The Conditions of Care: Reframing the Debate about Public Sector Ethics

While a growing body of research argues for increased attention to ethics within public administration, scholars diverge on how to conceptualize the character of public ethics. Likewise, empirical evidence regarding the role that ethics plays in the quality of service delivery is rare. The author argues that the concept of a public ethics of care is useful for public administration in welfare states. She examines the idea empirically through a large-N analysis of frontline bureaucrats within the Swedish Social Insurance Administration. The analysis develops two general measures of a public ethics of care as well as a public ethics of justice. The author proceeds to show a clear presence of an ethics of care in the Swedish public sector. Further, analysis shows that these two ethics measures are supplementary, not contradictory, and that age is the main individual determinant behind ethics of care, strongly correlating with number of years in office. The conclusion underscores how public ethics of care results from acquired experience in fulfilling care-oriented tasks.

The Character of Public Ethics

Although many scholars agree on the necessity of an increased focus on public ethics, there is a huge debate on how the character of such a public ethics should best be described. Scholars argue about whether something like a generalized public ethics exists at all, and if so, whether it is possible to agree on its content (Lawton 2005). Some scholars argue that the remedy to contemporary administrative problems lies in an explicit return to Weberian ideals of the public official—an ideal typically expressed as the German Beamte, which emphasizes adhering to ethical principles and rules (Lundquist 1997). Critics have argued that this approach leaves other necessary components of public administration out of focus and is reductionist (Brady and Hart 2008). The bulk of the research in the field acknowledges a problematic stance of public ethics in contemporary public management. New Public Management reforms arguably can be seen as having emphasized extrinsic rewards and sanctions for service providers, which have led to a deterioration of traditional public values (Brady 2003; Chapman and O’Toole 1995; Cooper 2004; Frederickson 1999; Macaulay and Lawton 2006).

Indeed, empirical evidence suggests that such fears are not unfounded. When welfare state tasks have been contracted out, deficits in public ethics have been observed (Bozeman 2002; Cohen and Eimicke 1999; Ranson and Stewart 1994). Hence, the recent focus on public sector ethics can be regarded as a reaction against New Public Management trends. On these grounds, it can be argued that a reinforcement (or even a “reinvention”) of public ethics in contemporary public administration is necessary. However, scholars disagree on the specific characterization of an appropriate public ethics, and empirical evidence is generally rare (Cooper 2001).
particular, contemporary welfare administrations deal with a much larger and varied set of tasks, some of which demand considerable discretion from employees. From this perspective, what appears to be demanded is a set of updated and contextualized normative ideals for public employees, geared toward providing ethical guidance to bureaucrats in the contexts of welfare state program delivery and contemporary forms of decentralized governance. Arguing along these lines, some scholars suggest drawing the definition of ethical character from a larger body of ideas. Chapman and O’Toole argue for a return to the traditional civil service ethos, especially in regard to its emphasis on public duty (1995; see also Bowman, Berman, and West 2001; Denhardt and Denhardt 2000; Frederickson 1999; Goss 1996; Greenaway 1995; Olsen 2006). However, this discussion is largely set at a rather abstract level of analysis.

Other scholars argue that a public ethics debate should take contemporary New Public Management trends into account in a positive sense. These scholars argue that a “new” character of public ethics can be derived through a melding of traditional public values with newer forms of managerial values. According to this view, several new forms of government, such as public–private partnerships, the possibility for clients to choose providers, and competition among these providers, are likely to produce a new set of ethical values applicable to public administration (Brady 2003; Brereton and Temple 1999; Grimshaw, Vincent, and Willmott 2002; Hebson, Grimshaw, and Marchington 2003; Lawton 2005; Macaulay and Lawton 2006; Pratchett and Wingfield 1996). Although this argument is convincing if we believe that the solution to administrative problems will have to be situated in the landscape of contemporary administrative forms, it may have other problems. The basic self-regulating mechanism of the market is that the customer can choose a provider by exiting an unsatisfying service relationship. However, in the case of social insurance administration, such an exit often is not possible, as there usually is only one supplier of this type of insurance.

