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The Importance of Empathy and Compassion in Organizations: Why there is so little, and why we need more

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ABSTRACT

The aim of the chapter is to examine the importance of empathy and compassion in organizations, including the impact on individuals and organizations when these things are missing. Most historical and contemporary approaches to management privilege technical, commercial, and procedural considerations and are neglectful of the human needs of organizational members, leading to suffering, de-humanisation and work intensification. These approaches are lacking in empathy and compassion and are associated with under engagement in ethical practices and organizational toxicity. There is a clear ethical problem with creating suffering in organizations, and in addition this creates a productivity problem as individuals cannot give their best whilst suffering and so organizations cannot deliver to best effect. Organizations which do demonstrate empathy and compassion have been found to be associated with positive individual and organizational outcomes, and whilst organizational cultural change comes with many challenges, a number of case studies demonstrate that compassionate organizations are an optimistic possibility.

INTRODUCTION

Empathy and compassion are not terms often associated with workplaces. Rather, the dominant discourse around work and organizations circles around terms such as performance, delivery, competition, efficiency, effectiveness and profit. These are, of course, relevant concepts in organisations – any organisation might be expected to ‘perform’ and deliver its core business – but they can never encapsulate the entire picture. At the heart of the majority of workplaces are the people who ‘do’ the delivery; organisations without human beings are empty shells: collections of real estate, technology, software, data and machinery. So while many organisations have a core purpose of delivering services and making money, their essence and existence relies on human beings to realize it.

Losing sight of that reality is dangerous. Ignoring organizations’ human element can have catastrophic effects on the health, wellbeing, and morale of staff. If organizations treat their employees and clients as ‘cogs in a machine’ or ‘pieces of business intelligence’ then this increases the likelihood of disaffection and burnout. Many studies point to a crisis in poor mental health across all kinds of workplaces and occupations (World Health Organization, 2013; Naghie, 2015; Purba & Demou, 2019). There is a growing understanding of the importance of empathy and

compassion in managing people and interacting with clients, yet widespread evidence of organizations' failure to enact it.

This chapter, based on a detailed literature review of the meaning and value of empathy and compassion in organizations, seeks to explore the overarching question of the importance of empathy and compassion in organizations. The chapter aims to do three things. First, we will show that compassion underpins humanity - it should apply to all equally and it should be encouraged to flourish in all aspects of our lives. Second, we will highlight that, where empathy and compassion are lacking in the workplace, we see suffering for employees and for wider society and compromised organisational outcomes, whereas where we can bring empathy and compassion into work, there are benefits for individuals and for organisations. Third, we will demonstrate that bringing our common humanity to work is possible, when it is genuinely embedded into organisational cultures through values and practices.

Neoliberal doctrines have grown to dominate many societies since the 1980s. But whilst they have tended to reify and naturalize notions such as rational self-interest, competition, deregulation, profit and efficiency (Navarro, 2020), they have also been found to be detrimental to working conditions and workplace wellbeing (Dekker, 2020). Compassion can be argued to be a much more fundamental and natural human state. Compassion and mutual aid (as identified by Kropotkin in 1902, and still utilised widely (Gulik et al, 2020)), are vital for humans to sustain and nurture. Developmental psychologists have noted that even the youngest children display comforting, caring and helping behaviour towards others (Bloom, 2013). Many writers have identified that this behaviour has evolved as a way of ensuring the survival of ourselves and our offspring, as well as having the added benefit of enhancing our psychological and physiological health, helping us to function at our best (Gilbert, 2015). Compassion also helps us to develop social relationships, something Gilbert (2015) conceptualises as a "social motive and social mentality". The anthropologist Margaret Mead is widely credited with saying that the earliest evidence of civilisation is where a 15,000 year old body was found at an archaeological dig with a fractured femur, which had healed – this demonstrated that another human had cared for that person whilst the bone healed – and archaeologists have also stated that compassion is one of the "socio-moral" emotions which make us human, giving us "evolutionary advantage" individually and collectively (Spikins et al, 2010:306). While it is recognised that empathy and compassionate tendencies can be suppressed in people who have developed in or are living in challenging circumstances (Bai, 2014) sometimes as a way of avoiding exploitation, or amongst individuals with certain disorders (Baron-Cohen, 2012), Spikins et al.(2010) back up the Margaret Mead story with evidence from a number of archaeological digs dating back many thousands of years demonstrating that early humans and their predecessors cared for and collaborated with one another, as individuals and in groups beyond family members, over prolonged periods of time.

