

# Chapter 7

## Elucidating the Role of Care in Ethical Decision-Making and Action

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### Introduction

During the last 25 years, multiple conceptual models of ethical decision-making in business have been proposed (Dubinsky and Loken 1989; Ferrell and Gresham 1985; Hunt and Vitell 1986; Treviño 1986). A common feature of these approaches is that they build either implicitly or explicitly on the foundational stages articulated in Rest's (1986) four-component framework of moral problem-solving (Jones 1991), including recognition that an ethical issue has emerged; judgment about what would comprise a morally "right" course of action; the formation of intention to give precedence to moral values; and, actual implementation of ethical action.

The ethical decision-making framework articulated by Rest (1986, 1994) is primarily behavioral in nature. Not only does it describe four stages of ethical decision-making and action, but it also implies a range of individual, organizational, or issue-related factors through which *between-person* performance *within* each stage, or, *within-person* performance *across* each stage might vary (Rest 1986; Jones 1991). Indeed, substantial amounts of empirical research have investigated the role of such factors relative to each of Rest's (1986) four phases of decision-making and action (O'Fallon and Butterfield 2005; Treviño, Weaver, and Reynolds 2006).

In contrast to Rest's (1986, 1994) behavioral approach to ethical decision-making is a moral philosophical one. Within the moral philosophical method, certain theoretical perspectives such as consequentialism, deontology and virtue ethics (Buchholz and Rosenthal 2001; Donaldson and Werhane 1996; Treviño and Nelson 2006) are applied to business dilemmas in order to help evaluate and distinguish ethical courses of action. Notwithstanding the potential benefits that might be associated with more pragmatic efforts to resolve ethical dilemmas (Gioia 2002; Pamental 1991), the application of moral theory is highly valued because it moves the problem-solving process away from the use of ad hoc, idiosyncratic or

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opinion-based strategies toward more systematic and rigorous forms of reasoning through which morally justifiable decisions can be made (Buchholz and Rosenthal 2001).

Although the behavioral and philosophical approaches to ethical decision-making are not necessarily mutually exclusive, efforts aimed at their integration have been quite limited. In particular, moral philosophical approaches have commonly been understood to have relevance only to the second of Rest's (1986) four components, that of moral evaluation or judgment (Treviño and Nelson 2006; Wotruba 1993). There has been virtually no systematic exploration of the benefits of specific moral theories across all four stages of ethical decision-making and action. The dearth of research exploring such possibilities is lamentable given that efforts to bridge the moral philosophical and behavioral approaches could not only enhance our understanding of the practical and applied aspects of various moral theories, but could also deepen and broaden our conceptions of the components comprising Rest's (1986, 1994) decision-making framework.

The purpose of this article is to systematically consider the implications of one particular moral perspective as it applies across all four stages of ethical decision-making and action (Rest 1986, 1994). Specifically, this article will elucidate the implications and benefits of care ethics for each of the four stages comprising Rest's (1986, 1994) framework. In contrast to common assertions that moral theoretical approaches are differentially and primarily relevant only to the processes of moral evaluation or judgment comprising Rest's (1986) second phase of ethical decision-making (Treviño and Nelson 2006; Wotruba 1993), it will be argued here that certain distinctive features of contemporary care ethics not only have implications for every phase of the ethical decision-making process, but also, that these features of care can enhance individual performance within each phase.

In order to accomplish its purpose, this article will be structured in the following way. First, a brief review of the nature and defining characteristics of care ethics will be provided (Porter 1999). Second, each component of Rest's (1986, 1994) ethical decision-making framework will be considered in turn, and the implications of a care perspective for enhancing individual performance within each stage will be described. Brief examples from within the field of business ethics will be offered. Finally, directions for future research will be provided.

