



The ethics of care and wellbeing in project business: from instrumentality to relationality

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ABSTRACT

Critical scholars have increasingly problematised the mainstream wellbeing management approach for being overly instrumental and normative. To address wellbeing issues requires reconstructing value in project business, which may involve challenging the dominant ethical theories and the transactional business model to include wellbeing as a legitimate objective of value creation in projects. In this essay, we advocate the *ethics of care* as an alternative ethical theory in project studies. The aim is to introduce its key tenets and discuss the implications for managing wellbeing in project businesses. From a care perspective, a relational belief system can be fostered through a dialogic process supported by relationship management, leadership and a transformational business model. In doing so, caring as an attitude and process is introduced and from a scholarly and practitioner standpoint, we begin to develop capabilities to support the individual wellbeing in project business.

Introduction

Wellbeing management has received growing attention in project studies and organisations due to the increased fatigue, stress and burnout in projects and project business (Asquin et al., 2010; Cheung et al., 2019; Mubarak et al., 2022; Pinto et al., 2014; Zika-Viktorsson et al., 2006). The widespread use of projects has led to changes in the work-life institutions, employment relations, work conditions and practices in order to drive actions towards project and organisational goals (Lundin et al., 2015; see also Jacobsson and Söderholm, 2022). The frequent use of employment agencies and of short-term and part-time employment, consequential disenfranchisement of the workers to achieve these goals, loosen borders between work and leisure time and intensified work and time arrangements affect workers' psychological, social and physical wellbeing.

A common underlying assumption of wellbeing management in the workplace is that wellbeing needs to be properly managed as it contributes to productivity, profitability and project outputs. In other words, individuals, and their wellbeing, are only a means to organisational goals. Such an approach has been criticised for being overly instrumental, "*the business case must eventually be able to be made for worker HSW (health, safety and wellbeing), not least because it's the right thing to do, right?*" (Sherratt and Sherratt, 2017, p. 394). Others have

argued that wellbeing management functions as a form of control that unreflexively promotes a new wellbeing ethics in the organisations and imposes 'appropriate' behaviour amplifying the moral values of leaders and facilitating managerial intentions. Thanem (2013) found that managers who promote healthy behaviour at work are perceived as transgressing leadership boundaries and demotivating employees. Johansson and Edwards (2021) revealed that the introduction of new organisational norms by insisting on particular lifestyle behaviour and role-modelling aesthetic bodily ideals hampers employee wellbeing, while reinforcing and neutralising asymmetrical power relations. The normative approach is ineffective as it fails to generate the sense of caring in the implementation of wellbeing initiatives and programmes (Xu and Wu, 2023). In other words, the approach may satisfy instrumental compliance goals of legislation and industry standards, but it does not fundamentally inculcate wellbeing. The instrumental and normative approaches can obscure the fundamental causes of poor worker wellbeing in organisations and detract attention from human care and dignity (Dale and Burrell, 2014; Islam, 2013; Sherratt and Sherratt, 2017).

One of the most fundamental arguments for the prioritisation of employee wellbeing in any workplace is grounded in ethics and morality. In project studies, wellbeing and its management have not been examined against ethics. Corporate Social Responsibility (CSR) has

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emerged as a solution by firmly clinging corporate behaviour to moral and ethical principles (Baptiste, 2008; Brès and Gond, 2014). Yet without critically scrutinising the dominant ethical frameworks in the current system that places the market, economy and legal compliance at the centre and without addressing the inherent inequalities between the organisation and employees, wellbeing programmes and initiatives under CSR umbrella at best attempt to address the superficial symptoms and, at worse, commodify employee wellbeing to support the corporate brand (Sherratt, 2018). As Rhodes and Pullen (2018, p. 495) suggest that “business ethics needs to go beyond the conclusion that ethics is simply a means through which corporations pursue economic self-interest”.

