

Chapter 13

Care Ethics, Knowledge Management, and the Learning Organization

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Introduction

The idea that “caring” should be considered part of the definition of an ethical business organization is nothing new. In 1991, R. Edward Freeman and Jeanne Liedtka described the “Care Proposition” as one of the viable forthcoming approaches to business ethics. Accordingly, “Corporations are places where both individual human beings and human communities engage in caring activities that are aimed at mutual support and unparalleled human achievement” (Freeman and Liedtka 1991). A few years later, Thomas J. Donaldson further suggested that caring was intrinsic to the morality of business activity in general: “business consists of the existing practices and institutions through which men and women coordinate their activities to create goods and services. And I wish to add the moral claim that business fails unless it enhances the quality of human life, the equality of human worth and the extent of human caring” (Donaldson 1997). Other theorists contend that care ethics provides an important imaginative dimension to business ethics because it is more flexible than strict rule adherence (French and Weiss 2000; Reiter 1996) and less susceptible to game playing or legalism (Hamington 2009). Despite the strong claims about caring, the specifics regarding the role and operation of care ethics have remained largely underdeveloped except for a smattering of publications. Although social and political philosophers have begun to engage care ethics as a viable alternative to traditional moral approaches (Slote 2007; Engster 2007), business ethicists have been more reluctant to embrace care. The reasons for this reluctance are manifold but in part the term “care” evokes images of emotional attachments not commonly associated with the business community. In this chapter, I explore the overlooked epistemological aspects of care ethics, including its inherent particularism and engagement of tacit knowledge, to argue that care can and should participate in an organization’s program of knowledge management en route

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to building a robust learning organization that holistically flourishes—financially, culturally, and ethically.¹ A caring culture is a culture of learning.

I suggest that if caring is conceptualized as fostering fundamental respect, engaging intellectual inquiry, and facilitating a moral atmosphere, then perhaps a culture of care will be more palatable to business professionals who often regard “caring” with suspicion as a nonproductive emotional disposition. This chapter focuses on caring as intellectual inquiry that inspires the moral imagination in the service of creating a culture of care. A culture is a system of shared meaning held by a group of people. That meaning includes values and attitudes as well as transmitted knowledge. Much has been written about corporate culture, but little about a caring culture. In this regard, care should be distinguished from friendship. A corporate culture of care does not suggest that members of the organization must become friends or develop strong relationships. It does suggest that people are attentive to one another as part of a willingness to grow. A culture of care is the moral good which is the overriding objective of this project.

The chapter begins by addressing the relationship between epistemology and care ethics followed by a discussion of the embodied and tacit dimension of caring as well as the skills entailed. After briefly describing the field of knowledge management and the notion of the learning organization, I suggest how care ethics, knowledge management and learning might be integrated.

Epistemology and Care Ethics

Because care ethics was only clearly identified as a unique ethical approach in the 1980s, its definition is still being negotiated. The operational definition of care ethics used in this chapter is “care describes an approach to personal and social morality that shifts ethical considerations to context, relationships, and affective knowledge in a manner that can only be fully understood if its embodied dimension is recognized. Care is committed to the flourishing and growth of individuals; yet acknowledges our interconnectedness and interdependence” (Hamington 2004). This definition lacks the clarity of Kant’s categorical imperative or Mill’s moral calculus because traditional approaches to ethics begin with abstract, albeit lucid, rubrics which are then applied to existential social phenomena. Care ethics begins with the particulars of a situation and then the caring response comes into view.

¹A note about the theoretical context of this chapter: In many ways, care ethics is a postmodern project without the flight from materiality often associated with postmodernism. It challenges traditional philosophical categories and the rigidity of definitions. However, care ethics also transcends modernist feminist categories such as “liberal” and “radical.” Some might accuse an application of care ethics to business organizations as a cooptation of the revolutionary potential of care (Ferguson 1997). I am not inclined to be concerned about cooptation because care is so foundational to human experience that whether one is engaged in liberal reforms or radical change care has an essential moral role to play. Therefore, facilitating a corporate culture of care should not be read as an unqualified endorsement of free market capitalism or unfettered globalization.

