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## Who Cares?

How employees experience the organizational value care

Master i organisasjon og ledelse, spesialisering i  
relasjonsledelse

Trondheim, August 2014

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## **Abstract**

The study attempts to answer the question: How do employees experience the organizational value care? The organization Nortec introduced care as one of its organizational values. The application of care in business may counteract and combat possible undesirable side effects of increased organizational efficiency. Some reported side effects experienced by employees are colder and more demanding working environment (Maslach & Leiter, 1997). Therefore I was intrigued to study how care was experienced by employees within an organization that had already put care on the agenda and applied it as an organizational value. Care is an ambitious value and may not be straight forward to implement into the workday's interactions.

A total of four employees, two subordinates and two leaders, were interviewed with regard to how they experienced care at work. The qualitative semi-structured interviews were audio recorded, transcribed and analyzed. The analysis returned a total of four categories that were labeled as: Perception of care, Experience of care, Trust and Attentiveness. All four categories contributed into the understanding of the experience of care for each of the informants. The perception would determine the informant's expectation of care, according to which the informants rated their experience. Finally the last two categories, trust and attentiveness were considered basic constituents for applied care to be recognized.

In the theory section I proposed a model of care composed of various dimensions representing my pictorial understanding of care. However, the empirical findings returned with a revised model where the main constituents of care were trust and attentiveness. All informants revealed these dimensions as significant in the care experience. Also, the findings indicated a difference in experienced care between the subordinates and the leaders. Both subordinates expressed low level care in terms of trust and attentiveness from leader, whereas the leaders did not convey a similar discontent.

The study reveals essential information about how care is experienced for the participants and consequently how care is recognized inside the specified relations. The study provides important information towards possible future studies to identify whether the same trends are identifiable through a quantitative study in the organization. Finally all information from this study and future studies would add significant value into the management's strategic leadership development to increase understanding and employee contentment and to root the care value within the company's DNA.



## **Acknowledgement**

I would like to express thanks to my husband Markus, for support and help that has allowed me to devote time and effort into the master thesis. You have filled in my lack of appearance and presence with patience and through your actions demonstrated utmost love and care towards me and the family. You represent the foundation of our family established on love.

I would also like to thank our son Jonathan that throughout his life has displayed abundance of love, empathy and care towards his mum, family and friends. I love you so much. If the world was composed of only “Jonathans”, care would always be present in relations and no emotions or people would be neglected and the subject of the thesis subject would be redundant.

I would also like to express my deepest gratitude to my supervisor Anne Torhild Klomsten for invaluable insight and advice throughout this work. I have so much appreciated your feedback, your joyful spirit, and how unselfishly you share of yourself to others.

Finally, I would like to express my appreciation to my department, supervisors, informants and colleagues for giving me the opportunity to scrutinize our organization and to join together to develop, understand and achieve new heights. I am sincerely proud of being a part of your team.

Trondheim, August 2014

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# 1. Introduction

Care has become the mantra in commercials to increase sales and in the establishment of loyal consumers (Puka, 2011). We have all been exposed by commercials regarding care from the makeup industry, insurance companies and banks that target the innermost emotions and needs in individuals. Caring is basic to the human condition (Hamington & Sander-Staudt, 2011).

Care has traditionally been associated with women in the home and with the lower paid caring professional predominantly performed by women. Care is marginalized in business and the society in general and care work is usually undervalued and underpaid (Hamington & Sander-Staudt, 2011). Traits of care are associated with weakness and vulnerability, something that most successful business professionals may not wish to be linked to.

While organizations are fighting to increase their efficiency to generate high cash flow, it often implies improved speeds of globalization and organizational changes, both of which influence the working environment and its atmosphere. Some reported side effects are a more hostile, cold and demanding workplace and increased daily demand on people that tend to erode into emotional, physical and spiritual exhaustion leaving less room for emotions, vulnerability and empathy (Maslach & Leiter, 1997). Employees tend to keep distance, avoiding themselves to get involved when coworkers are struggling, rather than comforting and providing help. Out of the efficiency process, new and challenging demands on working environment and leadership rise to provoke enthusiasm and dedication in the people and to combat cynicism and employee absentee (Maslach & Leiter, 1997).

One way the leadership influences and guides the working environment, is through the company's values. Most organizations have designed visions, goals and core values that represent the company's DNA, and the company's culture is guided by the values (Banken & Solberg, 2009).

The organization where I am employed, which is given the fictitious name Nortec, introduced a new set of values in 2009, some that are directed towards the precision and the performance of the developed products and another that target the human relations. My concerns and interests are primarily with the human aspect; whether the employees of my own organization experience the value care as important, and through its daily application in business is able to combat any emerging cynicism and rather fertilize and boost enthusiasm. I want to acquire understanding of the care status within my organization and if the study reveals a potential for increasing employee satisfaction and with that an increased efficiency

within the organization. Therefore the document prime emphasis considers how the organizational value care is experienced by employees within the organization. Consequently, the research question is: “How do employees experience the organizational value care?”

### **The Nortec organization**

The history of the company dates back to the late Eighteens Century and has been known as a male bastion due to its type of product assortment. Also today the larger part of the workforce is still males, especially within managerial positions.

The management introduced their revised core values a few years back, one of which was care. Care is an ambitious choice considering the history and the product line of the company, and it became an obvious choice for me to explore how the value was experienced by the workers considering the antagonism in the content of the care versus the presence of a rough masculine culture for decades.

For a company to introduce care as an organizational value is courageous. It displays a company that is willing to question and discuss its culture, management behavior, employee interactions and customer interaction according to a value within a business world that is not known to display such values. The implication of the value depicts a company that is ready to be continuously challenged on the application of care, and that influences employees to focus on the existing culture and implement care on a daily basis.

### **Nortec’s value care**

The management’s intention and understanding of the value care is derived and established based on two different sources. The first is a description of the meaning of care that is displayed on the intranet within the company:

The company considers the conceptual understanding of care as comprised by the action of inclusiveness, encouraging team spirit and cooperation. In order for an employee to feel included and play the role of an important team player, the organization believes that trust is essential and established through the presence and the application of care in all (of its) organizational processes throughout the organization. The company’s management believes that by practicing a culture founded on care, we stand out from our competitors.

The statement emphasizes teamwork and trust as the foundation stones and essential ingredients of care. Due to the scarce information, I needed a further explanation about the management view regarding the definition of care. Therefore I addressed the human resource (HR) director, since he was an active part of the introduction of the value. The next statement

regarding the understanding and content of the care value is retrieved through an interview with the company's HR director. The statement is not considered a part of the methodology, but rather serves as background information for the study. The purpose was to elaborate on the above content to reveal additional details of care:

The content of the care value is that the company takes care of their employees and their initiatives. The value emphasizes that we respect each other and our differences that makes us unique and apply these constructively in teams to complement each other's skills and expertise to reach the best technical solutions. One does not have to agree and "see eye to eye," but apply the resulting discussion to enhance the solution compared to if one worked alone. This is what we aim for, and clearly, it is about respect and showing compassion both in work and towards each other.

Certainly more specifications of the value care are expressed. Attributes like respect of all, including uniqueness, dynamic teamwork and compassion were some essentials care characteristics. Also diversity within a team was mentioned, that contributes constructively towards an enhancement compared to if these individuals worked alone.

I experienced the human director as honest and direct in the interview, where he shared his thoughts with regard to his experience of care and whether the values were used or not. He argues that all employees and management carry a responsibility to embrace and apply care in interactions during the workday. He states:

I believe you will find all types of variations to the application of the organizational values within the company. Some people apply it and others not. However, the company had workshops concerning the values at all company's sites. And in this workshop the employees discussed the question "what do the values mean to you" in an attempt to make each employee reflect on how they can comply and live according to the values.

According to him, all employees have to consider how they apply and project care in the relation, prior to complaining about the lack of care received from others. He explains how the value has become a dual-edged sword, in the sense that some employees return with questioning some practices with the query "*is this care in practice?*" referring to a situation that is handled poorly by the management or a leader. The director declares he appreciates feedback, but he always replies by asking what have the individuals done concerning the implementation of the value. Nevertheless, the management is humble with regard to that more effort should have been invested in increasing the level of care in the organization; however, as stated the responsibility belongs to all employees.

I believe that our management has realized that if the employees within the organization are not interacting or communicating well, the earnings will suffer. Consequently, if Nortec continuously promotes and is able to spread good team-work, communication, care and

openness and pursue supportive interaction among employees, rather than individual competitiveness and opportunism, we are likely to mature into establishment of care towards each other, to the company and towards our customers (Hamington & Sander-Staudt, 2011).

## **2. Theory**

What does the concept of care frame within this investigation? For the purpose of this study I will spend part of the theory chapter to define and thereby attempt to limit the care concept. Care is regarded possibly the most general of all emotions (Soloman, 1998), and because the care concept is broad, vague and general, I will outline the fundamentals of care by presenting different views from the literature on the care concept, since the research literature reveals that it is not uniformly defined.

Next, I will narrow the phenomenon of care down and attempt to reduce it sufficiently to achieve relevance within an organizational context. I will display how the evolution of my understanding starts with the care concept only relevant in a relationship and established in a relation that progresses from a parent-child relation, into a helping relation and then in an inter-dependent, which is the relation found in the organization. I will concretize the care phenomenon by proposing a set of characteristics or dimensions that I suggest are representative of care in an organizational perspective. Based on the characteristics of care I propose an initial model that is used as a tool in the construction of the research interview. The model represents my pictorial understanding of care that is likely to be altered based upon new and extended understanding during the course of the study, a sort of an emergent process. From the dimensions of care applicable in an organization, I suggest a connection between the model of care in the organization and a leadership style that claims to radiate a caring behavior that spreads through the organization. The servant organization is presented and the parallels between the characteristics in the organization and the initial care model are displayed. The theory section represents a foundation for the understanding of the empirical findings.

### **Fundamentals of care**

#### **Care provided through a helping relation**

Most care theory is established on virtues found in a helping relation. Already in 1880 the philosopher Søren Kierkegaard described a helping relation:

If one is truly to succeed in leading a person to a specific place, one must first and foremost take care to find him where he is and begin there. This is the secret in the entire art of helping. Anyone who cannot do this is himself under a delusion if he thinks he is able to help someone else. In order truly to help someone else, I must understand more than he—but certainly first and foremost understand what he understands. If I do not do that, then my greater understanding does not help him at all. If I nevertheless want to assert my greater understanding, then it is because I am vain or proud, then basically instead of benefiting him I really want to be admired by him. But all true

helping begins with a humbling. The helper must first humble himself under the person he wants to help and thereby understand that to help is not to dominate but to serve, that to help is not to be the most dominating but the most patient, that to help is a willingness for the time being to put up with being in the wrong and not understanding what the other understands (Jensen, 2010).

These thoughts reflect a caring approach towards the other in the relation, and vision the relation as a progressive development. The above can be considered as care in practice.

A similar view was presented by Mayeroff (1971, pg.1), where he defines care as: *“To care for another person, in the most significant sense, is to help him grow and actualize himself.”* Both, Mayeroff and Kierkegaard define helping relations in similar manners, but it is Mayeroff (1971) that is more specific and defines the realization and the growth of the other within the relation as care. The terms growth and realization reveal care as an evolution process.

Also the physiologist Rogers (1967, pg.40) was engaged by the notation of a helping relationship and defined it as: *“One in which at least one of the parties has the intent of promoting growth, development, maturity, improved functioning, and improved coping with life of the other.”* Clearly, a helping relationship can be considered a result of care performed in practice and was an issue among philosophers.

### **Care according to Mayeroff**

Mayeroff suggests a relational process that emerges through mutual trust and delivers care. A relation governed by respect for integrity and free from manipulating and possessing. Courage, humility and patience are needed in the relation to stay in the process over time as failed efforts, struggles and setbacks occurs (Hamington & Sander-Staudt, 2011) . Mayeroff does not refer to his care concept as ethics of care at any point; however, most ingredients involved in a caring relation and the ongoing process expressed by authors later is already addressed by Mayeroff. This shows that Mayeroff laid the foundation for the care ethics (Gilligan, 1982; Hamington & Sander-Staudt, 2011; Noddings, 1984).

### **Care according to Gilligan**

The emergence of care ethics was a result from Gilligan’s investigation into moral reasoning, where her study disclosed that women were more inclined to value the maintenance of relationships and the well-being of those involved in the relationship. Gilligan founded her ethics of care in the everyday experiences and the moral questions of regular people in various circumstances of responsibilities and relationships. Also Gilligan recognized a progression of



care that takes place within a healthy, dynamic and interconnected relationship (Gilligan, 1982).

Another important aspect with Gilligan's care perspective is the relational aspect. The relational aspect emerges out of the parent-child relationship, particularly where the mother has the role as the nurturer. In order to have a relationship without the appearance of hurt and exploitation, a deep concern for the relation with a consistent attention has to exist (Hamington & Sander-Staudt, 2011). A similar care perception founded on the parent-child relationship is also essential in the work of Noddings (1984, 2002).

### **Care according to Noddings**

Noddings' (1984) caring perspective is much like Meyerhoff's and Gilligan's, which is represented as an ongoing developmental relational process. Care ethics is a process with a prime attention to build healthy relationships and develop the people in concert within their moral circumstances. Caring relationships where people are served through enhancing well-being and a constructive development of each other. Similarly as Mayeroff, Noddings (1984, pg.16) speaks about the essential parts of the one-caring view where "*the carer is apprehending the other's reality, feeling as he feels as nearly as possible.*" Mayeroff (1971, pg. 53) states similarly that: "*In order to care for another person, I must be able to understand him and his world as if I was a part of it.*" Noddings (1984) continues to stress the importance of acting on behalf of the cared-for and to have a continuous interest and renewal of the reality within the given time span and defines these as basic elements of an inner view of caring. Further, Noddings (1984) acknowledges the difference in intensity of caring relationships and describes the variation in terms of circles surrounding the carer. Mayeroff (1971, pg. 71) did address that "*caring must be compatible and in harmony*" between his work and family, and between himself and others. I recognize that Mayeroff relates to variation in caring comparable to Noddings' intensity of caring. Noddings' inner circle represents the closest family, the loved ones, and these are the most intense and sustained. The second circle represents whom we interact with daily, such as coworkers and colleagues.

The views on care presented by the three authors are analogous and all authors consider the care concept as relational, contextual and a process that develops with time. The process consists of specific caring characteristics or variables that evolve with time.

### **Care ethics**

It was philosopher Nel Noddings (2002) and psychologist Carol Gilligan (1982) that introduced care as a moral theory and thereby initiated for the care concept to be brought into

different fields including business, where business becomes more ethical. Gilligan (1982) introduced the term ethics of care and placed the care theory into a rational and feminist perspective, whereas Noddings' (2002) work brought characteristics of care from the private sphere into the working arena.

Nel Noddings (1984) discusses care in terms of a set of dispositional attitudes, among which originated from the mother-child relation, where the cared for and the care agent experience a relation of commitment and dependency. A dependency relation is by Noddings (1984) and Mayeroff (1971), described as a positive dependency composed of a commitment that is chosen by the care agent. Mayeroff (1971) takes the consequent of the relation even further and argues that a commitment and a dependency towards the cared for provide a fulfillment or a sense of "a meaning of life" for the carer.

### **Is a helping relation an interdependent relation?**

"*In the beginning is relation,*" states Buber (1957, pg. 31). A helping relation as a part of the definition of care was introduced above. Often in literature an interdependent relation is also referred to as a helping relation. Therefore a clarification of the characteristics of a helping versus interdependent relation is needed. Buber (1965) and Macmurray (1999) both agree that an interdependent relation imply personal presence; relating to each other as individuals. Buber (1965) applied an "I and thou" perspective in the interdependent relation where he speaks of the existence of a mutual responsibility to treat one another with respect, including valuing each other's opinions, feelings, thoughts and knowledge and not misuse one another for own advantage. This suggests that a helping relation can be considered as a type of interdependent relation.

Similarly, a working relation is defined as an interdependent relation where the employees are dependent on each other to share information, resources and communicate within teams with the goal of adding value to the organization, an organization they all are dependent on through their jobs. A good and productive interpersonal interaction and communication is of utmost importance for the success of the company. Consequently, any relation between personnel within the same department and organization can be considered an interdependent relation.

From the above one can conclude whether there is a helping relation or an interdependent, the relationship is fundamental in the care concept. But in order to better understand the type of dynamics that will enhance the caring characteristics in a working

environment, we have to examine the quality of caring within the relationship from an organizational perspective.

## **Care and the organization**

### **Conceptualizing care in the organization**

To encounter a caring attitude is of increasingly higher importance and appreciated today as the world gets colder and the demands within organizations increases. Theory on care ethics clearly suggests that care cannot be implemented through abstract principles, rules or proclaimed values within organization (Hamington & Sander-Staudt, 2011). Therefore, as Nodding and Gilligan state, care ethics should be based on moral grounds. However, what does it take for an organization to identify itself with care and succeed in implementing the characteristics of care as a part of its culture?

Von Krogh (1998) introduces various characteristics of care that are essential in the relation between employees to efficiently share knowledge between team members. He presents a total of five dimensions of behavior in relationships to be essential in knowledge transfer within the organization. According to Von Krogh (1998) the management's communication of care value and care in organizational relationship is simplified through the definition of a set of dimensions. The dimensions are: mutual trust, active empathy, access to help, lenience in judgment and courage. Von Krogh (1998) further claims that the dimensions are a result of care and that care gives rise to these various dimensions.

Mayeroff (1971) on the other hand proposes a set of ingredients of care. According to his theory the ingredients or the characteristics are constituents of care, not a result of care. The ingredients he proposes are: devotion, obligation, trust, honesty, patience, knowledge, courage, constancy, hope and humility. These are characteristics of caring in a relationship. He claims that all these ingredients are necessary for the development of a relationship of care. The variables depend and interact together within the process and establish the fundamentals that care can expand upon. Care is an on-going process of learning and a deepening of the relationship over time, increasing the level of trust in the presence of humility.

Nel Noddings (1984) discusses care in terms of various attitudes. Examples of attitudes are integrity, intimacy, attention and trust, including a set of derivatives from these. Additional virtues and skills mentioned by authors within care ethics are: respect, response, and completion (Engster, 2007; Held, 2006; Tronto, 1994). Caring agents are to notice and act upon situations that require response and dialog with a notion of respect.

