa, D. 1986. Perceived organizational support. *Journal of Applied Psychology*, 71(3): 500–507.
- Fioretti, G. 2013. Agent-based simulation models in organization science. *Organizational Research Methods*, 16(2): 227–42.
- Friedman, M. 1993. *What are friends for? Feminist perspectives on personal relationships and moral theory*. Ithaca, NY: Cornell University Press.
- Friedman, M. 2008. Care ethics and moral theory: Review essay of Virginia Held, *The ethics of care*. *Philosophy and Phenomenological Research*, 77(2): 539–55.
- Gardner, W. L., Avolio, B. J., Luthans, F., May, D. R., & Walumbwa, F. 2005. “Can you see the real me?” A self-based model of authentic leader and follower development. *Leadership Quarterly*, 16(3): 343–72.
- George, J. M. 2014. Compassion and capitalism: Implications for organizational studies. *Journal of Management*, 40(1): 5–15.
- Gilligan, C. 1982. *In a different voice: Psychological theory and women’s development*. Cambridge, MA: Harvard University Press.
- Gilligan, C. 1987. Moral orientation and moral development. In E. F. Kittay & D. T. Meyers (Eds.), *Women and moral theory*: 19–33. Totowa, NJ: Rowman and Littlefield.
- Gittell, J. H. 2002. Coordinating mechanisms in care provider groups: Relational coordination as a mediator and input uncertainty as a moderator of performance effects. *Management Science*, 48(11): 1408–26.
- Gittell, J. H., & Douglass, A. 2012. Relational bureaucracy: Structuring reciprocal relationships into roles. *Academy of Management Review*, 37(4): 709–33.
- Goetz, J. L., Keltner, D., & Simon-Thomas, E. 2010. Compassion: An evolutionary analysis and empirical review. *Psychological Bulletin*, 136(3): 351–74.
- Gooty, J., & Yammarino, F. J. 2011. Dyads in organizational research: Conceptual issues and multilevel analyses. *Organizational Research Methods*, 14(3): 456–83.
- Grand, J. A., Braun, M. T., Kuljanin, G., Kozlowski, S. W., & Chao, G. T. 2016. The dynamics of team cognition: A process-oriented theory of knowledge emergence in teams. *Journal of Applied Psychology*, 101(10): 1353–85.
- Graen, G. B., & Uhl-Bien, M. 1995. Relationship-based approach to leadership: Development of leader–member exchange (LMX) theory of leadership over 25 years; applying a multi-level multi-domain perspective. *Leadership Quarterly*, 6(2): 219–47.
- Graham, J., Haidt, J., Koleva, S., Motyl, M., Iyer, R., Wojcik, S. P., & Ditto, P. H. 2013. Moral foundations theory: The pragmatic validity of moral pluralism. *Advances in Experimental Social Psychology*, 47: 55–130.
- Haidt, J. 2012. *The righteous mind: Why good people are divided by politics and religion*. New York: Pantheon.
- Haidt, J., & Joseph, C. 2004. Intuitive ethics: How innately prepared intuitions generate culturally variable virtues. *Daedalus*, 133(4): 55–66.
- Haidt, J., & Joseph, C. 2007. The moral mind: How five sets of innate intuitions guide the development of many culture-specific virtues, and perhaps even modules. In

