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Care-Based Reasoning, Caring, and the Ethic of Care: A Need for Clarity

Sara T. Fry, Aileen R. Killen, and Ellen M. Robinson

Sara T. Fry, *PhD, RN, FAAN, is Henry R. Luce Professor of Nursing Ethics at Boston College School of Nursing, Chestnut Hill, Mass.*
Aileen R. Killen, *RN, MSN, is a doctoral student at Boston College School of Nursing.*
Ellen M. Robinson, *RN, MSN, is a doctoral candidate at Boston College School of Nursing.*

The concept of "human care" or "caring" has long been of interest in the human sciences and humanities. Anthropology, psychology, and sociology have studied human caring in different cultures, and philosophy and linguistics have conducted analyses of the concept to define it and determine its attributes. Benner and Wrubel defined caring as a primary and essential concept that "sets up the condition that something or someone outside the person matters and creates personal concerns."[1] Others have described caring as a "value," a "virtue," an "attitude," an "ideal," a "behavior," a "skill," a "life force," and a "process."[2] Others have described care as a "way that humans exist in the world," a "human science," a "voice," a "moral orientation," and an "ethic."[3]

In the bioethics literature, the terms "care" and "caring" are often used interchangeably to describe a form of ethical reasoning, a set of behaviors, and a feminist theory of ethics. These have been of interest to many moral theorists because of the limits of traditional ethics regarding moral obligations within intimate relationships. Feminist moral theorists have also criticized the theories of moral development and morality that have been constructed from the moral experiences of men. After Carol Gilligan published *In a Different Voice: Psychological Theory and Women's Development*, some contemporary moral theorists and researchers have used the "women's voice" in their works.[4] Nursing (still practiced largely by females) has eagerly embraced the concepts of care and caring.[5] Even bioethics theory has included ethic of care and caring as a type of theory, albeit an underdeveloped one, that may be relevant in healthcare decision making.[6]

There is, however, growing criticism of the use of the concepts of care and caring in moral theory, healthcare decision making, and nursing ethics.[7] Critics have charged that care and caring are hopelessly vague and ambiguous, and are too incomplete and insufficient to provide an infrastructure for nursing ethic theory.[8] Others have argued that the ethics of care is dangerous, distracting, and counterproductive for professionals like nursing,[9] as well as an "anti-intellectual kind of ethic in that it tries not only to value feeling over thought . . . but . . would almost entirely substitute feeling for thought."[10]

Many of these criticisms have been justified. The concepts of care and caring *are* vague and ambiguous, and the terms "care" and "caring" have been used indiscriminately. They have been used to describe everything in human relationships; as a result the meaning and roles of care and caring in moral discourse have become confused. To make matters worse, some of the criticism has been based on a lack of knowledge of the issues and on grossly inaccurate interpretations of the literature.[11]

In this article, we will examine care-based reasoning, caring, and the ethic of care, in turn, in order to

distinguish them from one another. We will also analyze the empirical research about care-based reasoning and caring, as well as theory about the ethic of care. Our intention is to diminish some of the confusion and to identify needed topics for discussion and research.

I. CARE-BASED REASONING

DEFINITION

"Care-based reasoning" (also called care ethics, and moral orientation of care) is a type of reasoning that may be used to resolve ethical conflict, to reach solutions to ethical questions, and to decide what one ought to do in a particular situation. The application of care-based reasoning includes: identifying the moral conflict or problem within its context; considering the others who are involved in the conflict and how they are interrelated; feeling concern for relationships and individuals, which may be expressed as sympathy, compassion, or friendship; and identifying oneself in relation to the individuals and problems involved. The actions and judgments made using care-based reasoning must be measured against what it means to be "caring" within the context of the responsibilities the decision maker has to others. Care-based reasoning does not involve the application of abstract ethical principles to the situation or impartiality on the part of the decision maker. Neither does it involve mindless emotionality and following one's gut feelings, as some have asserted.[12] In care-based reasoning, moral responsibility and possible choices of action are defined by the context of the situation at hand and the relationship of self to the others involved in the conflict.[13]

Care-based reasoning may be seen as occurring within Component 2 of James Rest's four-component model of morality: formulation of a morally defensible course of action. Rest based this model, in part, on Lawrence Kohlberg's hierarchical model of moral development,[14] which appealed to principles of ethics; yet Rest described Component 2 as "determining what course of action would best fulfill a moral ideal, what ought to be done in the situation."[15] This description leaves room for both care-based reasoning and the more traditional principle-based reasoning as ways to formulate morally defensible courses of action.