Some report that care cannot be divided into smaller sections and detailed down (Heidegger, 1962) whereas others strongly consider the term as broad with several dimensions. I believe the simpler way to recognize care in practice is through the definition of care in terms of various dimensions (Engster, 2007; Held, 2006; Mayeroff, 1971; Noddings, 1984; Tronto, 1994). I embrace Von Krogh's (1998) approach of simplifying the understanding of care in organizational relationship, by dividing care into various dimensions.

In my search to define the dimensions of care applicable within an organization context, I consider four of the dimensions described by Von Krogh (1998) and supplement these with an additional dimension, which is commitment. Commitment reflects a mutual responsibility for each other in the relation and I assume that as an essential characteristic in caring. I choose not to include the dimension leniency in judgment, since the Scandinavian work culture compared to an Asian or American work culture, is known to be rather lenient than strict. Also it is worth noticing that most of Von Krogh's (1998) dimensions were already introduced by Mayeroff (1971) as ingredients of care. In my selection process I have been careful not to include too many dimensions, since the time frame is limited for the completion of the study.

In addition to the five dimensions, I recognize a sub-set for each dimension from various characteristics of care proposed by Mayeroff (1971), Noddings (1984) and Gilligan (1982). I suggest that all characteristics listed below are assumed applicable and central for the care concept in the organization. Also, I support the viewpoint of Mayeroff (1971), where the dimensions are considered constituents of care rather than a result of care as proposed by Von Krogh (1998). Consequently, I propose five basic dimensions and select several sub-dimensions for each main dimension as a representation of care applicable for the study. The selected dimensions establish the foundation of my proposed model of care.

*Table 1: The selected dimensions of care with its sub-dimensions applied in recognizing care within an organizational context. The dimensions were selected among various dimensions of care suggested by different authors<sup>1</sup>.*

Dimension of care	Sub-dimensions
Trust	Openness, support, honesty
Courage	Integrity, humble, vulnerability
Access to help	Promoting growth, development, maturity
Commitments	Obligation, selflessness
Empathy	Compassion, concern, sympathy

<sup>1</sup> (Engster, 2007; Held, 2006; Mayeroff, 1971; Noddings, 1984; Tronto, 1994)

Although I have defined a set of main dimensions with sub-dimensions, I am not suggesting that the dimensions at any point are of greater importance than the sub-dimensions. It is just a matter of simplifying the process of collection and analysis of data through the organization of a framework. The framework as represented will be applied in recognizing when care is exposed and present. Similarly, it will disclose when care is deficient in a relation. The tool is considered composed of several personal attributes as patience, courage, humble etc. Nevertheless, when these are present within the context of the personal relation and as the process develops, it is the development of the process rather than the “stand-alone” attributes that represents the experienced care. It is the result of the interaction within the relation that is of importance. Consequently, care carries meaning only within a relational context.

I suggest that care may be experienced when several of the dimensions work together, interactively and influencing each other. That is often the case in situations where care is acknowledged and present. The development of quality of care is expressed in terms of the characteristics in the relation and will determine “the intensity” of care (Noddings, 1984). Consequently, based on the dimension and sub-dimensions proposed earlier, I suggest a model that illustrates the resulting care. I propose the relationship between the care agent and the cared for as a variable that enters into various functions represented by the dimensions and sub-dimensions. The model serves as my pictorial understanding of applied care and helps visualize my thoughts and limits the applicable care theory.

### **The proposed model of care**

The care concept was defined and narrowed down through the definition of the dimensions. The motivation for creating the model is to have a tool to visualize and concretize care and thereby later simplify the process of recognizing the experience of care when analyzing the data. However, the model is simple and incomplete in the sense that it does not identify the magnitude or the level of experienced care. Also the interaction, the implication and the significance of each dimension’s contribution to the experience of care has not been uniformly identified.

The relationship can be considered an independent variable and the status or the quality of care depends on what dimensions that has influenced the relationship. The sketch below suggests that the dimensions of care are interactions within the relationship. Whenever these are applied onto the relationship, care is recognized by the participants in the relation and an increase of the quality of relationship result. The suggestion that the dimensions or the

experience of care is a process corresponds well with modeling these as functions of the variable relationship. The summation of the value from the dimensions represents the experienced care value.

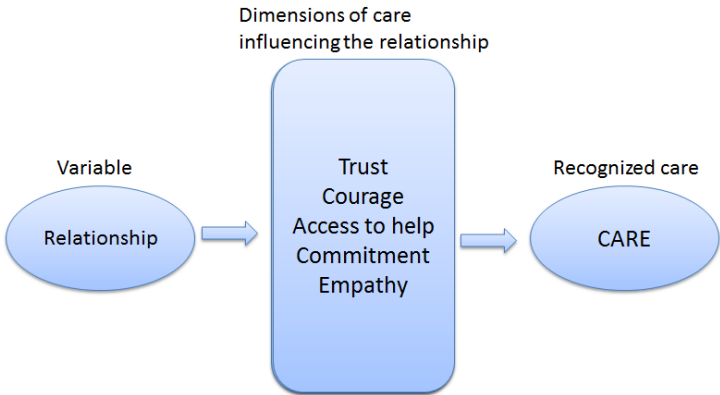


Figure 1: The figure displays the dynamics where the variable relationship enters into either of the dimensions or sub- dimension of care. The summation of the experienced dimensions results in the final value of care in the relation.

The model is simple in the sense that it does not consider the condition of the relationship entering the dimension. In the case that the relationship has quite some dimensions present already, implying some quality of care of the relation as it enters or already some preexisting care in place, the additional care will accumulate the quality of care within the relation over time. The processual character of the care perspective is not revealed in the above model, only the explicit contribution from the dimensions. Also the model is incomplete by considering an insufficient number of caring dimensions. So far the model is basically stating that some level of care value is resulting upon the presence of interaction of the dimensions within the relation.

Through the model I am not suggesting that there exists a common understanding of what a caring encounter is like. Rather I assume there are as many definitions of care as individuals, implying a rather subjective definition of care depending on the person. Still yet for the purpose of the study, I have suggested a rough initial concept of what care frames for this study, for the purpose of concretize the understanding of the concept and thereby to limit the study. On the contrary I am rather proposing that the current model is an initial guess of an iterative process that will become apparent as the analysis develops. The results of the findings and the model will complement each other upon the development of the study where the model will be revised and possibly redefined. I am convinced that through the completion of the data analysis, different dimensions are most likely included in the model and others diminish. Also the dynamic picture of the model will possibly materialize itself as a result of

analyzing the data. At this point in the study, the model has to suffice as a tool used in constructing the interview guide and applied in the analyzing process to recognize the experience of care. Thus, the overall care concept has so far been defined and consequently we have a tool for the construction of the interview guide and for the methodological approach by applying the model. The various dimensions will be discussed in detail below.

### **The caring dimensions**

Care can be understood as a processual relational conception where individuals in a relationship are interacting in a dynamic context and the application of care in the organization influence people to share knowledge and break down cultural barriers (Von Krogh, 1998). Next I will go into detail on each of the different dimensions.

#### **Trust**

In any relationship where people do not know each other, trust is lacking. A lack of trust within an organization reduces the people to a set of individuals that will perform their job, but without enthusiasm and motivation to share ideas and to share their souls (Soloman & Flores, 2001). Therefore an organization depends on trust to operate efficiently. Trust is developed over time when people display honesty and openness towards each other. Trust is also considered an ongoing process that must be initiated and maintained, maintained because trust is continuously tested according to Flores and Soloman (1998), and consequently trust needs to be restored at times. By displaying trust in a working environment, you allow people to make mistakes, learn and consequently you trust them to grow. When individuals are given room to reflect and make own decisions, that is a trait of trust. In order to stimulate trust to grow in others, it is accomplished through assistance and guidance, encouragement and exposing them to relevant and stimulating experiences. (Mayeroff, 1971). Guidance and encouragement is practiced through dialogue and conversation in dynamic concern and are the conditions for trust to develop in relationships (Flores & Soloman, 1998).

Trust is a two-way street; it involves the initial trust of the carer, but also the trust from the other to believe that the support is given with good intentions. The carer must be careful not to make the other look incompetent (Von Krogh, 1998). Lack of trust towards others is demonstrated when trying to dominate or force people. Mayeroff (1971) emphasizes that the carer should avoid making decisions on a person's behalf. Otherwise the carer tends to appear arrogant and treat the individual as a child, consequently denying the other responsibility. Von Krogh (1998) reports that trustworthiness and helping relations encourage team members to discuss ideas and concerns openly and freely and subsequently decrease distrust, fear and

dissatisfaction. Trust implies reliance on and confidence in a person and when the trust is diminished or absent in the relation, commitments are not honored and not made (Gini, 2004).

Trust is having assurance in the character of others with regard to predictability, reliability, dependability, integrity and regularity (Gini, 2004). Accordingly, trust thrives where there is full openness in a relation. Whenever individuals display openness and are authentic, the other person gets closer and learns to know the “real” you. When trust is established, the carer will encourage the individual to trust himself and be worthy of the trust. The action of creating trusting relationships is according to Soloman (2001) a business advantage, since trust encloses the fundamental rules in business and as such represents the key to success and survival. The leaders should themselves exemplify a trusting behavior in order to inspire and establish a trusting culture within its own organization (Soloman & Flores, 2001). Eventually the process results in a growth of trust for the individuals and hence in the working relation, where trust is recognized and appreciated. Finally, trust is a result of action cultivated through speech, conversation, commitments to one another, promises and integrity meanwhile it is created, built, preserved and nourished (Soloman & Flores, 2001).

The person that lacks honesty and openness towards himself and others does not demonstrate an authentic nature. Mayeroff (1971) talks about honesty in terms of caring, where the individual has the ability to see things as they truly are. No matter the situation, one must respect and respond seriously towards others.

Another dimension of honesty is that the care agent is genuine in means of caring. There should not be a gap between how the carer acts and how he feels, between what he says and what he feels (Mayeroff, 1971). In other words, the carer should not be more concerned about his own appearance to others than the quality of the care that is given. Otherwise the carer pretends to be something he is not (Mayeroff, 1971).

### **Courage**

Courage is closely connected to honesty and openness, because courage is displayed when you dare to be honest and show your genuine self where there is no need to compare or rank yourself with others. The true you gives you courage to demonstrate your own vulnerability and humility towards others. Through courage you can embrace a truth and an acceptance of yourself (Mayeroff, 1971).

Autonomy does not mean being detached or without strong ties, rather autonomy can be explained as one that is living the meaning of life or that goes his own way within existing frames of social and physical condition and according to own values. Autonomy is about



having the courage to state your own opinions and to dare to live life in an interdependent relationship with others in devotion, obligation and growth (Mayeroff, 1971). This is another example on how the dimensions interact and are interdependent. Autonomy is a result of devotion to others in a healthy dependence on others, where everybody depends on each other. Autonomy develops over time and is achieved through maturity.

### **Access to help**

The dimension “access to help” embraces dimensions where the carer promotes development, growth and maturity for himself and the others.

Competence implies that the carer has the knowledge and skills to assess the situation and realize the needs and act accordingly (Hamington & Sander-Staudt, 2011). Through gaining competence about the uniqueness of the person and its situation, the unmet needs can be recognized and acknowledged. The knowledge works in concert with empathy and reveals sufficient understanding for the care agent to take the responsibility for the growth and the actualization of the other individual (Mayeroff, 1971). To take responsibility implies that the care agent must observe and recognize whether the other is growing as a result of his caring, if not the care agent has to adjust the actions accordingly (Mayeroff, 1971). The realization and understanding of growth is a prerequisite for a person to provide the unmet need and correct care into the relationship. Mayeroff (1971) states that only individuals concerned with own needs for growth, would accordingly appreciate and understand the need for growth in another.

Maurice Hamington (2011, pg.xxi) states that: *“Real learning occurs when one cares and one cannot care without knowledge.”* Hamington (2011) reiterates and supports Mayeroff’s (1971) view that care does not preclude self-interest or the profit motive, but is established in the commitment of knowing and to act on behalf of others rather than oneself. Mayeroff (1971) states the importance of knowledge in providing care; especially knowing the person’s power and limitation, his needs and what motivates his development or growth within the relation. Hamington (2011) supports and concludes that a corporate culture based upon care will promote and embrace growth and learning within the organization. A learning organization is compatible to a caring corporate culture (Argyris, 2003).

An example of a caring culture would be when a company is teaching a beginner the required skills in order to perform in the job, implying that the organization gives the person a chance to succeed and help them along (Von Krogh, 1998).

## **Commitment**

Responsibility as discussed by Mayeroff (1971) is another dimension of commitment. The phenomenon of commitment demands steadfastness and obligation from the relationship both in good and bad times. The commitment is required for all persons in the relationship. Gini (2004) states that trust is essential in the relation for commitments to be made and honored, which again display how the dimensions interact and are implicitly dependent on each other.

Commitment embraces obligation and devotion. An example of commitment is when a mother feels obligated to feed the baby in the middle of the night though she is tired and exhausted. She will still do what it takes to keep the baby “safe and sound”. According to Mayeroff (1971) commitment is to focus on the other in order to be responsive to its need. To be responsive to the others’ need, can also imply selflessness, in which the focus is totally on the cared for. In spite of selflessness attitude of the carer, it results in an actualization of the carer, where the carer grows (Mayeroff, 1971). However the interdependency or the dependency within the relation has to be one that reflects respect and integrity.

## **Empathy**

Empathy is to recognize emotions that are being experienced by another individual, to understand the needs of the other, to be in the other person’s shoes (Von Krogh, 1998). The fact that empathy is active implies that you enthusiastically pursue to understand the other’s situation. Through dialog you retrieve information concerning the person. However, in order for the person to open up in honest and true dialog, sufficient trust must exist.

In the case of an organization, it is important that the spoken rules or the practicing culture of the company acknowledges employees’ emotional needs. The culture of the organization should support an atmosphere where frustrations and disagreements are shared and addressed and where the whole being is recognized and seen and negligible energy is misdirected in suppressing the emotional part of the person, whether the emotions are good or difficult (Von Krogh, 1998). Consequently, unintended challenges and stressful situations within interdependent relations are tackled through recognition of empathy and other relational emotions within care ethics (Hamington & Sander-Staudt, 2011).

## **A harmonized organization culture through the application of care**

The culture within any organization is a result of a formal organization structure, business system and published policies and procedures. In conjunction there exists an informal or a hidden structure, how things are done in practice. Activities such as shared patterns and

behaviors, assumptions and beliefs, values and norms are known as the existing culture which often does not coincide with the announced and “spoken” culture (Egan, 1994).

Organizational culture is a variable in business ethics. However the ability to clearly see the dependency and implication of organizational behavior can be blurry. So in order to achieve a practicing culture based upon care in the organization, one has to determine what qualities a caring person has and how the caring characteristics can develop and infectiously spread within the organization culture and influence the “non-caring” ones. Mayeroff (1971, pg. 66) stated: *“People who care, value caring by others. Caring people are drawn to each other.”* He explains that if his caring is inclusively enough, meaning that the caring involves him deeply and affects all areas of life, then the caring becomes the center around which all activities and experience are integrated. Caroll (1996, pg. 43) reflects a similar view: *“When employees are cared for, they in turn will care for others. When they are abused, they pass on the abuse.”*

The absence of team approach and cooperation represents a culture based on self-interest and individual advancement. Such a culture can be considered the antithesis of caring. Mayeroff (1971, pg.1) states that: *“The antithesis of care is to use other people to satisfy one’s own need,”* where the self-interest is prevailing. A typical example of such an organization was Enron. Prior to its collapse, the company was highly considered and its work culture was never questioned as unethical (Sims & Brinkmann, 2003).

A contrast to the self-interest and individual leadership perspective is the servant leadership. The leadership approach emphasizes the development of employees to their fullest potential in various job functions (Greenleaf, 1977).

### **Does the application of care extend into a servant leadership?**

The earlier chapters have discussed what the care concept embraces and the question that appears in my mind related to servant leadership is the following: Is the application of the organizational value care within the organization comparable to what the literature defines as servant leadership and servant organization? *“The great leader is a great servant”* stated Ken Melrose (1995) CEO of Toro Company, when implementing a new organizational culture within the company. He applied the servant leadership model, where the leaders work for and serve the rest of the organization. The resulting growth and development of the employees added great value for both the company and the organization. In order to answer whether application of care extends into servant leadership, we need to determine what servant leadership comprises.

### **Servant leadership implication for the organization**

Servant leadership is rooted in ethical and moral teaching and is a leadership that works because it is grounded on how people need to be treated, motivated and led. Greenleaf (1977) introduced the servant leadership approach as a result of his concern about how leaders consider and serve their employees first and thereby build trust in the employee-leader relation. Greenleaf (1977, pg. 34) states: *“Trust is first. Nothing will move until trust is firm.”* In addition to trust, other characteristics of servant leadership are: listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, growth, and building community (Spears, 2004).

Often many leaders are stereotyped as self-interested and tend to fail to attend to employees' needs (Fehr & Gelfand, 2012). In contrast is the servant leadership focusing on establishing strong and long-term relationship with employees (Linden, Wayne, Zhao, & Henderson, 2008). The leaders make an effort to support, know and understand the subordinates in the organization and consequently attend to employees' development and well-being and inspiring the employees to succeed both professionally and personally. An important element of the development and growth of the employees is to promote encouragement through building up self-confidence and inspire them to achieve their full potential (Lord, Brown, & Freiberg, 1999). Also servant leaders are acting as a role model by displaying personal integrity and inspire trust, provide feedback, information and resources towards the employees (Linden, Wayne, Zhao, & Henderson, 2008). The leader empathizes with the employee and accepts the person. Even in the case where the subordinate's performance is not optimal and in need of adjustment, the leader will share this information with the person in a manner that reflects respect and dignity.

### **Parallels between the theory of care in the organization and theory of a servant organization**

The servant leadership certainly has a lot in common with what I described as the definition of care applicable for the organization. Clearly, one of the common fundamental dimensions is trust. Next, we recognize the other dimensions within the servant leadership approach to be: listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, growth, building community, integrity, inspire trust, provide feedback, information and resources towards the employees. A comparison of the care dimensions and the characteristics of a servant leadership is displayed below.