Virginia Held describes, “the ethics of care rejects the view of the dominant moral theories that the more abstract the reasoning about a moral problem the better because the more likely to avoid bias and arbitrariness, the more nearly to achieve impartiality. The ethics of care respects rather than removes itself from the claims of particular others with whom we share actual relationships” (2006). Care starts with a general disposition of openness and caring but is ultimately animated through an experience of the other. Out of that experience a response, reflection, and thematization emerge. For much of its early development, care ethics was conceptualized as a personal ethic but theorists have begun to integrate caring into models of social and political organizations (Hamington and Miller 2006; Engster 2007). Extending care ethics to business organizations is another step in the maturity of this moral philosophy.

Recent work on care ethics has stressed its imaginative and empathetic dimensions (Hamington 2004; Slote 2007). Empathy is an imaginative process that bridges experience and moral reflection/thematization. Although not addressing care ethics directly, Patricia Werhane contends that moral imagination is a crucial component in business ethics: “Moral imagination and moral reasoning provide concrete managerial decision-making skills with which to avoid questionable activities, prevent unseemly consequences, and enable a manager or a company to create decision models that contribute positively to corporate and societal well-being” (1999). It is the process of imaginatively understanding the “other” and their context that makes caring and subsequent action possible. Imagination is a requisite but not a sufficient condition of caring. If I allow myself to find a connection with others and imaginatively perceive their plight, I *may* take caring action. However, psychological and social forces are rich and complex. Caring action may be hindered by other ethical constraints or external social disciplines. Some caring is easier than others such as the care for a child. Nel Noddings refers to familial caring as an example of “natural caring” which exists on one end of a continuum that finds “ethical caring”—caring for unfamiliar others—at the other end (1984). The work of the imagination is made easier through familiarity. Note that Werhane’s definition of imagination includes the notion of skill building. Caring is a cognitive skill that engages our ability to move from particularity to thematization. Werhane describes, “Moral imagination, then, is the ability in particular circumstances to discover and evaluate possibilities not merely determined by that circumstance, or limited by its operative mental models, or merely framed by a set of rules or rule-governed concerns. In managerial decision-making, moral imagination entails perceiving norms, social roles, and relationships entwined in any situation” (1999). An intriguing implication of Werhane’s analysis of moral imagination is the need for understanding particulars—the need for knowledge.

An overlooked aspect of the imagination is its requirement for experiential material to work with. Even the most abstract artist draws upon the intelligible world for inspiration. Similarly, I cannot care for that which I have no knowledge of. Sometimes, corporate leaders are criticized for the negative impact their decisions have on people or communities. This is not just a question of morality; it is also a question of epistemology. Did those leaders know, or allow themselves to

know, the ramifications of their decisions? One can stunt moral imagination through disconnection from available information. The moral imagination cannot operate in a vacuum. Care ethics employs a form of particularism that favors drawing moral themes and reflection from the specifics of context rather than the application of abstract principles or rules. Knowledge, then, is the basis of caring. Philosopher Milton Mayeroff describes, “We sometimes speak as if caring did not require knowledge, as if caring for someone, for example, were simply a matter of good intentions or warm regard. But in order to care I must understand the other’s needs and I must be able to respond properly to them, and clearly good intentions do not guarantee this” (1971). The implications of the epistemological dimension of care ethics are enormous. For example, do I have a moral obligation to learn about others? Can I be morally exonerated if I choose not to learn about the underground exploitation known as human trafficking? If morality is based on knowledge, it seems to throw knowledge acquisition into a new light.

Given the knowledge basis for care described above, one can characterize caring as a form of inquiry. Every caring engagement with another person has the potential to contribute to learning because caring and learning are deeply intertwined activities. The absurdity of the statement, “I care about you but I do not want to know anything about you” is demonstrative of the intimate entanglement of care and epistemology. A caring disposition is one that is open to learning about others with the potential for greater depth of understanding and thus greater care. In the process of caring, the openness and attentiveness to the other leads to greater knowledge and sometimes *visa versa*.

Care: Embodiment, Tacit Knowledge and Skill

Care may depend upon particular knowledge, but it is also rooted in embodiment (Hamington 2004). Accordingly, we care *for* other bodies and *through* our body. Moral philosophers are familiar with theorizing about ethics in a purely abstract or disembodied fashion, but it harder to ignore the corporeal dimension of care ethics. Note, for example, Daniel Engster’s definition of care as “everything we do directly to help individuals to meet their vital biological needs, develop or maintain their basic capabilities, and avoid or alleviate unnecessary or unwanted pain and suffering, so that they can survive, develop, and function in society” (2007). Engster does not explicitly theorize about embodiment but the language of “biological needs” and alleviating “unnecessary or unwanted pain and suffering” is grounded in physicality. Noddings is more explicit: “caring puts a great emphasis on bodies. Bodies must be nurtured, and the spirit of dependent on them is the locus of a suffering that goes beyond physical pain” (2002). Our initial experience of care (hopefully) is the dependence and vulnerability of childhood when others care for our physical needs. The body is also the predominant vehicle through which we care for others. Expressions and actions of care are communicated and delivered through the body. We usually have a pretty good understanding of whether someone is acting in a caring manner toward us because we are experienced at detecting the physiological