Care-based reasoning is often juxtaposed to justice-based reasoning, perhaps because there is a common misapprehension that the principles of care and justice are opposites, that the feminine and the masculine are opposites, therefore feminine care-based reasoning is the polar opposite of masculine justice-based reasoning. In her pioneering work, *In a Different Voice: Psychological Theory and Women's Development*, Carol Gilligan described "care" and "justice" as different—but not necessarily opposite—moral perspectives, or forms of moral reasoning.[16] To examine the relationship between moral judgment and action, Gilligan presented college students with various moral conflicts and asked them about their choices; she also studied pregnant women who were considering abortion. She posited that the justice perspective is one way of seeing moral conflict, and the care perspective is an "alternative vision or frame" for examining the same conflict.[17] Gilligan observed that shifting attention from concerns of justice to concerns of care could change the definition of a moral problem, and could allow the conflict to be seen in different ways. She did not assert that one way of seeing (caring versus justice) was better than another, or that discerning individuals would see a conflict one way rather than another. She reported that moral conflicts could be seen from both the justice and the care perspectives, by the same person, and that both perspectives contained important moral injunctions. She wrote, "justice and care as moral perspectives are not opposites or mirror images of one another . . . these perspectives denote different ways of organizing the basic elements of moral judgment; self, others, and the relationship between them."[18] Gilligan called for research to determine whether people could alternate in using the care and justice perspectives or integrate the two in an unambiguous way to resolve moral conflicts.

THE RESEARCH

An analysis of care-based reasoning studies by one of us (ARK) reveals interesting information about the care and justice orientations. Several researchers have attempted to measure the care orientation of women,[19] as described by Gilligan and echoed by the work of female moral theorists.[20] Presumably, these researchers sought to demonstrate the existence of the care orientation among women before they conducted further

studies that contrasted the use of the care orientation by females and males. Two instruments, the World View Questionnaire (WVQ) and the Ethic of Care Interview (ECI), were successful in measuring the care orientation in women in several studies.[21] Additional studies using the ECI have reported significant relationships exist between ego identity and use of the care orientation among women.[22]

Researchers have followed up on Gilligan's theories regarding the ways people use the care and justice perspectives. One study reported that males tended to use the justice perspective and females tended to use the care perspective; another did not.[23] Several studies have reported that men and women tend to use *both* the care and justice perspectives in their reasoning about moral conflict, but that they primarily use one orientation, and that men focus on considerations of justice and women focus on considerations of care.[24] Three studies support Gilligan's finding that the use of the care and justice perspectives appears to be related to the type of moral conflict to be resolved.[25]

ARK notes that caution must be used in interpreting the results of these studies: the measures used in the studies were often not well-developed, reliable, or valid; and that some study results were based on small sample sizes. Finally, the use of hypothetical dilemmas in the studies has generally been unsuccessful in showing gender differences in moral reasoning. This may be due to the measurement tools developed for the studies or due to the nature of the dilemmas presented. In sum, a number of empirical studies have reported that people do use the care perspective in moral reasoning, but further research is needed.

II. CARING

DEFINITION

As we have noted, "caring" can be defined and described in many ways. "Caring" can be a value (as well as something that is valued) and may have both moral and non-moral dimensions. Caring, it can be argued, can be an ethical principle as well as a moral virtue. Unfortunately, these views have not been carefully developed in the literature. The concept of caring has not been adequately analyzed, nor have its various attributes been identified and distinguished from other closely related attributes of similar concepts.