Table 2: Comparison between the dimensions of the care in an organizational context and dimensions in the servant leadership approach

Care dimensions	Servant leadership dimensions
Trust	Trust
Courage	Integrity
Access to help	Growth, information, feedback
Commitment	Leaders commitment towards workers
Empathy	Empathy and healing

Clearly, there are parallels within the servant leadership theory that coincide with care concept applicable for the organization. Seemingly for every dimension defined as a part of the care theory, a corresponding characteristic can be found in the servant leadership approach. Nevertheless, it does not imply vice-versa. Still yet, the servant leadership theory is very similar and satisfies Mayeroff (1971, pg.1) definition of care: *“To care for another person, in the most significant sense, is to help him grow and actualize himself.”* Also, Kierkegaard states that the helping agent should humble himself and understand that to help is not to dominate but to serve. Again, this indicates that the servant leadership style is not a new trend, but its foundation was already addressed by some great philosophers. The above argumentation supports that the servant leadership approach does embrace the care theory applicable within the organizational context.

The theory section of care defines the core ingredients of care into a set of dimensions, where their application in the presence of a relationship, translates through a process and the outcome is experienced as care with variable degree of intensity or level. Next I suggest that care within the organization can be acknowledged through a servant leadership approach that eventually transforms the larger part of the organizational culture into a servant attitude behavior.

To be able to determine the experience of care within my own organization, I have applied a qualitative method to gather data. The next chapter describes the methodological approach of the study.



### **3. Methodology**

#### **A qualitative approach**

This chapter describes the methodological approach I applied in the course of collecting data and acquiring knowledge about the research question: How do the employees experience the organization value care? A phenomenon is described as an object of experience, and for this study the object in this particular exploration is how the employees experience the organizational value care (Van Manen, 1990). The goal for my study is to acquire an understanding of the informant's subjective experience, thoughts and understanding of the organization value care and qualitative approach appropriate (Creswell, 2013).

The research question "calls out" for a qualitative approach for several reasons. Qualitative research is applied due to the complexity of applying care theory within an organizational setting and not a lot of theory exists on care within an organizational context. Another reason is that I want to be able to explain the mechanism of care through a theoretical model, Figure 1, and scrutinize the model through the processes of employees' behavior, thoughts and responses (Creswell, 2013). In order to accomplish this, it is feasible to apply a qualitative study, since it is difficult to measure how employees experience care. Also since the sample size is composed of only four individuals, it supports a qualitative method (Dukes, 1984). The understanding of the experience is best acquired by letting people tell their stories unencumbered (Creswell, 2013).

For the research question to be answered and convey long-term value for the organization and the employees, it announces for an exploration into part of the informant's inner emotional life, where the informants openly display vulnerability and share their honest thoughts. My obligation is trying to grasp a detailed and close-up view of the experiences that each informant possesses.

#### **The research interview**

I applied a research interview approach in order to acquire the knowledge of the informants' experience. The goal for the research interview is to understand the participants' perception and view of a phenomenon by looking through the lens of the participant (Dalen, 2011). Because the qualitative research interview tries to understand the world of the informant, unfold the meaning of peoples' experience prior to assume scientific explanations, I assumed this method to be in accordance with my intention of the exploration (Kvale & Brinkmann, 2009).

Creswell (2013) states that applying only one source of data is usually not sufficient to gain an in-depth understanding for an issue. For my study I argue that due to the scarce resource of time available to complete the research, the data for the study will be based upon interviews only and one has to consider initiating additional studies in the future if the result of the current exploration reveals such.

The research interview presented here is inspired by the tendencies of the phenomenological approach. The reasoning as to why I am inspired by Creswell (2013, pg. 51) is because the study of phenomenology is a “*description of the meaning of a lived experience about a concept for a set of individuals.*” The description consists of “what” they experienced and “how” they experienced it (Moustakas, 1994). Accordingly, the research interview is inspired by thoughts of phenomenology, since I will analyze in depth the informants’ experience of the organizational value care. This is a lived experience and my goal is to elucidate their personal experience of care in the workplace. Throughout the study I will use parts from this approach where I find it useful. As an example; a requirement within the phenomenology is that all informants have experienced the phenomenon in question, which is also the case for my study. Then according to the phenomenology, the researcher can establish a common understanding. For the current research question, I have no opinion as to whether I will end up with a common understanding. I would assume rather the opposite. Another deviation is that in phenomenology, the researcher asks fewer questions, often two broad questions on which the respondent communicates freely and less structured (Creswell, 2013). In my interview guide I have several questions and the type of interview is termed a semi-structured, see Appendix A.

A semi-structured interview consists of several semi open-ended questions developed by the researcher (Tjora, 2012). I found this method appropriate for the study since I wanted to go in depth and possibly deviate into digression when the informants would let me and touch themes that were not necessarily considered prior to the interview. The approach provided the possibility for respondents to reveal and introduce other matters of concern related to the experience that was not apparent by me. For my exploration I applied a series of questions related within different dimensions or themes of the concept care. This approach will move the interview easily ahead and open up for free dialog and reflection into other themes that are not considered by me. I assume that since I know the people and I am “one of them”, they will open up in a trusting manner and share parts from their inner emotional state and reveal subjective thoughts. The semi-structured interview accommodated towards flexibility for both the respondent and the interviewer during the interview process.



## **The interview guide**

I needed to base my interview guide on a foundation that integrated the company's view, but also embracing possible individual opinions and expectations that extended beyond that of the company's expectation. I accomplished this by building up an interview guide on the theory of care that proposed to divide the care concept into various dimensions (Table 1). Mayeroff's (1971) work on the definition and ingredients of care and Von Krogh's (1998) work on care in knowledge creation were both fundamental in determining the applicable dimensions in the model of care, Figure 1. Therefore the composition of the interview guide is founded on theory and on the company's own conception and intention of the organizational value of care through the application on the model of care introduced in Chapter 2.

The majority of the questions in the interview are based upon the proposed model. During the interviews the informants can express whether and how they experience the various interactions of the dimensions within their organization. The dimensions are themes of conversations during the interviews and the model is applied as a tool in the analyzing process.

The interview guide was built up into different themes according to the dimensions of care. The themes that were explored were mutual trust, courage, access to help, commitment and empathy. Consequently the participant's experience related to these themes was to be recorded. The individual significance is sought through examples from work assignments and team relations with their resulting feelings and implication onto the thought structures. The interview guide is enclosed in Appendix A.

My purpose with the interview was to have the individual share his own deepest experiences of the phenomenon care, therefore I let the participant have the freedom to elaborate within each of the themes and I allowed for small moments of silence. Throughout the interview I focused on communicating my responses clear, but yet sufficiently empathic to grasp the emotional content shared in the information (Kvale & Brinkmann, 2009). I focused on the different varieties in the communication, hearing how the information is shared. Kvalsund (2009) discusses the importance of recognizing the utterance of the language in a dialog such as the change in volume and the emotional content of the voice. An example of this was during one of the interviews where the participant stated in a cold and irritated tone: *“That if they do not appreciate my work and my knowledge, then I just eventually leave. I know my worth.”* The statement had one set of content through the wording, more of an indifference attitude towards the leader. Meanwhile, during the interview what I felt was rather a hurt person in a state of affect needing attention and recognition from its superior. It

was somewhat a painful and emotional moment for me. The expression stated one thing, but the affect together with the phrase, provided me a whole different depth and meaning. Therefore, I only applied the interview guide just to influence and direct the conversation into the different issues such that the participants could share information, thoughts and emotions that were important to them, allowing the conversation to advance into additional topics. I remembered Creswell's (2013) words where he describes a good interviewer as a listener rather than a frequent speaker. By focusing on being precise in my questioning and clarify words and expressions from either recipient in the dialog that were vague, my understanding increased (Kvale & Brinkmann, 2009). Accordingly I navigated the interview, but yet allowed the individuals to influence their type of input into the study and access some control, compared to if I strictly kept to the question in the interview guide. This was an attempt in releasing some of the power of asymmetry from the interviewer over to the interviewee developing the interview more into a dialogue (Kvale & Brinkmann, 2009). I kept in mind the eight quality criteria for the interviewer presented by Kvale (2009) that included being knowledgeable, keeping structure, being clear, being friendly, being emphatic, being open, navigate and the ability to criticize. From my perspective as the researcher, I experienced that the interviews moved deeper into the issues concerning the individual and provided me with important information regarding the research question. This was a strategy to ensure that other themes and experiences of care could originate from participants and be disclosed and thereby adding diversity to the care concept.

The next section discusses my role as the researcher focusing on concerns of being a researcher in your own organization, an organization you depend on and also have long-term experience with. Issues that are discussed include my relation to the participants and to the organization and the implication of the subjectivity that I bring into the study.

### **The role of the researcher**

A researcher's inside knowledge and experience is by Gummesson (2000) referred to as a researcher's pre-understanding, which is an understanding of the workings and the culture of the organization. With my twelve years of work experience for the company, clearly I am unable to be an objective researcher, though the insider knowledge and experience provides both advantages and disadvantages towards the ongoing study.

There are clearly benefits by entering the study with inside competence on the informal life of the company. I see beyond the formal window dressing front that boasts with its mission statements, annual reports and goals. I recognize "the heart-beat" of the everyday

culture, the norm, the politics and the cliques because every day I live it and partake into the company's life (Coghlan & Brannick, 2010). I have sensed the personal stories of the ones that are squeezed onto the sideline and observed the informal culture quiet acceptance and excuse. On the other side I have also identified numerous examples where persons within the same company are embraced with empathy and understanding in the midst of their toughest time in life. The company represents a small society within the society, with its own blemishes and human success stories, comprised by people where each one has their own personal experience and inside knowledge (Coghlan & Brannick, 2010).

As exceedingly as the advantages are, likewise is the drawback, since the more pre-understanding, the more responsibility the researcher-role is carrying. In order for the inside information to contribute value to the study, I acknowledge that my understanding of the organization is founded on my own subjective view based upon several years of experience. Based on my personal and good relation to the participants, a relationship established on trust, it may be difficult for me not to agree and side with them, when they confide examples of unjust situations, in particular if the unfair situation is one that I have witnessed and been a spectator of myself. In such a situation I will need a lot of strength to hold the researcher role and listen empathically, and keep as objective as possible, leaving the role as a colleague to the side. By acknowledging that some of my strongest personality traits are empathy and compassion, I believe this is my biggest challenge in the course of the study.

On the other hand being an insider may influence the informant to be reluctant to identify dissatisfactions or to share thoughts due to lack of trust and doubt of confidentiality. Also the researcher needs to be aware of how his own role and attitude might influence the interpretation of data as a result of working with colleagues for several years.

Consequently I have to develop ability to distance myself sufficiently from my own emotions, view and past experience and constantly reflect and question the thoughts generated in my mind during the interview and the analysis of the data in order to avoid role confusion and distortion of data. Already at the start of the study, I knew that traits of my personality were working together with past experience and clearly influenced the formation of the research question and the selected theory.

I am connected to the organization both emotionally and financially and have to steer away of being influenced by the dependency, own perception and experience. Realizing the fact that I am associated more and less to the participants that I interview, I have to be careful not to let my own perception govern the interpretation of the participants' answers.

Consequently I was striving to assume a role of inquiry and research by creating space and character to develop and form the role of a researcher (Adler & Adler, 1987).

Coghlan and Brannick (2010) suggest the researcher to apply reflexivity in exploring relation between the researcher and the object of study. According to Johnson and Duberley (2000) there are two forms of reflexivity; epistemic and methodological. Epistemic reflexivity is the process of contesting existing assumptions in our belief system and methodological reflexivity requires the researcher to observe and examine own behavior within the research setting. I have to consider both forms of reflexivity and how my reflections shed information into all parts of the study.

Consequently I have acquired a constant epistemic reflexivity and analysis of my opinion and thoughts and realize that my understanding remains partial. A counteraction to subjectivity was that I purposely had the interview guide evaluated by others that was independent and not prejudiced to the company, prior to performing the interview. Throughout the whole study, both during the interviews and the analysis I kept reflecting, challenging and questioning the analysis of meanings as to whether their construction was based on information shared from the participants or from own bias perceptions.

The above perspective should however not take precedence of the fact that an insider will add and possibly enhance interpretation and understanding towards both the participants and the interview data and to the underlying social context that influence the experiences and the answers of the participants.

An advantage I clearly recognize as an inside researcher is the presence of the trust prior to the dialog. Other positive characteristics by performing research within own organization is accessibility, commitment and credibility and familiarity with work processes, systems and personnel (Gorinski & Ferguson, 1997). By the awareness of my pre-understanding and constant reflection upon content, avoiding assumptions based on past experiences, I believe it will help me on the journey to make confident judgments and take responsibility (Coghlan & Brannick, 2010). To embrace the responsibility as a researcher includes objectivity to look beyond sensitive issues; as to share outcomes that could be perceived negatively by the management of the company as well as any positive responses. Another important issue is that the research may actually reveal a harmful picture of the company, and therefore it is utmost important to protect the participant's privacy by masking their names.

This section has addressed the pro and cons of being a researcher in your own organization. The next section will focus on the selection process of my informants; individuals that are my coworkers that I already have a work relation to. By being an insider I

know who is more likely to open up and answer honest and directly during my interview and I can easily relate to the issues addressed and reply with acknowledgement. Consequently, as a researcher I am able to meet my respondents on their turf.

### **The selection of informants**

I selected the informants based on the criteria of purposeful sampling; the fact that they all have some experience of the application care (Creswell, 2013). Accordingly, a criterion I applied in the selection process was that all informants should hold work experience exceeding three years within the company.

Another important criterion in the selection process was the participants' contribution, their willingness to share their experiences and thoughts. According to Tjora (2012) the sample should include informants that express their opinion with reflection regarding the subject. All informants are colleagues of mine and I know them well, hence I selected my informants based on qualities such as openness and honesty in order to receive truthful answers ensuring that the study will reveal as accurate data as possible from the participants. To discuss accuracy of such data is anyway debatable, but the goal for the exploration is to retrieve the employees' true experiences regarding the subject. The intention of any qualitative study is not to generalize the gathered information, but to detect the specific (Pinnegar & Daynes, 2007, cited in Creswell, 2013).

A total of four people represent the sampling size of the study and according to Dukes (1984) recommendation, the sampling size should vary from three to ten individuals. Consequently for current exploration the sampling size is sufficient considering the limited time available for the study.

All interviews were performed within the same location as they work, in the informants' natural setting (Creswell, 2013). The informants were selected from a wide variety of employees that all have several years of experience within the company.

I selected the gender distribution in the sample to reflect somewhat of the same gender distribution as in the organization. Similarly I have chosen people from both management and regular employees, such that both groups are represented in the sample. The sample size is composed of two leaders and two employees, making no distinction between them and hence will be treated as one equal sample. The goal for the selection was to obtain a balanced set of data from the management level and the lower levels, such that no preference was initially present in the sample of the informants. From the researcher's perspective it is considered that people from both management level and the lower level are all employees with an

understanding and knowledge of the phenomenon in question, and I presume that their title or job function does not influence their view or perception of the research question. To ensure that the sample does include possible variation depending on job function contrary to my assumption, diversity in the sample is included and will accordingly be reflected in the data. It should be noted that neither of the individuals have been directly involved with or responsible for the implementation of the organizational values. Consequently I regard the sample sufficiently broad and well represented within the frame of limitation of the study.

Information regarding the informants will be presented in Chapter 4. The information is sparse to ensure anonymity of the participants. My main interest is to preserve their anonymity, assuring that I, in the role as the researcher, have not misused the trust invested in me.

I presume that the sample of informants is sufficient to establish an understanding of the participants underlying thoughts and experiences regarding the research question, both with regard to sampling size and the sampling criteria of informants.

This chapter has discussed the background for the methodology, the type of interview applied, the role of the researcher within its own organization and it has shed light onto the selection process of the participant. The stage is set to consider how the data was collected, identify the limitations and what has been done in order to assure validity of the data. How are the ethical considerations ensured in the exploration? These are questions that are addressed in the next chapter.

## **Data collection**

In order to perform the study, I discussed with the director of the division both the purpose of the study and the acceptance for accessibility to the informants and ownership of the data of the informants. In general I was provided the freedom to select the research question and to carry out the study. The management was supportive throughout the entire duration of the study. Accordingly, after I had decided about the research question and was ready to contact my selected participants, I asked these personally in confidence whether they were willing to participate in the exploration. All four individuals responded positive towards my request. Then I formalized the invitation by sending out a request for a meeting by using the Outlook tool with information about the time, location and the study enclosed (Appendix B).

All interviews were performed on the job site inside various meeting rooms. I made sure that no information with regard to the interview was shared with any others. The participants were not informed about the identity of the others. They were selected based upon the criteria

of openness and the willingness to share information. Since I knew the people and the existing culture well through my own employment for several years, I did not find it hard to choose the participants and they were all very positive in taking an active part in the study. Prior to carrying out the interviews, I performed a pilot interview as a quality check on the interview guide, to see whether the individual understood the questions and whether the time frame for the questions were feasible.

### **The interviews**

I performed my pilot interview early in spring 2014. I quickly realized that my interview guide was too extensive and detailed. The pilot interview was audiotaped and the interview lasted for 105 minutes and it was quite exhausting for both the informant and me. A possible reason that the interview is exhausting may be due to the content of the subject that is both reflective and emotional. As a consequence you have to search deeper within yourself to find the answer and during the emotional journey you may stumble over painful experiences in the past that have left wounds or scars. Therefore I revised my interview guide by reducing the level of details in some of the questions that were not considered essential and focused on a certain set of questions that I regarded more crucial to the research question.

Especially the questions belonging to the sub-dimension were limited to that of only two to three questions depending on the informant. I did however realize that the participants differ greatly, some give detailed and explicit descriptions of their experiences, while others give short and precise answers which gave me more challenges with establishing a good dialogue. For the latter case, I could ask more questions. As a total, I experienced that every informant was handled individually during the exploration of care perception and experience. Consequently, some interviews were less time consuming depending on the elaboration of the questions.

I also ensured that the emotional and sensitive subject was addressed rather early in the interview while the informants and the interviewer were attentive and enthusiastic. According to Tjora (2012) the structure of interview should be planned such that reflective questions should be addressed in the mid bulk of the interview. In my case I discussed the sensitive subjects rather early since the relational aspect trust is already established prior to the interview, due to the fact that we are all coworkers and know each other well. I moved fairly early into the reflective part of the interview. The pilot interview showed me the importance of keeping the questions short and simple, avoiding any misunderstanding. The experiences from the pilot interview were implemented into the revised interview guide.