cues of caring. Finally, the body is also the nexus of much of our caring imagination. Even when social barriers make others almost entirely unintelligible, the shared experience of corporeality creates a common framework for understanding. If I witness someone getting hit by a high-speed piece of equipment on an assembly line, I do not need to speak their language, know their religion, be familiar with their economic class, or understand their history to recognize that they are in pain and need care. Our shared embodiment provides sufficient imaginative knowledge for many aspects of care.

The body has significant implications for two related aspects of caring: tacit knowledge and the skill or habits of care. Tacit knowledge is the notion that we know more than we can explicitly describe. As Michael Polanyi suggests, the knowledge we are aware of does not exhaust the totality of the knowledge we possess: “we can know more than we can tell” (1966). Unlike moral principles that can be overtly known, much of caring is tacitly known in the motor skills of the body and remain so unless attended to. If, for example, a co-worker is suffering through personal trauma such as a divorce or death in the family, I can provide some level of care for them by attentively listening to them and consoling them. The range of physical activities that participate in such care are numerous including eye contact, voice inflection, posture, touch, and facial expression. I do not consciously attend to each of these muscle movements, but collectively they represent a caring bodily mode. These collective actions are a skill or what John Dewey referred to as a habit (1921). Such habits are not rote, repetitive actions but open-ended activities that allow me to focus my care and attention on the other person. Accordingly, habits represent a kind of tacit knowledge. One might comparatively think of any physical skill—riding a bike, driving a car, knitting a sweater—that requires a complex series of muscle movements. We know that we can do these things but we struggle to describe the respective elements of the skill because individual aspects have receded into the background as we attend to the whole. Care is one of these complex activities that engages many discrete components that we are not normally conscious of.

Tacit knowledge, the implicit knowledge contained in our bodies, muscle memory, and habits not only helps us understand one another, but, according to Georg von Krogh, is part of what skilled employees bring to the work place. Von Krogh goes so far as to claim that tacit knowledge is the first step in organizational knowledge creation: “Knowledge creation is a social as well as an individual process. Sharing tacit knowledge requires individuals to share their personal beliefs about a situation with other team members” (2000). For von Krogh, the sharing of tacit knowledge participates in an overall corporate culture of care that in turn enables knowledge creation (von Krogh 1998, von Krogh, Ichijo, and Nonaka 2000). A culture of care is intertwined with explicit and tacit knowledge creation.

To summarize the claims thus far, care ethics is receiving greater recognition as a significant approach to morality and has applications in social and political spheres as well as personal relations. Because care responds to particular circumstances and contexts, it relies heavily on knowledge development to facilitate the moral imagination and thus empathy. That knowledge consists of explicit propositional knowledge as well as tacit knowledge held by the body in the form of muscle memory and is

expressed as habits or skills. Given this understanding of caring knowledge and moral imagination, next we will address more directly how the contemporary field of knowledge management in business organizations can incorporate care ethics.

Knowledge Management and Care as an Intellectual Asset

In 1992, just prior to the explosive growth of internet usage, Peter Drucker described a forthcoming paradigm shift to a “knowledge society.” Accordingly, the principle characteristic of social organization will be the creation, transmission, and usage of information. The economic implication is that land, labor, and capital become secondary to the management of intellectual assets in the productive activity of humanity. With the advent of the knowledge society, Drucker suggested that business leaders would have to transform the definition of successful management skill: “For managers, the dynamics of knowledge impose one clear imperative: every organization has to build the management of change into its very structure” (1992). Similarly, James Brian Quinn declared, “The capacity to manage human intellect—and to transform intellectual output into a service or a group of services embodied in a product—is fast becoming the critical executive skill of this era” (1992). The work of management theorists like Drucker, Quinn, and others, combined with technological advances, spawned the development of the discipline of knowledge management in the 1990s. At first, knowledge management was a field characterized primarily by discussions of technologically maintaining and transmitting mass information but it soon matured into a complex discipline engaging the application of traditionally philosophical epistemology to business management. The field of study has vertically expanded to address the creation, transformation, transmission, and maintenance of knowledge.² Perhaps, it can be further expanded to include care as an intellectual asset of business organizations.