In sum, there seems to be a need for a characterization of public ethics that is sensitive to the contemporary tasks of welfare administration and puts the citizen in focus, but does not rely on the client being able to choose a provider and puts the “mechanism of control” on the public employee. It should be noted that there seems to be a general empirical deficit in the field of public ethics (Cooper 2001), and that several empirical measurements developed to capture public ethics are set on dilemmas that lie rather far away from the actual handling of cases in public administration (Stewart, Sprinthall, and Shafer 2001).

The Argument

This essay makes three separate contributions: First, it contributes to the discussion about the changing or “new” ethical character of contemporary public administration by proposing that an ethics of care (Gilligan 1982) can serve as an important concept for welfare state administration. This has been suggested before, but it has not been empirically elaborated (Scranton and Ranney 2001). The special merit of a public ethics of care is that it makes human dependency, care, and relations between people central—questions that are crucial to the welfare state. The concept should be especially suited to areas in which the primary mechanism of the market, customer exit, is not possible—for example, within social insurance administration. Further, this idea should be seen as part of a broader debate on how the perspective of an ethics of care can contribute to politics and discussions about policy content (Engster 2004; Sevenhuijsen 1998, 2000; Stensöta 2004; Tronto 1994; White 2000; Williams 2001). In relation to this broader discussion, the specific argument of this essay is that an ethics of care also serves as a useful concept for the administration of welfare. Building on the institutional argument that policy content cannot be separated from policy form (March and Olsen 1989), ethical judgment should be regarded as both possible and necessary, especially in welfare administrations in which public employees are not rule bound but enjoy many opportunities for policy making.

Second, the essay examines the idea empirically through a large-N analysis of frontline bureaucrats in the Swedish Social Insurance Administration. The agency handles applications for sick leave benefits and the rehabilitation of people going back to work after sick leave; thus, it is an agency in which employees enjoy considerable discretion. The aim of the empirical part of the essay is to present a measurement for differentiating between a public ethics of care and a public ethics of justice in administration. The need for such a specific measurement has been articulated in earlier research (White 1999, 468).

Third, the determinants behind a public ethics of care are examined in regard to gender, age, number of years in office, and education level. Since the introduction of the concept of an ethics of care by Gilligan (1982), gender has been proposed as the main determinant, as women are expected to be more oriented toward an ethics of care. However, previous empirical examination of this hypothesis shows divergent results (Stewart, Sprinthall, and Kem 2002). The essay concludes by discussing the possible gains and pitfalls of the concept of a public ethics of care for public administration.

The Ethics of Care in Politics

The discussion of an ethics of care in politics originates from research on moral development conducted by Gilligan (1982), which, in turn, can be seen as a reaction to the research in the same field of Kohlberg (1981). Kohlberg renewed research on moral development by emphasizing the cognitive part of moral development as well as the personal constructions of central categories. He formulated a schema for how moral development proceeds in stages, in which the highest stage consisted of postconventional or principled moral thinking involving no personal affinities (Kohlberg 1981). These ideas were further advanced by Rest, which resulted in the DIT (Defining Issues Test) scale, in which the presented moral dilemmas were answered by a row of fixed alternatives, which increased reliability (Rest et al. 1999).

In relation to this broader discussion, the specific argument of this essay is that an ethics of care also serves as a useful concept for the administration of welfare.
The two ethics can be described in the following way: the ethics of care includes moral problems arising from *opposing duties*; it suggests that we look at the context of the moral problem in order to solve it, and it regards moral development as advances in our understandings of responsibilities and relationships. On the contrary, the ethics of justice refers to moral problems as arising from *rivaling rights*; it suggests that we solve moral problems by *formal and abstract thinking along principles*, and it regards moral development as advances in our understandings of *rights, rules, and principles* (Gilligan 1982). It can be noted that Gilligan’s critique moved Kohlberg to reformulate his original claim of universality of the concept by acknowledging that his stages are limited to the scope of justice (Rest et al. 1999).

