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**COMPASSION REVEALED: WHAT WE KNOW ABOUT COMPASSION AT WORK
(AND WHERE WE NEED TO KNOW MORE)**

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Abstract

In this chapter, we examine work by those who have responded to Frost's (1999) call for research that accounts for suffering and compassion in work organizations. We add to this line of inquiry by reviewing the organizational research on compassion published over the past decade and illuminating connections with extant research on related phenomena. In particular, we explore current understandings of the nature and impact of compassion at work, the conditions that facilitate compassion in work organizations, and efforts to institutionalize compassion. In pointing to what we see as fruitful directions for future research, we invite more scholars to see suffering and compassion as critical and pervasive aspects of organizational life.

Keywords: compassion, suffering, care, empathy, emotion

Compassion Revealed: What We Know About Compassion at Work (and Where We Need to Know More)

“As organizational researchers, we tend to see organizations and their members with little other than a dispassionate eye and a training that inclines us toward abstractions that do not include consideration of the dignity and humanity of those in our lens. Our hearts, our compassion, are not engaged and we end up being outside of and missing the humanity, the ‘aliveness’ of organizational life...As a result, we miss some pretty fundamental and important aspects of organizational life and functioning, and our theories and practices probably distort more than they illuminate what they purport to explain. If, as the Buddha is reported to have said, ‘suffering is optional but an inevitable part of the human condition,’ then we ought to find suffering as a significant aspect of organizational life...our theories ought to reflect this somehow...”(Frost, 1999, p. 128).

It has been over a decade since Frost issued this resounding call for organizational scholars to rethink our theories and practices in ways that more fully see, appreciate, and account for suffering and compassion as essential in organizational life. At the heart of Frost’s call is the intuitive understanding that suffering is a fundamental and inevitable aspect of the human condition (Barasch, 2005; Dalai Lama, 1995; Nussbaum, 1996; Wuthnow, 1991) and that compassion is both needed and more likely to occur when it is present.

Suffering is a broad term that encompasses a wide range of unpleasant subjective experiences including physical and emotional pain, trauma, psychological distress, and existential anguish, and feelings of disconnection (Baumeister & Leary, 1995; Blauner, 1964; Driver, 2007; Durkheim, 1897; Kanov, 2005; Leary & Kowalski, 1995; Leary, Springer, Negel, Ansell & Evans, 1998; Miller & Stiver, 1997; Pollock & Sands, 1997; Reich, 1989; Scarry, 1985; Schulz et al., 2007; Tangney & Fischer, 1995; Weiss, Bowlby, & Riesman, 1973) which may be triggered by the occurrence of certain events or circumstances (Cassell, 1999; Schulz et al., 2007). For example, suffering may stem from events in an employee’s personal life, such as the loss or illness of a loved one (Hazen, 2003; Lilius et al., 2008), the breakup of a romantic relationship (Manns & Little, 2010), physical illness and chronic pain (Dewa & Lin, 2000), or mental illnesses (World Health Organization, 1996, cited in Dewa & Lin, 2000). Suffering can

also be triggered by events within the workplace, such as incivility from colleagues (e.g., Cortina, Magley, Williams, & Langhout, 2001) or simply the toll of caring for others as part of the work role (e.g., Figley, 1995; Jacobson, 2006; Maslach, 1982) (see Driver, 2007 for a review of various causes of suffering at work; see also Bhagat, McQuaid, Lindholm, & Segovis, 1985).

Regardless of whether these events occur within or outside of the organization, suffering knows no such boundaries (Burke & Greenglass, 1987; Fox & Dwyer, 1999; Frone, Russell, & Cooper, 1992; Hazen, 2008; Lilius et al., 2010; Zedeck & Mosier, 1990); thus as part of the human condition, it is a ubiquitous feature of all workplaces. This is not only a moral concern, but also a financial one. It is estimated that employee grief, for example, costs U.S. businesses upwards of \$75 billion annually (Zaslow, 2002), whereas job stress and burnout have been estimated to cost industry hundreds of billions of dollars annually (Butts, 1997). These estimates are staggering, and even more so considering that they are relatively dated and capture only two forms of suffering.

This brief overview of the triggers and kinds of suffering found in organizations clearly conveys the multiple opportunities for and importance of compassion at work. Frost's call for scholars to acknowledge the presence of suffering and compassion in organizations inspired research that has contributed to our understanding of the nature of compassion and suffering in work organizations and of the powerful effects of compassion on those who receive it, witness its accomplishment, and are involved in its delivery. In addition, scholars are now exploring the organizational conditions that foster compassion. This chapter adds to this line of inquiry by reviewing the organizational research on compassion published over the past decade, illuminating connections to extant research on related phenomena, and inviting scholars to see suffering and compassion as critical and pervasive aspects of organizational life.

Below, we introduce our conceptualization of compassion and discuss its relationship to pain and suffering. We then review the impact of compassion, its facilitating conditions in work organizations, and efforts to institutionalize compassion. We end the chapter with a discussion of what we see as fruitful directions for future research.