There is no consensus around a definition of knowledge management—some definitions are narrowly focused around productivity such as “Knowledge management is the identification, storage, protection of knowledge for future operational and strategic benefit of the organization; this may be implicit or explicit” (Perrott 2006). Other definitions are expansively directed at organizational growth and learning, for instance, knowledge management is “any processes or practice of creating, acquiring, capturing, sharing, and using knowledge, wherever it resides, to enhance learning and performance in organizations” (Swan, Scarborough, and Preston 1999). Ethics is not a major topic in the knowledge management literature, although it is occasionally referenced. Laszlo and Laszlo, for example, believe that “the field of

²There are warranted concerns that knowledge management has been theorized to a much greater extent than it has been actualized. See, for example, Frappaolo (2006) or Spender and Scherer (2007). Perhaps Drucker’s full expression of a knowledge society is still to be realized.

knowledge management faces the challenge of making concrete and relevant contributions for the betterment of society and not only for promotion of competitive advantage for business” (2002). However, they foresee this as part of a mature 3rd generation of the discipline. The absence of extensive moral discussion is understandable given the traditional divide between ethics and epistemology and the roots of knowledge management in data maintenance. Nevertheless, the theoretical work in knowledge management lends itself well to the epistemological basis of care discussed above. In particular, the delineation of knowledge categories and the functions of knowledge management are fertile groundwork for the integration of care ethics.

With some variation, theorists of knowledge management often refer to a categorical hierarchy of knowledge. At the base is *data*, which is described as facts or statistics. Next comes *information*, which systemizes data. *Knowledge* is then described as thematized information that provides a framework for action. *Understanding* implies a high degree of personal engagement with the knowledge such that internalization takes place. Finally, *wisdom* has a tenuous relationship to understanding such that wisdom does not always reflect all of the facts but provides useful insight (Jashapara 2004; Laszlo and Laszlo 2002; Meadows 2001; Perrott 2006). The expansiveness and complexity of this definitional hierarchy of knowledge is significant for the inclusion of care ethics. The experiential grounding for a caring imagination includes numerous data points that appear to be just facts. However, aggregating these facts and skillfully utilizing them can transform an ordinary superficial conversation into one that conveys care. For example, knowing the family member names of a co-worker is not exceptionally caring, but taking the time to ask about them might reveal a concern that is occupying their mind. A deeper, caring conversation—one that exhibits the engagement of understanding—and may even result in unanticipated actions can take place as a result of simple knowledge skillfully employed. The empathy that stems from engaging the moral imagination requires a baseline of information.

Theorists of knowledge management have also developed important distinctions regarding the nature of managing knowledge. Stephen Drew describes a “knowledge portfolio” that relativizes knowledge to awareness:

1. What We Know We Know. Emphasizes knowledge sharing, access, and inventory.
2. What We Know We Don't Know. Emphasizes knowledge seeking and creation.
3. What We Don't Know We Know. Emphasizes uncovering hidden or tacit knowledge.
4. What We Don't Know We Don't Know. Emphasizing key risks, exposures and opportunities (1999).

Although Drew does not engage ethics in his rubric, this kind of assessment or inventory of knowledge is particularly important in creating a culture of care. Every organization has assets of care; people and systems that foster understanding and actions on behalf of others. Recognizing, communicating, and celebrating those assets is a starting point for building culture (#1). Creating a dynamic climate of caring will involve moving beyond existing assets. Development and training can

serve a strategic function in infusing opportunities for obtaining new intellectual assets of care (#2). One of the benefits of emphasizing the embodied dimension of care is that everyone has the potential to develop robust caring skills and knowledge if given the appropriate opportunity (#3). Caring exists on a continuum with “perfect” caring unattainable and perhaps indefinable. Identifying potential gaps and weaknesses can help create a realistic approach to a caring culture (#4). This kind of analysis can facilitate a caring knowledge portfolio.

Viewed as an intangible intellectual asset of the corporation, caring is a strategic component of a robust organizational culture. Given the emphasis on the epistemological aspect of care, caring can also be described as participating in creating a learning organization.

