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Michael Kroth and Carolyn Keeler¹

Abstract

The purpose of this article is to broaden the discourse about caring as a managerial strategy by describing caring from three perspectives: nursing, education, and management. The authors suggest that current organizational models inadequately address the caring connection between manager and employee. Definitions of managerial caring and care building are offered. A model, the Recursive Model of Manager–Employee Caring, is proposed and discussed. Potential lines of inquiry associated with the model and implications for HRD are reviewed.

Keywords

Perceived Organizational Support (POS); Caring; Leadership; Manager

The workforce is becoming a more important source of competitive advantage than other traditional sources, such as financial resources, technology, or economies of scale (Pfeffer, 1994). Some employers are figuring out ways to attract talented workers, such as flexible schedules and onsite day care facilities. At the same time *Fortune* and *Working Mother* are publishing lists of the best places for employees to work employees continue to perceive their bosses to be abusive and work environments as negative (Ehrenreich, 2001; Leonard, 2007; Levering et al., 2006). In a free-agent talent market, in-demand employees will flow to the best employee value proposition (Chambers, Foulton, Handfield-Jones, Hankin, & Michaels, 1998). Research has shown that employees leave organizations because of poor managers, but little research has been conducted about managerial caring behaviors (Buckingham & Coffman, 1999). Developing a deeper understanding of managerial caring would provide HRD scholars and practitioners insight into the process and practice of developing these behaviors in managers and the role of employees in reinforcing a caring relationship with managers.

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Research about caring has been significant in at least two disciplines, nursing and education, but has received much less attention in the management literature. Perceived organizational support (POS) is the placeholder for such research and has made a significant contribution to our understanding of the impact of caring in the work environment (Eisenberger, Huntington, Hutchison, & Sowa, 1986; Rhoades & Eisenberger, 2002). POS, however, was not developed from a conceptual framework of caring and since its inception has delved very little into expanding our understanding of managerial caring *per se*. The purpose of this article is to broaden the discourse about caring as a managerial strategy by framing caring conceptually from three perspectives: nursing, education, and management. Although there might be other similar terms to describe caring, we chose not to pursue them because the two strands we used to develop the model—education and nursing—each have a specific body of knowledge and theoretical frameworks built around the term *caring*. Morality and an ethic of caring (Gilligan, 1982) are important issues that need further discussion related to managerial caring. We view them here as antecedents to managerial behavior and do not separate out resulting behaviors. They are discussed in the organizational environment section below though further research and theorizing in this and other arenas will be needed to elaborate our proposed model.

Following Torraco (2005), an integrative literature review is appropriate when there is a need to review a mature topic, such as caring, as it develops. He suggests a critical analysis of the main relationships and ideas of the identified issue and then a synthesis of existing ideas with new ideas to rethink the topic. Caring is a topic that is mature in nonmanagerial literature but is just emerging in organizational research. To our knowledge, caring has not been conceptualized heretofore by integrating education, nursing, and management caring literature. This review is intended to consider and combine these manager–employee caring perspectives.

The research questions for this review were (a) What might comprise behaviors of managerial caring? and (b) What might be a process model for manager–employee caring?

Caring as a Conceptual Construct

There is no universally accepted theory, model, or definition of caring (Swanson, 1991). Care has a “sense of ongoing attention” for Thomas Moore (1992). *Cura*, he says, originally meant cure of the soul in Latin and signifies devotion, healing, and attention. The word *cure* itself, in addition to the act of healing, means care of souls. The purpose of caring, Moore says, is to alleviate suffering, and requires “craft (*techne*)—skill, attention, and art” (p. 285).

To Rollo May (1969), care is a “state in which something does *matter*; care is the opposite of apathy” (p. 289). It is a basis for human tenderness, he says, and children who are not cared for withdraw, do not develop, and shrivel up. Care is also a source of will. “We could not will or wish,” he says, “if we did not care to begin with” (p. 290). Care goes beyond feeling, he says, but it begins with feeling concern,

recognizing that another's presence matters, and then dedication to, and ultimately willingness to suffer for, another.

Care has the sense not only of compassion or concern but also of "taking care of" something or someone. A curator is one who cares for or oversees anything, such as a museum. Cures are healing actions. Watson (1988; Watson & Foster, 2003) lists "caring factors" as elements of her theory of caring in nursing, and Kroth, following Watson, says that one role of a motivating manager is to be a "carator" (Kroth, 2006). A carator, Kroth says, is someone who cares.

Caring for Mayeroff (1971) is helping another person to grow. People tend, he says, to order their values and activities around caring. Caring is not parasitic, dominating, or possessive but a wanting for the other to grow. The person who cares also grows in that process and feels the other person as needing him or her. Devotion, or a commitment to the other person, is essential, and possible because of the worth perceived in the other. With devotion comes obligation. Through caring, he says, people find meaning in their lives.

To Mayeroff (1971), one must have the ability to care, and the other person must be capable of being cared for. The person must want to grow or the best one can do is to comfort him or her. Caring is a process of commitment and constancy. The caregiver must be dependable and the relationship not perceived as sporadic or inconsistent. Sometimes care is not or cannot be reciprocated. In a meaningful friendship, however, there is significant reciprocity, which reinforces itself. Caring for one activates caring for the other. To be able to fully care for another, one must care for oneself. Interestingly, the person who is unable to care for himself or herself cannot care for another.

Mayeroff says caring means going into the other person's world, to understand what he or she is going through, wants, and needs. He calls this *being with* the other person. Also, giving care means *being for* the other person, and doing that from a position of equality. Being for entails encouraging and inspiring the other and assuring that he or she is not alone.

Although nursing is generally considered to be a caring profession, others, such as those in social work, pastoral counseling, medicine, and clinical psychology have been considered part of the "caring sciences" (Boykin & Schoenhofer, 2001, p. 13). Teaching too, as much as anything else, is caring work (Daloz, 1986), and courageous teachers are those who "refuse to harden their hearts because they love learners, learning, and the teaching life" (Palmer, 1998).