Following the original ideas of Gilligan, a substantial body of research has argued for introducing the concept of an ethics of care into the area of politics (Engster 2004; Sevenhuijsen 1998; Stensöta 2004; Tronto 1994; White 2000; Williams 2001). In general, these approaches start from the notion that humans are intrinsically dependent on and interconnected with one another (Fraser and Gordon 1994). The perspective is seen as posing a challenge to the liberal notion of the autonomous self (Walker 1998). As a political concept, care challenges traditional boundaries between private–public and political–nonpolitical and serves as a lens through which inequalities in society based on class, gender, and ethnicity can be assessed (Tronto 1994). As such, the ethics of care can serve as a tool to evaluate welfare state changes. Williams (2001) has argued that an ethics of paid work contemporarily pushed by the U.K. government (and elsewhere) should be supplemented with an ethics of care in order to balance policies for those who are not so well off. In the same vein, Sevenhuijsen argues that care has several advantages over similar approaches, such as the “third way” of social democracy, as the approaches contain similar ideas, but that the theoretical foundations of an ethics of care make the argument more coherent and therefore powerful (2000; see also Daly and Lewis 2000).

Within the area of public administration, the issue of an ethics of care has been far less discussed. This can partly be related to scholars having argued that the bureaucratic state-type per se goes against every form of femininity and care, and thus cannot be used to forward such goals (Duerst-Lahti and Johnson 1990; Ferguson 1984). However, from an institutional perspective, the content of policy cannot be separated from the form of policy (March and Olsen 1989), which makes questions of an ethics of care in public administration an important part of care policies inherent in the welfare state. According to Scranton and Ranney, the merit of an ethics of care in regard to public administration is that it breaks up the presumed universality of the justice perspective and demands that “interpersonal responsibility and connection be granted equal moral status with individual rights” (2001, 416ff). It can further be argued that studies of street-level bureaucracy have pointed out similar concepts as being of importance in this type of administration (see, e.g., Maynard-Moody and Musheno 2000).

It should be noted that there has been a considerable discussion of the general problems inherent in translating ethical concepts from moral development into the field of public administration (Stewart, Sprinthall, and Shafer 2001). Debated issues include whether the conditions in public administration actually give room for a learning process complex enough to promote moral development, and if so, whether this should be regarded as appropriate for public administration or whether it threatens impartiality and the rule of law (Stewart, Sprinthall, and Shafer 2001, 343). The institutional theoretical framework partly gives an answer to this discussion, as it regards values as a necessary part of administration when discretion is involved.

**Ethics of Care and Gender**

Gilligan expressly connected the ethics of care to women, albeit in a constructivist way, drawing on theories about identity formation, according to which individuals develop their identity in interaction with their primary caregiver (Chodorow 1978). Since then, the relation between gender and the ethics of care has been studied extensively, but with arguable and less conclusive results (White 1999). The neo-Kohlbergian DIT scale developed by Rest, for example, showed no specific gender differences. A similar result was found in a study by Kuhse et al. (1997), who found no gender differences in ethical reasoning when examining doctors and nurses in Wales; similar results were found in a study of managers (Schimminke and Ambrose 1997). Subsequent research has revealed support for other determinants of the ethics of care. Stack (1997), for example, showed that the ethics of care was more strongly associated with race than with gender, which made her conceptualize the ethics of care as an ethics of subordination. However, her result was challenged in a study on African American students that exposed no differences along divisions of ethnicity (Knox, Fagley, and Miller 2004). A further suggested variable has been education, as a study comparing students of economics with students of social sciences concluded that the latter were more willing to apply an ethics of care (Forstoher 2002). Finally, the effect of age has been found to be a better predictor of an ethics of care than education or gender alone (Aldrich and Kage 2003). Studies on the determinants of an ethics of care in public administration specifically are much more limited. However, using a scale of public service motivation developed by Perry (1996), a study by DeHart-Davis, Marlowe, and Pandey (2006) found a significantly higher degree of compassion among female information managers within health and human services agencies. In contrast, a recent study on the U.S. Coast Guard found that women scored significantly higher than men on the ethics of justice (White 1999). In sum, our knowledge about the determinants of an ethics of care within public administration can be described as “rudimentary at best” (DeHart-Davis, Marlowe, and Pandey 2006, 883), which makes this question interesting to explore further.