The Learning Organization and Caring Inquiry

At the same time that knowledge management developed into a field of study, the notion of a “learning organization” also emerged and took hold in management studies. Often associated with the work of Chris Argyris and Peter Senge, a learning organization is a business ideal that posits a flourishing community committed to unleashing potential through collective leaning and constant transformation. One succinct definition of a learning company is “a place where employees excel at creating, acquiring, and transferring knowledge. There are three building blocks of such institutions: (1) a supportive learning environment, (2) concrete learning processes and practices, and (3) leadership behavior that reinforces learning” (Garvin, Edmondson, and Gino 2008). Much like the knowledge management movement, the literature on organizational learning only sporadically addresses business ethics. Jennifer Rowley and Paul Gibbs describe the quest for organizational wisdom as motivated by diverse environmental factors—both competitive and ethical—that challenge business to learn differently: “organizations are coming under increasing pressure not only to learn, change and adapt, but also to take actions that are ethically acceptable and sustainable, and which balance the interests of a range of different stakeholders. In other words there are increasing expectations that organizations should act wisely or with wisdom” (2008). However, whether motivated by competition or business ethical concerns, there is little disagreement about the need for fostering learning organizations. Care, perceived as inquiry in pursuit of greater understanding and possibly action, resonates strongly with the language of organizational learning.

Argyris posits a distinction between the depth of learning that separates superficial from deep commitments to learning, and by extension ineffective from effective organizations: single versus double-loop learning. Single-loop learning addresses typical knowledge acquisition that takes place in response to problems, challenges, or errors employing existing rational paradigms and assumptions. Double-loop learning goes further to challenge operant existential and epistemological ideas. Argyris describes: “Double-loop learning occurs when a mismatch is detected and

corrected by first changing the underlying values and other features of the status quo. Single-loop learning remains within the accepted routines. Double-loop learning requires that new routines be created that were based on a different conception of the universe” (2003). Double-loop learning is not passive learning but an active stance that encourages a questioning attitude beyond propositional knowledge. “A double-loop learning asks questions not only about objective facts but also about the reasons and motives behind the facts” because there might be important reasons for an organization to rethink its assumptions and systems (1994).

In the following passage, Jeanne Liedtka addresses how an organization might express care for its customers. Within the caring relationship, information is shared and assumptions are challenged in a manner consistent with double-loop learning. Caring implies a depth of attention that precludes treating new information as mere facts.

To say that I care about my customers or my employees would place them as particular others and the capabilities that they represent at the center of my attention, and to work with them to realize those capabilities. The customer, for instance, is seen here as having a set of needs and possibilities to which, as a care-giver, I must attend. It is these needs, rather than the organization’s prepackaged solutions, that drive my response in a process that is part of an on-going relationship, rather than a transaction. (1996)

Liedtka suggests that the commitment to caring with its accompanying commitment to taking learning seriously, transforms business relationships. Stakeholders are no longer expendable universal or generalized others (Benhabib 1987). One cannot learn from abstract generalized others. Only particular others can be learned from and cared for.

What Argyris characterizes as double-loop learning reflects a kind of humility toward knowledge discovery. New information, rather than forced into existing rubrics of understanding, should be accorded the respect that warrants full consideration in regard to how one thinks about knowledge. In showing respect for new knowledge, one shows respect for the bearer of that knowledge, and in doing so contributes to the climate of caring. Mayeroff explicitly connects humility, knowledge, and caring:

Humility is present in caring in several ways. First, since caring is responsive to the growth of *this* other, caring involves continuous learning about the other: there is always something more to learn. The man who cares is genuinely humble in being ready and willing to learn more about the other and himself, and what caring involves. This includes learning from the one cared for as well: the teacher learns from the student; the parent learns from the child; and the artist learns from the work of art. No source is felt to be beneath me in principle; I am not humiliated to learn from any source, including my own mistakes. An attitude of not having anything further to learn is incompatible with caring. (1971)

The learning organization as Argyris and others describe it is compatible with the notion of a caring corporate culture. Caring and learning go hand in hand. They both seek the growth and development of the one cared for and the caregiver—and, by extension, the moral and material growth of the organization.

Conclusion: The Caring Organization

The caring organization need not be an oxymoron or a naïve ideal. An ethic of care conceptualized as a form of interpersonal inquiry can foment a learning organization within a culture of care and trust. A caring culture is a moral environment that is sensitive and responsive to a broad range of stakeholders. Caring does not preclude self-interest or the profit motive but it does establish a commitment to knowing and acting on behalf of others.