As this is the case, we will limit our discussion to the analysis of caring behaviors in the nursing literature. We will define *caring* as a behavior or set of behaviors that stems from a strong opinion, feeling, concern, or interest in something or someone and that contributes to the good, worth, dignity, or comfort of someone. This allows us to consider what might be truly called "caring behavior," not just those behaviors that are practiced in a particular role that has traditionally been considered to be a caring role--nurse, parent, physician, and so on--nor just those various tasks and skills that are performed in a caring manner. We will comment further on as we review the empirical research conducted in this area.

THE RESEARCH

The Warren study. In 1988, L.D. Warren reviewed and synthesized nine research studies on caring.[26] She identified 34 different aspects of caring behavior; she reported that patients, nurses, and the general population were in agreement on the majority of these aspects. The studies she reviewed included seven qualitative and two quantitative methodologies, and, combined, included data from 221 patients, 188 nurses, and 310 persons from the general population. Only patients identified these aspects of caring: "timely, gentle, careful"; "checks patient often"; "is well organized"; "being considerate"; "being understanding." Only nurses identified: "counseling"; "planning for the future"; "supplies resources"; "is aware of safety"; "collaborates"; as aspects of caring.

The aspects of caring listed in Warren's study are behaviors as well as specific skills that are related to nursing competence. Many are not relevant outside the context of healthcare ("assists with pain"; "does health teaching"; "does assessments"; "checks patient often"; "gives good physical care"; "knows when to call MD"). What is it about many of these behaviors that makes them *caring* behaviors, rather than typical nursing behaviors? Some seem more related to nursing skills and nursing tasks than to anything else. Some of the behaviors could be practiced in a caring manner as well as in an uncaring manner. If a nursing task is practiced

in a caring manner, does this make it a caring behavior? No; we cannot assume that nursing behaviors are caring behaviors because they are practiced by nurses; nor can we assume that any nursing task done in a caring manner is a caring behavior. It is also clear that some of the behaviors identified by Warren are not necessarily nursing behaviors; they are caring behaviors that can be practiced by anyone. What is it about some behaviors that we call them "caring behaviors"?

New analysis. One of us (EMR) analyzed nine other studies and identified 26 aspects of caring nurse behaviors. Several of these aspects appear in at least four of the studies: "presence" (a physical and emotional commitment of the nurse to the patient) appears in four studies;[27] three other aspects appeared in several studies: "competent delivery of nursing care," "trusting relationship," and "empathic communication" (a connectedness between the nurse and patient and communication that is not one-sided or devoid of feeling).[28]

The last three aspects are similar to several of the aspects that were identified by Warren: "competent delivery of nursing care" is similar to Warren's "specifically knows procedures" and "knows when to call MD"; "trusting relationship" is similar to Warren's "has good relationship with patient"; "empathic communications" is similar to Warren's "listens" and "talks."

The aspects of caring identified by these studies are more abstract than those identified by Warren. They tend not to describe observable nursing tasks (such as "checks patient often"). When we eliminated nursing tasks and skills from Warren's list and combined similar aspects from Warren's and EMR's lists, we identified 11 aspects as a list of caring behaviors (presented in table l). This is a preliminary list, open to interpretation. It provides, however, a starting point for further discussion and research on what constitutes caring nurse behavior, and caring behavior in general, in the eyes of the patient and in the eyes of the public.

Table 1
Aspects of Caring Nurse Behaviors

1. Empathic communication (talks, expresses feelings, reciprocity, uses humor and laughter, expresses hope, listens, shares, is understanding)
2. Presence (gives care gently, carefully; builds self-esteem)
3. Competence (knows procedures; responds quickly; gives physical care; knows when to call MD; checks patient often; provides health teaching; knows the patient; healing; balances knowledge, time, and energy; does assessments; collaborates; supplies resources; prepares for future)
4. Trusting relationship (good relationship with patient, dependable, accessible)
5. Meets needs (dignity, security, protection, safety, freedom from pain)
6. Respectful (is considerate)
7. Provides continuity of care (does extra things)
8. Advocates (counsels)
9. Nonjudgmental (supports choices and individuality)
10. Solicitous (shows concern, touches)