**Operationalization and Empirical Questions**

In previous literature, some earlier conceptualizations of public ethics with resemblance to the ethics of care can be found, but none of these serves the intentions expressed in this study. For example, general concepts such as the “patriotism of benevolence,” developed by Frederickson, have not been operationalized for empirical assessments on the individual level. Stewart, Sprinthall, and Shafer (2001) developed a scale to measure the ideas of Kohlberg and Rest within public administration (the SSMS scale), but it only focuses on the ethics of justice and leaves the issue of an ethics of care out of the analysis. A second strand of related research focuses on public service motivation and considers a broader range of motivations, including rational, normative, and affective foundations (Perry 1996; Perry, Mesch, and Paarlberg 2006; Perry and Wise 1990;
see also Knoke and Wright-Isak 1982). Among these, the concept of "compassion" is related to an ethics of care, but it only focuses on emotions, which is a very limited view on the ethics of care.

To handle these problems and to develop a measurement for a public ethics of care and a public ethics of justice, I have chosen to investigate how public employees relate to clients versus rules. I believe this captures the everyday difference between a public ethics of care and a public ethics of justice in social insurance administration. To elaborate on the specific items of the questionnaire, I start from the general interpretation that an ethics of care gives greater room for the client, in that the employee is more flexible and trusting toward the client (items 1, 3). This basic view is derived from Tronto’s (1994) definition of an ethics of care as having to do with mutuality and responsiveness. Further, a care-oriented employee is believed to use oral communication more than written (item 4), to get involved personally in clients’ cases and develop relationships with them (items 13, 8), as well as possibly also identify with them (item 14). These items are derived from the original definition of an ethics of care presented by Gilligan (1982). I further examine whether employees think that clients should make a greater effort to improve their work ethic and to learn that one should fulfill one’s duties (items 2, 6, 7). This is conceptualized as a reverse measure of an ethics of care. The operationalization of an ethics of justice is taken to emphasize the impartial handling of cases in accordance with the rules (items 9, 10, 11, 12). I also included a question about the use of sanctions (item 5). The questions examining the public ethics of justice are less diverse than the questions examining the public ethics of care, but this follows from the justice perspective, building around a limited set of principles that are supposed to guide decisions on a wide range of cases.

The aim of the empirical part is to explore whether the public employees within the Swedish Social Insurance Agency exhibit a public ethics of care convictions and a public ethics of justice convictions. Subsequently, a general measurement of the two ethics is developed, and the main individual determinants of the ethical dimensions are assessed.

The Swedish Social Insurance Agency

The empirical examination has been conducted within the administration of sick leave benefits in Sweden, the Swedish Social Insurance Agency, or SSIA (Försäkringskassan). The SSIA is a nationwide, centralized agency with a uniform body of rules. Prior to 2005, the organization consisted of independent agencies at the regional level, but in that year, the organization was centralized and efforts were undertaken to strengthen the rule-boundedness and the equal treatment of clients. Historically, the SSIA builds on two different organizational roots: (1) a local heritage building on trust and bonds between people and social mechanisms for control, and (2) a more traditional bureaucratic heritage (Lindqvist 1990).

In an international comparison, Swedish central agencies are relatively independent from politics, as they do not answer to a specific department or minister. Furthermore, the work assignments performed in the SSIA can generally be described as not entirely rule bound, but as providing many opportunities for policy making. Typically, employees make calculations of the level of sick leave benefits for individuals and decisions about whether a specific demand for sick leave benefits should be granted. They further decide on assistance for rehabilitation to go back to work after sickness and perform assessments of early retirement. The latter assignments are somewhat akin to those of social workers. There is no specific academic training leading to this type of work, and therefore the educational background of the staff varies. Further, the staff is heavily dominated by women (around 80 percent of the sample). Turnover rates are generally low; the average numbers of years in office is 15.