In this essay, we introduce the ethics of care as an alternative ethical theory in project studies and discuss its implications for wellbeing management in project business, specifically in construction firms. The term, project businesses or project-based firms, refers to contractors and suppliers where the core business is undertaking projects. The majority of project research on wellbeing focuses upon organising at the operational and project level (e.g., Cheung et al., 2019; Hanna et al., 2020; Zika-Viktorsson et al., 2006), with scant attention being given to the role of the firm and its management by looking at the management of these institutional actors in themselves rather than looking at the firm through the project lens. We suggest that an *ethics of care* redirects the research towards the moral dimensions of management by drawing attention to the role of caring in practice. The feminist ethics of care (Gilligan, 1982; Held, 2006) has increasingly been discussed as part of an embodied ethical turn where relationships, care, responsibility and intersubjectivity are emphasised instead of judgements based on rationality, utility, regulations or policies (Islam, 2013; Johansson and Edwards, 2021; Lawrence and Maitlis, 2012; Liedtka, 1996; Nicholson and Kurucz, 2019; Smyth, 2008). Care ethics helps enable dialogues and responsiveness between individuals and groups, develop a community of mutual purpose, and facilitate the development of social and human capital. A caring organisation places people at the centre, “To be cared for is essential for the capacity to be caring” (Gaylin, 1976, as cited in Liedtka, 1996, p. 187), and treats employees as an end in themselves. To do so organisations actively support individual efforts through goals, systems, strategies and values, which results in greater efficiencies in the short-to-medium term and more productive capabilities in the longer term. More fundamentally, embedding an ethics of care into organisational practices and routines requires the transformation of the dominant transactional business model to nurture the relational leadership and relationship management capabilities to aid differentiation in a competitive marketplace (Liedtka, 1996).

Ethics of care and the relational belief system of project business

The ethics of care has its root in the work of psychologist Gilligan (1982) and has been developed as a feminist moral philosophy and a promising alternative to the dominant moral or ethical theories embodied in Kantian ethics, utilitarianism or Aristotelian virtue ethics (Friedman, 1987; Held, 2006; Noddings, 2013; Tronto, 2013). Many scholars of care ethics seek to integrate the moral considerations that other theories have clarified, such as justice and utility, with those of care, though they often see the need to reconceptualise these considerations (Held, 2006). Although often understood as a feminist ethics, the theory is not restricted to women or the private sphere (Friedman, 1987; Noddings, 2013). It has been applied to a variety of disciplines, including organisation studies (e.g., Islam, 2013; Johansson and Edwards, 2021; Lawrence and Maitlis, 2012; Liedtka, 1996; Nicholson and Kurucz, 2019; Smyth, 2008). The central focus of care ethics is on mutual growth-in-connection. Relationships and interactions are fundamental to human development. The caring relation is ethically based (Noddings, 2013). An orientation towards the ethics of care can foster a relational belief system that motivates relational behaviour and practices in order for a positive interaction and mutual growth-in-connection (Nicholson and Kurucz, 2019). The relational

belief system includes beliefs that growth, achievement, collective outcomes and effective business practices occur best in a context of connection (Fletcher, 1998). Projects, firms and other organisations with the underlying relational belief system are more capable to manage moral resources to create and mobilise social capital and core competences in business networks. They also contribute to the moral economy at the macro level that can prevent the dysfunction of market economy caused by the pursuit of profit in purely self-interest terms (Smyth, 2007). In this section, we seek to deepen the understanding of the relational belief system in project business, informed by ethics of care.

Recognising the primacy and value of relationships

An ethic of care starts from the fundamental position of relationality that regards people as inherently relational and interdependent, morally and epistemologically, rather than the ideal of independent and having separated autonomy (Held, 2006; Noddings, 2013). Individuals develop in networks of relationships, which help constitute who they are and are becoming, where the development process is on-going. This is not to say that individuals cannot act autonomously within this context, “...the autonomy sought within the ethics of care is a capacity to reshape and cultivate new relations” (Held, 2006, p. 14). This is different from the ethics of justice that defines the self as separated autonomy and uses rights to protect boundaries (Gilligan, 1982) or the economics conception that society is consisted of free and self-interested individuals who can choose to associate with one another or not.