I performed a total of four interviews over a time period of six weeks. Each interview lasted approximately 65-90 minutes and all individuals were informed about the study and signed the consent form (Appendix C), with the possibility to back out of the study at any time. All interviews were performed at meeting rooms within Nortec's premises, where we could sit undisturbed and unnoticed by the rest of the organization. Only the invited people had access to the information regarding the agenda for the meeting. The aspect of anonymity was sustained.

I experienced the communication as good since the flow of information was streaming from the start for all of the interviews. In particular three of my informants moved along into the various subject and shared their experience, thoughts and information into various themes prior to me asking questions. This indicates that the individuals have made their own reflections regarding the organizational value care prior to the interview. My part was rather to follow up with an occasional question ensuring that all matters were covered. I experienced the communication dynamics as good in various ways through good eye-to-eye contact, open body language in a relaxed atmosphere. Though the surroundings were quite formal, I experienced the dialog as open and generous where some would reveal and share their emotional self. My impression was that the process of interviews went well and I even registered that some of the informants displayed a type of relief by sharing their experience. The fact that somebody was interested in their thoughts and encounters, made them feel as if they were seen and heard. I believe I had an advantage due to my preexisting knowledge of my informants and of the examples that were addressed. I felt as if I was "one of them" and therefore they easily confided in me. On the other hand I was careful with agreeing with the respondents. Though in my mind, I did find it hard not to side with the participants; both to ensure that they should not feel as if they said "something wrong" and to promote for increased openness. However, I was aware of the situation and correspondingly I kept my responses to a silent yes, avoiding "to get carried away" in my own eagerness. I believe I was able to keep somewhat neutral, aiming for their subjective experience, independent of my own opinion and I was careful not to ask leading questions (Dalen, 2011) . Still yet, I experienced that I did display sufficient compassion and interest in the opinions and experience of the informants.

One aspect that is not emphasized is that the informants also identified me as a coworker and a trusting person, therefore the interview process was founded on mutual respect and trust. This was essential since I did not use effort in establishing trust during the interview. Also, I personally asked my respondents whether they would like to participate in my study



prior to sending a formal request by mail. I wanted the complete process to be established on respect and reflect the informant's desire to contribute to the exploration. I believe these were all contributing factors in making the interviews run smoothly.

### **Quality of the study**

In order to ensure the quality of the study I have considered the validity, the reliability, the generality and the transparency, which are all addressed below.

The validity of the study was ensured by investigating whether the understanding of the care concept for the management of the organization and the participants are comparable. Also theoretical validity is a fundamental part of the study, evaluating whether the theoretical concept presented in the study is similar to the understanding of the participant and the management (Dalen, 2011). All individuals were asked to describe what the organizational value care meant to them. Next I compared the statement from the individuals to the written statement from the company. Also, I contacted the head of the human resource department for him to describe what the company's understanding of the value was. Secondly, the theoretical validity is ensured by comparing the statements to the theory of care that is presented within the study. The resulting discussion and the findings of compatibility between the understandings of the concepts are discussed and presented in Chapters 4 and 5.

The reliability was ensured by having the individuals read through their own transcribed interview to ensure that they agreed with the documented interview. They were requested to respond with any corrections, in the case of any misunderstanding, changes or additional information. This is what is termed as a member check (Postholm, 2011). Also the reliability is addressed in my role as an inside researcher; since I continuously reflected and challenged every step of the analysis for possible origin on my own bias perception rather than participants' information.

The result from the study is not applicable to a greater population or other contexts than the current. Typically, generality of qualitative research "does not hold much meaning" for most studies (Glesne & Peshin, 1992). Though I assume that the generality is applicable with regard to a conceptual one, in which the study provides some degree of information towards the concept of care in an organizational context (Tjora, 2012). The immediate usage of the information from the study may be applicable for the Nortec's management to improve implementation of the value or to inquire for additional information. Moreover, I argue that the study will return with an increased knowledge regarding the phenomenon care valid for

the current sample, and additional research can examine, test and develop further knowledge on the care concept on a larger scale in the future.

Throughout the study I have attempted to display transparency by explaining how I approach the research question and gained insight into the theory and how I applied and limited the applied theory through the construction of the model that was used as a base for the research interview (Tjora, 2012). The interpretation of the data into themes is presented in Chapter 4, empirical findings, displayed through the quotes from the respondents. Due to the complexity of the subject, I encourage researchers to question and make their own interpretations. Additionally, I am aware that I may have limited the theory through the initial model of care; consequently I was alert for new insight and understanding provided by the participants. I have attempted to describe the journey of the study as it progresses with its surprises and sharp turns.

### **Ethical considerations**

There are three main requirements that have to be satisfied for this study regarding ethical considerations. These are anonymity of the individuals, voluntary and the possibility to withdraw from the interview (Dalen, 2011). Anonymity is an utmost important condition and seizes priority. Based on this consideration, I had to keep the amount of information regarding the informant low. In no manner am I aspiring to jeopardize the anonymity of the informants. Thus I have interchanged the gender and the names of the participants. By interchanging the gender in the data material, I assume that it will not introduce an important difference to the result of the study, since the research question is not gender specific. If the experiences vary in any way with respect to gender, the statements and the data are still included in the study and will be considered as a part of the data material. However since I have introduced this particular limitation in the study, I will not consider applying the data towards a study that contains any gender dependency in the future. Thus the research question does not pose or imply a gender dependency.

The second ethical requirement that the study complies with is that the individuals entered the study voluntarily. I first approached the individuals in person asking whether they were interested to participate prior to sending out the formal invitation. The invitation included a general description about the study (Appendix B). The last requirement was to inform of the possibility to withdraw at any time during the study (Appendix C). The study is also approved by the Norwegian Social Science Data Service (NSD) (Appendix D).

Due to the openness and the enthusiasm from the individuals in the interviews, their contribution towards the data has provided me a good foundation for my continued exploration. However, in the midst of my enthusiasm, I have to show responsibility and reflect over the information that has been shared with me. A good relation may imply that the individual is guided in such a manner that they have been too open and revealed more information than initially planned (Fog, 2007). As a researcher I have a responsibility to retain the individual's autonomy, since the individual depends on "interviewer's mercy" and its understanding of how to interpret and where to place the limitation of what information to release (Tjora, 2012). Therefore, it is my responsibility to question and reflect upon the data and avoid releasing any information that may be harmful or will become damaging for the individuals in the future. The main object is to retain the trust of the informant, keep the integrity of the person both throughout and after the completion of the study.

### **Transcribing process**

The term to transcribe means to convert the respondents recorded speech into written text. All interviews were audio recorded on digital device and each interview was transcribed prior to performing the next. In this manner I easily remembered the atmosphere and my own reflections during the interview. Transcribing is the process of transforming the audio file into a written text, and according to Dalen (2011) this provides an excellent opportunity for the researcher to become familiar with the data. During the transcribing process I noted when laughter, pauses and other sounds beside words appeared during the conversation. I also successively noted the elapsed time every so often in the transcribed material, so I could easily go back to the approximate location on the recordings.

I experienced the process as additionally rewarding, in the sense that I relived the interview with its entire dynamic and various tone and emotional character. I also went back to the audio tape a couple of times for reassurance during the analysis. Therefore I agree with Kvale & Brinkmann (2009) where they state that the transcribed data is a form of data reduction. In the process I transcribed every word that was said to ensure that no valuable information was left out.

Every interview was conducted in Norwegian and accordingly I kept to Norwegian also when transcribing the interviews. Thus, I avoid introducing any discrepancies between the transcribed interviews and the translation that may influence the final empirical findings. However when I present empirical results, I have translated the statements to English that are depicted in the document, though, the translation has been performed after analyzing the data.

## **Method of analysis**

In this section I will describe the applied process of analysis of the participant's transcribed audio tapings. Initially I started the analysis by reading through the interviews thoroughly several times to get an overall impression of the data and "clear out" my pretentious mind. While I was reading I made new discoveries, reflections and thoughts, all of which became a part of my analysis. I purposely tried to free myself from thoughts, own belief system about the research problem and approach the data material with an open mind. Early in the analysis process I examined whether the definition of the concept of care of the management and the respondents were similar and comparable to each other. From each of the transcripts I highlighted statements that were related or carried significance to the definition of care and compared the participants and the management communicated perception. I also considered these statements towards the definition of care stated within the study to inquire whether the contents were complementary. Simultaneously I also reflected towards my own understanding to complete the examination of compatibility between the perceptions. Finally, I concluded with introducing "the perception of care" as a separate category and statements where the respondents address the care value directly will be presented in the next chapter to display the level of compatibility between the care perceptions.

Next I went through the data and highlighted every sentence that was related to the respondents' experience of care. This step is denoted by Moustakas (1994) as horizontalization. In particular it is important to understand the statement in relation to the total meaning of the interview, keeping myself from placing my own thoughts into the expressions. I reduced each individual interview by eliminating irrelevant information, but without rewriting the expressions that was related to care. I added headings according to expressed essence. Any statements in the participants' narratives that relate directly to the phenomenon under investigation are considered significant.

Then I organized statements from different informants and placed these within the same groups of similar types. The categories or dimensions of care presented in Chapter 2 were initially a natural selection of themes. I gathered the highlighted statements that were closely related and reflected an experience of care. It was during this process when I acquired the meaning of the expressions and linked those to theory and the model. I kept all statements within the same theme as one category. The extracted significant statements were next related to the dimensions of the experience of care and classified accordingly to the dimensions presented in the model of care.

Further into the process I tried to separate my thoughts from my original model on care, to reflect more of an independent view onto the respondents experiences and to enable myself to discover other issues related to care expressed by the respondents that was initially not a part of the original model. As I received an overview over the responses, new categories were manifested whereas other dimensions from the care model diminished in significance. Upon completion of the analysis, I realized that there was one characteristic of care that the respondents revisited in several connections during the conversation and clearly of great significance. The characteristic was attentiveness. Finally I ended up with a total of four main categories that were labeled as Perception of care, Experience of care, Trust and Attentiveness.

Consequently the original model of care that was applied as a base for the interview guide had to be revised. As the process went along I was surprised how data from one set of questions returned with significance on a completely new dimension which was not considered prior to the interview. However, it was quite an amount of reflection and different models that were sketched, before I settled upon the revised model presented in Chapter 4. Again, this demonstrates the importance of the intensity of the reflection that is required into the analysis process and how the mind enters an evolution process and the evaluations ripen with time and effort. The final result of the analysis, the empirical findings, is presented in the next chapter.



## **4. Empirical findings**

In this chapter the empirical findings are presented. Through the course of the development of the thesis, the analysis returned with a total of four main categories, which are Perception of Care, Experience of Care, Trust and Attentiveness. The last two categories have a set of subcategories that are closely related to the initial model of care and their findings initiate a revision of the initial model of care that is presented at the end of the chapter. However, prior to addressing the categories the type of analysis approach is discussed followed by a brief presentation of the informants.

### **Inductive and deductive approach**

The result of the study is characterized by alternating between developing perspectives from the data combined with consideration of theory, hence the method is a combination of inductive and deductive approach (Thagaard, 2013). The data and the theory interact in harmony as the study proceeds. The development of the model of care introducing new categories after the performance of the analysis is indicative of the interaction process. The final result has to be understood in terms of established theory represented by the initial definition of the care concept and the model of care applied as foundation of understanding, which is later revised based on the analysis of the interview from participants (Glaser & Strauss, 1967). Prior to performing an analysis of the subject of care, the theory had to be well anchored with my understanding since the researcher's knowledge is imperative for the development of the resulting perspective of the data (Thagaard, 2013). Hence the definition and the limitation for applicable theory presented in Chapter 2 is considered a base for a conceptual understanding of the subject. I searched the care theory to construct a base and a frame for care concept applicable in an organizational context. Based upon theoretical limitations and definition of the care theory, I proposed a model that I applied in order to understand the informant's experience of care.

Early in the analysis process I applied the dimensions of care as categories and used the categories as a tool to recognize the experienced care for each participant. Initially I applied a deductive approach that implies a deduction from the general to the specific, and later an inductive where new theory was formed by the introduction of additional categories from the empirical findings and revised the care model. This is a typical example of how theory and empiric live side by side and alternately influence each other (Johannessen, Tufte, & Christoffersen, 2011).

## **Introduction of the participants**

The empirical data are based upon interviews with four employees, however their identities are anonymous and therefore the two subordinates have the fictitious names Torfinn and Kari, and the leaders are named Olav and Per.

Torfinn is forty-eight years old and he has three grown sons. He has been working for the company for the last eighteen years and is a stable employee that cherishes predictability and is devoted to his job. The quality of the work he delivers is important to him.

Kari has just turned thirty-three and has been with the company for the last eight years. She is a mum with toddlers at home and juggles a full-time position well with the demands from the family. She is known to be direct and her job assignments are performed with compassion.

Olav is a fifty-three year old leader with personnel responsibility. He is responsible for fifteen people whom he directs and displays great concern. He has been with the organization for ten years in various positions, though mostly as a leader. Olav has experience with other organizations prior to his employment with Nortec. His goal, according to himself is to expand knowledge and advance daily together with subordinates.

Per is a forty-seven year old leader and has been with the company close to twenty years. He is dedicated both in his job and as a family father. All participants have a technical background.

The next section will present the category participant's perception of care prior to dwelling into the category experience of care through interaction with others in the organization. The other two categories trust and attentiveness are addressed last prior to presenting the revised care model.

## **Participants' perception of care**

The following chapter presents the category participants' perception and understanding of the care value within an organizational context. Since the experience of care, whether it is a good one or less good, depends solely on the participants' initial conception of what the care value embraces and therefore constructs their expectation. The aim for the current category is to grasp the conception of care for each participant. The subordinate Torfinn was the first participant to share his view:

Care means that somebody sees me and that I am acknowledged for the work I am doing and the result I deliver. Care is also to accommodate for and include somebody in a group or a team, to generate a feeling of belonging, bonding and togetherness. Care is



support, trust, confidentiality and honesty between colleagues both on a horizontal and a vertical level. The feeling of empathy for others is also part of caring.

Torfinn mentions that care is to “be seen and heard,” acknowledged, feel included and to have support, trust, confidentiality and honesty. My impression was that Torfinn stressed the terms “be seen and heard” and acknowledged as he revisited this several times later while addressing other themes.

Kari had a similar view where she stressed the importance of a valuing interaction with other employees within the team setting as described in the quotation below: *“Care is how I choose to interact with the other employees; the fact that I try to create a good atmosphere.”*

Kari also mentions respect and inclusiveness and she reflects teamwork in practice. Further into the conversation Kari states that she misses attention and acknowledgement from her superior which are important attributes in Kari’s perception of care.

Olav’s definition as presented below does not differ significantly from the above statements. However it was just slightly angled from more of a leader’s perspective: *“Care is when the employer supports the employee; provide corrective adjustments and makes requests within the bounds of the employee. Every employee should experience a good workday. For care to flow there has to be a relation established on trust.”*

The importance in Olav’s statement is how he stresses the characteristics support and corrective adjustments towards the employee. It is interesting to notice the correspondence in Olav’s definition of care and what is expressed by Mayeroff and Maurice Hamington where they stress the importance of assessing the situation, gaining competence about the person and act upon the unmet needs of the employees. Olav is a leader and I sense that his perspective has a more positive undertone compared to the subordinates where the characteristics are not discussed in terms of lack. He mentions the characteristics trust, openness, compassion and concern for the employee and the existence of a good dialog in terms of caring attributes.

Per reflected the following perception of care from a leader’s point of view: *“Care is similar to consideration; that means that the employees should be in focus such that they thrive in their jobs. Another part of care is to show interest in the person and their work by asking how they are doing.”* I experienced Per as having much of the same view as expressed above, though he also stresses attention of the individual.

A common characteristic of care revealed from all four participants is the importance of attentiveness that embraces attention, empathy, support, compassion, concern and interest in the employee and towards his work. Another common theme is trust in terms of expressed honesty and openness according to Torfinn and Olav. Torfinn and Kari introduced a new

common identity that is bonding in terms of inclusiveness. Bonding can be considered a dimension of trust and this may be a result of established commitment.

When comparing the findings to the definition of care in the theory section, we see that characteristics mentioned by the participants as trust, openness, support, honesty, empathy, compassion and concern are all attributes included in the initial definition of care in the theory chapter. However, the findings identify themes as attention, attentiveness and to be seen and heard as characteristics not explicitly included in the theory of care. However, the theory assumed an interdependent relation of care to exhibit a mutual responsibility to treat each other with respect and valuing each other's thoughts, beliefs and feelings (Buber, 1965). Also, Rogers (1967) discusses a helping relation in terms of promoting development, maturity and improved functioning to the other individual. In order to birth and support such a relation, presence and attentiveness are prerequisites.

Another attribute mentioned by the participants is inclusiveness. Inclusiveness can be considered a result of the quality of the relation. Therefore one can debate that inclusiveness is implicitly achieved through the dimensions support, access to help and empathy already present in initial model of care. However, what is concluded is that these are essential characteristics in the definition of care and hence the definition and the model of care have to be revised.

From the above statements new themes were brought into the definition of care in an organizational perspective. Consequently based on the perception of the participant the following overall concept of care will be revised and embrace the following: trust with the dimensions bonding and commitments including the term openness. The attribute bonding embraces also the spoken terms belonging and togetherness. Another important theme that is introduced is attentiveness. Attentiveness embraces the spoken term to be "seen and heard," acknowledged, corrective adjustments and the dimensions courage, access to help and empathy. All sub-dimensions remain. The care that the participants experience within the organization will be addressed in terms of the main dimensions. Having established a definition of care that encompasses the participants' view, the next chapter will explore the category participants' experience of care within the company.

### **The experience of care**

When the respondents were questioned how they experience care, the answers reflected variations in care, varying between high and low level care in some relations to an "anti-care" attitude in others. Hence I choose to "measure" care according to the level of experienced care

that varies between a low level care and a high level care. In a few places within the document the term anti-care is applied, but this is used only when the respondent expressed that term and my understanding of anti-care is when no trace of care is present.

Torfinn experiences care between close and confidential colleagues, but he expresses that not sufficient care is applied in general:

Care exists between individuals, but there are a few examples of colleagues that are not nice to each other. In general, I find that care is lacking during a regular working day. Some people are unable to care, care is totally absent. Though not intentionally, they do not have the capability to care. My opinion is that the people expose care independent from whether the company has care as an organizational value or not.

