COVID-19, ethics of care and feminist crisis management

Layla J. Branicki

The COVID-19 pandemic threatens both lives and livelihoods. To reduce the spread of the virus, governments have introduced crisis management interventions that include border closures, quarantines, strict social distancing, marshalling of essential workers and enforced homeworking. COVID-19 measures are necessary to save the lives of some of the most vulnerable people within society, and yet in parallel they create a range of negative everyday effects for already marginalized people. Likely unintended consequences of the management of the COVID-19 crisis include elevated risk for workers in low-paid, precarious and care-based employment, over-representation of minority ethnic groups in case numbers and fatalities, and gendered barriers to work. Drawing upon feminist ethics of care, I theorize a radical alternative to the normative assumptions of rationalist crisis management. Rationalist approaches to crisis management are typified by utilitarian logics, masculine and militaristic language, and the belief that crises follow linear processes of signal detection, preparation/prevention, containment, recovery and learning. By privileging the quantifiable — resources and measurable outcomes — such approaches tend to omit considerations of pre-existing structural disadvantage. This article contributes a new theorization of crisis management that is grounded in feminist ethics to provide a care-based concern for all crisis affected people.

KEYWORDS
COVID-19, crisis management, ethics of care, feminism
INTRODUCTION

How a crisis is managed has both material and ethical consequences. When the World Health Organization (WHO) declared COVID-19 a pandemic, they called for countries to take ‘urgent and aggressive action’ (WHO, 2020). Leaders around the world invoked the language of the battlefield (Serhan, 2020) and deployed war-like metaphors (Christoyannopoulos, 2020) to mobilize citizens in the fight against the virus. In America, President Trump warned that we were under attack from an invisible enemy, in Britain, Prime Minister Johnson spoke of enlistment and wartime government, and in France, President Macron declared that the world was at war (Chakrabortty, 2020). The WHO (2020) asserted that ‘China has rolled out perhaps the most ambitious, agile and aggressive disease containment effort in history.’ Such masculine and militaristic language is common in crisis management (Branicki, Steyer, & Sullivan-Taylor, 2019), in part because many crisis managers and experts are former military personnel or police officers. Crisis management tends to be conceptualized as a rational and linear process which follows discrete stages of signal detection, preparation/prevention, containment, recovery and learning (see Pearson & Mitroff, 1993; see also Mitroff, 1988). Rationalist approaches to crisis management often focus on organizationally produced crises and (over)emphasize calculable risks and measurable outcomes (Wilson, Branicki, Sullivan-Taylor, & Wilson, 2010). In New Zealand, Prime Minister Jacinda Ardern (2020) spoke differently, not of war but of working together, not of enemies, but of kindness.

In this article, I explore how feminist voices can challenge rational approaches to crisis management. In the tradition of feminist writing I ‘ask difficult questions’ (Bell, Meriläinen, Taylor, & Tienari, 2020, p. 178) to resist masculine logics and to illuminate the ethical assumptions and dimensions of crisis management. Scholarship at the intersection between feminism and crisis management tends to emphasize crisis as a form of governance or control (e.g., Griffin, 2015), discuss the marginalization of women/feminist perspectives during crises (e.g., Otto, 2011) or focus on how anthropogenic (human-made) crises can be transformed by feminism towards a sustainable future (e.g., see Biesecker & von Winterfeld, 2018). In contrast, I focus on how institutions and organizations manage high impact, low probability exogenous crisis events (Pearson & Clair, 1998). This article responds to calls for organizational concepts of care to be ‘grounded in philosophies of care rather than business theories’ (Elley-Brown & Pringle, 2019, p. 1). By drawing on the ethics of care approach brought to prominence by Carol Gilligan (1993), I propose that crisis management ought to be considered ‘... not as a math problem with humans but a narrative of relationships that extend over time ...’ (Gilligan, 1993, p. 28). Gilligan (1993) suggests that:

The ideal of care is thus an activity of relationship, of seeing and responding to need, taking care of the world by sustaining the web of connection so that no one is left alone. (p. 62)

This conceptualization emphasizes the importance of ongoing, interdependent relationships as sites of care (Lawrence & Maitlis, 2012; Sevenhuijsen, 2003) and in so doing brings discourses of care from the background of crisis management to its foreground. Held (2006) contends that recognizing the ethical centrality of care is transformative, because it shifts the normative focus towards issues that are often marginalized, makes these issues visible and in so doing improves lives.