Conceptual Foundations of the Study of Compassion

Compassion comes into the English language by way of the Latin root “passio,” which means to suffer, paired with the Latin prefix “com,” meaning together—to suffer together. The concept of compassion and its link to suffering has deep philosophical and religious roots. For instance, Christian theologian Thomas Aquinas noted the interdependence of suffering and compassion when he wrote: “No one becomes compassionate unless he suffers” (cited in Barasch, 2005, p. 13). Ancient Chinese traditions acknowledge the interrelationship of suffering and human concern in the figure of Kwan Yin, often referred to as the goddess of compassion. Hindu imagery depicts compassion through a half-ape half-human deity, Hanuman, whose chest is cleaved open to reveal his heart to others undefended. Some Buddhist traditions induct individuals seeking to cultivate their compassion into the vow of the Bodhisattva, whose life is dedicated to being present with and relieving the suffering of all beings (Barasch, 2005; Chodron, 1997). A recurring theme is thus the relationship between one’s own suffering and self-oriented compassion, and compassion for others (Neff, 2003, 2009).

Another important thread is the fundamental nature of compassion and suffering to our basic humanity. Modern philosophers, spiritual thinkers, and social scientists note the importance of compassion in social life (e.g., Blum, 1980; Frost, 1999; Keltner, 2008; Nussbaum, 1996, 2001; Post, 2003; Solomon, 1998; Wuthnow, 1991) and The Dalai Lama (1995) equates compassion with humanity. Keltner (2008) goes a step further, arguing that humans have

evolved to be compassionate. Compassion, as inextricably linked with suffering and as core to our humanity, is thus an age-old concept that pervades writing and thinking across diverse cultures and traditions.

How is Compassion Manifest in Work Organizations?

Writing for organizational scholarship, Kanov et al. (2004) represent compassion as a three-part process hinging on the interrelationship of self and other in the midst of suffering. More specifically, compassion consists of 1) attention to or noticing of suffering; 2) empathic concern, a felt relation with the other; and 3) action to lessen or relieve suffering (see also Clark, 1997). This conceptualization defines compassion from the perspective of the compassion provider and differentiates compassion from empathy (Davis, 1996). It also stands apart from conceptualizations of compassion as a trait (e.g., Cosley, McCoy, Saslow, & Epel, 2010) and moves beyond a view of compassion as an emotion (Goetz, Keltner, & Simon-Thomas, 2010; Lazarus, 1991; Nussbaum, 1996).

The noticing of suffering involves awareness of the presence or possible presence of suffering. That is, one may notice that someone else is suffering or that an individual is under some kind of duress without being certain that that person is suffering. Because noticing brings awareness, it is therefore a necessary (but not sufficient) precondition for the subsequent steps of the compassion process (Frost, 2003). Felt empathic concern, the second part of the compassion process, is the feeling of compassion (for a review, see Goetz et al., 2010)—the ‘suffering with’ that emotionally connects one person to another who is struggling or suffering (Kanov et al., 2004). Research reveals the role of perspective-taking for a host of organizational processes, including the production and transfer of knowledge (Boland & Tenkasi, 1995), negotiation (e.g., Galinsky & Moskowitz, 2000) and contextual performance (Parker & Axtell, 2001). Our

framework builds on this research to suggest that empathic concern, which involves perspective-taking, plays an important role in organizations by connecting the awareness of suffering to compassionate responding (Kanov et al., 2004; see also Oveis, Horberg, & Keltner, 2010).

Compassionate responding is the third part of the compassion process and refers to actions or displays that occur in response to others' suffering with the aim of lessening, alleviating, or making it more bearable (Kanov et al., 2004; see also Reich, 1989). Research suggests that compassionate responding in work organizations can take at least three forms: emotional support, material goods, and the granting of time and flexibility (Dutton, Worline, Frost, & Lilius, 2006; Frost, Dutton, Worline, & Wilson, 2000; Lilius et al., 2008), which can be either work-related or home-related (Dutton, Spreitzer, Heaphy, & Stephens, 2010). In this way, the responding component of the compassion process is closely linked to the family of prosocial behaviors (Brief & Motowidlo, 1986; Penner, Dovidio, Piliavin, & Schroeder, 2004) or interpersonal citizenship (for a review, see Podsakoff, MacKenzie, Paine, & Bachrach, 2000), which focuses on helping behaviors or intentional actions that benefit another (Dovidio & Penner, 2004).

Forms of Compassion

With the above three-part definition as a foundation, research has demonstrated that compassion varies in two key ways. First, compassion can range in form from a more dyadic process to a more collective and organized one. Dyadic compassion is present when one person (e.g., an employee or customer) notices the suffering of another person, feels empathic concern, and responds (e.g., Kahn, 1993; Lilius et al., 2008; Margolis & Molinsky, 2008; Miller, 2007).