Projects are relationally and temporally embedded in networks of relationships (Engwall, 2003; Manning, 2008). Project management scholars have stressed the value of inter-organisational and interpersonal relationships in project contexts (e.g., Ahola et al., 2021; Oyedele, 2013; Smyth et al., 2010). Despite this, an emphasis on caring is lacking, although an early marker has been put down (Smyth, 2008) to argue for shifting stakeholder management towards a caring approach that focuses on trust, relationships and responsibilities to external stakeholders. From the perspective of ethics of care, the responsibilities of project business are presented by the embeddedness in social, political and historical contexts, rather than freely entered into. To enact responsibilities in the context of interdependence, however, requires proactive actions to lead and develop an ethics of care in practice. Strategic project organising (Winch et al., 2022) can support this by scoping the current conditions and conceptually set out potential conditions to enable the development of caring practices. Another less developed area concerns how relationships internal to project business are managed and the implications of care ethics for life inside project-based firms. It has been pointed out that the lack of systems integration between functional and business units and the weak management of firm-project interface result in high level of job demands, tight schedules and multi-tasking of managers, which induce anxiety, fatigue and burnout (Smyth et al., 2019; Zika-Viktorsson et al., 2006), hence implying the need for change to enable project transformation in relation to wellbeing (see also Daniel et al., 2022).

Focusing on mutual development and wellbeing

The essence of caring, from the ethics of care perspective, is nurturing the development of the cared-for (Gilligan, 1982; Held, 2006). The relationship between the carer and the cared-for is not necessarily hierarchical within an organisational context. It can arise out of interdependencies, such as working together or alongside others in shared spaces. To care is not to impose pre-determined solutions for problem-solving purposes or pursuing one's ends for them. Rather, it is to focus on the other's needs, respect the other's autonomy and enhance the other's capability to make their own choices well (Liedtka, 1996). Care affects values, expectations, intentions and behaviour, hence the outcomes (Smyth, 2008). Much of the potential ‘caring’ that project business offers is problem-solving and instrumental, for example,

following the marketing mix approach that offers a predefined set of solutions and makes clients come to believe that the firm's solutions will solve their problems (Smyth, 2007). Similarly, in investigating occupational health and wellbeing management in construction firms, Xu and Wu (2023) found that senior management tends to impose the one-size-fits-all measures, such as healthy diet and sporty lifestyle, to employees and assumes that the same measures are equally needed by all workers. In neither case are the needs of the other of central or driving interest to the firm. The discourse of what is ideal breaks off differences of viewpoint.

Caring has little role in the functioning of project business, if the basic assumptions of arms-length relationships among independent entities and the underlying transactional business model of the firm remain intact (Liedtka, 1996). The co-creating of goals and dialogic practices are imperative to the effectiveness of a caring organisation (Lawrence and Maitlis, 2012; Nicholson and Kurucz, 2019). Dialogues empower the workers to express themselves. Nurture and care can induce ethical outcomes and increase net benefits by establishing the sense of acceptance, significance and security among project stakeholders. Linehan and Kavanagh (2006) argued that it is appropriate to regard the project as a community, which contains different points of views, values and fields of knowledge. Moreover, goals, values and relationships are dynamic and emergent in project contexts. To co-create value in such a community, from the perspective of care ethics, requires a two-way iterative process of mutual influence and openness to find the commonality of purposes so that choices are made within the context of a community of mutual aid (Liedtka, 1999). Learning to care is essential to self-identify and recognition in the community. Mutual influence leads to an integral view of wellbeing and the growth of all parties involved, which is recognised as 'value' in a relational belief system (Nicholson and Kurucz, 2019). Organisational effectiveness is understood as how well the caring relation is nurtured in caring for employees and other stakeholders. Economic concerns are still important but are integrated with a concern for the wellbeing. This conceptualisation of value and organisational effectiveness requires a transformational business model to develop core competencies and organisational capabilities that support dialogues between individuals and between the organisation and workers.

