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Compassion in Organizations

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COMPASSION IN ORGANIZATIONS

by

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ABSTRACT

Research on compassion in organizations has grown over the last decade, however, there is still a need for empirical work on the topic before we truly understand compassion and the various factors that influence it in everyday organizational life (Atkins & Parker, 2012; Dutton, Workman & Hardin, 2014). The purpose of this dissertation is to review the current literature on compassion in organizations and extend research on compassion by exploring potential moderators of the relationship between compassionate feelings and compassionate responses from potential compassion givers. The moderators under investigation are in the form of individual (i.e., moral identity, moral disengagement), situational (i.e., cognitive appraisals) and organizational (i.e., ethical leadership, ethical climate) contextual variables. Findings from experimental and field studies are presented. Theoretical and practical implications of compassion in organizations are discussed, and areas for future research are identified.

For my grandmother, Imogene Mabry Cotton and my aunt, Moncita Yolanda Cotton Miller.

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INTRODUCTION

Interest and research on compassion in organizations has flourished within the last decade (Lilius, Kanov, Dutton, Worline, & Maitlis, 2011). This growing interest is reflected in the increase in visibility and published work on the topic in our most prominent outlets including the theme of the 2010 Academy of Management Conference (i.e., Dare to Care), a special issue of *The Academy of Management Review* dedicated to compassion in organizations (2012), as well as a call for compassion in the academic profession and research on the topic from the past Academy of Management President, Anne Tsui (2013). Despite this increased interest in the topic there is additional work that needs to be done before we truly understand compassion and the various factors that influence it in organizational life.

To date the work on compassion in organizations consists primarily of theoretical explications and descriptions of the construct, its underlying processes and a handful of empirical studies. Unfortunately, as a result of the limited empirical work, the field is left without a clear understanding of the various factors that may influence the relationships involved in responding to human suffering in organizations. The purpose of this dissertation is to increase our understanding of compassion in organizations by exploring the factors that influence an individual's decision to respond compassionately to another person that is suffering. Specifically, I will review the past literature from other disciplines on compassion, discuss how compassion is different from similar constructs, review the literature from a management perspective and finally discuss insights and directions for future research (Chapter 1). Essentially, Chapter 1 will establish what we currently know about compassion across disciplines as well as what has been empirically tested and theoretically suggested about the

relationships involved in the development of compassion in organizations. It will highlight the gaps in the current literature due to a lack of empirical research on specific moderators of the various relationships involved in compassion in organizations. Building upon recent theoretical work surrounding compassion, Chapter 2 will investigate the impact of cognitive appraisals on the relationship between a potential giver responding compassionately to someone that is suffering or not responding at all. Finally, Chapter 3 will introduce a new perspective on the compassion literature. Specifically, I will draw upon the Positive Organization Ethics (POE) perspective to investigate potential moderators of the compassion process from the ethics literature at the individual level (i.e., moral identity, moral disengagement) and the organizational level (i.e., ethical leadership, ethical climate).

To date, research on compassion in organizations has been focused on two streams. The first stream focuses on organizational cultures and practices that build or hinder compassion towards its members and society at large (Dutton, Worline, Frost, & Lilius, 2006; Kanov, Maitlis, Worline, Dutton, Frost, & Lilius, 2004). The second stream of research focuses on the compassion process at the individual level (Atkins & Parker, 2012; Dutton, Workman & Hardin, 2014; Frost, Dutton, Worline, & Wilson, 2000; Lilius et al., 2008). This second stream of research is the focus of the present dissertation. I believe that it is important to understand the nature of compassion and the various individual and organizational factors that influence its expression at an individual level to ensure that organizational level interventions are ultimately effective (Atkins & Parker, 2012).

CHAPTER 1: COMPASSION IN THE LITERATURE

“Our human compassion binds us the one to the other – not in pity or patronizingly, but as human beings who have learned how to turn our common suffering into hope for the future.” –

Nelson Mandela

As the quote above exemplifies, compassion is an essential component of the human experience that serves the function of easing human suffering and creating bonds between people. The need for compassion can be seen in almost every avenue of human life as we all experience personal tragedies such as the loss of loved ones through death or divorce or the onslaught of illness. The need for compassion can also be seen in global tragedies like the recent tsunami in Japan, devastating hurricanes in the United States (i.e., Katrina, Sandy) and life changing earthquakes in places like Haiti. These experiences of loss and tragedy are the sources of human suffering but as Mr. Mandela notes above, compassion is the key to helping people move through these tough situations into a more hopeful future.

Interestingly, organizational scholars also note that suffering is an inevitable part of the human experience that can be eased by compassion (Lilius et al., 2008). Scholars note human suffering “encompasses a wide range of unpleasant subjective experiences including physical and emotional pain, trauma, psychological distress, existential anguish, and feelings of disconnection” (Lilius et al., 2011, p. 273) that may be triggered by the occurrence of certain events or circumstances. In addition to the personal tragedies and circumstances described above, suffering can also result from circumstances inside of organizations. For example, professional losses (e.g., demotions, layoffs, tenure denials) occur on a regular basis. Millions of workers were fired as a result of the recent global financial crisis and many more U.S. workers are losing

jobs as a result of companies outsourcing to cheap labor countries. Suffering also may occur as a result of abusive supervision or bullying in the workplace as well as because of small slights, disrespect and uncivil acts delivered by colleagues (Frost, Dutton, Worline & Wilson, 2000). Unfortunately, we carry this suffering and the emotions associated with our pain everywhere we go throughout the duration of the circumstances causing the pain. Indeed, researchers note that organizations are the sources and sites of some pain as well as places of healing through the act of compassion (Frost et al., 2000).

Interest in compassion from an organizational perspective was spurred by an editorial piece written by Frost (1999) in which he recounts his experience as a patient in a hospital. In the editorial, Frost recounts the story of a man who was very ill and ready to give up but was cared for by an encouraging compassionate nurse. Frost writes "...it was the quality of the care, the way she spent time with him, the compassion she brought to this humiliated, depressed, defeated human being that really caught my interest...the compassion in the nursing process may have had as much to do (or more) with his recovery as any technical practice that was provided to him...the hurt individual...[was] better off as a result of compassionate acts" (p. 127-128). Interestingly, Frost also notes that his own spirit was lifted as a result of observing the nurses compassionate behavior. He writes, "I too was lifted, my spirits were raised by seeing and then becoming a part of this act and the process. I entered, perceptually and emotionally, a world of organizational attitude and action that changed what I saw and influenced what I subsequently thought, felt, and did" (p. 128). In this editorial, Frost calls for more research on compassion in organizations emphasizing the occurrence of suffering in organizational life as a result of downsizing, restructuring and toxic leadership (i.e., a form of leadership that creates pain and suffering in others in the organization). This dissertation is an answer to the call.

Compassion in Other Disciplines

Compassion has been of interest to philosophers, theologians and scientists for centuries. Compassion in the philosophical tradition has been thought of as our species' way of linking the interests of others to our own personal interests (Nussbaum, 1996). For example, in Aristotle's classic book *Rhetoric*, he proposes that compassion¹ is a painful emotion directed at another person's misfortune or suffering (Nussbaum, 1996). He submits that this emotion rests on three beliefs: (1) the belief that the suffering is serious rather than trivial, (2) the belief that the suffering was not caused primarily by the person's own culpable actions, and (3) the belief that the observer's own possibilities are similar to those of the sufferer (Nussbaum, 1996). Aristotle's appraisals have been influential in the study of compassion as an emotion, and recent developments of compassion theory in organizational literature, which we will explore later in this dissertation.

It is interesting to note that Aristotle's description of compassion as a "painful emotion" is completely opposite to the way theologians and scientists describe the feeling. Compassion is typically characterized as a positive and pleasant feeling by laypeople, religious scholars and scientists. However, this view was recently challenged. Researchers tested the hypothesis that compassion can be accompanied by unpleasant and even painful feelings across two experimental studies where compassion was induced by listening to stories about people that were suffering. These researchers found that after exposure to others' suffering, participants felt increased levels of compassion, which were associated with unpleasant feelings, but not pleasant

¹ Aristotle uses the term "pity" instead of compassion in his original work (Nussbaum, 1996)

feelings as typically portrayed (Condon & Feldman-Barrett, 2013). The more positive conceptualization of compassion will be described below.

From a religious perspective, compassion can be found in almost all of the major religious traditions. For example, in the Christian faith, compassion is central to the religion's tenets. Jesus is believed to be the Son of God who became a man out of His love and compassion for humanity (Puchalski & O'Donnell, 2005). To Christians, Jesus is the embodiment of compassion and care for His believers. In the Parable of the Good Samaritan (Gospel of Luke 10:29-37), Jesus tells the story of a Jewish traveler who is suffering on the side of the road due to a brutal robbery and is passed by a priest and a Levite. Eventually, a Samaritan comes to the traveler's aid. This story is an example of compassionate conduct in the Christian faith.

Similarly, in the Jewish faith, God is considered to be the embodiment of compassion and is often referred to as the Father of Compassion (Lambert, 2006). Rabbi Hillel the Elder (a prominent Jewish scholar and sage influential in the development of the Jewish faith) is quoted as summarizing the Golden Rule, stating, "That which is hateful to you, do not do to your fellow. That is the whole Torah. The rest is the explanation; go and learn" (Hillel, 2014). This statement is often used as a reminder of how people of the Jewish faith should act towards each other, people of different faiths and animals. Indeed, scholars note "the compassion that Judaism commends is universal" to all of God's creatures and "no race is excluded from the Law, because all human beings, according to Judaism's teaching, are brothers, are children of the same Father, and are created in the image of God" (Montville, 2002, p. 112).

In the Islamic faith, God is said to have the attributes of compassion and mercy. Almost every chapter of the Quran begins with the verse, "In the name of Allah the Compassionate, the

Merciful” and Muslims verbally repeat this verse before any act (e.g., work, study) (Badawi, 2014). God is said to be more compassionate than a mother is towards her infant and followers are encouraged to show compassion towards captives, widows, orphans and the poor. Followers of Islam fast during the month of Ramadan (i.e., the ninth month on the Islamic calendar in which Muslims adhere to strict rules related to eating, drinking and smoking in order to reflect, improve and increase their devotion and worship) in an attempt to help them empathize with those that are less fortunate, to enhance their sensitivity to suffering and ultimately develop compassion for the poor and destitute (Badawi, 2014).

Compassion is an essential component of the Buddhist faith as it is seen as the only response to the inevitable suffering in human life (Kumar, 2002). The faith holds that happiness cannot exist without the practice of compassion. The Dalai Lama has said, “If you want others to be happy, practice compassion. If you want to be happy, practice compassion” (Center for Compassion and Altruism Research and Education, 2010).

The Evolution of Compassion in Humans

Scholars have long debated the development of compassion in human evolution due to its altruistic orientation. Some scholars suggest that humans have purely self-interested motives while others suggest that humans also have altruistic motives. Specifically, the debate over compassion as an altruistic motive stemmed from the disbelief that “natural and sexual selection processes could have led to the emergence of an affective state that leads individuals to enhance the welfare of others at an expense to the self” (Goetz et al., 2010, p. 351).

Charles Darwin, in stark opposition to this view, theorized that compassion (or sympathy as he called it) was the strongest of human “instincts” and that “those communities, which

included the greatest numbers of the most sympathetic members, would flourish best, and rear the greatest number of offspring” (Darwin, 1871/2004, p. 130). Along these lines, modern evolutionary researchers have developed three theories regarding the development of compassion in humans. Specifically, they suggest that compassion emerged as a distinct affective state and trait because it enhances the welfare of vulnerable offspring, it is a desirable emotion or attribute in mate selection processes, and because it enables cooperative relations with non-kin (Goetz et al., 2010).

As a state, evolutionary scholars suggest compassion developed in humans as a means for survival of young offspring to help reduce their harm and suffering (Goetz et al., 2010). Given the vulnerability of human babies, intensive effort and care are needed to ensure they reach the age of reproductive maturity. Scholars suggest caregivers developed sensitivity to the suffering of babies in order to help them reach this milestone. Indeed, scholars suggest that the tendency to experience “state like feelings of compassion for vulnerable young offspring in moments of need or suffering would have directly increased the chances of offspring surviving and ultimately reaching the age of reproductive viability” (Goetz et al., 2010, p. 354).

As a trait, evolutionary psychologists theorize that compassion developed as a desirable trait for mate selection and ultimately reproduction of the species. Compassion, according to these theorists, is considered “a trait like tendency to feel the emotion and to act altruistically” (Goetz et al., 2010, p. 354). It is theorized that compassionate individuals should “be more likely to devote more resources to offspring, to provide physical care-protection, affection and touch and to create cooperative, caring, communities” (Goetz et al., 2010, p. 354) which is vital to the survival of offspring. These theorists suggest that females and males likely preferred mating with

more compassionate individuals, which would ultimately increase compassionate tendencies within the gene pool.

Finally, as a state, scholars have theorized that compassion helps cooperation between non-kin suggesting, “compassion emerged as a state to motivate altruism in mutually beneficial relationships and contexts” (Goetz et al., 2010, p. 355). Interestingly, evidence of compassion and its action tendencies as a universally experienced phenomenon has been found across a diverse array of cultures throughout the world (Goetz et al., 2010).

Consistent with this view of compassion as an important emotion that links an individual with others around them is the conceptualization of compassion as a moral emotion. Moral emotions have been defined as “those emotions that are linked to the interests or welfare either of society as a whole or at least of persons other than the judge or agent” (Haidt, 2003, p. 853). Emotion theorists describe compassion as being “elicited by the perception of suffering or sorrow in another person” (Haidt, 2003, p. 863). According to these theorists, people can feel compassion towards total strangers. However, they suggest that compassion is most strongly and readily felt for one's kin, and for others with whom one has a close, communal relationship (Batson & Shaw, 1991; Goetz et al., 2010; Haidt, 2003). These scholars have found that people who feel compassion will want to help, comfort, or otherwise alleviate the suffering of the other (Batson, O'Quinn, Fulty, Vanderplass, & Isen, 1983; Batson & Shaw, 1991; Eisenberg, et al., 1989; Hoffman, 1982).

From an etymological perspective, compassion comes to the English language by way of the Latin root *passio*, which means to suffer, paired with the Latin prefix *com*, meaning together. Thus, compassion literally means, “to suffer together” (Lilius et al., 2011). This interpretation is consistent with philosophical and psychological definitions of the word. Aristotle described it as

a painful emotion directed at another person's suffering (Nussbaum, 1996) and psychologists have defined it as a feeling that "arises in witnessing another's suffering and that motivates a subsequent desire to help" (Goetz et al., 2010, p. 351).

In the next section, I will discuss various constructs that are associated with compassion and describe ways in which compassion is distinct from these constructs.

Differences between Compassion and Similar Constructs.

Compassion is often confused with a myriad of constructs. These constructs include sympathy, pity, empathic concern, empathy, benevolence, kindness, mercy and forgiveness. In the next section I will explore the differences between these common terms.

Compassion, Sympathy, Pity, Empathic Concern and Empathy

There is general agreement among psychologists regarding the definition of compassion with most scholars defining it as a feeling that develops when witnessing another's suffering that motivates a subsequent desire to help (Goetz et al., 2010). This feeling is thought of as a general disposition that some people carry as well as a state that can be induced as a result of witnessing suffering.

From a state perspective, scholars have theorized that the emotion of compassion is the head of an "emotion family" that encompasses several emotion states including sympathy, pity and empathic concern. An emotion family is a group of emotion states that share "certain characteristics, for example, commonalities in expression, in physiological activity, in nature of the antecedent events which call them forth, and perhaps also in the appraisal processes" (Ekman, 1992, p. 172). Researchers suggest that these states center upon a concern for alleviating the suffering of another individual. This conceptualization of compassion as a state is

the primary conceptualization of the construct taken by organizational scholars that study compassion and it is the perspective I will take when I discuss the empirical work I will conduct as a part of this dissertation.

In the literature on emotions, sympathy has been defined “as an emotional reaction that is based on the apprehension of another’s emotional state or condition and that involves feelings of concern and sorrow for the other person” (Eisenberg et al., 1994, p. 776). Researchers suggest that compassion encompasses a slightly broader set of states than sympathy (Nussbaum, 1996) that ultimately motivates someone to act to alleviate the suffering that is seen in another person. Scholars suggest, “sympathy may be a key competency in compassion” (Gilbert, 2005, p. 42). Indeed, researchers suggest, “sympathy may end with a sense of sadness or concern for another and compassion begin with these sentiments and develop into an other-focused wish for the alleviation of suffering” (Pommier, 2010, p. 43).

Pity has been defined as “a strong feeling of sadness or sympathy for someone or something” (pity, 2014). Pity has been used mostly by philosophers to refer to a state close to what is currently described as compassion. Recently, however, researchers have begun to suggest that pity involves the additional appraisal of superiority to the person that is suffering (Ben Ze’ev, 2000; Fiske, Cuddy, Glick, & Xu, 2002) while compassion can be felt for anyone in pain including those that are in superior positions.

Empathy refers to the vicarious experience of another’s emotions (Goetz et al., 2010). Although this emotion is often associated with compassion, scholars note that compassion “is not a sharing of another person’s emotional state, which will vary depending on what the other person’s emotional experience seems to be, but an emotion of its own...In compassion, the emotion is felt and shaped in the person feeling it not by whatever the other person is believed to

be feeling, but by feeling personal distress at the suffering of another and wanting to ameliorate it...being moved by another's suffering and wanting to help" (Lazarus, 1991, p. 289). It is important to note that organizational scholars often use the term empathic concern (i.e., feelings of warmth and concern for others undergoing negative experiences (Davis, 1980)) to describe feelings of compassion. Empathy is different from empathic concern in that empathy suggests feeling any emotion that another person is feeling while empathic concern suggests feelings of "warmth and concern." I will explore the use of empathic concern as a proxy for compassionate feelings later in this dissertation.

Compassion, Forgiveness, Mercy and Benevolence

Researchers note that compassion can be viewed as an emotion that facilitates intimate bonds with others (Shiota, Keltner, & John, 2006). Forgiveness, mercy and benevolence can be thought of as behaviors that are motivated by the emotion of compassion. This is the key difference between the constructs. Compassion is the motivational force behind these acts.

Compassion differs from forgiveness in that compassion motivates the act of forgiveness. For example, researchers have found that those who are induced to feel compassion for a separate individual are less likely to punish cheaters even when it is known that they intentionally cheated (Condon & DeSteno, 2011). This suggests that an important antecedent for forgiveness is compassion for the transgressor. Forgiveness has been defined as "a willingness to abandon one's right to resentment, negative judgment, and indifferent behavior toward one who unjustly injured us" (Allan, Allan, Kaminer, Stein, 2006, p. 1). Researchers suggest that compassion helps individuals to focus on the transgressor's humanity rather than defining him or her in terms of the offense and helps to get rid of unforgiving motivations and emotions

(Witvliet, et al., 2008). Indeed, scholars note “the experience of compassion has a radiating effect, extending kindness and *forgiveness* toward others, even those who have intentionally transgressed” (Lama & Ekman, 2008).

Compassion differs from mercy in that compassion motivates the granting of mercy. Mercy has been defined as “an act by a person who has the authority to do so that administers or recommends a less negative consequence or punishment than is deserved by someone” (Gartner, 2011, p. 70). It is important to note that “granting mercy” implies someone has some level of authority over the person that committed the wrong and is in a position to administer consequences. In contrast, compassion can be extended (and felt) for anyone who is suffering regardless of the relationship between the sufferer and giver.

Finally, compassion differs from benevolence in that benevolence is considered to be preceded by a general desire to preserve and enhance the welfare of others. Benevolence refers to a behavior that focuses on the “preservation and enhancement of the welfare of people with whom one is in frequent personal contact” (Schwartz, 1994, p. 22). Scholars have found benevolence to be related to citizenship behaviors directed toward the group (Arthaud-Day, Rode & Turnley, 2012) as well as mating behavior (Griskevicius et al., 2007). It is typically thought of as “an act of kindness” or “a generous gift.” Unlike compassion, benevolence is a behavior that is preceded by a general desire to preserve and enhance the welfare of people close to them (Schwartz, 1992). Someone may act benevolently towards another individual but that does not necessarily mean that they feel compassion for them. Nor is benevolence preceded by suffering as is the case with compassion.

Next, I will discuss the importance of compassion in organizations.

Compassion in Organizations

Why Compassion Matters in Organizations: Compassion as a Strategic Concern

As noted previously, organizational scholars have conceptualized compassion as a state embedded in a broader social process. Specifically, organizational scholars have defined compassion as a dynamic relational process that is made up of noticing another individual's suffering, empathically feeling that person's pain, and then acting in a manner to alleviate the suffering (Kanov et al., 2004). The feeling component of the compassion process is where organizational scholars have emphasized the affective state of compassion described in other disciplines. This essentially explains the role of compassion in organizational relationships.

This definition separates the process of compassion from the personality trait and instead casts it as a dynamic process between human beings that begins with noticing another's suffering. It is important to note that some people may be prone to be more compassionate than others because of their inherent "compassionate disposition", however the trait of compassion is not the focus of this dissertation nor has it been focused upon in management scholars' discussions of the topic.

Organizational scholars who study compassion have spent the last decade building the "business case" as to why compassion matters in organizations. These scholars suggest that compassion matters because it ultimately leads to a strategic competitive advantage for firms through the acquisition and retention of the best talent, employee engagement, greater service quality, employee emotional elevation and increased organizational performance (Center for Compassion and Altruism Research and Education, 2013).

In terms of talent acquisition and retention, Lilius and colleagues (2008) conducted a qualitative study of hospital workers and found that the experience of compassion led to affective commitment through positive emotions experienced by the sufferer (Lilius et al., 2008). Specifically, the authors conducted two studies (i.e., a pilot study and a narrative analysis of stories of compassion at work) to understand the nature of compassion at work. The authors investigated the range, frequency, and sources of compassion at work as well as gathered empirical evidence for the theorized relationship between the frequency of work compassion, positive emotion and affective commitment. Using a sample of hospital workers, the researchers measured compassion experiences by assessing how frequently respondents experienced compassion on the job, from their supervisor or with coworkers. The authors also asked respondents about positive emotions at work as well as affective commitment.