- P. Carruthers & S. Laurence (Eds.), *The innate mind*. Vol. 3, *Foundations and the future*: 367–91. Oxford: Oxford University Press.
- Halwani, R. 2003. Care ethics and virtue ethics. *Hypatia*, 18(3): 161–92.
- Hart, H. L. A. 1968. *Punishment and responsibility*. Oxford: Clarendon Press.
- Held, V. 2006. *The ethics of care: Personal, political, and global*. New York: Oxford University Press.
- Held, V. 2015. Care and justice, still. In D. Engster & M. Hamington (Eds.), *Care ethics and political theory*: 1–25. Oxford: Oxford University Press.
- Herman, B. 2007. *Moral literacy*. Cambridge, MA: Harvard University Press.
- Hume, D. 1740/1978. *A treatise of human nature* (L. A. Selby-Bigge & P. H. Nidditch, Eds.). Oxford: Oxford University Press.
- Hume, D. 1751/1975. *Enquiries concerning human understanding and concerning the principles of morals* (L. A. Selby-Bigge & P. H. Nidditch, Eds.). Oxford: Oxford University Press.
- Hursthouse, R. 1999. *On virtue ethics*. Oxford: Oxford University Press.
- Jaffee, S., & Hyde, J. S. 2000. Gender differences in moral orientation: A meta-analysis. *Psychological Bulletin*, 126(5): 703–26.
- Jones, T. M., Felps, W., & Bigley, G. A. 2007. Ethical theory and stakeholder-related decisions: The role of stakeholder culture. *Academy of Management Review*, 32(1): 137–55.
- Kanov, J. M., Maitlis, S., Worline, M. C., Dutton, J. E., Frost, P. J., & Lilius, J. M. 2004. Compassion in organizational life. *American Behavioral Scientist*, 47(6): 808–27.
- Kant, I. 1785/1990. *Foundations of the metaphysics of morals* (L. Beck, Trans.). New York: Macmillan.
- Kao, F. H., Cheng, B. S., Kuo, C. C., & Huang, M. P. 2014. Stressors, withdrawal, and sabotage in frontline employees: The moderating effects of caring and service climates. *Journal of Occupational and Organizational Psychology*, 87(4): 755–80.
- Katz, D. 1960. The functional approach to the study of attitudes. *Public Opinion Quarterly*, 24(2): 163–204.
- Kelley, T. L. 1927. *Interpretation of educational measurements*. Yonkers, NY: World.
- Koehn, D. 1998. *Rethinking feminist ethics: Care, trust and empathy*. New York: Routledge.
- Kohlberg, L. 1981. *Essays on moral development: The philosophy of moral development*. San Francisco: Harper and Row.
- Kozlowski, S. W., Chao, G. T., Grand, J. A., Braun, M. T., & Kuljanin, G. 2013. Advancing multilevel research design: Capturing the dynamics of emergence. *Organizational Research Methods*, 16(4): 581–615.
- Kozlowski, S. W., Chao, G. T., Grand, J. A., Braun, M. T., & Kuljanin, G. 2016. Capturing the multilevel dynamics of emergence: Computational modeling, simulation, and virtual experimentation. *Organizational Psychology Review*, 6(1): 3–33.
- Kozlowski, S. W. J., & Ilgen, D. R. 2006. Enhancing the effectiveness of work groups and teams. *Psychological Science in the Public Interest*, 7(3): 77–124.
- Kozlowski, S. W. J., & Klein, K. J. 2000. A multilevel approach to theory and research in organizations: Contextual, temporal, and emergent processes. In K. J. Klein & S. W. J. Kozlowski (Eds.), *Multilevel theory, research, and methods in organizations: Foundations, extensions, and new directions*: 3–90. San Francisco: Jossey-Bass.
- Kracher, B., & Wells, D. L. 1998. Employee selection and the ethics of care. In M. Schminke (Ed.), *Managerial ethics: Moral management of people and processes*: 91–108. Mahwah, NJ: Erlbaum.