Understanding the context in its complexity

An ethics of care highlights a conception of truth and knowledge as locally situated, produced and respects "*the claims of particular others with whom we share actual relationships*" (Held, 2006, p. 11). It links care to particular others rather than a generalised other (Gilligan, 1982). In other words, the relational belief system rejects the premise that one client is as good as another, and any worker is replaceable. There is not a one-size-fit-all approach to care. Care ethics is sceptical of relying on universal and abstract rules (Noddings, 2013).

The field of project management has been traditionally built upon Kantian ethics and utilitarian ethics (Bredillet, 2014; Kvalnes, 2017). Kantian ethics emphasises maxims and principles to ensure the justice in the process of conducting a task. Utilitarian ethics applies cost-benefit analysis to maximise the overall outcome for all stakeholders. Although the conceptions of reason differ significantly, both theories rely on supreme and universal moral principle, the Kantian categorical imperative or the utilitarian principle of utility, to which everyone ought to comply (Held, 2006). The ethical foundations are reflected in the utilitarian, rational and normative project management approaches, which emphasise objective reality, contractual governance requirements, policies or regulations, and which give primacy to process adherence and shareholder satisfaction. Nevertheless, the dominant ethical orientations and associated philosophical assumptions do not fully consider the social, political, ambiguous and fragmented aspects of organisational reality in the project context (Cicmil, 2006). The socially and temporally embeddedness of projects means that projects and

project businesses are situated in a complexity of institutions at the organisational level as well as in the institutional fields (Morris and Gerdali, 2011; Söderlund and Sydow, 2019). There are multiple institutional logics and thus rules in the context of project organising, which might be competing or conflicting (Winch and Maytorena-Sanchez, 2020). The rule of one institution is not necessarily true to another and to the specific project situation. Moreover, the institutional fields evolve and change as the result of the duality of structure (Giddens, 1984), adding uncertainty and complexity in the project organising. Yet rational calculations and static rules do not fully consider the future that is inherently uncertain.

The ethics of care and the relational belief system offer an alternative view that seeks the truth of the situation and of the community. It cultivates the traits of character and of relationship in order to understand the experiences of workers within their sociocultural underpinnings (Held, 2006; Lawrence and Maitlis, 2012), which lays the foundation for enhancing their wellbeing. An ethics of care is also future-oriented. It drives the pursuit of possibility through caring dialogic practices, which opens up to novel action, innovation and uncertain futures (Lawrence and Maitlis, 2012). In project studies, the bringing of project organising to the fore (e.g., Addyman and Smyth, 2023; Winch et al., 2022) gives greater primacy to emergent and changing contexts of interdependence that provides a more fruitful understanding for the development of an ethics of care.

Recognising the role of emotions

In contrast to the dominant rationalist approaches, an ethics of care takes emotions as moral elements that "need to be cultivated not only to help in the implementation of the dictates of reason but also to better ascertain what morality recommends" (Held, 2006, p. 10). Noddings noted that "*To care is to act not by fixed rule but by affection and regard*" (Noddings, 2013, p. 24). For example, empathy and sympathy as emotive resources enable intersubjective experience as they encourage the sense of responsibility for reaching out to and caring about the situations of the particular others (e.g., Johansson and Wickström, 2022). Responsibilities forged this way are more likely to emphasise trust, mutual connectedness and co-development with the cared-for than to affirm the asymmetrical power relations. In other words, the relational belief system appreciates the emotions and relational capabilities that enable joint meaning making, ethical sensitivity, value co-creation and trusting relationships.

A caring approach to wellbeing in project business

The previous section outlined the main tenets of the ethics of care and described the relational belief system in project business. In order to enhance the wellbeing of project workers, this section considers how this relational belief system might be fostered and caring practices encouraged in project business, especially in construction firms.