I begin by reflecting on the complications and concerns that arise from the approaches adopted to managing the COVID-19 pandemic, before unpacking the assumptions and dimensions of rationalist crisis management in more detail. Next, drawing upon an ethics of care perspective I present a feminist alternative to rational crisis management, entailing a heightened appreciation of reciprocal care and relational needs and capacities within a feminist crisis management. Finally, I outline the social change that could be provoked by a care-based approach to crisis management.
A CRITICAL REFLECTION ON THE MANAGEMENT OF THE COVID-19 CRISIS

As I write this article, on 15 May 2020, COVID-19 has infected 4,443,986 people and caused 302,468 deaths (Johns Hopkins, 2020). Troubling images of the effects of the virus — body bags, overwhelmed medical facilities and hazmat suits — have become ‘matter out of place’ (Douglas, 1966). In Italy, the United States and the UK, the number of severe COVID-19 cases (i.e., those requiring hospitalization) has exceeded the capacity of some hospitals, medical personnel and healthcare supply chains to respond. The threat posed by a pandemic disease outbreak was well known. In the 100 years prior to 2019, there had been four significant influenza and coronavirus outbreaks: ‘Spanish Influenza’ in 1918–1919, Severe Acute Respiratory Syndrome (SARS) in 2003, ‘Swine Influenza’ (H1N1) in 2009 and Middle East Respiratory Syndrome (MERS) since 2012 (Centre for Disease Control [CDC], 2019a, 2019b). ‘Spanish Flu’ is estimated to have caused between 20 and 50 million deaths worldwide (CDC, 2018), casting a long institutional shadow and becoming totemic of the risks posed by a runaway virus outbreak. References to the outbreak still appear in national risk registers globally (e.g., UK National Risk Register, 2008). More recently, SARS and MERS were largely contained through traditional public health interventions, such as, quarantine and contact checking (Bell, 2004), and H1N1 spread to a large population but produced only moderately severe illness (WHO, 2009). Despite prior knowledge of the threats posed by novel virus outbreaks the people, health systems, businesses and legislative authorities of many countries were insufficiently prepared for COVID-19.

The management of the COVID-19 crisis has led to unprecedented impacts. In a first wave of crisis measures, the virus was constructed as a threat from the outside. Countries such as Australia closed their borders to visitors and introduced enforced quarantines for returning citizens and residents. As evidence of community transmission emerged, a second wave of crisis measures were introduced. Many countries issued social distancing guidance that recommended staying six feet from other people (CDC, 2020) and/or introduced ‘shelter-in-place’ orders that required residents to only leave their homes for ‘essential activities’ (City and County of San Francisco, 2020). Together, these measures transformed daily life. COVID-19 policies originated from government but were translated into action by organizations. Employers made decisions about whether, when and how to move to remote working. Although some of us were required to stay at home, essential workers — such as cleaners, doctors, nurses, porters, supermarket cashiers and delivery drivers — were asked to stay at work. As more people self-isolated, businesses struggled to remain financially viable and millions of employees were furloughed or lost their jobs. Globally, it is estimated that COVID-19 will lead to the loss of up to 195 million full-time jobs (International Labour Organization, 2020). The world was waking up to a new reality triggered by a large-scale public health crisis and worsened by the threat posed to the economic system.

How a crisis is managed can result in unintended consequences (Grabowski & Roberts, 1997). Evidence began to emerge that people from already structurally disadvantaged groups were being disproportionately impacted by both COVID-19 and the measures put in place to control its spread. An American study found that structural factors — healthcare access, density of household and unemployment — had contributed to counties with a higher composition of African Americans experiencing greater rates of both COVID-19 infection and death (Barron-Lopez, 2020). In England, people are more likely to die from COVID-19 if they live in a socioeconomically deprived area (Pidd, Barr, & Mohdin, 2020). Those in low-paid care-based employment, disproportionately women and people from ethnic minority backgrounds, also face disproportionate risks as the essentialness of their roles and precarity of their employment reduces their ability to stay at home. A recent United Nations (2020, p. 2) report highlights that ‘the impacts of COVID-19 are exacerbated for women and girls simply by virtue of their sex’. The report goes on to say that due to COVID-19 women are facing compounded economic impacts due to the disproportionately precarious nature of their work, adverse health effects due to the redirection of resources, greater levels of unpaid work and increased exposure to gender-based violence. COVID-19 is likely to have long-run impacts on workplace equality, as women are potentially excluded from a shrinking job market and/or experience stalled career progression.
Minello (2020, paragraph 7), speaking about academia in an article in *Nature*, argued ‘in the long run, these changes in productivity will affect careers. Those with fewer care duties are aiming for the stars.’

3 | CRISIS MANAGEMENT THEORY AND PRACTICE — THE ACCEPTED WISDOM

Crises, and crisis management, have become the subject of a growing and increasingly prominent strand of management research and practice (for reviews, see Bundy, Pfarrer, Short, & Coombs, 2017; Williams, Gruber, Sutcliffe, Shepherd, & Zhao, 2017), with major strands of research oriented to organizational preparation for, mitigation of, and learning from crisis events (what Bundy et al., 2017, call the ‘internal’ approach), and communication with, and management of, stakeholders affected by crisis events (referred to as the ‘external’ approach by Bundy et al., 2017). In order to critically reflect on and surface the often implicit ethical assumptions inherent in mainstream crisis management research and practice, I focus on the classic and highly cited contributions of Mitroff and colleagues (Mitroff, 1988; Mitroff, Shrivastava, & Udwadia, 1987; Pearson & Mitroff, 1993) because they continue to exert considerable influence on crisis management research and practice, and exemplify the rational crisis management paradigm.