## Nature and Characteristics of Care Ethics

Despite the diverse theoretical roots of care ethics (Baier 1985; Gilligan 1977, 1982; Noddings 1984; Ruddick 1984; Tronto 1993; Whitbeck 1983), certain defining characteristics are widely recognized among care theorists (e.g., Clement 1996; Gatens 1998; Porter 1999). These distinctive features of care include responsive engagement with the subjective, particular and concrete needs of individuals within given situations (Porter 1999; Tronto 1993); use of emotion in understanding and responding to dilemmas (Tronto 1993); focus on human interdependence and the activation

and maintenance of relationships among individuals (Clement 1996; Gatens 1998); and, creative efforts to simultaneously fulfill seemingly conflicting responsibilities to more than one individual (Gilligan 1982).

Although historically care was seen as relevant to the private (i.e., familial) as opposed to the public (non-familial) sphere (Clement 1996), a number of theorists have demonstrated the usefulness of care for decision-making in much broader organizational or political arenas (Held 2006; McLaughlin 1997; Sevenhuijsen 1998; Tronto 1993). Indeed, care ethics have become an important theoretical perspective in ethical decision-making as it occurs in a number of disciplines, including business and management (French and Weis 2000; Liedtka 1999; Reiter 1996; Sama, Welcomer, and Gerde 2004; Simola 2003, 2005). However, as with alternate moral theoretical approaches, there has been a dearth of research on the implications of care ethics for various stages of ethical decision-making and action. Therefore, consider each of Rest's (1986, 1994) four stages of ethical decision-making, below, and the potential implications and benefits of care ethics within each stage.

## Moral Awareness

The first stage of Rest's (1986, 1994) ethical decision-making framework is moral awareness, which refers to the recognition that a moral or ethical concern has emerged and that one has a choice about how to respond to this issue (Rest 1986). In behavioral terms, moral awareness is thought to be related to characteristics of both the individual and the ethical situation itself (Jones 1991; Treviño 1986). Although empirical research within the management field has demonstrated that both individual factors such as training and experience and issue-related factors such as degree of social consensus and magnitude of potential consequences (Jones 1991) are positively related to recognition of a given issue (O'Fallon and Butterfield 2005; Treviño, Weaver, and Reynolds 2006), substantially less attention has been given to the implications of moral philosophical perspectives in ethical awareness or recognition.

For example, in their review of empirical research on the components of ethical decision-making in business, O'Fallon and Butterfield (2005) identified only two studies focused on the relationship between philosophical orientation and moral awareness, both of which found negative associations between ethical relativism and sensitivity to ethical issues. Indeed, when it comes to the application of moral philosophical approaches to ethical decision-making stages, management scholars have noted that such approaches tend to be predicated on the assumption that Rest's (1986, 1994) first stage of moral recognition has already occurred, even though this might not be the case (Treviño and Nelson 2006).

Despite the dearth of management research on the implications of particular moral theories for Rest's (1986, 1994) first stage of moral recognition, scholars outside of management disciplines have attended to this question, particularly as it pertains to care ethics (Held 2006; Jaggard 1989; Little 1995; Tronto 1993). Two interrelated areas in which care ethics are instructive for Rest's (1986, 1994) first

stage of moral recognition are attentiveness to the particular, subjective experiences of others and the epistemic value of emotion for moral awareness.

Although conventional moral theories have eschewed the cultivation and use of emotional skills in favour of a detached and rational approach to moral deliberation (Tronto 1993; Wicks, Gilbert, and Freeman 1994), a defining characteristic of care ethics is authentic engagement with and responsiveness to the subjective, particular and concrete *feelings* and needs of individuals in a given situation (Gilligan 1982; Held 2006; Tronto 1993). Furthermore, although conventional moral theories rely on distant and dispassionate deliberation in order to promote clarity and fairness, several contemporary theorists have argued persuasively that emotions in both oneself and others have epistemic value in moral recognition and deliberation (Jaggar 1989; Little 1995; Tronto 1993).