III. THE ETHIC OF CARE

DEFINITION

The ethic of care is often confused with care-based reasoning and the moral orientation of care. Any ethic, however, must be more than a form of reasoning or moral orientation. We define the ethic of care as an alternative normative ethical theory for deciding what is right and wrong, good or bad, or obligatory in human relationships. Like any ethical theory, an ethic of care posits standards for what is morally right and wrong, and good or bad, and proposed theories of obligation, of the good, and moral justification.[29]

THE THEORY

Noddings. It is unfortunate that ethic of care theory has been developed by only one person, and her views have not be widely accepted (and for understandable reasons). Nel Noddings's book, *Caring: A Feminine Approach to Ethics and Moral Education*, published in 1984, includes notions about moral obligation, moral good, and moral justification. Noddings views the ethic of care as a type of virtue theory in which the virtue of care involves both natural and ethical caring. For Noddings, moral ideals are preferable to ethical principles as guides to moral action. However, an ethic based on virtues, even though virtues are necessary for right conduct, is not usually considered adequate to ensure right conduct.[30] Because each person's ethical ideals are subjective, the practical use of an ethic based on virtue theory in actual situations of moral conflict is considered suspect, if not somewhat arbitrary.

Moral theorists, who have been strongly influ-

enced by traditional approaches to moral obligation, find Noddings's notion of obligation, which she couched in terms of the "I must" and the "I ought," difficult to accept. Moreover, the "I must" and the "I ought" are less likely to be used as guiding ethical standards than, say, autonomy or doing good. Also, Noddings's examples of moral obligation are presented in terms of feelings and the mother-child relationship, that may make the ethic of care sound like a theory that is for women, or is "anti-intellectual," as some have charged.[31]

Noddings's notion of moral good, of what is right and wrong, depends on the development of certain feelings in early childhood. Without these feelings, she asserts, it is impossible for a person to develop "the caring attitude that lies at the heart of all ethics behavior . . ."[32] Her notion of moral justification depends on motivation to act in accordance with the ideal self, which develops from having been cared for and from remembering having been cared for. Moral acts do not require justification; one's actions complete another's sense of feeling cared for, or they do not. One's actions either enable another to act in a caring way, or to get on with one's purposes in the circles in which they are defined, or they do not. Moral acts are obligations that are completed in another. If justification for an action is ever required in the ethic of care, it is the non-caring action that requires justification, as not caring for another reduces one's own ethical ideal and ethical self.

Blustein. Other moral theorists have argued that the basis for a full-blown ethic of care might be found in the works of Hume, Aristotle, or in some variation of deontological theory, but none of these approaches has been developed.[33] Jeffrey Blustein has probably given the most serious philosophical thought to a ethic of care theory in his recent work on the connections between care and commitment, personal integrity, and intimate relationships.[34] Calling his approach "taking the personal point of view," Blustein carefully analyzes key notions such as caring, the good of care, integrity, and intimacy. He is well on his way to defining a defensible theory of the good and a theory of moral obligation for a future ethic of care.

CONCLUSIONS

Blustein and others have rightly criticized traditional moral theory for its inadequacies in accommodating the demands of special relationships—relationships that are shaped by changing social roles and changing definitions of what constitutes a relationship of obligation, a family, and a community. Our great moral theorists of the past did not envision the moral challenges that new technologies would create in healthcare and in all aspects of our lives. Care-based reasoning, caring, and the ethic of care are contemporary responses to the need for new moral theories adequate for the moral questions we all face. Careful analyses of them is essential for this work to proceed. We hope hat the suggestions presented in this article are useful to others in their work.

NOTES

1. P. Benner and J. Wrubel, *The Primacy of Caring: Stress and Coping in Health and Illness* (Menlo Park, Calif.: Addison-Wesley, 1989), 1.

