Care and contested coherence

a Dutch way of doing ethics of care

Frans Vosman, Andries Baart, Klaartje Klaver

Tilburg University

Understanding Society

Who we are (Tilburg)

Our academic and societal affiliations

Tilburg School of Humanities
Department of Cultural Studies
Chair Ethics of Care

Andries Baart

Anne Goossensen

Carlo Leget

Claar van Roessel

Eric van Elst

Frans Vosman

Gert Olthuis

Hanneke van der Meide

Inge van Nistelrooy

Klaartje Klaver

Luuk Langens

Archie de Ceuninck

Carolien Prins

Els van Wijngaarden

Esther Kuis

Guus Timmerman

Jan Jukema

Jean Pierre Wilken

Judith Leest

Lucas Vennemann

Madeleine Timmermann

Marcel Boonen

Marlies van der Zande

Mary Bontemps

Michael Kolen

Mieke Grypdonck

Susanne van den Hooff

Ton Zondervan

Research Program *Care and Contested Coherence*

TILBURG UNIVERSITY

Our academic and societal affiliations

- Tilburg University
- University of Humanistics

- Universities of Applied Sciences

- Foundation *Zorgethiek.nu*
- Foundation *Presentie*

- A broad variety of social organizations in diverse domains of care, most importantly:
  - hospital care & nursing
  - elderly care / dementia
  - youth care
  - psychiatry
  - fysically & mentally disabled people
  - homeless & addicted people
  - vulnerable children & youngsters in disadvantaged neighborhoods,
  - teenage mothers
  - school drop-outs, etc.

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Overview presentation

Overview presentation (2008-today)

1. Dutch ethics of care: Amsterdam, Groningen, Tilburg / Utrecht each with its typical scope
2. *Care and contested coherence*: the elementary initial insights in 2008
3. Overview research project on the basis of the 2008-program
4. Insights that changed since 2008 on the basis of research
5. Theorizing and practices
6. Future research
7. Colleague profs: Grypdonck, Goossensen, Leget
8. Example (by Klaartje Klaver): giving attention on the oncology ward

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Dutch Ethics of Care

Universities and *Universities of Applied Sciences*

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Different perspectives on ethics of care

Amsterdam	
FREE UNIVERSITY, Medical School	Research group profs. Guy Widdershoven & Tineke Abma (moral deliberation) and research group prof. Cees Hartogh (elderly care).
FREE UNIVERSITY, Theological Faculty	Prof. Hans Reinders (theological ethics and disability); emeritus prof. Herman Meininger (mental disability)
UNIVERSITY OF AMSTERDAM, Medical School	Prof. Dick Willems (medical ethics)

Different perspectives on ethics of care

Groningen	
RIJKSUNIVERSITEIT GRONINGEN, Medical School	Prof. Marian Verkerk (family care)

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Different perspectives on ethics of care

Tilburg	
TILBURG UNIVERSITY, School of Humanities	• Research group *Care and contested coherence* (Vosman, Baart, Goossensen, Grypdonck, Leget and others); • Prof. Annelies van Heijst (images of care)
Utrecht	
UNIVERSITY OF HUMANISTICS, Humanities, Social sciences	CCC moves to University of Humanistics (completed in 2013 Sept.)

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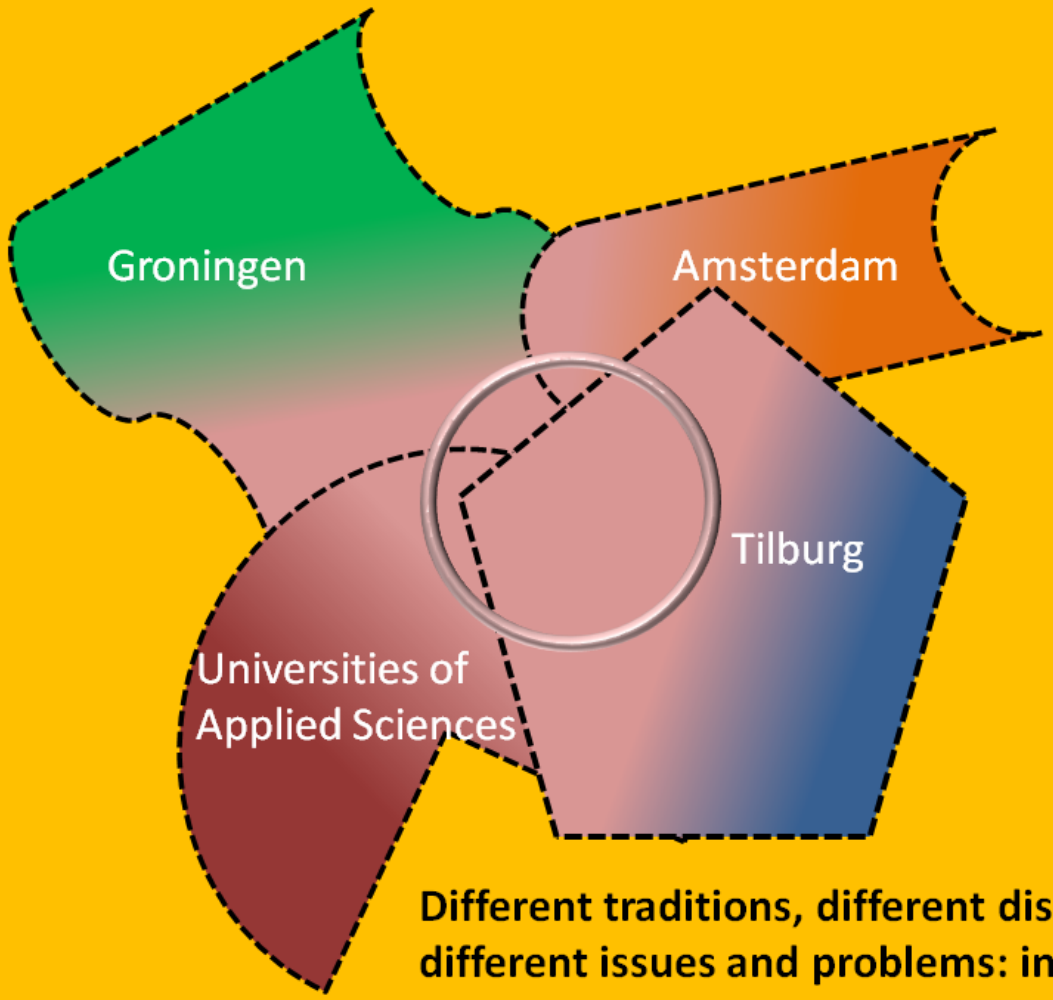
Different perspectives on ethics of care

Zwolle, Utrecht, Arnhem/Nijmegen	
	Universities of applied sciences (HU, Windesheim, HAN, etc.)

Overlap and differences



Different traditions, different disciplines, different issues and problems: in the center Dutch Ethics of Care

Our initial insights (Tilburg Research Group 2008)

Basic insights in 2008

Inaugural speeches UvT
Vosman and Baart

In 2008 we formulated several basic insights that gave direction to the development of the ethics of care in our research program.

In the next sheets these will be summarized in eight points.