Even though different cultures may demonstrate values in different ways, it has been argued that core human values akin to compassion, such as friendship and love, exist in all cultures (Hofstede, 1980;1997, in Bass and Steidlmeier, 1999). The religious historian Karen Armstrong has studied the world's main religious, spiritual and ethical traditions and found that compassion is the one trait which underpins them (Armstrong, 2011). And it is from these traditions that we see the principle of equity in compassion (Bai, 2014); that is, the fundamental principle that all life is of equal value, and so compassion is a rational choice to help another (von Dietze and Orb, 2000).

"By freeing compassion from the calculative thinking of who deserves it and how much, compassion becomes a true force of nature, and can thus serve the world in the widest possible ways." (Bai, 2014:4)

The study of compassion crosses religions and beliefs and also crosses academic fields of study, including sociology, psychology, anthropology, archaeology, moral philosophy, theology and religious history. As a vital aspect of human behaviour, it has clear resonance to the study of organisations.

Concepts of empathy and compassion have much crossover with other terms, including, for example, sympathy, kindness, benevolence and care (Dean-Drummond, 2017; Sinclair, 2017). All provide a strong sense of what we mean, but when there is no one definition of what we actually mean (Bernhardt and Singer, 2012; Duarte et al, 2016), there can be a blurring of meaning (Batt-Rawden et al, 2013; Olinik, 2014), leaving room for interpretation. Considering the terms empathy and sympathy, Inzunza (2015) builds on the work of Wispe (1986) and considers that empathy is about one person being able to understand the experiences of another and being non-judgemental about those experiences. They contend that sympathy is associated with compassion, which they conceptualise as having a desire to relieve the suffering that another person may be feeling. In this interpretation, sympathy is seen as sharing emotion, which can interfere with objectivity (Wispe, 1986; Hojat et al, 2002; Inzunza, 2015).

In order to address the issue of objectivity, Singer and Klimecki (2014) contend that it is the response to empathy that is important. If one feels with the other and shares in their distress or suffering, there is a danger that this can lead to empathic distress, generating negative outcomes (also Klimecki et al, 2014). On the other hand, a compassionate response to the circumstances of another involves “feelings of warmth concern and care for the other” (Singer and Klimecki, 2014:R875) coupled with the desire to act to alleviate their circumstances. The key difference is that one feels *for* the other, rather than *with* them, recognising that the suffering still belongs to the other, otherwise known as “compassionate detachment” (Hojat et al, 2002:1563). Therefore, clarity is important, because empathy and compassion can generate very different outcomes, both for those demonstrating the emotion and for those on the receiving end (Sinclair et al, 2017).

There are further problems associated with empathy, often linked to empathic distress. Where people are under particular pressure in work, through high demands and low levels of resources, it has been found that people can experience emotional burnout and find it difficult to demonstrate empathy, even towards people that they may know (Bakker and Heuven, 2006; Dutton et al, 2014; Wiseman, 2007). Levels of empathy have been found to drop as medics (mainly nurses and physicians) go through training, possibly as a reaction to stress and desensitisation (Benbassat and Bauml, 2004; Ward et al, 2012). Further, it has also been shown that people have a tendency to show more empathy to particular people, for example people who are like themselves (Bloom, 2017) or people who are more friendly or better communicators (Wiseman, 2007; Dutton et al, 2014), which clearly becomes a problem when we should expect fairness and equality, particularly in the workplace.