Skovholt (2005) described a cycle of caring for the helping professions. The core of helping professions like counseling, he says, is the series of attachments and separations that occur between those in need and professionals. For such practitioners, the inability to care signals ineffectiveness, incompetence, and burnout. The relational process, he says, is a key part of process and positive outcomes. At the heart of the work of those in the helping professions, is a process of relationship that occurs time after time with numerous clients. The cycle begins with emotional attachment, forming with the client an optimal professional attachment; continues with active involvement, working together toward a shared vision; and then to felt separation, letting go of

“the active emotional burden and the active richness of the professional relationship” (p. 90). Emotional attachment involves focusing on the other, by the professional, empathetically. Finding the right balance between professional underattachment (caring too little) and professional overattachment (caring too much) is difficult, Skovholt says. Active involvement requires sustained, consistent, continuous emotional caring. Deep listening and discernment are key. This phase can contribute to emotional depletion, boredom, and fatigue. Felt separation involves some level of grief. The letting go process can be a positive part of the process as grief work “can act like a scab on the skin” (p. 90), allowing the practitioner to start the cycle again and connect to another client. “Caring burnout” can also occur, which prevents the practitioner from connecting to the next client.

Close relationships are important to people whether in schools, hospitals, or the workplace. People move toward people who care for them and away from people they do not believe will care for them. Individuals seek relatedness, a bonding with others, and caring is one factor that satisfies that need (Reeve, 2005). Organizations seeking to attract and retain key talent may find that organizational caring causes individuals to be drawn to them. Like children who withdraw from lack of care, and individuals who move away from those they do not believe will care for them, employees may decide an uncaring organization is not the place to commit their energies.

Although care can be conferred to objects or ideas, for this article we discuss care in terms of relationship to others. Specifically we focus on the manager–employee caring relationship. Our purpose is to begin to develop a conceptual framework for managerial caring. We will discuss caring from three theoretical approaches. Then we will offer definitions and a model of managerial caring and of care building. Finally, we will discuss implications for HRD.

Caring Theory in Nursing

The most research and theory building concerning caring has been conducted in the field of nursing. Although caring historically has been considered an integral part of nursing, theorizing began at least as early as the 1950s (Boykin & Schoenhofer, 2001; Cohen, 1991; Watson, 1979) and systematic research of nursing and caring began in the late 1970s. Both Jean Watson (1979, 2002; Watson & Foster, 2003) and Madeleine Leininger (1978, 2002; Leininger & McFarland, 2006) wrote seminal works describing nursing caring theory.

Numerous studies have been conducted since, and outcomes of caring have been identified and summarized via a meta-analysis of more than 130 publications (Swanson, 1999). Outcomes found for patients include lives saved, increased safety, fewer costs, closer family relations, and emotional and spiritual well-being. Consequences of noncaring include decreased healing, humiliation, and despair. For nurses, outcomes of caring include fulfillment, self-esteem, love of nursing, and increased knowledge. Consequences of noncaring for nurses included becoming hardened, depressed, frightened, and worn down. At least 21 instruments exist to assess and

measure caring in the field (Watson, 2002), and work has been done to describe a curriculum for teaching caring behaviors (Galt & Markert, 2002).

Leininger's (1978, 1991) theory of transcultural care proposes that caring is a human characteristic but that it varies from culture to culture. Professional caring is defined more specifically than in other literature. Professional caring practices and processes, the author says, help a person, family, or community to achieve a healthy state. The research identified 172 care constructs existing in 54 cultures (Cohen, 1991; Leininger, 2002).

Watson offers caring as an interpersonal process. Transpersonal caring occurs, to Watson, when two people experience a spiritual union, wherein nurse and patient enter into each other's phenomenal field. A "caring occasion" occurs when two people together have the opportunity to determine the extent of their relationship (Cohen, 1991; Watson, 2002). Watson (1979) writes of a "science" of caring and developed 10 factors that she called "carative."

Boykin and Schoenhofer (2001) view caring as a process and believe people grow in the capacity to express caring throughout their lives. Caring occurs moment to moment, they say, but competency for caring is developed over time. Every nursing situation involves two unique people and so every circumstance is different. Both the nurse and the nursed are in a reciprocal relationship, and this situation requires a personal investment from each. The nurse must take a chance and enter the other's world and the other must allow his or her world to be entered. It is through development of trust, courage, openness, and willingness that what they call a *caring between* (Boykin & Schoenhofer, 2001, p. 14) occurs. The nurse is fully present and, as the nurse comes to know the nursed, can respond uniquely to the other person and the situation. Relationships, Boykin and Schoenhofer say, are transformed through caring.

Swanson (1991, 1999) defines caring as "a nurturing way of relating to a valued other toward whom one feels a personal sense of commitment and responsibility" (p. 162). Her Caring Theory, composed of five categories or processes—knowing, being with, doing for, enabling, and maintaining belief—has been shown to have generalizability and transferability across a range of settings (Swanson, 1999; Watson, 2002). Each of these has subdimensions. Knowing, to Swanson (1991), is "striving to understand an event as it has meaning in the life of another" (p. 163). Being with is "being emotionally present to the other" (p. 163). Doing for is "doing for the other what he or she would do for the self if it were at all possible" (p. 164). Enabling is "facilitating the other's passage through life transitions and unfamiliar events" (p. 164). Maintaining belief is "sustaining faith in the other's capacity to get through an event or transition and face a future with meaning" (p. 165).

Nursing, as the primary "caring profession," has focused research on this important construct. Theory has resulted that in turn has been verified and extended through more research. Swanson and Watson have contributed greatly to our understanding of this important personal attribute.

Caring Theory in Education

Nel Noddings's work provides the foundation for caring theory in education, which will be the focus of this section. Noddings (2005) argues that the needs of both traditional and progressive education might best be served by "making the responsiveness characteristic of caring more basic than accountability" (p. xiii). Caring, she says, is the "bedrock of all successful education" (p. 27).

Although it would be tempting to limit the discussion of caring and education to adult students, this article seeks to expand the discourse and the way we think about caring and management theoretically. We do not seek generalizability here. Rather we hope to broaden thinking first, to conceptualize the manager–employee caring relationship that can then be elaborated on and empirically tested in future research.

