

Organizational Decision Making through Strategic Caring: Gaining Benefits by Serving a Wide Range of Stakeholders

Thomas Weber^{a1}, Timothy M. Madden^b, Kaveh Moghaddam^c, and Amirhossein Maleki^d

^aRomain College of Business, University of Southern Indiana, thomas.weber@usi.edu

^bCollege of Business, East Carolina University, maddenti16@ecu.edu

^cSchool of Business, University of Houston – Victoria, moghaddamk@uhv.edu

^dCollege of Business and Technology, Northeastern Illinois University, amaleki@neiu.edu

ABSTRACT

This paper introduces the concept of strategic caring. As a cross-disciplinary, organizational-level construct, strategic caring describes the actions taken by top managers within the context of ongoing stakeholder relationships to improve the well-being of both the stakeholders and the organization. This paper develops the concept of strategic caring and presents a series of propositions that describe attributes of caring organizations and the anticipated organizational outcomes when this approach is used to satisfy stakeholder demands.

Keywords: Strategic Caring; Stakeholder Management, Organizational Purpose

INTRODUCTION

Public confidence in major corporations has dropped precipitously because of the perception that business is focused on maximizing short-term financial targets (Reich, 2009) without regard for a wider group of stakeholders. Consequently, corporations have been viewed as the cause of social ills, environmental disasters, and economic failures; all of which have led to society pondering the legitimacy of business (Porter & Kramer, 2011). At times, firms do not consider the well-being of stakeholders such as their customers, the environment, or suppliers that are vital to their business (Porter & Kramer, 2011).

Corporate decision-making is often based on Friedman's (1970) suggestion that the primary obligation of a firm is to increase shareholder value. When this corporate philosophy is taken to the extreme, it can lead firms to commit self-interested acts that harm others in the name of increasing profits. In order to improve society's view of corporations, our work suggests that firms must develop and implement nontraditional business practices (Porter & Kramer, 2011). Although the dogged pursuit of profits is a pervasive concept in the current business world, there are firms that take actions that seem to diminish their profits and benefit other stakeholders besides

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shareholders. This dichotomy of firm-level actions—either self-interested or other-focused—serves as a foundation to develop the construct of “strategic caring.”

We posit that strategic caring can be a guiding principle that leads to changes in how corporations behave and are perceived. Firms can balance the needs of their stakeholders and improve the well-being of their stakeholders as well as earn a profit (Taylor, Ladkin, & Statler, 2015) which are nonzero-sum situations as well as atypical business practices. Traditional business frequently results in the firm benefiting to the detriment of other stakeholders (Simola, 2011). In contrast to this approach, we suggest there is a construct—strategic caring—that is related to human caring and leads firms to take actions that improve stakeholder well-being which includes the firm.

Most scholarly attention to caring has been conducted at the individual level; therefore, we first focus on the individual level of analysis to better understand the context, meaning, and history of caring. A review of the caring literature provides descriptions of caring that are primarily grounded in the educational, nursing, and psychological literature which we use to propose a consensus definition of caring. The application of caring to an organizational setting is a recent development (André & Pache, 2016), and this paper attempts to further develop an understanding of the impact of caring on organizations. Therefore, we refined and extended the definition of caring at the individual level to the organization level and developed the construct of "strategic caring" which is defined as "actions taken by top managers within the context of ongoing stakeholder relationships to improve the joint well-being of both stakeholders and the organization." This paper contrasts caring at the individual level and strategic caring at the organizational level with two related but distinct constructs, organizational compassion and corporate social responsibility (CSR), to highlight the unique role that care plays in organizations. Finally, we propose behaviors and attitudes that would exist in an organization that makes decisions congruent with strategic caring.

INDIVIDUAL-LEVEL CARING CONSTRUCT

Individual caring is difficult to define and challenging to measure (Beck, 1999). Most proposed definitions are based on the way individual humans demonstrate caring between each other (Gilligan, 1982). The general model of care suggests it is an inherently social construct, made up of at least a dyad of individuals (Gilligan, 1982; Noddings, 1984). Within this dyad, a caregiver is the person who takes the action (Autry, 1991; Bishop & Scudder, 1991) towards a recipient of care (Noddings, 1988). The caregiver must understand the context and consider the needs and desires of the particular recipient of care in order to determine the proper course of action. This results in nearly every caring response being unique (Nelson, 2011).

Individual caring also emphasizes interdependent relationships (Hawk, 2011; Puka, 2011) and responsibilities (Curzer, 2007; Liedtka, 1996). Caring is more than just an exchange between two people. It involves a caregiver acting towards a recipient of care without regard to what the caregiver will receive from the recipient of care (Kroth & Keeler, 2009); although, it is not possible to be caring without considering oneself (Engster, 2004). A caregiver must have some level of

altruism to be caring (Bishop & Scudder, 1991; Kroth & Keeler, 2009), but caring requires the caregiver also balance his or her needs with the needs of the recipient of care—to neither give too little nor too much (Liedtka, 1996). Developing caring actions requires considering the effects of actions on both the recipient of care and the caregiver.

Developing a Definition of Individual Caring

Drawing on the general literature related to individual caring, we conducted an inductive study by taking descriptions of caring from various disciplines to develop a definition of individual caring. First, we searched academic databases (The Web of Science, ABI/INFORM Global, Business Source Complete, ScienceDirect, and JSTOR) for references related to caring. We searched using the search terms "care" and "caring" without restrictions on the domain; therefore, the search was not limited to management research. Once a potential source was found, we searched the reference section for other relevant sources, and we collected the definitional descriptions of “care” that we encountered.

This process resulted in the 25 descriptions of care that are listed in Table 1.

Table 1 presents the descriptions of caring and consensus themes.