In the first study, the authors found support for the hypothesis that there is a positive relationship between experienced compassion at work and the frequency of positive emotions. The authors also found support for the hypothesis that there is a positive relationship between experienced compassion at work and affective organizational commitment. The authors also found a positive relationship between experienced compassion at work and affective organizational commitment through the inducement of emotion at work. In the second study, the authors collected narratives from the hospital workers in order to get a “richer description of the texture and consequences of compassion at work” (p. 201). Through these narratives, the authors developed various categories related to the types of suffering that trigger compassion at work (e.g., illness of oneself or a loved one), providers and recipients of compassion at work (e.g., coordinated among several co-workers), the forms of compassion at work (e.g., giving emotional support, giving time and providing flexibility and giving material goods), emotions associated

with compassion at work (e.g., sympathy), and the meaning of compassion at work (e.g., inferences about the self, inferences about co-workers, and inferences about the organization).

The authors also describe instances when compassion is lacking and argue that “when compassion is absent in the wake of pain, it can be seen as both an aggressive individual act and/or as representative of organizational values, which can lead employees to question their commitment and dedication to their work role” (p. 210). The authors suggest compassion supports talent acquisition and retention of employees because these experiences leave a lasting impression on organizational members that exemplify the care and concern their coworkers and the organization have for them (Lilius, et al., 2008). In turn these members are more likely to remain with the organization and tell others about their experience (Clark, 1987; Dutton et al., 2007; Frost et al., 2000; Grant et al., 2008; Miller, 2007).

Drawing on theoretical explications of the compassion process, scholars also suggest that compassion leads to increased engagement and discretionary effort, decreasing presentism (i.e., low performance in the workplace) and burnout for employees (Atkins & Parker, 2012; Bento, 1994; Frost, 2003; Grant et al., 2008; Hazen, 2008; Kulik, Cregan, Metz & Brown, 2009) because employees are confident that members of the organization are there to support them during their time of suffering and their emotional and cognitive resources are freed up. Scholars also suggest compassion leads to an increased ability to respond to human pain which researchers theorize enables greater service quality internally and externally (Dutton et al., 2006; Kahn, 1993; Lilius, 2012; O’Donohoe & Turley, 2006). Specifically, research suggests that enhanced service quality occurs through two mechanisms. In the first mechanism, people who have more experience dealing with compassion in their workplace have more of a capacity to deal with customer complaints. In the second mechanism, people who experience more

compassion among their coworkers have more discretionary emotional resources to spend giving high quality service. These processes combine to support high quality service interactions.

Scholars also suggest that the emotion of elevation is a strategic advantage for organizations that are able to capitalize on compassion. Elevation is a moral emotion elicited by “acts of charity, gratitude, fidelity, generosity, or any other strong display of virtue” (Vianello, Galliani, & Haidt, 2010, p. 391). Research on elevation has shown this emotion to cause specific motivations and action tendencies for emulating charitable and grateful acts (Vianello et al., 2010). Compassion scholars suggest that witnessing an act of kindness can lead to increases in felt elevation that ultimately extends up to three degrees of separation (Fowler & Christakis, 2008). In a longitudinal study, researchers investigated levels of happiness (i.e., proxy for elevation) among participant’s social networks. Results indicated that the relationship between people’s happiness extended up to three degrees of separation from the focal participant that is “to the friends of one’s friends’ friends” (p. 1). Compassion scholars suggest that this is an important finding for organizations and has implications for greater prosocial acts.

Finally, researchers have found a direct relationship between compassion practices and objective performance data. In a national study of hospitals in the United States, researchers found the experience of compassion among colleagues to have an independent effect on patient satisfaction scores as measured by standardized Medicare data (McClelland & Vogus, in press). This is the first published study that provides empirical evidence for compassion’s impact on objective organizational outcomes and suggests compassion matters for important organizational outcomes.

Given the importance of compassion in organizations additional research is needed to further explore the factors that impact it. Next, I will discuss the process by which compassion unfolds in organizations.

The Compassion Process in Organizations

As noted previously, compassion in organizations has been conceptualized as a dynamic relational process that is made up of noticing another individual's suffering, compassionately feeling that person's pain, and then acting in a manner to alleviate the suffering (Kanov et al., 2004). Next, I will describe how organizational scholars have described this process in detail.

Noticing another's suffering is the critical first step in the compassion process (Kanov et al., 2004). It requires noticing another person's suffering and becoming aware of the pain he or she is feeling. It is important to note that oftentimes individuals must have an openness and receptivity to what is going on in those around them, paying attention to others' emotions, and reading subtle cues in their daily interactions with them. The person that is suffering must also express their pain in a way that could be noticed by others. If noticing does not occur then the compassion process does not begin. Noticing of another's suffering may vary based on a host of individual and situational factors (e.g., similarity to the person suffering, liking, past experience with the same pain, workload) (Frost et al., 2000), which will be discussed later in this dissertation.

The next step in the compassion process is the feeling component (Kanov et al., 2004). The feeling aspect of compassion is noted as a social emotion that is inherently other-regarding (i.e., people feel compassion for someone else) (Kanov et al., 2004). This feeling connects one person to another's hurt, anguish, or worry (Kanov et al., 2004). Kanov and colleagues (2004)

equate compassionate feelings with empathic concern in which a person imagines or feels the condition of the person in pain or suffering. This perspective of equating compassionate feelings with empathic concern is consistent within the organizational compassion literature. As noted previously, empathic concern is defined by feelings of warmth and concern for others undergoing negative experiences (Davis, 1980). These feelings are thought to be the precursor for compassionate action and cast the feeling of compassion as a pleasant and positive emotion. This conceptualization of compassion as a good feeling is consistent with the common view of compassion by laypeople, theologians and psychologists (Condon & Feldman-Barrett, 2013). For purposes of this dissertation the terms compassion or compassionate feelings will be used instead of empathic concern to ensure clarity of constructs as empathic concern could be thought of as a disposition instead of the development of empathetic feelings as a result of witnessing suffering.

Kanov and colleagues (2004) note that noticing another's pain does not, however, inevitably lead to the feeling of compassion. They state, "It is possible to acknowledge that a person is suffering, but feel nothing for her, or even feel that she deserves what has happened" (p. 813). Additionally, "in compassion, a person surrenders him or herself to the pain of another by being with that person, at least for a moment" (Frost et al., 2000, p. 27).

Finally, compassion moves an individual to act toward easing or eliminating the other's suffering. This action is considered to be a compassionate response. Scholars define compassionate responding as "any action or display that occurs in response to another's pain, with the aim of alleviating that pain or helping the sufferer to live through it" (Kanov et al., 2004, p. 814). Compassionate responding goes beyond feelings of compassion and requires an expression through some action aimed at alleviating the pain of the person suffering (Frost et al.,

2000). Compassionate responding is directed towards those individuals in organizations who are suffering, regardless of whether their suffering is the result of personal or professional circumstances (Frost et al., 2000).

Recently, this process has been further developed by Atkins and Parker (2012). These authors theorized that an additional step exists in this dynamic process. Specifically, the authors argue that in addition to noticing, feeling and responding to the person that is suffering an appraisal process occurs. This appraisal process happens after the individual notices the person suffering but prior to feeling compassion. The authors suggest that an individual may not necessarily feel compassion for the person suffering and depending on the appraisal may instead feel anger, distress, sadness, coldness, or other emotions that do not lead to compassionate responding. This appraisal process was noted by Aristotle (Nussbaum, 1996) and Kanov and colleagues (2004) in past literature, however, it was not formally added to the process of compassion until Atkins and Parker. Atkins and Parker suggest that the particular emotion felt by the individual noticing suffering will be determined by the particular appraisal that is applied to the event with special attention paid in regards to the implications for themselves.

Drawing on cognitive appraisal theory (Folkman, Lazarus, Dunkelshetter, DeLongis, & Gruen, 1986; Lazarus, 1991), Atkins and Parker (2012) suggest that noticing another's suffering leads to feelings of compassion when the observer appraises the sufferer relevant to his or her self and goals. Cognitive appraisal theory identifies appraisals of both the situation (primary appraisals) and one's own resources for dealing with the situation (secondary appraisals) as a critical influence on emotional responses. "These appraisals combine to affect whether an observer regards the person-environment transaction as threatening or benign, which, in turn, influences the observer's emotions" (Atkins & Parker, 2012, p. 526). Ultimately, the less the

other's suffering is congruent with the observer's broader goals and values, and the less closely the other relates to the observer's sense of self, the less intensity of compassionate feelings experienced by the observer.

This view of appraisals as antecedents to feelings of compassion was recently challenged by Dutton, Workman & Hardin (2014). Specifically, these authors theorized that appraisals actually occur throughout the compassion process rather than only prior to feeling compassion for the person that is suffering. These authors suggest that it is possible for compassionate feelings to arise "more spontaneously and later be moderated one way or the other on the basis of one or more appraisals" (p. 8). This perspective will be further explored in Chapter 2 of this dissertation.

In addition to the conceptualization and refinement of the compassion process over the last decade, organizational scholars have also argued for the distinction of the construct of compassionate responding from other related organizational behaviors like organizational citizenship behaviors (OCBs) and social support behaviors (Kanov et al., 2004). These scholars have argued that the behaviors associated with OCBs and social support can be considered compassionate responses when they are accompanied by the noticing and feeling elements of the compassion process. Researchers have also noted other behaviors that they consider to be compassionate responses. These behaviors include providing emotional support to the person suffering, giving the sufferer time and flexibility on the job, and giving material goods such as a card or monetary donations (Lilius et al., 2008).

The relationships described are highlighted in Figure 1.

Compassion Studies in Organizations

As noted previously, research on compassion in organizations is limited. However, I will review the research that has been conducted to date. The research that does exist is primarily theoretical with a focus on explicating the compassion process. There are also a few experimental and qualitative studies that investigate moderators of the relationships between noticing suffering, feeling compassion and compassionately responding. A notable exception to this lack of field research hails from the healthcare literature, which will be discussed in the section on compassionate responding outcomes.

Organizational scholarship on the process of compassion can be traced back to research by Frost and colleagues (2000). These authors conducted interviews in a university setting of individuals (i.e., faculty, support staff and students) that experienced compassion as a receiver, giver and observer. The authors provide detailed examples of the compassionate encounters individuals were involved in. These experiences included being emotionally present with the person that was suffering by actively listening to them, holding their hand and offering words of comfort as well as cutting them slack on mistakes made while the individual was suffering. This article was the first published scholarly examination of compassion within organizations and along with Frost's (1999) editorial (discussed previously) ignited interest in organizational scholarship on compassion. Using the framework discussed above (i.e., noticing -> feeling -> responding) I will describe the research on compassion that has been conducted to date. However, it is important to explicate the antecedents of this process before exploring research on various aspects of the process.

Antecedents of the compassion process: What impacts the sufferers' display of pain in organizations?

In order for the compassion process to begin the sufferer must make their pain known to others in the organizational setting. Various factors may prevent the sufferer from expressing their pain. Researchers have theorized that the desire to appear professional may decrease the expression of suffering in the workplace (Atkins & Parker, 2012) as certain display rules may be present that discourage expressing emotions (Grandey, 2003). Additionally, researchers suggest increased status may lead a sufferer to be less likely to express suffering (Berdahl & Martorana, 2006) for fear of appearing weak to those with less power or the need to appear strong for those relying on them for guidance and leadership.

Antecedents of the compassion process: What impacts a potential giver's noticing of suffering in organizations?

In addition to the expression of suffering that must take place in order for the compassion process to begin there must also be noticing of suffering by a potential compassion giver. A potential compassion giver is someone that could potentially respond compassionately to someone that is suffering. I will use the term "potential giver" in the remainder of this dissertation. As noted previously, there are several factors noted in the literature to date that may impact the potential givers' noticing of suffering. Specifically, scholars suggest that individuals will vary in their receptivity to noticing the suffering of others due to factors such as similarity to the person suffering, liking, past experience with the same pain, workload and the quality and closeness of the relationship with the person suffering (Atkins & Parker, 2012; Dutton et al., 2006; Frost, et al., 2000). Researchers also suggest that shared values of treating individuals as

whole people may facilitate communication within organizations about suffering (Dutton et al., 2006; Frost et al., 2000).

Additionally, experimental research has found that individuals with lower socioeconomic status (SES) are more likely to notice suffering than their higher socioeconomic status peers (Stellar, Manzo, Kraus & Keltner, 2011). Stellar and colleagues (2011) investigated the role of socioeconomic status in dispositional compassion and in experimentally induced compassion episodes and encounters through a series of studies. In the first study, using a sample of university students, the authors asked participants to complete measures of social class, dispositional compassion and demographic information. The authors found that individuals with lower SES were more likely to feel dispositional compassion as compared to their upper class counterparts (controlling for race and gender). In the second study, using a sample of university students hooked up to machines that measured their physiological responses (e.g., heart rate) to stimuli, the authors induced compassion by having the participants watch compassion inducing videos. The students completed a measure of social class and emotion ratings.

The results indicated that the lower SES participants reported greater levels of self-reported compassion. These participants also exhibited heart rate deceleration (i.e., a physiological response associated with orienting to the social environment and engaging with others). In the final study, the participants engaged in a mock job interview in a group setting with another person they had not met before. Using a sample of university students, the researchers interviewed the participants in pairs and asked them several questions. The participants later answered questions related to their SES and emotions of themselves and perceptions of their partner's emotions. The authors found that those participants with lower SES were more likely to feel compassion for their partner than those with high SES. The authors

theorized that lower SES individuals have a stronger tendency to attend to negative external stressors and a motivation to affiliate with others and thus will be more likely to attend to the negative situational factors causing another individual to suffer ultimately leading them to feel compassion.

Moderators of the relationship between a potential giver noticing suffering and feeling compassion.

Even if an individual notices that someone is suffering they may not necessarily feel compassion for the individual. Researchers have explored various reasons why an individual may or may not feel compassion for someone they know is suffering. These factors can be thought of in terms of individual and relational.

Factors that may increase the development of compassionate feelings.

Individual factors. Researchers note that an individual's personality may impact their development of compassionate feelings toward someone that is suffering. Specifically, through correlational studies, researchers have found that the personality traits of extraversion, agreeableness, and openness to experience to be related to dispositional compassion (Shiota, Keltner, & John, 2006). The authors theorize that individuals with these personality types are more receptive to their environment and the emotions of others (Shiota et al., 2006).

Additionally, researchers suggest that psychological flexibility increases feelings of compassion because the individual is more receptive to others in their environment (Atkins & Parker, 2012). Psychological flexibility has been described as “a way of being that includes both mindfulness and values-directed action (Bond, Hayes, & Barnes-Holmes, 2006)” (Atkins & Parker, 2012, p. 525). Individuals that have high psychological flexibility are “open and curious

regarding the present moment and, depending on what the situation affords, act in accordance with one's chosen values" (Atkins & Parker, 2012, p. 528).

Indeed, research has found individuals with high psychological flexibility to have" greater capacity to notice and respond more effectively to goal-related opportunities at work (Bond et al., 2006, p. 652). Scholars suggest that this is due to fewer attentional resources being expended in trying to control the experience along with fewer emotional resources being expended as well (Atkins & Parker, 2012). As such, these individuals are more sensitive to the context and ultimately more effective in pursuing their goals (Bond et al, 2008). Atkins and Parker (2012) further elaborated on this concept theorizing that it has direct impacts on a person's feeling of compassion. Specifically, the authors suggest that being open and present in the environment (i.e., mindfulness) combined with values directed action contributes to the enhancement of perceptual, cognitive, affective and behavioral aspects of compassion.

Relational factors. Researchers have also found that perceptions of similarity increase feelings of compassion (Valdesolo & DeSteno 2011). In an experimental study, Valdesolo & DeSteno (2011) found that when participants completed tasks in unison with a confederate the focal participant perceived the confederate to be more similar to themselves. They also found that the focal participant had more compassion and exhibited more altruistic behaviors toward the confederate performing the task in unison than a confederate not performing a task in unison with them.

Factors that may impede the development of compassionate feelings.

Individual factors. One factor that has been found to influence this relationship is constraints on cognitive or attentional resources (Dickert & Slovic, 2009). Across two

experimental studies, researchers asked participants to identify the compassion target amongst several distractor targets. Dickert and Slovic (2009) found that compassionate “responses were lower and reaction times were longer when targets were presented with distracters (p. 297).” The authors suggest that being able to pay attention is an important factor in an individual’s development of compassion.

Relational factors. Status and power have been theorized to impact the development of compassionate feelings for someone that is suffering. Specifically, scholars suggest that high status may make individuals less likely to be empathically accurate (Galinsky et al., 2006) in their perceptions of people that are suffering. In an experimental study, Galinsky and colleagues (2006) randomly paired participants together to test the relationship between power and compassion. Participants were randomly chosen to tell a story to their partner about a time in which they suffered greatly. The authors found that participants with a higher sense of power experienced less compassion when confronted with their partner’s suffering. The authors suggest that these findings were shaped by power-related differences in the motivation to affiliate (van Kleef et al., 2008).

Moderators of the relationship between a potential giver feeling compassion and providing a compassionate response

It is important to note that even if someone becomes aware of another person’s suffering and feels compassion for them they may or may not do anything to help alleviate the suffering. Researchers have explored a variety of reasons that may moderate this relationship. These factors can also be thought of in terms of individual, relational, situational and organizational contextual variables. Before moving forward, it is important to note, situational and organizational variables

are similar in that both are related to the context or the environment. However, I am choosing to use this terminology in an effort to show differences between the variables that will be discussed later in this dissertation. Specifically, I am using the term situational to refer to a person's perception about the actors in a situation and themselves (i.e., perceptions about the sufferer and observations about their own feelings). In terms of organizational, I am using the term to focus on higher level factors within an organizational setting like the structure, policies/procedures and leadership of the organization.

Factors that may increase the chances of a potential giver providing a compassionate response.

Individual factors. Researchers also suggest that an individual's psychological flexibility may increase the actions taken by someone that feels compassion. Specifically, if someone is more psychologically open then they should be more likely to take steps to alleviate someone's pain (Atkins & Parker, 2012) because they are engaged with the environment and the emotions of the person that is suffering.

Relational factors. Researchers have theorized that potential givers may be more inclined to do something to help the sufferer if they have a close relationship with the sufferer (Clark 1987, Frost et al., 2000, Way & Tracy 2012).

Situational factors. Researchers also suggest that psychological appraisals will influence this relationship. Specifically, if a person appraises that the sufferer is un-deserving of their pain, is relevant to them and they are able to help the individual then the potential giver will be more likely to respond compassionately to the sufferer (Atkins & Parker, 2012; Dutton et al., 2014).

Organizational factors. Researchers suggest that the organizational climate may influence an individual's subsequent action after feeling compassion for someone that is

suffering. Specifically, researchers suggest that people in organizations that share beliefs about what is acceptable to know about and act on an individual's personal life are more likely to act to alleviate suffering (Ashforth et al., 2000). Researchers also suggest that when people in organizations share values that emphasize care, people are more likely to act compassionately (Simpson et al., 2013).

Additionally, leaders and important personnel within organizations are also theorized as being integral to facilitating compassionate responses in organizations. Organizational scholars have found leaders to be important role models in terms of subordinate behavior in organizations (e.g., Brown, Treviño & Harrison, 2005). Compassion scholars suggest that when a leaders' behavior models appropriate responses to suffering subordinates will mimic this behavior (Boyatzis & McKee 2005, Dutton et al., 2002). Dutton and colleagues (Dutton et al., 2002) provide numerous examples of leaders responding compassionately to members of their organization after various suffering-inducing situations including the attacks on the World Trade Center on September 11, 2001.

For example, the Dutton and colleagues (2002) note that compassionate leadership "involves taking some form of public action, however small, that is intended to ease people's pain and that inspires others to act as well" (p. 56). The authors note that compassionate leaders facilitate compassion on two levels. In the first level the leader creates an environment in which people can freely express and discuss the way they feel, which in turn helps them to make sense of their pain, seek or provide comfort, and imagine a more hopeful future. In the second level, leaders provide a context for action by which the leader creates an environment in which those who experience or witness pain can find ways to alleviate their own and others' suffering.

Similarly, researchers have identified some roles in organizations as essential emotional hubs that employees can go to help release emotional pain. Individuals in these roles have been termed “toxin handlers.” Toxin handlers are “organization members who help colleagues manage negative emotions in the workplace” (Kulik et al., 2009). These roles are often filled with individuals in key leadership roles as well as human resource professionals (Frost, 1999; Kulik et al., 2009). These individuals absorb the emotions of others and as a result may be well equipped and responsive to the suffering of others in their environment (Frost, 2003). While this may lead to a potential giver providing a compassionate response to someone that is suffering, it may also lead to resource depletion on the part of the giver. This resource depletion will be discussed later in this review as compassion fatigue.

Factors that may impede the chances of a potential giver providing a compassionate response.

Even if someone does feel compassion they may not try to help alleviate the suffering of the person in pain. Researchers have identified several important factors that may influence the delivery of a compassionate response.

Relational factors. Scholars suggest people may also be unsure of what kind of compassionate response is appropriate because of their relationship. Specifically, This may be the case particularly for those individuals that do not know the person who is suffering very well. They may worry about ‘crossing the line’ and getting too personal when someone may wish to keep their pain private (Lilius et al., 2011).

Situational factors. Scholars also suggest people may be under time pressures and as such may be overloaded and overwhelmed and ultimately feel incapable of responding

compassionately. Researchers suggest that, “when organizations emotionally exhaust their members, people disconnect from their work and their co-workers” (Kahn, 1993, p. 33).

Organizational factors. Researchers suggest that norms of self-interest may make individuals less likely to act compassionately (Molinsky, Grant & Margolis, 2012).

In a recent study, Molinsky and colleagues (2012) explored a potentially important moderator in the compassion process, one that is very salient in today’s business environment, economic schemas. An economic schema refers to “a knowledge structure that emphasizes the importance of rationality, efficiency and self-interest” (Molinsky et al., 2012, p. 28). Researchers have found individuals with an economic schema to be less likely to donate to charity (Frank, Gilovich, & Regan, 1993), more likely to prioritize their own self-interest above other motivations and reasons for action (Miller & Ratner, 1998; Schwartz, 1997; Wuthnow, 1991) and generally less likely to engage in prosocial behavior (Vohs, Mead, & Good, 2006, 2008).

Across three experiments, Molinsky and colleagues (2012) hypothesized and found that priming an economic schemas in participants moderated the relationship between feeling compassion and providing a compassionate response in the context of giving bad news. For example, in one experiment the authors primed an economic schema by having participants unscramble sentences with phrases like “they earn high profits” and “analyze costs and benefits.” The authors found that a primed economic schema decreased the compassion that individuals express to others in need, that this effect is mediated by dampened feelings of empathy and heightened perceptions of compassion as being unprofessional.