This form of compassion is illustrated in the following story:

A coworker, Katrice, had an adverse outcome to her abdominal surgery which resulted in several weeks of prolonged absence from work beyond her expected surgical leave. She

has 3 young children for whom she was the primary caregiver...Cara, another coworker who shares our office, called her daily to offer emotional support, ran errands, and helped with the children during her off duty hours until the wounds healed and she was able to resume her normal physical activities. Cara even rearranged her work schedule to help drive Katrice to the doctor's visits so Katrice's husband wouldn't have to miss more work time (provided by a participant in Lilius et al., 2008)

In work organizations, compassion is often not limited to an interaction between two individuals, but rather may take the form of a more collective accomplishment. Recognizing this, Kanov et al. (2004) proposed a framework in which "organizational compassion" begins with individual noticing of a colleague's suffering, but becomes a fundamentally social process where members of an organization come to exhibit a collective acknowledgement that pain is present, share and express their felt empathic concern, and respond to suffering in a collective, often coordinated way. An instance of collective compassion is illustrated in the following story (Lilius et al., 2008):

A co-worker was diagnosed with breast cancer. Our entire department knew about this with our co-worker's permission through the Director. We all decided how to best handle the absences of the co-worker. She happened to be a single mother so it was important to help her at home during her chemo. Our department set up a rotating schedule to bring the family dinner each night for a 6-week period, and her work activities were covered.

Researchers have found empirical support for the Kanov et al. (2004) model of organizational compassion. Through an in-depth focus on what they refer to as the process of compassion organizing, Dutton et al. (2006) focus on how individual compassion in response to a painful episode becomes a shared effort in which resources are collectively and competently generated and directed to alleviate suffering. O'Donohoe and Turley (2006) find evidence for collective compassion in how newspaper staff develop a communal sense of felt empathic concern and engage in coordinated compassionate responding when dealing with bereaved customers calling to place In Memoriam notices. Powley (2009) identifies how collective compassion in the wake of a shooting helps to activate an organization's latent capacity for

resilience, which promotes organizational healing (Powley & Cameron, 2008). Finally, building on the idea of systems of caregiving and supportive attachments among colleagues as a collective property (Kahn, 1993, 1998), compassion as a collective process has been theorized as a type of emotion-based organizational capability (e.g., Huy, 1999; Côté & Huy, 2010) that is sustainable over time (Lilius et al., 2010), reflecting a central form of what Cameron and colleagues refer to as organizational virtuousness (e.g., Cameron, 2003; Cameron, Bright, & Caza, 2004).

Compassion also may vary in the competence with which it is delivered, as reflected in the ability to respond to the unique needs and circumstances of others (Boykin & Schoenhofer, 2001; Candib, 1995). Writing about compassion in work organizations, Dutton, Frost, Worline, Lilius, and Kanov (2002) and Dutton et al. (2006) specify that compassion competence can be evaluated along four dimensions: scope, scale, speed, and specialization or customization of response. Scope refers to the breadth of resources provided to a person or group who is suffering, while scale refers to the volume of these resources. The speed of compassion captures the timeliness with which the resources are provided, and specialization refers to the degree to which resources are customized to the needs and circumstances of the sufferer. Competent compassion exhibited by an organizational member is a critical relational skill or practice (Fletcher, 1999; Frost et al., 2006) that could be thought of as an important form of social intelligence (e.g., Goleman, 2006). Recent research has suggested that another form of competence may be reflected when people and collectives are aware of and respect their own limits in providing compassion (Lilius et al., 2010).

Measurement of Compassion

The diversity of forms of compassion described above is also reflected in research that approaches the issue of measurement in a range of ways. One approach involves coding

qualitative data for evidence of noticing, feeling, and responding to suffering, as in Dutton et al. (2006) and Miller (2007). Other research has asked respondents to indicate how frequently they experience compassion in their workplace (Lilius et al., 2008). Researchers who hold a trait-based view of compassion have several measures available to them, including the Compassion subscale of the Dispositional Positive Emotion Scales (Shiota, Keltner, & John, 2006) or Davis' (1980) Interpersonal Reactivity Index. Neff (2003) also conceptualizes compassion as an individual difference, but focus on the degree to which people are self-compassionate.

In the same way that compassion can be measured as a personal trait, compassion can be conceptualized (Kanov et al., 2004) and measured as an organizational characteristic. For example, McLelland (2010) measures the compassion of an organization as the degree to which its routines are likely to facilitate noticing, feeling, and responding to suffering, while Muller (2010) suggests that an institution's level of corporate philanthropy is a reflection of its organizational compassion.

Finally, research also reflects efforts to capture variation in the competence with which compassion is expressed. As noted above and in Dutton et al. (2006), the competence of a compassionate response can be evaluated in terms of its speed, scope, scale, and customization to reflect a degree of competence. Dutton et al. (2010) further suggest that extensiveness is another important way that compassionate responses can vary, falling along a spectrum from more simple inquiries and expressions of concern, to work-based help, to efforts that transcend the work-personal boundary.

What Difference Does Compassion Make in Organizations?

Frost (1999) suggested that, while missing from mainstream theories, compassion is central to organizational functioning. Existing research shows that it is associated with a host of

important outcomes for employees, organizations, and customers alike. While the effects of compassion depend on whether one is on the receiving end of, bearing witness to, or participating in the delivery of compassion, research suggests that compassion has many beneficial consequences. Most intuitively, compassion makes a difference to those on its receiving end. Individuals who experience compassion in times of suffering are better able to manage and move forward from their difficult circumstances. This effect is directly visible in health care settings where research shows the impact of compassion on reducing patient anxiety (Fogarty, Curbow, Wingard, McDonnell, & Somerfield, 1999) and fostering positive patient health outcomes (Taylor, 1997).