Ultimately, compassion within the workplace relates to a process of firstly noticing that another might have their situation improved, secondly empathising with the other (feeling for the other, and appreciating that all life is of equal value), and thirdly (and critically), taking action to improve their circumstances (Choi et al, 2016; Chu, 2016; Kanov, 2004; Simpson et al, 2013; Worline and Dutton, 2017). Compassion does not need to be reserved for those in distress; rather it is about supporting others to flourish and develop from their own starting point (Boyatzis, 2013; Dalai Lama, 1995 as quoted in Gilbert, 2015). A number of studies demonstrate that compassion not only benefits the person on the receiving end, but also the person manifesting the compassion, and through an emotional contagion, or ripple effect, even those who witness compassionate acts have improved wellbeing (Boyatzis et al, 2013; Lilius, 2012, in Chu, 2016; Moon et al, 2016).

Although more and more evidence is emerging to show the benefits of empathy and compassion at work - for individuals and organizations – sadly, there remain countless examples of where this is not happening. It is important to understand the ramifications for organizations where empathy and compassion are absent. It is also important to understand why we have got to a place where such fundamental human qualities are missing in one aspect of our lives. We will address the widespread lack of compassion, but conclude that this is not inevitable. Providing optimism and hope, there is evidence that compassion and empathy are present in some workplace organisations. Using these examples, finally, we turn our attention to how we can embed empathy and compassion in the workplace, whilst recognising the manifold challenges confronting this aim.

WHY IS THERE A COMPASSION GAP?

Why are organizations typically unsupportive places for discussing and practicing compassion? The ‘modern’ factory or office is arguably an offshoot of industrial modernity, and historically there was little compassion to be seen in the workplaces of the 18th century. It could be contended that the root of the contemporary problem lies in how we perceive our fellow human beings in the workplace, where they become dehumanised as human resources, to be deployed, controlled and evaluated by ‘managers’. When we consider the etymology of the term ‘management’, it has roots in the term used for handling, training and controlling horses, from the Italian ‘maneggiare’ and from the Latin ‘manus’ (Alvesson and Willmott, 2012). Some outdated ways of controlling horses are still used widely across the world and many are cruel and painful, being used as a way of forcing the animal into submission by ‘breaking’ its spirit to ensure obedience (Leste-Lasserre, 2020). This is a stark metaphor, but not a huge leap to ‘scientific’ and ‘efficient’ approaches from the later 1800s onwards which aimed to mechanise, rationalise, objectivise and dehumanise job roles.

Such dynamics can be seen across many of the most important management concepts and traditions such as bureaucracy, scientific management and Fordism, and cost accounting. The rise of industrialized capitalism, with its central focus on profits over people, accelerated this dehumanisation and led to more divisiveness in organisations and society (Alvesson and Willmott, 2012). Layered on top of that, drives for ‘efficiency’ and ‘effectiveness’ in the form of New Public Management have seen a myopic focus on targets, Key Performance Indicators (KPIs) and ‘numericalizing the other’. Employee agency, input and discretion are deliberately limited and controlled. Professionals on the receiving end of such strategies are rarely seen or valued as human beings, and their voice and input are belittled and silenced, leading to yet further depersonalisation (Vik, 2017; McCabe, 2016; Waters, 2014).

If we accept that compassion is a fundamental human trait, then it is easy to see how this layering of dehumanising practices in the workplace over many years has eroded our fundamental humanity in the workplace. This has happened to the point where compassion has been seen as an almost insulting term, representing a negative view of sentimentality and a ‘soft’ approach (Himmelfarb, 2001), where responses to suffering and sadness are associated with weakness and so are rarely demonstrated by those in power (Martin et al, 2015; Van Kleef et al, 2008). This has led us to a place where inequality and cruelty can easily prevail (Parker, 2002) and where those in positions of power often adopt approaches to management which are the antithesis of compassion (Alvesson and Willmott, 2012).