Outcomes of the Compassion Process

Compassion researchers suggest that the compassion process has broad implications for receivers, givers and observers beyond the initial compassionate act (Frost, 1999; Lilius et al., 2008; Lilius et al., 2011). Empirically, researchers have found these outcomes to include increased positive emotions and affective commitment (Lilius et al., 2008) for the receiver and giver as well as a changed perspective of themselves, their work and the organization (Lilius et al., 2008). In addition to these empirical findings, researchers also suggest that compassion can have lasting impacts on important organizational outcomes including a changed sense of the organizations support of them and care for their well-being, satisfaction with their job as well as their intentions to leave the organization (Lilius et al., 2008).

Interestingly, Lilius and colleagues (2008) also note that individuals (regardless of whether they were a receiver, giver or observer) make inferences about themselves, their work and the organization based on their compassionate experience. In terms of how they saw themselves at work, the authors suggest that individuals go through a process of sensemaking in response to experienced compassion at work and this process leads to a sense that one is better able to carry on with one's life and work, more capable of managing pain, and can be more fully oneself in the workplace (e.g., a respondent said "Just knowing someone cared enough to do this made a tremendous difference for me (p. 208)"). In terms of how they saw others at work, the authors suggest that this same sensemaking process leads to inferences about the quality of interpersonal relationships at work and the character of others who can be trusted to respond when pain arises (e.g., a respondent said "It still means a lot to me to know I work with such caring people) (p. 208)"). Finally, in terms of inferences about the organization, the authors suggest that this sensemaking process also leads to inferences about the desirability of being a

member of the organization, where acts of compassion are taken to be representative of values in the workplace (e.g., a respondent said, “I felt this person’s act to be representative of organizational values...a factor in accepting my permanent position here (p. 208)”).

I will further explore these outcomes for the sufferer, giver and observer in the sections below.

Outcomes of the compassion process – The Sufferer.

The primary outcome of the compassion process for sufferers is the alleviation of pain. Specifically, researchers have found compassion to alleviate suffering (Frost, 1999), reduce anxiety (Fogarty et al., 1999) as well as lead to positive health outcomes for patients (Taylor, 1997). Additionally, Lilius and colleagues (2008) found that those that received compassion developed a more positive perspective on their organization and believed that the organization cared about their wellbeing. These participants entered a process of sensemaking that changed the way they viewed the organization, their work and themselves. Specifically, the narratives collected by the authors (discussed previously) revealed respondents who indicated that they were involved in a compassion episode at work, made inferences about themselves, their co-workers and the overall quality of their workplace. In terms of the self, the authors concluded that “in the face of difficulty, the experience of compassion in the workplace can have a lasting impact on how one sees his or herself” (p. 207). In terms of coworkers, the authors conclude that compassion experiences lead the sufferer to make positive inferences about the positive qualities of his colleagues. Finally, in terms of the organization, the authors conclude that respondents that received compassion often came away with a sense that the actions taken by individuals were “representative of the larger values in the work organization which contributes to positive

feelings about the workplace overall” (p. 209). Additionally, researchers have found that sufferers also have increased positive emotions as a result of compassionate encounters which ultimately leads to increased affective commitment (Lilius et al., 2008).

Outcomes of the compassion process – The Giver.

From the perspective of the giver, researchers suggest that a person who acts to alleviate suffering is likely to have a more positive prosocial identity (Grant et al., 2008), which is reinforced by their actions. In an investigation of a national retail bookseller, Grant and colleagues (2008) collected qualitative and quantitative data to investigate the mechanisms through which giving to an employee support program enhances employees’ affective commitment to the organization. Specifically, the authors conducted two studies. In the first study, the authors conducted 40 semi-structured interviews to gather qualitative data on the employees’ understanding about the company’s employee support fund (i.e., a fund used to support employees in need) and their feelings about the company. The authors asked employees about their giving and receiving from the account as well as their feelings of “dedication and attachment (p. 901)” to the store. The authors concluded “giving initiates a process of prosocial sensemaking, in which giving leads employees to judge personal and company actions and identities as caring and thereby strengthens their affective commitment to the company” (p. 902). “As a preview, our findings suggest that the act of giving to the ESF cultivated affective organizational commitment by strengthening employees’ perceptions of both personal and company prosocial identities and images of the self and the organization as helpful, caring, and benevolent (Grant, 2007; see also Mayer, Davis, & Schoorman, 1995)” (p. 903).

In the second study, authors collected cross-sectional data to further investigate the relationships discovered in the qualitative study. The authors measured affective commitment, employee support fund giving behavior, interpretations of personal and company employee support fund contributions as caring, personal prosocial identity and company prosocial identity. The authors controlled for job satisfaction, anticipation of receiving employee support fund support, past support fund support received and demographic characteristics. The authors found that giving behavior explained significant variance in affective organizational commitment, even after adding the control variables. The authors also found “that each of the two prosocial sense-making mechanisms identified in the qualitative study partially mediated the association between giving and commitment. These findings suggest that giving to an employee support program is associated with higher levels of affective commitment to one's organization through employees' interpretations of personal and organizational actions and identities in prosocial, caring terms” (p. 912).

Through their research, the authors found employees that gave to the support program judged the actions of the company, themselves and their identities as caring and this ultimately strengthened their affective commitment. The authors theorize “giving behavior triggers a particular form of sensemaking - prosocial sensemaking – about oneself and one’s company” (Grant et al., 2008, p. 903).

Researchers also suggest that a giver may feel compassion satisfaction (Stamm, 2002) after responding compassionately to someone that is suffering. Compassion satisfaction refers to the “ability to receive gratification from caregiving (Simmon, Pryce, Roff, & Klemmack, 2006, p. 6)” and has been linked to decreases in perceptions of burnout for frontline mental health

workers. Researchers suggest that compassion satisfaction develops from feeling successful on the job as well as supported by colleagues (Conrad, Kellar-Guenther, 2006).

Despite these positive benefits of the compassion process, it is important to note that the research on compassion in caregiving professions has found some evidence for the negative impacts of compassion on givers as well. Specifically, research on the helping professions (e.g., counselors, police officers, nurses) has documented the condition of compassion fatigue. Compassion fatigue has been defined as “a trauma suffered by members of helping professions (Conrad & Kellar-Guenther, 2006, p. 1071)” that can create feelings of depression, loneliness, helplessness, and anxiety. Researchers note that there is a difference between burnout which is a process in which a previously committed professional disengages from their work in response to stress and strain on the job and is caused by excessive and prolonged levels of job stress. Compassion fatigue can emerge suddenly with little warning and may be a contributing factor to burnout (Conrad & Kellar-Guenther, 2006).

Outcomes of the compassion process – The Observer.

In terms of the observer of a compassion exchange, researchers suggest that those individuals that witness compassion will feel the emotion of elevation (Fowler & Christakus, 2009; Frost, 1999) and will ultimately engage in more prosocial behavior. Researchers also suggest that individuals that observe compassionate encounters may feel as if the organization supports helping others in their time of need and thus will expect that the organization really cares about them and their wellbeing. These researchers suggest that an individual’s perception of perceived organizational support will increase as a result of witnessing a compassion interaction. Figure 2 highlights the relationships discussed in this review.

Summary of the Organizational Literature on Compassion.

In sum, based on current research, we know that compassion in organizations is a dynamic relational process that is influenced by a number of factors. In order for the process to begin, sufferers have to feel comfortable with sharing their pain in the organizational context. Research suggests that the sufferer may be uncomfortable with sharing their pain due to factors such as not wanting to appear unprofessional at work (Atkins & Parker, 2012). While the compassion literature does not indicate that there would be a difference in the display of suffering at work based on the cause of suffering (i.e., work related vs. non work related) it is easy to imagine a situation in which there might be a difference. For example, if the source of pain is because of a layoff and others have been laid off as well. I could imagine that someone would be more comfortable sharing their pain with others that have been impacted in the organizational setting. If the source of pain is because only one person was fired, I could imagine that person being ashamed and not wanting to share their pain with others. Additionally, individuals with high status in organizations may not feel comfortable in sharing their pain (Berdahl & Martorana, 2006). From an organizational context, various emotional display rules (Grandey, 2003) can impede an individual's expression of their pain.

From the perspective of the potential giver, we know that various personal factors can influence whether or not they notice if someone is suffering. Specifically, their socioeconomic status (Stellar et al., 2011) as well as their experience with certain kinds of suffering can impact whether they will notice if someone is suffering (Dutton et al., 2014). Additionally, the closeness of their relationship with the person that is suffering may impact their noticing (Atkins & Parker, 2012). If someone is not close with someone, they may miss cues that the person is suffering and as such will not notice if they are suffering. From the organizational context, scholars suggest

organizational values of care and concern for others influence whether or not some people may or may not notice if someone is suffering (Dutton et al., 2006; Frost et al., 2000). Finally, research suggests that the quality of the relationships within organizations will facilitate this process (Frost et al., 2000).

We also know that various factors impact the relationship between the giver noticing suffering and ultimately feeling compassion for the person that is suffering. From an individual perspective, researchers suggest that the individual's dispositional compassion (Shiota et al., 2006), psychological flexibility (Atkins & Parker, 2012), attentional resources (Dickert & Slovic, 2009), and organizational role will impact the development of compassion for someone that is suffering (Frost et al., 2000). From a relational perspective, we know that the various factors such as a person's status, power (Galinsky et al., 2006) and the degree of self-other similarity (Valdesolo & DeSteno, 2011) will impact their level of compassion for the person that is suffering.

We also know that even if a person feels compassion they may or may not act to alleviate that suffering. Specifically, researchers suggest that a person's psychological appraisal of a person and the situation will determine whether or not they respond compassionately to the person that is suffering (Atkins & Parker, 2012). Specifically, if the potential giver assesses the sufferer as undeserving of the situation, relevant to their personal goals and they are confident in their ability to help the person then they will be more likely to engage in a compassionate response (Atkins & Parker, 2012). Additionally, individuals that have the role of toxic handlers (Frost et al., 2000) and are psychologically flexible (Atkins & Parker, 2012) will be more likely to work to alleviate the pain of someone that is suffering. Additionally, people may feel more comfortable offering assistance to someone that is suffering that they have a close relationship

with (Atkins & Parker, 2012). Researchers also suggest that organizations influence whether a person will respond to help someone alleviate their suffering. Specifically, they suggest that the shared beliefs about personal knowledge (what is appropriate and not appropriate to share), shared values (whether this is a caring organization), norms about self-interest, organizational practices and leadership practices have all been suggested regarding their influence on a compassionate response (Dutton et al., 2006; Dutton et al., 2014).

Finally, we know that compassion has a myriad of outcomes for the receiver, giver and observer. Specifically, for the receiver we know that they have increased positive emotions toward the organization ultimately leading to increased affective commitment (Kanov et al., 2004). Additionally, we know that their suffering is decreased and their anxiety is alleviated (Fogarty, 1999; Taylor, 1997). From the perspective of the giver, we know that they have an increased prosocial identity and connection with others, which ultimately leads to increased affective commitment (Grant et al., 2008). We also know that people have increased compassion satisfaction (Stamm, 2002). We also know that through repeated interactions with those that are suffering, a giver may develop compassion fatigue (Conrad & Kellar – Guenther, 2006). Finally, from the perspective of the observer, we know that they may have increased feelings of elevation (Fowler & Christakus, 2009) and as well as increased perceptions about the organizations level of support (Lilius et al., 2011).

Future Directions for Research on Compassion in Organizations.

Despite what we know about compassion, there is still a lack of research in key areas. As noted previously, the majority of the research on compassion in organizations is primarily theoretical in nature. The empirical studies that do exist are experimental or qualitative in nature

with a few notable exceptions from the healthcare literature that focus on compassion satisfaction and fatigue. Because we only have experimental and qualitative studies to date that investigate compassion, we are unable draw generalizable conclusions about the phenomenon and we do not have an understanding of how compassion evolves over time. Interestingly, despite the growing body of theoretical work on the compassion process described by Kanov and colleagues (2004) there has not been a systematic investigation of the overall hypothesized model or the majority of suggested variables that impact the various relationships within the process. Additionally, there are other variables that could be considered as important moderators of the various relationships within the process.

Based on the previous review of compassion across disciplines, I argue that compassion is an important construct that deserves significant attention from management scholars. Researchers, philosophers and theologians across the ages have argued that the expression of compassion is humanity's only remedy for the suffering that we all encounter on a regular basis inside and outside of organizations. However, if compassionate responses are never expressed, and suffering is allowed to continue, the important outcomes for the sufferer, giver and observer will never be realized. This could have detrimental impacts on individuals and the organizations in which they work. Specifically, the sufferer's pain will continue to exist and from an organizational perspective they may ultimately leave their job because they no longer feel supported in their work. Additionally, the other outcomes of increased affective commitment for the sufferer and giver, elevation for the observer as well as the long term benefits for talent acquisition, employee engagement and organizational performance will all be lost.

In Chapter 2 and 3, I will extend the literature on compassion in organizations to an empirical examination of the relationship between compassionate feelings and compassionate

responding. I am specifically focusing on this relationship given the importance of compassionate responses in organizations. In particular, I explore moderators of this relationship, which include individual and situational and organizational factors. In crafting this model, I draw on multiple perspectives.

At the individual level, I extend thinking on moderators of the relationship between compassionate feelings and a compassionate response by drawing on the behavioral ethics literature, which suggests that moral emotions can have powerful effects on ethical behavior, but these effects can be influenced by morally relevant individual differences (Treviño, Weaver & Reynolds, 2006; Tangney, Stuewig & Mashek, 2007). In particular, I focus on the individual differences of moral identity and moral disengagement. I will discuss these variables in further detail in the Chapter 3.

As noted previously, some psychologists consider compassion to be a moral emotion that has prosocial action tendencies (Haidt, 2003). Additionally, philosophers have noted the moral nature of compassion with Schopenhauer (a German philosopher) being quoted as saying “Compassion is the basis of morality.” Compassion has also been considered a virtuous character trait and is mentioned as a desirable outcome in the positive organizational ethics (POE) (Bright, Winn & Kanov, 2014). As such, I argue that bringing in the behavioral ethics literature to the conversation on compassion in organizations in general and compassionate responding in particular is consistent with past theorizing and understanding of the emotion. Additionally, I argue that this perspective will help lay the foundation for a deeper level of understanding about the relationships involved in this important process.

At the situational level, I extend our thinking on moderators of the relationship between compassionate feelings and a compassionate response by drawing on the theoretical foundation

that has been developed by Atkins and Parker (2012) as well as Dutton and colleagues (2014). Specifically, I will explore the role of cognitive appraisals in this relationship by empirically testing their impact. Primarily, I chose to explore this variable, because of its consistent resurfacing as an important variable within the compassion literature yet lack of empirical testing. Appraisals have been mentioned by Aristotle and foreshadowed in the early work of Kanov and colleagues (2004) and only recently fully explicated by Atkins and Parker (2012) and Dutton and colleagues (2014). Its continued emphasis in the literature suggests that this will be an important contribution that will help organizational scholars to fully understand how individuals determine if they will engage in a compassionate response to someone that is suffering. Additionally, I find this variable (in the constellation of other variables that have been discussed in the compassion literature to date) to be one of the most interesting and as such I have chosen to explore this one from a situational perspective. I will discuss this variable in further detail in Chapter 2.

At the organizational level, I extend our thinking on moderators of the compassionate feeling and compassionate responding relationship by again drawing on the behavioral ethics literature. Organizational scholars that research compassion have suggested that organizations that share perceptions about organizational norms concerning compassionate behavior and leaders that model these behaviors are more likely to have individuals that respond compassionately to those organizational members that are in pain. From a behavioral ethics point of view, these shared organizational norms and leadership behaviors seem to align closely with the behavioral ethics constructs of ethical climates and ethical leadership. I will explore these variables and their relationship to compassion in further detail in the Chapter 3.

Before proceeding, it is important to clarify that I am only focusing on a subset of the moderators that have been suggested and tested in the literature on compassion in organizations to date. It is also important to note that there are a wide range of variables I could have chosen to study that could potentially have an impact on the relationship between compassionate feelings and a compassionate response (e.g., psychological entitlement, organizational structure). The moderators I have chosen to investigate come primarily from the behavioral ethics literature. I believe the current literature has largely ignored an important set of factors that could have a significant influence on compassion in organizations despite the obvious links between compassion as a moral emotion and ethical behaviors. I will not investigate moderators of the relationship between compassionate feeling and compassionate responding that have been suggested by organizational scholars (yet remain untested) that fall outside of this realm with the exception of cognitive appraisals. Specifically, I will not investigate psychological flexibility or the role of toxin handlers in the remaining chapters. While these are certainly important variables that deserve further investigation they fall outside of the scope of this dissertation.

CHAPTER 2: AN INVESTIGATION OF COGNITIVE APPRAISALS AS MODERATORS OF THE FELT COMPASSION AND COMPASSIONATE RESPONDING RELATIONSHIP

Compassion is an important yet understudied construct in the management literature. It has been linked to important organizational outcomes, which include the alleviation of pain and anxiety for the sufferer (Fogarty, 1999; Taylor, 1997), increased affective commitment for the sufferer and the giver (Lilius et al., 2008), as well as sense of elevation for the observer (Fowler & Christakus, 2009).

In addition to these benefits, organizational scholars have suggested that compassion has important strategic implications for talent acquisition, employee engagement and greater service quality (Center for Compassion and Altruism Research and Education, 2013). For example, researchers have found the expression of compassion among colleagues in a hospital setting to have an independent impact on patient ratings of overall satisfaction (McClelland & Vogus, in press). Indeed, research to date suggests compassion has important implications for organizational outcomes and warrants future study.

Organizational scholars have conceptualized compassion as a dynamic relational process that is made up of noticing another individual's suffering, compassionately feeling that person's pain, and then acting in a manner to alleviate the suffering (Kanov et al., 2004) (see Figure 1). The first step in this process requires noticing another person's suffering and becoming aware of the pain he or she is feeling. This first step often requires an openness and receptivity to what is going on in those around them (Kanov et al., 2004). The person that is suffering must also express their pain in a way that can be noticed by others. The second step in this process involves compassionate feelings which are inherently other regarding (i.e., people feel compassion for

someone else) (Kanov et al., 2004). These emotions connect one person to another's hurt, anguish or worry. These feelings are thought to be the precursor to compassionate action (Kanov et al., 2004). The final step in this process is compassionate responding in which someone acts to alleviate the pain of the person that is suffering (Frost et al., 2000). Researchers have theorized about the various factors that may influence the links in this process however, few studies have actually tested these relationships. Indeed, the few studies that do exist are primarily qualitative in nature which limits generalizability about the phenomenon and an understanding of how it truly works in organizations.

Given the importance of compassion on organizational outcomes and the lack of empirical work on the construct, the purpose of this chapter is to fill this gap by testing a previously hypothesized relationship from the compassion literature. Specifically, I will examine the role of cognitive appraisals in the relationship between the development of compassionate feelings and compassionate responses. As noted previously, Dutton and colleagues (2014) theorized that appraisals occur throughout the compassion process and suggest that it is possible for compassionate feelings to arise “more spontaneously and later be moderated one way or the other on the basis of one or more appraisals” (p. 8). This relationship is the relationship I am currently exploring in this chapter.

In the next section, I will discuss the role of cognitive appraisals in the compassion process. Then, I will describe the studies I conducted to test these relationships.

Cognitive Appraisals

Cognitive appraisals are defined as “a process through which the person evaluates whether a particular encounter with the environment is relevant to his or her well-being, and if

so, in what ways” (Folkman, Lazarus, Dunkel-Schetter, DeLongis & Gruen, 1986, p. 992). Stated simply, appraisals refer to the interpretation an individual makes about an event or an emotion (Atkins & Parker, 2012). Cognitive appraisal theory identifies appraisals of both the situation (primary appraisals) and one’s own resources for dealing with the situation (secondary appraisals) as critical influences on a person’s emotional response to various situations they encounter (Atkins & Parker, 2012). The theory explains how stressors lead to various outcomes (e.g., physical, behavioral and affective reactions) (Folkman, et al., 1986) and is typically discussed in regards to the evaluation of stressful situations and coping processes.

In a primary appraisal, a “person evaluates whether he or she has anything at stake in the encounter” (Folkman, et al., 1986, p. 993). In a secondary appraisal, a “person evaluates what if anything can be done to overcome or prevent harm or to improve the prospects for benefit” (Folkman et al., 1986, p. 993). Researchers suggest, “these appraisals combine to affect whether an observer regards the person-environment transaction as threatening or benign (Atkins & Parker, 2012, p. 526)” which ultimately determines their reaction. In other words, one primary appraisal combines with the secondary appraisal to produce a reaction. These combined appraisals moderate the relationship between the perceived stressful situation and the behavioral reaction.

The compassion literature has theorized that there are two types of primary appraisals and one type of secondary appraisal. The two primary appraisals are the deservingness of the sufferer and the self-relevance of the sufferer to the potential giver. The secondary appraisal is the self-efficacy of the potential giver. It is important to note that the compassion literature focuses on self-efficacy as the only secondary appraisal while Folkman and colleagues (1986) acknowledge other possibilities for secondary appraisals. The other possibilities are focused on the notion of

coping with the situation and include “altering the situation, accepting it, seeking more information, or holding back from acting impulsively and in a counterproductive way” (p. 993). For the purposes of this dissertation I am focusing on the secondary appraisal of self-efficacy as described in the compassion literature because it aligns with my goal of testing hypothesized relationships from the current literature. Next, I will describe each appraisal (as described by the compassion literature) in the sections below.

The primary appraisal of deservingness refers to an assessment of “the moral worth of the actor...[and] the other’s complicity in the plight” (Clark, 1987 p. 297). If an observer deems someone to be responsible for their own circumstances then they are less deserving of help from the observer. Researchers suggest, observers may think that a sufferer brought about his/her own circumstances by “disregarding common logic (Clark 1987), failing to expend effort to avoid the situation, or violating situational norms or rules” (Dutton et al., 2014, p. 284). Alternatively, if an observer deems the sufferer as not responsible for their circumstances then they are more likely to help the sufferer.