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Basic insights in 2008

1 Identity of ethics of care	• not yet fully developed but fundamental theory • essentially: political ethics • different from applied ethics • caring not on the basis of principles but of basic insights

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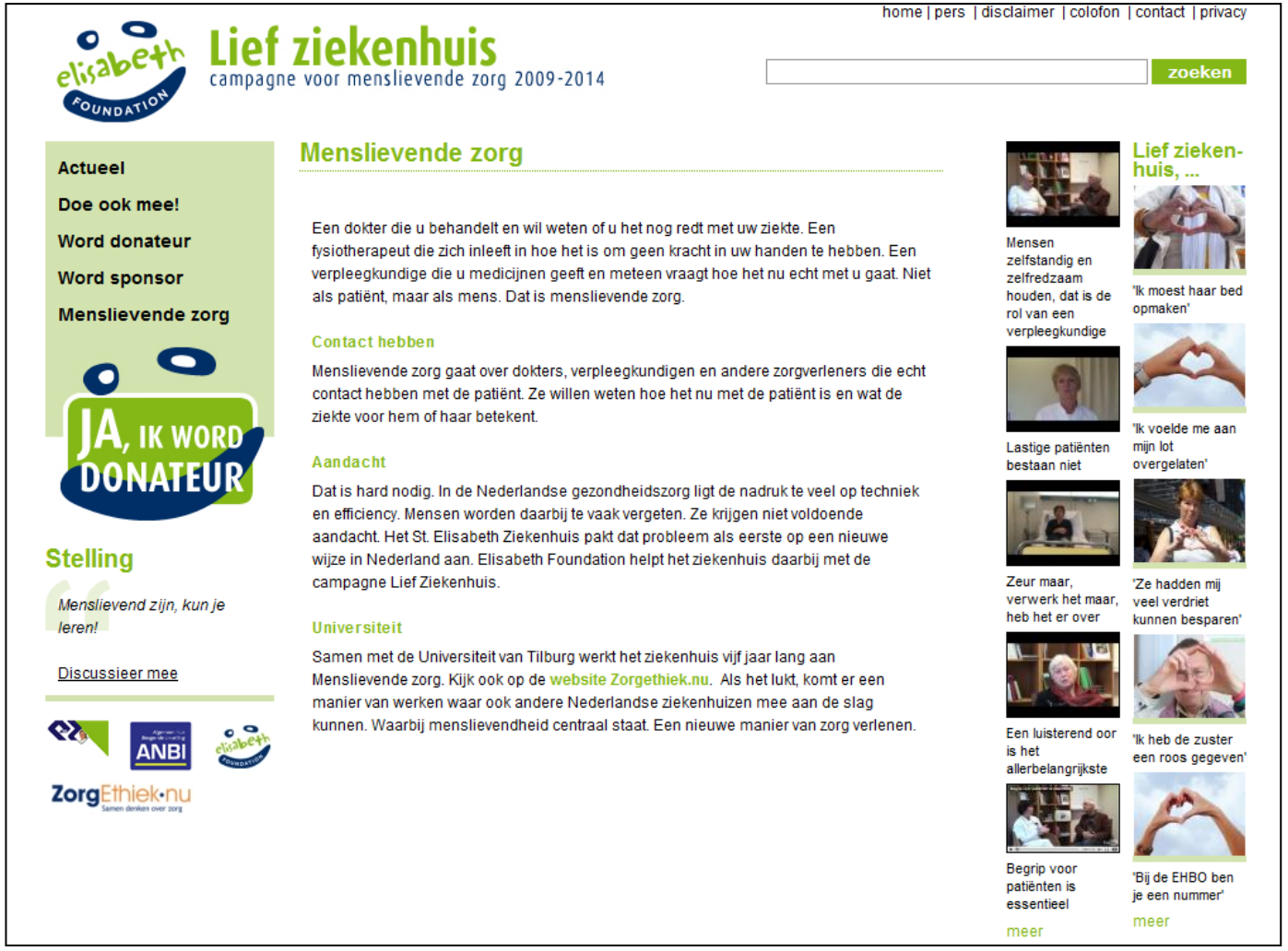
7 Changing practices	Ethics of care has the potential to redesign caring practices (transition of organizations) and does so by learning processes in communities of practice
8 Empirical groundedness	To strengthen the ethical care normativity it should be as much empirically grounded as possible

Overview research projects
on the basis of 2008-program

2008-2012: picture of our research

Program *Loving care* with the Elisabeth Hospital: the general hospital, institution, practice, systems (Baart & Vosman, *poster* Olthuis)



2008-2012: picture of our research

Further *(not exhaustive)*:

- Learning within the practices of care (*poster* Van Elst, Baart)
- Transition processes, muddling through and tinkering (*poster* Baart)
- Frailty and empowerment (Wilken, *poster* Van der Meiden)
- Quality systems (Baart, *poster & sheet* Goossensen)
- Mismatch (Baart, *poster* Goossensen)
- A care ethical view on human dignity (*sheets* Leget)
- Attentiveness (*sheets and poster* Klaver*)*
- Constant methodological reflection on and improvement of our qualitative research (*sheet* Grypdonck, Baart)
- *Etc. etc. → posters Kolen, Boonen, Bontemps, De Ceuninck et al.*

Major progress and worries (2008 – today)

Lessons learned: 2008 and beyond

1 Our original conceptualization of ‘practices’ turned out to be too normative and not appropriate for the care processes in the general hospital: without an adequate idea of practice misunderstanding and moralizing pop up