Perhaps the most important issue for students is to feel cared for. Many researchers present caring as essential for education and especially the success of at-risk students (Bowcutt, 2004; Brubaker, 1991; Horning, 2004; Krueger, 2000; Noblit, Rogers, & McCadden, 1995; Sherman & Kneidek, 1998; Taylor-Dunlop & Norton, 1997). Caring has also been shown to be a quality of influential or effective teachers (Bell, 2004; Brubaker, 1991; Csikszentmihalyi & McCormack, 1986). To Bosworth (1995), "Teachers are brokers of caring in schools. They provide the bridge between the school and the individual" (p. 687). Yet students still complain that some schools and teachers do not care (Comer, 1988; Horning, 2004; Krueger, 2000).

Students can define caring and know behaviors that represent it, including helping, expressing feelings, building relationships through taking time to explain and expressing personal values, and showing concern through activities such as talking about life (Bosworth, 1995; Bowcutt, 2004; Krueger, 2000). Feelings include empathy, comforting another, cheering another up, and also telling others how one feels (Bosworth, 1995; Bowcutt, 2004). The demonstration of love by teachers was the feeling most commonly mentioned by students (Bosworth, 1995; Bowcutt, 2004) and the result was that students felt personally cared for and understood (Horning, 2004). One student said, "When somebody really cares for you, they love you" (Bosworth, 1995, p. 688). The values students mentioned most were kindness, respect, and faithfulness (Bosworth, 1995; Horning, 2004). Activities mentioned by students included spending time with someone, listening, and sharing (Bosworth, 1995; Krueger, 2000).

Teaching practices that students identified as signifying caring include helping with homework, valuing individuality, showing respect, being tolerant, explaining work, checking for understanding, encouraging, and planning fun activities (Bosworth, 1995; Krueger, 2000). Outside the classroom, caring behaviors by teachers included helping with personal problems, providing guidance, and going the extra mile—such as staying after school to help students or talk about their problems (Bell, 2004; Bosworth, 1995; Bowcutt, 2004). Personal attributes of caring teachers that students identified were being nice and polite, liking to help students, being success oriented, and being involved (Bell, 2004; Bosworth, 1995; Bowcutt, 2004).

Most of the discussions about caring and education in the literature concern younger students. An EBSCO search of scholarly journals in all databases using the terms *adult**, *student**, and *caring* produced only one reference (Bankert & Kozol, 2005). Using *trainee* and *care* produced no relevant results, as did a search using the terms *adult**, *student**, and *care*. We believe the topic of caring and adult students to be important, and which has doubtless been addressed by scholars in differing ways and using different terms, yet it seems clear that research specifically concerning adult students and caring has been understudied. Bankert and Kozol (2005) describe an educational experience, specifically a 2-hr special topics class, with six adult students that was deliberately designed to explore caring and engaging learning environments. They found genuine dialogue, relations, connectedness, and valuing to be the major themes of a caring learning environment.

The complexity of caring is explicated in Noddings's theory. Caring, to Noddings, is a relationship between the caregiver and the cared for. Both parties must be contributors to the relationship for it to be called caring. The carer exhibits both "engrossment" and "motivational displacement." Engrossment is "open, nonselective receptivity to the cared-for" (Noddings, 2005, p. 15). Receptivity means being fully available to really care, see, hear, and feel what the other is expressing. The one caring sees the world "through both sets of eyes" (Noddings, 1996, p. 25) and takes a dual perspective, as if from both people at once.

Motivational displacement is the desire on the part of the caregiver to help the other. Displacement occurs as the caregiver's focus shifts from his or her own plans to those of the cared for. There becomes a desire to act in ways that help the other succeed.

The cared for also plays a role in the caring relationship. He or she is receptive to caring, recognizes it, and responds to it. Noddings speaks of the importance the part the cared for plays. Caregivers become burned out and lose energy when the cared for do not respond. The result, Noddings says, is a "constant outward flow of energy that is not replenished by the cared-for" (2005, p. 17) and therefore is depleted over time.

People have differing capacities for caring. Entering into a caring relationship is more difficult for some than others and more challenging depending on the situation and the other person involved. Caregivers, Noddings (2005) says, have a responsibility to assist care receivers to develop their capacity to care. All people care and have the capacity for caring.

Caring is expressed as an attitude. "Warm acceptance and trust is important to all caring relationships" (Noddings, 1996, p. 27). The manner in which the one who cares expresses that care may vary and may include touch, attention, listening, response, receptivity, empathy, high expectations, and challenges. All of these communicate in complex ways care or noncare. The cared for then responds. It is the attitude, now, of the cared for that is salient. The expression of care is either received, rejected, acknowledged, responded to, or ignored. So the receptivity, or engrossment, of the one caring and the receptivity of the cared for both affect the caring relationship.

Building on the work of Noddings and others, Gardiner's (published as Henry) study of parent-school collaboration defined caring as the "essential relational work done by educators to promote the growth and well-being of students" (1996, p. 124). When school leaders and teachers demonstrate an ethic of care, community building and a focus on teaching and learning for all students become the essential work of educators. The leader's focus on community building in turn increases the level of job satisfaction. This concept can be appropriately applied to managers and employees.

Management Theory and Caring

In contrast to the significant literature in nursing and education, little research on caring can be found in the management literature. A recent Academy of Management article archive search produced only two articles that discussed organizational care (McAllister & Bigley, 2002; Sewell & Barker, 2006). A search of all of Sage journals from 2000 to present came up with four titles, one of which was related to management literature (Burton & Dunn, 2005). An EBSCO search of the word *caring* in Business Source Premier academic journals came up with 96 citations. Of those, few were even nominally related to managerial or organizational caring for employees. Of those that were related to management, several discussed the importance of caring (Meisinger, 2005; Porter-O'Grady, 2000). Others discussed caring as related to such issues as resilience (Wilson & Ferch, 2005) or used caring as an example of the difficulty of the limitations of behavior-based competency models (Kuchinke & Hee-Young, 2005).

Although little work has been done to develop a theory of managerial caring, there is evidence that caring has positive organizational outcomes. POS has been determined to strengthen affective commitment and increased performance (Eisenberger et al., 2001; Rhoades & Eisenberger, 2002). There is also increasing evidence that the "best" places to work improve organizational performance (Arthur, 2003; Ballou, Godwin, & Shortridge, 2003; Boyle, 2006; Fulmer, Gerhant, & Scott, 2003; B. May, Lau, & Johnson, 1999). The emotional climate has been found to influence business performance (Goleman, Boyatzis, & McKee, 2002). A strategy has even been developed for determining a monetary value of caring in health care organizations (Issel & Kahn, 1998).