Xu and Wu (2023) pointed out that the loss of connection between the strategic intent and wellbeing strategy implementation and the lack of caring in the management process is a major reason for the ineffectiveness of wellbeing initiatives and programmes in construction firms. 'A duty of care' at workplace is clearly stated in organisational policies and standards and compliance is the major driver in contrast to care. Yet caring for employee wellbeing needs to go beyond legal obligations to be effective. Caring is not only a value but also a practice (Held, 2006; Tronto, 2013). The meaning of care is socially constructed and learned in interactions within the community. Noddings (2013) differentiated the practices of caring-for and caring-about. Caring-for describes a (set of) direct interaction(s) characterised by in-person attention and response. Caring-about acknowledges caring needs and expresses some concerns but does not guarantee a direct response to one who needs care, which in environments or high levels of uncertain and sometimes high risk involves almost all. In organisational contexts, it is not possible

for senior management or leaders to have a close relationship with all workers, including other managers. Thus, firms can “*work toward establishing an environment in which caring-for can flourish*” (Noddings, 2013, p. xv). For example, a project-based firm’s wellbeing strategy cannot care for directly, but it can envision caring practices that embody caring-about, setting up the conditions that enable caring relationships and the practice of caring for among employees in their own working context. In addition, Tronto (2013) recognised caring-with as another caring practice, which connects the situated and intersubjective caring practices to broader systems at organisational, institutional and societal levels. Caring-with concerns how caring aligns with commitments to justice, equality and freedom.

Leadership, which carries elements of autonomous action through intervention and facilitating context setting, is pertinent to caring for employee wellbeing. Extant studies have revealed how care ethics can inform relational leadership and how leadership lacking ethical care can hamper employee wellbeing (Johansson and Edwards, 2021; Nicholson and Kurucz, 2019). The temporary detaching from organisational routines of the firm gives room for behavioural manoeuvre. The development of leader (i.e., enhancing individual competences) and leadership (i.e., nurturing leadership as a collective core competence), and the alignment between them are important for the consistency of caring behaviour. As leadership in project contexts can be fluid and emergent (Müller et al., 2018), leadership development is encouraged in all employees. A caring relation is reciprocal (Noddings, 2013). Formal leaders and followers may switch roles in order to support the mutual development and wellbeing.

The adoption of dialogic practices is essential to establishing and sustaining caring relations, protecting us from determinism or malpractice of leadership by broadening our view through interactions with others. The two-way dialogues help identify, accommodate, respect and, of necessity, bound the individual goals within the organisation’s goal, which involve a discursive process of seeking the truth of a situation and of a community, and evaluating the truth by emphasising its effects on those for whom we care (Lawrence and Maitlis, 2012). This is not necessarily a harmonious process. Caring implies recognising vulnerability, struggles, conflicts as well as hopes and aspirations in the organisational social and cultural underpinnings and attending to them to help growth and wellbeing. The dialogic approach is especially valuable at the strategic level for senior management to inform strategic direction and intent, giving scope for choosing precise action and unfolding behaviour (Smyth, 2015). However, the pitfall is that there is little or no guidance in project business as to what managers do or should do. Furthermore, leadership can be over-emphasised, used as a way to avoid responsibilities by shifting them to individuals. For example, in construction, much of the responsibility for wellbeing is assumed by individuals (i.e., frontline managers and employees themselves) (Xu and Wu, 2023).

Thus, what is lacking is the systematic and strategic structuring of systems and capabilities to *care about* employee wellbeing and support *caring-for* activities in interpersonal relationships. The firm is a relatively stable and permanent entity (Winch, 2014). It determines the reach of each individual within and beyond the temporary project, provides the resources that allow individuals to care within their reach and creates the system in which care is self-sustaining across projects. Relationship management (RM) in support at the level of firm offers opportunities to induce consistency and continuity within and between projects. It helps connect the strategic intent at the firm level and the strategy implementation within the firm and projects. Yet, in project studies, less attention has been on how firms can manage the internal relationships between functional departments, organisational systems and at the firm-project interface (Smyth, 2015; Winch et al., 2022). The lack of RM in project businesses results in siloed mentalities between functions and across projects, and a defensive and self-interested organisational culture (Duryan and Smyth, 2018; Roberts et al., 2012). Negative social environment is a source of stress and anxiety among project workers