- Krasikova, D. V., & LeBreton, J. M. 2012. Just the two of us: Misalignment of theory and methods in examining dyadic phenomena. *Journal of Applied Psychology*, 97(4): 739–57.
- Kuenzi, M., & Schminke, M. 2009. Assembling fragments into a lens: A review, critique, and proposed research agenda for the organizational work climate literature. *Journal of Management*, 35(3): 634–717.
- Kurtessis, J. N., Eisenberger, R., Ford, M. T., Buffardi, L. C., Stewart, K. A., & Adis, C. S. 2017. Perceived organizational support: A meta-analytic evaluation of organizational support theory. *Journal of Management*, 43(6): 1854–84.
- Langley, A., Lindberg, K., Mørk, B. E., Nicolini, D., Raviola, E., & Walter, L. 2019. Boundary work among groups, occupations, and organizations: From cartography to process. *Academy of Management Annals*, 13(2): 704–36.
- Lawrence, T. B., & Maitlis, S. 2012. Care and possibility: Enacting an ethic of care through narrative practice. *Academy of Management Review*, 37(4): 641–63.
- Lazarus, R. S. 1991. Cognition and motivation in emotion. *American Psychologist*, 46(4): 352–67.
- Liden, R., Wayne, S., Zhao, H., & Henderson, D. 2008. Servant leadership: Development of a multidimensional measure and multi-level assessment. *Leadership Quarterly*, 19(2): 161–77.
- Liedtka, J. 1996. Feminist morality and competitive reality: A role for an ethic of care? *Business Ethics Quarterly*, 6(2): 179–200.
- Lilius, J. M., Worline, M. C., Maitlis, S., Kanov, J., Dutton, J. E., & Frost, P. 2008. The contours and consequences of compassion at work. *Journal of Organizational Behavior*, 29(2): 193–218.
- Mayer, D. 2014. A review of the literature on ethical climate and culture. In B. Schneider & K. Barbera (Eds.), *The Oxford handbook of organizational climate and culture*: 415–42. Oxford: Oxford University Press.
- McAllister, D. J., & Bigley, G. A. 2002. Work context and the definition of self: How organizational care influences organization-based self-esteem. *Academy of Management Journal*, 45(5): 894–904.
- McKenny, A. F., Short, J. C., & Payne, G. T. 2013. Using computer-aided text analysis to elevate constructs: An illustration using psychological capital. *Organizational Research Methods*, 16(1): 152–84.
- Melwani, S., Mueller, J. S., & Overbeck, J. R. 2012. Looking down: The influence of contempt and compassion on emergent leadership categorizations. *Journal of Applied Psychology*, 97(6): 1171–85.
- Miller, T., Grimes, M., McMullen, J., & Vogus, T. 2012. Venturing for others with heart and head: How compassion encourages social entrepreneurship. *Academy of Management Review*, 37(4): 616–40.
- Mintzberg, H. 2009. *Managing*. San Francisco: Pearson Education.
- Monin, B., Pizarro, D. A., & Beer, J. S. 2007. Deciding versus reacting: Conceptions of moral judgment and the reason-affect debate. *Review of General Psychology*, 11(2): 99–111.
- Moore, G. E. 1903. *Principia ethica*. Cambridge: Cambridge University Press.
- Morgeson, F. P., & Hofmann, D. A. 1999. The structure and function of collective constructs: Implications for multilevel research and theory development. *Academy of Management Review*, 24(2): 249–65.
- Nagel, T. 1979. *Mortal questions*. Cambridge: Cambridge University Press.