The principal ethical orientation of classical crisis management is ego-istic, calculative and broadly utilitarian. Mitroff (1988) characterizes the central purpose of crisis management as addressing the following question: ‘Is there a rational way to select which potential crises an organization should prepare for, and which can be “safely” ignored?’ (Mitroff, 1988, p. 15), noting that ‘the trick is to think about potential crises as logically as you think about other business issues’ (p. 20). The objective of crisis management is principally to protect and sustain the organization, and only secondarily to protect and advance the interests of other stakeholders.

Crises are conceived of as

> disasters precipitated by people, organizational structures, economics, and/or technology that cause extensive damage to human life and natural and social environments. They inevitably debilitate both the financial structure and the reputation of a large organization. (Mitroff et al., 1987, p. 283)

The discourse of crisis management emphasizes the calculation of impacts in financial, legal or human terms, and implicit in classic crisis management is a boundedly rational calculus, in which a focal organization is seen as weighing the costs and benefits associated with planning for and mitigating specific crisis events. For example, Mitroff et al. (1987) cite the following motivating insight regarding the incidence and impacts of crises:

> The number of product-injury lawsuits terminating in million-dollar awards has increased dramatically in the past decade: In 1974 fewer than 2,000 product injury lawsuits were filed in U.S. courts; by 1984, the number had jumped to 10,000. (p. 283)

Central to most models of crisis management (for a classic conceptualization, see Pearson & Mitroff, 1993) are the assumptions of linear multi-stage crisis processes, and clearly delineated, bounded and relatively brief, crisis events. Crisis management encompasses: (i) the pre-crisis phase which focuses on detecting/identifying/anticipating and preparing for crises, to reduce the likelihood of a crisis emerging and to ensure that the organization is as prepared as it can be; (ii) the during crisis phase, where the organization is concerned to manage/respond to the crisis and to mitigate its effects; and (iii) the post-crisis phase, emphasizing recovery and repair, in which the organization takes measures to return to ‘normal’ and to learn from a given event in the hope that it isn’t repeated in the future.

Together, the stages of crisis management emphasize the agency of firms at various points in the crisis management process, and the capacity of firms to avoid, mitigate and learn from crises. Inherent to crisis management is a philosophy of crises being ‘manageable’, even to the point that:
organizations do create the crises they face in the special sense that the kinds of early warning, prevention, damage limitation, learning and recovery mechanisms they institute are one of the most important factors affecting what kinds of crises occur. (Mitroff, 1988, p. 20)

This extends to deploying discourse that characterizes adverse events that affect an organization as being the result of various ‘failures,’ ‘faults,’ ‘deficiencies’ or as a reflection of ‘poor company culture’ (Mitroff et al., 1987, p. 288).

Regarding how rational crisis management conceives of the management of crises, the emphasis lies with the need to develop a specialist organizational function charged with managing crises. As Pearson and Mitroff (1993) put it, crisis management requires that:

An appropriate infrastructure must be in place ... Permanent crisis management teams must be established ... membership on such teams includes all functions and specialities required to deal with crises, such as the CEO and top executives from operations, legal, human resources, management information systems, security and safety, environmental health, public affairs, and finance. (p. 54)

Thus, the emphasis is on coordination via a specialist managerial function which leverages the full authority and hierarchical power of the organization’s senior management.

4 | A BRIEF NOTE ON CRISIS IN FEMINIST WRITING AND THOUGHT

Before embarking on a discussion of ethics of care and how it might inform the theory and practice of crisis management, it is important to recognize that conceptualizations of crisis appear frequently in feminist works and to distinguish crisis as understood in feminist writing from crisis management as a specific activity undertaken within institutions and organizations in society. Feminist writing in sociology and political science has problematized a focus on specific crises, in favour of provoking a broader recognition of the endemic presence and wider societal significance of notions of crisis. For example, Otto (2011) highlights that ‘crises have become an everyday technique of global governance, authorizing the operation of a more hegemonic legal order and reducing (though not eliminating) the space for political contestation and critique’ (p. 6). Similarly, Griffin (2015) critiques ‘neo-liberalism’s gendered techniques of crisis governance, facilitating “effective” crisis management while censoring challenges to the hierarchies, shock tactics and austerity measures on which crisis governance depends for its smooth operation’ (p. 67). These accounts analyse crisis management at a societal level of analysis, placing an emphasis on how crises are leveraged to reinforce existing hegemonies. A smaller body of work addresses how individuals (primarily women) draw upon care to overcome the challenges of large-scale crisis. For example, Meliou’s (2020) qualitative study examines how female entrepreneurs in Greece drew upon familial resources of care during periods of financial crisis and austerity. In contrast, my concern in this article is to explore the value of directing a feminist lens, in the specific form of ethics of care, to the management of specific crises at individual, organizational and societal levels. Thus, notwithstanding the broader role of crisis in societal governance, my concern lies with feminizing the practices of crisis management at multiple levels of analysis.