The Gallup organization, as reported by Buckingham and Coffman (1999), analyzed data from more than a million employees and found 12 questions that indicate workplaces that attract, keep, and motivate the most loyal, talented, and productive employees. One question was, "Does my supervisor, or someone at work, seem to care about me as a person?" Going further, Gallup tested their findings against business outcomes, surveying 105,000 employees from 24 companies in 12 different industries. Six of the 12 questions were found to have the strongest links to the most positive business outcomes. One of these six was the question concerning care.

Two reports focus on caring from more of an organizational than a manager-employee level. Sewell and Barker (2006), reporting about organizational surveillance,

contrast two “discursive formations” that management studies focus on—a coercive and a caring formation. The coercive side of bureaucracy is viewed as a place where managers exercise power to serve the capitalist class. The caring side of bureaucracy, alternatively, views managerial power as exercised in everyone’s interest. McAllister and Bigley (2002) define organizational care as “a deep structure of values and organizing principles centered on fulfilling employee’s needs, promoting employees’ best interests, and valuing employee’s contributions” (p. 895). They say that organizational care is similar to POS, discussed below, except that they differ in levels of analysis.

There are a limited number of examples of empirical research or theorizing that are related more directly to managerial caring. Kahn (1993), in a case study of a social service agency, found eight behavioral dimensions of caregiving. The behavioral dimensions are accessibility, inquiry, attention, validation, empathy, support, compassion, and consistency. Kahn (1993) also identified five patterns of caregiving: flow, reverse-flow, fragmented, self-contained, and barren. Flow occurs when caregiving flows from superiors to subordinates, thereby restocking the employees’ own supply of caregiving capacity, available to be dispensed in their work with others. When subordinates give unreciprocated care to supervisors, reverse flow is occurring. This, according to Kahn, replenishes the supervisor’s supply of caregiving but depletes that of their employees. Fragmented caregiving is a cycle that occurs between a subordinate and a supervisor but is withheld from others. Some thus receive care in the organization and some do not. When nonsupervisors give each other caregiving outside the hierarchy of the organization, self-contained caregiving is taking place. These employees support each other because they feel abandoned by those who do not provide caregiving even though they can. The barren pattern is distinguished by a lack of caregiving between subordinates and supervisors. People disengage, are emotionally absent, and withdraw.

Caregivers, Kahn says, protect and safeguard others’ journeys toward growth and support them with emotional, physical, and technical resources. Support includes giving feedback, insights, and protection. Kahn’s work begins to develop an understanding of the caregiving behaviors and patterns within organizations.

Burton and Dunn (2005) view caring from a stakeholder theory and “ethic of care” point of view. They contend that a caring approach to management considers relationships, communication, trust, cooperation, and responsibility to stakeholders other than the firm. In this perspective, managers must consider even the least of stakeholders to avoid harming them. Drawing from Noddings (1994), they view the responsibility of the caregiver to include a commitment to help the cared for. They discuss the conflicts involved with caring, which might include the needs of a number of people making irreconcilable demands. Although not directly concerned with the manager–employee caring relationship, Burton and Dunn also add to our understanding of the environment in which managers must make choices about caring and for whom.

Research about POS is the placeholder for the concept of caring in organizational research. POS is defined as “global beliefs [that employees develop] concerning the extent to which the organization values their contributions and cares about their well

being” (Rhoades & Eisenberger, 2002, p. 698). It results from what employees perceive the organization is doing voluntarily, by choice, to support employees.

A meta-analysis of 70 empirical studies indicated that POS correlated with outcomes like performance, organizational commitment, and job satisfaction (Hellman, Fuqua, & Worley, 2006; Rhoades & Eisenberger, 2002). Antecedents linked to POS include fairness of treatment, support from organizational representatives, and human resource practices such as job security, autonomy, and participation in decision making (Eisenberger, Jones, Aselage, & Sucharski, 2004). Higher POS leads to positive outcomes such as higher affective commitment, job satisfaction, and positive mood (Rhoades and Eisenberger, 2002).

The Survey of Perceived Organizational Support (SPOS), a 36-item self-report measure, was developed by Eisenberger and his colleagues (Eisenberger et al., 1986) “to test the globality of the employees’ beliefs concerning support by the organization” (p. 501). Although POS has been studied extensively, there has been little study of the theory underlying it (Eisenberger et al., 2004). POS was not developed from a conceptual framework about caring but began with the observation that “if managers are concerned with their employees’ commitment to the organization, employees are focused on the organization’s commitment to them” (p. 206). Eisenberger and his colleagues do not refer to caring theory constructs when reviewing the underlying concept of what they call organizational support theory. The underlying theory of organizational support seems to be primarily social exchange theory (Rhoades & Eisenberger, 2002). The employee–employer relationship is developed through reciprocity, as employees develop beliefs about how the organization values them. Although exchange theory is well established, it does not capture the breadth or quality of caring as reported in other literature. So although POS makes a contribution to our understanding of how employees perceive the support they receive from the organization, it does not rest on a theoretical framework related to caring.

Although there is little research about caring in the management literature, there is a long history of research about the relationship between manager and employee, including leader–member exchange theory. Social exchange theory is also relevant in this arena. Leader–member exchange (LMX) theory is based on the “exchanges” between leaders and followers (Gerstner & Day, 1997; Graen & Uhl-Bien, 1995). Relationships, LMX theory suggests, may proceed from transactional, to social, to emotional. Graen and Uhl-Bien call the first phase “stranger,” wherein the interactions are entirely contractual. Either party may then “offer” to improve the working relationship, and if this offer is accepted, the relationship can move to the “acquaintance” stage, where more social exchanges, outside the purely contractual, may occur. Finally, the relationship may grow to the “mature” level, wherein the leader and the follower can count on each other. At this most developed level, leaders depend on followers for help and followers can depend on the support of the leader. Relationships at this level are built on obligation, mutual respect, and trust.

Social exchange theory suggests that six types of resources can be exchanged in human interactions: love, information, status, money, goods, and services (Cropanzano

& Mitchell, 2005; Teichman & Foa, 1975). These exchanges create obligations. Interactions between the two parties are contingent on the actions of either party, and may develop into higher quality relationships. Reciprocity is a rule of exchange and involves repayment. Following this rule, one would expect employees to repay managerial caring with caring of their own. People differ however in their response to what they perceive they “owe” another person for a particular act.