Reference	Description with Themes
May (1969)	"a state composed of the recognition of another, a fellow human being like one's self (RELATIONSHIP); of identification of one's self with the pain or joy of the other; of guilt, pity, and the awareness that we stand on the base of a common humanity from which we all stem (AFFECT)...Care is a state in which something does matter . . . Care is always about something. . . In care one must (RESPONSIBILITY), by involvement with the objective fact, do something (ACTION) about the situation; one must make some decisions"
Leininger (1981)	"a generic sense as those assistive, supportive, or facilitative acts (ACTION) toward or for another individual or group with evident or anticipated needs to ameliorate or improve (WELL-BEING) a human condition or lifeway"
Frankfurt (1982)	"A person who cares about something is, as it were, invested in it. He identifies himself with what he cares about in the sense that he makes himself vulnerable (VULNERABLE) to losses and susceptible to benefits depending upon whether what he cares about is diminished or enhanced. Thus he concerns himself with what concerns it, giving particular attention to such things and directing his behavior accordingly (ACTION)."
Gilligan (1982)	"The ideal of care is thus an activity (ACTION) of relationship (RELATIONSHIP), of seeing (NOTICE) and responding to need, taking care of the world by sustaining the web of connection so that no one is left alone."

Reference	Description with Themes
Gaut (1983)	"any action may be described as caring, if and only if, S has identified a need (UNDERSTAND) for care and knows what to do for X; S chooses and implements an action (ACTION) intended to serve as a means for positive change (WELL-BEING) in X; and the welfare-of-X criterion has been used as a nonarbitrary principle in justifying the choice and implementation of the activities as caring actions."
Noddings (1984)	Caring is composed of engrossment (RESPONSIBILITY), displacement (UNDERSTAND), and commitment (RELATIONSHIP). The caregiver is engrossed when his or her undivided attention is placed on the recipient of care. The caregiver displaces his or her view of the world in order to understand the recipient of care. The caregiver and the recipient of care must agree to whole-heartedly participate in the relationship.
Morse, et al. (1990)	Caring is a "human trait (HUMAN TRAIT)", "a moral imperative or ideal", "an affect (AFFECT)", "an interpersonal relationship (RELATIONSHIP)", and "a therapeutic (WELL-BEING) intervention" (ACTION)
Bishop & Scudder (1991)	"(1) compassion (COMPASSION) for others, (2) doing (ACTION) for others what they can't do for themselves, (3) using professional understanding and skill (UNDERSTAND) for the patient's good, and (4) taking care in the sense of being diligent and skillful in actual practice (CAPABILITY)"
Swanson (1991)	"Caring is a nurturing (WELL-BEING) way of relating to a valued other (RELATIONSHIP) toward whom one feels a personal sense of commitment and responsibility (RESPONSIBILITY)"
Noblit (1993)	noticing (NOTICE), including, and protecting others (ACTION)
Teven & McCroskey (1996)	empathy (AFFECT), understanding (UNDERSTAND), and responsiveness (ACTION)
McCroskey & Teven (1999)	"a means of opening communication (COMMUNICATION) channels more widely" as well as survey items representing caring: interests of other at heart (WELL-BEING), not self-centered, concerned about other, sensitive, understands other
Finkenauer & Meeus (2000)	"an enduring emotion (AFFECT) that motivates (MOTIVATION) caregivers to meet (ACTION) and gratify (WELL-BEING) the needs of a specific dependent"
Shoemaker (2003)	"one must, along with the possibility of joy (and other positive emotions) (AFFECT), accept the possibility of distress (and other negative emotions) (VULNERABLE) when things are not going well with the recipient of care object in order for one truly to be said to care for it in the first place"
Engster (2004)	"Caring itself requires personal contact (RELATIONSHIP) and varies according to individuals and situations (UNIQUE)". . . "A good caregiver will not impose her own notions of care on others but rather will always remain attentive (NOTICE) to the other's needs and concerns as he or she express them (UNDERSTAND)"
Burton & Dunn (2005)	Caring is "understanding the needs (UNDERSTAND) of self (CONCERN FOR SELF) and others" in unique situations (UNIQUE) and creating responses (ACTION) tailored to the particular other, including the other's reality, with a focus on "the future and the relationships (RELATIONSHIP) involved"

Reference	Description with Themes
Held (2006)	"a relation (RELATIONSHIP) in which caregiver and recipient of care share an interest in their mutual (CONCERN FOR SELF)well-being (WELL-BEING)"
Curzer (2007)	Components of care: best interests of another, manifest the best interests, desire for well-being of another (WELL-BEING), compassion, sympathy, empathy, generosity, help... Ten Core Doctrines: 1. There is a particular person in a particular situation (UNIQUE) which makes rules less potent; 2. People's identities develop because of the relationships they are in (RELATIONSHIP); 3. There are different types of relationships which require different types of care; 4. Care is the preferred motivator over duty (MOTIVATION); 5. Care helps understanding situations and responding (ACTION); 6. Relationships are of primary importance; 7. The responsibilities of caring depend on the closeness of the relationship (RESPONSIBILITY); 8. The responsibilities of caring only exist in our relationships; 9. Relationships need to be tended (nurtured, grow, etc.) (LONG-TERM); 10. Care and Justice work together.
Kroth & Keeler (2009)	"We define managerial caring as a process wherein a manager exhibits inviting, advancing, capacitating, and connecting (WELL-BEING) behaviors toward an employee or employees. Care building is the ongoing (LONG-TERM) process of managerial caring, subsequent employee response, and then ensuing managerial response (ACTION) that result in the growth of care between the two parties (RELATIONSHIP)"
Vidaver-Cohen, et al. (2010)	"integrating the interests (WELL-BEING) of all parties (CONCERN FOR SELF)"
Engster (2011)	"associates moral action (ACTION) with meeting the needs, fostering the capabilities, and alleviating the pain and suffering of individuals in attentive, responsive, and respectful ways"
Hawk (2011)	"the ongoing (LONG-TERM) concern for the well-being (WELL-BEING) and the constructive development of the one caring (CONCERN FOR SELF), the one or ones cared for, and the relationship (RELATIONSHIP)"
Puka (2011)	Caring is balancing the needs of self (CONCERN FOR SELF) and others; developing relationships (RELATIONSHIP), attending to (NOTICE), responding to (ACTION), communicating with (COMMUNICATION), taking responsibility for (RESPONSIBILITY), empathizing with, understanding the needs of (UNDERSTAND), having compassion for (COMPASSION), helping, supporting, nurturing, and empowering others; working toward consensus, understanding the needs of others; being flexible; and not harming others (WELL-BEING)
Tsui (2013)	"I use 'compassion' (COMPASSION) and 'caring' interchangeably"
Kawamura (2013)	"care is a universal construct and is inherent in all human beings (HUMAN TRAIT); care is the core foundation, the core energy, of all human activity, work, and interaction; care may be seen as a socioeconomic resource (CAPABILITY) that acts similar to the knowledge resource and may be built into organizational strategy, management, and leadership and serves as a measurable and trainable managerial capability; and care comprises identifiable qualities in individual, relational (RELATIONSHIP), and managerial decision-making categories"