Torfinn explains as to why the level of care is somewhat low. His opinion is that the ability to care is more of a trait of the personality rather than an acquired attribute. Torfinn also expresses concern about the fact that the care value is not sufficiently implemented by the leaders or the management:

We had no internal session on a department or a group level trying to implement it either. We get to hear about the values once a year on the information meeting from the corporate Vice President. Since the value was introduced, there has been arranged only one work shop where we reflected over the different values.

Kari is concerned about showing care in interaction with individuals within the team. She is experiencing that she purposely reflects on applying the value and includes team members in the process of problem solving such that these feel appreciated and valued and contribute in the process. Kari states that care between colleagues is experienced and extended across product boundaries. I understand that the level of care is high between colleagues in the case of Kari, but care received from her current superior seems lacking:

Care is present between individuals across product boundaries rather than through the line of chief of operation. My leaders are less concerned about my well-being than my colleagues. Though I have experienced care from leaders when I had a different job within the same company, these leaders were excellent in caring for their employees. Now it is different, I do not know exactly what the difference is, but everything is aimed towards deliverance of contracts....

Kari reasons as to why there is lack of applied care in the relation:

The only focus for my superior is making profit. Some people act more like a "bulldozer" and try to revolutionize the way we do things. The implication is lack of care. I do not think a lot of effort is invested in how to manage your employees fair and properly. My superiors are travelling a lot and in order for the leaders to show interest, they necessarily have to be present.

She feels that the profit is more important to leaders than the human capital. The perception of both Torfinn and Kari is that a higher care level is experienced across the horizontal level than across the vertical employee-leader level.

Olav, who is a leader, experiences it differently from the two above. He recognizes the presence of care at the top management level and also from his superiors, though he acknowledges that the care level reduces as you proceed down into the organization:

The care value is well implemented at the top management. As you proceed further down into the organization, even right below the top management, the care value is less important. As you descend into the organization on division level, you observe traits of lack of care.

Olav is approaching care from a different perspective than the other two. He considers how a leader provides care towards his subordinates through adapting the organization. He regularly inquires his employees about their interest and accordingly tries to match the type of products and environment with their expectation. It is important to him that the employees acquire a good workday. Consequently, he firmly believes that the leader should provide corrective adjustments and set goals and make demands to all of his employees. That is the leader's job and "care in action" according to him. However, he does admit it is not easy in practice to achieve the correct balance. It requires lots of communication with each individual.

Per, who is also a leader, experiences the care from a leader's perspective. He explains:

Care has to be experienced on an individual level, face to face between people, but we are struggling in providing sufficient care towards the individual. There are so many deadlines to keep up with in order to getting the job done. But in general, it is not the VP's responsibility to implement the care value into the organization, but yours and mine.

He maintains that applying care is the responsibility of all employees, though he admits that care is displayed, in various ways with variable results. On an organizational level, care is recognized through organizing a ski day and football events, but on a department level like the technical department, he acknowledges that care is less recognized. Per elaborates:

We do not have an ambition with regard to the care value, only an occasional cake and some sharing of information. I have noticed that activities related to the value care is not appreciated or valued by the management. They have not said it directly, but that is my impression.

Per reveals that the leaders have too much to do, not enough time and accordingly "care" is prioritized down compared to other assignments. As a leader he feels that the management does not measure his leadership accomplishment on the care value.

The experiences of care for the individuals vary depending on where and whom they encounter. But in general all respondents experienced that care could be emphasized more within the various relations. Surprisingly, three of the respondents expressed that the introduction of care as an organizational value did not make a difference in their experience of care within the organization.

The respondents' experience of care has been addressed on a general level. A more detailed picture of the experience can be achieved by delving deeper into the category trust.

## **Trust**

The presence of mutual trust in the relation between leader and subordinate is imperative for the employees to perform their tasks with responsibility and autonomy.

Torfinn experiences that he is trusted with complex and large assignments; but that too much trust is invested in him since the assignments have unclear conditions and therefore are too complex. Torfinn feels he is "taken advantage of" and exposed of misused trust. He states: *"I experience that I am trusted more than I am acknowledged."* With regard to presence of trust in the relation he states:

I am open with a set of few individuals, knowing that what we discuss will stay confidential. Maybe we use each other for the lack of bonding and team spirit? I want to be open, honest and share from my heart also with my leader, but experience has proven that this is not a "check-mate" in my situation. I believe I do not address issues in a sufficient, constructive manner with my leader and I have also experienced lack of confidentiality, so now I remain passive.

The leader trusts Torfinn, but Torfinn does not return the same high level trust. However he does confide in a few friends that he knows he can trust. Consequently Torfinn covers up his vulnerability related to work. There is no culture for displaying insecurity regarding mastering assigned tasks. He feels that if he is open about this insecurity, his leaders will think that he is too anxious and unsure to take on a challenge in the future. Another argument that supports the trust level to remain low is that he overheard superiors discussing employees. Some high-ranked-manager discussed employees' capability and their view defined quite competent workers as incapable and these subordinates were doomed incapable indefinitely according to Torfinn.

Kari also experiences trust from her leader to perform her assignments and receives autonomy in her job. She states: *"Most people are responsible and have autonomy in their job and that is appreciated. In general your superior trusts that you perform your best and have no need to control you in detail."*

She is open and honest towards her leader in the sense that she will state her opinion. There is a fair amount of trust present in the relation between Kari and her leader. Still yet, I understand that she experiences a lack of recognition from her leader. She appreciates autonomy within the job, but working independently does not imply that you do not need feedback on the performed assignment. Another aspect Kari mentions is related to reduced level of trust due to the existence of a hidden “boys club mentality” in the company that imply that you have to watch yourself, because if you disagree sufficiently the consequence may be a “no promotion” situation in the future. But she states that this situation is not unique, you find such in all companies, no big deal.

Olav as a leader is concerned with creating sufficient trust with his employees. He is attaining trust through investing time in conversation with the employees. He is firm about that the employees should speak out and state their opinion. According to Olav, no subordinate should ever be anxious of their leader and the established relationship is founded on trust and openness such that the employees can address anything with the leader such as challenges at work and including issues of private matters. Olav declares: *“You have to be honest and open towards your employees to earn their trust. You have to reveal yourself. Also as a leader you have to acknowledge your mistakes and admit them to others. That requires courage.”* He acknowledges that there are individuals in the company that do not listen to others’ input. The people that are not heard come to him to alleviate their thoughts. *“I experience sufficient trust from people that confess frustration and expect me to change their situation, but I am not their leader. I listen and ask them to see my superior.”* Olav experiences also mutual trust with his manager and he characterizes the relation as open with a good dialog. They can disagree on matter, still yet the relationship exhibit sufficient trust to tolerate a good discussion.

When I ask Per about his experiences regarding trust, he is addressing the issue from a perspective of trust towards the employee. He reflects on how he trusts employees. He is honest and admits that he does not trust subordinates sufficiently. He explains it depends on how independent the person is with respect to its job assignment: *“Sometimes I do not sufficiently trust the employee with a task and therefore a misunderstanding can result. There is a balance between trust and providing support. As a leader it is challenging to balance these two parameters just right for each individual.”*

Per concludes that his trust level towards the employees depends on their capabilities. He feels that he knows his subordinates well and experiences openness. Hence if disagreements exist, he expects that such be are addressed by subordinates. Per states that he has sufficient

trust in the relationship with his manager, but he has experienced a change. In the past he used to voice his opinion to the management, but not anymore possibly due to becoming less rebellious with age.

In the theory section trust is considered an ongoing process and is developed through guidance and support in terms of dialogue and conversations (Soloman & Flores, 2001). Trust includes also having assurance in the character of the others with regard to reliability, integrity and dependability (Gini, 2004). Hence, it is understandable as to why the level of trust of the subordinate Torfinn and Kari is not optimal.

The experience of bonding and commitment is an implication of support and dialogue within the relationship and therefore embraced as sub categories by the category trust and are addressed next.

### **Bonding team spirit**

The analysis of the interviews revealed a lack of the care attribute bonding that is closely linked to all the preceding dimensions and is considered a sub category of trust. Bonding is born out of close dialogue and cooperation with others. Both subordinates experience that they lack some team bonding. Kari describes that she works most of the time alone and miss the relationship of being a part of a larger team that encourage each other and she experiences that nobody depends on the result of your work.

Torfinn explains that he completes most assignments on his own and feels no bonding with anybody concerning work. He misses having an encouraging team spirit.

According to theory bonding was not included as an explicit dimension. It was merely considered implicit within the relationship between the care agent and the one cared for. However, the theory does emphasize clearly that in order for care to be experienced a relationship has to be present and possibly incompatibility with regard to the existence of an interdependent relationship is what emerges through the subordinates statements.

### **Commitment**

A commitment implies that there is a mutual obligation within the relation. In general, commitment according to the subordinates is to accomplish your assignments within a given timeframe.

Kari asserts that there are some leaders, very few, where she has experienced true commitment, attention and interest in the work she performed. Her leader is more interested in “getting the job done.” She is experiencing that the leader is lacking commitment towards her.

Torfinn is convinced that coworkers consider their assignments as positively charged commitments. Whereas regarding his experiences of commitment from the leaders, he says: *“The leaders are more concerned about getting the job done, versus providing care for the subordinates. I am unsure whether any of the leaders consider the application of care as a part of their job assignment...”* Kari and Torfinn have a common experience regarding leaders’ commitment.

Per on the other hand is concerned about his commitment to treat all subordinates equally, but he states that it is a challenging task especially since you are more compatible with some of your subordinates: *“I have a responsibility to treat everybody the same, to treat people fairly, in spite of the fact that you are more compatible with some than others. The objective is to make sure that all people are heard, not only those who shouts the loudest.”*

Commitment for Olav is twofold that is being supportive and corrective towards the employees. He is committed to help out where it is needed and follow-up by providing corrective development for the employee in addition to positive feedback. According to Olav the leader has to be committed to develop the subordinates and the employee is equally committed to develop himself.

Again, there is a common view from the subordinates that commitment from the leader is lacking, whereas the leaders express that they are committed. Clearly there is a gap between the leaders and the subordinates view.

It is interesting to notice that the employees’ experience of trust differ from the leaders. There is possibly a gap due to the difference of perspective of that of a leader versus a subordinate or simply caused by the fact that they work with a set of different coworker and consequently they experience trust differently. A complete discussion of the identified gap of trust among leaders and subordinates is presented in Chapter 5.

### **Attentiveness**

Attentiveness is a category that emerged as a result from the interviews. Attentiveness comprises the spoken term to be “seen and heard”, acknowledged and the sub categories courage, access to help and empathy.

Attentiveness was addressed in a dialogue with the participant Kari, where she explains in detail how she purposely demonstrates care to other team members in an everyday setting and makes these team members feel like they are contributing towards the solution. She continues explaining in a reflective manner:



That is exactly what I am missing from my superior; the fact that he neglects me and my work and does not show interest in what I am doing. I feel that I am doing a pretty good job....but it would have been nice just to get “a pat on the back“ once in a while and to be told that: “That is some pretty good work you do there.” But I never receive feedback. Instead, I am left with a feeling that anybody could perform my job.

As the conversation moved into issues of feeling accepted and valued Kari responded: *“I know my worth so I am not so concerned about that. If the leadership does not appreciate and find me capable, I will eventually find another job.”*

Kari feels that the only thing that matters for the leader is to produce according to plan and meet the budget. She expresses that the implication of lack of interest from the leader results in an indifferent attitude of the employee and a lack of motivation in the job. Kari continues to state that if there were some level of attention from the leader, her work assignment would be performed with more joy and effectiveness instead of a growing feeling of apathy and indifference towards the assignments.

During my conversation with Torfinn he mirrors a similar experience and explains that care for him is to be recognized for the job he is doing:

A lack of acknowledgement from superiors implies that you feel that you are not important for the organization and slowly your confidence is weakened. A few years ago I had much more confidence, vitality and go-ahead spirit than I hold today. Eventually you stop performing to your maximum due to reduced motivation. Consequently you experience a lack of energy; basically your energy is drained over time and you enter into a state of resignation. I believe there are some individuals that perform and contribute eagerly over quite some time and then after a few years they do not perform at the same level due to lack of care or recognition.

Olav, which himself is a leader, though he is not the leader of either of the two subordinates above, addresses the issues of interest and attention towards the employee from a leader’s perspective. He states that:

I try to adapt the organization according to the needs of the employee. The importance is that the employee experience a good workday. However it is difficult to balance the support, the corrections, the goals and the demands for each employee. You have to find out what the person is capable of, and how you can include, develop and make the best use of the individual based on the acquired knowledge you have of the employee. Dialogue and trust with the subordinates are the forerunner to succeeding.

Both subordinates I interviewed brought up the need for recognition and that care for them is to be acknowledged and recognized by their superior for the work they perform. Consequently, the interviews with the respondents revealed that the characteristic attentiveness with the dimension acknowledgment and feedback is one of the most essential characteristics in the concept of care for the subordinates to experience care. Consequently,

one can concur that the lack of attentiveness is detrimental to both employees and to the organization because of the apathy and indifference that result in reduced effectiveness. This is the case regardless of the fact that Olav already practice and includes that dimension in his leadership.

Attentiveness was not originally considered as a dimension in the model of care in the theory section; it was rather reflected as an implicit attribute present in the relationship and satisfied through the main dimensions empathy and access to help including the sub-dimensions support, concern and compassion. However, the participants reveal that the category attentiveness is essential in the experience of high level care, far more vital than originally considered. Consequently, the revised model will reflect the importance of category and is presented at the end of the chapter. The sub categories of attentiveness which are courage, access to help and empathy are next.

### **Courage**

Courage is to be yourself, to show authenticity and have your own opinion that may differ from the multitude. Other aspects include having courage to be humble and display vulnerability; to open up and let others get to know the real you.

Kari and Torfinn had somewhat related experiences of courage. Torfinn states that courage is not to remain silent but to publically announce your difference of opinion when you notice unfair treatment of others. He continues to explain that *“it may not have paid off”* to disagree and support coworkers that were struggling, but he has kept his dignity and self-respect by following his own values. He addresses integrity as an act of courage, meaning that one should not always comply with expectations and conform to the same opinions as your leader.

According to Kari it is important that leaders and also the human resource department have courage and compassion to enter into difficult personnel matters and disagreement and not wait at a distance until matters dissolve themselves. A lack of action is not a valued strategy for the company and reflects rather poor leadership according to Kari. She elaborates: *“I have seen examples where managers lack courage to get involved and solve problems. It is understood that most personnel problems are delicate, but that does not imply that you procrastinate and wait till issues “blow up in your face”.*” Both subordinates reflect that more courage is anticipated in personnel matters.

Olav displayed his perception on courage with the following reflective considerations:

Courage is to take initiative and to communicate these out. As a leader you have to be open, honest and humble and that takes some courage. I experience that integrity is valued in the organization and my leader receives what I am communicating, but other leaders may not. Most people talk a lot, but perhaps listen less. Every leader must listen to their subordinates, but sadly not all leaders appreciate or possess that attribute. Listening to others is an act of humbling yourself. You should be humble, but not too humble either, it has to be a balance.

He argues that by listening and receiving information from subordinates, the leader can coordinate the organization according to expectations and needs. He continues to state that balance has to be achieved in the employee-leader relation regarding characteristics as being humble, commitment and access of help.

### **Access to help**

The term access to help is best described by Mayeroff (1971, pg. 1): *“To care for somebody, the most significant sense is to help him grow and actualize himself.”* Torfinn is experiencing that he receives help when he asks his leader, but he mentions that sometimes the time constraints for completing the assignments are too limited. But the general notion is that he gets to use himself and his creativity in a good way.

Kari feels that she is left alone with the responsibility and the technical tasks. She states that it is good that superiors do not control every detail, but some interest from the leader is appreciated.

Olav states the access to help and growth for the individual is assuring that the person is within a “right” range of a comfort zone during work assignments:

As a leader it is my job to ensure that the assigned tasks are manageable and provide sufficient challenge for the employee. If an employee is located too far down in the comfort zone, he will eventually leave and find a different job. The leader should provide just sufficient work according to the need of the person. That is a balancing act and you need to know your employees well to accomplish the task.

Olav stresses that the balancing is important with regard to job assignments, staying within the comfort zone of the employee. If an employee feels he does not master the task, he will eventually become depressed and negative prior to going into a sick leave. Therefore to define an area of comfort zone for each employee is of utmost importance

Per has a similar experience and admits he finds it demanding to balance the amount of help according to how much help the subordinate accepts. Per also experiences a challenge regarding the process of transferring knowledge to the employee. He feels that he is “showing-off” his competence rather than transferring knowledge to his subordinate.

There is an expressed tension related to autonomy in job assignment and sufficient leader attention in Kari's situation, whereas Torfinn experiences help from his leader when needed, and he indicates that the work experience is mostly good.

### **Empathy**

Empathy is the ability to put you into another person's situation. Kari expresses that she does receive empathy whenever there is a delay in a project. She states there may not be a lot of concern for her as a person, but she does not expect that. She has close friends at work that are concerned about her. It is important that the expressed empathy from leaders and coworkers is genuine. She does experience that the level of empathy is after all at a satisfactory level. She claims: *"I personally do not miss the care from others with regard to empathy. I experience that, in spite of lack of attention and interest from leaders on a daily basis, my leaders will support me when I am facing difficult challenges."*

Torfinn supports the experience of Kari and feels that he is met with empathy from some close coworkers, and that leaders are at an average empathy level.

Olav on the other hand stresses the importance that team members display empathy in dialogue. He experiences empathy in most relations, but has in a couple of instances seen that empathy is totally lacking. Also with regard to disagreements and conflicts, passion, empathy and commitment should drive the process through dialog towards a good solution for the involved. But conflicts are not a big problem in general; at Nortec the employee turnover is low and the number of conflicts is few.

Per addresses his experience from team setting. He acknowledges that some people are solo players and he states: *"They do not appreciate others as much as themselves. They exclude other team members and withhold information."*

The level of empathy cannot be considered to be at a high level, but clearly empathy is present within the organization and seemingly at a sufficient level for the participants, possibly according to their expectations. The theory section states that having an empathic organization includes a culture that recognizes the whole being and supports an atmosphere where frustrations and disagreements are addressed such that energy is misused in suppressing emotions. Based upon the expression of the participants, there is a potential for increasing the level of empathy within the culture of Nortec.