5 | ETHICS OF CARE AND CRISIS MANAGEMENT

In a conversation between Inbar Livnat and Paula-Irene Villa Braslavsky (2020) that appeared in Gender, Work and Organization’s ‘Feminist Frontiers’, a theme emerged regarding who or what ‘takes care of care’ (p. 270). The conversation progressed to consider the ‘crisis of care’ in capitalist economic settings, and the ways in which ‘everyday caring have to be taken care of by somebody, somehow; an arrangement, an organization, by other people’ (Livnat &
These notions of care as solution, and care as liability, resonate with how the COVID-19 crisis has been managed. Notions of care are frequently invoked in relation to the management of the COVID-19 crisis. We are asked to take care of ourselves and each other by socially isolating. If we are parents, we are asked to care for children and their education as schools close. If we have been lucky enough to keep our jobs, we are expected to continue to care about our work and our productivity. We are even asked to care for the economy, by getting back to working and spending as normal. The management of COVID-19 has led to unbalanced expectations about who is doing caring (Minello, 2020), masculinized ideals of competitive performance (Ivancheva, Lynch, & Keating, 2019) and for some a loss of access to care as resources are diverted towards the COVID crisis. These care-based discourses are problematic because they lack both (i) an intimate understanding of what it means to take, give and receive care (Sevenhuijsen, 2003); and (ii) reflexivity regarding the likely gendered and other inequitable consequences of mobilizing care instrumentally towards managing the COVID crisis.

Carol Gilligan’s (1993) [first published in 1982, 1993 edition referred to throughout] conceptualization of ‘ethic of care’ provides a basis to illuminate the normative dimensions of crisis management and to feminize its focal concerns and praxis. Gilligan (1993) recasts moral problems as ‘problems of human relations’ (p. xix) and the approach to moral reasoning and action is therefore notably experiential. The ethic of care emerges from Gilligan’s (1977) search … to identify in the feminine experience and construction of social reality a distinctive voice, recognizable in the different perspective it brings to bear on the construction and resolution of moral problems. (p. 482)

Drawing on psychological interviewing techniques, Gilligan was able to demonstrate that girls and women tended to speak differently about morality when compared to boys and men.

\[
\text{Instead, Amy’s judgments contain the insights central to an ethic of care, just as Jake’s judgments reflect the logic of the justice approach. Her incipient awareness of the ‘method of truth’, the central tenet of non-violent conflict resolution, and her belief in the restorative activity of care, lead her to see the actors in the dilemma arrayed not as opponents in a contest of rights but as members of a network of relationships whose continuation they all depend upon.} \quad (\text{Gilligan, 1993, p. 30})
\]

Gilligan (1993) therefore came to identify a paradox in that:

\[
\text{... the very traits that traditionally have defined the ‘goodness’ of women, their care for and sensitivity to the needs of others, are those that mark them as deficient in moral development.} \quad (\text{p. 18})
\]

Gilligan’s (1977, 1993) research subsequently challenged Kohlberg’s ‘so-called objective’ position (Gilligan, 1993, p. xviii) on the stages of moral judgment development (p. 18), reflecting that rather than being ‘... seen as a developmental deficiency, this bias appears to reflect a different social and moral understanding’ (Gilligan, 1977, p. 482). Gilligan (1993) went on to suggest:

\[
\text{In this conception, the moral problem arises from conflicting responsibilities rather than from competing rights and requires for its resolution a mode of thinking that is contextual and narrative rather than formal and abstract. This conception of morality as concerned with the activity of care centers moral development around the understanding of responsibility and relationships, just as the conception of morality as fairness ties moral development to the understanding of rights and rules.} \quad (\text{p. 18})
\]

In the excerpts above, Gilligan introduces four central tenants of her theory: non-violent conflict resolution, contextual and narrative understanding, the activity of care, and networks of relationships and responsibilities.

Nonviolence is central in Gilligan’s (1993) writing, because ‘the injunction against hurting’ enables a conceptualization of care that asserts ‘moral equality between the self and other and to include both in the compass of care’
Moral equivalence between care for others and care for oneself is important because care is ‘easy to sentimentalize and privatize’ (Tronto, 1993, p. 118). Held (2006, p. 95) clarifies that ‘neither is it satisfactory to think of caring relationships as merely what rational individuals may choose to care about as long as they give priority to universal, impartial, moral principles’. Care in this sense is not a virtuous disposition (i.e., women behaving selflessly), but rather both a value and a practice (Held, 2006; Tronto, 1993) that is pursued relationally and results in enhancing the other’s wellbeing (Noddings, 2003). Care is also dependent upon context because it ‘is distorted if abstracted from particular contexts and specific relations’ (FitzGerald, 2020, p. 4).

Relationships, with others and larger society, are important in Gilligan’s (1993) work because they are ‘sites of care’ (Lawrence & Maitlis, 2012, p. 642). Our individual lives are only possible because of our caring relationships with other people (Sevenhuijsen, 2003). Critical to Gilligan’s (1993, p. 126) theory is the ‘rediscovery of connection, in the realization that self and other are interdependent and that life, however valuable in itself, can only be sustained by care in relationships’. At the same time, ethics of care also reflect ‘the tie between relationship and responsibility’ (Gilligan, 1993, p. 173) and therefore ‘concern about how to fulfill conflicting responsibilities to different people’.