Reference	Description with Themes
André & Pache (2016)	define the ethic of care as ... making (ACTION) our world better by caring about each other's needs (UNDERSTAND) ... and relying on empathic dispositions (COMPASSION and practices to fulfill each other's needs (WELL-BEING)).
Saks (2021)	at its core it [caring] involves an awareness of and concern (COMPASSION), for employee's needs and well-being (WELL-BEING).
<p>Note: The first column of the table, Reference, is the source of the description of caring. The second column, Description, is how caring is characterized within the particular source. Some of the descriptions were pages long, and we summarized them. Others were very short, and we included them verbatim. We also bolded the caring themes that we found in the descriptions.</p> <p>Table 1: Descriptions of Caring at the Individual Level with Notated Themes (n = 25)</p>	

Three management researchers analyzed the 25 descriptions to determine the important aspects of “care”. This process was completed in two rounds. In the first round, the researchers read the descriptions of care and coded as many unique facets as possible. The first round resulted in 63 different facets. In the second round of analysis, the researchers compared their individual lists of codes to combine similar ones and to create an agreed upon set of codes that would be used to reanalyze the descriptions and determine the most common themes across the 25 descriptions. The researchers debated the semantic differences of the codes and suggested which codes could be collapsed into broader themes. Through consensus, the researchers determined the final list of codes to apply in the second round. This iterative process resulted in 21 different themes (See Appendix 1 for this list). Following this process, all three coders reanalyzed the descriptions with the 21 consensus themes and again discussed any differences until they agreed upon the themes. This resulted in only 16 of the themes being used in the second round of coding.

We then created a frequency table of the themes and used this to determine which themes were included in the most descriptions. Note: Bolded themes included in definition of caring

Table 2 presents the list of the themes with frequencies between 3 and 15. After reviewing the frequency of use table from the fewest to the most uses, the first break in frequencies occurred between 5 and 7 descriptions including a theme. This first break point was used as the demarcation between the least-frequently used and most-frequently used themes with the most-frequently used themes being included in the definition of individual caring.

Included Caring Theme	Count	%
Action-based	16	59%
Well-being	14	52%
Relationship	13	48%
Understand	8	30%
Compassion	5	19%
Affect	5	19%
Concern for Self	5	19%
Responsibility	5	19%
Notice	4	15%
Long-term	3	11%
Unique	3	11%

Note: Bolded themes included in definition of caring

Table 2: Frequency of Use of Individual Caring Themes (n = 27)

This heuristic resulted in four major themes related to care: (1) action-based (i.e., a caregiver did something for a recipient), (2) relationship (i.e., a personal connection between a caregiver and recipient), (3) well-being (i.e., a caregiver acted to improve the state of a recipient), and (4) understanding (i.e., a caregiver sought to know a recipient's needs and desires). The proposed definition of individual caring for this study is:

Taking an action within the context of a particular relationship aimed at improving the well-being of a recipient of care based on understanding both the recipient of care's and caregiver's needs and desires.

This definition does not imply that an action that the caregiver takes is the right action or the action that the recipient of care desires most. It only implies that the caregiver attempts to do what he or she thinks is best for the recipient of care, and the caregiver has an intent to create an outcome that will increase the recipient's well-being without diminishing the caregiver's well-being.

Caring Versus Compassion in Organizations

In recent organizational literature, several articles described caring and compassion in three different ways (Rynes, Bartunek, Dutton, & Margolis, 2012). The first is to use the dictionary definition of compassion and focus upon the desire to alleviate pain (Dutton, Worline, Frost, & Lilius, 2006; Madden, Duchon, Madden, & Plowman, 2012). The second is to use "caring" and

"compassion" interchangeably (Tsui, 2013). The third is to combine the two terms into a single unit (Lawrence & Maitlis, 2012) with an assumption that the reader knows what the author means.

In this paper, caring and compassion—though related—differ from each other. Compassion is a narrow subset of caring actions (André & Pache, 2016; Kawamura & Eisler, 2013) that focuses on one person alleviating the pain of another; however, care is not limited to pain. A caring action could celebrate a recipient of care's accomplishments (Shoemaker, 2003), making care a broader construct than compassion.

STRATEGIC CARING CONSTRUCT

We defined individual caring in order to apply that definition to organizations and create the construct of strategic caring to then theorize how organizations manifesting strategic caring would differ from typical organizations. To gain an understanding of how "strategic" transforms constructs, we compared the constructs of "strategic marketing", "strategic human resources", and "strategic management" to the constructs of marketing, human resources, and management. We then identified what attributes changed among these constructs to apply to caring.

The American Marketing Association defines "Marketing" as "the activity, set of institutions, and processes for creating, communicating, delivering, and exchanging offerings that have value for customers, clients, partners, and society at large" (Keefe, 2008). The focus is informing potential customers of the products or services the firm offers. *Strategic* marketing expands on that focus:

the study of organizational, inter-organizational and environmental phenomena concerned with (1) the behavior of organizations in the marketplace in their interactions with ... external constituencies, in the context of creation, communication and delivery of products that offer value to customers..., and (2) the general management responsibilities associated with the boundary spanning role of the marketing function in organizations (Varadarajan, 2010: 119).