Consider, for example, an employee that has a coworker who is absent from work frequently. One day, the employee comes into work and sees the coworker visibly upset and learns that the coworker has been laid off. The employee may think that the coworker brought the circumstances on themselves and thus deserved to be laid off because of their frequent absences. However, if the employee learns that the coworker’s absences were due to unavoidable circumstances like a recent diagnosis of a terminal illness or a sudden change in family circumstances (e.g., becoming the primary care taker for an ailing parent), the employee may see the coworker as undeserving of their circumstances.

The second primary appraisal (self-relevance) refers to the importance an observer places on the sufferer. Researchers have found that people are more likely to extend compassion toward, and are willing to help those to whom they feel more closely connected (Cialdini, Brown, Lewis, Luce, & Nueberg, 1997) or to whom they have similar values, preferences, characteristics, or beliefs (Eisenberg & Miller, 1987). These findings are supported by emotion theorists who suggest people can feel compassion towards total strangers however, compassion is most strongly and readily felt for one's kin, and for others with whom one has a close, communal relationship (Batson & Shaw, 1991; Goetz et al., 2010; Haidt, 2003).

If we return to our example of the employee and coworker, the employee's reaction to the coworker's suffering will be influenced by their relationship or the employee's feelings of similarity. Specifically, if the employee feels a strong connection to the coworker due to close working relationship (e.g., deep friendship) or she sees similarities between herself and the coworker, she will have a desire to respond compassionately to help the coworker. Alternatively, if the employee does not feel close to the coworker or does not identify with them then the employee will not have a desire to respond compassionately to the coworker.

It is important to note that the primary appraisals are about the situation, and observers may consider questions like "Is there potential harm or benefit with respect to commitments, values or goals in this situation? Is the health or well-being of a loved one at risk in this situation" (Folkman, et al., 1986, p. 993)? Following these assessments, people will consider their own capabilities and well-being in relation to the situation. Specifically, the secondary appraisal of self-efficacy comes into play.

As noted above, the cognitive appraisal literature suggests either of these primary appraisals must be paired with a secondary appraisal before a response may occur. In the

compassion literature, self-efficacy is identified as the secondary appraisal in the cognitive appraisal process. Self-efficacy reflects an observer's "beliefs that he or she can cope with the situation to bring about desired future outcomes or prevent undesired outcomes" (Atkins & Parker, 2012, p. 527). The observer will assess their options which could include altering the situation, accepting the situation, seeking more information about the situation or holding back from acting (Folkman et al., 1986).

Researchers have argued that when individuals lack the self-efficacy to deal with potentially disturbing thoughts and feelings, they will experience high levels of anxiety and engage in avoidant behavior (Bandura, 1988). This suggests that if a potential giver determines that they lack the resources or capabilities to manage their own emotions in the face of another's suffering, they will be less likely to work to help the sufferer.

It is important to note that the primary appraisals may produce a motivating or an innate action tendency however, this action tendency may be overridden based on the coping ability of the individual (Lazarus, 1991). Thus, the primary and secondary appraisals have a joint effect on someone's decision to respond compassionately (Atkins & Parker, 2012). Specifically, if an observer perceives someone as deserving of their help because of their "moral self-worth" but the observer is unable to cope with their own emotions or believe that they can change the situation, they are not likely to help the sufferer. Similarly, if an observer determines that the person who is suffering is relevant to their goals but they are not able to cope with their emotions or believe they can change the situation then they will likely not help the sufferer.

In terms of our example, after assessing the deservingness of the coworker and/or the coworker's relevance to the employee, the employee will assess their own ability (self-efficacy) to influence the situation. Specifically, the employee will assess their ability to cope with their

own emotions as well as their ability to change the situation. If the employee determines that she does have the self-efficacy to help the coworker then she will respond compassionately. If the employee determines that she does not have the self-efficacy to help the coworker, then she will not respond compassionately.

Drawing on past theorizing regarding the appraisals of deservingness, self-relevance and coping self-efficacy, I therefore hypothesize that the primary appraisals of deservingness and self-relevance will each interact independently with the secondary appraisal of self-efficacy to produce a compassionate response in the face of spontaneous feelings of compassion. Specifically, I hypothesize two separate three-way interactions. First, I predict that the primary appraisal of deservingness and the secondary appraisal of self-efficacy will interact with compassionate feelings to produce a compassionate response such that a compassionate response is more likely when both deservingness and self-efficacy appraisals are high.

Stated formally,

H1. The appraisals of a sufferer's deservingness of help and the potential giver's coping self-efficacy will moderate the relationship between compassionate feelings and a compassionate response such that the relationship will be stronger when both appraisals are high.

Second, I also predict that the primary appraisal of self-relevance and the secondary appraisal of self-efficacy will interact with compassionate feelings to produce a compassionate response such that a compassionate response is more likely when both self-relevance and self-efficacy appraisals are high.

Stated formally,

H2: The appraisals of a sufferer's self-relevance to the potential giver and the potential giver's coping self-efficacy will moderate the relationship between compassionate feelings and a compassionate response such that the relationship will be stronger when both appraisals are high.

Figure 3 highlights the relationships to be tested in the following studies.

Overview of the Studies

Two experiments were conducted to investigate the hypothesized relationships and are presented below. The purpose of Study 1 was twofold. The first purpose was to investigate the cognitive appraisal items created for this dissertation with the emotion manipulations used to induce the feelings of compassion in study participants. The second purpose was to test the behavioral dependent variable used to assess compassionate responding. The purpose of Study 2 was to test two alternative measures of compassionate responding. The approach taken for both studies is consistent with prior experimental research on emotions and the subsequent measurement of behavioral outcomes (e.g., Andrade & Ariely, 2009; Condon & Feldman-Barrett, 2013; Feiler, Tost & Grant, 2012; Schnall, Roper & Fessler, 2010, Winterich, Aquino, Mittal & Swartz, 2013).

It is important to note that I choose to induce the emotion of compassion because of the point at which I am studying the compassion process. Specifically, I am assuming that compassionate feelings have already developed within an individual for someone that is suffering and I am interested in which circumstances promote or inhibit a compassionate response. By inducing the emotion of compassion I am ensuring that each participant has noticed the suffering of another individual, which is the beginning of the compassion process. In order to ensure that the feeling of compassion is actually felt (instead of other equally likely emotions) I

used an emotion induction technique that has been shown to produce compassionate feelings. Next, I will describe the emotion induction technique as well as the study design for both studies.

Method: Study 1

Sample and Procedures

Participants included 108 students from a large university in the southeast that participated in the study in exchange for extra credit. Of the 108 participants, thirty students were excluded from the study due to incomplete data ($n = 27$) or because they incorrectly answered a question designed to assess whether they had attended carefully to the experimental process or not (“Who was the story about?”) ($n = 3$). The final sample was made up of seventy-eight undergraduate students. These participants had an average age of 28.5 and 44.9% were women. Most participants worked at least part-time (66.7%).

Participants accessed the survey via an online survey tool (i.e., Qualtrics) and completed the survey during their own time. Participants first completed demographic information and then were randomly assigned to either a control condition ($n = 38$) or a compassion condition ($n = 40$).

Measures

Demographics. Prior to beginning the study, participants were asked to complete demographic information including gender, age and work status.

Emotion manipulations. Two audio clips were chosen from Story Corps (www.storycorps.org). Story Corps is an oral history project sponsored by organizations like National Public Radio (NPR) that collect and archive stories of people all across the United States. The stories are recorded as audio clips and are preserved at the American Folklife Center

at the Library of Congress. The audio clips are about 2 minutes long and cover a variety of topics including memory loss, friendship, spiritual encounters and romance. A picture of the person telling the story accompanies each story. The stories that were chosen for both inductions were exactly the same as those used by Condon and Feldman-Barrett (2013). As noted previously, these scholars used the audio clips in experimental studies to investigate whether compassion was experienced as a pleasant or unpleasant emotion.

The participants were randomly assigned to listen to a compassion inducing audio clip of a husband and wife speaking about the husband's Alzheimer's disease and his love for his grandson or an emotion neutral audio clip of an owner of a pest-control company talking about the satisfaction he gets from helping others. It is important to note that a pilot study was conducted to investigate alternative audio clips also used by Condon and Feldman-Barrett (2013). The results from this pilot study indicated that the emotion manipulation used in Study 1 and Study 2 were appropriate for future study. Specifically, participants listened to the audio clips and then immediately rated how much compassion they were feeling "right now at this very moment." Compassion was rated on a scale from "does not describe my current feelings at all (1) to describes by current feelings very well (7). Results from the pilot study indicated that the emotion manipulations used in the pilot study had a lower mean compassion rating for the compassion condition (as compared to the emotion manipulations used in Study 1 and Study 2) and a higher compassion rating for the neutral condition (as compared to the emotion manipulations used in Study 1 and Study 2). Details regarding the Pilot Study can be found in Appendix C.

Next, I conducted a manipulation check by assessing participants felt emotions after listening to the audio clips. Specifically, I asked participants to indicate how they were feeling

“right now, at this very moment” using a list of 11 emotion words (e.g., angry, guilty, compassionate). The emotion words used to make up this scale included words that have been defined as moral emotions. These emotion words were specifically chosen due to compassion’s place in the moral emotions literature. These words included awed, grateful, proud, angry, guilty, ashamed, embarrassed, sympathetic, disgusted, contempt, elevated and compassionate. The items were rated on a scale from “does not describe my current feelings at all (1) to describes by current feelings very well (7)”. Following this question, participants were asked whom the story was about as a listening check to ensure that they actually listened to the story given that they accessed the surveys on their personal computers during their own time.

Cognitive Appraisals. In order to assess the appraisals of deservingness, self-relevancy and self-efficacy I adapted the items from the pilot study (see Appendix A) so that they were relevant for the audio clips used in this study. Specifically, for the appraisal of deservingness, I asked participants to indicate their level of agreement with the following statements “The person [people] in the story deserve(s) my help”, “The person [people] in the story deserve better”, and “This person [These people] did not get what they deserved.”

For the appraisal of self-relevance of the sufferer, I asked participants to indicate their level of agreement with the following statements, “I am similar to the person [people] in the story”, “I identify with the person [people] in the story”, and “I know someone that has gone through a similar situation as the one described in the story.”

For the appraisal of self-efficacy, I asked participants to indicate their level of agreement with the following statements, “I believe I could do something to help these people [the man]”, “If I knew these people [the man] personally, I am confident I could help them [him]”, “I know I could do something to help these people [the man] if I wanted to”, and “I am confident in my

ability to do something to help the people [the man] in the story.” The items for all the appraisal statements were rated on a scale of (1) strongly disagree to (5) strongly agree.

Dependent Variables. I measured participant’s willingness to respond compassionately to the individuals presented in the audio clips by asking them to indicate their willingness to volunteer with an organization that supported the issues discussed in the audio clip. Specifically, for the Pest Control Scenario, respondents were presented with the following statements... “A local chapter of the National Pest Management Foundation has been established in the Central Florida area. The mission of this foundation is to support its members in being professional, knowledgeable and profitable through education, industry leadership, public policy initiatives and market development resources.” For the Alzheimer’s audio clip, the scenario ended with the following statement “A non-profit Alzheimer’s Foundation has recently been established in the Central Florida area. The mission of this foundation is to eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health.”

Immediately following these statements, I asked participants about their willingness to volunteer for the local charity. Specifically, participants read the following “The Alzheimer’s foundation [Pest Control foundation] is looking for volunteers. If you would be interested in volunteering, please click on all the boxes that apply to you. You will receive additional information about the event in an email.” Following this statement six items were listed that the participants could chose to indicate their willingness to volunteer. These items include “Making phone calls to members of the central Florida community asking for donations”, “Posting a Public Service Announcement on your Facebook page or Twitter account about the Alzheimer’s Foundation [Pest Control Foundation]”, “Volunteering at a future run/walk event (e.g., passing

out water to runners, working registration table, etc...)", "Volunteering in the Central Florida office helping with administrative tasks (e.g., filing, answering phones, etc...)", "Volunteering at a future fundraiser in any capacity", or "I would not be interested in volunteering."

Following this question, participants were presented with the following statement "If you indicated that you were interested in volunteering, please type your email address in the box below." The dependent variable (compassionate response) was measured as whether or not participants placed their email address in the text box below this statement. Thus the dependent variable was dichotomous (participants volunteered by placing their email address in the text box (1) or they indicated that they did not want to volunteer by leaving the text box blank (0)).

Results: Study 1

Manipulation Check. Results from a one-way ANOVA indicated a significant difference between the ratings of felt compassion after listening to the audio clips $F(1,76) = 18.30, p < .00$. Specifically, participants listening to the compassion-inducing scenario (i.e., Alzheimer's, $M = 6.38, SD = 2.05$) reported feeling more compassion than participants listening to the control scenario (i.e., Pest control, $M = 4.45, SD = 1.93$). The means and standard deviations for the other emotion words are reported in Table 1.

Following this assessment, I conducted hypothesis tests. The means, standard deviations, reliabilities and correlations are located in Table 2.

Test of Hypotheses

Given that the dependent variable was dichotomous (i.e., participants indicated that they were willing to volunteer with the charity associated with each condition by typing their email

address in a textbox (1) or they left the textbox blank (0)) I tested the hypothesized relationships using logistic regression. Results from this analysis can be seen in Table 3.

All independent variables were mean centered prior to analysis (Aiken & West, 1991). In order to test the hypotheses, I entered the control variable, main effects, and all possible lower order interactions of deservingness, self-relevance, self-efficacy and compassionate feelings (i.e., compassion story) as predictors of compassionate response in a hierarchical logistic regression model. Hypothesis 1 predicted a three-way interaction between compassionate feelings, deservingness and self-efficacy. As Table 3 shows, the full model with the three-way interactions is significant (as indicated by a chi-square statistic of the difference between -2 log-likelihood of each model, $\chi^2(12) = 26.01, p < .01$). As can be seen in Table 3, results revealed that the three-way interaction is not significant ($B = -1.84, p = .33$). Thus, Hypothesis 1 was not supported.

Hypothesis 2 predicted a three-way interaction between compassionate feelings, self-relevance and self-efficacy. As can be seen in Table 3, results revealed that the three-way interaction is not significant ($B = 2.27, p = .13$). Thus, Hypothesis 2 was not supported.

Discussion: Study 1

Although, results from Study 1 indicate that I was able to find a significant difference between the two scenarios in terms of developing a compassionate response in participants, I did not find support for my hypotheses. It is interesting to note that I did find non-hypothesized effects. Specifically, I found a main effect of self-efficacy on compassionate responding ($B = 1.43, p < .05$), a marginally statistically significant effect of deservingness on compassionate responding ($B = .91, p < .10$) and a marginally significant interactive effect of deservingness and self-efficacy on compassionate responding ($B = -1.65, p < .10$). These effects provide support for

a relationship between cognitive appraisals and compassionate responding as suggested in the compassion literature (Atkins & Parker, 2012). The self-efficacy finding is consistent with research on self-efficacy (as described by Bandura, 1977) that has consistently found higher levels of self-efficacy to lead to better outcomes (Bandura, 1997). This also reinforces the role of secondary appraisals in cognitive appraisal theory, which suggests secondary appraisals can motivate or inhibit reactions to situations (Folkman, et al., 1986).

The lack of support for my hypotheses may have been related to a number of factors including my dependent variable and the small sample size. In terms of my dependent variable, participants indicated their willingness to volunteer for the local charities by selecting the types of activities they would like to volunteer for and then typing their email address into a text box at the end of the survey. The level of responsibility required for the various volunteer activities may have been too much of a commitment in terms of time and resources for participants. For example, the list of volunteer opportunities included things like “Making phone calls to members of the central Florida community asking for donations”, “Volunteering at a future run/walk event (passing out water to runners, working registration table, etc...)” and “Volunteering in the Central Florida office helping with administrative tasks (e.g., filing, answering phones, etc...)”. Participants may have been reluctant to make this type of commitment and thus may have chosen not to volunteer. As such, I developed Study 2 to test a more subtle and less time intensive measure of compassionate responding by asking participants to indicate their desire to donate money to the local charity in the future. Participants were not asked to actually donate money to the respective charities but they were asked to indicate the extent to which they would give to the charity if they had the opportunity. This measure of compassionate responding was deemed appropriate given that behavioral intentions are strong predictors of actual behavior (Ajzen,

1991) and a similar approach to measure prosocial behavior has been used in past literature (Feiler, Tost & Grant, 2012).

In terms of the small sample size, I may not have had enough power to detect the effects I am hypothesizing (Dawson & Richter, 2006) and therefore need a larger sample size to detect the interactive effects I am predicting.

Participants in Study 2 followed the same procedures as participants in Study 1. Specifically, participants completed demographic questions, listened to an audio clip of either a control condition or a compassion condition and then answered the manipulation check question. Following the manipulation check question, cognitive appraisals were assessed. After the cognitive appraisal items were assessed, participants responded to the dependent variables.

Method: Study 2

Sample and Procedures

Participants included 111 students from a large university in the southeast that participated in the study in exchange for extra credit. Of the 111 participants, 23 students were excluded from the study due to incomplete data ($n = 23$). The final sample was made up of eighty-eight undergraduate students. These participants had an average age of 26.9 and 31.8% were women. Most participants worked at least part-time (68.2%). Participants accessed the survey via an online survey tool (i.e., Qualtrics) and completed the survey during their own time. Participants were randomly assigned to either a control condition ($n = 42$) or a compassion condition ($n = 46$). As noted previously, the control audio clip was of an owner of a pest-control company talking about the satisfaction he gets from helping others. The compassion audio clip

was of a husband and wife speaking about the husband's Alzheimer's disease and the husband's love for his grandson.

Measures

As noted previously, all study variables were the same between Study 1 and Study 2, except the dependent variables.

Dependent Variables. I measured the participant's compassionate response for the individuals presented in the audio clip by asking them to indicate their willingness to give money to an organization that supported the issues discussed in the audio clip as well as their willingness to volunteer for the charity.

Prior to being presented with dependent variable measures, participants were presented with the same statements from study 1. Specifically, for the Pest Control Scenario, respondents were presented with the following statement..." A local chapter of the National Pest Management Foundation has been established in the Central Florida area. The mission of this foundation is to support its members in being professional, knowledgeable and profitable through education, industry leadership, public policy initiatives and market development resources." For the Alzheimer's audio clip, the scenario ended with the following statement "A non-profit Alzheimer's Foundation has recently been established in the Central Florida area. The mission of this foundation is to eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health."

Immediately following these statements, participants were asked about their intentions to donate money to the charities highlighted in the audio clip. This method is consistent with past

research on prosocial behavior. Researchers note that behavioral intentions are strong predictors of actual behavior (Ajzen, 1991; Armitage & Connor, 2001; Gollwitzer, 1999). I measured participants giving intentions with items adapted from an intention to give scale (Felier, Tost & Grant, 2012). These three items were “I plan to give to the local charity”, “I am likely to contribute to the local charity” and “There is a good chance that I will contribute to the local charity.”

Following these items, participants were told that the charities were looking for volunteers. Participants were told that if they were interested in volunteering they should “click on the link below, to be taken to a different survey.” If participants did not click on the additional link, the survey ended.

If participants clicked on the link they saw the following instructions “The Alzheimer’s foundation [Pest Control foundation] is looking for volunteers. If you would be interested in volunteering, please click on all the boxes that apply to you. You will receive additional information about the event in an email.” Following this statement six items were listed that the participants could choose to indicate their willingness to volunteer. These items include “Making phone calls to members of the central Florida community asking for donations”, “Posting a Public Service Announcement on your Facebook page or Twitter account about the Alzheimer’s Foundation [Pest Control Foundation]”, “Volunteering at a future run/walk event (e.g., passing out water to runners, working registration table, etc...)”, “Volunteering in the Central Florida office helping with administrative tasks (e.g., filing, answering phones, etc...)”, “Volunteering at a future fundraiser in any capacity”, or “I would not be interested in volunteering.”

Following this question, participants were presented with the following statement “If you indicated that you were interested in volunteering, please type your email address in the box

below.” Similar to Study 1, the dependent variable (compassionate response) was measured as whether or not participants placed their email address in the text box below this statement. Thus the dependent variable was dichotomous (participants volunteered by placing their email address in the text box (1) or they indicated that they did not want to volunteer by leaving the text box blank (0)).

Results: Study 2

Manipulation Check. Results from a one-way ANOVA indicated a significant difference between the ratings of felt compassion after listening to the audio clips $F(1, 86) = 33.901, p < .00$. Specifically, participants listening to the compassion-inducing scenario (i.e., Alzheimer’s, $M = 5.80, SD = 1.65$) reported feeling more compassion than participants listening to the control scenario (i.e., Pest control, $M = 3.50, SD = 2.05$). The means and standard deviations for the other emotion words are reported in Table 4.

The means, standard deviations, reliabilities and correlations of the study variables are located in Table 5.

Test of Hypotheses

All independent variables were mean centered prior to analysis (Aiken & West, 1991). I tested the study hypotheses using linear regression for the plan to give dependent variable and logistic regression for the volunteer dependent variable given the dichotomous nature of the outcome.

Results for the plan to give dependent variable are located in Table 6. First, I entered the predictor variables into the model. Second, I entered all possible combinations of the two-way interactions into the model. Finally, I entered the three-way interactions in to the model.

Hypothesis 1 predicted that the interactive effects of the cognitive appraisals of deservingness and self-efficacy would positively influence the relationship between compassionate feelings and a compassionate response when both appraisals were high. Results revealed that the three way interaction was not significant ($B = -.12, p=.38$), thus Hypothesis 1 was not supported.

Hypothesis 2 predicted that there would be a three-way interaction between compassionate feelings, self-relevance and self-efficacy. Results revealed that the three way interaction was not significant ($B=.12, p=.32$), thus Hypothesis 2 was not supported.

Results for the dichotomous dependent variable (participants volunteered by placing their email address in the text box (1) or they indicated that they did not want to volunteer by leaving the text box blank (0)) are located in Table 7. In order to test the study hypotheses, I entered the control variable, main effects, and all possible higher order interactions of deservingness, self-relevance, self-efficacy and compassionate feelings (i.e., compassion story) as predictors of a compassionate response in a hierarchical logistic regression model. As can be seen by Table 7, the full model with the three-way interactions is significant (as indicated by a chi-square statistic of the difference between -2 log-likelihood of each model, $\chi^2 (12) = 21.01, p < .05$).

Hypothesis 1 predicted a three-way interaction between the compassionate feelings, deservingness and self-efficacy. Results revealed that the three-way interaction is not significant ($B= -.43. p = .42$). Thus, Hypothesis 1 was not supported.