Methodological Considerations

The questionnaire was distributed in December 2006 to all public employees in the SSIA who work with the handling of sick leave benefits. The public ethics of care and the public ethics of justice were measured through a seven-point Likert-style scale anchored by semantic opposites. The questionnaire also entailed background information on the respondents’ sex, age, level of education, and number of years employed at the SSIA. All in all, the questionnaire was distributed to 5,271 public employees and answered by 3,413, giving an initial response rate of 67 percent. One methodological problem was the lack of an effective register at the central level of positions and duties among administrators in the area of ill health. This meant that it was not possible to obtain reliable information about the response rate in relation to the population surveyed, and that there has been no opportunity to carry out a regular shortfall analysis. As respondents with other types of work tasks were excluded, a sample of 1,911 respondents remained.

Empirical Assessment

The following empirical assessment consists of two parts: In the first part, the material is examined in search of underlying dimensions that can be seen as constituting an ethics of care and an ethics of justice. The analytical tool applied is factor analysis. Table 1 presents this first set of results. In the second part, individual determinants for the relevant dimensions are explored.

Table 1 shows the results from a two-factor solution (Kaiser’s criterion), which is the maximum number of factors extractable with eigenvalues over 1. The column on the far right indicates the theoretical expectations for each item as well as reversed items. As can be seen from the table, the data show that two distinct dimensions of public ethics appear within the SSIA. Items loading 0.35 or higher have been included in the factors to allow for both a positive and a negative endpoint of the dimensions, which facilitates interpretation. On closer inspection, table 1 shows that the strongest factor correlates positively with several items theoretically belonging to an ethics of care. These positive loadings include flexible handling of cases, trusting the good intentions of clients, and predominately using oral communication with clients. Further, the factor loads on employees not agreeing that clients need to improve their work ethic and not agreeing that clients need to learn that one should fulfill one’s duties, as well as not agreeing on using sanctions against clients, which is regarded as a reversal of an ethics of justice statement.
I can conclude that the analysis confirms that there is a public ethics of care among employees in the SSIA, and shows more specifically that it consists of the six items outlined earlier.

Table 1 further shows that three items that theoretically belong to an ethics of care do not load on the factor: regarding it as positive to work toward establishing a relationship with clients, getting involved personally in clients’ cases—an item that instead loads negatively on the factor ethics of justice—and believing that people receiving sick leave benefits do not get enough support from society—an item that was thought to measure identification of the employee with clients. These components do not seem to be part of a public ethics of care in practice.

The second dimension clearly loads on items that theoretically are connected to a public ethics of justice. As table 1 shows, the factor correlates positively with four items theoretically belonging to an ethics of justice: keeping to the rules, not making exceptions, paying attention to keep oneself neutral to clients, and only considering circumstances relevant according to the rules. This means that all items, except for one, that were theoretically connected to the ethics of justice are included in the factor. The excluded item is the use of sanctions, which loaded negatively on the factor of public ethics of justice. This can partly be an effect of the formulation of opposites as “get personally involved in the client’s cases” versus “neutral,” but still it shows that the dimension of a public ethics of justice is contrary to engaging with clients. Taken together, the factors explain around 20 percent of the total variation in the material, which is why the solution must be regarded as weak in terms of explained variation. The eigenvalue of the strongest factor of 1.52 (varimax rotated) is also rather low, which means that the solution presented is relatively unstable. Still, the general conclusion drawn is that the dimensions appear clearly, although not very strongly.

### Determinants of a Public Ethics of Care

The second empirical question concerns the determinants on the individual level behind the two dimensions of public ethics. Table 2 shows the degree to which sex, number of years in office, and level of education explain the variations in the ethical convictions previously presented.

Table 2 clearly shows that number of years in office is the most important explanatory variable of a public ethics of care. The public employees employed the longest were about 12 percent more care oriented. If number of years in office is replaced by age of the employees employed the longest were about 12 percent more care oriented. If number of years in office is replaced by age of the employees employed the longest were about 12 percent more care oriented.