Strategic marketing adds a focus of top managers deciding the message to convey to consumers to improve the performance of a firm.

Human resources management ensures that a firm complies with all employment laws, hires and fires the right people, and uses workers where they are needed (Storey, Ulrich, & Wright, 2009). *Strategic* human resources management adds the focus of developing human capital so that it can contribute to the mission of the firm (Lepak, 2007) to achieve firm-level outcomes (Storey et al., 2009).

The definition of management is "judicious use of means to accomplish an end" (Merriam-Webster Inc, 2003). Strategic management is "the major intended and emergent initiatives taken by general managers on behalf of owners, involving utilization of resources, to enhance the performance of firms in their external" environment (Nag, Hambrick, & Chen, 2007: 944). Strategic management focuses on top managers interacting with resources to improve firm performance.

Strategic Caring

Across these three disciplines, the common attributes are (1) highlighting the actions that top managers take and (2) focusing on firm performance as the outcome. Therefore, to develop our construct, we added these two attributes to the definition of individual caring. Thus, strategic care is the actions undertaken by top managers who represent the firm, and the desired outcome of these actions is to improve firm performance. At the organization-level, the caregiver is the organization, and the recipient of care is any of the organization's many stakeholder groups, e.g., employees, shareholders, communities, or suppliers. For an organization to manifest caring, a top management team must decide to take actions after considering the firm's relationships with its stakeholder groups to (1) improve the well-being of its stakeholders and (2) improve firm performance. Because the typical way to determine if a firm is doing well is to examine the organization's performance, firm well-being can be considered a type of firm performance. Thus, the proposed definition of "strategic caring" is:

Actions taken by top managers within the context of ongoing stakeholder relationships to improve the well-being of both the stakeholders and the organization.

"Strategic caring" implies that an organization's relationships with its stakeholders cause top managers to seek to understand the needs and desires of the stakeholders to decide what behaviors will improve stakeholder well-being and to enact those behaviors while also maintaining a focus on its own well-being.

Corporate Social Responsibility versus Strategic Caring Intentions

CSR and strategic caring also share similar attributes. One definition of CSR proposed by McWilliams and Siegel (2001: 117) is "actions that appear to further some social good, beyond the interests of the firm and that which is required by law." Different types of CSR actions can have different motivations that range from self-interested motivations that appear to benefit society but are calculated to benefit the corporation to purely altruistic motivations where the well-being of the firm is not considered as long as society benefits.

The intention behind strategic caring is to benefit both the organization and its stakeholder groups. The intentions behind CSR could be focused on benefiting (1) the firm, (2) society, or (3) society and the firm. From a CSR perspective, acceptable outcomes could be: (1) to make the firm look good (i.e., a win-lose situation), (2) to help others without regard to the impact on the firm (i.e., a lose-win situation), or (3) to benefit the firm and its stakeholders (i.e., a win-win situation) which is the approach that aligns with strategic caring.

Many of the actions that an organization could undertake from a CSR perspective would be similar to actions based on strategic caring, for example, being concerned about stakeholders (Marín, Rubio, & de Maya, 2012); supporting volunteerism, assisting local communities (Freeman & Hasnaoui, 2011), listening to customer demands (Peloza, Loock, Cerruti, & Muyot, 2012), and

implementing programs to improve employee welfare (Du, Swaen, Lindgreen, & Sen, 2013; Flammer, 2013). These actions could be taken from either a CSR or strategic caring perspective, but the difference is the motivation behind the actions.

From a strategic caring perspective, the motivation is to consider all stakeholders' concerns, including the organization, and the final action is intended to improve the well-being of stakeholders, including the organization. The difference in motivations between CSR and strategic caring are important to this study because of the two cases that are incongruous with strategic caring: (1) actions taken to benefit the firm which come from a self-interested intention of the organization and (2) actions taken to benefit society which come from a purely altruistic intention and harm the organization. These are antithetical to strategic caring.

Self-Interested Actions. On the one extreme, the organization can take actions that appear to be socially-responsible but are designed for the organization to benefit while other stakeholders are of secondary importance (Freeman & Hasnaoui, 2011). The results of these actions would be satisfactory to the firm even if they resulted in a win-lose situation in which the firm gains and the stakeholder loses. With this type of intention, CSR would be considered another cost of doing business that yields firm-level benefits (Flammer, 2013).

Altruistic Actions. At the other extreme, organizations can take actions that focus solely on other stakeholders. These actions would be satisfactory to the organization if the outcome were a lose-win situation in which the firm loses. Actions based on this intention tend to result in programs to better society (Flammer, 2013). The organization determines how it can improve society and takes actions that support societal causes. Potential examples of these types of actions include implementing a triple bottom line, corporate ethics programs, and supporting fair trade practices (Freeman & Hasnaoui, 2011) which could harm the organization.

Balanced Actions. Strategic caring suggests there is a balance between considering the organization and the organization's stakeholders. Just as a caregiver cannot either sacrifice himself or herself for the recipient of care or only benefit himself or herself, an organization cannot sacrifice itself for its stakeholders or focus purely on itself. Strategic caring calls for bettering stakeholders and bettering the organization and requires asking: What actions can the organization take that improve itself and the well-being of its stakeholders?

STRATEGIC CARING: PROPOSITION DEVELOPMENT FOR FUTURE RESEARCH

Stakeholder Orientation and Strategic Caring

Caring organizations need to understand the needs and desires of their stakeholders to develop strong relationships with their stakeholders (Hollinrake & Thomas, 2015). Therefore, caring organizations are respectful (Kroth & Keeler, 2009; Sander-Staudt & Hamington, 2011), and trusting (Leininger, 1981). They are involved with a wide range of stakeholders (Leininger, 1981) through nurturing them (Puka, 2011), including them in their decision-making processes (Fuqua & Newman, 2002; Moyer & Baumgartner, 2019), and building community (Liedtka, 1996). Caring

organizations also provide employees with safe and healthy environments (Engster, 2011). Employees are empowered (Puka, 2011), and trusted (Faldetta, 2016), and efforts are made to retain as many employees as possible when things change for the worse (Richards, 2016), such as a hostile takeover or economic downturns (Puka, 2011).