Hypothesis 2 predicted a three-way interaction between compassionate feelings, self-relevance and self-efficacy. Results revealed that the three-way interaction is not significant ($B=-.53, p = .40$). Thus, Hypothesis 2 was not supported.

Discussion: Study 2

Consistent with Study 1, results from Study 2 indicate that there was a significant difference between the two scenarios in terms of developing a compassionate response in participants. However, I was unable to find support for my hypotheses with either of the dependent variables. Results from the dichotomous dependent variable in this study were consistent with the findings from Study 1. Specifically, as can be seen in Table 7, there is a significant main effect of self-efficacy ($B = 1.95, p < .05$) on compassionate responding as well as a marginally significant interactive effect between self-efficacy and deservingness ($B = -2.21, p < .10$) on compassionate responding. A main effect of deservingness ($B=2.33, p < .10$) is also marginally statistically significant. In terms of the new dependent variable (i.e., plan to give) I found consistent results with the dichotomous dependent variable. Specifically, I found a significant main effect for deservingness ($B = .41, p < .05$) on the dependent variable as well as self-efficacy ($B = .35, p < .05$). As noted previously, these results provide empirical support to recent theorizing regarding cognitive appraisals and the relationship between compassionate feelings and compassionate responses (Atkins & Parker, 2012; Dutton et al., 2014).

Lack of support for the study hypotheses may have been due to similar reasons as discussed from Study 1, which included a small sample size as well as the operationalization of the dependent variable. I will discuss these issues in more detail in the next section.

General Discussion

To my knowledge, these studies are the first empirical investigation of the impact of cognitive appraisals on compassionate responding and serve to contribute to the literature on compassion by testing a previously untested idea. Although, I did not find support for my

hypotheses, I did find evidence that the appraisals of self-efficacy and deservingness do have an impact on compassionate responses. Specifically, as can be seen in Tables 3, 6 and 7 there is a significant main effect for the cognitive appraisal of deservingness and self-efficacy on participants' willingness to give money and to volunteer. This finding is consistent across both studies. Additionally, there is a significant interaction between self-efficacy and deservingness as can be seen in Tables 3 and 7. Although, I did not hypothesize main effects or two-way interactions, this is an interesting finding and supports Atkins & Parker's (2012) theoretical suggestion that cognitive appraisals influence compassionate responses. It is important to note that generalizability is limited due to the experimental nature of the study design.

It is also interesting that I did not find a significant main effect or interaction effect for self-relevance and its impact on compassionate responding in either study. One potential explanation for this non-finding may be the audio clips used in the studies. The audio clips of a man talking about his Alzheimer's disease and a pest control company owner talking about his job may not have been relevant for my sample (i.e., undergraduate students). Perhaps if I had used alternative stories that discussed issues relevant for this sample (e.g., young adults with cancer; sudden accidental death of young adults) there may have been a main effect for self-relevance as these are situations my sample population may be able to relate to. The nature of these appraisals is by definition relevant to the situation at hand. Future research should be aware of these nuances and limitations.

As noted previously, this dissertation focused on a single point in the compassion process (i.e., after feelings of compassion arise) and the subsequent assessment of cognitive appraisals. Although, this point in the process was chosen for a host of reasons (e.g., ease of measurement) future research would benefit from the assessment of cognitive appraisals before and after

feelings of compassion. The compassion process is dynamic and the feelings of compassion may come and go depending on the individual's assessment of the situation. Future research would benefit from a holistic test of the model proposed by Atkins & Parker (2012) and Dutton et al (2014). This examination could be taken in the context of actual giving or volunteer behavior for charitable organizations like the March of Dimes or the American Red Cross. These organizations often have annual giving campaigns and solicit volunteers. This natural setting may serve as a great opportunity for future research to understand compassionate responses and the cognitive appraisals in action.

Limitations and Directions for Future Research

This research is not without its limitations, which may have influenced the results. For example, participants were aware that they were participating in a research study and thus may not have believed that the audio clips presented were real. As a result, participants may have chosen not to volunteer for the causes because of the artificiality of the setting. As noted previously, future research could use actual volunteer organizations to assess volunteer behavior following major campaigns. Cognitive appraisals could be assessed via questionnaire or via in person interviews.

Additionally, the cognitive appraisal items were created specifically for this study and although they maintained good reliability in both studies, they may not be adaptable to future studies with similar methods given the specific nature of the context. Future research would benefit from more standardized assessments of the cognitive appraisal items.

In addition to the limitations discussed previously, my results may have been influenced by a small sample size. Researchers recommend sample sizes of more than 120 participants to detect moderating effects (Aguinis, 1995). Future research should be aware of this limitation.

Finally, it would be interesting to explore the combined relationship between the primary appraisals of deservingness and self-relevance with the secondary appraisal of self-efficacy. Some situations may call for a four way interaction between these appraisals. Compassion scholars have theorized that there may be situations in which the primary appraisals of both deservingness and self-relevance may be present. These appraisals will combine with the observer's assessment of their own self-efficacy and the feelings of compassionate responding to produce a compassionate response. Future research should investigate these possibilities.

CHAPTER 3: AN INVESTIGATION OF ETHICAL MODERATORS OF THE RELATIONSHIP BETWEEN COMPASSIONATE FEELINGS AND A COMPASSIONATE RESPONSE

This study explores the conditions under which a person who witnesses suffering and experiences compassionate feelings toward that victim, is likely to respond by engaging in compassionate acts aimed at alleviating that suffering. In particular, I focus on moderators of the relationship between compassionate feelings and compassionate responding that reflect individual and situational ethical characteristics. Individual and ethical characteristics are variables from the behavioral ethics literature that have been identified (theoretically and empirically) as having significant impact on important ethical outcomes (e.g., charitable giving, whistle-blowing, corporate social responsibility).

I investigate the relationship between several variables from the ethics literature and the compassionate feeling compassionate responding relationship by drawing upon the Positive Organizational Ethics (POE) perspective. POE is defined as “the study of people, practices, and contexts that cultivate and sustain individual and collective ethical strength to achieve successful and durable moral performance in organizations” (Skerka, Comer & Godwin, 2014, p. 439). This perspective integrates research on individual and organizational dysfunction with the traditions of positive organizational scholarship, behavioral ethics and virtue ethics. POE scholars note, “we embrace the notion that negative situations, contexts, and experiences can ultimately fuel positive outcomes” (Skerka, et al., p. 436). It is the everyday suffering of individuals in organizations and the alleviation of that suffering through compassion that is the focus of this dissertation.

The POE perspective draws on virtues as a theoretical foundation. Virtue “refers to moral and intellectual excellences of human character and action. It has been described as the pursuit of the highest good of human beings, the most ennobling behaviors, and the essence of humankind when at its best” (Bright, Winn & Kanov, 2014). Scholars note that striving to live a moral and honorable life is the essence of being virtuous (MacIntyre, 2007). Scholars also note that, “nearly all accounts of virtue include references to specific virtues like integrity, courage, justice, forgiveness, and compassion among others” (Bright et al., 2014, p. 446). Interestingly, Aristotle believed that virtues lay in between two contrary vices and described compassion as the midway between callousness and indulgence (Bright et al., 2014).

It is important to note that virtue theorists suggest that a virtue generally produces good outcomes and if good outcomes are not produced then the act was not virtuous. For example, virtue scholars suggest “virtuousness is evident as compassion when suffering is alleviated” (Bright et al., 2014). This is in line with the definition of compassion as outlined by Kanov and colleagues (2004). As noted previously, these authors define compassion as a dynamic relational process that is made up of noticing another individual’s suffering, empathically feeling that person’s pain, and then acting in a manner to alleviate the suffering (Kanov et al., 2004). In essence an act cannot be considered compassionate *unless* it alleviates the suffering of the individual.

This perspective is consistent with recent theorizing within the medical field on the codes of ethics for healthcare professionals. Some medical scholars note that compassion is “central and integral to good medical ethics (de Zulueta, 2014 p. 89)” because it helps doctors to see their patients as humans in need of care instead of cases that need to be managed. Indeed one medical scholar notes, “Compassion is a part of professional competence and is perhaps as important as

technical competence, because both are required to effect meaningful healing” (Adams et al. 1996, p. 964).

In the next section, I will discuss ethics related variables that I believe will moderate the relationship between compassionate feelings and a compassionate response as well as describe formal hypotheses. In order to provide structure to the types of variables I will explore in the remainder of this dissertation I will delineate the variables according to their role. Specifically, I will look at individual and organizational ethical factors that influence the relationship between compassionate feelings and compassionate responses. From an individual perspective, I will investigate moral identity and moral disengagement. From an organizational perspective, I will explore ethical leadership and ethical climate.

Individual Characteristics.

To date scholars have only theorized about one individual difference variable that influences a potential compassion giver’s decision to engage in a compassionate response (Atkins & Parker, 2012). This individual difference variable is psychological flexibility which refers to individuals “being open and curious regarding the present moment and, depending on what the situation affords, acting in accordance with one’s chosen values” (Atkins & Parker, 2012, p. 528). Scholars suggest that when psychological flexibility is high individuals will be more likely to respond compassionately to someone that is suffering because they are more sensitive to the environment around them, which allows them to be more effective.

Despite this theoretical suggestion, research to date has not investigated or theorized other variables that may influence the relationship between compassionate feelings and compassionate responding. I argue that variables from the behavioral ethics literature may be of

particular importance to this relationship given compassion can be considered inherently ethical (Bright et al., 2014). Two such factors that have particular ethical relevance are moral identity and moral disengagement. These variables represent two of the central individual difference variables explored in ethics literature to date in terms of their influence on ethical and unethical behavior” (Jennings, Mitchell & Hannah, 2015, Treviño, Weaver & Reynolds, 2006).

Moral identity. Moral identity refers to a person’s self-concept that is organized around a set of moral traits (Aquino & Reed, 2002). It is defined as “the mental representation of one’s moral character held internally as a cognitive schema, and expressed to others externally through one’s actions” (Winterich, Aquino, Mittal & Swartz, 2013, p. 759). Scholars suggest that a person that embraces morality as a central component of their self-concept will have an easier time accessing the moral part of their identity to make moral judgments (Aquino & Reed, 2002; Blasi, 1984, 2004; Lapsley & Lasky, 2001). Indeed, scholars note, “the strength of a person’s moral identity has been shown to affect the way a person responds to and interprets ethical choices” (Greenbaum, Mawritz, Mayer & Priesemuth, 2013, p. 929). Scholars suggest that people high in moral identity are motivated to act on their moral self-schema out of a desire to maintain self-consistency (Winterich et al., 2013). This suggests that when individuals are faced with a situation in which their moral self-schema is activated they are likely to behave in a manner that is “consistent with their understanding of what it means to be a moral person” (Winterich et al., 2013, p.761).

According to Aquino and Reed (2002), an individual’s moral identity is comprised of a public and a private aspect. Aquino and Reed (2002) labeled the public aspect of moral identity “symbolization” and the private aspect of moral identity “internalization.” The symbolization dimension captures the extent to which the moral self is projected outwardly through one's

actions in the world (Aquino & Reed, 2002). A person high in moral identity symbolization is someone inclined to engage in visible activities that convey to others his or her commitment to certain moral goals and ideals. A person low in moral identity symbolization is less inclined to engage in these visible activities (Winterich, Aquino, Mittal & Swartz, 2013). The internalization dimension captures the extent to which the moral self is experienced as being central to one's self-definition (Aquino & Reed, 2002) and this network of morally relevant knowledge is “chronically accessible, both in terms of quantity and speed, within the working self-concept” (Winterich, et al 2013, p. 760).

Research on moral identity has found it to be consistently related to prosocial behavior (Shao, Aquino & Freeman, 2008). Scholars theorize that individuals with high moral identity are more likely to engage in prosocial behaviors in order to maintain consistency with their understanding of what it means to be a moral person. Indeed, scholars suggest, “people with a strong moral identity should strive to maintain consistency between conceptions of their moral self and their actions in the world” (Aquino & Reed 2001, p. 1425). In support of these theoretical suggestions, research examining the influence of moral identity on behavior has found that the moral self can be “temporarily increased, thereby increasing its motivational potency” (Shao et al., 2008, p. 529).

In a recent study, Reed and colleagues (2008) primed moral schema by having participants “write each of the nine trait adjectives (e.g., kind, compassionate, caring, trustworthy) that were used to evoke contemplation of the moral self in Aquino and Reed’s (2002) measure of moral identity five times” (Shae et al., 2008, p. 529). Participants also completed other priming tasks including write a morally relevant story. Following the task, participants were asked to donate time or money. Results from the study show that by

completing the priming tasks, participants' willingness to donate time was increased. The authors conclude that this finding suggests that temporarily increasing the accessibility of participants' moral identities had a positive effect on people's willingness to participate in actions that are judged as moral (Shao, et al., 2008, p. 529).

Despite the prevalence of research linking moral identity to prosocial behavior, findings from this research on the two dimensions has found their ability to predict prosocial behavior to be inconsistent. For example, Aquino and Reed (2002) found high levels of moral identity (internalization and symbolization) to be associated with an increased likelihood that participants reported "volunteering at a local homeless shelter, organizing a food drive, mentoring troubled youth, or visiting patients at a nursing home" at some time during the preceding two years (Study 5, p. 1433). Aquino and Reed (2002) also examined actual donations to a food drive (Study 6). Interestingly, their results found only moral identity internalization to be positively associated with participants' likelihood of donating as well as the amount of food they decided to give. In a study about moral identity and in-group reactions to out-groups during intergroup conflict, Reed and Aquino (2003) also found the internalization dimension of moral identity to be a "significant predictor of the extent to which people reported a moral obligation to show concern for the needs and welfare of out-groups (e.g., people from other countries, people of different religions, people of different ethnicities (p.1275))". Despite the prevalence of findings related to internalization, Reynolds and Ceranic (2007) found symbolization to positively influence charitable giving in a high social consensus setting.

In addition to this direct relationship, researchers have also found situations in which the ethical context reinforces behavior and this generally leads to ethical outcomes, particularly for individuals with a higher moral self-regard (Jennings, Mitchell & Hannah, 2015). Indeed,

researchers suggest moral identity can be activated or suppressed depending on situational contextual variables (Aquino & Reed, 2002). I argue that compassionate feelings are one such context in which a person's high moral identity will produce a compassionate response. I theorize that when someone is presented with compassionate feelings (the context), a person's high moral identity will be activated, thus leading to a compassionate response. In other words, compassionate feelings and moral identity will interact to produce a compassionate response because (for a person with high moral identity) responding compassionately is consistent with the person's moral self-concept. Because of the mixed findings between the dimensions of moral identity (i.e., internalization and symbolization) as noted above, I will investigate both dimensions of moral identity. Stated formally,

H1. Moral identity will moderate the relationship between compassionate feelings and a compassionate response such that the relationship will be stronger when moral identity is high.

Moral disengagement. Moral disengagement is defined as an individual difference in which "people cognitively process decisions and behavior with ethical import that allows those inclined to morally disengage to behave unethically without feeling distress (Bandura, 1990a, 1990b, 1999, 2002)" (Moore, Detert, Treviño, Baker & Mayer, 2012, p. 2). Moral disengagement was introduced as an extension to general social cognitive theory by Bandura (1986). In social cognitive theory, people refrain from engaging in transgressive behaviors because they do not want the self-condemnation that would ultimately arise from engaging in behavior that conflicts with their "internalized moral standards" (Moore et al., 2012, p. 4). Moral disengagement allows people to circumvent the self-regulation by disabling the "cognitive links between transgressive behavior and the self-sanctioning that should prevent it" (Moore et al., 2012, p. 4). Theory suggests that moral disengagement allows people to engage in corporate wrongdoing (Bandura,

Caprara, & Zsolnai, 2000) and political and military violence (Bandura, 1990) without cognitive distress.

Bandura (1990a, 1990b, 1999, 2002) proposed that moral disengagement works through eight cognitive mechanisms. These mechanisms include moral justification, euphemistic labeling, advantageous comparison, displacement and diffusion of responsibility, distortion of consequences, dehumanization, and attribution of blame. Moral justification reframes unethical acts as being in the service of a greater good (Moore et al., 2012). Euphemistic labeling means to use sanitized language to rename harmful actions to make them appear more benign (Moore et al., 2012). Advantageous comparison means to exploit the contrast between a potential behavior and an even more reprehensible behavior to make the former not seem so bad (Moore et al., 2012).

Displacement of responsibility refers to the deference of responsibility for one's actions to those in positions of authority that may condone or direct behavior (Moore, et al., 2012). Diffusion of responsibility works similarly to displacement of responsibility but refers to spreading responsibility for one's action across members of a group (Moore et al., 2012). Distortion of consequences means to minimize the seriousness of the impacts of one's actions, and in effect provide "little reason for the self-censure to be activated" (Bandura, 1999b: 199). Dehumanization means to frame the victims of one's actions as undeserving of basic human consideration by "defining others as members of an outgroup who are unworthy of moral regard" (Moore et al., 2012, p. 5). Lastly, attribution of blame means that people assign responsibility for the situation to the victim themselves.

Researchers have found that individuals with the propensity to morally disengage are more likely to engage in various types of unethical behavior including self-reported unethical

behavior, a decision to commit fraud, and supervisor and coworker reported unethical work behaviors (Moore et al., 2012). Researchers suggest individuals are able to engage in these behaviors because the self-regulatory mechanisms that would normally prevent individuals from engaging in these acts have failed. Essentially, “moral disengagement mechanisms disable the cognitive links between transgressive behavior and the self-sanctioning behavior that should prevent it” (Moore et al., 2012, p. 4).

Based on past theorizing and empirical evidence about the impacts of moral disengagement on ethical behavior, I argue that individuals that have a general tendency to morally disengage will be less likely to engage in a compassionate response because the self-regulatory capabilities of these individuals has failed due to the moral disengagement mechanisms (e.g., attribution of blame, advantageous comparison, displacement of responsibility) that have disabled the cognitive links between transgressive behavior and the self-sanctioning behavior that should prevent it. These individuals may feel spontaneous compassion but the moral disengagement mechanisms will inhibit their feelings and prevent them from engaging in a compassionate response. Stated formally,

H2. A person’s general tendency to morally disengage will moderate the relationship between compassionate feelings and a compassionate response such that the relationship will be weaker when moral disengagement is high.

Organizational Characteristics.

Ethical leadership. From an organizational perspective, there may be several factors that influence the relationship between feeling compassion and a compassionate response. The literature to date suggests that a leader’s approach to responding compassionately may set the

tone for individuals in organizations (Frost et al., 2003). Organizational scholars have found leaders to be important role models in terms of subordinate behavior in organizations (e.g., Brown et al., 2005). Compassion scholars suggest that when a leader's behavior models appropriate responses to suffering subordinates will mimic this behavior (Boyatzis & McKee 2005, Dutton et al., 2002). One such style of leadership that may have particular relevance for compassionate responses is ethical leadership.

Ethical leadership is defined as “the demonstration of normatively appropriate conduct through personal actions and interpersonal relationships, and the promotion of such conduct to followers through two-way communication, reinforcement, and decision-making” (Brown, Treviño & Harrison, 2005, p. 120). Ethical leadership has been found to have prosocial implications for the subordinate's behavior. Research to date has found ethical leadership to be related to important employee prosocial outcomes like OCBs (Ruiz, Ruiz & Martinez, 2011), willingness to exert extra effort and willingness to report problems to management (Brown et al., 2005) as well as a negative relationship with damaging interpersonal outcomes like relationship conflict (Mayer, Aquino, Greenbaum & Kuenzi, 2012).

Brown and colleagues (2005) suggest that ethical leaders are seen to model conduct that followers consider to be ethical when they are honest, trustworthy, fair and show that they care. These leaders also draw attention to ethics and make it salient in the organizational environment by discussing it and providing followers with voice, and a procedurally or interpersonally just process (Brown et al., 2005). Additionally, these leaders “set ethical standards, reward ethical conduct and discipline those who don't follow the standards” (Brown et al., 2005, p. 120). Finally, ethical leaders “consider the ethical consequences of their decisions and make principled

and fair choices that can be observed and emulated” (Brown et al., 2005, p. 121). It is this last component of ethical leadership that has particular relevance for the study of compassion.

It is conceivable that employees that have an ethical leader will be more likely to respond to a person that is suffering with a compassionate response because they notice their ethical leader responding in such ways and will likely model this behavior. As such, I hypothesize that an individual may be more likely to respond compassionately if they see their leaders behaving in the same way.

H3. Ethical leadership will moderate the relationship between compassionate feelings and a compassionate response such that the relationship will be stronger when ethical leadership is high.

Ethical Climate. Finally, past research suggests that the organizational climate may influence whether or not someone is compassionate. Compassion scholars suggest that people in organizations that share beliefs about what is acceptable to know about and act on an individual’s personal life are more likely to act to alleviate suffering (Ashforth et al., 2000). Researchers also suggest that when people in organizations share values that emphasize care, people are more likely to act compassionately (Simpson et al., 2013). Despite these theoretical suggestions, research to date has not empirically tested these relationships.

An organizational work climate refers to “a set of shared perceptions regarding the policies, practices, and procedures that an organization rewards, supports, and expects” (Kuenzi & Schminke, 2009, p.637). A variety of work climates have been identified in the literature, which include creativity climates (e.g., Gilson & Shalley, 2004), justice climates (e.g., Dietz, Robinson, Folger, Baron, & Schultz, 2003; Liao & Rupp, 2005) and safety climates (e.g., Hofmann & Stetzer, 1998; Zohar, 2010). One type of climate that may have particular relevance

for compassionate responding is ethical climates. An ethical climate refers to “the perception of what constitutes right behavior, and thus becomes a psychological mechanism through which ethical issues are managed” (Martin & Cullen, 2006, p. 177). “Ethical climates influence both decision making and behavioral responses to ethical dilemmas, which then go on to be reflected in various work outcomes” (Simha & Cullen, 2012, p. 21). Researchers argue that ethical climates influence decision making by “reflecting the prevailing norms of ethical reasoning in the organization and that these emergent ethical norms are distinct from both individual ethical propensities and individuals’ affective judgments about the work climate” (Arnaud & Schminke, 2012, p. 1768).