In Gilligan’s (1993) approach, human relationships are not only socially but politically situated. As Held (2006, p. 95) explains, ‘turning everyone into a liberal individual leaves no one adequately attentive to relationships between persons, whether they be caring relations within the family or social relations holding communities together’. Ethics of care challenge notions of neoliberal individualism and resist the centrality of justice ethics and the primacy of rationality (Gilligan, 2011). Ethics of care and justice are often presented as alternative moral positions (Gilligan, 1993; Lawrence & Maitlis, 2012), however, care can be understood as ‘the wider moral framework into which justice should be fitted’ (Held, 2006, p. 71). The ethic of care perspective therefore critiques the norm of independent citizenship that is common to neoliberal modes of governing and organizing and the centrality of individualism in many moral theories (Sevenhuijsen, 2003).

Ethics of care have been applied in a wide range of management research settings. For example, Nicholson and Kurucz (2019) examine the potential for ethics of care to illuminate the ethical dimensions of relational leadership for sustainability. They conceptualized an ethical framework for relational leadership for sustainability that distinguishes between ‘what we do’ (‘caring for’ and ‘caring about’) and ‘who we are’ (i.e., primacy of relationships, complexity in context, mutual wellbeing focus, engaging whole person) (Nicholson & Kurucz, 2019, p. 36). Lawrence and Maitlis (2012) conceptualize ‘how an ethic of care might be enacted inside organizations among their members’ (p. 644) to understand organizations as potential ‘sites of care and compassion’ (p. 659). They propose that the care enacted through discursive practices and everyday working relationships increases organizational members’ feelings of support and connection. Carmeli, Brammer, Gomes, and Tarba (2017, p. 1380) also apply Gilligan’s work at the organizational level of analysis to empirically examine ‘why and how an organizational EoC fosters employee involvement in sustainability-related behaviors at work’. They found that organizations that exhibited care towards their employees foster higher levels of employee satisfaction and involvement in sustainability-related activities. The ethics of care perspective therefore enabled Carmeli et al. (2017) to provide a micro-foundational understanding of organizational sustainability.

A further relevant literature develops ethics of care in the context of public policy. Stensöta (2015, p. 185) suggests that while ethics of care were traditionally applied in care-based settings (e.g., nursing) that they are now being used ‘to dissect the current arrangement of care provision (or rather non-care provision) in policies and administrative procedures’. A new strand of literature has thus developed on normative public policy. For example, FitzGerald (2020) seeks to reimagine government through an application of ethics of care (understood as critical political theory), by creating a thought experiment about the creation of a ‘Department of Care’ which provokes reconsideration of ‘the norms underpinning governments and institutions more broadly’ (p. 9). Building on the work of Tronto (1993), Sevenhuijsen’s (2003) application of ethics of care to Dutch social policy provokes discussion of four key dimensions of care.
Caring about stands for the recognition that there is a need for care. The corresponding value is attentiveness. Essential to good care is the ability and willingness to put ourselves in a situation where we understand the needs and the perspectives of others. Taking care of consists of taking the necessary steps in the care situation in question. ‘Taking care of’ is based on the willingness and capacity to take responsibility that ‘something’ is done to provide for the need in question. Caregiving, the third dimension, consists of carrying out actual caring activities that ensure that the caring needs are met. This supposes that people have the competence and the resources for care-giving in accordance with what is needed in the situation concerned. Care receiving refers to the interaction between the care-giver and care recipient: for the caring process to succeed it is important that there is room for responsiveness in order to assure that the care receiver responds well to the care received. (Sevenhuijsen, 2003, p. 184)

These granular notions of types of care are important because they enable a conceptual distinction to between the carrying out care (caregiving) which is often associated with care-based contexts, with recognition of the need for care (caring about), taking responsibility for care (taking care), and the connection between the caregiver and care recipient (care receiving).

A multifaceted consideration of care highlights two complications. First, as Sevenhuijsen (2003) notes, ethics of care requires consideration of trust in the context of care-based relations. Sevenhuijsen (2003, p. 186) observes that if the care given and received becomes one-sided it exhibits an ‘asymmetrical reciprocity’ which can lead to adverse effects such as paternalism, social divisions or unhelpful role signification (e.g., ‘rescuer and victim’). Second, Jordan (2020, p. 21), writing about ‘caring masculinity/ies’ in the context of fathers’ rights groups, raises a parallel point about the mobilization of care towards the notions or protection/protector. Jordan’s (2020) work therefore highlights the importance of context within which narratives of care emerge and the complexities they provoke. Phillips and Willatt (2020, p. 214) also recognize the possibility for regressive and paternalistic care practices to emerge in relation to the raced, classed and gendered structures. Trust therefore matters to care, because without openness about vulnerability and an empathetic quality of understanding towards others, connection is eroded (Sevenhuijsen, 2003).

6 | TOWARDS A FEMINIST CONCEPTUALIZATION OF CRISIS MANAGEMENT

Having considered the basic tenets of ethics of care, I now return to crisis management, and to more formally comparing rational crisis management literature with an alternative feminist crisis management informed by an ethic of care. Writing at the individual level of analysis, Gilligan (1993) makes two key observations about personal crisis: (i) that crisis reveals the ‘predicament of human relationships’ (p. 108); and (ii) that crisis can create ‘a return to a missed opportunity for growth’ (p. 109). The link between crisis, caring (including self-care), social relationships and responsibility is also applicable to crisis at other levels of analysis. Prior work by Simola (2003) considers ethics of justice and care in the context of corporate crisis management. Simola’s (2003) research is therefore primarily concerned with corporate responses to organizational crises, rather than a feminist perspective on crisis management. This is demonstrated in the article’s conclusion, where Simola (2003) suggests that:

First, further consideration should be given to the circumstances under which one approach might be more appropriate than the other approach. Is there a particular set of circumstances under which corporate leaders might be well advised to use either an ethic of justice or an ethic of care? (p. 358)

Choosing between ethical framings depending upon their utility seems somewhat problematic in relation to how both ethics of care and justice are theorized (e.g., see Held, 2006).
I present my comparison of the rational approach to crisis management and feminist crisis management in Table 1. Table 1 contrasts the two alternative approaches to crisis management along several dimensions that relate to the underlying assumptions and understanding of crisis that each approach embodies. Table 1 encapsulates the key dimensions on which the alternative approaches differ. Regarding the underlying assumptions of crisis management, perhaps the principal points of divergence between the two approaches relate to their underlying logics—respectively calculative and relational—and their assumptions regarding the objectives of crisis management—respectively, a return to ‘normal’ versus individual and social transformation. Rational crisis management emphasizes a weighing of costs and benefits and implementing practices that return a society or organization to its original state following a crisis. In contrast, a feminist crisis management might emphasize a relational logic grounded in preserving and extending relationships through a crisis through caring and seeing opportunities for a crisis to lead to a social transformation.

Perhaps the most significant points of difference in the two approaches’ understandings of crises relate to assumptions about temporality and boundedness. Rational crisis management tends to see crises as episodes in isolation—both in the sense of isolation from broader contexts in which they arise and in the sense of separation from other, related, crises that co-occur. In this view, crises are temporally and socially specific. In contrast, feminist crisis management would see crises as multiple and contextualized, as enduring and overlapping phenomena that are enmeshed and embedded within each other to a significant extent. Crises compound and confound each other within webs of relationships informed by care.

### Table 1 Conceptualizing rational and feminist crisis management

| Key dimensions in conceptualizing crisis management | Rational crisis management | Feminist crisis management |
|---------------------------------------------------|---------------------------|----------------------------|
| **Normative assumptions**                         | Maximizing expected utility | Ethics of care             |
| Moral reasoning                                   | Calculative               | Relational                 |
| Logic                                             | Objective; sometimes reductive | Subjective; towards situated knowledge |
| Understanding                                     | Human and financial costs | Quality of care and relationships |
| Metrics                                           | Return to normal          | Social transformation      |
| Purpose                                           |                           |                            |
| **Framing of crisis**                             | Discrete and delimited    | Related to pre-existing and coexisting crises |
| Boundaries                                        | Temporary                 | Inter-temporal             |
| Time frame                                        | Central authority and expertise | Webs of connections produced by inter-personal relationships |
| **Mechanisms of resolution**                      | Distinct phases of preparation, response, recovery and learning | Enmeshed phases of preparation, response, recovery and learning |
| Dynamics/process                                  | Sequential attention to goals | Ongoing attention to relationships |
| Praxis                                            | Agentic, or vulnerable    | Able to give and receive care differently at different times |
| View of people                                    |                           |                            |

7 | CONCLUDING THOUGHTS

COVID-19 has shown the limitations of rational crisis management, and the need for an alternative approach grounded in different assumptions and oriented to distinct outcomes. Lawrence and Maitlis (2012) propose that ethic of care scholarship tends to focus more on theory than action, and in this article I highlight the practical
advantages that could flow from thinking and acting differently about crisis, especially socially disruptive extreme crises like COVID-19 that have multiple effects on societies globally. My analysis of crisis management is explicitly feminist in orientation and transformational in objective. I draw upon Gilligan’s ethic of care as a theoretical viewpoint to ‘provide a language’ for crisis management which could ‘... transform the social norms that impact on individual behavior and effect institutional and organizational arrangements’ (Pullen, Lewis, & Ozkazanc-Pan, 2019, p. 3). To do this, I contrast rational crisis management and an alternative perspective that is concerned with caring about, taking care, caregiving and care receiving (Sevenhuijsen, 2003) in the context of large-scale crisis events like COVID-19. I have proposed that feminist crisis management rests on fundamentally different foundations, embodies distinct behaviours, policies and perspectives, seeks alternative ends and follows alternative processes.

DECLARATION OF CONFLICTING INTERESTS

The author declared no potential conflicts of interests with respect to the authorship and/or publication of this article.

ORCID

Layla J. Branicki https://orcid.org/0000-0002-0952-9504

REFERENCES

Ardern, J. (2020, March 23). Coronavirus: Prime minister Jacinda Ardern’s full COVID-19 speech. News Hub. Retrieved from https://www.newshub.co.nz/home/politics/2020/03/coronavirus-prime-minister-jacinda-ardens-full-covid-19-speech.html

Barron-Lopez, L. (2020, May 5). A new study shows just how badly black Americans have been hit by Covid-19. Politico. Retrieved from https://www.politico.com/news/2020/05/05/black-counties-disproportionately-hit-by-coronavirus-237540

Bell, D. M. (2004). Public health interventions and SARS spread, 2003. Emerging Infectious Diseases, 10(11), 1900–1906. https://doi.org/10.3201/eid1011.040729

Bell, E., Meriläinen, S., Taylor, S., & Tienari, J. (2020). Dangerous knowledge: The political, personal, and epistemological promise of feminist research in management and organization studies. International Journal of Management Reviews, 22, 177–192.

Biesecker, A., & von Winterfeld, U. (2018). Notion of multiple crisis and feminist perspectives on social contract. Gender, Work and Organization, 25(3), 279–293.

Branicki, L., Steyer, V., & Sullivan-Taylor, B. (2019). Why resilience managers aren’t resilient, and what human resource management can do about it. International Journal of Human Resource Management, 30(8), 1261–1286.

Bundy, J., Pfarrer, M. D., Short, C. E., & Coombs, W. T. (2017). Crises and crisis management: Integration, interpretation, and research development. Journal of Management, 43(6), 1661–1692.

Carmeli, A., Brammer, S., Gomes, E., & Tarba, S. Y. (2017). An organizational ethic of care and employee involvement in sustainability-related behaviors: A social identity perspective. Journal of Organizational Behavior, 38(9), 1380–1395.

Centre for Disease Control. (2018, March 21). History of 1918 flu pandemic. Retrieved from https://www.cdc.gov/flu/pandemic-resources/1918-commemoration/1918-pandemic-history.htm

Centre for Disease Control. (2019a, June 11). 2009 H1N1 pandemic (H1N1pdm09 virus). Retrieved from https://www.cdc.gov/flu/pandemic-resources/2009-h1n1-pandemic.html

Centre for Disease Control. (2019b, August 2). Middle East Respiratory Syndrome (MERS). Retrieved from https://www.cdc.gov/coronavirus/mers/index.html

Centre for Disease Control. (2020, April 4). Social distancing, quarantine, and isolation. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html

City and County of San Francisco. (2020, April 29). Order of the Health Officer (No. C19-07c). San Francisco: City and County of San Francisco, Department of Public Health. Retrieved from https://sf.gov/sites/default/files/2020-04/2020.04.29%20FINAL%20%28signed%29%20Health%20Officer%20Order%20C19-07c-%20Shelter%20In%20Place.pdf

Chakraborty, A. (2020, March 18). Johnson says this is war. But his response to Covid-19 is laughably inadequate. The Guardian. Retrieved from https://www.theguardian.com/commentisfree/2020/mar/18/boris-johnson-covid-19-response

Christoyannopoulos, A. (2020, April 7). Stop calling coronavirus pandemic a ‘war’. The Conversation. Retrieved from https://theconversation.com/stop-calling-coronavirus-pandemic-a-war-135486
Douglas, M. (1966). *Purity and danger: An analysis of concepts of pollution and taboo*. New York, NY: Praeger.

Elley-Brown, M. J., & Pringle, J. K. (2019). Sorge, Heideggerian ethic of care: Creating more caring organizations. *Journal of Business Ethics, 1–13*. Advance online publication. https://doi.org/10.1007/s10551-019-04243-3

FitzGerald, M. (2020). Reimagining government with the ethics of care: A Department of Care. *Ethics and Social Welfare, 1–18*. https://doi.org/10.1080/17496535.2020.1746819

Gilligan, C. (1977). In a different voice: Women’s conceptions of self and of morality. *Harvard Educational Review, 47(4), 481–517.*

Gilligan, C. (1993). *In a different voice: Psychological theory and women’s development*. Cambridge, MA: Harvard University Press.

Grabowski, M., & Roberts, K. (1997). Risk mitigation in large-scale systems: Lessons from high reliability organizations. *California Management Review, 39(4), 152–161.*

Griffin, P. (2015). Crisis, austerity and gendered governance: A feminist perspective. *Feminist Review, 109(1), 49–72.*

Held, V. (2006). *The ethics of care: Personal, political, and global*. Oxford, UK: Oxford University Press.