2. A "value": B. Carper, "The Ethics of Caring," *Advances in Nursing Science* 1, no. 3 (1978): 11-20; S. Fry, "The Role of Caring in a Theory of Nursing Ethics," *Hypatia* 4, no. 2 (1989): 88-103; C. Tanner, "Caring as a Value in Nursing Education," *Nursing Outlook* 38, no. 2 (1990): 70-72. A "virtue": J. Brody, "Virtue Ethics, Caring, and Nursing," *Scholarly Inquiry for Nursing Practice* 2 (1980): 87-101; N. Noddings, *Caring: A Feminine Approach to Ethics and Moral Education* (Berkeley, Calif.: University of California Press, 1984). An "attitude": W.K. Frankena, "Moral Point of View Theories," in *Ethical Theory in the Last Quarter of the Twentieth Century*, ed. N.E. Bowie (Indianapolis, Ind.: Hackett, 1983), 74. An "ideal": J. Watson, *Nursing: Human Science and Human Care* (Norwalk, Conn.: Appleton-Century-Crofts, 1985). A "behavior": M.M. Leininger, ed., *Caring: An Essential Human Need: Proceedings of the Three National Caring Conferences* (Detroit, Mich.: Wayne State University Press, 1981). A "skill": N.S. Jecker and D.J. Self, "Separating Care and Cure: A Analysis of Historical and Contemporary Images of Nursing and Medicare," *Journal of Medicine and Philosophy* 16, no. 3 (1991): 286-306. A "life force": E.O. Bevis, "Caring: A Life Force," in *Caring: An*

Essential Human Need, 49-59. A "process": T.M. Vezeau, "Caring: From Philosophical Concerns to Practice," *The Journal of Clinical Ethics* 3, no. 1 (Spring 1992): 18-20.

3. A "way that humans exist in the world": M. Heidegger, *Being and Time*, trans. J. Macquarrie and E. Robinson (New York: Harper and Row, 1962). A "human science": J. Watson, "Some Issues Related to a Science of Caring for Nursing Practice," in *Caring: An Essential Human Need*, 6167. A "voice": C. Gilligan, *In a Different Voice: Psychological Theory and Women's Development* (Cambridge, Mass.: Harvard University Press, 1982). A "moral orientation": C. Gilligan, "Moral Orientation and Moral Development," in *Women and Moral Theory*, ed. E.F. Kittay and D.T. Meyers (Savage, Md.: Rowman and Littlefield, 1987), 19-33; N. Lyons, "Ways of Knowing, Learning, and Making Moral Choices," in *Who Cares? Theory, Research, and Educational Implications of the Ethics of Care*, ed. M.M. Brabeck, (New York: Praeger, 1989), 104-26. An "ethic": *Noddings, Caring: A Feminine Approach to Ethics and Moral Education*, 4; Brabeck, *Who Cares?*

4. Here, we have in mind the work of M.J. Bebeau and M. Brabeck, "Ethical Sensitivity and Moral Reasoning among Men and Women in the Professions," in *Who Cares?* 144-63; S. Benhabib, "The Generalized and the Concrete Other: The Kohlberg-Gilligan Controversy and Moral Theory," in *Women and Moral Theory*, 154-77; M. Friedman, "Care and Context in Moral Reasoning," in *Women and Moral Theory*, 190-204; N. Lyons, "Ways of Knowing, Learning, and Making Moral Choices," in *Who Cares?* 103-26; N. Eisenberg, R. Fabes, and D. Shea, "Gender Differences in Empathy and Prosocial Moral Reasoning: Empirical Investigations," in *Who Cares?* 127-43; J. Blustein, *Care and Commitment: Taking the Personal Point of View* (New York: Oxford University Press, 1991).

