Empirical research in the ethics of care: Finding new ways of seeing and understanding?

#ethics of care
#qualitative research
#critical applied ethics
#fieldwork

The ethics of care is a normative political ethical theory in which care is conceived as a fundamental ethical concept. In our *Care and Contested Coherence*-research group (CCC), which departs from this perspective, the actual experiences, beliefs and practices of real persons offer the indispensable basis for ethical reflection in search of common values and moral standards. We believe that what people actually feel, think and do has to be qualitatively described, analyzed and interpreted so that their moral relevance becomes explicit and can be recognized. We are not alone in the call for empirical research in order to make moral judgments, as in the last decade a large amount of empirical research has been carried out in the field of ethics. However, ethicists differ considerably in their reasons for using empirical data (Draulans 2010; Leget et al. 2009; Molenwijk et al. 2004). Research in the CCC-group departs from the perspective of critical applied ethics. In this chapter we will give an insight into the complexity and tensions of carrying out empirical research on the ethics of care from this perspective.

THE ETHICS OF CARE AND EMPIRICAL RESEARCH

From the late 1960s, the field of bioethics was dominated by philosophers and theologians who built the discipline according to their own traditions. There was hardly any room for approaches by social scientists. However, from the mid-1970s, more empirical research was being done in the field of ethics (Draulans 2010). Some authors speak of an 'empirical turn' which attempts to bridge the traditional gap between descriptive and normative ethics (Borry et al. 2005). As ethical and empirical approaches start from different (research) questions ¬ –the first is interested in conceptual clarification and normative justification, the second is focused on empirical description, reconstruction and analysis – the combination of these two has provoked difficulties. The step from 'is' to 'ought', or, in other words, the step from description to prescription, remains a difficult one. Ethicists who make use of empirical research continue to have problems in being explicit and precise about the relationship between ethics and the empirical and about the significance of the empirical data for their ethical analyses (Draulans 2010).

The ethics of care came into being as a critique on Kantian, utilitarian and liberal conceptions of the autonomous subject who makes rational choices (Gilligan 1982; Noddings 1984). Tronto broadened the scope of the ethics of care by adding a social-political stance. Since the publication of her book *Moral boundaries* (1993), care is perceived as a practice. The central concepts in the ethics of care are the specificity of situation and context, attention to the manner in which people interact, and sensitivity to the feelings that emerge during this interaction (Van Heijst 2011). The starting point of care ethics is that every form of care is moral as it always

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consists of something good. That good is more than useful, efficient or pleasant and is embedded in practice. Therefore, ethical questions cannot be answered adequately solely from deductive ethical reasoning. Empirical research therefore could yield greater insight into (the complexity of) care practices (Draulans 2010; Leget et al. 2009).

INTEGRATING EMPIRICAL RESEARCH AND NORMATIVE ETHICS

By pleading, as ethicists, for empirical research, we need to clarify our position. Molenwijk et al. (2004) differentiate four different methods for integrating empirical research and normative ethics: prescriptive applied ethics, theoretical ethics, critical applied ethics and normative ethics. Empirical research on care from our ethics of care perspective is considered as *critical applied ethics* (Leget et al. 2009). This position allows for a two-way relation between empirical data and normative theories. Care as a social practice must be judged both by empirical data and by normative ethics. A five stage process is distinguished in critical applied ethics: 1) determination of the problem; 2) description of the problem; 3) the study of effects and alternatives; 4) normative weighing; and 5) evaluation of a decision's effects. In each stage, the perspective is explored from both the empirical and the ethical point of view. Here, we will mainly focus on the difficulties we, as researchers, are

TAKING A PERSPECTIVE IMPLIES REGARDING CERTAIN QUESTIONS AS MORE IMPORTANT THAN OTHERS, AND REGARDING CERTAIN ANSWERS AS MORE RELEVANT THAN OTHERS. A RESEARCHER ALWAYS HAS SOME IDEAS ABOUT WHAT IS GOING ON IN THE FIELD, SUCH AS IN THE FIELD OF HOSPITAL CARE, AND THESE IDEAS ARE PROBABLY ACCOMPANIED BY SEVERAL NORMATIVE FEELINGS OR BELIEFS THAT THE RESEARCHER MAY HAVE.

confronted with in the first two stages, and we will further also elaborate on the tension within this two-way relation.
Before doing so, some words have to be spent on 'good care'. It is important to emphasize that in the ethics of care, 'care' is considered to be good when it is aimed at promoting the human person in all its dimensions. Care is the effort to keep life going when it is failing and when it loses quality and autonomy. Care is given before, during and after urgencies, and it involves more than putting things right after they have been disturbed (Klaver & Baart 2011). In other words, good care involves more than doing things properly medically: it supersedes that goal and is embedded in a wider one, that of providing excellent professional support for the most needy and of alleviating their suffering (Van Heijst 2011).