(Asquin et al., 2010; Hanna et al., 2020). Relationships cannot be structured in a deterministic way, but they can be guided by the relationship management system, behavioural programmes, codes of conduct and line management (Smyth, 2015). The relationship management system frames how individuals relate to each other, facilitating the integration at the interface between functions and between management systems and practices. One example can be the integration of RM with human resource management (HRM) and knowledge management (KM) systems in project businesses to enhance care and wellbeing among employees. Turner et al. (2008) found that caring for employee wellbeing is inadequate in the HRM function of project-oriented organisations. Duryan et al. (2020) stressed the importance of KM systems to facilitate knowledge sharing and organisational learning about health, safety and wellbeing concerns in projects and project businesses. Linking RM to HRM and KM systems provides opportunity for improving wellbeing by forming communities of practice and nurturing relational competence as a personal competence as well as a core competence of the firm. A RM system insists that developing a capacity to care is essential to recognition and self-identify in the organisation.

A behavioural programme and codes can help implementation through the system. They set procedures, routines and more specific actions that accommodate tailored yet aligned differences between functions (Smyth, 2015). Nevertheless, a good RM system does not exclude human agency. It leaves bottom-up channels for individuals to refine the system and procedures, giving voices to frontline managers and workers. The RM system at the firm-project interface helps identify and address the conflicts in terms of the timing, resources and effects within project portfolios and programmes. These processes are dynamic and dialogic in nature. Thus, the RM system supports the dialogic practices and adds to the dynamic capabilities of project-based firms.

The choice of RM feeds into the business model of project business. Business model configures the capabilities, governance and processes to scope and shape the service provision and outcomes (Smyth, 2015). Smyth (2021) differentiated the transactional and transformational business models of construction firms. The transactional business model prioritises short-term profits, cash flow management and the return on capital employed. It is primarily based upon input-output measures of efficiency. Burnout and being off work carry considerable costs, as do accidents and fatalities. Caring is introduced in such a model to reduce costs to underperforming personnel that are under stress, increasing efficiency and effectiveness in the short-to-medium term. Yet to sustain the effectiveness in the long term requires a transformational business model that emphasises strategic investment in management and technical capabilities to improve work experience, service provision and value outcomes. The transformational business model is investment-led and people-centred. Fostering employee wellbeing, development and caring relations within and between organisations are regarded as part of service value in the transformational business model. The incremental development of human and social capital in this way can yield adequate return through improved service experience, which in turn sustains the future investment in the relationship management system and capability development. Caring-with can emerge and flow in the transformational business model as caring is embedded as a core competence and worker wellbeing is treated as an asset to the firm. The transformational business model and RM help connect the situated caring practices with wider organisational systems and thus other ethical considerations.

Conclusion

In this essay, we have suggested that the ethics of care is a perspective that can help address wellbeing issues in project business. This is a departure from the instrumental and normative approaches to managing wellbeing at workplace. Challenging the assumptions of mainstream theories and practices is necessary if we intend to redirect our actions towards wellbeing development. In order to enable this, we

presented 1) the dimensions of the relational belief system informed by an ethics of care and 2) the development of the relational belief system in project business through leadership, relationship management and a transformational business model. We highlighted the importance of dialogic practices at personal and organisational levels to enacting caring practices in project business and thus enhancing wellbeing. We have endeavoured here to begin a conversation along these lines. Our discussion is limited to project businesses or project-based firms. But the main tenets of care ethics and the relational belief system are applicable across organisational types. In fact, we recognise that the adoption of an ethics of care in the public sector, particularly public client organisations, is particularly important to embedding care into the strategic organising of projects. Many questions remain to be answered such as how the caring relations emerge in project contexts, how to nurture a caring leadership in project business and a caring project leader, the specific role of caring in building communities of practices and enhancing wellbeing, the inclusion of care in the project organising in an institutional context of masculinity and neoliberalism, and the relationship between care, justice and utility in project management within the framework of care ethics. Fieldwork directed at examining these ideas within project contexts is essential.

Declaration of Interest

None.

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