5. See, for example, S.T. Fry, "Toward a Theory of Nursing Ethics," *Advances in Nursing Science* 11, no. 3 (1989): 9-22; F. Knowlden, "The Virtue of Caring in Nursing," *Ethical and Moral Dimensions of Care*, M.M. Leininger, ed. (Detroit, Mich.: Wayne State University Press), 89-94; M.. Ray, "Technological Caring: A New Model in Critical Care," *Dimensions of Critical Care Nursing* 6, no. 3 (1987): 166-73; K. Swanson, "Empirical Development of a Middle Range Theory of Caring," *Nursing Research* 40, no. 3 (1991): 161-66; V. Tschudin, *Ethics in Nursing: The Caring Relationship*, 2nd. ed. (London: Butterworth Heinemann, 1992).

6. T.L. Beauchamp and J.F. Childress, *Principles of Biomedical Ethics*, 4th ed. (New York: Oxford University Press, 1981, 1994).

7. P. Allmark, "Can There Be an Ethics of Care?" *Journal of Medical Ethics* 21 (1995): 19-24; P.J. Barker, W. Reynolds, and T. Ward, "The Proper Focus of Nursing: A Critique of the.Caring Ideology," *International Journal of Nursing Studies* 32, no. 4 (1995): 386-97; L.A. Blum, "Gilligan and Kohlberg: Implications for Moral Theory," *Ethics* 98, no. 3 (1988): 472-91; E. Loewy, "Care Ethics: A Concept in Search of a Framework," *Cambridge Quarterly of Healthcare Ethics* 4 (1995): 63; H.L. Nelson, "Against Caring," *The Journal of Clinical Ethics* 3, no. 1 (Spring 1992): 8-15; A. Omery, "Care: The Basis for a Nursing Ethic?" *Journal of Cardiovascular Nursing* 9, no. 3 (1995): 1-10.

8. For these particular criticisms, see Almark, "Can There Be an Ethics of Care?" 19; Loewy, "Care Ethics" 56.

9. Barker, Reynolds, and Ward, "The Proper Focus of Nursing" 396; Nelson, "Against Caring," 11.

10. Loewy, "Care Ethics: A Concept in Search of a Framework," 56.

11. Ibid. Loewy's criticisms, in particular, are based on a superficial look at the care/caring literature and a lack of knowledge of what feminine moral theorists and philosophers have contributed to the debates about care/caring. He also seems to think that Noddings's view of care ethics is the predominant view and that everyone accepts it.

12. Loewy, "Care Ethics: A Concept in Search of a Framework," 61.

13. Friedman, "Care and Context," 203. Gilligan does not call the care orientation a form of moral reasoning. However, other feminist moral theorists, such as Friedman, do.

14. L. Kohlberg, *Essays on Moral Development: Vol 1., The Philosophy of Moral Developement.* (San Francisco, Calif.: Harper and Row, 1981).

15. J. Rest, "Morality," *Carmichael's Manual of Child Psychology*, vol. 3. *Cognitive Development*, ed.

P. Mussen, (New York: John Wiley and Sons, 1983), 561, quoted in Bebeau and Brabeck, "Ethical Sensitivity and Moral Reasoning among Men and Women in the Professions," in *Who Cares?* 150.

16. Gilligan, *In a Different Voice*.

17. Ibid., 20.

18. Gilligan, "Moral Orientation and Moral Development," 22.

19. L.C. Jensen, A.P. McGhie, and J.R. Jensen, "Do Men's and Women's World-Views Differ?" *Psychological Reports* 68 (1991): 312-14; V. Stander and L. Jensen, "The Relationship of Value Orientation to Moral Cognition--Gender and Cultural Differences in the United States and China Explored," *Journal of Cross-Cultural Psychology* 24, no. 1 (1993): 42-52; E.E. Skoe and J.E. Marcia, "A Measure of Care-Based Morality and Its Relation to Ego Identity," *Merrill-Palmer Quarterly* (1991): 289-304; E.E. Skoe and A. Gooden, "Ethic of Care and Real-Life Moral Dilemma Content in Male and Female Early Adolescent," *Journal of Early Adolescence* 13, no. 2 (1993): 154-67; E.E. Skoe and R. Diessner, "Ethic of Care, Justice, Identity, and Gender: An Extension and Replication," *Merrill-Palmer Quarterly* 40, no. 2 (1994): 272-89.