GOOD CARE

Our use of an ethics of care perspective interacts with our interpretative qualitative research and cannot be seen as separated. The following example illustrates this mutual influence:

> Mrs. Hill (72) has a hard time. She was admitted to the hospital for one day to receive blood and magnesium on a drip. Her daughter brought her in and will come back in the afternoon to take her mother back home. Mrs. Hill is lying on her bed for a while when the physician comes in to tell her that the blood results are not satisfactory and that she has to stay in the hospital for a few days. I can see that this message gives her a fright, but she nods dismayed. Half an hour later nurse Mary decides to go to the patient to have a talk, as she expects the lady to be very sad. When she wants to start a conversation, Mrs. Hill asks her to call her daughter to inform her about the situation; otherwise she will come in vain to the hospital to fetch her mother. The nurse walks away to make the call and when she comes back she tells that the daughter will come to visit her tonight. I can see that a burden is taken off Mrs. Hill's shoulders. Then she starts to cry. Nurse Mary sits down on the bedside and takes time to listen. Mrs. Hill begins to tell things about her life, her past, and about events that she regrets. I cannot exactly hear what she is saying, as she speaks softly. After a while she becomes a bit quieter. Nurse Mary pats her cheeks dry and slightly strokes her leg when we leave the room. Back in the office, I ask Mary about the story Mrs. Hill had told her. Mary answers that she actually does not know: she did not really understand what the old lady was talking about and she also had troubles hearing her well. I am flabbergasted: how is this possible? I thought the nurse decided to go to the patient to help her and stand by her; how can she do that without hearing the patient's story? "Do you know what is the most difficult of such occasions?" nurse Mary says, "the most difficult thing is to interrupt such a conversation." Later, when I enter the room of Mrs. Hill again, Mrs. Hill laughs at me and tells

me spontaneously: "such a good conversation we had, such a friendly nurse!"(Fieldwork notes Klaver, 2010)

The first step in critical applied ethics is the determination of the (moral) problem. Can we speak of a moral problem in this case? A social scientist not introduced into the ethical perspective of care would probably see this case as an example of good care, since both patient and nurse are satisfied with the care given. However in our example, due to the care ethical perspective from which the researcher (Klaver) is conducting her research, a moral problem is revealed. Here we see how the ethical perspective and the empirical observations mutually influence each other. Despite the empirical observation that the patient claims to be satisfied, one could still ask the question whether it is appropriate to speak of good care when a nurse does not hear what the patient says.

The second step is the description of the problem, which starts but not ends with the identification of the problem. The identification and description of the problem by interpretative research always takes place from a certain perspective, which must be explicitly acknowledged and formulated. Taking a perspective implies regarding certain questions as more important than others, and regarding certain answers as more relevant than others. A researcher always has some ideas about what is going on in the field, such as in the field of hospital care, and these ideas are probably accompanied by several normative feelings or beliefs that the researcher may have. In the above case example, this is shown by the researcher having a certain idea of what good care consists of. As researchers in the field of the ethics of care, we thus consider some issues as a moral problem and others not. In other words, our gaze is pulled to certain practices which we find important to investigate further in order to better understand what is actually at stake. This gaze is influenced by our (ethical) background. While gathering data, the researcher comes across some things that are striking and some things that are not. In order to prevent misinterpretation of observations, informal talks are often used. However, we cannot ignore the fact that suppositions already lead to hypotheses about what is going to be seen and determine the questions asked by the researcher. Moreover, the questions arising from what strikes the researcher will further guide his or her fieldwork. Doing this kind of research, one should realize that judgments or awkward feelings arise from a certain perspective and must always be verified. Only then can an empirical study from an ethical perspective be fruitful. In this case, the researcher was surprised by the patient's considering the quality of care administered to her as good, because what the researcher had witnessed seemed to belie what care ethics emphasizes: connectedness, relationships, attention, engagement, authenticity, etc. Because the nurse had not really heard what the patient had been telling her, the researcher at first hand judged the care imparted by the nurse as insufficient. However, what was found (empirically) was that both the nurse and the patient were satisfied with what had happened here.

Reflection on this involves that we have an important question to ask ourselves: 'What is the leading argument for good care? Should we base this on the experiences of the patient and the nurse or on the normative standpoint of the research-ethicist?' One might think something like: patient and nurse are both content about the care, so why bother as an ethicist? Or do we have to take the analysis one step further and look for the answer why both are satisfied with the delivered care? Here, *critical applied ethics* can function as leverage for analyzing and asking critical questions about the observed practices and by doing so, new ways of seeing and understanding can be revealed.

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