- Newman, A., Round, H., Bhattacharya, S., & Roy, A. 2017. Ethical climates in organizations: A review and research agenda. *Business Ethics Quarterly*, 27(4): 475–512.
- Noddings, N. 1984. *Caring: A feminine approach to ethics and moral education*. Berkeley: University of California Press.
- Noddings, N. 2003. *Caring: A feminine approach to ethics and moral education* (2nd ed.). Berkeley: University of California Press.
- Noddings, N. 2015. Care ethics and “caring” organizations. In D. Engster & M. Hamington (Eds.), *Care ethics and political theory*: 72–84. Oxford: Oxford University Press.
- Organ, D. W. 1988. *Organizational citizenship behavior: The good soldier syndrome*. Lexington, MA: Lexington Books.
- Pettit, P. 1997. The consequentialist perspective. In M. Baron, P. Pettit, & M. Slote (Eds.), *Three methods of ethics*: 92–174. Oxford: Blackwell.
- Peus, C. 2011. Money over man versus caring and compassion? Challenges for today’s organizations and their leaders. *Journal of Organizational Behavior*, 32(7): 955–60.
- Pizarro, D. A., & Bloom, P. 2003. The intelligence of the moral intuitions: A comment on Haidt (2001). *Psychological Review*, 110(1): 193–96.
- Quinn, D. P., & Jones, T. M. 1995. An agent morality view of business policy. *Academy of Management Review*, 20(1): 22–42.
- Rawls, J. 1971. *A theory of justice*. Cambridge, MA: Harvard University Press.
- Rawls, J. 1996. *Political liberalism*. New York: Columbia University Press.
- Raz, J. 2001. *Value, respect, and attachment*. Cambridge: Cambridge University Press.
- Reis, H. T., & Collins, W. A. 2004. Relationships, human behavior, and psychological science. *Current Directions in Psychological Science*, 13(6): 233–37.
- Reynolds, S. J. 2006. A neurocognitive model of the ethical decision-making process: Implications for study and practice. *Journal of Applied Psychology*, 91(4): 737–48.
- Rhoades, L., & Eisenberger, R. 2002. Perceived organizational support: A review of the literature. *Journal of Applied Psychology*, 87(4): 698–714.
- Rhoades, L., Eisenberger, R., & Armeli, S. 2001. Affective commitment to the organization: The contribution of perceived organizational support. *Journal of Applied Psychology*, 86(5): 825–36.
- Ross, W. D. 1930/1988. *The right and the good*. Indianapolis, IN: Hackett.
- Rynes, S. L., Bartunek, J. M., Dutton, J. E., & Margolis, J. D. 2012. Care and compassion through an organizational lens: Opening up new possibilities. *Academy of Management Review*, 37(4): 503–23.
- Sadler-Smith, E. 2012. Before virtue: Biology, brain, behavior, and the “moral sense.” *Business Ethics Quarterly*, 22(2): 351–76.
- Scherbaum, C. A., & Ferrerter, J. M. 2009. Estimating statistical power and required sample sizes for organizational research using multilevel modeling. *Organizational Research Methods*, 12(2): 347–67.
- Schmitt, N., & Chan, E. 1998. *Personnel selection: A theoretical approach*. Thousand Oaks, CA: Sage.
- Schriesheim, C. A., Castro, S. L., Zhou, X. T., & Yammarino, F. J. 2001. The folly of theorizing “A” but testing “B”: A selective level-of-analysis review of the field and a detailed leader–member exchange illustration. *Leadership Quarterly*, 12(4): 515–51.
- Sen, A. 2009. *The idea of justice*. Cambridge, MA: Belknap Press.
- Short, J. C., McKenny, A. F., & Reid, S. W. 2018. More than words? Computer-aided text analysis in organizational behavior and psychology research. *Annual Review of Organizational Psychology and Organizational Behavior*, 5: 415–35.