Proposition 1: *A high-caring organization will have stronger stakeholder relationships than a low-caring organization.*

Particularity of Stakeholders

A caring organization is not a traditional concept in the world of business (Brophy, 2011; Burton & Dunn, 2005; Gatzia, 2011; Liedtka, 1996; Sander-Staudt & Hamington, 2011). Because of the relationships a caring organization develops, an organizational action would begin with a particular stakeholder's needs and an understanding of the situation (Burton & Dunn, 2005; Engster, 2004; Gilligan, 1993; Noddings, 1984; Sander-Staudt & Hamington, 2011) which means nearly every action is unique. Therefore, an organization guided by strategic caring has few predetermined solutions, legalistic principles, or standard operating procedures to rely on for decision making (Puka, 2011).

Proposition 2: *A high-caring organization will have fewer guidelines to dictate behavior towards stakeholders than a low-caring organization.*

Leaders of Strategically Caring Organizations

A caring organization encourages leaders to earn the respect of their employees by demonstrating how its leaders treat others (Hollinrake & Thomas, 2015; Nandina, 2017). The tasks of a leader in a caring organization are intricate and require a different way of thinking and doing things. As Burton and Dunn describe:

“Instead of resolving conflicts between principles, the caring manager must rely on training, practice in caring, and observation of and participation in caring relationships. He or she must receive the others, appreciate their realities, understand their needs, and respond to them in a caring fashion ... It is a nuanced, receptive view of particular others in particular situations with an eye not toward the past and the principles that may have been derived from it but toward the future of the relationships involved,” (2005: 461).

Proposition 3: *A high-caring organization will have leaders who are more respected than leaders in a low-caring organization.*

Structural Context for Strategic Caring

Structurally, caring organizations will have minimal hierarchical levels, (Sander-Staudt & Hamington, 2011), decentralize responsibilities (Liedtka, 1996), and have a familial, almost communal sense (Judge, Fryxell, & Dooley, 1997). Members of the organization readily share information and develop strong relationships with each other and other stakeholders (Hamington, 2011).

Proposition 4: *A high caring organization will have fewer hierarchical levels than a low caring organization.*

Stakeholder Focus

The focus of an organization trying to manifest strategic caring is the overall well-being of its stakeholders and itself, both of which can result in a vast number of programs and actions (Anderson, 2020). The particular individuals and the specific context of each situation are important (Faldetta, 2016). This focus on stakeholders would apply to customers who would feel better understood by a caring organization. They would feel their needs were being met, and their concerns were being addressed. A caring organization would include customers in developing programs which would strengthen the customers' loyalty to the organization.

Proposition 5: *A high-caring organization will have higher performance than a low-caring organization*

DISCUSSION

Theoretical Contributions

This study makes two primary contributions to the management literature. First, it develops the "strategic caring" construct. We proposed a definition that is based on integrating forty years of multidisciplinary studies on the individual level of caring and translating those studies to the organizational sciences. This is important to move the nascent research stream of caring in the management literature forward. It provides a common construct researchers can use to discuss how care impacts the practical aspects of management.

As a second contribution, this study sets the stage for future empirical studies. Advancing the understanding of what strategic caring is aids the process of empirically studying it. Specifically, naming these actions helps to develop a better understanding of how common this concept is within organizational populations and whether strategic caring is manifested as a general organizational disposition or as something more episodic.

Managerial Implications

Top managers in organizations that manifest strategic caring will have different considerations than those of traditional business, and the organization's leaders need to develop and maintain trust among the members of the organization to develop a caring culture (André & Pache, 2016; Engster, 2004). When considering the internal environment, top managers need to consider: (1) the language they use to support caring, (2) decision-making inclusion criteria that include the broadest set of stakeholders, (3) the status, power, and authority of all stakeholders, and (4) the reward and punishment systems (Schein, 1990). Top managers need to create an organizational structure that encourages caring which would generally have a flatter hierarchy with highly autonomous employees. These firms must ensure that the organization's systems are developed with the intention of creating nonzero-sum outcomes for the organization and its stakeholders. If the structure inhibits relationships, strategic caring will not manifest (Kroth & Keeler, 2009).

Organizations that implement strategic caring will focus on a broader set of issues; for example, some questions include: What are the most important relationships in which the organization is involved? What do the organization's recipients of care need? What are the conflicts that may develop when attempting to create win-win situations? These are all questions the top managers would have to address in creating the organization's strategy.

For an organization to become a strategically-caring organization, it requires a broad way of thinking and a broad set of focuses. For managers, this could cause difficulties in prioritizing the actions an organization plans to take. It also can stretch the resources of an organization, resulting in difficult choices about allocation (Da Conceição Domingos Silva, Alberto Gonçalves, & Ramalho, 2020). Caring also requires flexibility and dealing with each situation uniquely.

If an organization becomes caring, there are many facets of the organizational lifecycle that could become easier and even more rewarding. Possible outcomes of an organization manifesting strategic caring could be higher quality products than competitors, financial growth, environmental awards, CSR awards, and high brand value. Strategic caring is not based on universalities and principles; therefore, it allows businesses to deal with ambiguity, change, and uncertainty better because responses depend on the context of each situation. Pellicer (2008) believes organizations that take caring actions are the ones that are the fittest and will be the ones that survive and thrive.

CONCLUSION AND FUTURE RESEARCH DIRECTIONS

Strategic caring provides a set of principles which organizations can use to conduct business differently and include a broader set of stakeholders to develop more nonzero-sum interactions (Porter & Kramer, 2011). Even when avoiding the egregious examples of firms that have behaved in ways to harm stakeholders (e.g. the 2008 financial meltdown) we can see the effect of business attempting to do good without understanding stakeholder needs. For these reasons, strategic caring is timely, relevant, and deserves further study to understand its impact on organizations.