Servant leadership research is also relevant to managerial caring. Servant leadership, originally put forward by Robert Greenleaf (1977), proposes that “the great leader is seen as servant first, and that simple fact is the key to his greatness” (p. 7). From a review of the literature since the original writing by Greenleaf, Barbuto and Wheeler (2006) developed scales to measure 11 dimensions of servant leadership. Results from their study produced five factors: organizational stewardship, wisdom, persuasive mapping, emotional healing, and altruistic calling. These five further inform our understanding of what caring management may involve.

Altruistic calling, to Barbuto and Wheeler (2006), is the positive difference a leader wishes to make in others’ lives. An example of a subscale item for this factor is “This person puts my best interests ahead of his/her own.” Commitment to and skill in helping others to recover from hardship or trauma is what leaders do to further emotional healing. An example of a subscale item for this factor is “This person is good at helping me with my emotional issues.” Leaders with wisdom observe and anticipate. An example of a subscale item for this factor is “This person seems to be in touch with what’s happening.” They also use sound reasoning and mental frameworks, conceptualizing and articulating opportunities. This factor is called persuasive mapping, and an example of a subscale item is “This person encourages me to dream ‘big dreams’ about the organization.” Finally, leaders prepare organizations to contribute positively to society; called stewardship, one subscale item is “This person encourages me to have a community spirit in the workplace.”

Table 1 begins to sort out the various concepts proposed by the scholars described above. It is intended to begin to categorize thinking across the disciplines and should not be considered comprehensive. We also recognize that concepts across disciplines may be questioned for their generalizability. We offer this as an attempt to expand thinking within a theory-building perspective and realize that some areas will not prove out.

Caring Themes

Based on the discussion above, caring seems to fit into themes we are calling recursiveness, invites, advances, capacitizes, and connects. Our thinking here is exploratory and we believe will evolve as categories are further articulated.

Recursiveness

Caring seems to be a recursive process. Mayeroff (1971), Boykin and Schoenhofer (2001), and Eisenberger (2001) consider it to be reciprocal. Eisenberger additionally

Table 1. Caring Themes

Theorist	Recursiveness	Invites	Advances	Capacitizes	Connects
Mayeroff	Reciprocity	Being with: going into the other's world	Being for: commitment to the other	Helping another grow	
Skovholt	Cycle of caring	Active involvement			Emotional attachment
Watson					Caring occasion
Boykin & Schoenhofer	Reciprocity				
Swanson		Being with: knowing	Doing for: enabling	Maintaining belief	
Noddings	Relationship between caregiver and cared for	Engrossment	Motivational displacement		
Kahn	Patterns of caregiving	Accessibility Inquiry Attention Empathy Support Compassion Commitment	Support	Support	Empathy
Burton & Dunn	Exchange and reciprocity	Cares about my opinions ^a	Is willing to help me if I need a favor ^a		
Eisenberger et al.			Wishes to give me the best possible job for which I am qualified ^a		
Graen & Uhl-Bien			Puts the person's inter- ests ahead of one's own		Leader- member exchange
Barbuto & Wheeler					

^aExamples taken from instrument questions.

calls it an exchange process. Skovholt (2005) describes a relational cycle of caring that starts with emotional attachment and ends with separation. Noddings emphasizes the relationship between the caregiver and the cared for. Caring is not a one-way process, wherein the manager exhibits caring. Rather it ebbs and flows depending on how the

recipient—first the employee and then the manager—reacts and acts over time. One has to be able to care and the other to receive care for the process to continue.

Invites

Those who care seem to invite the other to share themselves. It may involve deep listening and discernment (Skovholt, 2005), going into another's world (Mayeroff, 1971), being emotionally present (Swanson, 1991), and having complete receptivity or accessibility to the other (Kahn, 1993; Noddings, 2005). It suggests an openness to and acceptance of the other, and trying to understand what has meaning for her or him (Eisenberger et al., 1986; Swanson, 1991).

Advances

Mayeroff (1971) calls this “being for” the other, that is, encouraging and inspiring the other person. It is a commitment to the other person's success, having a desire to advance and help the other even to the point of putting the cared-for's plans ahead of one's own, and being willing to do for another what that person would do for himself or herself if he or she could (Barbuto & Wheeler, 2006; Noddings, 2005; Swanson, 1991). It has a sense of helping and protecting the other through events and transitions (Eisenberger et al., 1986; Kahn, 1993; Swanson, 1991).

Capacitizes

Care seems to involve seeing the potential in the other and helping him or her learn and grow. For Mayeroff (1971), wanting to see another person grow represents what caring is. It is believing in another's capacity to succeed (Swanson, 1991), giving feedback, and providing resources for the other's healing and growth (Kahn, 1993).

Connects

Caring seems to go beyond being available, moving toward success, or helping others grow. It may also include developing an emotional connection with the other. Emotional attachment (Skovholt, 2005) can be part of the relationship, perhaps occurring through a “caring occasion” (Watson, 2002), when two people determine the extent of their relationship. Sometimes relationships become close enough that one can empathize with another, allowing the caregiver to experience what the cared for feels, thinks, and sees—feeling joined together (Kahn, 1993). Some leaders and followers develop to a “mature” level, where they can depend on each other beyond a transactional level and to, instead, an emotional level (Graen & Uhl-Bien, 1995).