20. See, for example, Noddings, *Caring: An Essential Human Need*; M.F. Belenky et al., *Women's Ways of Knowing* (New York: Basic Books, 1986); and J. Bernard, *The Female World* (New York: Free Press, 1981).

21. For the WVQ, see Jensen, McGhie, and Jensen, "Do Men's and Women's World-Views Differ?" For the ECI, see Skoe and Marcia, "A Measure of Care-Based Morality." The WVQ was tested by V. Stander and L. Jensen. The ECI was tested by Skoe and Marcia, Skoe and Gooden, and Skoe and Diessner.

22. Skoe and Marcia, "A Measure of Care-Based Morality"; also, Skoe and Diessner, "Ethic of Care."

23. J.M. Sanchez and D.J. Self, "Gender Bias and Moral Decision Making: The Moral Orientations of Justice and Care," *Journal of Medical Humanities* 16, no. 1 (1995): 39-53; W.J. Freidman, A.B. Robinson, and B.L. Freidman, "Sex Differences in Moral Judgments? A Test of Gilligan's Theory," *Psychology of Women Quarterly* 11 (1987): 37-46. It is important to note that these studies have used very different approaches to test the care and justice perspectives.

24. See Lyons, "Ways of Knowing"; Eisenberg, Fabes, and Shea, "Gender Differences in Empathy and Prosocial Moral Reasoning: Empirical Investigations," in *Who Cares?*; C. Gilligan and J. Attanucci, "Two Moral Orientations: Gender Differences and Similarities," *Merrill-Palmer Quarterly* 34 (1988): 223-37; M.K. Rothbart, D. Hanley, and M. Albert, "Gender Differences in Moral Reasoning," *Sex Roles: A Journal of Research* 15 (1986): 645-53; L.J. Walker, B. deVries, and S.D. Trevethan, "Moral Stages and Moral Orientations in Real Life and Hypothetical Dilemmas," *Child Development* 58, no. 3 (1987): 842-58.

25. See Gilligan and Attanucci, "Two Moral Orientations"; Rothbart, Hanley, and Albert, "Gender Differences"; N. Lyons, "Two Perspectives on Self, Relationships, and Morality," *Harvard Educational Review* 53 (1983): 125-45.

26. L.D. Warren, "Review and Synthesis of Nine Nursing Studies on Care and Caring," *Journal of the New York State Nurses Association* 19, no. 4 (1988): 10-16.

27. C.J. Beauchamp, "The Centrality of Caring: A Case Study," in P. Munhall and C. Oiler-Boyd, *Nursing Research: A Qualitative Perspective*, 2nd ed. (New York: National League for Nursing Press, 1993), 338-58; P. Euswas, "The Actualized Caring Moment: A Grounded Theory of Caring in Nursing Practice," *A Global Agenda for Caring*, D. Gaut, ed. (New York: National League for Nursing Press, 1993), 309-26; C.G. Hernandez, "A Phenomenological Investigation of Caring as a Lived Experience in Nurses," in *Anthology on Caring* P.L. Chinn, ed. (New York: National League for Nursing Press, 1991), 111-31; S.A. McNamara, "Perioperative Nurses' Perceptions of Caring Practices," *AORN Journal* 61 (1995): 377-88.

28. For "competent delivery of nursing care," see M.C. Cooper, "The Intersection of Technology and Care in the ICU," *Advances in Nursing Science* 15, no. 3 (1993): 23-32; McNamara, "Perioperative Nurses Perceptions of Caring Practices"; M. Ray, "Technological Caring,"; M. Ray, "The Theory of Bureaucratic Caring for Nursing Practice in the Organizational Culture," *Nursing Administration Quarterly* 13, no. 2 (1989): 31-42. For "trusting relationship," see Euswas, "The Actualized Caring Moment: A Grounded Theory of Caring in Nursing Practice," in *A Global Agenda for Caring*; J.M. Lakomy, "The Interdisciplinary Meanings of Human Caring,"in *A Global Agenda for Caring*, 181-99; McNamara, "Perioperative Nurses'