Theory suggests ethical climates are composed of two dimensions (Victor & Cullen, 1988). The first dimension is ethical philosophy and is made up of three criteria: egoism, benevolence and principle. Egoism refers to behavior that is concerned chiefly with self-interest. Benevolence refers to decisions and actions that are taken to produce the greatest good for the greatest number of people. Principle refers to decisions that “are made and actions that are taken in accordance with laws, rules, codes and procedures” (Simha & Cullen, 2012, p. 21).

The second dimension of ethical climates is the sociological theory of reference groups and is made up of three criteria: individual, local and cosmopolitan (Simha & Cullen, 2012). Individual criteria refer to people making decisions based on their own personal beliefs and values. Local criteria refer to people making decisions based on the organization itself (Simha & Cullen, 2012). Cosmopolitan criteria refer to people making decisions based on the community or society that is external to the organization (Simha & Cullen, 2012). Victor and Cullen (1988) suggest that these two dimensions (i.e., ethical philosophy and sociological theory of reference groups) intersect to form nine theoretical climate types. These climate types include self-interest,

company profit, efficiency, friendship, team interest, social responsibility, personal morality, company rules and procedures and laws and professional codes (Victor & Cullen, 1988).

Research on ethical climates using Victor and Cullen's (1988) ethical climate questionnaire (ECQ) has found the factor loadings to be unstable across samples (Arnaud & Schminke, 2007) thus providing inconsistent support for the nine original climate types. Researchers note that these problems may be due to theoretical concerns regarding the model, inconsistent use of scale items across samples and lack of aggregation of data to create an actual measure of the organizations' climate (Arnaud & Schminke, 2007). In an effort to rectify these problems, Arnaud and Schminke (2012) further clarified the construct of ethical climate by conceptualizing it as including a moral reasoning component, a collective emotion component and a collective self-efficacy component².

The collective emotion component focuses on empathy as the collective moral emotion. Arnaud and Schminke (2012) define collective empathy as an "affective tone" that is homogenous within a work unit. According to the authors, a work unit that has collective empathy is an "environment where members make an effort to step into other people's shoes and understand how their decisions and actions affect others" (p. 1796). Members of an empathic work unit "care for each other (and for other organizational stakeholders) and are concerned about others' feelings and welfare" (p. 1770).

The collective self-efficacy component "reflects a work unit's shared belief in its collective ability to organize and successfully execute the actions required to achieve desired outcomes (Bandura, 1997)". Arnaud and Schminke (2012) argue that individuals must "believe

² While all three components are important for ethical behavior in organizations, I have chosen to focus on the moral reasoning component of Arnaud and Schminke's (2012) model.

that they have the ability to successfully execute their desired course of ethical action” (p. 1771) which ultimately provides confidence in the group’s ability. This confidence enables group members to follow through on their moral intentions.

According to Arnaud and Schminke (2012), the moral reasoning component includes two dimensions: self-focused and other-focused. Drawing on the Kohlberg (1984) model of moral reasoning that sets the foundation for ethical climate as established by Victor and Cullen (1987, 1988), Arnaud and Schminke (2012) argue that an ethical climate is primarily made of up these two dimensions. These dimensions reflect the pre-conventional and conventional levels of moral reasoning as described by Kohlberg (1984) and reflect the stages at which most individuals engage in moral reasoning. The pre-conventional level of moral reasoning refers to the self-focused level in which individuals moral judgments are influenced by obedience and avoiding punishment or acting in their own self-interest (Treviño, Weaver & Reynolds, 2006). The conventional level of moral reasoning refers to the other-focused level in which individuals moral judgments are influenced by expectations of peers and significant others or policies and rules including the law (Treviño, et al., 2006).

Research on ethical climates has consistently found egoistic climates (self-focused) to relate negatively to ethical behavior, whereas non-egoistic (other-focused) climates to relate positively to ethical behavior (Martin & Cullen, 2006). Based on past theorizing, I argue that a similar pattern will be found in the relationship between compassionate feelings and compassionate responses in self-focused and other focused climates. Specifically, I expect a stronger relationship between compassionate feelings and compassionate responses in other-focused climates. Stated formally,

H5. Self-focused climates will moderate the relationship between compassionate feelings and a compassionate response such that the relationship will be weaker in self-focused climates.

H6. Other-focused climates will moderate the relationship between compassionate feelings and a compassionate response such that the relationship will be stronger in other-focused climates.

Figure 4 highlights the relationships to be tested in the Study.

Methods

In order to investigate the hypothesized relationships (see Figure 4) I conducted a field study. In the field study I tested the individual and organizational variables using a sample of working adults in the Southeastern region of the U.S. The purpose of the field study was to assess the hypothesized relationships in an organizational setting (i.e., compassion at work).

Next, I describe the study.

Sample and Procedures

I collected data from focal employees and their coworkers from various organizations located in the southeastern United States. The surveys were administered through an online survey tool (i.e., Qualtrics) and were accessed by participants during their own time.

Undergraduate students from a large university in the southeast served as organizational contacts in exchange for extra credit. These students recruited a working adult (i.e., someone that works at least 20 hours per week) to serve as the focal employee. The focal employee then asked his/her coworker to complete the coworker survey. This method of data collection has been used successfully in past research (e.g., Lee & Allen, 2002, Greenbaum, Mawritz & Eissa, 2012). I invited 207 students to serve as organizational contacts. I received responses from 105 focal

employees and 88 responses from coworkers. After matching data across the two sources, I had data from 50 usable focal-coworker dyads, for an overall response rate of 24%.

Focal employee respondents were 56% women with an average age of 31.7 years. The majority of the focal employees worked at least part time (65.3%). The coworker respondents were 60% women with an average age of 33.18 years. The majority of the coworkers worked full time (68%).

The focal employee survey asked participants to complete a recall measure of a compassionate encounter in the workplace and then complete a measure of compassionate responding. The survey also included a measure of moral identity and moral disengagement. The moderator variables of moral identity, moral disengagement as well as the control variables of empathic concern and dispositional compassion were captured either before or after the compassion recall and behavior items. These items were randomly presented either before or after the compassion questions to ensure ordering effects were not an issue and did not impact the compassion ratings. The coworker survey included a measure of ethical leadership and ethical climate. The focal employee and the coworker both completed demographic information.

Measures

Independent Variable.

Compassionate feelings. Focal employee participants were asked to write about a situation in which they witnessed someone suffering at work and then describe their response. This recall method has been used successfully in past literature related to emotions (e.g., Leith & Baumeister, 1996; Weiner, Graham & Chandler, 1982). Specifically, participants read the following prompt “Compassion is an emotion that people often feel when we see someone in

distress or suffering. Although this emotion may surface in other places, oftentimes we see it in the workplace. Think about a time in which you remember feeling compassion for someone in your organization. The person you describe could be your coworker, your boss or even your employee. Write about the situation in the text box below. What happened? How did you feel? Be sure to use the initials of the person you are describing in your description, rather than his or her full name.” Following this prompt, participants were presented with a text box in which they recorded their experience. Following this box, participants were asked to indicate the extent to which they felt certain emotions during the situation they described. The emotion words listed were moral emotions and included compassionate, awed, grateful, proud, angry, guilty, ashamed, embarrassed, sympathetic, disgusted, contempt and elevated. The response format was from 1 (did not describe my feelings at all) to 7 (did describe my feelings very well). The compassionate feelings score was used as the independent variable.

Immediately, following the emotion question participants’ responses to the dependent variable was assessed.

Moderators.

Moral identity. Moral identity was measured using the 10-item instrument developed by Aquino and Reed (2002). This instrument is based on a conceptualization of moral identity as a schema organized around a set of moral trait associations (e.g., compassionate, kind, honest). This measure has two dimensions: internalization and symbolization. A sample item from the internalization subscale includes, “Being someone who has these characteristics is an important part of who I am.” A sample item from the symbolization subscale includes, “I am actively involved in activities that communicate to others that I have these characteristics.” Participants

answered each item on a 5-point Likert-type scale from (1) strongly disagree and (5) strongly agree.

Moral disengagement. Moral disengagement was measured using the 8-item measure created by Moore and colleagues (2012). This measure is comprised of 8 sub dimensions that make up the overall construct of moral disengagement. A sample item from the displacement of responsibility sub-dimension is “People shouldn’t be held accountable for doing questionable things when they were just doing what an authority figure told them to do.” A sample item from the diffusion of responsibility sub-dimension is “It’s okay to tell a lie if the group agrees that it’s the best way to handle the situation.” A sample item from the attribution of blame sub-dimension is “People who get mistreated have usually done something to bring it on themselves.”

Participants answered each item on a 5-point Likert-type scale from (1) strongly disagree to (5) strongly agree.

Ethical leadership. Ethical leadership was assessed by the coworker and was measured using the 10-item ethical leadership scale created by Brown and colleagues (2005). A sample item from this scale is “Can be trusted.” Participants answered each item on a 5-point Likert-type scale from (1) strongly disagree to (5) strongly agree.

Ethical climate. The ethical climate of the organization was assessed by the coworker and was measured using the scale created by Arnaud & Schminke (2012). Based on Victor and Cullen’s (1988) original ethical climate scale, the authors created a 10-item scale that reflects the self-focused and other-focused dimensions of ethical climate. The self-focused climate dimension includes five items. A sample item from this scale includes “People around here are mostly out for themselves.” The other-focused climate dimension also includes five items. A sample item from this scale includes “The most important concern is the good of all the people in

the department.” Participants rated each statement on a 5-point Likert-type scale from (1) strongly disagree to (5) strongly agree.

Control Variables. I also captured dispositional variables including empathic concern (Davis, 1980) and dispositional compassion (Shiota et al., 2006). Empathic concern was measured using the seven-item empathic concern measure created by Davis (1980). A sample item from this scale includes, “I am often quite touched by things that I see happen.” Dispositional compassion was measured using the five item measure created by Shiota and colleagues (2006). A sample item from this scale includes, “I am a very compassionate person.”

Dependent Variable.

Compassionate responding. Because a measure of compassionate responding does not currently exist, I created one following the procedures outlined by Hinkin (1995) and used in current organizational literature (e.g., Brown et al., 1995, Greenbaum, et al). The details of this scale construction process are located in Appendix B. Six items emerged from this process and include, “I tried to make myself available to the colleague I knew was suffering”, “I made every effort to be “emotionally present” with the person I knew was suffering”, “I made the conscious effort to connect with the colleague I knew was going through a tough time”, “I offered a verbal expression of support to the colleague I knew was suffering”, “I altered the rhythm of my own life to help the person I described”, and “I gave my colleague that was going through a really tough time a little more slack if they made mistakes than I normally would.” Participants rated each statement on a 5-point Likert-type scale from (1) strongly disagree (5) strongly agree.

Results

Descriptive Statistics

The means, standard deviations, and intercorrelations among the study variables are presented in Table 8.

Measurement Model Results

To examine the distinctiveness of the variables, I conducted confirmatory factor analysis (CFA) with maximum likelihood estimation in SAS. The measurement model consisted of eight factors: compassionate feelings, moral identity symbolization, moral identity internalization, moral disengagement, ethical leadership, self-focused climate and other-focused climate. The results indicated that the eight factor model provided a better fit over the alternative models. The eight factor model indicated the following fit ($\chi^2(783) = 1826.62, p < .001; CFI = .52; RMSEA = .17$). I compared the eight factor model to seven alternative models. In the seven factor model, the items used to measure felt compassion and moral identity internalization were set to load on the same latent variable and all of the items used to measure moral identity symbolization, moral disengagement, ethical leadership, self-focused climate and other focused climate were set to load on different latent variables ($\chi^2(791) = 1848.43, p < .001; CFI = .51; RMSEA = .17$). In the six factor model, the items used to measure felt compassion, moral identity internalization and moral identity symbolization were set to load on the same latent variable and all other variables were set to load on different factors ($\chi^2(798) = 1886.04, p < .001; CFI = .50; RMSEA = .18$). In the five factor model, the items used to measure felt compassion, moral identity internalization, moral identity symbolization and moral disengagement were set to load on the same latent variable and all other variables were set to load on different factors ($\chi^2(804) = 1936.04, p < .001;$

CFI = .47; RMSEA = .18). In the four factor model, the items used to measure felt compassion, moral identity internalization, moral identity symbolization, moral disengagement and ethical leadership were set to load on the same latent variable and all other variables were set to load on different factors ($\chi^2(809) = 2110.78$, $p < .001$; CFI = .39; RMSEA = .19). In the three factor model, the items used to measure felt compassion, moral identity internalization, moral identity symbolization, moral disengagement ethical leadership and self-focused climate were set to load on the same latent variable and other-focused climate and compassionate responding were set to load on different factors ($\chi^2(813) = 2235.66$, $p < .001$; CFI = .34; RMSEA = .20). In the two factor model, the items used to measure felt compassion, moral identity internalization, moral identity symbolization, moral disengagement ethical leadership, self-focused climate and other-focused climate were set to load on the same latent variable and compassionate responding was set to load on a different factor ($\chi^2(816) = 2324.54$, $p < .001$; CFI = .30; RMSEA = .21). Finally, in the one factor model, the items used to measure felt compassion, moral identity internalization, moral identity symbolization, moral disengagement ethical leadership, self-focused climate, other-focused climate and compassionate responding were set to load on the same latent variable ($\chi^2(818) = 2432.14$, $p < .001$; CFI = .25; RMSEA = .21).

Test of Hypotheses

The predictor variables were mean centered prior to hypotheses testing (Cohen, Cohen West & Aiken, 2003). The variance inflation factor scores for all variables were below the standard of 10.0 (Ryan, 1997), indicating that multicollinearity was not a serious concern. The study hypotheses were tested using linear regression (see Table 9).

Hypothesis 1 predicted that moral identity moderates the relationship between compassionate feelings and a compassionate response such that the relationship would be stronger when moral identity was high. The regression analyses results revealed that there was not a significant interaction between compassionate feelings and moral identity for both dimensions. Thus, Hypothesis 1 was not supported.

Hypothesis 2 predicted that a person's general tendency to morally disengage would moderate the relationship between compassionate feelings and a compassionate response such that the relationship would be weaker when moral disengagement was high. The regression results revealed that there was not a significant interaction between compassionate feelings and moral disengagement. Thus, Hypothesis 2 was not supported.

Hypothesis 3 predicted that ethical leadership would moderate the relationship between compassionate feelings and a compassionate response such that the relationship would be stronger when ethical leadership was high. The regression results revealed that there was a significant interaction between compassionate feelings and ethical leadership ($b=.10, p<.05$). Thus, Hypothesis 3 was supported. As predicted, the relationship between compassionate feelings and ethical leadership was stronger when ethical leadership was high (see Figure 5). A simple slopes analysis revealed the simple slope for high ethical leadership was significant ($t = 2.07, p < .05$), and the slope for low ethical leadership was not ($t = .35, ns$).

Hypothesis 4 predicted that a self-focused climate would moderate the relationship between compassionate feelings and a compassionate response such that the relationship would be weaker in self-focused climates. The regression results revealed that there was not a significant interaction between compassionate feelings and self-focused climates. Thus, Hypothesis 4 was not supported.

Hypothesis 5 predicted that an other-focused climate would moderate the relationship between compassionate feelings and a compassionate response such that the relationship would be stronger in an other-focused climate. The regression results revealed that there was not a significant interaction between compassionate feelings and other focused climates. Thus, Hypothesis 5 was not supported.

Discussion

To my knowledge, this study is the first quantitative examination of compassionate responding at work. Results of this study found support for the interactive effects of compassionate feelings and ethical leadership on compassionate responses. This finding provides support for the theoretical suggestion that ethical leaders set the tone for individuals in organizations (Frost et al., 2003). As noted previously, compassion scholars suggest that when a leader's behavior models appropriate responses to suffering, subordinates will mimic this behavior (Boyatzis & McKee 2005, Dutton et al., 2002).

Additionally, although not hypothesized, two significant direct effects were found. Specifically, the individual level variable of moral identity (internalization dimension) had a significant direct effect on compassionate responding (as seen in step 2 and 3 of the regression model (Table 9)). The organizational level variable of self-focused climate also had a direct effect on compassionate responding (as seen in step 3 of the regression model (Table 9)).

The finding related to moral identity is not surprising given that one of the traits of moral identity (as defined by Aquino & Reed, 2002) is being a compassionate person. Thus, moral identity may behave similarly to dispositional compassion in terms of predicting a compassionate response. As can be seen by the correlation matrix (Table 8) moral identity internalization and

dispositional compassion are moderately correlated ($r=.40, p<.01$). However, it is particularly interesting that moral identity symbolization was not significant. This is consistent with the literature on moral identity. Recently, researchers have theorized that these mixed findings may be because of different primary sources of prosocial motivation. Winterich and colleagues (2014) theorize that people high in moral identity symbolization may act prosocially because of a desire to “verify an important facet of the self through the reflected appraisals of others (p. 761).” These scholars suggest, people high in moral identity internalization “should experience a motivation to act prosocially regardless of the anticipated public or private nature of their acts because moral traits, goals, and behavioral scripts are chronically available to them in working memory” (p. 761). The lack of public recognition in my dependent variable of compassionate responding may be one reason why I was unable to find a significant effect similar to the internalization dimension.

The finding of a direct effect of self-focused climate on compassionate responding is a little surprising but the effect seems to be in the expected direction ($B= -.23, p< .05$). This suggests individuals in self-focused climates will not provide a compassionate response to someone that is suffering regardless of compassionate feelings. As can be seen in Table 8, the correlation between compassionate feelings and self-focused compassion is non-significant ($r=.26, p = n.s.$).

In terms of the other non-significant hypotheses, there may be a number of first stage moderation effects going on instead of the second stage moderation effects I hypothesized. For example, moral disengagement may preclude an individual from noticing suffering in the workplace and thus they would not feel compassionate feelings toward someone that is suffering. As evidenced by the correlation matrix (Table 8) moral disengagement has a moderate negative

correlation with felt compassion ($r=-.39$, $p<.01$). This may be the same issue in terms of the climate variables. Specifically, the ethical climate of an organization may preclude employees from noticing suffering because of organizational norms, which may preclude individuals from expressing their pain. Future research should investigate these relationships as first stage moderators.

Before closing, it is important to address the issue of whether or not a compassionate response is always an ethical response. In this chapter I have argued that compassionate responding is synonymous with ethical behavior. This perspective allowed me to draw from the POE perspective as well as draw on virtue ethics as a theoretical foundation for my hypotheses. However, I concede that there are certain situations in which a compassionate response is not always the ethical response. For example, a husband stealing food to alleviate hunger of his pregnant wife would not be considered ethical however it would be compassionate. While his wife would no longer suffer from hunger, the very act of stealing is unethical. This is an extreme example however it serves to display a point. Specifically, unethical behavior in organizations has been defined as any action that violates widely accepted societal moral norms (Treviño et al., 2006). Stealing violates moral norms however, this act would be considered a compassionate response because it adheres to the definition of compassion and compassionate responding. Thus you could argue that not responding compassionately is not unethical but it is not compassionate.

Organizations like the Center for Compassion and Altruism Research at Stanford University and the Compassion Lab at the University of Michigan are working to make compassion in organizations a more mainstream phenomenon in Corporate America by conducting and showcasing research that shows the far reaching impacts of compassion on individuals inside and outside of organizations. Maybe with the continued support of their work,

responding compassionately may become a widely accepted moral norm in the future and thus become synonymous with ethical behavior.

Limitations

This study was not without its limitations. Specifically, common method variance may be an issue, as all variables were assessed via online surveys (Podsakoff, MacKenzie, & Podsakoff, 2012). However, I attempted to counter this bias by collecting multi-source data. I gathered the moderator variables of ethical leadership and ethical climate from the coworker and all other variables (i.e., compassionate feelings, compassionate responding, moral identity and moral disengagement) were collected from the focal employee. Podsakoff et al. (2012) state that using such techniques reduces the nature of common method variance and potential inflated correlations. Additionally, given the cross-sectional nature of this study, I cannot infer causality.

My operationalization of the independent variable may have suffered from a recall bias. Participants may have only recalled situations in which they put themselves in the best light, which may have impacted the study's results. Additionally, it is my assumption that most people would be able to recall a situation in which they felt compassion and thus write about it which may not have been the case for all of my participants (e.g., starting a new job, being new to the workforce).

Additionally, all respondents to this study were from the southeastern U.S. As such I cannot be sure that my findings will translate to other regions. Future research should investigate these relationships in other regions of the U.S.

Finally, my results may have suffered as a result of a small sample size. The final sample for the study included in this Chapter was a total of 50 employee coworker dyads. Researchers

recommend a sample size of more than 120 participants to detect moderating effects (Aguins, 1995).

OVERALL CONCLUSIONS

This dissertation was an answer to recent calls for more research on compassion in organizations (Atkins & Parker, 2012; Dutton et al., 2014; Frost, 1999). I investigated moderators of the relationship between compassionate feelings and compassionate responding. Specifically, I investigated the role of the primary appraisals of deservingness and self-relevance and the secondary appraisal of self-efficacy in this relationship. Although, these relationships were suggested in past literature (Atkins & Parker, 2012) to my knowledge, this dissertation is the first empirical examination of these relationships. I also took a positive organizational ethics perspective and investigated several moderators of the relationship between compassionate feelings and a compassionate response from the field of ethics. Specifically, I investigated the role of individual level factors, which were moral identity and moral disengagement. I also investigated the role of organizational level factors, which were ethical leadership and ethical climate.

Although, I did not find support for most of the hypotheses in this dissertation, I did find some interesting results. I found that the cognitive appraisals of deservingness and self-efficacy do matter in terms of compassionate responding. Specifically, I found a main effect of self-efficacy on compassionate responding across two studies (Chapter 2, Study 1 and Study 2). I also found a main effect of deservingness (Chapter 2, Study 2) and an interactive effect between self-efficacy and deservingness (Chapter 2 Study 2). These results provide support for recent theorizing on the role of cognitive appraisals in the compassion process (Atkins & Parker, 2012). This also reinforces that fact the compassion is indeed a dynamic process (Dutton et al., 2014; Kanov et al., 2004).

In Chapter 3, I also found several interesting results. Specifically, I found that the internalization dimension of moral identity has a direct effect on compassionate responding as did organizational level variable of self-focused climate. I also found support for my hypothesis that ethical leadership moderated the relationship between compassionate feelings and a compassionate response such that those individuals with more ethical leaders were more likely to engage in a compassionate response. These results provide support for recent theorizing on organizational level factors and their impact on compassion in organizations (Dutton et al., 2014) as well as adds to the current knowledge on individual difference variables that impact the compassionate feeling and compassionate responding relationship.