In summary, our propositions suggest five characteristics of high-caring organizations. The first proposition suggests that the strength of relationships in high-caring is stronger than in low-caring organizations. The second suggests that high caring organizations will have fewer bureaucratic procedures to which organizational members must adhere. The third suggests that leaders of high-caring organizations will have more positive reputations and will be more respected. The fourth suggests that high-caring organizations will have flatter organizational structures. The fifth suggests that high-caring organizations will have higher performance than low-caring organizations.

Regarding future research, we call for empirical investigation into our suggested set of propositions. In addition, the literature suggests that national culture matters in managing organizations (Maleki, Moghaddam, Cloninger, & Cullen, 2021; Maleki, Moghaddam, Sansui, & Cullen, 2020); therefore, we call for cross-national examination of the strategic caring construct especially because of the importance of context and individual particularity to actions congruent with strategic caring. It is also important to explore the effect of strategic caring on organizational issues such as organization reputation and firm performance (Moghaddam, Weber, Seifzadeh, & Azarpanah, 2020) in order to determine if the investments required to implement programs based on strategic caring generate more firm value.

REFERENCES

- Anderson, J. (2020). What is care and what is not caring? The challenges of cultural diversity. *Cuadernos de Relaciones Laborales*, 38(2), 35-325. <https://doi.org/10.5209/crla.70892>
- André, K., & Pache, A.-C. (2016). From caring entrepreneur to caring enterprise: Addressing the ethical challenges of scaling up social enterprises. *Journal of Business Ethics*, 133(4), 659-675. <https://doi.org/10.1007/s10551-014-2445-8>
- Autry, J. A. (1991). *Love and Profit: The Art of Caring Leadership*. New York, NY: William Morrow and Company, Inc.
- Beck, C. T. (1999). Quantitative measurement of caring. *Journal of Advanced Nursing*, 30(1), 24-32. <https://doi.org/10.1046/j.1365-2648.1999.01045.x>
- Bishop, A. H., & Scudder, J. R. (1991). Dialogical care and nursing practice. In P. L. Chinn (Ed.), *Anthology on Caring* (pp. 17-30). New York, NY: National League for Nursing Press.
- Brophy, M. (2011). Bumfights and care ethics: A contemporary case study. In M. Hamington & M. Sander-Staudt (Eds.), *Applying Care Ethics to Business* (Vol. 34, pp. 201-218). Dordrecht: Springer. https://doi.org/10.1007/978-90-481-9307-3_11
- Burton, B. K., & Dunn, C. P. (2005). The caring approach and social issues in management education. *Journal of Management Education*, 29(3), 453-474. <https://doi.org/10.1177/1052562904267624>
- Curzer, H. J. (2007). Aristotle: Founder of the ethics of care. *Journal of Value Inquiry*, 41(2-4), 221-243. <https://doi.org/10.1007/s10790-007-9088-2>
- Da Conceição Domingos Silva, S., Alberto Gonçalves, C., & Ramalho, W., Pardini, D. (2020). Essential indicators for guiding multiple strategies. *Cyrus Global Business Perspectives*, 5(1). <https://doi.org/10.52212/CCJ2020-V5i1m6>

- Du, S., Swaen, V., Lindgreen, A., & Sen, S. (2013). The roles of leadership styles in corporate social responsibility. *Journal of Business Ethics*, 114(1), 155-169.
<https://doi.org/10.1007/s10551-012-1333-3>
- Dutton, J. E., Worline, M. C., Frost, P. J., & Lilius, J. (2006). Explaining compassion organizing. *Administrative Science Quarterly*, 51(1), 59-96.
<https://doi.org/10.2189/asqu.51.1.59>
- Engster, D. (2004). Care ethics and natural law theory: Toward an institutional political theory of caring. *Journal of Politics*, 66(1), 113-135.
<https://doi.org/10.1046/j.1468-2508.2004.00144.x>
- Engster, D. (2011). Care ethics and stakeholder theory. In M. Hamington & M. Sander-Staudt (Eds.), *Applying Care Ethics to Business* (Vol. 34, pp. 93-110). Dordrecht: Springer.
https://doi.org/10.1007/978-90-481-9307-3_5
- Faldetta, G. (2016). Organizational caring and organizational justice. *International Journal of Organizational Analysis*, 24(1), 64-80. <https://doi.org/10.1108/IJOA-07-2013-0697>
- Finkenauer, C., & Meeus, W. (2000). How (pro-)social is the caring motive? *Psychological Inquiry*, 11(2), 100-103.
- Flammer, C. (2013). Corporate social responsibility and shareholder reaction: The environmental awareness of investors. *Academy of Management Journal*, 56(3), 758-781. <https://doi.org/10.5465/amj.2011.0744>
- Frankfurt, H. (1982). The importance of what we care about. *Synthese*, 53(2), 257-272.
<https://doi.org/10.1007/BF00484902>
- Freeman, I., & Hasnaoui, A. (2011). The meaning of corporate social responsibility: The vision of four nations. *Journal of Business Ethics*, 100, 419-443.
<https://doi.org/10.1007/s10551-010-0688-6>
- Friedman, M. (1970, 13 September 1970). The social responsibility of business is to increase its profits. *New York Times Magazine*.
- Fuqua, D. R., & Newman, J. L. (2002). Creating caring organizations. *Consulting Psychology Journal: Practice and Research*, 54(2), 131-140. <https://doi.org/10.1037/1061-4087.54.2.131>