For example, Little (1995) argued that attentiveness to a range of emotions in oneself and others is not simply useful but also necessary for discerning a broad range of moral concerns. Drawing upon Ruddick (1987) now classic exposition of care ethics in the private (i.e., familial) sphere of mothering, Little (1995) delineated the inadequacy of a conventional and dispassionate “observational vigilance” for moral recognition in other spheres. Little (1995) argued that individuals who are *affectively* attuned to the subjective and particular needs of those around them will necessarily be more sensitized to a broader range of relevant issues as well as primed for the early recognition of even subtle emotional signals of impending risk or harm. In contrast, individuals relying on detached, distant and “objective” (Tronto 1993) forms of observational vigilance will necessarily be less sensitive to the subjective and particular feelings of those around them which may comprise early and subtle signals of potential moral violation or harm.

It is argued further that not only might emotional signals of potential violation or harm go unrecognized by those invoking purely rational perspectives, but also, that the seemingly “objective” criteria against which such concerns are evaluated within more “distant and detached” approaches might well be conflated with, or reflective of, the interests of those with power, thereby rendering less visible the needs and concerns of relatively disenfranchised stakeholder groups (Tronto 1993). Indeed, in their critical reinterpretation of the stakeholder concept, Wicks and colleagues argued that the western predilection for impersonal rationality “detaches us from the identities, emotions, needs, and perceptions of particular individuals” in ways that “erode their legitimacy as agents who deserve a ‘voice’ in corporations” (Wicks, Gilbert, and Freeman 1994, 481–482). They pointed out, however, that alternative approaches including care ethics activate our sensitivity toward the needs, feelings and perceptions of others in ways that strengthen their legitimacy as stakeholders.

When considering the epistemic value of emotions in care ethics, it is important to note that it is not simply the conventionally “positive” and “acceptable” emotions such as compassion or empathy that direct the attention of a moral agent to the plight of others, but also, the conventionally unacceptable emotions such as anger and disdain that can alert individuals to wrong-doing (Held 2006; Jaggar 1989; Little 1995; Lurie 2004). In particular, to the extent to which emotions such as anger signal the occurrence of injustice, carelessness or violation (Spelman 1989), then emotions

such as anger also signal the ethically concerning dimensions of a situation. Hence, care ethics, with their emphasis on attentiveness to and responsive engagement with the subjective, particular and concrete feelings and needs of others can enhance our sensitivity to and (early) recognition of emergent ethical issues.

One example of the epistemic value of emotion in moral awareness or recognition is in the area of leadership. In her discussion of care ethics in leadership, Ciulla (2009) highlighted the importance of emotional attentiveness to the subjective needs of followers as one mechanism through which to offset the disproportionate emphasis on objectivity and rationality that can unwittingly result in leadership failures involving the disregard or neglect of others.

Additionally, the use of emotion in moral recognition as advocated within care ethics is also gaining attention in other areas of ethics research. For example, Henrik (2008) noted that despite the emotionally charged nature of many organizational whistle-blowing occurrences, emotion has been largely overlooked as a contributing factor to the decision to engage in whistle-blowing, thereby leading whistle-blowing behavior to seem quite irrational and surprising to managers or other onlookers. Henrik argued that the absence of emotion in conventional models of whistle-blowing could be one reason why these models are weak in predicting whistle-blowing behavior. In contrast to these conventional models, Henrik (2008) demonstrated how various behavioral actions would be expected to *follow* from the specific emotional reactions of prospective whistle-blowers, thereby identifying an important role for attentiveness to emotions in early recognition of ethical concerns.

## Moral Evaluation

Rest's (1986) second stage of ethical decision-making is moral evaluation or judgment. Within business disciplines, research on this component is concerned with the influence of two main factors, including cognitive developmental stage of moral reasoning through which moral judgment occurs (i.e., Kohlberg 1969), and, the moral philosophical perspectives through which ethicality of various courses of action is assessed (e.g., Brady and Wheeler 1996; Davis, Andersen, and Curtis 2001).