### **Implication of empirical findings, a revised model of care**

Attentiveness and bonding were introduced as a result of the participants' definition of care. The comparison between the individuals' statements and the theory presented in Chapter 2

revealed that there are attributes mentioned by the participants such as “*attention*,” “*corrective adjustments towards the employee*” and “*to be seen and heard*” that is not explicitly included in the initial model and dimensions of care Figure 1. Especially, the care category attentiveness resulted in essence like experience for particularly two of the participants, but the attribute was mentioned as important by all four respondents. Consequently, the model has to be revised to reflect the common perception of care by the informants and is presented next. Neither attentiveness nor bonding was explicitly included in my initial model of care Figure 1. Clearly, the method of inductive approach requests a reconstruction of the model based upon the findings.

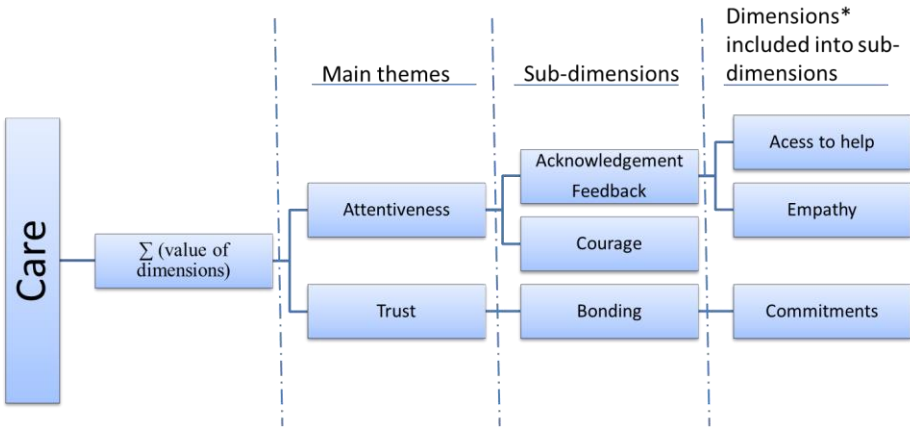
The revised model of care is a result of the current exploration into the research question: How do the employees experience the organizational value care? The revised model reflects the characteristics of care that were important for the respondents to experience care within the Nortec organization. The model also attempts to display an increased understanding to the processual development of experienced care for the participants in Figure 2.

The dimension attentiveness that covers attributes like feedback, acknowledgement, interest and recognition were by the respondents considered as an essential condition in order to experience care. The dimension attentiveness can be considered to include the sub-dimensions courage, feedback and acknowledgement. The feedback and acknowledgement dimension is considered an extension of the more detail traits in the relation like the action of empathy and access to help. Based on the empirical findings, I deduced there were two essential dimensions that had to be present for the participant to experience care: those were attentiveness and trust.

As I analyzed the reduced data material, I recognized a fundamental trend. That was that all four respondents mentioned trust as an essential part of the experience of care. Various combinations, traits and traces of the trust were reported both explicit and implicit in a large portion of the data. It appeared not only in the answers related to the “trust question” section, but also in several other sections was the attribute trust addressed. Another dimension that emerged out of the analysis was the dimension bonding. Bonding within the relationship will provide fertility for trust to develop. Hence, bonding resulted as a sub-dimension of care composed of the characteristic commitment. How and in what sequence these dimensions arrive may not be essential, but what is the significance of the model, is to acknowledge that each dimension contributes towards the experience of care.

Clearly, the answers indicated that the existence of trust and attentiveness were fundamental building blocks in the construction of experienced care for the participants.

Consequently, I suggest that the process of experienced care can be represented by one main dimension that is the summation of all other dimensions, characteristics and traits that are applied upon the relationship. The dimensions exhibit an experience which can be low, medium or high leveled. The level of experienced care can be considered comparable to Noddings’ (1984) intensity of caring and Mayeroff’s (1971) variability in caring. Consequently, the final model presented below represents my comprehension of the participants’ experience of care.



\* These dimensions are implicit in the sub-dimensions

Figure 2: The revised model of care, representing the process of experienced care through the essential dimensions trust and attentiveness together with other sub-dimensions.

The model displays the main dimensions and how these contribute towards the experience of care in the relation. It also displays how the dimensions depend, interact and mutually influence each other to conclude into experienced care. There are other characteristics that are not explicitly shown in the model that also contribute to the experience of care, but according to the empirical findings, their influence is less compared to the ones displayed in the model.

**Concluding remarks on empirical findings**

The empirical findings revealed that the subordinate’s experience of care recognized a low level of attentiveness from the leaders. Also both leaders identified attentiveness as a characteristic of care, but these had no relation to any lack of its application. The most significant finding was the revelation of the presence of category attentiveness as a major part of the application of care and the model of care was revised as a result of the findings.

## 5. Discussion

The goal of this study is to determine how the participants experience the organizational value care. The purpose is to achieve awareness of the value care in the relationship and possibly gain insight, reflections and recognize the benefit of applying care in everyday interaction. The implication may include that the organization will become more effective through increased employees' contentment and a culture that reflects an experience that each individual contributes and matters.

This chapter will first discuss whether there exist compatibility between the participants' perception of the care concept and the organization. The revised model of care based upon the empirical findings represents the experience of care through the lens of the participants. The essence of the experience of care in the organization is dominated by two significant dimensions: trust and attentiveness. During the debate of these two dimensions and the uttered experience of a reduced level of trust and attentiveness, I argue and propose that the dimensions are rated low by the subordinates possibly due to subordinate's feeling of "broken expectations."

Next I suggest a leadership- and an organization style as a response to the revealed incompatible expectation of care. Finally I conclude the chapter by proposing that the construction of a trusting and caring environment can be best established with a clear exchange of expectations in the relation, complemented with a genuine serving attitude of individuals towards each other in the relationship and towards the organization.

### **Compatibility between the participants' and the organization's care perception**

In Chapter 1 the organization's intention and definition of the care value was presented. The management understands care as an action of inclusiveness, encouraging team spirit and cooperation. Accordingly, the management believes that through the application of care in all organizational processes, trust is established in the employee relationship causing the employee to experience a feeling of inclusiveness within the team and consequently partake as an important team player. Somewhat simplified, the sequence of events would be the following: to apply care, thereby trust is established and then the employee would become productive and effective due to the experience of feeling included in a team that is encouraging. Basically for care to be recognized, the team must reflect two main attributes: those are encouragement and inclusiveness. However, the question that arises is: what comprises the team, especially in a situation where the individual is mostly working alone in smaller projects and how is inclusiveness understood and applied in such a setting? The

management's definition of care already presumes the existence of a team prior to the application of care.

The human resource director supplied with further details where "*respect for the uniqueness of the individual*" and "*the difference of opinion*" were added to the conception of care. He stressed that "*the difference of opinion is considered positive and adds constructive value towards the technical solutions.*" Another attribute describing applied care from a management perspective is the ability of "*displaying passion on the job and towards others in the relation.*"

Comparing the definition of care from the management perspective to that what is uttered from the participants, there are some common themes such as trust, respect and compassion. Another characteristic is "*inclusiveness and encouraging teamwork*" that carries similarities to Torfinn's statements like "*bonding, belonging and togetherness.*" The discrepancy between the perceptions of management and the participants may be identified in the same dimension that revealed itself through the empirical findings. That is the dimension attentiveness that contains acknowledgement and feedback, to "*be seen and heard*" and "*provide corrective adjustments.*" Nevertheless, the management does include the term "*enhancing discussions*" as a part of a caring team, which can be understood to correspond as a type of feedback.

Now I would like to revisit the above question as to what a team comprises in the case of Kari and Torfinn, which mostly work alone and have no other team members to address or discuss technical issues with. I suggest that for this type of setting "their team" is represented by the leader. If their leader is out travelling much or the leader has not understood his extended role as a "team" provider, consequently he is unable to apply sufficient care to his subordinates. Also since the dimension attentiveness is not explicitly an ingredient of the management's perception of care, it is not communicated to leaders that feedback and recognition are essential characteristics of care. In these instances there are identified discrepancies between the management's definition of the care value and that of the participant; hence discrepancies in the expectations of the application of care may consequently result.

The subordinate's expectations to the care value may accordingly not be satisfied, and that may be expressed through the low level of care experience in the case of Kari and Torfinn. Also, the challenge seems to increase as an implication of that their expectations are not conveyed to their leader, because none are aware of the difference in perception. On one side there is the employee with one set of expectations and on the other side you have the



leader and the management with a different set of expectation to the application of the care value. Finally the expectations from both sides have to be communicated and shared between subordinate and leader. I claim that when the leader considers the care value through the lens of the employee, only then the employee has the possibility to experience that his expectations are met. Consequently, these two discrepancies may imply that the leader and the employee have a difference in perception. Accordingly also their expectations differ and the lower level of care experience may result.

However in the case of a team work or a close cooperation, where the employee is working in close interaction with other team members, the managements' perception may be sufficiently compatible with that of the participants. For the current study, I am considering the participants of this study, and can only conclude based on the finding within this study, thereof a discrepancy is identified.

### **Experience of care**

Care according to Noddings (1984) is an ongoing developmental process where the prime attention is to develop the people and to build healthy relationships. Mayeroff (1971) and Carroll (1996) agree about that people, who care, do appreciate care from others. Care fosters care since employees who experience care, return care to others (Carroll, 1996). In general, an expansion of the action care infiltrates the surroundings.

The empirical findings revealed that at Nortec the level of experienced care between the subordinates on a horizontal level was higher, than in the vertical direction which is the leader-subordinate relation. *"Care has to be experienced on an individual level, face to face"* explained Per. However, that requires investing time into the leader-subordinate relation. One reason for a reduced care experience for the employees is according to Per, because the leader is overloaded and prioritize assignments that are acknowledged by management instead of investing time in the relation with subordinates. Per does not feel that the management appreciate practical implementation of the care value, hence the lower leadership acts accordingly.

Olav does agree that the care experience may reduce as you navigate from management level down into the organization. On the other hand, Olav maintains that a leader's responsibility is to support and provide corrective actions towards the employee. Obviously, for a leader to do such, he must be present and communicate with his people. Dialogue and conversation are the conditions for trust to develop in relationships and trust is a characteristic

of care (Flores & Soloman, 1998). So for care to be experienced in the leader-subordinate relation, time and effort should be invested.

The antithesis of care is according to Mayeroff (1971) to use other people to satisfy one's own need. At Nortec nobody claims the above, but Kari mention that some individuals act like bulldozers. For Kari to have such an impression, does imply that some interactions lack care. On the other hand, this might only have been one incident.

The subordinates at Nortec do recognize that care is present in collegial relations, and that indicates that much trust, commitment and some bonding is present in order to experience a high level of care. Also, Olav displays care in his description of interaction with employees. Per on the other hand is honest and open with regard to the work-load and brings in important factors as to why some individuals experience a low level of care. Clearly, quite some care is present in many relations, but there may be some relations that is lacking or has a low level on care. Seemingly it depends on who is present in the relation.

### **Experience of trust**

Torfinn is experiencing trust, but it is not mutual. He receives a lot of trust from his leader with regard to complex assignments, though Torfinn is not able to dialogue and displays vulnerability towards his leader. His lack of trust towards the leader is caused by disappointment in some of the leader's character after overhearing a discussion they had about employees. The impact onto the leader-employee relation is that Torfinn no longer is open towards his leader and feels he cannot depend on him. He is unable to rely on his leader because he feels that perhaps he may be the next topic of discussion among some leaders. This incident shows the impact of leaders' behaviors onto the employee and the importance of a leader to exemplify an honest and authentic conduct and thereby inspire and establish a trusting culture (Soloman & Flores, 2001). Clearly, within this relation trust needs to be restored. This supports the view of Soloman & Flores (2001) that trust is not just something we "have" or an atmosphere within a team or an organization function, but trust is an implication of what we do, constructed within the relationship that requires us to maintain, nourish and at times restore.

On the other hand most employees experience to be trusted by their leaders and consequently receive autonomy in their job. Openness between employees and leaders is particularly emphasized by Olav as he stresses the importance of a leader's honesty towards the subordinate and to display integrity in the relation. Accordingly, Olav is trusted by several

beyond his own employees, and his conduct supports the fact that listening to the others when in a relation, is an important action in the process of constructing trust.

Trust is about the relationship (Soloman & Flores, 2001) and trust is prevailing in Per's relation to most of his employees. In a couple of instances he feels that his trust level could be increased, but it depends on the employee's capability, on how well the employee tackles challenges. One typical example when he feels trust is reduced, is when he questions the correct balancing between the amounts of support versus provision of trust towards the employee and Per admits that sometimes a misunderstanding results. Balance is also a subject for Olav where he states that balancing the right amount of support at all times is a challenge even in the case where you feel you know your subordinates well.

A disturbing trait within the culture is revealed by Kari and that is the existence of a "Boys club culture." She discloses that employees have to watch out, because if you disagree on the "wrong" issues, you may end up in a "no-promotion" situation. This may be indicative there are some traits in the existing culture that does reflect neither a caring nor a trusting quality. Though it may be practiced by very few people, it is sufficient to prevent the caring culture to develop and cultivate further. This was addressed earlier by Carroll (1996) where she states that abusers will themselves abuse others. According to Fukuyama, (1996), societies that encompass high trust tend to construct successful cooperative partnerships whereas low trust societies, by contrast, often incline to be economic disaster areas. A mentality of group conformity that reflects pure self-interest and suppresses the individual creativity and development and disregards employees' commitments and obligations, thereby undermine trust in the relation and should be questioned and quenched.

### **Bonding**

The subordinates identify that bonding with other coworkers and the feeling of belonging to a team while working, is low. Both Torfinn and Kari mostly complete assignments on their own and have no team supporting them or that they feel connected to. I understood that the nature of the work they perform does not require a team; meaning that the work load is sufficient for only one single employee on a daily basis. In order to alleviate the situation, their leader can realize that he has to go beyond the leader role and also cover and compensate for the need for bonding, by spending more time in communicating with the employees that regularly work on their own. A leader's ability to assess the situation of the employee through gaining competence about the uniqueness of person is a necessary quality since the leader can assess and satisfy the employees' needs (Hamington & Sander-Staudt, 2011). Surely, any employee

that daily works on his own needs to interact with others through dialogue and discussion of solutions and challenges.

Bonding is about the emotion of feeling connected to, belonging and being a member of a common goal over time. Bonding is also about being accessible and available for each other and feeling accepted. Spending time and sharing common goals will add into the process of constructing trust and commitment. Consequently, a leader that compensates for a lack of bonding may avoid the employee from feeling a lack of self-acceptance, reduced trust resulting into a possible competition (Deci & Ryan, 2004).

### **Commitment**

Often the problem with lack of trust is not the loss of confidence but rather the failure to cultivate commitment making (Soloman & Flores, 2001). There is a general notion that employees at Nortec appreciate and display obligation to commitment and assignments in their job and towards each other. Images of that fact are the leaders Olav and Per, who express trust in their employees and in return the subordinates trust each other. Still yet, Kari and Torfinn experience that their leaders value profit ahead of human capital. They claim that the application of care is missing in their leader-subordinate relation and Kari returns several times back to the issue of lack of interest and attention from the leader.

The lack of commitment the subordinates are expressing may be an implication of the unfulfilled expectation of attention that is materializing itself as a broken commitment. Trust reveals its significance in relations created through emotions, and can be betrayed or cut short (Soloman & Flores, 2001). Nevertheless, Kari did say that there is quite some trust existing in the leader-subordinate relationship and she appreciates the autonomy in her job. She even states that she is open and honest towards her leader. But the question that arises is why has she not uttered her need for additional attention from her leader? The employee has a mutual responsibility for the development of trust in the relation, likewise as the leader. The subordinates should express their expectation towards the leader, the same way as the leader clearly states his expectations towards the employee. Is there a reason as to why sufficient openness is not prevailing?

A possible answer may be that Kari is not ready to expose her vulnerability, a vulnerability of the self. Kari depends on her job for the income of her family, and she is not risking or trusting sufficiently to address the issues with her leader. Trust in a working relationship is by Soloman & Flores, (2001) termed as authentic trust. Authentic trust differs from basic or blind trust, since it is able to overcome and embrace distrust and restore trust

that is lost, nevertheless it is an emotional attitude that consists of uncertainty as well as confidence (Soloman & Flores, 2001). The explanation may be that she at this point accepts the situation.

Another implication of the absence of commitment in Kari and Torfinn's case may be caused by lack of communication and dialogue from the leader's part. Soloman & Flores, (2001) state that dialogue is the base for establishing trust. And again, it may be a deficiency of trust that radiates through.

While Kari and Torfinn feel a lack of commitment towards their leaders, Olav on the contrary figures as a committed and dynamic leader that develops his subordinates based upon their needs through communication while inspiring to openness. He is dedicated to his employees with regard to feedback and to cultivate support and correct their personal development.

From an outsider's perspective Olav seem to be the leader that Kari and Torfinn need. This may be an indication that the organizational culture is not uniform, but rather holds various types of leadership styles and expectations. Torfinn's experience displays the importance of the leader's character in terms of keeping trust in relation. Low level of trust may also be the reason as to why Kari is not able to display vulnerability towards her leader. Still yet, some trust is present through the experience of autonomy in their work. The empirical findings displayed an unexplainable gap between the leaders' and employees' perception of commitment, where the answer is obscured and may be explained in differences in leadership style and approach for leaders. Possibly, management has to appreciate and propose a more uniform leadership approach that embraces and establishes a trusting culture through demonstrating honest and authentic conduct in a caring and supportive environment.

From the empirical findings we recall that the subordinate's expectation to "be seen and heard" was not satisfied and neither did they feel sufficiently acknowledged. Consequently, the dimension attentiveness is discussed next.

## **Experience of attentiveness**

### **Acknowledgement and feedback**

To be «seen and heard» by her leader is what Kari is requesting. She is experiencing to be neglected by her leader. However, leadership is about understanding the way people and organizations behave, and comprehend the underlying obligation and the motivation behind the behavior. Leaders are expected to have a desire to get to know their subordinates, find out what motivates and builds them up, so they advance into greater challenges. Hamington

(2011) and Mayeroff (1971) argue the importance of knowledge, knowledge of the employees' power and limitation, his needs and what motivates his development or growth within the relation. People differ in both motivational patterns and needs and represent a complex diversity within the organization. As a leader you need to acknowledge the differences, get to know the subordinates and identify the triggers or the motivational pattern for each individual (Kets de Vries, 2004; Lord, Brown, & Freiberg, 1999).