The results I do find have important implications for compassion research moving forward. As evidenced by my results from Chapter 2, self-efficacy appears to play an important role in determining if someone will respond compassionately to an individual that is suffering. As noted previously, this finding is consistent with research on self-efficacy and its impact on task performance in other contexts (Bandura, 1997). The findings from Chapter 2 may also influence the variables from Chapter 3. I believe self-efficacy may play an important role in influencing organizational characteristics examined in this study. From an organizational perspective, Arnaud and Schminke (2012), note that collective efficacy plays an important role in determining ethical behavior in organizations as a moderator of the relationship between ethical climate and ethical behavior. It is possible that collective efficacy may interact with variables like self-focused and other-focused climate to produce a compassionate response. Future research should explore this possibility.

To my knowledge, this dissertation is the first quantitative investigation of moderators of the relationship between compassionate feelings and a compassionate response. At the beginning

of the dissertation process my primary research question was “what factors influence the relationship between compassionate feelings and compassionate action from a potential giver?” Although, my attempts to answer this research question were not perfect, I did make several contributions to the compassion literature. Specifically, this dissertation contributed to knowledge on compassion in organizations in three ways. (1) I investigated previously untested hypotheses from the literature (cognitive appraisals) and found support for theorized relationships, (2) I took a different perspective on compassion by looking at moderators from the behavioral ethics literature to investigate individual and organizational variables that influence this relationship, (3) I answered recent calls by compassion scholars regarding measurement of compassionate responding in the literature (Dutton et al., 2014). Specifically, I created a measure of compassionate responding that may help future researchers understand the compassion process in organizations.

Research on compassion in organizations is in its infancy. There has not been a systematic investigation of the overall hypothesized model of compassion in organizations as suggested by Kanov and colleagues (2004) or the majority of hypothesized variables that impact the various relationships within the process. Future research should investigate the overall compassion process as well as examine the role of various potential moderators from an individual level (e.g., psychological entitlement, psychological flexibility) and a situational level (e.g., organizational climate, collective efficacy and collective empathy). These variables should be investigated as first stage and second stage moderators as they are likely to have an impact on noticing suffering and thus the beginning of the compassion process as well as the development of compassionate feelings.

In addition to the future research that has been discussed previously, there are other important areas that I believe are important for the advancement of compassion research in organizations. One essential area is refinement of the compassionate responding definition. Currently, Kanov and colleagues (2004) define compassionate responding as “any action or display that occurs in response to another’s pain, with the aim of alleviating that pain or helping the sufferer to live through it” and virtue scholars suggest “virtuousness is evident as compassion when suffering is alleviated” (Bright et al., 2014). These definitions imply that a response cannot be considered a compassionate response unless it alleviates suffering however, this conceptualization is problematic. If a compassionate response is contingent upon the outcome as measured by the sufferer then we will not be able truly observe and measure a compassionate response without both parties.

This opens up an obvious measurement issue for researchers that are interested in studying compassionate responding such that the sufferer is needed to determine if the compassionate response was effective. I recommend that compassion scholars consider the motives/intentions behind a potential giver providing a compassionate response as the measure of compassionate responding. The measure I created to assess compassionate responding (see Appendix D) is focused on the actual behaviors of the individual that feels compassion and responds to the person that is suffering. These behaviors include things like emotional support and giving the sufferer some slack on their work. The focus of my measure is on the intentions of the potential compassion giver, not the reactions by the sufferer.

Another conceptual issue with the current compassion literature is the focus on positive aspects of compassionate responding. This positive focus is the perspective I chose for this dissertation because of the current definition in the literature and the explications of the construct

by compassion scholars. These scholars note that compassionate responses include behaviors like interpersonal citizenship behaviors (e.g., covering for someone that is absent), social support (e.g., talking about non work related life events) as well as giving donations and gifts to people that are suffering. However, there are other “non-positive” forms of compassionate responding that may help to alleviate suffering of someone that is in pain. An example of a non-positive response would include not doing anything in response to someone that is suffering. Depending on the circumstances, this may actually be the best thing for the person that is suffering because it may force the person that is suffering to work out the situation on their own. This may particularly be the case for those individuals that are “repeat” offenders, are responsible for their circumstances or may “cry wolf” on to many occasions. Scholars should note that compassionate responses include “positive” and “non-positive” responses to suffering and that both types of responses are compassionate and ultimately may lead to the alleviation of suffering.

Before closing, I would like to reiterate that compassion is something that is important in all walks of life yet it is particularly important in the workplace. Indeed, the Dalai Lama is quoted as saying, “Compassion belongs to every sphere of activity, including, of course, the workplace.” Given what we know about compassion in organizational life and its impact on important outcomes for organizations (e.g., talent acquisition and retention, increased customer service ratings) it will be all the more important to continue the work of understanding how it is promoted and inhibited in the future. It is my goal to continue this work as I move on to the next stage of my academic career.

APPENDIX A: IRB APPROVAL LETTER



University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Approval of Exempt Human Research

From: UCF Institutional Review Board #1
FWA00000351, IRB00001138

To: Regina M. Taylor and Co-PI: Marshall J. Schminke

Date: February 24, 2014

Dear Researcher:

On 2/24/2014, the IRB approved the following activity as human participant research that is exempt from regulation:

Type of Review:	Exempt Determination
Project Title:	An Investigation of Compassionate Responding in Organizations
Investigator:	Regina M Taylor
IRB Number:	SBE-14-10100
Funding Agency:	
Grant Title:	
Research ID:	N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Sophia Dziegielewski, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

Signature applied by Joanne Muratori on 02/24/2014 01:16:01 PM EST

A handwritten signature in black ink that reads "Joanne Muratori".

IRB Coordinator

APPENDIX B: CHAPTER 1-3 FIGURES AND TABLES

Table 1. Means and Standard Deviations of Emotion Ratings (Chapter 2, Study 1)

	Alzheimer's Audio Clip (n = 40)		Pest Control Audio Clip (n = 38)		
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Compassionate	6.38	2.05	Compassionate	4.45	1.93
Awed	5.53	2.10	Awed	3.50	1.90
Grateful	6.33	2.24	Grateful	4.03	2.41
Proud	4.93	2.56	Proud	3.68	2.13
Elevated	2.80	2.16	Elevated	3.03	2.10
Angry	1.55	1.10	Angry	1.29	0.69
Contempt	2.30	2.10	Contempt	2.26	1.83
Guilty	1.62	1.06	Guilty	1.26	0.72
Ashamed	1.23	0.53	Ashamed	1.24	0.63
Disgusted	1.30	0.72	Disgusted	1.50	1.06
Sympathetic	6.38	2.17	Sympathetic	3.34	2.04
Embarrassed	1.20	0.41	Embarrassed	1.34	0.85

Table 2. Descriptive Statistics and Correlations (Chapter 2, Study 1)

	<i>M</i>	<i>SD</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
1. Story	1.51	0.50	--			
2. Deservingness	3.53	0.82	.53**	(.68)		
3. Self-relevance	2.76	0.99	-.28*	-0.09	(.72)	
4. Self-efficacy	2.99	0.84	-0.04	.28*	.34**	(.84)
5. Volunteer Email	0.28	0.45	.27*	.29**	0.21	.26*

Note. Reliabilities (coefficient alpha) in parentheses on diagonal. n = 78

*p<.05, **p<.01.

Table 3. Logistic Regression Results (Chapter 2, Study 1)

Variables	Volunteer					
	Step 1		Step 2		Step 3	
Predictor Variables		OR		OR		OR
Story	1.5 (75)†	4.28	1.01 (.77)	2.76	.75 (.92)	2.12
Deservingness	.35 (.43)	1.41	.63 (.58)	1.87	.91 (.66)†	2.48
Self-Relevance	.71 (.34)*	2.03	.44 (.49)	1.56	.35 (.50)	1.42
Self-Efficacy	.62 (42)†	1.85	.68 (.48)†	1.96	1.43 (.73)*	4.16
2-way Interaction						
Story X Deservingness			-.01 (1.14)	0.99	.34 (1.26)	1.66
Story X Self-Efficacy			1.14 (1.17)	3.13	1.57 (1.46)	4.8
Story X Self-Relevance			.10 (1.09)	1.11	-.02 (1.44)	0.98
Deservingness X Self-Efficacy			-1.27 (.80)†	0.28	-1.65 (.94)†	0.19
Self-Relevance X Self-Efficacy			-.06 (.50)	0.94	-.54 (.76)	0.58
Deservingness X Self-Relevance			.47 (.69)	1.60	.23 (.85)	1.26
3-way Interaction						
Story X Deservingness X Self-Efficacy					-1.84 (1.89)	0.16
Story X Self-Relevance X Self-Efficacy					2.26 (1.49)	9.61
Change -2LL			4.69		4.04	
-2LL	75.43		70.74		66.7	
CHI Squared	17.37**		22.07*		26.09**	

Notes. Standard errors in parentheses; n = 78; all tests one-tailed; OR = odds ratio

*** $p < .001$; ** $p < .01$; * $p < .05$; † $p < .10$

Table 4. Means and Standard Deviations of Emotion Ratings (Chapter 2, Study 2)

Alzheimer's Audio Clip (n = 46)			Pest Control Audio Clip (n = 42)		
	<i>M</i>	<i>SD</i>		<i>M</i>	<i>SD</i>
Compassionate	5.80	1.65	Compassionate	3.50	2.05
Awed	5.17	1.82	Awed	3.02	1.74
Grateful	5.63	1.90	Grateful	1.04	2.01
Proud	3.91	2.08	Proud	3.47	2.09
Elevated	3.06	2.06	Elevated	3.07	1.91
Angry	2.08	1.69	Angry	1.40	0.96
Contempt	2.35	1.52	Contempt	2.35	1.79
Guilty	2.17	1.58	Guilty	1.40	0.96
Ashamed	1.75	1.29	Ashamed	1.28	0.74
Disgusted	1.73	1.25	Disgusted	1.19	0.55
Sympathetic	5.88	1.67	Sympathetic	3.34	2.03
Embarrassed	1.97	1.57	Embarrassed	1.40	1.03

Table 5. Descriptive Statistics and Correlations (Chapter 2, Study 2)

	<i>M</i>	<i>SD</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
1. Story	1.48	0.50					
2. Deservingness	3.44	0.76	.54**	(.61)			
3. Self-Relevance	2.81	0.95	.22*	-.10	(.72)		
4. Self-Efficacy	2.94	0.92	.02	.21*	.21	(.92)	
5. Plan to Give	2.69	1.08	-.19	.38**	.10	.46**	(.97)
6. Volunteer Email	0.13	0.33	-.09	.25*	.05	.21*	.35**

Note. Reliabilities (coefficient alpha) in parentheses on diagonal. n = 88

*p<.05, **p<.01.

Table 6. Linear Regression Results (Chapter 2, Study 2)

Variables	Plan to Give		
	Step 1	Step 2	Step 3
Predictor Variables			
Story	-.14 (.24)	-.09 (.25)	-.09 (.26)
Deservingness	.39 (.16)**	.40 (.17)**	.41 (.18)**
Self-Relevance	.08 (.11)	.10 (.12)	.11 (.12)
Self-Efficacy	.44 (.11)***	.38 (.12)***	.35 (.16)**
2-way Interaction			
Story X Deservingness		-.01 (.26)	.02 (.36)
Story X Self-Relevance		-.03 (.37)	-.05 (.37)
Story X Self-Efficacy		-.21 (.18)*	-.20 (.13)*
Deservingness X Self-Efficacy		-.03 (.16)	-.03 (.16)
Self-Relevance X Self-Efficacy		.08 (.13)	.09 (.13)
Deservingness X Self-Relevance		-.01 (.23)	-.03 (.24)
3-way Interaction			
Story X Deservingness X Self-Efficacy			-.12 (.38)
Story X Self-Relevance X Self-Efficacy			.12 (.24)
ΔR^2		0.04	0.00
R^2	0.30	0.34	0.34
Cohen's f^2	0.42	0.52	0.52
Adjusted R^2	0.26	0.25	0.23
F	8.81***	0.72	0.14

Notes. Unstandardized beta coefficients are reported; N = 88; all tests one-tailed

***p < .01; **p < .05; *p < .10

Table 7. Logistic Regression Results (Chapter 2, Study 2)

Variables	Volunteer					
	Step 1	Step 2		Step 3		
Predictor Variables		OR		OR		OR
Story	.20 (.83)	1.22	.45 (1.23)	1.56	.47 (1.23)	1.60
Deservingness	1.15 (.62)†	3.16	2.16 (1.05)*	8.64	2.33 (1.32)†	10.24
Self-Relevance	.05 (.39)	1.05	.24 (.65)	0.72	.45 (1.06)	1.56
Self-Efficacy	.62 (.41)†	1.86	1.95 (.85)*	0.02	1.95 (.86)*	7.01
2-way Interaction						
Story X Deservingness			-.60 (1.53)	0.70	-.23 (2.35)	0.79
Story X Self-Efficacy			.58 (.46)	0.21	.55 (.47)	1.74
Story X Self-Relevance			-1.31 (1.71)	0.44	-.82 (2.57)	0.44
Deservingness X Self-Efficacy			-1.95 (.87)*	0.03	-2.21 (1.19)†	0.12
Self-Relevance X Self-Efficacy			-.42 (.49)	0.66	-.65 (1.00)	0.53
Deservingness X Self-Relevance			-.90 (1.08)	0.41	-.88 (1.08)	0.42
3-way Interaction						
Story X Deservingness X Self-Efficacy					-.43 (2.11)	0.65
Story X Self-Relevance X Self-Efficacy					-.53 (2.07)	0.59
Change -2LL				12.34		0.09
-2LL	57.38			45.4		45.31
CHI Squared ²	8.94†			20.91*		21.01*

Notes. Standard errors in parentheses; n = 88; all tests-one tailed; OR = odds ratio

*** $p < .001$; ** $p < .01$; * $p < .05$; † $p < .10$

Table 8. Descriptive Statistics and Correlations (Chapter 3)

	<i>M</i>	<i>SD</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>
1. Empathic Concern	3.79	0.56	(.77)									
2. Compassion Trait	3.86	0.56	.73**	(.84)								
3. Felt Compassion	6.16	1.61	.42**	.29*	-							
4. Moral Identity Internalization	4.04	0.66	.63**	.40**	0.28	(.85)						
5. Moral Identity Symbolization	3.44	0.68	0.13	.38**	-0.06	0.23	(.82)					
6. Moral Disengagement	2.02	0.59	-.63**	-.53**	-.39**	-.39**	-0.14	(.91)				
7. Ethical Leadership	5.32	1.21	0.26	.33*	.35*	0.19	-0.01	-0.23	(.96)			
8. Self-Focused Organization	3.18	0.97	0.14	0.23	0.26	-0.02	-0.03	-0.19	.52**	(.93)		
9. Other-Focused Organization	2.63	0.97	-0.27	-0.21	-.30*	-0.07	-0.05	0.20	-.64**	-.70**	(.93)	
10. Compassionate Response	3.56	0.71	.55**	.60**	.31*	.51**	0.23	-.28*	0.14	-0.04	-0.03	(.82)

Note. Reliabilities (coefficient alpha) in parentheses on diagonal. n = 50

**p<.01, *p<.05.

Table 9. Linear Regression Results (Chapter 3)

Variables	Compassionate Response		
	Step 1	Step 2	Step 3
Control Variables			
Empathic Concern	0.35(.60)	0.01(.31)	-0.17(.30)
Compassion Trait	.51(.21)**	.72 (.26)***	.74(.25)***
Predictor Variables			
Felt Compassion		0.08(.06)†	.18(.07)**
Moral Identity Internalization		.34(.17)*	.37(.17)*
Moral Identity Symbolization		-0.03(.14)	0.12(.16)
Moral Disengagement		0.20(.18)	0.10 (.18)
Ethical Leadership		-0.03(.09)	0.10(.10)
Self-Focused Organization		-0.12 (.12)	-.23(.12)*
Other Focused Organization		-0.02 (.14)	.07(.14)
Interaction Terms			
Compassionate Feelings X MI Internalization			.03(.09)
Compassionate Feelings X MI Symbolization			.15 (.09)
Compassionate Feelings X Moral Disengagement			-.06(.09)
Compassionate Feelings X Ethical Leadership			.10(.05)**
Compassionate Feelings X Self Focused Org			-.12(.11)
Compassionate Feelings X Other Focused Org			-.08(.11)
ΔR^2		0.12	0.13
R^2	0.38	0.5	0.63
Cohen's f^2	0.61	1.00	1.70
Adjusted R^2	0.36	0.39	0.47
F	14.66***	1.36	1.99*

Notes. Standardized beta coefficients are reported; N = 50;

*** $p < .001$; ** $p < .01$; * $p < .05$; † $p < .10$; all tests one-tailed.

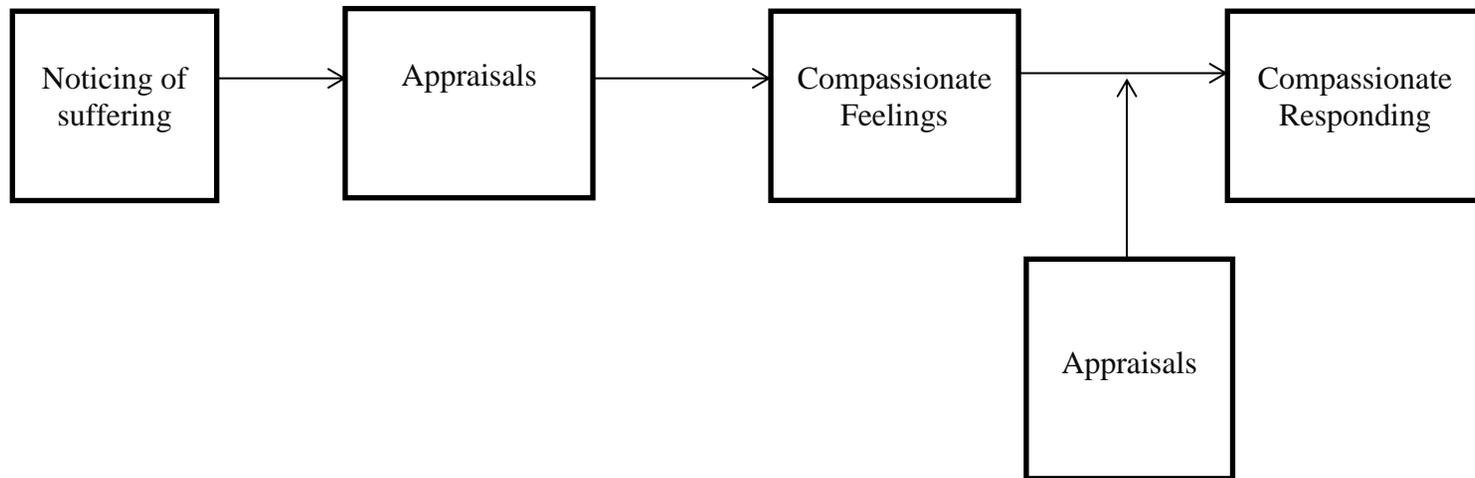


Figure 1. Conceptual Model of the Compassion Process in Organizations (Atkins & Parker, 2012; Dutton Workman & Hardin, 2014).