As previously indicated, and by definition, Rest's second stage of moral evaluation is also the component of ethical decision-making for which moral philosophical frameworks have been seen to be differentially and primarily relevant (Treviño and Nelson 2006; Wotruba 1993). Indeed, a review of empirical research on ethical decision-making in business indicates a large number of studies on the relationship between various philosophical theories and the nature of ethical judgments made (O'Fallon and Butterfield 2005). Just as a range of other moral theoretical perspectives have had specific implications for ethical evaluation or judgment (Buchholz and Rosenthal 2001; Donaldson and Werhane 1996), so too would care ethics, as described below.

In his ground-breaking book on *The Ethics of Care and Empathy*, the influential philosopher Michael Slote (2007) considered the underlying mechanisms or

rationale through which individuals using care ethics evaluate moral dilemmas, and examined how individuals determine the type and degree of duty they have toward others. Slote (2007) argued that empathy is the process underlying the initiation, activation and maintenance of relationships central to care ethics, as well as the criterion against which potential courses of action relative to moral dilemmas are judged.

In elaborating the role of care ethics as a philosophical form of moral evaluation or judgment, Slote (2007) also identified the importance of psychological development for enhancing the empathic maturity underlying more advanced stages of care reasoning. For example, just as research in the Kohlbergian tradition (1969) has demonstrated that higher levels of cognitive moral development are associated with enhanced abilities in justice forms of ethical reasoning, so too has research on socio-emotional development indicated that more mature forms of empathy are associated with enhanced abilities in care forms of ethical reasoning.

Drawing on Hoffman's (2000) review of empirical research on the development of empathy in individuals, Slote (2007) identified how differences in the level and strength of empathic development can account for the level of care deemed appropriate to show to others. It was argued that as cognitive skills become increasingly complex and differentiated, so too do imaginative skills in relation to the plights of others, including occurrences that are current or future, distant or near, and, with related or unrelated others. It is through the facilitation, exercise and encouragement of this "inductive" imagining of the experiences of a range of others (including those who are distant, unrelated and at risk of future versus current suffering) that an empathically driven morality becomes infused in individuals. Thus, within care ethics, potential courses of action are judged to be "right" or "moral" through the extent to which the courses of action are motivated by and reflective of a receptive form of inductively-mediated empathy toward other individuals (Slote 2007).

Classic examples of care ethics in which courses of action were evaluated by the extent to which they were motivated by and reflective of empathy toward others include certain organizational crises (Simola 2003). This was true of the response of McDonald's executives to the 1984 shooting tragedy at the San Ysidro restaurant when an individual unrelated to McDonald's went on a shooting rampage that resulted in the deaths of 21 people at that franchise. McDonald's personnel made an explicit decision to judge their own prospective responses not according to legal standards, but rather, according to compassion for the families who were affected by the tragedy. For example, McDonald's suspended its national advertising campaign out of respect of the families, flew in families of the victims, paid hospital bills of the wounded, worked sensitively with community leaders in the dismantling of a shrine and the disposition of the property on which the tragedy occurred, and stood in solidarity with the community when it opposed a proposed docudrama about the massacre (Salv -Ramirez 1995; Starrman 1993). Indeed, McDonald's personnel were explicitly instructed by then VP and General Counsel Don Horowitz "I don't want you people to worry or care about the legal implications of what you might say. We are going to do what's right for the victims . . ." (Starrman 1993, 309). The use of compassion and empathy as standards against which to evaluate corporate

decisions was not only consistent with a care approach (Simola 2003), but also, turned out to be a highly effective and much lauded method of managing the crisis (Salvá-Ramirez 1995).

## Moral Intention

The third component of Rest's (1986) ethical decision-making framework occurs when individuals form an intention to give priority to moral values (e.g., integrity, fairness, honesty, care) over other values in the resolution of the ethical dilemma. As indicated by Rest (1986) the formation of moral intention involves not only the decision to give precedence to moral values, but also, the decision to do so even when this could result in personal loss or suffering for the decision-maker.