Figure 1 shows how a comprehensive theory of managerial caring might be considered by drawing on the streams of literature—nursing, education, and management—described above. One way to move beyond an existing way of thinking about the way things exist is

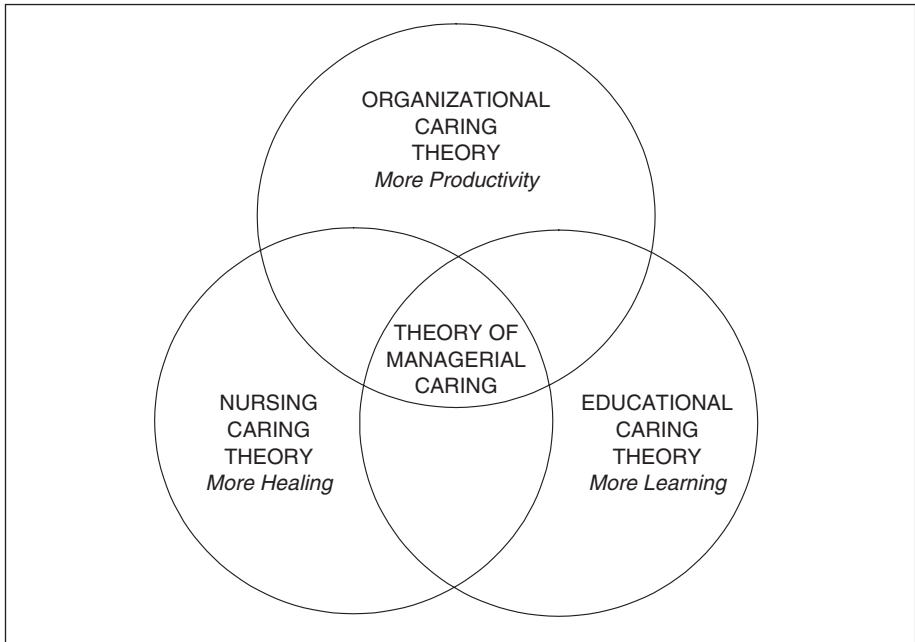


Figure 1. Theory of Managerial Caring Model

to consider disciplines outside one's own (Barker, 1985; Kuhn, 1996). We suggest that healing is the predominant outcome of nursing literature concerning caring, learning is the predominant outcome of educational literature, and productivity the predominant outcome of the managerial literature. Although other disciplines would no doubt add depth to the processes and outcomes of managerial caring, healing, learning, and producing provide a more comprehensive, holistic way of thinking about managerial caring than has been considered before. Next, we discuss how the elements identified in the previous discussion and summarized in Table 1 and Figure 1 might be considered as a process.

Antecedents of Managerial Caring

As described above, researchers have considered caring behaviors from the perspectives of education, nursing, and management. Here we provide a brief discussion of possible antecedents affecting such behaviors. We include three factors outside the direct manager–employee interaction that may contribute to the expansion or contraction of managerial caring.

One antecedent is the personality and experience of the manager. Some people have a greater disposition for caring, based on their personality and life events. A

person, for example, who has been through organizational situations that have soured him or her on the organization might be going through the motions at work and might be less likely to engage in caring behaviors. Similarly, a person who has had difficult, hurtful life experiences might be less, or more, likely to reach out to another person in the workplace. The personality of the manager may also predispose him or her to caring behaviors. An insecure or arrogant person may be less likely to exhibit caring behaviors than another person. These predispositions do not, however, preclude the ability to either contract or expand caring behaviors over time.

Another antecedent is the organizational environment. The organizational structure will constrain or facilitate caring behaviors. At some point, for example, the number of direct reports will affect a manager's ability to provide employees the attention caring behaviors require. A climate of trust, justice, and support seems more likely to predispose managers toward caring behaviors. A poisonous environment is less likely to prompt managers toward caring behaviors. The organizational climate has been defined as employee's perceptions of the procedures, policies, practices, and resulting behaviors and interactions that support innovation, safety, service, or creativity in an organization (Patterson et al., 2005). Those dimensions include elements like autonomy, communication, flexibility, and pressure to produce, each of which will have some influence on a manager's degrees of freedom and support for managerial caring behaviors.

An environment for care also includes the organization's position on the importance of care. Noddings (2005), building on Gilligan's (1982) identification of care as a "moral imperative" (p. 100), describes an ethic of care as an "ethic of relation" (Noddings, 2005, p. 21) and places the needs of individuals as the starting point for action (Engster, 2004). Individuals can only "care for" a limited number of others although they may "care about" everyone, which means, she says, being ready to care for those who may become closer to a person. Some organizations may be best set up to do their work as a hierarchical and bureaucratic organization but, she says, in those organizations caring is not critical to the organization.

Managerial caring, as considered here, looks at the caring relationships of managers with their employees and does not consider the larger organization. Still, the organization influences a manager's ability to exhibit caring behaviors. How can managers "care for," as Noddings defines it, with a span of control of 20, 50, or 100 employees? In demanding, stressful organizations, how can managers find the time to demonstrate caring even if they wish to? In highly bureaucratic organizations, the policies and procedures may also limit the range of action for caring managers. The expectations for being a caring manager in job evaluations and leadership competencies will set the stage for whether these are rewarded or punished behaviors in the organization. These and other organizational variables will limit or support positive actions on the part of even the most thoughtful managers.

Culture is also an antecedent to managerial caring. Leininger, (2002, 2007), discussed above, provides perhaps the most comprehensive look at understanding caring from a cultural perspective. She has been studying what she calls "transcultural"

nursing since the late 1950s. Her theory considers comparative culture care and looks to discover global culture care differences and commonalities. Her culture care model includes a wide range of factors, including technological; religious and philosophical; kinship and social; cultural values, beliefs, and lifeways; political and legal; economic; and educational. She considers cultural and social dimensions, diverse health contexts, and worldviews, among other elements of culture care. The goal of her theory is to discover culturally based care and providing what she calls “culturally congruent” (Leininger, 2007, p. 9) care that fits cultures.

Culture is the milieu in which managerial caring occurs. The particular beliefs and social, economic, and other considerations surrounding the manager will affect the organization’s receptivity to caring behaviors but also the employee’s. Employees are products of their culture and, if Leininger is right, will have both differences and commonalities with other cultures that caring managers must consider.

The environment provides the container for caring to occur or not. We have identified three antecedents for managerial caring, including the predisposition of the manager, the organizational climate, and culture. There are doubtless additional antecedents. Most importantly, for this article, we show that they exist and further discuss how they should be included in managerial care model and theory building.

Definitions of Managerial Caring and Care Building

We define managerial caring as a process wherein a manager exhibits inviting, advancing, capacitating, and connecting behaviors toward an employee or employees. Care building is the ongoing process of managerial caring, subsequent employee response, and then ensuing managerial response that result in the growth of care between the two parties. Care building, then, occurs via behaviors transacted over time. The Recursive Model of Manager–Employee Caring, drawing from our literature review and specifically from the discussion concerning Caring Themes, describes the relationship in detail.