Note: Men = 0, women = 1. Age is recoded to a scale ranging continuously from (0) to (1), where (1) constitutes the oldest employees. Level of education is a dummy variable distinguishing between university education three years or more (1) and others (0). Source: Metodundersöknin 2006. Swedish Social Insurance Agency.

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### Table 1: Dimensions of a Public Ethics of Care and a Public Ethics of Justice, Factor Analysis (varimax rotated)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Public Ethics of Care</th>
<th>Public Ethics of Justice</th>
<th>Theoretical Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I trust the good intentions of clients.</td>
<td>+0.60</td>
<td>+0.10</td>
<td>Care</td>
</tr>
<tr>
<td>2. Clients do not need to improve their work ethic.</td>
<td>+0.55</td>
<td>+0.00</td>
<td>Care</td>
</tr>
<tr>
<td>3. I am flexible in my handling of cases.</td>
<td>+0.44</td>
<td>−0.13</td>
<td>Care</td>
</tr>
<tr>
<td>4. I mostly use oral communication with clients.</td>
<td>+0.39</td>
<td>−0.08</td>
<td>Care</td>
</tr>
<tr>
<td>5. I do not use sanctions against clients.</td>
<td>+0.38</td>
<td>+0.05</td>
<td>Justice (rev)</td>
</tr>
<tr>
<td>6. Clients do not need to learn that one should fulfill one’s duties.</td>
<td>+0.37</td>
<td>+0.01</td>
<td>Care</td>
</tr>
<tr>
<td>7. Clients need to learn new attitudes from us in the SSIA.</td>
<td>−0.30</td>
<td>+0.04</td>
<td>Care (rev)</td>
</tr>
<tr>
<td>8. Establishing a relationship with clients is negative for my work.</td>
<td>−0.20</td>
<td>+0.28</td>
<td>Care (rev)</td>
</tr>
<tr>
<td>9. I do not keep to the rules.</td>
<td>−0.08</td>
<td>−0.53</td>
<td>Justice (rev)</td>
</tr>
<tr>
<td>10. I do not make exceptions to the rules.</td>
<td>+0.09</td>
<td>+0.52</td>
<td>Justice</td>
</tr>
<tr>
<td>11. I do not try to keep myself neutral toward clients.</td>
<td>+0.05</td>
<td>−0.41</td>
<td>Justice (rev)</td>
</tr>
<tr>
<td>12. I only consider the circumstances of clients that are relevant according to the rules.</td>
<td>−0.03</td>
<td>+0.40</td>
<td>Justice</td>
</tr>
<tr>
<td>13. I get personally involved in clients’ cases.</td>
<td>+0.28</td>
<td>−0.36</td>
<td>Care</td>
</tr>
<tr>
<td>14. Clients do receive enough support from society.</td>
<td>−0.05</td>
<td>+0.14</td>
<td>Care (rev)</td>
</tr>
</tbody>
</table>

**Eigenvalue**

1.52 1.14

**Explained proportion of total variance**

0.11 0.08
employee, the effect increases so that older public employees are about 16 percent more care oriented than younger employees (not shown in the table). For the three items with the strongest loadings on the factor public ethics of care (items 1, 2, and 3 in table 1), older employees are as much as 20 percent more care oriented than younger employees, although this information is also not included in the table. Thus, I conclude that employee age clearly has the greatest positive effect on the degree of a public ethics of care. Further, as turnover levels are low in the SSIA, age of the employees correlates in 81 percent of cases with number of years in office.

Table 2 also shows that women are slightly more care oriented than men, but the effect of sex is only about one-third of the number of years in office and one-fifth of the effect of age. This leads me to reject the hypothesis that sex is an important variable behind a public ethics of care. However, this result can partly be interpreted as an effect of the strong domination of women in the work site (80 percent). According to Kanter (1977), a gender that dominates a workplace physically also dominates the culture of that workplace. The percentage of men at the SSIA is so small that, according to Kanter, they would succumb under the dominant culture, which in this case would be formed by women. Hence, it could still be that the public ethics of care is more strongly connected to women, but that the minority of men in this sample succumb to this dominant culture and therefore also exhibit high levels of public ethics of care, which diminishes gender differences.