Empirical research by management scholars on the nature of moral intention and its link to moral behavior has been relatively limited (O'Fallon and Butterfield 2005). Notwithstanding conceptual arguments (Ferrell and Gresham 1985; Haidt 2001; Treviño 1986; Treviño and Nelson 2006) and emerging empirical evidence (Blasi 2005; Lapsley and Narvaez 2004) suggesting that moral action can (but does not necessarily) follow directly from either moral recognition or evaluation in the absence of explicitly and consciously formed moral intention, one other possible explanation for the relative under-development of the conceptual basis of moral intention is a broader tendency within traditional moral philosophy to differentially focus on conscious rationality, with limited attention to the role of internalized *desire* in moral motivation (Little 1995; Lurie 2004; Tronto 1993). However, within care ethics, desire plays an important underlying role in intentional behavior.

For example, Fine's (1988) work on the "missing discourse of desire" in conventional approaches to human development is instructive on the importance of desire to intentionality in care ethics (Tolman 1991). In her care-based assessment of adolescent girls' development, Tolman (1991) echoed earlier concerns that oftentimes, societal conversations or discourses tend to be discourses of "don't" rather than discourses of "desire" (Fine 1988). In discourses of "don't," individuals are given sets of socially accepted conventions about situations to avert or actions from which to refrain. However, by adhering to such conventions, individuals using discourses of "don't" tend to make reactive decisions, by *default*, based on movement away from things one ought *not* to do—rather than proactive decisions, by *desire*, based on movement toward those things that will result in authentically responsive interconnections with oneself and others. Within care ethics, decisions by default are considered problematic in that they imply reactive avoidance of rule violations rather than proactive promotion of and engagement with health sustaining relational processes (Tolman 1991), including ethical ones.

In management terms, one example of care-based, proactive movement toward an ideal, as opposed to reactive compliance with regulatory requirements would be in the area of environmental and social sustainability. As indicated by Hart (2005), the mid-1940s to 1960s were characterized by corporate denial of the detrimental environmental impacts of pollution. During the 1970s and 1980s, adherence to



environmental regulations was a compliance issue to which many organizations reactively responded. By the mid-1980s to 1990s, “greening” became prominent as many firms achieved incremental improvements on their own environmental performance. However, during the last two decades, there has been a reorientation and internalization among many firms of the values and capabilities needed to proactively move toward strategies that are truly sustainable not only in economic terms, but also in environmental and social ones (Hart 2002). The emphases on actively establishing organizational culture by design rather than default (Bhide 1996/1999) and on proactive movement toward deeply held core values are not only consistent with environmentally caring and sustainable practices, but also, central to longer-term prosperity and resilience in the business world (Collins and Porris 2000).

## Moral Action

The final stage of Rest’s (1986, 1994) ethical decision-making framework is the implementation of moral action. Although large numbers of empirical studies have investigated various individual and organizational factors associated with propensity to implement ethical action (O’Fallon and Butterfield 2005), the role of philosophical theory in enhancing propensity toward ethical action has been left largely unexplored. This is particularly concerning given the rather pressing need to consider how individuals can become better equipped with the practical skills that will help them translate their ethical awareness, judgment or intentions into action within complex corporate settings.

For example, the Ethics Education Task Force [EETF] of the Association to Advance Collegiate Schools of Business [AACSB] (2004) noted that there have been multiple occurrences in which otherwise principled individuals fall short when faced with ethical dilemmas in organizational contexts. It was argued that “simply saying “no” to a request to behave unethically . . . may not be enough” (p. 13). Consider, therefore, the ways in which the use of care ethics might better equip individuals toward ethical action in ways that move beyond simply saying “no” to unethical requests.