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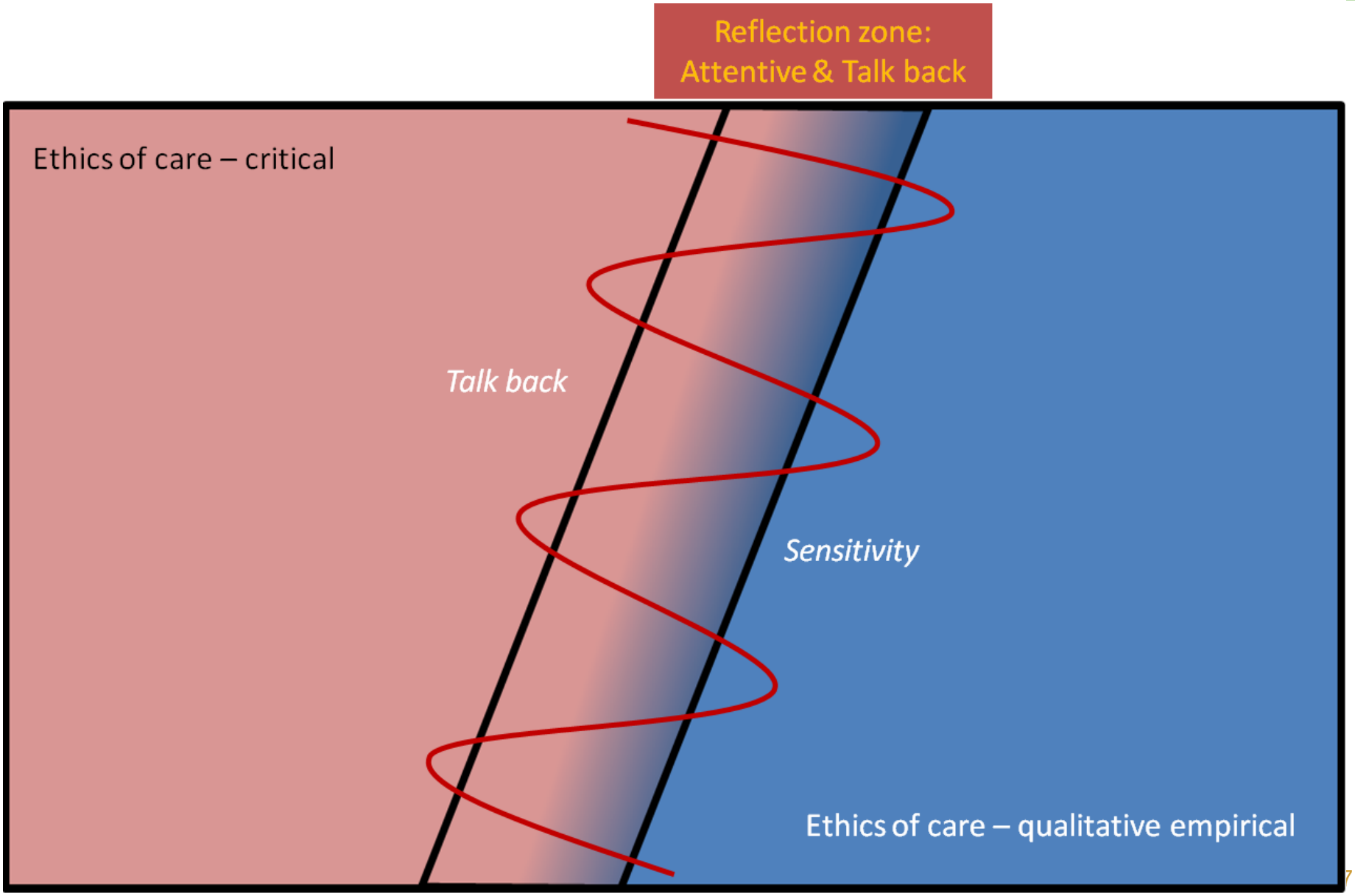
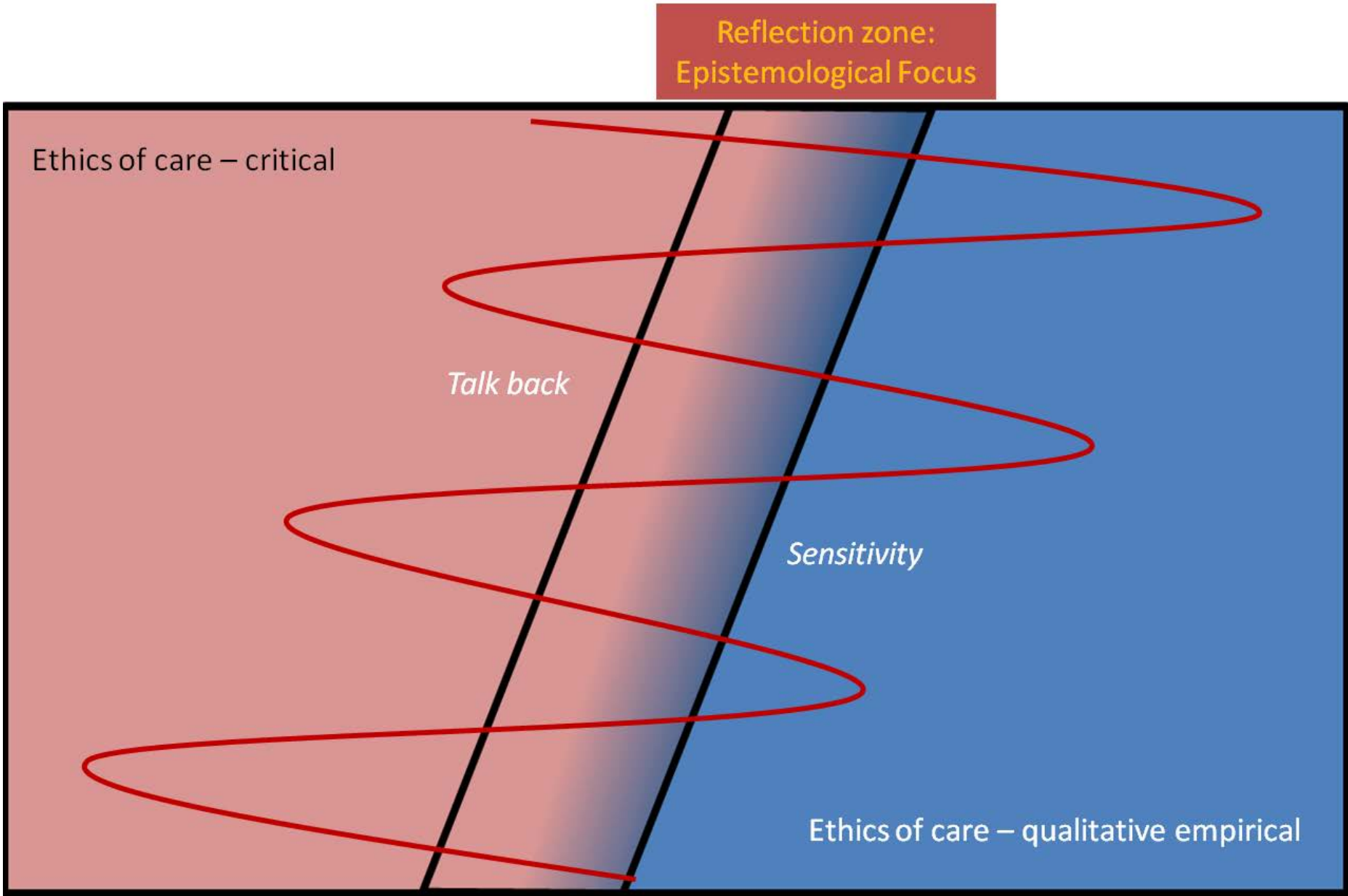
7 Ideas exist in a particular context and unfold their meaning there → critique on abstracting normative theory

Theorizing and Practices

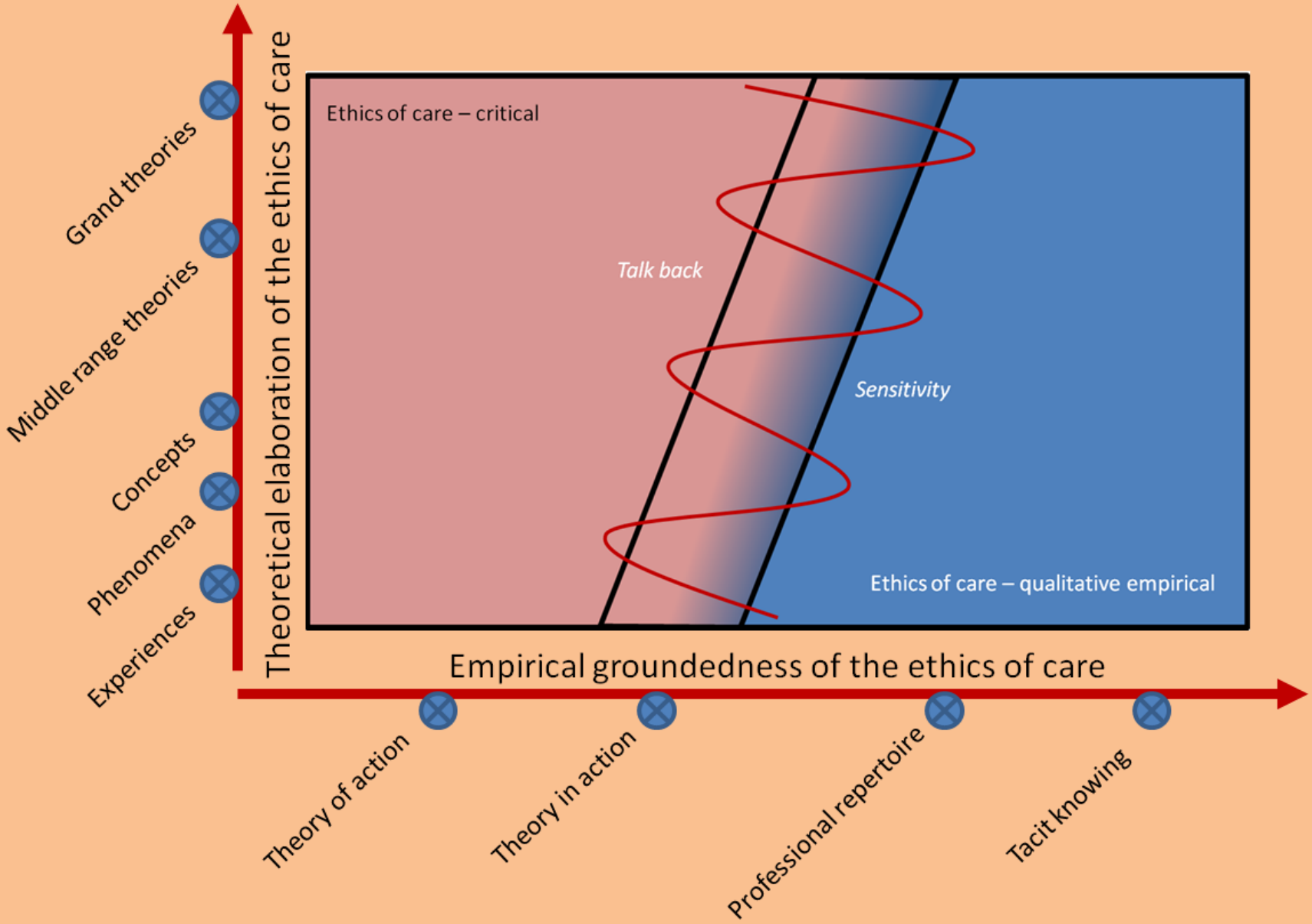
Methodological movement between critical conceptual, hermeneutic, phenomenological and qualitative empirical research



From the conceptual deep into the empirical and vice versa



Methodological movement between critical conceptual, hermeneutic, phenomenological and qualitative empirical research



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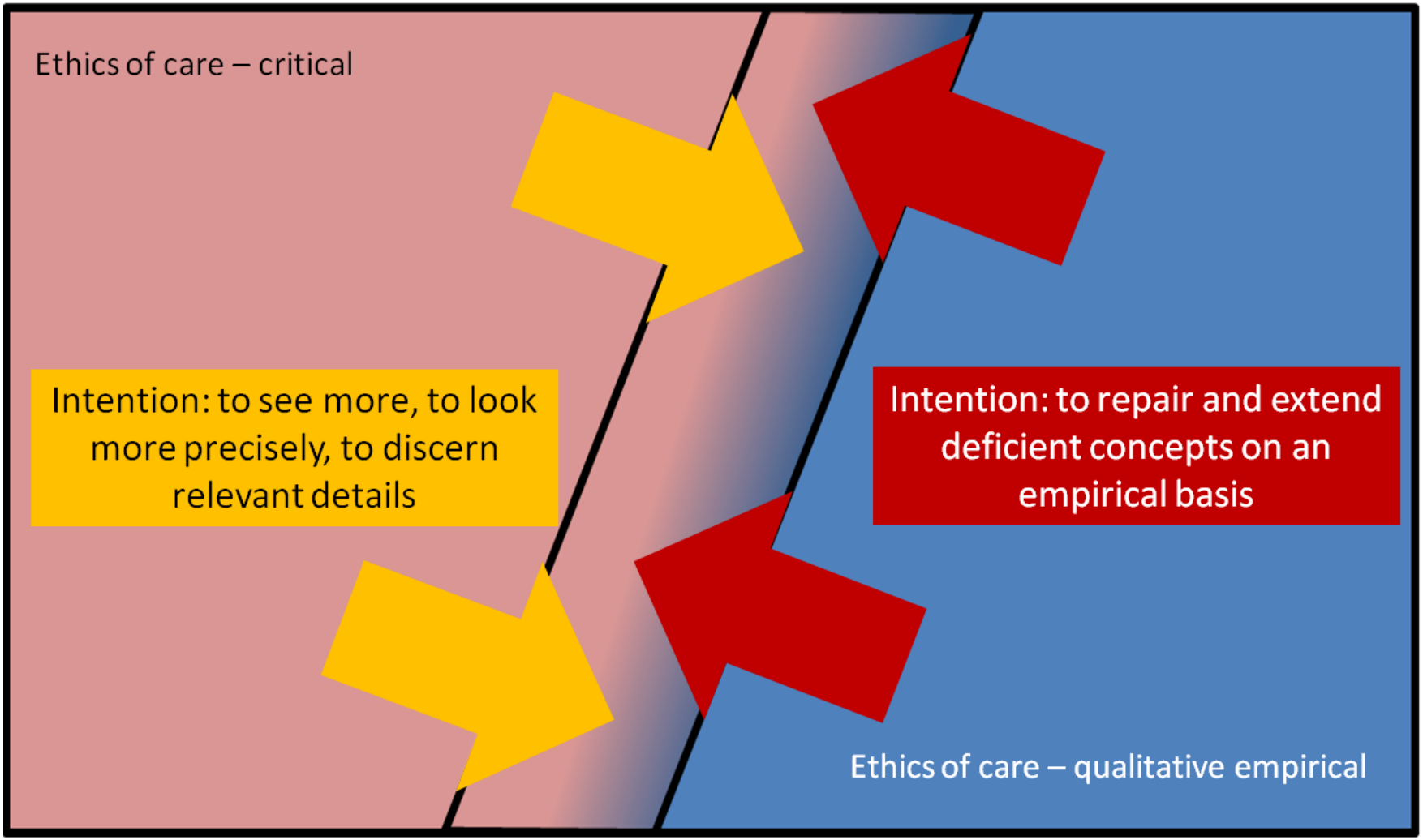
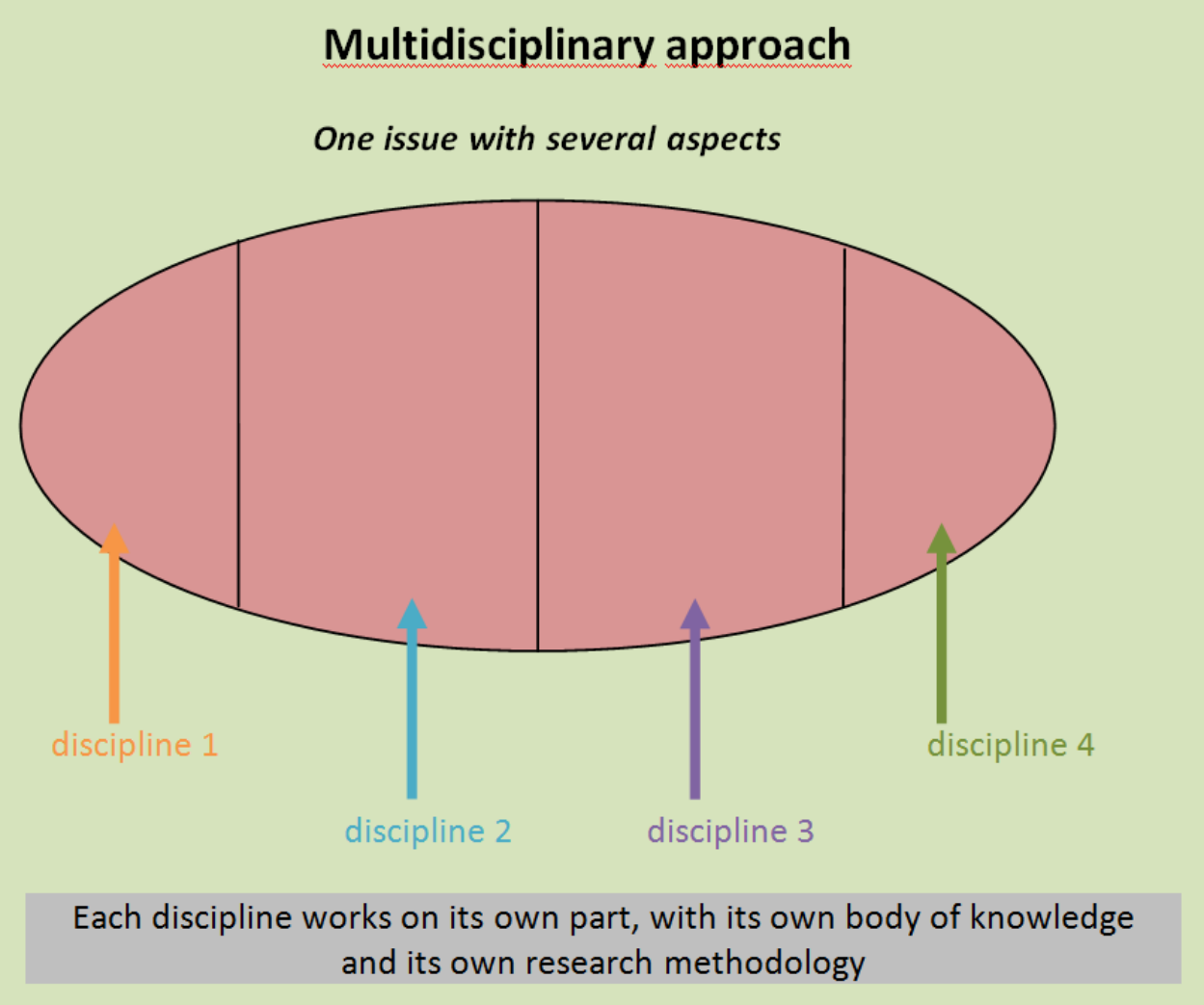


Beyond empirical naivety and fact free reasoning

Cooperation of disciplines



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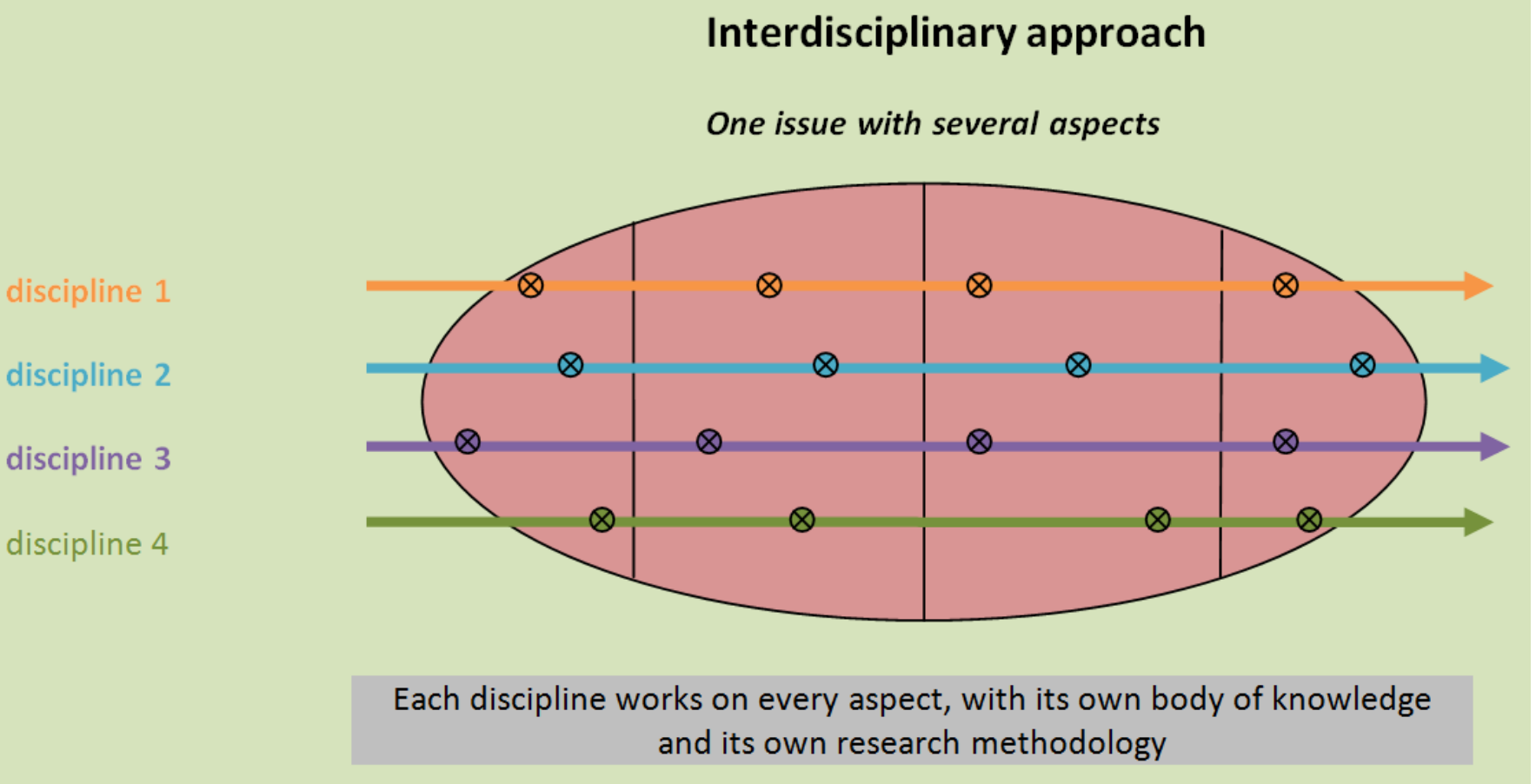


Cooperation of disciplines

Intradisciplinary approach

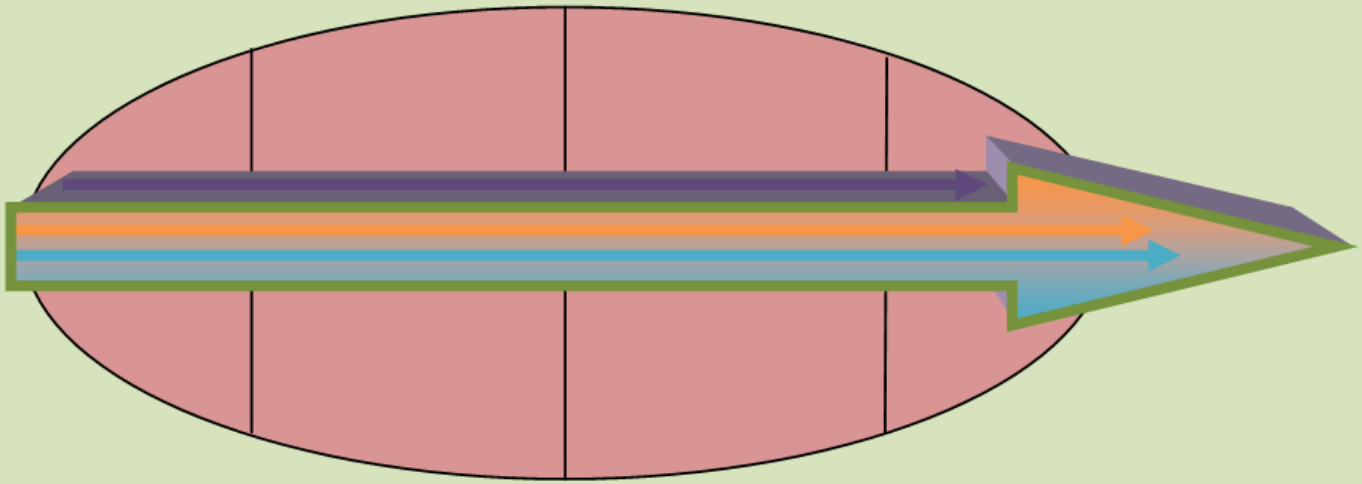
One issue with several aspects

discipline 1

discipline 2

discipline 3

discipline 4



Within the frame of one discipline other disciplines are 'absorbed' and adapted or recasted, both with their body of knowledge and their research methodology: analyzing according to that discipline implies automatically analyzing with the attuned other sources of knowing (→ see Klaartje Klaver on 'attentiveness')

Future international and cooperative research

European research on patient imaginaries

- The deforming character of patient concepts
- The ownership of care and patient concepts
- The inability to think care and to further humanisation
- Imaginaries as luring concepts: ‘be and behave like this’

➔ Research in practices with professionals and with patients and their fellows

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➔ Research in practices with professionals and with patients and their fellows

Please, feel invited by our proposals and posters to cooperation and joint ventures!

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Our colleague profs:

- Grypdonck
- Goossensen
- Leget

Grypdonck (em.): nursing and ethics of care

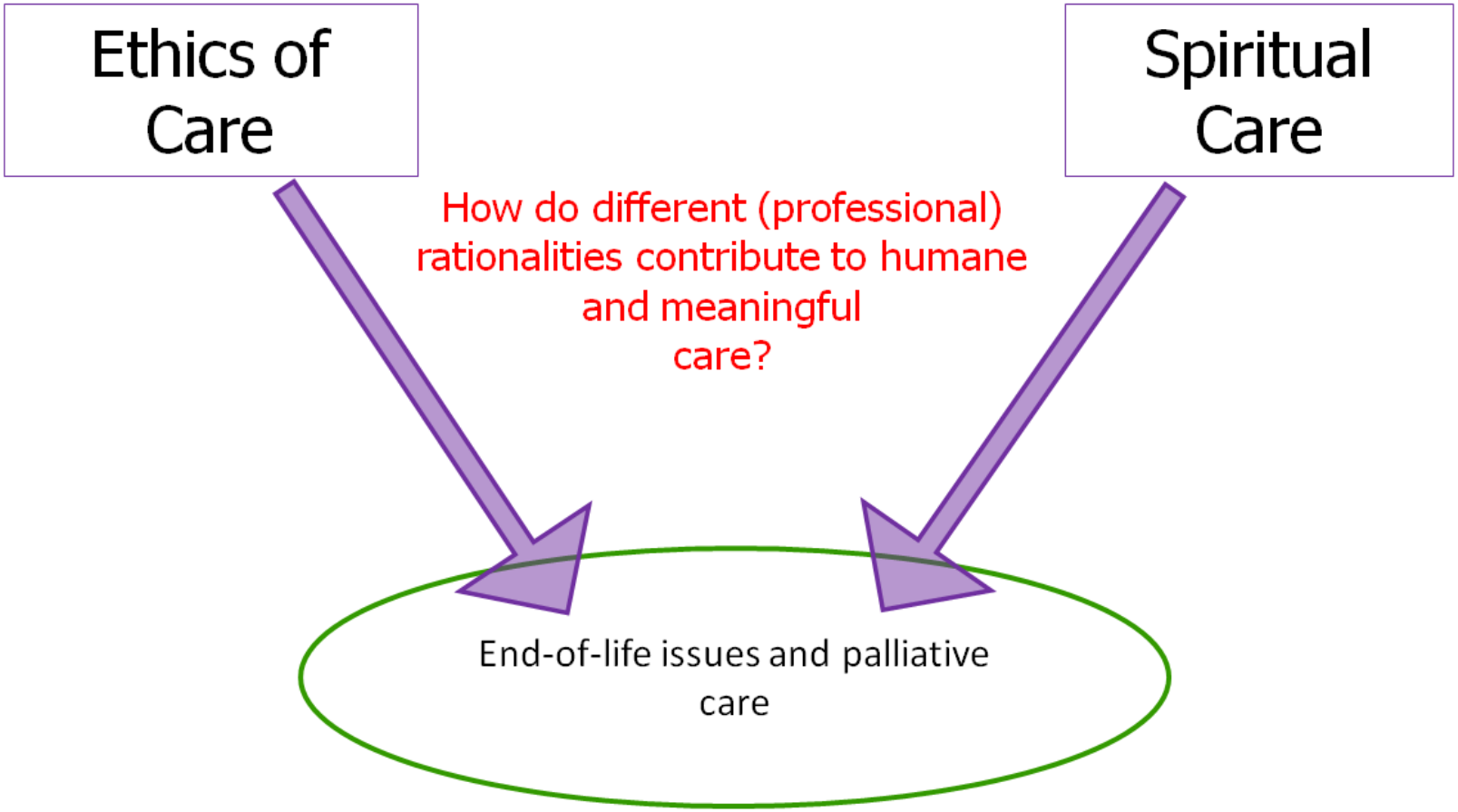
Emphasis in research

- Nursing and the theory of presence / ethics of care (with Baart)
- Research into the experiences of oncology patients (and their fellows)
- Phenomenological research into suffering, hope and ‘letting go’ – being there / presence
- Elaboration of the analytic instrument ‘worries and responses’ (with Baart)
- Innovation of qualitative research.

Anne Goossensen: Quality of care research from care ethical perspective

- Building conceptual bridges to main stream quality criteria and concepts in healthcare
- Developing measurements to assess quality of care from care ethical perspective (with Baart)
- Performing tests in care institutions and validation studies of the instruments
- Positioning of ‘mismatch’ as a central concept to illustrate shortcomings of mainstream quality operationalisation and measurements (with Baart)
- Performing qualitative studies to explain how and where mismatch appears in care situations
- Creating sense of urgency for innovation initiatives based on mismatch information, in order to create more sensible adaptation to patients and their proxies
- Explaining care parties what improvement means for individual workers, their managers, the culture and caresystem
- Enable implementation by a social movement approach

Carlo Leget: focus of research



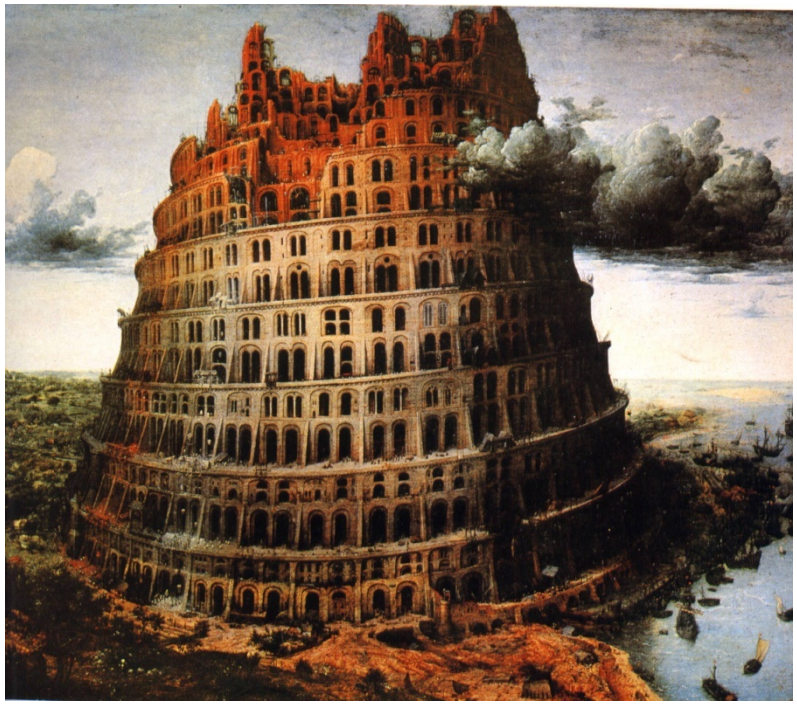
Example: the concept of dignity

Notoriously vague
concept (Macklin BMJ:2003)

Much confusion

Political (rhetorical) use
in end of life discussions

But what does it mean?

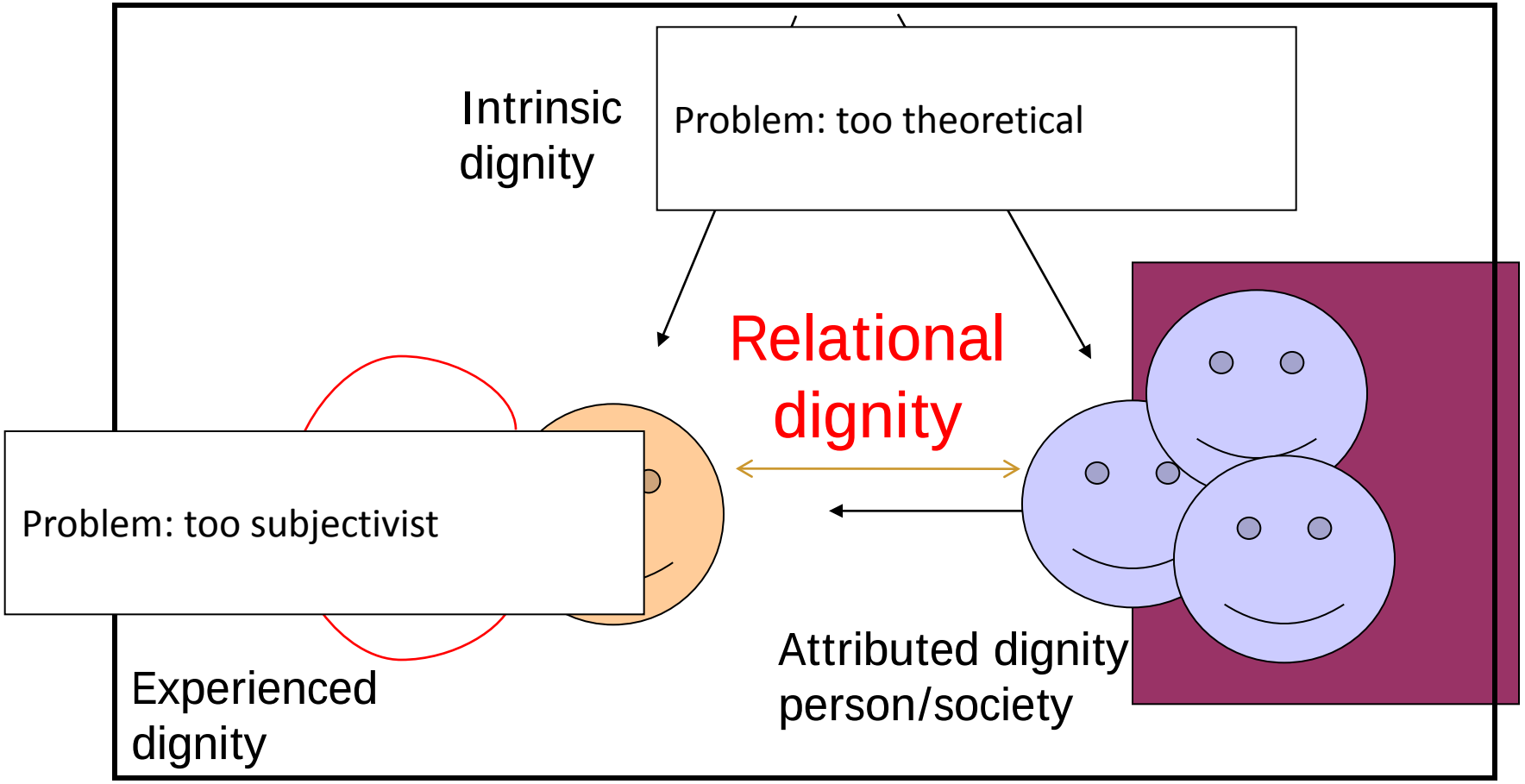


➔looking at the practices on which the use of the concept is based

Ethics of care: mosaic of insights

- Moral understandings are framed by social practices
- Particularity of practices is morally relevant
- Web of caring relationships as fundamental to human life
- Importance of emotion in ethical reflection
- Acceptance of vulnerability / mortality
- Sensitive to exclusion and power balance

Practices of relational dignity as the most fundamental



Example from our research

Attentiveness in hospital care

Klaartje Klaver MSc. PhD-student
Supervisor: Prof. Dr. Andries Baart

Tilburg University

Understanding Society

Key question of this presentation

How is *attentiveness* conceptualized to make it researchable from an ethics of care perspective?

at·ten·tive (ə-tĕn′tĭv)
adj.

1. Giving care or attention; watchful: *attentive to detail.*
2. Marked by or offering devoted and assiduous attention to the pleasure or comfort of others. See Synonyms at thoughtful.
3. Expressing affectionate interest through close observation and gallant gestures: *He played the attentive suitor, complete with roses and bonbons.*

at·ten′tive·ly *adv.*

at·ten′tive·ness *n.*

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Overview presentation

1. My PhD project
2. Existing perspectives on attentiveness
3. The difficulty of using these perspectives
4. Towards a care ethical conceptualisation of attentiveness: *the theoretical points of departure*
5. Towards a care ethical conceptualisation of attentiveness: *an empirically grounded understanding*

1. My PhD project

1. My PhD project background

Research questions

- How does attentiveness appear in the hospital?
- How can we understand the (lived) experience of it?
- How is attentiveness related to (the quality of) the care provided?
- (How) can we explain the observed forms and meanings?

Research design & methodolody

- Design: empirical interpretative qualitative study
- Methods: ethnographic methods such as participant observation and informal interviews
- Field: oncology department of a general hospital in the Netherlands
- Participants: both caregivers (doctors and nurses) and care receivers (patients and their family)

2. Existing perspectives on attentiveness

2. Existing perspectives on attentiveness

in the ethics of care:

- Attentiveness = the ethical element coupled with *caring about*, the first phase of care (Tronto)
- Attentiveness = care (Conradi)
- Attentiveness = essential quality standard: no good care without attentiveness (Baart)

2. Existing perspectives on attentiveness

outside the ethics of care:

- Psychology (concentration)
- Philosophy (consciousness) and phenomenology (perception)
- Theology / spirituality (dedication)
- Literature / art theory (creation of meaning)

2. Existing perspectives on attentiveness

Example. Attentiveness in different forms/meanings:

- Attentiveness to the pain of the patient
- Attentiveness to the person who is in pain.
- Observing attention necessary to ensure that patients take their medication
- Attention that notes that the pills are not taken but still on the night table
- Attention that keeps an eye on a patient's use of Primperan in order to prevent him from using too much

3. The difficulty of using these existing perspectives

3. Difficulty of using existing perspectives

- Let ourselves be nourished by the existing insights…
- …however: accompanied by comprehensive clarification of problem and perspective!
- Common ground and dialogue are missing…
- What does it mean to combine insights of perspectives that were completely independant of each other until now? (Both difficulty and advantage)
- Openness and reflection with regard to this issue! (especially in a study on attention……)

4. Towards a care ethical conceptualisation of attentiveness: *the theoretical points of departure*

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Attentiveness…

- is not an “extra” but constitutive for good care
- is an interdisciplinary (or intradisciplinary?) concept
- can be good but also bad
- is understood as a social phenomenon that can only occur between two or more people: it needs not only a “giver” but also a “receiver”
- is located at the intersection of attention as a cognitive capacity and attention expressing itself as love or care
- is not only an attitude or a virtue but requires certain competencies
- sees, which is necessary (for care), but is also good in itself (=care)
- has an object or theme, which can be fixed but also dynamic
- is connected with intention: attention is always given from a certain position, formed and restricted by a certain (institutional) context, etc.

5. Towards a care ethical conceptualisation of attentiveness: *an empirically grounded conceptualisation*

The challenge of grounded theory:

Researcher must develop theoretical sensitivity to be able to identify theoretically relevant phenomena.

≠

Theoretical concepts emerge from the data as the researcher enters the field without preconceived theories or hypotheses.

4. Towards a care ethical conceptualisation of attentiveness: *the theoretical points of departure*

Which care ethical criteria can we find in the conceptualization?

1. Attentiveness is interpreted *in a moral/ethical way:*
   - Level of individuals
   - Institutional level
2. Attentiveness is a *practice.*
3. Attentiveness is *relational* and *situation-specific.*
4. What attentiveness is, finds its answer in *responsiveness* (Tronto).