In order to fully falsify the idea that women are more care oriented, the questionnaire would have to be tested in other settings where the distribution of the sexes is more equal. Table 2 also shows that sex is the strongest determining variable regarding one of the items; women claimed in general to be 11 percent more personally involved in clients’ cases than did men. Thus, I can further conclude that researchers interested in gender differences of public ethics should focus on questions of personal involvement versus neutrality toward clients’ cases. Table 2 further shows that the second factor—the public ethics of justice—to a much lesser extent is explicable through variables at the individual level. As can be seen from table 2, the explained variance is almost zero.

Discussion
The theoretical aim of this article was to introduce and empirically assess a public ethics of care within social insurance administration. The empirical analysis within the Swedish Social Insurance Administration lends strong support in favor of applying a framework of a public ethics of care for further studies of public ethics. The analysis shows a clear presence of an ethics of care among the employees in the administration of sick leave benefits. Hence, we can conclude that a public ethics of care does not only fit to the welfare state in regard of the nature of the tasks performed, but also is a prominent part of the empirical reality of employee public ethics within social insurance administration.

Specifically, the analysis showed that a public ethics of care consists of a flexible and trustful attitude toward clients, a preference for oral communication, refrain from issuing sanctions on clients, as well as the view that clients do not need to improve their work ethic or learn to better fulfill their duties. It is concluded that this composition of an ethics of care in public administration captures something specific hitherto not captured in the literature on public administration. Previous related empirical measurements of public ethics, such as the Stewart and Sprinthall SSMS-scale, which draws on Rest and Kohlberg, do not include items measuring the ethics of care. The scale proposed by James Perry (public service motivation, or PSM scale) includes the motivation “compassion,” which is related to the ethics of care, but it is conceptualized as an affective motivation and focuses mainly on the feelings of the employee. Further, the measurement proposed here is directly oriented toward the considerations of the employee in his or her daily handling of cases, and thus cannot so easily be criticized for measuring something too abstract. The data also revealed the presence of a public ethics of justice, roughly corresponding to a Weberian public ethics, consisting of keeping to the rules, only considering circumstances relevant according to the rules, and paying attention to keep oneself neutral toward clients. To conclude, the compositions of an ethics of care and an ethics of justice found in the material are proposed as general measurements for two ethical dimensions within public welfare administration.

One of the important contributions of the article is that it shows the existence of two independent public ethical dimensions—thus they are not contradictory, but can be combined. How a public ethics of care relates to a public ethics of justice has been a major issue in the field. Scholars argue that the value of impartiality should be a superior value when applied in the state, and that care is contradictory to this and thus should not be applied (Rothstein and Teorell 2008).

Among scholars who do pay attention to an ethics of care, previous research can be divided into scholars who argue that the concept of care is superior to that of justice and those who argue that the ethics of care needs to be framed by an ethics of justice. For example, White (2000) belongs to the former and identifies paternalism as one of the main pitfalls of care when performed within the frames of justice (see also Smiley 2001). White argues that in order to avoid paternalism in defining who the needy are and what their needs are, decisions about needs should be made in a democratic process involving the people experiencing need. However, White’s idea is, to a considerable extent, a proposal for future organization and not an assessment of existing institutional forms.

In contrast, other scholars argue that the ethics of care need to be framed by the ethics of justice when it is applied within the state in order for special treatment and particularism to be avoided (Tronto 1994; Williams 2000; partly also Sevenhuijsen 1998). Hence, these scholars identify particularism as a possible pitfall when the ethics of care is applied within the state, and argue that it may threaten the legitimacy of administration if it is not framed by rules.

This study was conducted within current public administration, where the public ethics of
care and the public ethics of justice are framed by the rules that govern social insurance. Thus, this setting is theoretically equivalent to the ideas of Tronto, in that the ethics of care is framed by the general rules of law. Given this framework, the study makes the important contribution that the two ethics are not empirically contradictory, but rather supplementary. There seems to be no empirical evidence of a public ethics of care to impede a public ethics of justice. In contrast, it is possible for the two ethics to be practiced in the same organization by the same employees. The empirical assessment clearly showed that the public ethics of care and the public ethics of justice formed two separate dimensions, except for one item—whether the employee is neutral or involved personally in clients’ cases. Although it should be noted that the statistical tool applied—factor analysis—deliberately searches for independent dimensions in the material and thus exaggerates differences, the general empirical conclusion must be that the two public ethical dimensions are not contradictory, but rather complement each other.