Implicit in the assertion that “simply saying no” to unethical requests “may not be enough” (AACSB, 2004) is the notion that zero sum (win-lose) approaches associated with simply saying “no” may be quite inadequate. In particular, although one could achieve a personal ethical win by simply saying “no” to unethical requests, this “win” of acting in accordance with one’s own ethical values could still be problematic if it is perceived to be a loss by and for the other party. The other party that is simply told “no” in response to an unethical request might experience disappointment, anger, frustration or shame at the outcome. This could in turn lead to negative career repercussions for the individual that denied the request. Given these risks associated with simply saying “no,” it is not unsurprising that individuals often have difficulty translating their ethical judgments or intentions into ethical action (Treviño and Brown 2004).



Note, however, that skills in creatively identifying non-zero sum (win-win) solutions to ethical problems could alleviate the negative consequences associated with win-lose approaches, making ethical action more likely. Although non-zero sum approaches might not always be possible in corporate contexts, their use, when appropriate, could support more skilled ethical action in which potential for reprisal when acting on one's ethical values is reduced. Interestingly, care ethics promote the use of non-zero sum approaches to moral problems.

For example, Reiter (1996) contrasted conventional ethical problem-solving frameworks in business to those reflected by care ethics. She pointed out that within conventional problem-solving frameworks individual decision-makers are encouraged to choose *between* different options reflecting the *positions* of various stakeholders. Reiter identified that such approaches are inherently zero sum in that one party's win will be the other party's loss.

Reiter (1996) therefore offered an alternative approach derived from care ethics (Gilligan 1982). She argued very persuasively that because care ethics focus on simultaneously and creatively fulfilling *seemingly* conflicting responsibilities to more than one person, that care ethics intrinsically focus on non-zero sum solutions. By attending to the subjective and particular *underlying interests* and needs of different stakeholders, those using care ethics can also expand the array of options available for resolving ethical dilemmas such that creative, non-zero sum (i.e., win-win) solutions can be found (Reiter 1996). Moreover, to the extent to which individuals implement creative non-zero sum solutions, they will also be able to avert the potential for relational strain or other negative repercussions that could result from "simply saying no" to unethical requests. Hence, facility in developing the type of non-zero sum solutions advocated within care ethics could increase the likelihood that one would actually implement ethical decisions.

Interestingly, Reiter's (1996) use of care ethics for promoting creative, non-zero sum solutions to ethical dilemmas is reminiscent of classical work by pioneering management scholar Mary Parker Follett (1924/1951). Follett's work on "integrating interests" in organizational behavior and ethics was prescient not only to several streams of contemporary management thought (Drucker 1995; Kanter 1995), but also and most notably here to contemporary theories of care (Burnier 2003; Fletcher 1999; Morton and Lindquist 1997).

For example, Follett (1924/1951) argued that "when differing interests meet, they need not oppose, but only confront each other" (p. 256). She argued that when one "confronts" differing interests among individuals, one of four outcomes results. These four outcomes include voluntary submission of one party; struggle followed by triumph for one party; compromise between the two parties; or, an integrative outcome that creatively meets the needs of more than one party.

Each of the first two outcomes is inherently a zero sum, win-lose solution likely to result in negative feelings for at least one party. Interestingly, the third outcome, of compromise, is also seen as problematic because it too involves concession or loss to one or both parties. Follett (1924/1951) therefore advocated not for the use of compromise, but rather, for the use of creative ingenuity, through which the fourth outcome could be achieved. She indicated that the fourth outcome represents

a qualitative shift in thinking toward finding integrative solutions in which the underlying interests of various parties are met, as opposed to a quantitative loss in which one or both sides sacrifice their underlying interests. This shift toward integrative solutions in behavioral and ethical problem-solving is consistent with requirements within care ethics to creatively find ways of fulfilling seemingly conflicting responsibilities to a range of stakeholders. Moreover, this use of integrative solutions also averts the concerns expressed by the AACSB (2004) EETF about the problems associated with “simply saying no” to unethical requests. Because such creative, integrative solutions simultaneously support the underlying interests and needs of more than one stakeholder, they decrease the risk of negative repercussions for the decision-maker, thereby enabling implementation of ethical action.