- Sidgwick, H. 1907/1962. *The methods of ethics*. Chicago: University of Chicago Press.
- Simha, A., & Cullen, J. B. 2012. Ethical climates and their effects on organizational outcomes: Implications from the past and prophecies for the future. *Academy of Management Perspectives*, 26(4): 20–34.
- Simola, S., Barling, J., & Turner, N. 2010. Transformational leadership and leader moral orientation: Contrasting an ethic of justice and an ethic of care. *Leadership Quarterly*, 21(1): 179–88.
- Smaldino, P. E., Calanchini, J., & Pickett, C. L. 2015. Theory development with agent-based models. *Organizational Psychology Review*, 5(4): 300–317.
- Snoeren, M. M., Raaijmakers, R., Niessen, T. J., & Abma, T. A. 2016. Mentoring with (in) care: A co-constructed auto-ethnography of mutual learning. *Journal of Organizational Behavior*, 37(1): 3–22.
- Solomon, R. C. 1998. The moral psychology of business: Care and compassion in the corporation. *Business Ethics Quarterly*, 8(3): 515–33.
- Stephens, J. P., Heaphy, E., & Dutton, J. E. 2012. High-quality connections. In K. S. Cameron & G. M. Spreitzer (Eds.), *The Oxford handbook of positive organizational scholarship*: 385–99. Oxford: Oxford University Press.
- Strudler, A. 1995. On the ethics of deception in negotiation. *Business Ethics Quarterly*, 5(4): 805–22.
- Strudler, A. 2005. Deception unraveled. *Journal of Philosophy*, 102(9): 458–73.
- Sy, T., Horton, C., & Riggio, R. 2018. Charismatic leadership: Eliciting and channeling follower emotions. *Leadership Quarterly*, 29(1): 58–69.
- Tenbrunsel, A. E., & Smith-Crowe, K. 2008. Ethical decision making: Where we've been and where we're going. *Academy of Management Annals*, 2(1): 545–607.
- Toegel, G., Kilduff, M., & Anand, N. 2013. Emotion helping by managers: An emergent understanding of discrepant role expectations and outcomes. *Academy of Management Journal*, 56(2): 334–57.
- Tong, R. 1998. The ethics of care: A feminist virtue ethics of care for healthcare practitioners. *Journal of Medical Philosophy*, 23(2): 131–52.
- Treviño, L. K., den Nieuwenboer, N. A., & Kish-Gephart, J. J. 2014. (Un)ethical behavior in organizations. *Annual Review of Psychology*, 65: 635–60.
- Treviño, L. K., Hartman, L. P., & Brown, M. 2000. Moral person and moral manager: How executives develop a reputation for ethical leadership. *California Management Review*, 42(4): 128–42.
- Tronto, J. C. 1993. *Moral boundaries: A political argument for an ethic of care*. New York: Routledge.
- Tronto, J. C. 2010. Creating caring institutions: Politics, plurality, and purpose. *Ethics and Social Welfare*, 4(2): 158–71.
- Tronto, J. C. 2013. *Caring democracy: Markets, equality, and justice*. New York: NYU Press.
- Tsui, A. S. 2013. 2012 presidential address—On compassion in scholarship: Why should we care? *Academy of Management Review*, 38(2): 167–80.
- Victor, B., & Cullen, J. B. 1988. The organizational bases of ethical work climates. *Administrative Science Quarterly*, 33(1): 101–25.
- Wang, D. S., & Hsieh, C. C. 2013. The effect of authentic leadership on employee trust and employee engagement. *Social Behavior and Personality: An International Journal*, 41(4): 613–24.
- Weick, K. E., & Roberts, K. H. 1993. Collective mind in organizations: Heedful interrelating on flight decks. *Administrative Science Quarterly*, 38(3): 357–81.

- White, H. D. 2009. Scientific communication and literature retrieval. In H. D. White, L. V. Cooper, & J. C. Valentine (Eds.), *The handbook of research synthesis and meta-analysis*: 51–71. New York: Russell Sage Foundation.
- White, T. I. 1992. Business, ethics, and Carol Gilligan’s “two voices.” *Business Ethics Quarterly*, 2(1): 51–61.
- Zhao, N., Chong, H. Y., & Li, Q. 2022. Agent-based modelling of helping behaviour diffusion in project teams as an evolutionary process. *Journal of Simulation*. DOI: [10.1080/17477778.2021.1997342](https://doi.org/10.1080/17477778.2021.1997342).

. . .

DENIS G. ARNOLD ([denisarnold@uncc.edu](mailto:denisarnold@uncc.edu), corresponding author) is Surtman Distinguished Professor of Business Ethics and Professor of Management at the Belk College of Business, UNC Charlotte. His research focuses on ethical theory in relation to business ethics, international business ethics, and corporate misconduct.

ROXANNE L. ROSS is an assistant professor of management at James Madison University. With her research, she attempts to understand what causes large-scale ethical failures in organizations. This overarching goal has led her to study how individual moral thought and action interact with the workplace environment and how leaders can encourage more responsible conduct. Her research often involves generating theoretical insights by finding connections between disciplines as well as normative and descriptive business ethics approaches. She received her PhD in organizational science from the University of North Carolina Charlotte.

This is an Open Access article, distributed under the terms of the Creative Commons Attribution licence (<https://creativecommons.org/licenses/by/4.0/>), which permits unrestricted re-use, distribution, and reproduction in any medium, provided the original work is properly cited.