If compassion has positive outcomes in the context of health care, it is not hard to imagine its effects would be salutary in work organizations—for employees, customers, and others. Indeed, in the face of traumatic personal losses, evidence continues to build that compassion from one's work colleagues plays a critical role in an individual's ability to recover. This may be in part simply a function of having one's pain acknowledged, such that grief does not become disenfranchised (Bento, 1994; Doka, 1989; Manns & Little, 2010). As Hazen (2008) notes, it is extremely difficult for an employee to heal from traumas in their lives if they feel that they cannot openly express their loss. As such, compassion from other organizational members legitimates the painful experience and allows the grieving process to unfold for the suffering employee. In addition to legitimation of pain, the emotional support, time and flexibility, material goods, or whatever else may be part of a compassionate response (Dutton et al., 2006; Lilius et al., 2008) provide key resources that allow individuals to get back on their feet and recover from painful circumstances. For instance, some scholars have shown how the temporary suspension of work-related demands may allow employees to manage debilitating anxiety (Kahn,

2001) and readjust psychologically and emotionally following a traumatic experience (Powley, 2009). While we are not advocating the instrumental provision of compassion to boost productivity, it is important to note that the experience of compassion may play a role in helping suffering individuals resume or re-engage with their work.

Importantly, research suggests that compassion impacts members' (e.g., employees', customers') attitudes and relational perceptions beyond alleviating suffering. Experiencing compassion shapes individuals' sensemaking about the kind of organization of which they are a part and the kinds of colleagues with whom they work (Lilius et al., 2008). Organizational scholars document the importance of the belief that one's work organization values and cares about their well-being (i.e., perceived organizational support) for key outcomes favorable to the employee (e.g., job satisfaction) and the organization (e.g., affective organizational commitment) (for a review, see Rhoades & Eisenberger, 2002). In a similar vein, Lilius et al. (2008) found that employees who report experiencing compassion at work are more likely to report being affectively committed to their organization, and describe their co-workers and organizations in positive terms. Similarly, Powley (2009) finds that work colleagues emerge from a shared trauma and subsequent compassionate treatment with a strengthened quality of relationship with their colleagues and heightened sense of community and belonging. In a study of how organizational members interpreted compassionate organizational actions after 9/11, researchers found it changed how members felt, how they saw themselves and how they saw the organizations (Rhee, Dutton, & Bagozzi, 2008).

Lilius et al. (2008) also found that employees who experienced compassion are more likely to report positive emotions while at work, which has been connected to a host of important organizational outcomes (for a review, see Fredrickson, 2003; Staw, Sutton, & Pelled, 1994).

Organizational members who see others in relative distress arising from an inability to move toward desired goals may act to help them through ‘coaching with compassion’ (Boyatzis, Smith, & Blaize, 2006), allowing a person to move closer to their aspirations and ideal self. Similarly, in the face of bad news (e.g., that one has been laid off), compassion in the form of interpersonally sensitive treatment in its delivery can “cushion the blow” (Margolis & Molinsky, 2008, pg. 847) by protecting the dignity and well-being of the recipient (Tyler & Bies, 1990). Recent experimental research reveals that the inducement of compassion through loving-kindness meditation builds resources that result in higher levels of life satisfaction and lower levels of depressive symptoms (Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008).

Beyond the impact of compassion on suffering individuals, research reveals patterns of compassion spirals, where those on the receiving end of compassion are subsequently better able or more likely to direct caring and supportive behaviors toward others (Goetz et al., 2010). This is particularly important in caregiving organizational contexts where the work itself brings about stress, burnout, and compassion fatigue (Figley, 1995). Effective organizational and individual functioning is enhanced to the extent that caregiving behaviors are exhibited among work colleagues (i.e., ‘caring for the caregivers’ (Kahn, 1993). Not only are caregivers themselves positively impacted (i.e., through reduced stress and burnout), but such compassion also helps to replenish the emotional resources caregivers need to care for their clients. This extends to employees not typically thought of as ‘caregivers’, such as newspaper employees whose interactions with grieving customers as a function of support from and emotion processing with their co-workers (O’Donohoe & Turley, 2006). Indeed, evidence from research on perceived organizational support suggests that supervisors who feel that their organization values them and

cares about their well-being are more likely to direct supportive behaviors toward their subordinates (Rhoades & Eisenberger, 2006).

The impact of compassion at work extends beyond those who receive it to those who witness it or participate in its delivery. First, employee sensemaking about the kind of organization for which one works is shaped not only by one's own experiences of compassion, but also by witnessed interpersonal treatment of colleagues (Grant, Dutton, & Rosso, 2008; Lilius et al., 2008). This finding is in line with research on interpersonal justice, which shows that compassion in the delivery of 'bad news' can have a positive impact on the attitudes and perceptions of layoff survivors (Brockner et al., 1994). Similarly, perceptions of organizational support—that one's work organization values and cares about one's own well-being—may be shaped by impressions of the degree to which employees in general are supported (Rhoades & Eisenberger, 2002). Second, witnessing others engaging in virtuous action leads people to feel elevation (Haidt, 2003), a positive emotion that causes others to want to engage in similar behavior. This adds to Fredrickson's (2003) work on upward emotion spirals to show another important way that compassion may beget compassion.

Finally, existing empirical research points to the positive impact of participating in the delivery of compassion. While there has long been an assumption that the provision of compassion is a fatiguing endeavor (Figley, 1995), recent research suggests that it may also engender compassion satisfaction, which has been defined as "the satisfaction derived from the work of helping others" (Stamm, 2002, p. 107). This notion aligns with work on the positive implications of social support provision (Brown, Nesse, Vinokur, & Smith, 2003). Recent experimental research further suggests that those who see themselves as compassionate are more

receptive of others' social support, which in turn helps to mitigate their own physiological stress reactions (Cosley et al., 2010).

Acting with compassion is key for individuals who, as part of their job, must sometimes engage in behaviors that cause others pain (e.g., downsizing agents, Mishra, Mishra, & Spreitzer, 2009) where the performance of so-called "necessary evils" is inescapable in many cases, and is often quite painful for the agents themselves (see Margolis & Molinsky, 2008; Molinsky & Margolis, 2005; Clair, Ladge, & Cotton, 2010). Engaging with and responding to the suffering inflicted on another not only helps the person in pain, but also allows the harm-doer to navigate the difficult situation (Margolis & Molinsky, 2008) and to maintain their moral identity (Aquino & Reed, 2002) or a type of virtuous identity (Dutton, Roberts, & Bednar, 2010). Similarly, opportunities to provide compassion to others are associated with an enhanced positive prosocial identity (Grant et al., 2008). Further, it has been shown that the provision of compassion in the delivery of bad news can have positive effects on an organization's reputation, and on stakeholders' intentions to engage in organizationally supportive behavior (Coombs, 1999).

Engaging in compassion at work also has implications for how connected individuals feel to their organization, work colleagues, and ultimately to key organizational outcomes. At a basic level, research suggests that compassion is associated with a heightened degree of self-other similarity (Oveis et al., 2010). This heightened connection to others, in combination with the positive prosocial organizational perceptions that flow from involvement in the provision of compassion (Grant et al., 2008), culminates in a greater affective commitment to one's organization, with well-established implications for positive organizational outcomes such as lower levels of turnover and increased organizational citizenship (for a review, see Meyer, Stanley, Herscovitch, & Topolnytzky, 2002). Finally, Dutton, Lilius, and Kanov (2007) have

theorized that compassion among work colleagues contributes to an organizational capability for cooperation by generating relational resources, strengthening shared values, and cultivating critical relational skills.

In summary, research suggests that the experience of compassion—be it as a recipient, a witness, or a participant—can make an important difference for organizational members, customers, and whole organizations. In light of these findings, understanding the organizational conditions that facilitate the process of compassion becomes paramount. These are reviewed below.

How the Organizational Context Shapes Compassion

A focus on compassion directs research attention to the interweaving of attention, feeling, and action in context. To look at compassion in organizations is really to look at compassion-in-practice—how organizational contexts shape people’s ability and willingness to notice, feel, and act in relation to suffering, both as individuals and as coordinated collectives (Dutton et al., 2006; Kanov et al., 2004). While our starting assumption is that compassion is fundamental to being human, as we have discussed elsewhere (Frost et al., 2006; Lilius et al., 2010), everyday realities of organizational life and pressures for productivity and efficiency often obscure or drive out human moments at work (Hallowell, 1999; Frost, 2003) and reduce the likelihood that employees will have the capacity to notice suffering, much less have the time or resources to respond. Given the potential barriers to compassion, it is important to understand what conditions foster compassion. Existing research suggests that organizations facilitate compassion in two broad ways: (1) indirectly, by fostering conditions under which the spontaneous process of compassion is more likely to unfold; and (2) explicit attempts to routinize compassion through the institutionalization of compassion processes.

Conditions that Foster Spontaneous Compassion

Here, we build on Kanov et al. (2004) to consider several conditions that foster the spontaneous expression of compassion in work organizations. We focus in particular on conditions that can be broadly categorized as relational-, cultural-, and leadership-based, under which compassion processes—noticing suffering, feeling empathic concern, and compassionate responding by both individuals and coordinated collectives—are likely to spontaneously unfold.

Conditions that foster noticing of suffering. Conditions that make it more likely that organizational members will become aware of the actual or possible suffering of a colleague are critical for the activation of compassion (Cassell, 1999; Dutton et al., 2006). Individual awareness can arise through at least two channels: through attunement to changes in the condition (Benner, Tanner, & Chesla, 1992) or emotional states (Coté & Huy, 2010) of another, or through an organizational member choosing to discuss their difficult circumstances with others at work.

At a very basic level, the noticing of suffering hinges on conditions that may be in short supply in modern organizations: time and rich forms of interaction. Pressures for productivity and efficiency reduce the likelihood that employees will notice the suffering of colleagues and diminish the capacity to connect and be present with them to inquire further (Hallowell, 1999; Frost, 2003). Similarly, the often subtle signals that someone is struggling can also be easily lost through the increasing use of less rich forms of communication and interaction, such as email versus face-to-face interaction (Hallowell, 1999). As such, physical spaces, structures, and communication routines that bring colleagues into regular and close contact (e.g., face-to-face via daily or weekly department meetings, architecturally open workspaces) provide opportunities for establishing baseline understandings of what one's colleagues are typically like (e.g., their

usual demeanor, attitude, etc.) and also create opportunities to notice when individuals seem to deviate from their typical selves, which may be an indication that they are suffering in some way (Kanov et al., 2004; Lilius et al., 2010).

Awareness of suffering is further facilitated by the quality of the relationships between work colleagues. Higher quality connections between people are distinguished by how they feel (mutual, positive regard, and vitality) and how they function (process more emotional information, more flexible, and more open) (Dutton & Heaphy, 2003; Stephens, Heaphy, & Dutton, this volume). As Kahn (1998) describes, work relationships vary in the strength of their emotional attachments, with strong attachments leaving people feeling “joined, seen, felt, known, and not alone” (p. 39). Knowing one’s colleagues in this way provides the necessary familiarity about what their usual state and behaviors look like, which enables one to know when colleagues do not seem quite themselves. In addition, connection quality may affect whether someone who notices a change in the condition of a colleague feels comfortable to inquire further. As Miller (2007, p. 231) finds, “the process of noticing in compassionate communication involves not just noticing a need for help, but also active information-gathering about the individual in need and the context surrounding that need.” The quality of relations between work colleagues also shapes the degree to which employees have enough trust in their colleagues to share their painful circumstances (Dutton et al., 2010) and the sense that it is psychologically safe to do so (Edmondson, 1999). Further, strong ties between organizational members facilitate the spread of awareness by making shared information about suffering more credible and legitimate, and multiple and diverse sub-networks within an organization increase the spread of information about suffering (Dutton et al., 2006).

Conditions that foster noticing of suffering may be cultural as well. Variation in organizational and work group norms around the nature of the boundary between work and non-work (Ashforth, Kreiner, & Fugate, 2000; Clark, 2000) can shape how appropriate and typical it is for work colleagues to share personal details and struggles. Similarly, existing routines related to customer and community service, while not designed for collective compassion per se (as opposed to what we discuss regarding institutionalization below), may help spread information about and attention to suffering. One such example was seen in the business school studied by Dutton et al. (2006), where a pre-existing civic engagement education program enabled the rapid spread of attention to suffering students.

Organizational leaders can set an important tone for the value and legitimacy of noticing suffering (Dutton et al., 2002, 2006). For example, after 9/11 there was vivid evidence of the difference leaders made in noticing suffering (Dutton et al., 2002). Leaders' actions can be dramatic and visible, as in Dutton et al. (2006) where a top leader (Dean of the Business School) modeled and legitimated attention to the suffering of students, unleashing a torrent of student, faculty, and staff responding. Leaders also play a key role by shaping organizational norms around caring and compassion. Symbolic and instrumental behaviors from the leader can establish and reinforce values that let others know it is appropriate and necessary to know about each other's lives and pay attention to the pain and suffering of organizational members (Delbecq, 2010; Dutton et al., 2006). Such actions can also be reflected in the more everyday model provided in managerial caring (Kroth & Keeler, 2009).

Conditions that enable empathic concern. Once aware of the suffering of a work colleague, employees are more likely to feel empathic concern under particular conditions. High-quality relationships again play a key role in that they shape the ease with which one can take the

perspective of another, heightening the likelihood of empathic concern (Eisenberg, 2000; Parker & Axtell, 2001). Cultural conditions make it more likely that these emotions will be both felt and shared with others, and that the processing of difficult emotions will be normalized (Kanov et al., 2004). Normalized ways of processing difficult emotions were identified by O'Donohoe and Turley (2006) as key for managing customer grief and ones' own difficulties in doing so. Organizational values around holistic personhood and the importance of putting humanity on display foster open expressions of emotional pain that can also facilitate the propagation of empathic concern (Dutton et al., 2006).

Organizational leaders can also play an important role in enabling felt empathic concern by modeling expressions of emotion more generally (e.g., Frost, 2003), and care and concern more specifically (Kroth & Keeler, 2009; Mumby & Putnam, 1992). These findings are in line with a recent shift toward more relational models of leadership that emphasize the importance of being in tune with and responsive to the emotional states of others (Boyatzis & McKee, 2005; Goleman, Boyatzis, & McKee, 2002; Fletcher, 2007).

Conditions that enable responding. Awareness of the suffering of a work colleague and felt empathic concern are necessary but not sufficient conditions for a compassionate response. Often, the suffering is such that the nature and form of an appropriate response is not clear, which leaves the offering of help as an interpersonally risky endeavor. The risk involved means that the quality of relationships between work colleagues is again paramount. Trust is a key condition for accepting the associated vulnerability (Rousseau, Sitkin, Burt, & Camerer, 1998) that affects whether one will respond to suffering (Dutton et al., 2010; Lilius et al., 2010).

Relationship quality not only affects the likelihood that compassionate responding will occur, but it also affects the competence of the response – its speed, scope, scale and

customization (Dutton et al., 2002, 2006). “Knowing the other” (Tanner, Benner, Chesla, & Gordon, 1996) provides a foundation for understanding how to best meet the unique needs of the sufferer, thus lowering the interpersonal risk involved in responding and enhancing the competence of the response (Cassell, 1999; Clark et al., 1998; Dutton et al., 2002, 2006; Lilius et al., 2010). Diverse and strong relational networks also heighten the competence of the response (Dutton et al., 2006).

The actions of leaders again serve as a key enabler of compassionate responding. When leaders themselves demonstrate compassionate responding, they legitimate it as a valued and worthwhile endeavor toward which to devote valuable time and organizational resources, thus encouraging and empowering others to also respond to suffering (Worline & Boik, 2006). Leaders’ compassionate responding also models appropriate responding (Dutton et al., 2006), thus reducing the uncertainty and vulnerability that may otherwise inhibit responding. This may be particularly important in situations where employees want to help a suffering colleague, but do not share a close enough relationship to be comfortable doing so without this model.

The Institutionalization of Compassion

As reviewed above, compassion can be a spontaneous process that is informal and emergent, shaped by the unique conditions of compassion providers, receivers, and the broader organizational context. At the same time, organizations may take steps to institutionalize compassion by implementing different structures and programs that try to more efficiently and effectively trigger compassion to reduce suffering (Delbecq, 2010; Kanov et al., 2004). By the institutionalization of compassion, we are referring to the means by which compassion as a process becomes a type of taken-for-granted social fact and thus persists in a particular form over

time within an organization (e.g., Zucker, 1977). Here, we focus on deliberate organizational attempts to institutionalize compassion.

Compassion as an organizational process can become institutionalized for both rational and symbolic reasons. On the rational side, organizations can routinize emotion-wrought processes to help minimize the uncertainty and unpredictability associated with having to notice, feel, and respond uniquely to each case of suffering that unfolds in an organization. This argument fits with the idea that organizations can use bureaucratic control to rein in and manage disruptive emotions like suffering (Martin, Knopoff, & Beckman, 1998). On the symbolic side, the institutionalization of compassion occurs to create and preserve legitimacy for actions and actors associated with noticing, feeling, and responding to suffering (Frost et al., 2006). In line with these arguments, institutionalizing compassion infuses these structures with meaning and legitimacy beyond their instrumental or rational intent (Feldman & Pentland, 2003).

Accordingly, organizations deploy a variety of mechanisms that facilitate the noticing, feeling, and responding to employee's suffering as a type of collective achievement. These mechanisms come in two major forms: designated roles and formal programs.

Designated roles. An important and enduring means of institutionalizing compassion has been through the formal designation of roles that include the detection of and response to human suffering. For example, in universities, the role of ombudsperson includes responsibility for discerning and facilitating effective organizational responding to members' sufferings brought on by a variety of circumstances (e.g., unfair or uncivil treatment at work, Stewart, 1987). Other roles in different institutional settings (e.g., patient advocates in hospital settings (Heaphy, 2010) or customer service representatives in call centers (Totterdell & Holman, 2003), are designed to systematically detect and respond to suffering (and other complaints) from

organizational customers. The designation of formal roles for handling problematic interactions for the organization (Strauss, 1993) buffers organizations from interruptions and disturbances that could detract from their effectiveness. At the same time, in theory, they allow deployment of more skilled practitioners to deal with human suffering than might be otherwise available.

Formal programs. Formal organizational programs that ease and systematize the process of compassion come in several forms. Some programs facilitate peer-to-peer support as a means for facilitating and delivering compassion. For example, Bacharach, Bamberger, and McKinney (2000) studied a union's member-assistance program (MAP), which like employee assistance programs (EAPs), are formal means designed to provide services and support for individual employees who are suffering. While EAP programs offer services through professional support providers, union-based programs tend to be staffed by unpaid volunteers (Bacharach et al., 2000). Grant et al. (2008) studied an employee support program (ESP) where employees could chose to regularly contribute to a fund that provided financial support for employees if they faced emergency conditions. Some organizations allow employees to donate vacation time that other employees-in-need can draw on if they face family emergency requiring absences from work (Lilius et al., 2008). Finally, both CISCO Systems (see Dutton et al., 2002) and a university setting that we studied (Dutton et al., 2006) have harm notification networks in place to systematize awareness of any organizational members who are in painful situations. In all of these cases, the organizationally endowed and legitimated programs facilitate and routinize detecting and responding to employee pain in ways that are intended to minimize employee impairment on their jobs. At the same time, these programs often endow the organization (and by implications its employees) with the reputation and identity of being a caring and compassionate organization (Grant et al., 2008).

In programs like these, compassion is organized and routinized through the implementation of various practices intended to maintain standards in the ways that compassion is delivered. For example, MAP programs have routines for screening and selecting peer volunteers who can participate in the program based on their ability to demonstrate skills in listening, giving support, and maintaining confidentiality (Bacharach et al., 2000). They also use training programs to equip help-providers with general crisis management preparation and to foster mutual socialization of peer helpers. Similarly, in the ESP studied by Grant et al. (2008), there were strict rules around the circumstances under which employees could apply for financial aid from the ESP foundation. Taken together, these practices may help increase the effectiveness of the program by heightening both clarity for those administering it and a sense that it is run in a procedurally fair way, and that the compassion delivery system was not exploited by those who did not really need help.

The effectiveness of these kinds of programs and roles is variable, and depends not only on how well the programs are run or how well executed the roles are, but also the degree to which the programs are utilized. For example, one study of EAP programs in seven organizations found that most employees were unaware of the program's existence (Steele & Hubbard, 1985). Beyond utilization, the effectiveness of these programs could be gauged in terms of the speed, scale, scope, and customization of compassionate responding to the needs of suffering employees (see Dutton et al., 2002, 2006), though we are not aware of any such published studies.

Fruitful Directions for Future Research

Our foray into the domain of compassion research in organizations identifies four, among many, possible avenues for future research. First, in keeping with this volume, our focus has been on understanding the nature of and positive impact of the presence of compassion. There

have been hints in our research, however, that the absence of compassion may be an equally powerful force in organizations. For example, in a study by Lilius et al. (2008), almost ten percent of respondents asked to provide a story of compassion at work actually provided a story of when compassion was lacking. Some of these stories were highly elaborate and emotionally charged. As such, we suspect that while compassion may feel ‘above and beyond’ for those who receive it, those who fail to receive compassion during times of suffering and need can feel overlooked and short changed. A more systematic examination of the experience and perceptions of employees when compassion might have been expected but was not forthcoming could contribute to our understanding of compassion and of respectful interpersonal treatment more generally (Miller, 2001).

Second, we need to explore when and how the presence of compassion can have negative repercussions. Compassion can be costly to receivers, givers, observers, and the organizations of which they are a part (Frost et al., 2006). For example, some individuals prefer to keep their suffering to themselves, and especially to keep it separate from their working life. These people could experience great shame at receiving the compassionate attention of colleagues who want to support them (Frost et al., 2000). Equally, others in the organization may be aware of cultural norms of compassion but feel discomfort about how to behave around a suffering colleague, or feel pressure to show compassion when they do not feel it. Such pressure may be especially intense in settings where compassion has been institutionalized, where it may become another form of emotional labor, leading to resentment, alienation, or burnout (Figley, 1995; Hochschild, 1983; Maslach, 1982). The study of compassion would greatly benefit from further exploration of such issues.

Third, we need to study the limitations of the institutionalization of compassion. While institutionalized roles and programs may enhance the breadth and competence of compassionate responding through legitimated means, these kinds of structures and processes can be poor substitutes for the individualized, highly situation-specific response to an individual sufferer's circumstance that may be necessary for experiencing compassion's healing effects. In addition, 'forced' compassion may have negative implications (Grant et al., 2008). These limits have led some researchers to argue that compassion needs to operate in a more "organic, informal fashion that is antithetical and non-amenable to managerial systematization and control" (O'Donohoe & Turley, 2006 p. 1446).

Fourth, researchers could broaden the domain of compassion work by building on at least three new pathways. First, there is the critical new frontier of neuroscience and emotions that invites deeper inquiry into the links between compassion and the functioning of the human brain (e.g., Davidson, 2002; Goleman, 2003). Second, there is important work on self-compassion (e.g., Neff & Vonk, 2009; Neff, Kirkpatrick, & Rude, 2007) that would enlarge how organizational researchers imagine the applicability of compassion to individuals and their functioning and well-being in the workplace. Third, there is a possible pathway to study compassion at a more global or macro level than we have implied here. The call to answer, which is as pragmatic as it is theoretical, is how to cultivate a more compassionate society. What does organization theory have to add to our understanding of compassion and compassion organizing as a societal accomplishment? We have watched with appreciation the spread of the Charter for Compassion as a type of global movement via technology to create foundation conditions for compassion globally (www.charterforcompassion.org). Could this type of effort be studied as a vehicle for illuminating new possibilities for unleashing and supporting

compassion at a more global scale? We have also been encouraged by the 2010 Academy of Management theme called “Dare to Care: Passion & Compassion in Management Practice and Research”. This type of invitation to consider compassion and management practice and research is sure to unlock new possibilities that will hopefully will impact society in positive ways.

Conclusion

It is an exciting time to be a student of compassion in organizations. While Adam Smith argued that empathy and compassion were at least as important and interesting as self-interest (Smith, 1976), this point has been obscured through organizational models that assume human nature to consist only in individual self-interest (see de Waal, 2009; Walsh, Weber, & Margolis, 2003). But the tide is turning. New research points to the fundamental role of empathic concern and compassion in both human biology and human social life, drawing out questions about the limitations of economic and organizational theories that rely solely on assumptions of individual self-interest (Barasch, 2005; Davidson, 2002; de Waal, 2009; Keltner, 2008; Sober & Wilson, 1999). In the preface of a book which draws from many studies of chimpanzee social interaction, primatologist de Waal (2009, p. *x*), makes the case that empathetic concern is central to human social life: “Being in tune with others, coordinating activities, and caring for those in need isn’t restricted to our species. Human empathy has the backing of a long evolutionary history.”

This chapter has offered a review of the work that demonstrates the implications of compassion for organizations and their members. This decade of work moves us beyond Frost’s (1999) lamentations that we are missing fundamental and important aspects of organizational life by being blind to compassion. We hope this chapter illustrates that, with fresh eyes, there is much to see and learn about organizations and organizing using the lens of compassion.

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