How should the public ethics of care found in the material be interpreted? The impact of age can be interpreted both as biological age and as a sign of acquired experience in the organization as a result of a socialization process or learning experience (Stensöta 2004, 2009). There is one circumstance about the SSIA that favors an understanding of ethics of care as an organizational asset. The composition of the ethics of care found in the material bears resemblance to some of the features of the organizational roots of the SSIA (Lindqvist 1990). The popular movement base of the SSIA consisted of smaller organizations, in which greater flexibility toward clients was possible and trust and social ties were relied on as control mechanisms. Although these smaller organizations were incorporated into the nationwide sick insurance organization in the first half of the twentieth century, traces of them were present until 2005, as the regional bodies of the SSIA became formally independent. The result in this study might be interpreted as though these ideas are still present, as they are mirrored by the public ethics of care. Hence, in light of recent administrative reforms of the SSIA, current attempts to standardize the handling of cases seem not to have fully succeeded in altering the way employees think in this regard. However, this interpretation is limited to the actual organization of the SSIA.

There is, however, another broader possible interpretation of the impact of age on a public ethics of care as a sign of acquired experience of task assignments over time. This interpretation is strengthened by other studies that have also found that age is the most significant factor behind public ethical convictions. For example, Pratchett and Wingfield (1996) conclude that a public service ethos exists mainly among employees over 40 years old. This led them to suggest that public service ethics should be treated as an institutional concept, among employees over 40 years old. This led them to suggest that public service ethics should be treated as an institutional concept, as it showed inertia despite recent organizational changes. I want to argue that the effect of age can be interpreted as a socialization process being a result of acquired experiences of handling assignments involving care. The theoretical foundations of such an interpretation have been described in earlier research (Stensöta 2004). Hence, it could be argued that the public ethics of care is a reflection of a socialization process, whereby people who are put in positions involving care assignments learn the depth and width of care ethics to a greater degree over time. On these grounds, I interpret the public ethics of care as a concept with wider applicability beyond the SSIA case. The composition of a public ethics of care and a public ethics of justice exposes general features of what kind of judgments are necessary in these types of policy areas. Hence, it is suggested that the measurements are applicable to a wider range of welfare administration areas in which employees enjoy considerable discretion and where exit alternatives for clients are limited.

The increased attention of public ethics was to a considerable degree seen as a reaction to New Public Management trends of the last decades. Thus, the relationship between the preferred focus of New Public Management—efficiency—and a public ethics of care also has to be discussed. Does an ethics of care impede efficiency? The data presented in this article do not allow for any empirical conclusions regarding this, as they give no indication as to the effect of a public ethics of care on the actual output of the organization. However, on a more speculative level, the possible implications of a public ethics of care on efficiency can be discussed, as input to further research. The specific composition of a public ethics of care found within SSIA clearly shows that considerable leeway is given to the client when employees are care oriented. Theoretically, we can evaluate two possible outcomes produced by public ethics of care convictions among personnel in relation to social insurance and sick leave. On the one hand, leeway to the client could mean that he or she actually gets the chance to find his or her own motivation. The client can feel “seen” and therefore become motivated to become active again, and, in this case, go back to work after sick leave. On the other hand, a client who does not want to go back to paid work, who enjoys living on sick leave benefits or does not feel any motivation, can use the leeway to stay on sick leave longer than is defended by medical reasons. Generalizing from this, I conclude that the public ethics of care in public administration can work both for as well as against effectiveness. In more analytical terms, the output of an organization dominated by a public ethics of care seems to be influenced by the specific attitudes of the citizens involved.

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References


Framing the Debate about Public Sector Ethics

References:


