Care and contested coherence
a Dutch way of doing ethics of care
Frans Vosman, Andries Baart, Klaartje Klaver
Who we are (Tilburg)
Our academic and societal affiliations

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

Research Program Care and Contested Coherence
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
  - physically & mentally disabled people
  - homeless & addicted people
  - vulnerable children & youngsters in disadvantaged neighborhoods,
  - teenage mothers
  - school drop-outs, etc.
Overview presentation
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*

- Amsterdam
- Groningen
- Utrecht
- Zwolle
- Arnhem / Nijmegen
- Tilburg
## Different perspectives on ethics of care

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<th>Amsterdam</th>
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<tr>
<td><strong>FREE UNIVERSITY, Medical School</strong></td>
<td>Research group profs. Guy Widdershoven &amp; Tineke Abma (moral deliberation) and research group prof. Cees Hartogh (elderly care).</td>
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<tr>
<td><strong>FREE UNIVERSITY, Theological Faculty</strong></td>
<td>Prof. Hans Reinders (theological ethics and disability); emeritus prof. Herman Meininger (mental disability)</td>
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<tr>
<td><strong>UNIVERSITY OF AMSTERDAM, Medical School</strong></td>
<td>Prof. Dick Willems (medical ethics)</td>
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<td>• Research group <em>Care and contested coherence</em> (Vosman, Baart, Goossensen, Grypdonck, Leget and others);</td>
<td>CCC moves to University of Humanistics (completed in 2013 Sept.)</td>
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<tr>
<td>• Prof. Annelies van Heijst (images of care)</td>
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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

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.
## Basic insights in 2008

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| 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

Reflection zone: Epistemological Focus

Ethics of care – critical

Talk back

Sensitivity

Ethics of care – qualitative empirical
Methodological movement between critical conceptual, hermeneutic, phenomenological and qualitative empirical research
Methodological movement between critical conceptual, hermeneutic, phenomenological and qualitative empirical research

Intention: to see more, to look more precisely, to discern relevant details

Intention: to repair and extend deficient concepts on an empirical basis

Beyond empirical naivety and fact free reasoning
Cooperation of disciplines

Multidisciplinary approach

One issue with several aspects

- discipline 1
- discipline 2
- discipline 3
- discipline 4

Each discipline works on its own part, with its own body of knowledge and its own research methodology.
Cooperation of disciplines

Interdisciplinary approach

One issue with several aspects

Each discipline works on every aspect, with its own body of knowledge and its own research methodology
Within the frame of one discipline other disciplines are ‘absorbed’ and adapted or recast, 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
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

Please, feel invited by our proposals and posters to cooperation and joint ventures!
Our colleague profs:
• Grypdonck
• Goossensen
• Leget
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

Ethics of Care

How do different (professional) rationalities contribute to humane and meaningful care?

Spiritual Care

End-of-life issues and palliative care
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
Key question of this presentation

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

**attentive** (ə-tən′tīv)  
*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.*

**attentive·ly** *adv.*  
**attentive·ness** *n.*

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
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 & methodology

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

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.
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*
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<tr>
<td>1</td>
<td>Casus</td>
<td>Extra info</td>
<td>Hoe begin het? (aanleiding)?</td>
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<td>Wat is het doel van pt?</td>
<td>Hoe bekend zijn Zv-Pt met elkaar?</td>
<td>Hoe is perceptie Pt te verklaren? (waarop is zijn beeld v Zv)</td>
<td>Hoe ziet Zv de patiënt? (waarop is zijn beeld v pt)</td>
<td>Welsch rol speelt interpretatie?</td>
<td>Contextureren: wat speelt er (mogelijk) nog meer mee?</td>
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**Notes:**
- 1b. Mu. E. D: Pte is vriendelijk, duidelijk, goed verzorgd.
- 2. Dhr. L: Arts vergat aan een keer, plkomi pessimistisch over.
- 4. Dhr. H. B: Arts verzorgde over de alg. (deel) niet gevoelig (twee keer pakte geen, dus geen opportuniteiten).
- 5. Dhr. A. D: Arts verzorgde over de alg. (deel) niet gevoelig (twee keer pakte geen, dus geen opportuniteiten).
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 researciable from an ethics of care perspective?
The End