One micro-level example of creatively fulfilling multiple but seemingly conflicting ethical responsibilities to different stakeholders can be derived from the teaching case study “*Is the Customer Always Right*” by Pfeiffer and Forsberg (1993). In this useful (but somewhat dated) case, a customer asks a mechanic to disconnect the car’s catalytic converter. In this way the customer could use leaded gasoline and achieve better gas mileage. The mechanic points out it would be illegal (not to mention environmentally unfriendly) to do as requested and is also concerned about losing his job or getting a bad reputation. However, the mechanic knows the task could be completed in a discrete way and the customer has said he will go elsewhere both to achieve the disconnection of the catalytic converter and for all of his repairs if the mechanic turns him down.

On the surface this dilemma seems to have two obvious choices for the mechanic; (1) comply with the customer’s request at the potential expense of job loss, reputational damage and negative environmental impacts, or (2) decline the customer’s request at the potential expense of significant lost revenue and customer annoyance. Each of the two seemingly obvious solutions is inherently win-lose. One party’s gain will be the other party’s loss. However, creative efforts to identify ways of simultaneously fulfilling seemingly conflicting responsibilities could result in a third, more integrative option. In this case, the mechanic could identify alternate ways of meeting the customer’s underlying need of achieving better gas mileage. For example, ensuring appropriate tire pressure, replacing worn spark plugs or ensuring a clean fuel injection system. Use of this third approach that simultaneously addresses the specific underlying needs of both the customer and the mechanic enables a non-zero sum, win-win solution that can enable ethical action.

On a macro-level, perhaps the most common contemporary examples of creative and integrative solutions consistent with a care approach are those found in companies seeking to use the “triple bottom line” (Elkington 1997) in their approach to business. Within this approach, environmental and social sustainability are not necessarily incompatible with profitability. Rather, firms that are sustainability in environmental and social terms can also be profitable (Hart 2002). In fact, environmentally and socially sustainable business models might be even more profitable in developing economies than conventional transnational approaches (Hart and Christensen 2002; Prahalad and Hart 2002).

## Summary and Directions for Future Research

The purpose of this article was to consider the implications and benefits of care ethics across each of Rest's (1986, 1994) four behavioral stages of ethical decision-making and action. In contrast to conventional assumptions that moral philosophical frameworks are differentially and primarily relevant only to Rest's (1986) second stage of moral evaluation or judgment (Treviño and Nelson 2006; Wotruba 1993), it was demonstrated here that such frameworks can and do have clear implications for each of the four stages comprising Rest's (1986) decision-making framework. In particular, it was argued that care ethics—with their emphases on sensitivity and attentiveness to emotions in oneself and others, on using empathy as a criterion against which to evaluate the appropriateness of potential courses of action, on using discourses of desire rather than discourses of default in order to proactively promote health-sustaining relational practices, and, on creatively achieving non-zero sum solutions to dilemmas—can enhance individual performance across Rest's (1986) four stages of moral awareness, moral judgment, formation of moral intention, and, implementation of moral action, respectively.

Future research in this area could consider more closely the implications of other moral philosophical approaches across each of Rest's (1986, 1994) four stages of ethical decision-making and action. Similarly, more detailed consideration of various elements of a given moral philosophical approach within each decision-making stage would be helpful. For example, within care-ethics, how might a deeper philosophical understanding of various emotions in oneself and others, including the so-called “outlaw emotions” such as anger (Jaggar 1989) enhance moral awareness or recognition. Or, how might use of specific discourses of desire enhance moral intention even when there are risks associated with giving precedence to moral values in given situations. Finally, although the current article focused on Rest's (1986) dominant behavioral approach to ethical decision-making, consideration of the relationship between various moral philosophical perspectives and emerging social intuitionist approaches (e.g., Haidt 2001) would also be worthwhile.

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