In people there is a need of engagement with other human beings to create some feeling of attachment to others. It is the lack of engagement and attachment that is missing in Kari's situation. A sense of attachment and affiliation contribute to the emotional balancing of the individual providing self-worth and self-esteem (Kets de Vries, 2004). Kari proclaims with a touch of self-esteem in the voice that, she knows her own worth, but assumes that her leader does not: "*If leadership does not find me capable, I will find another job.*" But the self-esteem she portrays is rather a response and a band-aid for the apparent pain she feels due to neglect. Clearly her self-worth and self-esteem is reducing as a result of the deficiency of attention.

Torfinn expresses the erosion of confidence over time as a result of lack of attention from his leader. He claims that his confidence was at a high level a few years back, thriving, enthusiastic and performing with maximum effort. After years of starvation of attention and recognition from his leader, slowly the motivation is reduced and his energy is drained. Both Kari and Torfinn miss the reward of being acknowledged as contributors. How long can you continue to convince yourself that you in fact are an important resource, when external sources implicitly convey something different through the silence and lack of feedback? Torfinn explains how his motivation has dropped. According to Dess & Picken (2000), the employee does experience motivation through formal incentives, rewards, and recognition, but more so through positive feedback and understanding of how their individual contribution helped the organization. Doubts about other people's appreciation, an unsatisfied desire of recognition and lack of feedback are known as contributing factors for individuals to enter a burnout phase (Cherniss, 1995). The fact that Torfinn claims that there are quite some people that no longer perform at the same level as they used to, is disturbing. These individuals may be moving towards a burnout phase and if so that will be costly for all parties and worthwhile to counteract.

### **Courage**

In the model I added courage as a sub-dimension to attention and feedback. The reason is that the implication of displaying courage at work, according to the participants, involves moving

or voicing opinions in opposition to the multitude. Both Kari and Torfinn experience that an increased level of courage is desired and would result in a more rapid response from leaders and human resource personnel recognizing and supporting struggling coworkers at an earlier stage.

The subordinates do experience great deal of autonomy in their job, and autonomy is another part of courage that reflects that the employees are experiencing growth and maturity in their work. Mayeroff (1971) states that autonomy is a result of devotion and obligations in the relationship and according to the subordinates, they clearly confirm the existence of autonomy in the relationship towards their leader.

Olav introduces the ability to listen as an interesting extension of courage. He argues that by listening the leaders can receive information from the subordinates and apply the information towards coordination of their work and the employee's situation and thus meet their expectations and needs. If Kari's and Torfinn's leaders applied Olav's suggestion, I assume their experience with regards to feeling neglected and not "seen and heard" would weaken and slowly dissipate.

### **Access to help**

The dimension access to help is another sub-dimension of acknowledgement and feedback according to the model. Torfinn shares that he does experience help from his leaders when Torfinn initiates and asks for help. But still yet we recall that Torfinn has revealed earlier that he experiences lack of commitment from his leader and that Torfinn himself is not able to show vulnerability and openness towards his leader, possibly due to lack of trust. Kari's response to the question regarding help from her leader is that she feels left alone with the responsibility and would appreciate increased interest from her leader.

Autonomy in the job is positive, but autonomy cannot extend so far as to where the leader detaches himself from his responsibility to employees. Afterall, the leader delegates assignments, but the final responsibility of both the employee and their work including the final result, rest with the leader. Autonomy is important, especially in knowledge-based companies (Deci & Ryan, 2004). However, Mari Rege (2014) debates that autonomy does not propose and imply that the leader should move to the other extreme where he avoids from being in control and leaves the employees alone with both assignment and management of the projects and hides behind autonomy in an act of "exclusion of liability" attitude. Frames, goals and processes have to fit together for a purpose and the leader is paid to oversee and take control of the process, independent of whether you are an employee of a knowledge-

based company. An employee still needs both support and encouragement (Rege, 2014). Autonomy in the work is appreciated by Torfinn and Kari, but autonomy cannot be confused with leaders refraining from being in charge or assume responsibility of employees. Leaders showing attention, interest and participation into the development and progress of the work and of the subordinates, is no counterpart to autonomy.

Both Olav and Per find it challenging to balance the amount of employee support. Olav is determined to find the required balance between the competence of the individual and the level of challenge, a comfort zone for each employee to sustain motivation and enthusiasm. According to Olav, too much competence compared to the level of challenge, imply that the individual will be bored and too much challenge compared to competence level entails possible stress and fear for the employee.

Per experiences that at times he is not able to transfer knowledge, but rather “show off” own capability to his employees. Mayeroff ( 1971) and Rogers (1967) define a helping relation in terms of growth, development and maturity, in which the caring is genuine and the care agent is “*fully present for the individual*” and trust in his own capacity to care and “*learn from the individuals what works and what does not.*” Possibly if Per would invest some more time in the employee’s relation and trust in his own capacity of transferring knowledge, most likely the learning process would slowly improve with time.

In closing of the above discussion it is also interesting to remember the words of Søren Kierkegaard in Chapter 2, where he states that it is important to comprehend what the employee understands, otherwise, “*the helper in not benefiting the person, but rather being admired by him.*” I am not insinuating that Per is premeditating admiration, but rather stressing the importance of a leader’s dialog with the subordinate to reach a common understanding in the relation.

## **Empathy**

The subordinates claim to experience empathy in connection to both leaders and coworkers. When considering that presence of empathy in the relations of all participants is at a good level, I am questioning as to whether the frustrations and disagreements are shared and voiced as they appear. Empathy is after all the capacity to recognize emotions and to understand the need of the other and in a culture practicing empathy, the frustration and emotional needs are addressed (Von Krogh, 1998). Therefore it is interesting to understand as to why the empathy level is considered good, while there are unresolved issues present within the relations. If the experience of empathy is at a sufficient high level, why is there a reduced openness regarding



the feeling of neglect in Kari's situation and why does Torfinn encompass a lack of trust towards his leader? The answer may be that the level of empathy is related and defined according to the subordinate's expectation. I assume that the empathy level they experience is according to their expectations, and possibly that their expectation level is defined as low, given the limitation in the circumstances. Consequently, there may be a correspondence between the level of expectation and the level of experienced empathy. This is supported through Kari's statement where she claims that the leaders will support her when and if she faces "huge" problems.

Per on the other hand reveals that some people are "solo" players and have a tendency to exclude individuals from team setting and withhold information. The trait fits together with what Kari expressed related to the existence of a "boys club." It suggests that there are elements within the culture that oppose an increase of the care value within the organization, but what is the cost to remain at the current care level?

### **The implication of low level care**

Kari did address the reasons as to why she accepted some of the traits of anti-care. One of the main motives for staying at the job and accepting the situation is that the job is secure. Kari and her family depend on the income, and the area where she lives does not have a lot of similar job opportunities that are as secure. Therefore Nortec is known for its low employee turnover since people are pleased with the security of having a job and consequently they accept the situation and tend to tolerate more. The sad part is that the employee rather surrenders to the situation instead of addressing it. Kari did state the following with a voice of resignation and a lack of enthusiasm: *"Well, I will stay in my corner and continue what I am doing...."* She displays an attitude of acceptance and without aspiration to try to influence the situation. I experience that Kari has entered into a situation of resignation and a state of indifference and apathy, possibly on a path into a burnout phase.

One of the leaders did address a possible explanation as to why there are situations like the one Kari is experiencing and as to why these are quietly accepted. Per describes his own experience related to the importance and the interaction of care in the company:

From the leaders above me, there has been an unwritten rule: That is that care is not emphasized and the culture that we currently have does not include many aspects of the care concept. But nobody states explicitly that we should not implement or apply care, care is just not a big issue....

Per maintains that everybody in the company should implement the value care:

Otherwise, it is no good that the subordinates in my group are the only ones focusing on the implementation of the value. Consequently, I am reluctant.... to arrange something for just my people that are not sufficient. It is only a piece of the cake and what is that going to contribute?

Per is awaiting an initiative from his superiors to implement the value. He is questioning as to why he should put effort into a chore, when he is experiencing that his superiors are not considering it as a value-adding effort. What Per is experiencing is in agreement with Soloman & Flores' (2001) view on leadership's critical role in establishing a culture of trust and ethical standards. The management has to exemplify and appreciate the application of care towards subordinates and applaud behavior and processes that reflect a caring attitude and question and preach against performance that opposes an increased trust and care in the culture.

### **Suggestions for increased care level in the organization**

The study has explored the status of the value care within Nortec, through the research question, how employees experience the value care. The goal of the exploration is to bring attention and reflection on the care value. The study is considered an initiation of a journey to clarify and establish a fundament for a future common understanding of care possibly bridging the gap between the experiences and the expectations of the employees that may result in anchoring the value as part of the genetics of the company by adjusting the common understanding through dialogue, recognition and increasing trust resulting in improved understanding in the relationships.

A path to incorporate some care characteristics were addressed in chapter 2. The servant leadership approach opposes the thought of self-interest in leaders, employees and the organization. It performs in practice within an organizational environment that what Kierkegaard so eloquently stated and applied within the helping relation: *“that the helper should humble himself under the person he wants to help and thereby understand that to help is not to dominate but to serve”* (Jensen, 2010). Consequently, the servant leadership and the servant organization approach is nothing new, just extended from that of a single relation, to an organization that is considered a multitude of relations, still yet, constructed on a fundamental philosophy of serving.

### **The servant organization**

The subordinates within the study did experience lack of trust and attention from the leader. Within a servant leadership culture, the leaders and employee in organizations that express

trust and care will themselves be met with the same (Carroll, 1996; Fukuyama, 1996; Mayeroff, 1971; Noddings, 1984).

The secret of institution building is according to Greenleaf (1977) to be able to weld together a culture within the organization of the people that will interact and promote growth and inspire each other with a servant-like attitude and consequently add more value as a part of the team work than alone. If one compares the above statement with the goals of Nortec's care value, presented in Chapter 1, which was: *"To apply the diversity in the team discussion to enhance and add additional value to the solution as compared if one worked alone."* The statements carry quite some similarity and the underlying intentions are quite concurrent. Consequently the servant leadership approach may be an instrument to increase care in the Nortec organization and a closer look at what the approach entails and possibly offers for a company like Nortec is worth discussing.

Servant leaders instill in their subordinates self-confidence and desire to become servant leaders themselves. The employees transform into servant leaders, and a culture of servant leadership expands leading others in the organization to take on a similar attitude and respond as themselves are treated (Greenleaf, 1977). Then the attitude of servancy saturate the culture within the organization.

An example of such leadership is a company by the name of Miles that is established on value based contracts that prioritize values, flexibility, self-leadership and social environment and implement these into the practicing culture (Folkestad, 2013). The main goal for the company is to care for the employees prior to be concerned with the profit and the employees respond with great satisfaction. With regard to the profit, the company has doubled the turnover every year since it was founded, hence a company that prioritize their employees does not imply that they are not profitable (Folkestad, 2013).

The influence of a servant leadership approach onto the employees in an organization, results in a service orientation attitude (Linden, Wayne, Zhao, & Henderson, 2008). Leaders do not operate in a vacuum. When leaders themselves express genuine care and concern towards their employee, they respond with similar behavior (Walumbwa, Hartnell, & Oke, 2010), which is exactly in line with what is stated by other authors (Carroll, 1996; Fukuyama, 1996; Mayeroff, 1971; Noddings, 1984). This can be explained through the social exchange theory where Blau (1964) addresses how the quality of the interaction between the leader and employee impacts the subordinate's social behavior. The follower responds by sustaining the positive environment and establishes a set of unspoken obligations towards the leader's behavior (Walumbwa, Hartnell, & Oke, 2010). Consequently, a servant orientation within the

organization in terms of a service culture result, as employees model the leader's behavior (Linden, Wayne, Zhao, & Henderson, 2008). Similarly, when applying an analogous approach in an organization like Nortec, a more caring attitude and behavior would transpire throughout the culture and the value of care would radiate out to the customers.

### **Closing remarks of the discussion**

A discussion of the research question: "How do the employees experience the value care?" has come to a close. The discussion focused initially on whether one could identify consistency in the perception of care between the management and its employees.

Already in the definition of the care value, I debated and identified a possible discrepancy between the management view of a team and the leader's definition of a team related to the fact that the management defined the care value in terms of team setting. Hence, I proposed that in the case where a team is not the work setting for an employee, the leader could render the situation by take on the extended role and partly provide "the team feeling" for the employee. Every employee expects that the company's value apply to all, including the ones that are not a part of a team setting. Whenever the management and the employees have a similar perception of the value, also their mutual expectations can be satisfied and the level of experience of care can be increased.

The model of care was revised as a result of the empirical findings. The presence of the attributes trust and attentiveness were revealed to be of great significance for care to be recognized in the relation between the leader and the subordinate. When the need of attention and feedback is satisfied and trust is reestablished through honesty and maintained, the findings indicate that the level of experienced care will increase among the subordinates.

During the discussion of the findings I suggested the possibility of the existence of a non-uniform culture and leadership style, due to the contraries in the expressions from subordinates and the leaders. In the attempt to establish a more uniform culture, the management could appreciate and propose a more consistent leadership approach that embraces and establishes a trusting culture through demonstrating honest and authentic conduct in a caring and supportive environment. A possible path to explore would be the servant leadership approach.

Each individual, independent of position and title, carry a common responsibility to apply care not according to their own needs, but according to the need of the other person in the relationship. Therefore, I claim based on the findings that only through open communication and with the motivation to invest and serve each other in the relation, one can arrive at an

optimal level of trust and attentiveness. Hence, a higher level of care can be experienced by individuals within an organization.

Also, if the thought of caring and serving each other would prevail in all individual's interaction, not only within our own organization, but extending into the community, into the schools and even entering the political and the business arena, I believe the culture not only within a single company would be positively affected, but perhaps traces of a serving behavior would influence, and possibly on long term, be mirrored through a reduced level of conflict and adversity in various landscapes.



## **6. Conclusion**

The purpose of the study was to explore how the employees experience the organizational value care, something I feel I have achieved considering the limitation of the study. The essence of the study of care for the participants accumulated into the importance of trust and attentiveness within the relation. Care is about being seen and heard and the establishment of trust.

The continuous work of improving and establishing a culture that serve not only the employees, but also the overall goal of the company should never cease. I believe that the management mission with the introduction of the ambiguous value care is to arrive at high level of care in the practicing culture. They did not introduce the value care as an act of window dressing or to receive a high score on the “CSR scale,” but rather as continuously strive to implement the value care deeper into the company’s DNA by challenging the application of values daily and get the overall workforce to be responsible and partake into forming a culture that reflects care.

An increased focus and awareness of care will hopefully result as each individual of the organization will question whether they provide sufficient communication and inspire them to invest and serve each other in the relation, achieving an increased level of trust and attentiveness. A joint effort of arriving towards a more uniform culture can be stimulated through proposing and introducing a more uniform leadership style that is consistent with the care value, possibly a servant leadership approach.

### **Limitation of the study**

There are several restrictions in the performed study. First of all, the sample size is constricted due to the choice of qualitative in-depth interviews since the intention of any qualitative study is not to generalize, but rather to identify the specific (Pinnegar & Daynes, 2007, cited in Creswell, 2013). Therefore the empirical findings cannot be generalized; however, I argue that the study will return with an increased knowledge regarding the phenomenon care valid for the current sample. The information shared by the participants on how they experience the care value is useable for the Nortec organization as a stepping stone to further improve the implementation of care into the practicing culture.

The sample size included both leaders and employees. I perceive that the current study resulted with findings that indicated an “overall similar” care experience for the two subordinates. Also, the two leaders did experience care. However, these did not receive great attention, since the subordinates’ findings were more of a serious character, and due to

limitation of the study, I considered what seemed more significant. Still yet, the findings did return with a gap between the subordinates and leaders' care experience something that I initially did not assume when selecting the sample. Any clear indication as to why that phenomenon occurs cannot be determined through this study. I did however suggest that the findings indicate a non-uniform culture and leadership style. In order to conclude further, more research into the leadership and practicing culture should be completed. Certainly, if I had selected a larger sample size, additional knowledge into discrepancy between leaders and subordinates experience would be revealed.

Secondly, the study was conducted Nortec's Norwegian organization. That itself limits the study, since the result cannot be directly transferred and applied to Nortec's divisions abroad. There are differences depending on national cultures and the residing national culture will influence how care is perceived and shared.

Another limitation I addressed in detail in Chapter 3, was the neutrality aspect since I am a researcher within my own organization entering the study with a pre-understanding. I am an employee with my set of experience and views, and my thinking remains subjective, in spite of the constant questioning and reflection of my own thoughts throughout the study.

The wish for future research is borne out of incompleteness of the current study. I think if the samples were increased and kept separate, where leaders and subordinates were separate samples, additional valuable information could be disclosed.

### **Implication for future research**

There are several avenues that future research on the care concept could undertake. Though for Nortec's part, I suggest that a broader study, possibly in terms of a quantitative one, could provide additional and increased understanding and possibly supportive knowledge for the result of the current study.

Especially, I would have liked to explore the care experience applied on a pure subordinate sample that would include a larger sampling size and also a pure leader sample. Such an extended study would have provided more depth and understanding into the difference in care experience of each employee and also between subordinates and leaders. Next, I would have extended the study into the different divisions outside Norway and received information concerning their care experience and whether there are any parallel experiences independent of national influence. Based upon complementary results, the management could better decide on the direction and necessary measures that provide the most effective outcome. Additional information would be meaningful in a future



management's process to influence towards a more uniform leadership and organizational culture based on serving each other in the relation, achieving at an increased level of trust and attentiveness.