International Labour Organization. (2020). *ILO: COVID-19 causes devastating losses in working hours and employment*. Retrieved from https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_740893/lang--en/index.htm

Ivancheva, M., Lynch, K., & Keating, K. (2019). Precarity, gender and care in the neoliberal academy. *Gender, Work and Organization, 26(4), 448–462.*

Johns Hopkins. (2020, April 15). COVID-19 Dashboard by the Center for Systems Science and Engineering. Retrieved from https://coronavirus.jhu.edu/map.html

Jordan, A. (2020). Masculinizing care? Gender, ethics of care, and fathers’ rights groups. *Men and Masculinities, 23(1), 20–41.*

Lawrence, T. B., & Maitlis, S. (2012). Care and possibility: Enacting an ethic of care through narrative practice. *Academy of Management Review, 37(4), 641–663.*

Livnat, I., & Braslavsky, P. I. V. (2020). Who takes care of ‘care’? *Gender, Work and Organization, 27(2), 270–277.*

Meliou, E. (2020). Family as a eudaimonic bubble: Women entrepreneurs mobilizing resources of care during persistent financial crisis and austerity. *Gender, Work and Organization, 27(2), 218–235.*

Minello, A. (2020, April 17). The pandemic and the female academic. *Nature*. Retrieved from https://www.nature.com/articles/d41586-020-01135-9

Mitroff, I. I. (1988). Crisis management: Cutting through the confusion. *MIT Sloan Management Review, 29(2), 15–20.*

Mitroff, I. I., Shrivastava, P., & Udvardia, F. E. (1987). Effective crisis management. *Academy of Management Perspectives, 1(4), 283–292.*

National Risk Register (UK). (2008). *National Risk Register of Civil Emergencies — 2008 edition*. Retrieved from https://www.gov.uk/government/publications/national-risk-register-of-civil-emergencies

Nicholson, J., & Kurucz, E. (2019). Relational leadership for sustainability: Building an ethical framework from the moral theory of ‘ethics of care’. *Journal of Business Ethics, 156(1), 25–43.*

Noddings, N. (2003). *Caring: A feminine approach to ethics and moral education* (2nd ed.). Berkeley: University of California Press.

Otto, D. (2011). Remapping crisis through a feminist lens (U of Melbourne Legal Studies Research Paper 527). Retrieved from https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1762947

Pearson, C. M., & Clair, J. A. (1998). Reframing crisis management. *Academy of Management Review, 23(1), 59–76.*

Pearson, C. M., & Mitroff, I. I. (1993). From crisis prone to crisis prepared: A framework for crisis management. *Academy of Management Perspectives, 7(1), 48–59.*

Phillips, M., & Willatt, A. (2020). Embodiment, care and practice in a community kitchen. *Gender, Work and Organization, 27(2), 198–217.*

Pidd, H., Barr, C., & Mohdin, A. (2020, May 2). Calls for health funding to be prioritised as poor bear brunt of Covid-19. The Guardian. Retrieved from https://www.theguardian.com/world/2020/may/01/covid-19-deaths-twice-as-high-in-poorest-areas-in-england-and-wales

Pullen, A., Lewis, P., & Ozkazanc-Pan, B. (2019). A critical moment: 25 years of *Gender, Work and Organization*. *Gender, Work and Organization, 26(1), 1–8.*

Stensöta, H. O. (2015). Public ethics of care: A general public ethics. *Ethics and Social Welfare, 9(2), 183–200.*

Serhan, Y. (2020, March 31). The case against waging ‘war’ on the coronavirus. The Atlantic. Retrieved from https://www.theatlantic.com/international/archive/2020/03/war-metaphor-coronavirus/609049/

Sevenhuijsen, S. (2003). The place of care: The relevance of the feminist ethic of care for social policy. *Feminist Theory, 4(2), 179–197.*

Simola, S. (2003). Ethics of justice and care in corporate crisis management. *Journal of Business Ethics, 46(4), 351–361.*

Tronto, J. C. (1993). *Moral boundaries: A political argument for an ethic of care*. London, UK: Psychology Press.
United Nations. (2020, April 9). The impact of COVID-19 on women (Policy Brief). Retrieved from https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406

Williams, T. A., Gruber, D. A., Sutcliffe, K. M., Shepherd, D. A., & Zhao, E. Y. (2017). Organizational response to adversity: Fusing crisis management and resilience research streams. Academy of Management Annals, 11(2), 733–769.

Wilson, D. C., Branicki, L., Sullivan-Taylor, B., & Wilson, A. D. (2010). Extreme events, organizations and the politics of strategic decision making. Accounting, Auditing and Accountability Journal, 23(5), 699–721.

World Health Organization. (2009, June 11). Statement to the press by WHO Director-General Dr Margaret Chan. Retrieved from https://www.who.int/mediacentre/news/statements/2009/h1n1_pandemic_phase6_20090611/en/

World Health Organization. (2020, March 11). WHO Director-General’s opening remarks at the media briefing on COVID-19 — 11 March 2020. Retrieved from https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020

AUTHOR BIOGRAPHY

Dr Layla Branicki is an interdisciplinary researcher specializing in individual and organizational resilience. Layla’s recent projects have examined the factors that enable people and organizations to cope with risky contexts and/or extreme events, the gendered dynamics of crisis management, and the challenging nature of return to work after significant individual or societal disruptions.

How to cite this article: Branicki LJ. COVID-19, ethics of care and feminist crisis management. Gender Work Organ. 2020;27:872–883. https://doi.org/10.1111/gwao.12491