Recursive Model of Manager–Employee Caring

The Recursive Model of Manager–Employee Caring (Figure 2) proposes that caring is a reciprocal process. Both the manager and the employee must be active agents to enable the process. The manager invites, advances, capacitates, and connects with employees. Table 2 describes manager or “carator” behaviors in each of these categories (Kroth, 2006, p. 144). Employees respond in ways that reinforce the caring cycle or that do not. The recursive nature of the relationship suggests that each person, employee and manager, has a given existing capacity to care that may expand or contract over time based on the other’s actions. The environment also affects each person’s caring capacity. If the environment is healthy, the players are more likely to be open to the development of a caring relationship. If the environment is negative, the opportunity is less likely to be so.

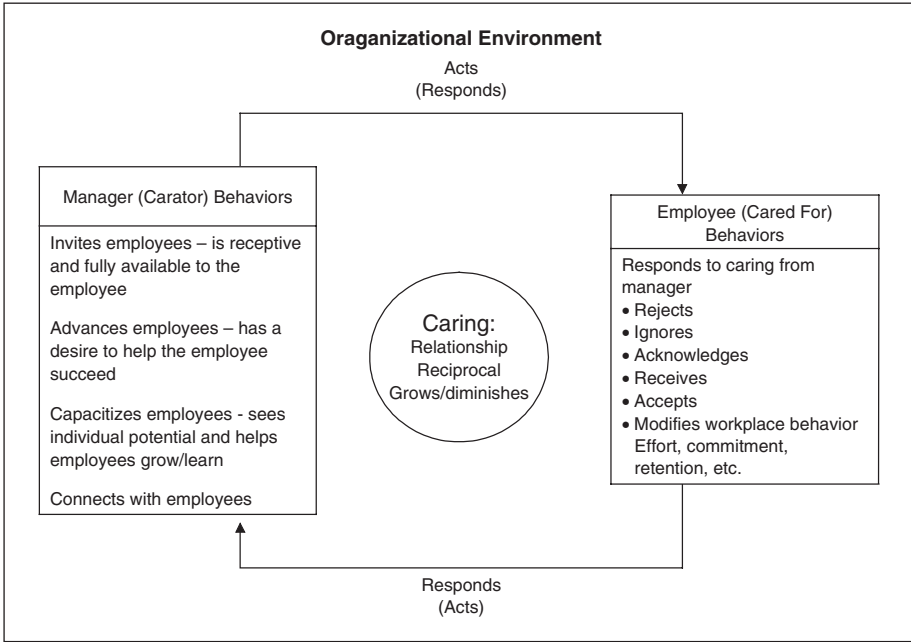


Figure 2. Recursive Model of Manager–Employee Caring

Table 2. Manager (Carator) Behaviors

<p><i>Invites employees</i> Is receptive and fully available to the employee</p>	<p><i>Capacitizes employees</i> Sees individual potential and helps employees grow and learn</p>
<p>Is emotionally accessible Pays attention Shows interest in the employee Accepts the employee Remains open to ideas, possibilities (is open minded) Empathizes</p>	<p>Informs employees Facilitates problem solving Gives generative feedback Encourages employees Believes in employees Teaches and mentors employees</p>
<p><i>Advances employees</i> Has a desire to help the employee succeed</p>	<p><i>Connects with employees</i></p>
<p>Puts employee plans and goals ahead of his or her own Advocates for the employee Commits to employee success Protects employees Seeks opportunities for advancing employees</p>	<p>Shares feelings Develops relationships of mutual trust and obligation</p>

Our model (Figure 2) addresses important gaps in management literature by proposing a process of caring, behaviors that managers can practice to produce caring relationships, and the part employees play within the process. The model suggests that employees are not passive agents, waiting to be acted on, but have a viable role in the process. Furthermore, although we believe a caring attitude is more important than going through the motions of expressing caring behaviors, we suggest behaviors that may be learned by the manager. Finally, the model suggests, building on POS literature, that managerial caring behaviors are antecedents to desired employee outcomes such as productivity, retention, organizational citizenship behavior, and job satisfaction.

The model draws from nursing (Swanson, 1991) and educational (Noddings, 2005) caring theory and also from POS (Eisenberger et al., 1986) research. Further influences are social exchange and leader–member exchange theories by Cropanzano and Mitchell (2005), Foa and Foa (1974), Gerstner and Day (1997), and Graen and Uhl-Bien (1995) as well as contributions by Mayeroff (1971), Greenleaf (1977), Burton and Dunn (2005), Kahn (1993), Boykin and Schoenhofer (2001), and Skovholt (2005).

Limitations

Discussing limitations is an important part of developing clarity (Judge, Cable, Colbert, & Rynes, 2007). The RMMC we propose is exploratory and its purpose is to broaden the discourse about managerial caring. As modeled here, it is focused directly on the relationship of managerial caring behaviors to employees. Although the environment is referenced, the model does not attempt to detail the potential effects that the environment has on managerial behavior. Furthermore, it does not theorize about the motives, obstacles, conflicts, or rewards the manager experiences that affect the exhibiting of or withholding of caring behaviors to employees, except as it demonstrates that managers respond reciprocally to them.

The RMMC models the relationship between manager and employee. It does not address larger organizational issues, such as organizational caring culture or the impact on customers or business outcomes from exhibiting care in the work environment. It is micro in nature, but we recognize caring takes place in a macro environment with many variables that are not yet explicated in this model.

Finally, the model does not attempt to delineate a moral position for managerial caring but rather focuses on behaviors. Clearly, the moral discussion is important, but it is not our purpose here. We do not attempt to evaluate the rightness or inappropriateness of caring between manager and employee or the consequences. For example, the reciprocal nature of caring might result in a close relationship between manager and employee, such as the development of a friendship or something even more intimate. It was not our intent here to speak of such implications, though they are worthy of additional discussion. We do not address the ethics of caring here or the morality of such an approach, except as antecedents to managerial behavior, although that is something we feel is important to consider.