Perceptions of Caring Practices"; and J. Paternoster, "How Patients Know that Nurses Care about Them," *Journal of the New York State Nurses Association* 19, no. 4 (1988): 17-21. For "empathic communication," see Euswas, "The Actualized Caring Moment: A Grounded Theory of Caring in Nursing Practice," in *A Global Agenda for Caring*; Hernandez, "A Phenomenological Investigation of Caring as a Lived Experience in Nurses," in *Anthology on Caring*; Lakomy, "Interdisciplinary Meanings"; and McNamara, "Perioperative Nurses' Perceptions of Caring Practices."

29. W.K. Frankena, *Ethics*, 2nd ed., (Englewood Cliffs, N.J.: Prentice-Hall, 1973), 43, 80, 96.

30. Veatch, "The Danger of Virtue," *Journal of Medicine and Philosophy* 13 (1988): 445-46.

31. Loewy, "Care Ethics: A Concept in Search of a Framework," 56. 32. Noddings, *Caring: A Feminine Approach to Ethics and Moral Education*, 92.

33. See, for example, A.C. Baier, "Hume, the Women's Moral Theorist?" in *Women and Moral Theory*, 37-55; M. Stocker, "Duty and Friendship: Toward a Synthesis of Gilligan's Contrastive Moral Concepts," in *Women and Moral Theory*, 56-68; C.H. Sommers, "Filial Morality," in *Women and Moral Theory*, 69-84.

34. Blustein, *Care and Commitment*, 10-11.

The ethics of care (alternatively care ethics or EoC) is a normative ethical theory that holds that moral action centers on interpersonal relationships and care or benevolence as a virtue. EoC is one of a cluster of normative ethical theories that were developed by feminists in the second half of the twentieth century. While consequentialist and deontological ethical theories emphasize generalizable standards and impartiality, ethics of care emphasize the importance of response to the individual. The Care-based reasoning, caring, and the ethic of care: A need for clarity. Article. Feb 1996. J clin ethic.Â The purpose of this article is to clarify the ambiguity surrounding the concept of caring through situating it within one conceptual system, the Science of Unitary Human Beings. An analysis of the dialogue on caring in nursing is presented. A process of concept clarification was developed to examine points of congruence between existing literature on caring and theoretical niches expressing similar meanings in the Science of Unitary Human Beings. Care-based reasoning, caring, and the ethic of care: a need for clarity. S. T. Fry, A. R. Killen & E. M. Robinson. Journal of Clinical Ethics 7 (1):41 (1996).Â Does Care Reasoning Make a Difference? Relations Between Care, Justice and Dispositional Empathy. Soile JuujÃ¤rvi, Liisa Myyry & Kaija Pesso - 2010 - Journal of Moral Education 39 (4):469-489. Why Should a Knower Care? Vrinda Dalmiya - 2002 - Hypatia 17 (1):34--52. Responding to Children's Needs: Amplifying the Caring Ethic. Joan F. Goodman - 2008 - Journal of Philosophy of Education 42 (2):233-248. Analytics.

Ethics of care , also called care ethics , feminist philosophical perspective that uses a relational and context-bound approach toward morality and decision making . The term ethics of care refers to ideas concerning both the nature of morality and normative ethical theory.Â Such a relation can certainly be more than merely dyadic (an influence-based relationship between two people) as the one-caring and the cared-for may come to exhibit reciprocal commitment to each otherâ€™s well-being. However, what is distinctive in all such relations is that the one-caring acts in response to a perceived need on the part of the cared-for.

Objectivism = rationality Ethic of Care = empathy (empathy can be irrational). A caring response that is __ __ takes into account the needs of the decision-maker himself or herself as well as the needs of _____. The response splits the difference between the extremes of _ (caring for others at the exclusion of self), on the one hand, and _ (caring for self to the exclusion of others), on the other hand. morally mature others codependence selfishness. --> take into account both your needs & the needs of others. The caring decision-maker focuses on the _ relationship and context invol