## References

- Adler, P. A., & Adler, P. (1987). *Membership roles in the field research*. Thousand Oaks: Sage.
- Argyris, C. (2003). A life full of learning. *Organizational Studies*, 24, pp. 1178-1192.
- Banken, K., & Solberg, S. L. (2009). *Markedplanlegging fra visjon til kundetilfredshet*. Trondheim: Tapir Akademisk Forlag.
- Blau, P. (1964). *Exchange and power in social life*. New York: John Wiley and Sons Inc.
- Buber, M. (1958). *I and Thou*. New York: Charles Scribner's Sons.
- Buber, M. (1965). *Between man and man*. New York: Macmillian.
- Carroll, M. (1996). *Workplace Counselling: A systematic Approach to Employee Care*. London: Sage Publications.
- Cherniss, C. (1995). *Beyond burnout*. New York: Routledge.
- Coghlan, D., & Brannick, T. (2010). *Doing action research in your own organization*. London: Sage Publications Ltd.
- Creswell, J. W. (2013). *Qualitative inquiry and research design*. Thousand Oaks, CA: Sage Publications Inc.
- Dalen, M. (2011). *Intervju som forskningsmetode -en kvalitativ tilnærming*. Oslo: Universitetsforlaget.
- Deci, E. L., & Ryan, R. M. (2004). *Handbook of self-determination research*. New York: The University of Rochester Press.
- Dess, G. G., & Picken, J. C. (2000). Changing roles: Leadership in the 21st century. *Organizational dynamics*, 28(3).
- Dukes, S. (1984). Phenomenological methodology in the human sciences. *Journal of Religion and Health*, 23(3), pp. 197-203.
- Egan, G. (1994). *Working the shadow side: A guide to positiv behind the scenes management*. San Fransico, CA: Jossey-Bass.
- Engster, D. (2007). *The heart of justice*. Oxford: Oxford University Press.
- Fehr, R., & Gelfand, M. J. (2012). The forgiving organization: A multilevel model of forgiveness at work. *Academy of Management review*, 37(4).
- Flores, F., & Soloman, R. C. (1998). Creating trust. *Business Ethics Quarterly*, 8(2).
- Fog, J. (2007). *Med samtalen som utgangspunkt*. København: Akademisk forlag.
- Folkestad, S. (2013). Jobber som daglig tjener i konsultentselskap. *NHH Bullitin*(3), 33.

- Fukuyama, F. (1996). *Trust: The social virtues and the creation of prosperity*. New York: Free Press.
- Gilligan, C. (1982). *In a different voice*. Cambridge, MA: Harvard University Press.
- Gini, A. (2004). Business, ethics, and leadership in a post Enron era. *Journal of Leadership & organizational studies*, 11(9).
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. New York: Aldine.
- Glesne, C., & Peshkin, A. (1992). *Becoming qualitative researchers: An introduction*. White Plains, NY: Longham.
- Gorinski, R., & Ferguson, P. (1997). Exchanging experiences of insider research. *NZARE Conference*. Auckland, NZ.
- Greenleaf, R. K. (1977). *Servant leadership: A journey into the nature of legitimate power and greatness*. New York: Paulist Press.
- Gummesson, E. (2000). *Qualitative methods in management research*. Thousand Oaks, Ca: Sage.
- Hamington, M., & Sander-Staudt, M. (2011). *Applying Care Ethics to Business*. New York: Springer.
- Heidegger, M. (1962). *Being and time*. San Francisco, CA: Harper.
- Held, V. (2006). *The ethics of care: Personal, political and global*. New York: Routledge.
- Jensen, A. (2010, october). *www.mestringstro.no*. Hentet Januar 7, 2014 fra Selvfølelse-Mestringstro og Selvrespekt: <http://www.mestringstro.no/grunntanker/>
- Johannessen, A., Tufte, P. A., & Christoffersen, L. (2011). *Introduksjon til samfunnsvitenskaplig metode*. Oslo: Abstrakt forlag AS.
- Johnson, P., & Duberley, J. (2000). *Understanding management research*. London: Sage.
- Kets de Vries, M. (2004). Organizations on the couch: A clinical perspective on organization dynamics. *European Management Journal*(22).
- Kvale, S., & Brinkmann, S. (2009). *Det kvalitative forskningsintervju*. Oslo: Gyldendal Akademiske.
- Kvalsund, R. (2009). *Oppmerksomhet og påvirkning i hjelperelasjoner*. Trondheim: Tapir Akademiske Forlag.
- Linden, R. C., Wayne, S. J., Zhao, H., & Henderson, D. (2008). Servant leadership: Development of a multidimensional measure and multi-level assessment. *Leadership Quartely*, 19.

- Lord, R. G., Brown, D. J., & Freiberg, S. J. (1999). Understanding the dynamics of leadership: The role of follower self-concepts in the leader/follower relationship. *Organizational Behavior and Human Decision Processes*(78).
- Macmurray, J. (1999). *Persons in relations*. Amherst, NY: Humanity Books.
- Maslach, C., & Leiter, M. P. (1997). *The truth about burnout*. San Francisco: Jossey-Bass Inc.
- Mayeroff, M. (1971). *On caring*. New York: Harper Perennial.
- Melrose, K. (1995). *Making the grass greener on your side: A CEO's journey to leading by serving*. San Fransisco: Berrett-Koehler Publishers.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Noddings, N. (1984). *Caring: A feminine approach to ethics and moral education*. Berkley, CA: University of CA Press.
- Noddings, N. (2002). *Starting at Home: Care and Social Policy*. Berkeley: University of California Press.
- Pinnegar, S., & Daynes, J. (2007). Locating narrative inquiry historically: Thematics in the turn to narrative. In D. J. Clandinin, *Handbook of narrative inquiry: Mapping a methodology* (pp. 3-34). Thousand Oaks, CA: Sage.
- Postholm, M. B. (2011). *Kvalitativ metode. En innføring med fokus på fenomenologi, etnografi og kasusstudier*. Oslo: Universitetsforlaget.
- Puka, B. (2011). *Taking care of Business: Caring in Competitive Corporate Structures* (Vol. 2011). (M. Hamington, & M. Sander-Staudt, Red.) New York, NY, US: Springer.
- Rege, M. (2014, 6 6). For mye selvbestemmelse. *Dagens Næringsliv*, 4.
- Rogers, C. (1967). *On becoming a person, a therapist's view on psychotherapy*. London: Constable and Robinson Ltd.
- Sims, R., & Brinkmann, J. (2003). Enron ethics. *Journal of Business Ethics*(45), pp. 243-256.
- Soloman, R. C. (1998). The moral psychology of business: Care and compassion in the corporation. *Business Ethics Quarterly*, 8(3).
- Soloman, R. C., & Flores, F. (2001). *Building trust*. New York: Oxford University Press.
- Spears, L. C. (2004). The understanding and practice of servant leadership. In L. C. Spears, & M. Lawrence, *Practicing servant-leadership: Succeeding through trust, bravery, and forgiveness* (pp. 9-24). San Fransisco, CA: Jossey-Bass.
- Thagaard, T. (2013). *Systematikk og innlevelse*. Bergen: Fagbokforlaget.
- Tjora, A. (2012). *Kvalitative forskningsmetoder i praksis*. Oslo: Gyldendal Norsk Forlag AS.
- Tronto, J. (1994). *Moral boundaries: A political argument for an ethic of care*. New York, NY: Routledge.

- Van Manen, M. (1990). *Researching lived experience*. New York: State University of New York Press.
- Von Krogh, G. (1998). Care in knowledge creation. *California Management Review*, 40(3), pp. 133-153.
- Walumbwa, F. O., Hartnell, C. A., & Oke, A. (2010). Servant leadership, procedural justice climate, service climate, employee attitudes, and organizational citizenship behavior: A cross-level investigation. *Journal of applied Psychology*(3).

# Appendix A

## Interview Guide:

### Intervjuguide

Takke for at hun/han stiller opp og informere kort om formålet med studien. Informere om varighet (1t), konfidensialitet og anonymitet. Ber informant om å underskrive samtykke erklæring. Prøver ut opptaker slik at denne fungerer.

### Innledende spørsmål

Opplever du at du har det bra ved bedriften, at du blir respektert og verdsatt?

Kjenner du til verdiene bedriften har?

Hvordan opplever du at disse reflekteres innad i bedriften?

Hva betyr care for deg – når du tenker på egen arbeidsplass, arbeidsoppgaver etc.? Kan du beskrive eller gi eksempler på når denne verdien har blitt brukt eller mangel på anvendelse?

Gjenkjenner du care innad i bedriftskulturen? Opplever du verdien som kommuniseres fra ledelsens side er forenelig med den regjerende/praktiserende/faktiske bedriftskulturen? I så tilfelle kan du gi eksempler?

### Tillit

Hva betyr tillit for deg på arbeidsplassen og kan du gi noen eksempler på tillit i forbindelse med samhandling på jobb?

Føler du at du mottar tilstrekkelig støtte og oppbacking? Hvilke følelser og tanker får du, og hva gjør det med deg?

Opplever du at du virkelig kjenner dine egne kollegaer godt?

Opplever du at medarbeidere ønsker deg kun det ditt beste? Hvordan kommer dette til uttrykk?

Opplever du at du bidrar positivt i oppbyggelsen av dine medarbeidere?

Er du og dine medarbeidere åpne slik at dere deler sorger og gleder, også arbeidsrelaterte utfordringer?

Hvordan føles det å være fullstendig oppriktig, opptre og vise sin sårbarhet og usikkerhet ovenfor arbeidskamerater og leder? Hvilke tanker får du og hva gjør dette med deg?

### Mot

Hva legger du i det å inneha mot på arbeidsplassen og kan du gi noen eksempler på det å inneha mot i forbindelse med samhandling på jobb?

Hva innebærer det å «være deg selv» og «gå egne veier» på arbeidsplassen din?

Opplever du at det akseptert og verdsatt å ha integritet eller eksiterer det en kultur som tilsier at du ikke skal bevege deg utover de rammer som er indirekte satt av «the spoken» kultur. Kan du gi eksempler på dette?

Opplever du at du og arbeidskollegaer har integritet og er dette viktig innen din type jobb?

Tor du å vise egen sårbarhet på jobb blant/til/mot kollegaer og hvilke tanker og følelser opptrer i forbindelse med avsløre egen sårbarhet?

Dersom du ikke tor å vise sårbarhet, er det opplevelser innenfor arbeidssituasjonen som gjør at du ikke tor å vise deg sårbar?

Hva innebærer det å være ydmyk i samhandling med andre på arbeidsplassen din? Opplever du at dine kollegaer og ledere er ydmyke i sin samhandling og hvilke tanker/følelser bringer dette frem i deg?

#### **Tilstrekkelig hjelp og veiledning til å utføre dine arbeidsoppgaver**

Hva legger du i «det å få tilstrekkelig veiledning og opplæring»?

Hva betyr det for deg å føle mestring i arbeidssituasjonen og hvilke tanker og følelser gir dette deg?

I motsatt fall, det å ikke mestre, hva gjør det med deg, og har du eksempler på de ulike scenario? Opplever du din leder og/eller arbeidskollegaer lydøre og hjelpsomme når du har behov for hjelp?

I de tilfeller hvor du trenger mer læring, blir du møtt på det?

Opplever du mestring og motivasjon i arbeidet ditt og hvilke tanker og følelser er forbundet med opplevelsen? Er det en god eller mindre god opplevelse.

Opplever du at du utvikler deg både på det profesjonelt og personlige plan innenfor bedriften, og hvilke følelser har du i den forbindelse?

#### **Forpliktelse**

Hva innebærer det «å være forpliktet» i forbindelse med på samhandling på jobb? Kan du gi eksempler på dette? Opplever du deg forpliktet i større eller mindre grad ovenfor andre kollegaer? Opplever du at dine medarbeidere/ledere som hengivne, uselviske (ikke ego) og at disse vurderer sine tekniske oppgaver og/eller sine oppgaver i forbindelse med medarbeidere som positive forpliktelser? Hva slags tanker og følelser har du i forbindelse med dette?

Opplever du at positiv respons fra medarbeidere og ledere når du henvender deg til dem?

#### **Empati**

Hva legger du i empati og møter du empati fra arbeidskollegaer og leder? I så fall hva gjør det med dine følelser og tanker?

Dersom du sliter på jobb, deler du dette med andre nære medarbeidere eller din nærmeste leder?

Hvordan opplever du at uenigheter håndteres på arbeidsplassen? Kan du gi eksempel på dette?

Opplever du at medarbeider/ledere som snakker åpent ut om sine utfordringer og det som sliter på dem?

Opplever du at mennesker på din arbeidsplass tor å være seg selv og vise emosjoner, både negative og positive i tilknytning til arbeidet, og kan du bidra med eksempler på dette?



### **Avslutningsspørsmål**

I forbindelse med verdien care, hvilke tiltak vil du foreslå at bedriften iverksetter for ytterligere å implementere verdien?

Noe annet du har lyst å nevne?

Vil det være mulig å kontakte deg igjen dersom jeg skulle ha behov for å avklare noe, eller eventuelt stille noen flere spørsmål?



## Appendix B

Letter of informants:



Trondheim 12.02.2014

Anne Caroline Syljuåsen

Pedagogisk Institutt  
NTNU  
7491 Trondheim

### Forespørsel om å delta i forskningsstudie

Takk for velvillig deltagelse i forskningsstudie i tilknytning til min master oppgave i relasjonsledelse ved NTNU. I min master oppgave ønsker jeg å belyse verdien «care» og hvordan verdien oppleves av ansatte i Nortec AS [fiktiv organisasjon]. For å belyse dette tema vil jeg gjennomføre intervju og du inviteres til å delta.

Under intervjuet vil jeg bruke opptak og ta notater mens vi snakker sammen. Intervjuet vil vare omkring en time og sammen blir vi enige om tid og sted. Alle intervjuer er planlagt ferdigstilt i løpet av mars 2014. Det er frivillig å være med og du har mulighet til å trekke deg forut for og i løpet av intervjuet.

Dine opplysninger blir behandlet konfidensielt, og det vil være umulig å spore disse tilbake til deg. Når resultatene publiseres vil verken Nortec's navn eller beliggenhet være omtalt. Alle enkeltpersoner anonymiseres i den endelige oppgaven. Opptakene slettes når oppgaven er ferdig, innen utgangen av august 2014. Studien er godkjent av Personvernforbundet for forskning, Norsk Samfunnsvitenskapelige Datatjeneste (NSD) AS.

Hvis det er noe du lurer på, kan du ta kontakt med undertegnende på telefon eller epost. Min veileder er: Anne Thorild Klomsten som er førsteamanuensis i Pedagogisk psykologi ved Pedagogisk Institutt ved NTNU.

Med vennlig hilsen

Anne Caroline Syljuåsen  
Epost:[fjernet]  
Mobil:[fjernet]



## Appendix C

Participant consent form:



### Samtykkeerklæring

Jeg har mottatt informasjon om studien: «How do employees experience the organizational value care?» og ønsker å stille til intervju. Jeg har blitt informert om hensikten med studien og hvordan opplysningene jeg gir vil bli brukt. Jeg har blitt opplyst at jeg når som helst kan trekke meg fra studien dersom jeg skulle ønske det i forkant av intervjuet.

Signatur ..... Telefonnummer .....

E-post: .....



# Appendix D

Receipt from NSD:

**Norsk samfunnsvitenskapelig datatjeneste AS**  
NORWEGIAN SOCIAL SCIENCE DATA SERVICES



Harald Hårfagres gate 29  
N-5007 Bergen  
Norway  
Tel: +47-55 58 21 17  
Fax: +47-55 58 96 50  
nsd@nsd.uib.no  
www.nsd.uib.no  
Org.nr: 985 321 884

Anne Torhild Klomsten  
Pedagogisk institutt NTNU

7491 TRONDHEIM

Vår dato: 17.03.2014

Vår ref: 37684 / 3 / HIT

Deres dato:

Deres ref:

## TILBAKEMELDING PÅ MELDING OM BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 15.02.2014. Meldingen gjelder prosjektet:

37684

*What does the company value care mean to employees and leaders in the organization*

*Behandlingsansvarlig*

*NTNU, ved institusjonens øverste leder*

*Daglig ansvarlig*

*Anne Torhild Klomsten*

*Student*

*Anne Caroline Syljuåsen*

Etter gjennomgang av opplysninger gitt i meldeskjemaet og øvrig dokumentasjon, finner vi at prosjektet ikke medfører meldeplikt eller konsesjonsplikt etter personopplysningslovens §§ 31 og 33.

Dersom prosjektopplegget endres i forhold til de opplysninger som ligger til grunn for vår vurdering, skal prosjektet meldes på nytt. Endringsmeldinger gis via et eget skjema, <http://www.nsd.uib.no/personvern/meldeplikt/skjema.html>.

Vedlagt følger vår begrunnelse for hvorfor prosjektet ikke er meldepliktig.

Vennlig hilsen

Katrine Utaaker Segadal

Hildur Thorarensen

Kontaktperson: Hildur Thorarensen tlf: 55 58 26 54

Vedlegg: Prosjektvurdering

Kopi: Ann [REDACTED]

*Dokumentet er elektronisk produsert og godkjent ved NSDs rutiner for elektronisk godkjenning.*

*Avdelingskontorer / District Offices*

*OSLO: NSD, Universitetet i Oslo, Postboks 1055 Blindern, 0316 Oslo. Tel: +47-22 85 52 11. nsd@uia.no  
TRONDHEIM: NSD, Norges teknisk-naturvitenskapelige universitet, 7491 Trondheim. Tel: +47-73 59 19 07. kyrre.svarva@svt.ntnu.no  
TROMSØ: NSD, SVE, Universitetet i Tromsø, 9037 Tromsø. Tel: +47-77 64 43 36. nsdmaa@svt.uib.no*

## Personvernombudet for forskning



### Prosjektvurdering - Kommentar

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Prosjektnr: 37684

Vi kan ikke se at det behandles personopplysninger med elektroniske hjelpemidler, eller at det opprettes manuelt personregister som inneholder sensitive personopplysninger. Prosjektet vil dermed ikke omfattes av meldeplikten etter personopplysningsloven.

Det ligger til grunn for vår vurdering at alle opplysninger som behandles elektronisk i forbindelse med prosjektet er anonyme.

Med anonyme opplysninger forstås opplysninger som ikke på noe vis kan identifisere enkeltpersoner i et datamateriale, verken:

- direkte via personentydige kjennetegn (som navn, personnummer, epostadresse el.)
- indirekte via kombinasjon av bakgrunnsvariabler (som bosted/institusjon, kjønn, alder osv.)
- via kode og koblingsnøkkel som viser til personopplysninger (f.eks. en navneliste)
- eller via gjenkjennelige ansikter e.l. på bilde eller videoopptak.

Personvernombudet legger videre til grunn at navn/samtykkeerklæringer ikke knyttes til sensitive opplysninger.