>>> These criteria force us to undertake empirical research…

5. Towards a care ethical conceptualization of attentiveness: *an empirically grounded understanding*

5. Towards a care ethical conceptualisation of attentiveness: *an empirically grounded conceptualisation*

	A	B	C	D	E	F	G	H	I	J	K	L	
1	**Casus**	**Extra info**	**Hoe begint het? (aanleiding?)**	**Hoe begint het? (aanleiding?)**	**Wat is het doel van pt?**	**Hoe bekend zijn Zv-Pt met elkaar?**	**Hoe ziet Pt de Zv?**	**Hoe is perceptie Pt te verklaren? (waarop is zijn beeld v Zv**	**Hoe ziet Zv de patiënt?**	**Hoe is perceptie Zv te verklaren? (waarop is zijn beeld v pt**	**Welke rol speelt interpretatie?**	**Contextfactoren: wat speelt er (mogelijk) nog meer mee?**	**Ho co (co**
2			**Startsituatie zorgverlener (aandacht bezet/onbezet?)**	**Hoe ziet het appel eruit?**									
3	**1a. Mw. E._A**	Pte is vriendelijk, duidelijk, goed verzorgd.	Vpk is in de kamer wegens andere reden; heeft nu handen vrij. =ruimte	Expliciet verzoek	Litteken (laten) insmeren; pijn/irritatie verminderen.	Kennen elkaar nauwelijks	Een vriendelijke verpleegkundige (die dingen snapt/aanvoelt??) met een takenpakket dat insmeren toestaat. (NB: dit beeld blijft bestaan > vpk maakt verwachting waar.)	*Standaard aanname:* standaard verwachting van hoe en waarvoor een verpleegkundige is.	Een goed verzorgde, vriendelijke vrouw die nadere verzorging vraagt (insmeren) voor haar pijnlijke litteken.	*Vermoeden* op basis van interpreteren+includer en uiterlijke kenmerken pte.	*Elepenkt:* verzoek is eenduidig. *Lastig*: uiterlijke kenmerken van patiënt vertalen naar wie ze is.	x	
4	**1b. Mw. E._B**	Pte is vriendelijk, duidelijk, goed verzorgd.	Vpk is medicijnen aan het ronddelen. =aandacht is bezet	Expliciete (negatieve) uiting, tamelijk kritisch, geen expliciet verzoek	Geen (direct, voor zichzelf duidelijk) doel	Kennen elkaar nauwelijks	Gewoon weer een verpleegkundige (negatiever beeld dan dag ervoor? Begint ze daarom op assertievere toon??) (NB: vpk bevestigt/versterkt negatief beeld)	Negatiever beeld van vpkn door *ervaren hebben* van klungelende collega-vpk (vochtbalans). ??	Een kakmadam die zeurt en klaagt.	*Standaard aanname:* pte uit zich kritisch en wordt meteen als "klager" en "zeur" bestempeld. *Projectie/vooroordeel:* deze vpk is in het algemeen cynisch/negatief [KK]. Of toch *vermoeden* op basis van interpretatie?	*Ingewikkeld*: object onbekend, expliciet verzoek afwezig.	*Professionele overtuiging* van Zv: "nooit zelf over iets beginnen, nooit doorvragen: misschien zit pt daar niet op te wachten" *Tijgening Zv door collega's:* gaat bijna met pensioen, zit de tijd gelaten uit. (NB: Aparte kolommen maken van deze variabelen?)	
5	**2. Dhr. L.**	Arts vergist zich een keer; pt komt pessimistisch over	Arts-ass. loopt ronde over de afd. (die hij niet gewend is); zoekt een voor een ptn op. =ruimte gereserveerd voor ptn (volgens bepaald stramien)	Herhaalde (negatieve) uitingen (ook gezichtsuitdrukkingen), geen expliciet verzoek	Geen (direct, voor zichzelf duidelijk) doel	Kennen elkaar niet	Warrige arts-assistent die zijn werk serieus doet maar niet echt betrokken is. (aan t einde iets meer begrip?)	Nu *ervaren* van foutmakende arts (1), *ervaren hebben* van onbetrokken zorgverleners (2).	Pt met angst om lichamelijke klachten (stereotype?)	*Standaard aanname:* pt die vertelt over lichamelijke klachten wil horen dat die niet ernstig zijn (gerustgesteld worden).	*Ingewikkeld*: object onbekend, expliciet verzoek afwezig. Echter: angst uitingen zijn herhaaldelijk *(=tamelijk eenvoudig)*	Onbekendheid ZV met deze afdeling(shelft)	
6	**3. Dhr. J._1**	Pt is "open boek"/kinderlijk (makkelijk om te zien wat er in hem omgaat); pt uit waardering	Arts-ass. loopt ronde over de afd.; zoekt een voor een ptn op. =ruimte gereserveerd voor ptn	Duidelijke verbale en fysieke uitingen, geen expliciet verzoek.	Geen (direct, voor zichzelf duidelijk) doel	Kennen elkaar al een tijdje (binnen huidige opname).	Betrokken arts-assistent die krediet heeft gebouwd.	*Ervaren hebben* van haar betrokkenheid.	Kinderlijke, warrige man in moeilijke situatie die bang is dat iedereen hem in de steek laat.	*Stellig vermoeden* op basis van interpreteren+includer en gedrag v pt.	*Gemiddeld*: geen expliciet verzoek maar wel duidelijke, eenduidige uitingen (pt is makkelijk "leesbaar").		

5. Towards a care ethical conceptualisation of attentiveness: *an empirically grounded conceptualisation*

Back to the key question of this presentation:

How is *attentiveness* conceptualized to make it researchable from an ethics of care perspective?

Een theorie van de presentie
Andries Baart
Presentie in de praktijk
Present
Theologische reflecties op verhalen van Utrechtse buurtpastores
Tweespraak
Universiteit van Tilburg
"Een bijdrage vanuit het presentieperspectief"
basisboek ZORGETHIEK
Annelies van Heijst
IEMAND ZIEN STAAN
Zorgethiek over erkenning
Van levenskunst tot stervenskunst
Over spiritualiteit in de palliatieve zorg
Carlo Leget
AANDACHT
ETUDES IN PRESENTIE
Ruimte om te sterven
Een weg voor zieken, naasten en zorgverleners
Carlo Leget
RECOVERING CARE
A contribution to a theory and practice of good care
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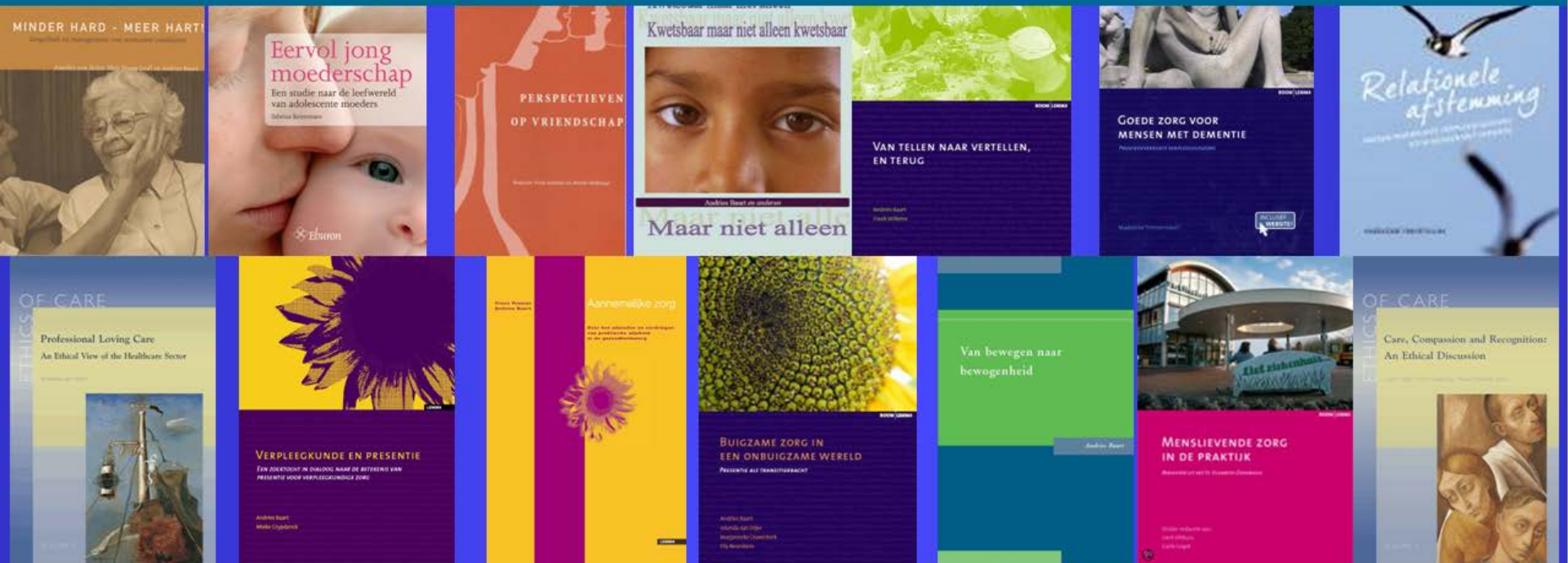
Menslievende zorg
DOORTJE KAL

The End


MINDER HARD - MEER HART!
Eervol jong moederschap
Een studie naar de leefwereld van adolescente moeders
Eburon
PERSPECTIEVEN OP VRIENDSCHAP
Kwetsbaar maar niet alleen kwetsbaar
Maar niet alleen
VAN TELLEN NAAR VERTELLEN, EN TERUG
GOEDE ZORG VOOR MENSEN MET DEMENTIE
Relationele afstemming
ETHICS OF CARE
Professional Loving Care
An Ethical View of the Healthcare Sector
VERPLEEGKUNDE EN PRESENTIE
Aannemelijke zorg
BUIGZAME ZORG IN EEN ONBUIGZAME WERELD
Van bewegen naar bewogenheid
MENSLIEVENDE ZORG IN DE PRAKTIJK
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Care, Compassion and Recognition: An Ethical Discussion