- Gatzia, D. E. (2011). Towards a caring economy. In M. Hamington & M. Sander-Staudt (Eds.), *Applying Care Ethics to Business* (Vol. 34, pp. 73-89). Dordrecht: Springer.
https://doi.org/10.1007/978-90-481-9307-3_4
- Gaut, D. A. (1983). Development of a theoretically adequate description of caring. *Western Journal of Nursing Research*, 5(4), 313-324.
<https://doi.org/10.1177/019394598300500405>
- Gilligan, C. (1982). *In a Different Voice: Psychological Theory and Women's Development*. Cambridge, MA: Harvard University Press.
- Gilligan, C. (1993). *In a Different Voice: Psychological Theory and Women's Development* (2nd ed.). Cambridge, MA: Harvard University Press.
<https://doi.org/10.4159/9780674037618>
- Hamington, M. (2011). Care ethics, knowledge management, and the learning organization. In M. Hamington & M. Sander-Staudt (Eds.), *Applying Care Ethics to Business* (Vol. 34, pp. 245-257). Dordrecht: Springer. https://doi.org/10.1007/978-90-481-9307-3_13
- Hawk, T. F. (2011). An ethic of care: A relational ethic for the relational characteristics of organization. In M. Hamington & M. Sander-Staudt (Eds.), *Applying Care Ethics to Business* (Vol. 34, pp. 3-34). Dordrecht: Springer. https://doi.org/10.1007/978-90-481-9307-3_1
- Held, V. (2006). *The Ethics of Care: Personal, Political, and Global*. Oxford: Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780195325911.003.0020>
- Hollinrake, S., & Thomas, W. (2015). Caring relationships and efficient social care provision: Can an ethic of care provide a better foundation for responding to care needs in later life? *International Journal of Sociology and Social Policy*, 35(5/6), 419-436.
<https://doi.org/10.1108/IJSSP-08-2013-0089>
- Judge, W. Q., Fryxell, G. E., & Dooley, R. S. (1997). The new task of R&D management: Creating goal-directed communities for innovation. *California Management Review*, 39(3), 72-85. <https://doi.org/10.2307/41165899>
- Kawamura, K. M. (2013). Understanding the concept of care in cross-cultural settings: Toward a resource definition of care in work organizations. *Cross Cultural Management: An International Journal*, 20(2), 100-123. <https://doi.org/10.1108/13527601311313373>
- Kawamura, K. M., & Eisler, R. (2013). An Interview with Jane Dutton, PhD. *Cross Cultural Management: An International Journal*, 20(2), 5-5.
<https://doi.org/10.1108/ccm.2013.13620baa.005>

- Keefe, L. M. (2008). Marketing defined. *Marketing News*, 42(1), 28-29.
[https://doi.org/10.1016/S0031-398X\(08\)70026-2](https://doi.org/10.1016/S0031-398X(08)70026-2)
- Kroth, M., & Keeler, C. (2009). Caring as a managerial strategy. *Human Resource Development Review*, 8(4), 506-531. <https://doi.org/10.1177/1534484309341558>
- Lawrence, T. B., & Maitlis, S. (2012). Care and possibility: Enacting an ethic of care through narrative practice. *Academy of Management Review*, 37(4), 641-663.
<https://doi.org/10.5465/amr.2010.0466>
- Leininger, M. M. (1981). The phenomenon of caring: Importance, research questions and theoretical considerations. In M. M. Leininger (Ed.), *Caring: An essential human need* (pp. 3-16). Thorofare, NJ: Charles B Slack, Inc.
- Lepak, D. P. (2007). Strategic Human Resources Management: A look to the future. In R. S. Schuler & S. E. Jackson (Eds.), *Strategic Human Resources Management* (pp. 457-466). Malden, WA: Blackwell Publishing. <https://doi.org/10.1002/hrm.20158>
- Liedtka, J. M. (1996). Feminist morality and competitive reality: A role for an ethic of care? *Business Ethics Quarterly*, 6(2), 179-200. <https://doi.org/10.2307/3857622>
- Madden, L. T., Duchon, D., Madden, T. M., & Plowman, D. A. (2012). Emergent organizational capacity for compassion. *Academy of Management Review*, 37(4), 689-708. <https://doi.org/10.5465/amr.2010.0424>
- Maleki, A., Moghaddam, K., Cloninger, P., & Cullen, J. (2021). A cross-national study of youth entrepreneurship: The effect of family support. *The International Journal of Entrepreneurship and Innovation*. <https://doi.org/10.1177/14657503211054284>
- Maleki, A., Moghaddam, K., Sansui, E. S., & Cullen, J. B. (2020). National social benefit systems and entrepreneurial intentions: A cross-national and cross-level analysis. *Cyrus Global Business Perspectives*, 5(2). <https://doi.org/10.52212/CCJ2020-V5i1m4>
- Marín, L., Rubio, A., & de Maya, S. R. (2012). Competitiveness as a strategic outcome of corporate social responsibility. *Corporate Social Responsibility and Environmental Management*, 19(6), 364-376. <https://doi.org/10.1002/csr.1288>
- May, R. (1969). *Love and Will*. New York, NY: W W Norton & Company, Inc.
- McCroskey, J. C., & Teven, J. J. (1999). Goodwill: A reexamination of the construct and its measurement. *Communication Monographs*, 66(1), 90-103.
<https://doi.org/10.1080/03637759909376464>