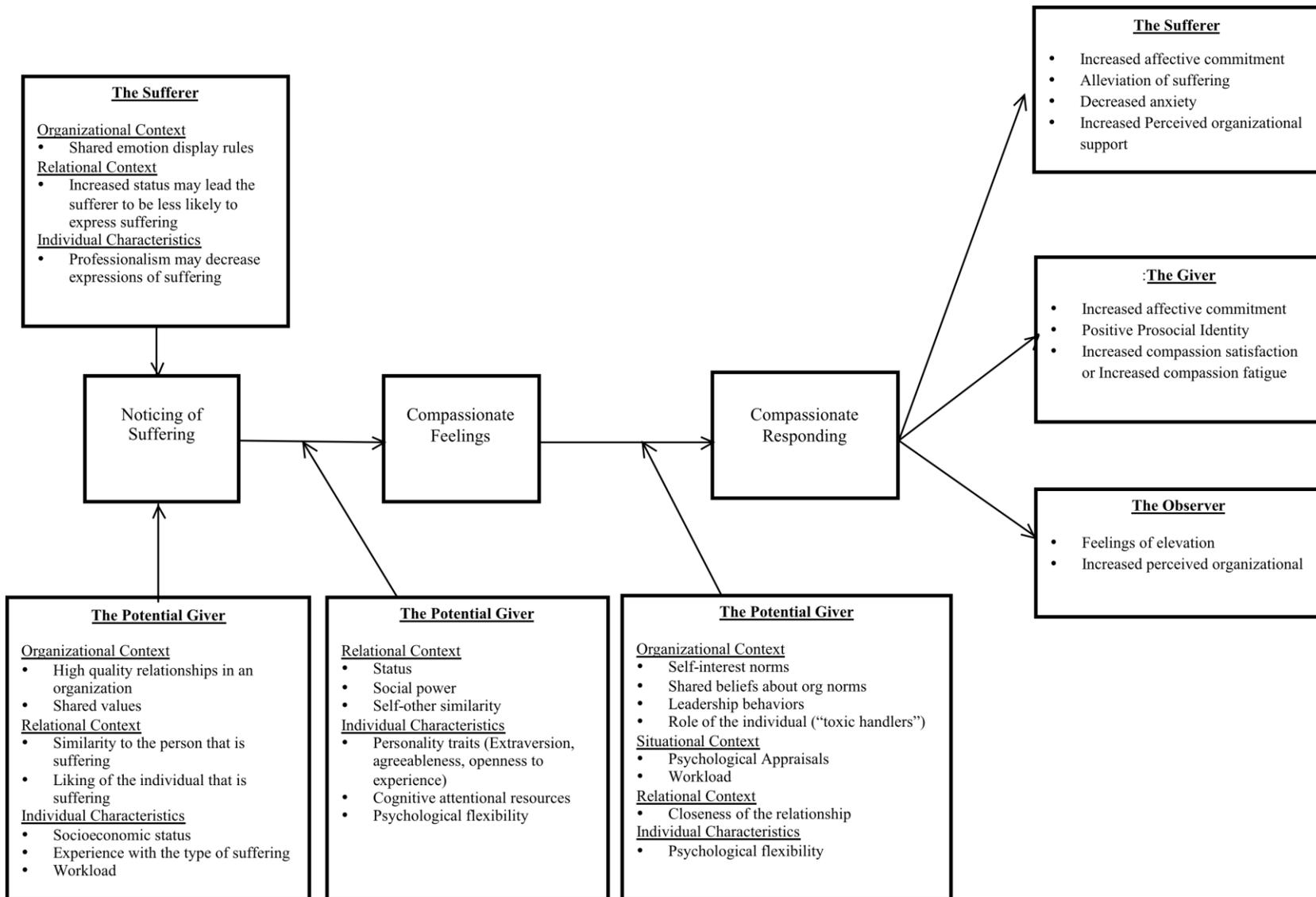


Figure 2. Conceptual Model of Compassion in Organization Literature

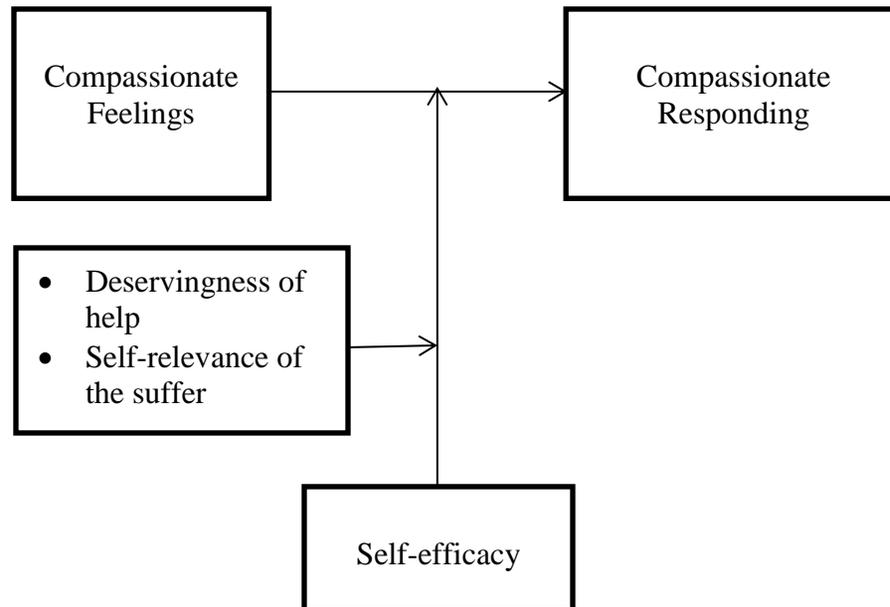


Figure 3. Conceptual Model of Hypothesized Relationships Chapter 2

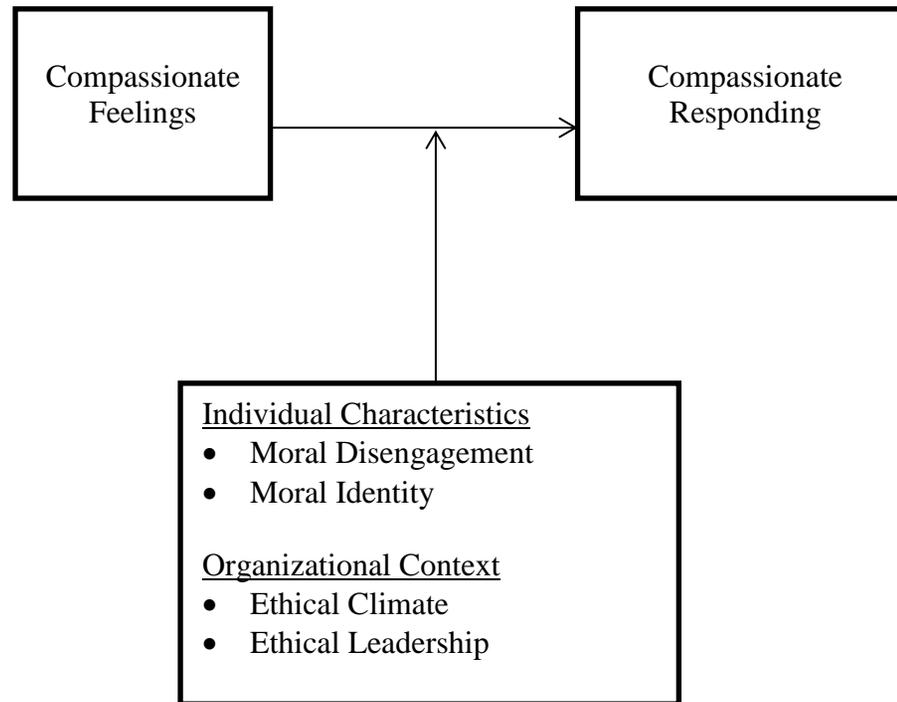


Figure 4. Conceptual Model of Hypothesized Relationships Chapter 3

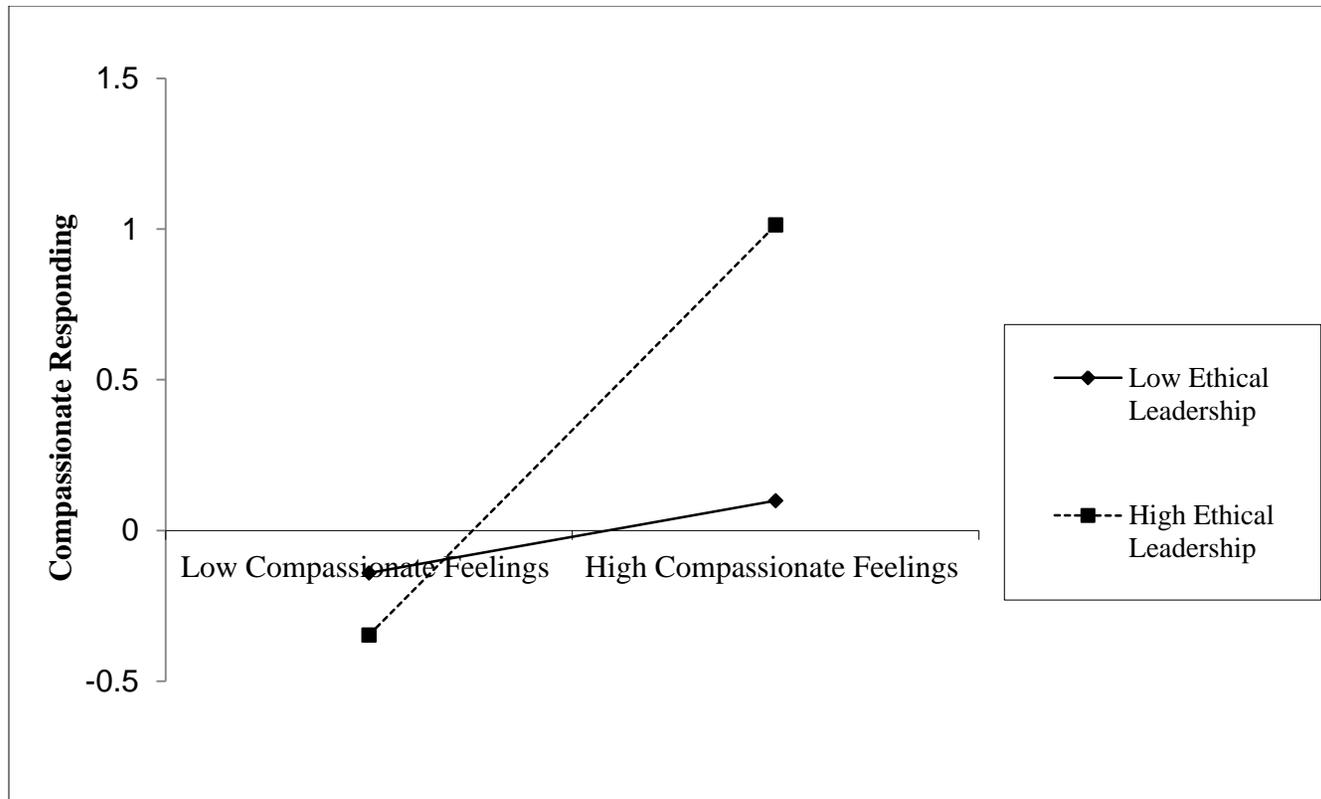


Figure 5. Plot of Interaction between Compassionate Feelings and Ethical Leadership (Chapter 3, Study 1)

APPENDIX C: CHAPTER 2: PILOT STUDY

The purpose of the pilot study was to test a second set of audio clips in a similar sample prior to launching the main study. As noted previously, the audio clips used for this study included a control clip and a compassion clip. The control clip was of a man talking about his experience as an announcer for the New York Yankees (n = 55). The compassion clip was of a woman speaking about her sister's death in a subway accident and her most prized possession, a voicemail left by her sister that said "I love you!" (n = 50).

Participants included 137 undergraduate students from a large university in the southeast that participated in exchange for extra credit. Of the 137 participants, thirty-two were excluded from the study due to missing data (n = 22) or because they incorrectly answered the question "Who was the story about?" (n = 10). The final sample was made up of 105 undergraduate students. These participants had an average age of 27.22 years and 38.1% were women. The majority of the participants worked at least part time (67.7%).

Participants followed the exact same procedures as those described in study 1 and study 2 of Chapter 2. The cognitive appraisal items were assessed following the manipulation check item.

Cognitive Appraisals. Because instruments do not exist for assessing cognitive appraisals of deservingness, self-relevance and self-efficacy, I needed to create them. I did so by reviewing the definition of each construct as described in the literature (Atkins & Parker, 2012; Folkman, Lazarus, Dunkel-Schetter, DeLongis & Gruen, 1986) and developing items to fit the scenarios presented in the audio clips. As noted in Chapter 2, cognitive appraisals are defined as "a process through which a person evaluates whether a particular encounter with the environment is relevant to his or her well-being, and if so, in what ways (Folkman, et al., 1986, p. 992)."

The appraisal of deservingness refers to an assessment of “the moral worth of the actor...[and] the other’s complicity in the plight (Clark, 1987, p. 297).” I created three items for the appraisal of deservingness. These items include, “The woman [man] in the story deserves my help”, “The woman [man] in the story deserves better” and “The woman [man] got what she deserved.”

The primary appraisal of self-relevance refers to the importance an observer places on the sufferer. I created three items for the appraisal of self-relevance. These items include, “I am similar to the woman [man] in the story”, “I identify with the woman [man] in the story” and “I know someone that has gone through a similar situation as the one described in the story.”

The secondary appraisal of self-efficacy refers to an observer’s “beliefs that he or she can cope with the situation to bring about desired future outcomes or prevent undesired outcomes (Atkins & Parker, 2012, p. 527).” I created four items for the cognitive appraisal of self-efficacy. These items include, “I know I could do something to help this woman [man] if I wanted to”, “I believe I could do something to help this woman [man]”, “If I knew this woman [man] personally, I am confident I could help her [him]” and “I am confident in my ability to do something to help the woman [man] in the story.”

The items for all the appraisal statements were rated on a scale of (1) strongly disagree to (5) strongly agree.

Pilot Study Results

Results from a one-way ANOVA indicated a significant difference between the ratings of felt compassion after listening to the audio clips, $F(1, 104) = 12.85, p < .001$. Specifically, participants listening to the compassion inducing scenario (i.e., Sisters, $M = 5.86, SD = 1.90$) reported feeling more compassion than participants listening to the control scenario (i.e., Yankee Announcer, $M = 4.49, SD = 2.06$). The means and standard deviations for the other emotion words are reported in the Table below.

Table 10. Appendix A. Means and Standard Deviations of Emotion Ratings (Pilot Study)

Sister's Audio Clip (n = 50)			Yankee Announcer Audio Clip (n = 55)		
	<i>M</i>	<i>SD</i>		<i>M</i>	<i>SD</i>
Compassionate	5.86	1.90	Compassionate	4.49	2.06
Awed	4.20	2.24	Awed	4.20	1.99
Grateful	4.98	2.38	Grateful	4.45	1.96
Proud	2.54	1.74	Proud	4.29	2.07
Elevated	2.32	1.94	Elevated	3.65	1.98
Angry	1.94	1.46	Angry	1.27	0.71
Contempt	2.02	1.30	Contempt	2.51	1.90
Guilty	1.78	1.25	Guilty	1.09	0.35
Ashamed	1.42	0.93	Ashamed	1.27	1.06
Disgusted	1.48	1.05	Disgusted	1.24	0.72
Sympathetic	6.92	1.54	Sympathetic	2.71	2.00
Embarrassed	1.22	0.58	Embarrassed	1.33	1.07

In order to get an initial assessment of the three cognitive appraisal scales created for the dissertation, I conducted an exploratory factor analysis (principal axis factoring) with an oblique rotation (direct oblimin), allowing for correlations among factors. Specifically, for the deservingness scale after evaluation of the eigenvalues and scree plot suggested one primary factor accounting for 74.35% of the variance. All factors loaded strongly on the single factor thus all three items were retained. For the self-relevance scale, after evaluation of the eigenvalues and

scree plot suggested one primary factor accounting for 61.36% of the variance. All factors loaded strongly on this one factor as can be seen in the table below thus all three items were retained.

For the self-efficacy scale, after evaluation of the eigenvalues and scree plot suggested one primary factor accounting for 73.33% percent of the variance. All factors loaded strongly on this one factor as can be seen in the table below, thus all four items were retained.

Table 11. Appendix A. Items and item loadings from exploratory factor analysis (Pilot Study Sisters/Yankee)

Items	Factor		
	Deservingness	Relevance	Self-Efficacy
The woman [man] in the story deserves my help.	0.80		
The woman [man] in the story deserves better.	0.98		
The woman [man] got what she [he] deserved.	0.59		
I am similar to the woman [man] in the story.		0.88	
I identify with the woman in the story.		0.74	
I know someone that has gone through a similar situation as the one described by the woman [man] in the story.		0.35	
I know I could do something to help this woman [man] if I wanted to.			0.79
I believe I could do something to help this woman [man].			0.95
If I knew this woman personally, I am confident I could help her [him].			0.62
I am confident in my ability to do something to help the woman [man] in the story.			0.86

**APPENDIX D: CHAPTER 3: COMPASSIONATE RESPONDING NOMOLOGICAL
NETWORK AND SCALE DEVELOPMENT**

Two studies were undertaken to establish the nomological network for compassionate responding and to develop and evaluate a brief scale. To generate the compassionate responding items I used a deductive approach for scale development (Hinkin, 1995). As noted previously, Kanov and colleagues (2004) defined compassionate responding as “any action or display that occurs in response to another’s pain, with the aim of alleviating that pain or helping the sufferer to live through it (Kanov et al., 2004, p. 814).” The authors note that compassionate responding goes beyond feelings of compassion and requires an expression through some action aimed at alleviating the pain of the person suffering (Frost et al., 2000) and the response is directed towards those individuals in organizations who are suffering, regardless of whether their suffering is the result of personal or professional circumstances (Frost et al., 2000). In generating scale items, I concentrated on creating items that aligned with scholars’ conceptualization of a compassionate response which includes behaviors like providing emotional support, giving the sufferer time and flexibility on the job, and giving material goods such as a card or monetary donations (Lilius et al., 2008). Nine items were created through this process and are listed in the table below.

I evaluated the measure across three different samples. The details of each study are located below.

Method and Results: Study 1

I administered the 9-item survey to 65 working adults in the Central Florida area. Undergraduate students served as organizational contacts for businesses in the Central Florida area. The students participated in exchange for extra credit. The participants on average were 36.14 years old and 63.1% were women. The majority of the participants worked at least part

time (55.4%). The survey was administered using an internet based survey tool (i.e., Qualtrics). Participants indicated the extent to which they engaged in compassionate behaviors at work by rating each item (1 = Strongly Disagree to 5 = Strongly Agree). I conducted an exploratory factor analysis (principal axis factoring) with an oblique rotation (direct oblimin), allowing for correlation among factors to examine the underlying structure of the items. Evaluation of the eigenvalues and scree plot suggested one primary factor accounting for 43.64% of the variance, with a minor secondary factor. After deleting items that did not load strongly on the primary factor (<.3) or cross-loaded on multiple factors, 6 items remained.

Table 12. Appendix B. Items and item loadings from exploratory factor analysis (CRS Study 1)

Items	Factor	
	1	2
I have donated money for a colleague that was going through a hard time.	.258	.207
I have purchased a gift for a colleague that was going through a hard time.	.549	.408
I try to make myself available to a colleague if I know they are suffering.	.738	-.217
I will alter the rhythm of my own life to help a colleague I know is suffering.	.683	.132
If a colleague is going through a really tough time I try to give them a little more slack if they make mistakes than I normally would.	.614	-.184
I make every effort to be “emotionally present” with a colleague I know is suffering.	.718	-.325
I give hugs to people I know are going through a hard time.	.465	.358
I try to offer a verbal expression of support to colleagues that are going through a hard time.	.588	-.231
I make the conscious effort to connect with a colleague I know is going through a tough time.	.775	.141

Method and Results: Study 2

Next, I conducted a confirmatory factor analysis (CFA) using data from the same sample of employees (n=158). I used CFA and maximum likelihood estimation to test the proposed one-factor model that emerged from the exploratory factor analysis of the CRS. Fit indices showed that a uni-dimensional model (single compassionate responding factor) fit the data well. The Comparative Fit Index (CFI) = .96 and the Standardized Root Mean Square Residual (SRMR) = .04 were at recommended standards. The items and the standardized factor loadings for this CFA are reported in the table below. The CRS demonstrated good internal consistency (Alpha = .86)

Table 13. Appendix B. Items and item loadings from exploratory factor analysis (CRS Study 2)

Items	Factor
I try to make myself available to a colleague if I know they are suffering.	.34
I will alter the rhythm of my own life to help a colleague I know is suffering.	.42
If a colleague is going through a really tough time I try to give them a little more slack if they make mistakes than I normally would.	.67
I make every effort to be “emotionally present” with a colleague I know is suffering.	.30
I try to offer a verbal expression of support to colleagues that are going through a hard time.	.30
I make the conscious effort to connect with a colleague I know is going through a tough time.	.45

Using the same sample, I assessed the convergent and discriminant validity of the scale items. Participants were asked to think about their work behaviors and respond to various scales.

The scales included for convergent validity were organizational citizenship behaviors (OCB, Lee & Allen, 2002) and Social Support behaviors (Fenlason & Beehr, 1994). OCB and social support measures were chosen to represent convergent validity because of past theorizing on compassionate behaviors in organizations. Compassion scholars have argued for the distinction of compassionate responding from other related organizational behaviors like organizational citizenship behaviors (OCBs) and social support behaviors (Kanov et al., 2004). These scholars have argued that the behaviors associated with OCBs and social support can be considered compassionate responses when they are accompanied by the noticing and feeling elements of the compassion process.

Social support was measured using Fenlason & Beoehr's (1994) measure of social support. This scale includes 3 dimensions of social support employees may engage in through communication. They include communication that focuses on non-job content, negative content and positive content. A sample item from these scales includes "discuss things that are happening in our personal lives", "talk about the bad things about our work" and, "we talk about how this is a good place to work."

Organizational citizenship behaviors were measured using Lee and Allen's (2002) eight item interpersonal scale. A sample item from the interpersonal scale is "Assist others with their duties."

Participants were also asked to think about how they felt about their job, their supervisor and their organization and respond to various scales. The scales included to assess discriminant validity were turnover intentions (Cropanzano, James & Konovsky, 1993), continuance commitment (Allen & Meyer, 1990) and a measure of the hierarchical organizational climate (Helfrich, Li, Mohr, Meterko & Sales, 2007). These scales were chosen because they should not

be related to compassionate responding given their focus on the individual and an assessment of the organization in which the individual works. Compassionate responding is by definition other focused and as such these constructs should not be related.

For example, turnover intentions are an assessment by an employee of the likelihood of leaving their job. Turnover intentions were measured using Cropanzano, James and Konovsky's (1991) three item measure. A sample item from this measure includes "I would leave my job if a position were available in another organization."

Similarly, an organizations hierarchical climate emphasizes control, adopts a centralized authority over organizational processes (Helfrich et al., 2007). In these climates, respect for the formal hierarchy and adherence to rules is expected. Hierarchical climate was measured by 4 items from Helfrich et al., (2007). A sample item from this scale includes, "My department is a very formalized and structured place. Bureaucratic procedures generally govern what people do."

Finally, continuance commitment is based on an employees' assessment of the alternatives and costs of leaving an organization (Allen & Meyer, 1990). This personal assessment was measured by Allen & Meyer's (1990) 5 item scale. A sample item from this scale includes, "It would be very hard for me to leave my organization right now, even if I wanted to."

The table below reports the means, standard deviations, correlations and estimated reliabilities for the measures.

Table 14. Appendix B. Descriptive Statistics and Correlations (CRS Study 2)

	<i>M</i>	<i>SD</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>
1. Compassionate Responding Scale	3.77	0.61	(.86)					
2. Social Support	3.72	0.63	.57**	(.86)				
3. OCBs	3.8	0.52	.80**	.61**	(.80)			
4. Hierarchical Climate	4.46	1.07	0.13	.16*	0.09	(.66)		
5. Turnover Intentions	4.17	1.45	-0.1	-.33**	-.19**	-0.1	(.71)	
6. Continuance Commitment	4.28	1.24	0.02	0.01	0.04	0.11	-0.03	(.79)

Note. Reliabilities (coefficient alpha) in parentheses on diagonal. n = 158

*p<.05, **p<.01.

Consistent with theorizing in the compassion literature, the compassionate responding scale was positively correlated with social support ($r = .57, p < .01$) and OCBs ($r = .80, p < .01$). Compassion scholars note OCBs and social support can be considered as a compassionate response when they are preceded by compassionate feelings (Kanov et al., 2004).

In terms of discriminant validity, the climate of the organization was uncorrelated with reported compassionate responses ($r = .13, ns$). Turnover intentions were also uncorrelated with participants reports of their compassionate responses ($r = -.10, ns$). Continuance commitment was also uncorrelated with participants reports of their compassionate responses ($r = .02, ns$). These findings suggest that the compassionate responding scale is a unique measure of compassionate responses in organizations.

To further examine the relationship between compassionate responding and the other items, I conducted a confirmatory factor analysis on all of the variables. The results indicated that a 6 factor model (CFI = .72, NNFI = .61, RMSEA = .09, SRMR = .09) fit the data better than a 1 factor model (CFI = .53, NNFI = .50, RMSEA = .12, SRMR = .12).

Based on these results, the compassionate responding scale was deemed appropriate for use in Chapter 3 of this dissertation.

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