Caring can be viewed as a core competency of an organization.³ Core competencies are particular strengths or characteristic values of an organization that endure beyond the short term: “Core competency differs from product and market competency in that an organization’s core competency outlives product life cycles and market swings” (Frappaolo 2006). Caring is a strength of an organization that fosters a healthy work culture, maximizes the sharing of information, seeks out new knowledge, and leverages solid relationships. One unique aspect of caring is that, similar to Socrates’ notion of wisdom, it is latent in everyone. Organizations can foster the exercise of atrophied caring skills through training, modeling, leadership, and support systems—methods familiar to organizational behavior theorists as participating in culture change.⁴

How might a caring culture of inquiry be applied? Sheldene Simola offers one avenue of application. Simola argues that care ethics is a particularly effective approach to addressing contemporary demands for sustainable engagement in global business development. Simola cites Hart (2005) who claims that new approaches are needed for emerging global challenges and that leveraging “native capabilities” is crucial for success. Native capabilities are defined as “the ability to engage with, and, learn about local needs and traditions [which] facilitates the development of trust, and the “coinvention” of innovative, win-win solutions” (2007). Hart describes five competencies necessary to foster native capabilities: 1. Establishing connections, 2. Facilitating voice in those who have been traditionally excluded, 3. Attending to subjectivity, 4. Engendering trust, and 5. Establishing mutuality and creating win-win situations. (2005). As Simola points out, Hart’s description maps exceedingly well onto the elements of the ethic of care. For our purposes, note how the language resonates with a corporate culture of caring inquiry. Knowledge seeking and human connection are tied together in a manner that provides the foundation for imaginative “win-win” solutions all the while fostering a moral climate. This is just one example. Caring is a flexible competency that can inform any interaction.

³In C.K. Prahalad and Gary Hamel’s original work on core competencies, three definitional conditions were offered: (1) consumer benefit; (2) difficult for competitors to imitate; and, (3) ability to leverage widely to many products and markets (1990). Care does not fit condition number 2 in a strict sense. However, caring is such a rich and complex response that there is room for wide variation in how care is communicated to stakeholders.

⁴DeMoss and McCann contend that business schools are inadequately infusing care ethics into the business ethics curriculum (1997) leaving organizations desiring to create a caring culture at a disadvantage.

What might a caring corporate culture look like? In describing a caring society, Pearl M. Oliner and Samuel P. Oliner offer one glimpse (1995). They characterize the caring business as encouraging self understanding, led by managers who openly speak of care, having systems that foster care, welcoming conflict as an opportunity to learn, and envisioning the business organization as participating in caring efforts locally, nationally, and internationally. In particular, Oliner and Oliner emphasize the internalization of responsibility for care. They describe employees in a healthy caring environment as understanding that “taking care of others may be necessary at times but that practices which empower others to take care of themselves and others are generally preferable” (1995). Oliner and Oliner want to make it clear that care should not be equated with altruism or charity. Caring for others involves respecting them and their knowledge and abilities.

Georg von Krogh’s vision of a caring organization is intertwined with one that enables learning. He describes knowledge creation in organizations as fragile and requiring a caring culture to flourish. According to von Krogh, a caring culture exhibits trust, empathy, helping behaviors, lenience, courage and mentorship (2000). Many of these attributes appear antithetical to stereotypes of business behavior. For example, von Krogh indicates that a certain amount of leniency in corporate rule following can foster creativity and experimentation while reinforcing relationships over formal structures. By contrast von Krogh emphasizes that internal corporate hypercompetitiveness among employees is antithetical to the caring culture that enables knowledge creation. Ultimately, von Krogh finds a caring culture to be both ideal and pragmatic: “At the deepest level, care matters for moral, ethical, and social reasons. We are not suggesting, however, that companies throw all business concerns to the wind. In a postindustrial economy in which customer loyalty, strong brands, and radical innovations often give firms the competitive edge, improving relationships among all participants, listening to new ideas, and having the courage to handle constructive criticism are absolutely necessary for effective business operations” (2000).

Whether a corporation fosters it or not, caring occurs in every business. Individuals will care for one another even under oppressive circumstances. Indeed, it is caring that makes social life possible at all. Perhaps, because caring is so basic to the human condition, it has largely gone unnoticed in ethical theorizing and in particular in business ethical theorizing. In caring, businesses have a latent asset that contribute to its knowledge, success, and ethical environment.

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