- McWilliams, A., & Siegel, D. (2001). Profit-maximizing corporate social responsibility. *Academy of Management Review*, 26(4), 504-505. <https://doi.org/10.2307/259398>
- Merriam-Webster Inc. (Ed.) (2003) *Merriam-Webster's Collegiate Dictionary* (11th ed.). Springfield, MA: Merriam-Webster.
- Moghaddam, K., Weber, T., Seifzadeh, P., & Azarpanah, S. (2020). Internal reputation of the Firm: CEO retention and firm market performance. *Corporate Reputation Review*, 24, 205-221. <https://doi.org/10.1057/s41299-020-00104-2>
- Morse, J. M., Solberg, S. M., Neander, W. L., Bottorff, J. L., & Johnson, J. L. (1990). Concepts of caring and caring as a concept. *Advances in Nursing Science*, 13(1), 1. <https://doi.org/10.1097/00012272-199009000-00002>
- Moyer, B., & Baumgartner, E. (2019). Caring for cross-cultural workers in red zones. *Journal of Applied Christian Leadership*, 13(1), 90-99.
- Nag, R., Hambrick, D. C., & Chen, M. J. (2007). What is strategic management, really? Inductive derivation of a consensus definition of the field. *Strategic Management Journal*, 28(9), 935-955. <https://doi.org/10.1002/smj.615>
- Nandina, B. (2017). Turn the ship around!: A true story of turning followers into leaders. *Cyrus Global Business Perspectives*, 2(1). <https://doi.org/10.52212/J2017-V2i2BR4>
- Nelson, J. A. (2011). Care ethics and markets: A view from feminist economics. In M. Hamington & M. Sander-Staudt (Eds.), *Applying Care Ethics to Business* (Vol. 34, pp. 35-53). Dordrecht: Springer. https://doi.org/10.1007/978-90-481-9307-3_2
- Noblit, G. W. (1993). Power and caring. *American Educational Research Journal*, 30(1), 23-38. <https://doi.org/10.3102/00028312030001023>
- Noddings, N. (1984). *Caring: A Feminine Approach to Ethics and Moral Education*. Berkley: University of California Press.
- Noddings, N. (1988). An ethic of caring and its implications for instructional arrangements. *American Journal of Education*, 96(2), 215-230. doi:10.2307/1085252 <https://doi.org/10.1086/443894>
- Pellicer, L. O. (2008). *Caring Enough to Lead: How Reflective Practice Leads to Moral Leadership* (3rd ed.). Thousand Oaks, CA: Corwin Press, Inc.

- Peloza, J., Loock, M., Cerruti, J., & Muyot, M. (2012). Sustainability: How stakeholder perceptions differ from corporate reality. *California Management Review*, 55(1), 74-97. <https://doi.org/10.1525/cmr.2012.55.1.74>
- Porter, M. E., & Kramer, M. R. (2011). Creating shared value: Redefining capitalism and the role of the corporation in society. *Harvard Business Review*, 89(1/2), 62-77.
- Puka, B. (2011). Taking care of business: Caring in competitive corporate structures. In M. Hamington & M. Sander-Staudt (Eds.), *Applying Care Ethics to Business* (Vol. 34, pp. 175-199). Dordrecht: Springer. https://doi.org/10.1007/978-90-481-9307-3_10
- Reich, R. B. (2009). Government in your business. *Harvard Business Review*, 87(7/8), 94-99.
- Richards, K. (2016). The urgency of creating a culture of caring: Start with you! *Nursing Economics*, 34(3), 152-155.
- Rynes, S. L., Bartunek, J. M., Dutton, J. E., & Margolis, J. D. (2012). Care and compassion through an organizational lens: Opening up new possibilities. *Academy of Management Review*, 37(4), 503-523. doi:10.5465/amr.2012.0124 <https://doi.org/10.5465/amr.2012.0124>
- Saks, A. M. (2021). A model of caring in organizations for human resource development. *Human Resource Development Review*, 20(3), 289-321. doi:10.1177/15344843211024035 <https://doi.org/10.1177/15344843211024035>
- Sander-Staudt, M., & Hamington, M. (2011). Introduction. In M. Hamington & M. Sander-Staudt (Eds.), *Applying Care Ethics to Business* (Vol. 34, pp. vii-xxii). Dordrecht: Springer.
- Schein, E. H. (1990). Organizational Culture. *American Psychologist*, 45(2), 109-119. <https://doi.org/10.1037/0003-066X.45.2.109>
- Shoemaker, D. W. (2003). Caring, identification, and agency. *Ethics*, 114(1), 88-118. <https://doi.org/10.1086/376718>
- Simola, S. (2011). Elucidating the role of care in ethical decision-making and action. In M. Hamington & M. Sander-Staudt (Eds.), *Applying Care Ethics to Business* (Vol. 34, pp. 127-140). Dordrecht: Springer. https://doi.org/10.1007/978-90-481-9307-3_7
- Storey, J., Ulrich, D., & Wright, P. M. (2009). Introduction. In J. Storey, P. M. Wright, & D. Ulrich (Eds.), *Routledge Companion to Strategic Human Resource Management* (pp. 299-315). London: Routledge. <https://doi.org/10.4324/9780203889015.ch18>

- Swanson, K. M. (1991). Empirical development of a middle range theory of caring. *Nursing Research*, 40(3), 161-166. <https://doi.org/10.1097/00006199-199105000-00008>
- Taylor, S. S., Ladkin, D., & Statler, M. (2015). Caring orientations: The normative foundations of the craft of management. *Journal of Business Ethics*, 128(3), 575-584. <https://doi.org/10.1007/s10551-014-2116-9>
- Teven, J. J., & McCroskey, J. C. (1996). The relationship of perceived teacher caring with student learning and teacher evaluation. *Communication Education*, 46(1), 1-9. <https://doi.org/10.1080/03634529709379069>
- Tsui, A. S. (2013). On compassion in scholarship: Why should we care? *Academy of Management Journal*, 38(2), 167-180. <https://doi.org/10.5465/amr.2012.0408>
- Varadarajan, R. (2010). Strategic marketing and marketing strategy: Domain, definition, fundamental issues and foundational premises. *Journal of the Academy of Marketing Science*, 38(2), 119-140. <https://doi.org/10.1007/s11747-009-0176-7>
- Vidaver-Cohen, D., Reed, L. L., & Colwell, S. (2010). Executive servant leadership: A new scale to test if leaders dare to care. Unpublished Manuscript. <https://doi.org/10.5465/ambpp.2010.54491699>

APPENDIX

ALPHABETICAL LIST OF CONSENSUS THEMES OF CARING TO APPLY TO ROUND 2 OF CODING

1. Action-based
2. Based on relationship
3. Celebration
4. Cognitive
5. Commitment
6. Communication
7. Compassion
8. Concern for Self
9. Feelings for Recipient of care
10. Human Trait
11. Integrate
12. Justice
13. Long-term
14. Motivation
15. Notice
16. Responsibility
17. Traits and Facets
18. Understand needs
19. Unique, Depends on Context, Individual
20. Vulnerable
21. Well-being of recipient of care