Discussion

Theories of caring have been described from the perspective of three disciplines to begin to expand the understanding of caring as a managerial strategy. Heretofore, theorizing about caring has been quite limited in the managerial literature. A deeper and broader look at caring as a managerial strategy seems to be in order. What POS has effectively done is give evidence that organizational caring, as perceived by employees, is related to positive workplace outcomes. What managerial caring actually is remains clouded. The purpose of this article was to broaden what has heretofore been a limited discussion of this concept.

The RMMC model differs from and adds to POS in important ways. POS views caring as a measurable construct. The RMMC shows that managerial caring is also a process. It includes both managerial and employee behaviors and is mediated by antecedents such as the predisposition of the manager, the organizational climate, and the culture surrounding that process. The RMMC is built on caring theory drawn from education, nursing, and management. POS did not emerge from caring theory and research but is founded on social exchange theory. POS, in fact, considers employee beliefs about how the organization “values their contribution and cares about their well being” (Rhoades & Eisenberger, 2002, p. 698). We would argue that an organization might value an employee’s contribution without caring about the employee at all and that, furthermore, employees know the difference. Therefore, we think that although POS includes caring, it is not a pure theory or process of caring but is broader than that and is additionally related to the support employees can expect to receive for their services. The RMMC, alternatively, is solely concerned with the caring relationship between managers and employees.

From a practitioner’s perspective, the RMMC might be applied in a variety of venues. As examples, managerial caring behaviors have been identified as inviting employees, advancing employees, capacitating employees, and connecting with employees. These could be developed into a 360-degree feedback tool for use in coaching, mentoring, or developmental planning sessions with managers. Employees have been identified as active participants in the caring process. Their behaviors—rejecting, ignoring, acknowledging, receiving, accepting, and modifying workplace behavior—can be observed and reinforced as well. Leaders can determine the impact on retention, attraction of talent, and the increase, or variation, of productivity once these leadership and followership behaviors have been trained, rewarded, and practiced. A validated instrument that measures managerial caring might be used as data in developmental decisions. Finally, because the organizational environment is a factor in the effectiveness of managerial caring behaviors, these behaviors might be adopted as a part of an organization’s values and culture.

Each of the three theoretical perspectives describes caring as a process, though in differing ways. Further work needs to be done to look for commonalities in these processes and to advance our understanding of the process of managerial caring. The proposed model needs to be tested. An instrument to do so should be developed and

validated. Finally, this model looks at caring at a micro level. Theory building should involve conceptualizing caring comprehensively, bridging the gaps between caring at employee–manager, employee–employee, manager–organization, and organization–environment levels.

From a scholar's perspective, therefore, this model opens up a variety of potential research paths. Questions that might be pursued include, but are certainly not limited to, examining how managerial caring behaviors relate to transformational leadership; looking at the impact of managerial caring on employee socialization and the development of a highly productive yet healthy work culture; how and if career and leadership development programs are facilitated by managerial caring behaviors; how organizational change initiatives and processes are helped or hindered by applying the RMMC; and how the development of genuine mentoring relationships might be advanced if mentors incorporated these behaviors into their interrelationships. Caring can be a factor in any human interaction or change process, and so the application and study of the RMMC may be integrated into nearly every facet of HRD. These lines of inquiry will lead toward a more comprehensive theory of managerial caring.

Contributions to HRD

A search of HRD's top-tier journals, *Human Resource Development Quarterly*, *Human Resource Development Review*, *Human Resource Development International*, and *Advances in Developing Human Resources* from 2004 to the present yielded only one article (Pattie, Benson, & Baruch, 2006) with the term *perceived organizational support* or *POS* in the title. Two titles were found with the term *caring* or *care* in the title (Conway, McMillan, & Becker, 2006; Kuchinke & Hee-Young, 2005), one of which was about health care. Neither caring nor POS seem to be a focus of HRD research to date.

The proposed model makes at least the following contributions to our understanding of workplace development, leadership, and organizational behavior. First, understanding the manager–employee caring relationship may contribute to our ability to develop a list of caring competencies for managers that can be incorporated into management hiring, retention, and development practices. We believe that in the larger sense care cannot be taught. One has a genuine interest in other people or one does not. Care can be learned, however, as life's experiences affect one's feelings about what and who is important. The methods to facilitate caring in another person are beyond the purpose of this article and deserve further and deeper discussion from both an ethical and a theoretical perspective. What can be taught and evaluated, however, are caring behaviors; if they can be identified and shown to be of value, then developmental processes can be imposed.

Second, employees are considered in the RMMC model to be agents of the caring process. They are not passive recipients of managerial care but have a role to play in the process. Necessarily, that means they have a responsibility to participate in a manner conducive to increasing the caring relationship. This is a significant

difference from various approaches to developing a positive work environment wherein the leadership of the organization carries the majority of the responsibility and accountability. From the perspective of Manager–Employee Caring Theory, employees also must be held accountable for developing a caring environment. Managers are also employees and so are a part of the RMMC model from that viewpoint, but this model suggests that employees should exhibit caring behaviors toward managers. Management can be a lonely job.

Third, considerable attention is now being paid to the impact of a positive work environment (Levering, 2009). More specificity about what practices will produce generative, healthy, productive work environments is needed. This would add to other lines of inquiry, such as organizational justice (Colquitt, Greenberg, & Zapata-Phelan, 2005), organizational citizenship behavior (LePine, Erez, & Johnson, 2002), and organizational commitment (Meyer & Herscovitch, 2001), that are building HRD scholarly and practitioner capability to understand and execute strategies that will make the workplace both more humane and more productive.

Finally, the RMMC model and subsequent elaboration and empirical research may inform lines of inquiry where HRD scholars are currently involved, such as mentoring (Hegstad & Wentling, 2005; Horvath, Wasko, & Bradley, 2008), workplace commitment (Fornes, Rocco, & Wollard, 2008), career planning (Egan, Upton, & Lynham, 2006; McDonald & Hite, 2005), management development (Cullen & Turnbull, 2005), and viewing HRD from a more holistic perspective (Lee, 2007; Yang, 2004). The lack of research into the area of caring seems to be an important opportunity for HRD practitioners and scholars during difficult times. Our RMMC model is just a start, drawing from nursing, education, and management literature. We know there are other streams of research to bring into our thinking about managerial and organizational caring. It seems to us that HRD, the field where we celebrate human potential and the importance of each individual, should be at the forefront of this line of inquiry.

Authors' Note

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Bios

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