Indeed, it has been found that that where a person has a level of influence over the outcomes of others, they are less likely to demonstrate care and appropriate reaction to the feelings of others

due to a poorer ability to judge others' emotions accurately (Van Kleef et al 2008). This could be linked to Bloom's concept of empathy bias (2017), where people are more likely to empathise with people like themselves, and so a power imbalance could potentially remove that familiarity. However, it has also been found that those with lower power are more capable of resonating with the emotions of those with higher power status (Anderson et al, 2003), and so this bias would appear to be one-sided. This resonates with the disconcerting results of several other studies. There is evidence that people with a social dominance orientation (that is, those who believe that they are part of a group who have a right to dominate over other groups), actually have decreased brain activation in relation to concern for others and affective empathy (Martin et al, 2015), and specifically that business leaders and students of business studies are low on empathy and focused on self-interest. Finance students demonstrate the least empathy and most narcissism, which then manifests in their professional careers in organisations where these traits are often actively promoted (Brown, 2010 in Holt and Marquess, 2012). Much recent writing has described the ubiquity of remote, insensitive and toxic leadership (Boddy, 2017; Reed, 2015) suggesting that senior figures of an organization often reach the summit by displaying traits of hubris, aggression and insensitivity. Taking this to the extreme end, the lack of empathy is also associated with psychopathy (Ali et al, 2009). Disturbingly, those lacking in empathy often appear to do very well in organisations, which:

“...maybe because the very nature of business with its often excessive focus on the bottom line rewards and reinforces the typical narcissistic, self-centered, greed-based and guilt-deprived mentality of psychopaths.” (Holt and Marquess, 2012:102)

Van Kleef et al (2008) highlight a number of theories which might go some way to explaining this lack of empathy from those in powerful and dominant positions, and which might account for why those people who traditionally hold more social power and dominance in organisations – persons occupying leadership and management positions in the workplace - might be less inclined to demonstrate empathy and compassion towards those in less powerful positions. It could be asserted that senior leaders are less likely to notice (or 'attend to') those with less power (Fiske, 1993 in Van Kleef et al, 2008). With noticing being the first stage of compassion, we can see that there is an early gap in this process; they simply don't perceive the suffering.

Those with higher social power have fewer interactions with those with lower power because they simply do not need to; they have less dependence on them and little incentive to notice their experiences (De Dreu & Van Kleef, 2004 in Van Kleef et al, 2008). Van Kleef et al (2008) highlight that those with higher social power did in fact notice the suffering of the other, but were simply less motivated to respond, or would respond selectively, “...when doing so can further their own goals” (Van Kleef et al, 2008:1320), fitting neatly with concepts of self-interest enduring since at least industrial modernity (Kumar, 2005), and with reports suggesting those in power fear that demonstrating compassion will lead to others taking advantage of them (McLaughlin et al, 2003 in Martin et al 2015). Significantly, Van Kleef et al (2008) also found a strong suggestion that “...the emotions of powerful individuals disproportionately sway the direction of social interactions” (p1320), which would help to explain the development of organisational cultures lacking in compassion. Classic (highly controversial) experiments such as those by Milgram (1974) and Zimbardo (2007) suggest that organizational members can be dangerously obedient to those in 'authority'.

Formal organizations tend to reward robustness and the suppression of emotion. Sadness has been found to be perceived as a “'low-status' emotion' associated with incompetence and weakness (Tiedens, 2001 and Tiedens et al, 2000 in Van Kleef et al 2008). Those in higher power positions are

less likely to demonstrate it. Of course, this does not necessarily mean that they do not feel it, only that they do not admit to feeling it. Associated with this, those in power are less likely to respond to sadness in others. And those who fear demonstrating compassion have also been found to fear receiving it and so may reject it, because compassion conflicts with their world view of maintaining a status quo of power and dominance (Martin et al, 2015). But this inability, unwillingness, fear or rejection of empathy and compassion, may come at a high cost to the individual; perhaps their power and social dominance may remain intact, but it is likely that they will have more difficulties with relationships, their physical and mental health will be compromised and their performance at work will be reduced (Van Kleef et al, 2008; Martin et al, 2014). Throughout all of these discussions a key – and disturbing – recurring issue is that, for all we know about how valuable compassion can be, organizations seem unable to eradicate toxicity and they repeatedly fail to instigate more compassionate approaches. Following sections will explore the problems associated with a lack of organizational empathy and compassion, and the benefits that can accrue from instilling it.

WHAT HAPPENS WITHOUT EMPATHY AND COMPASSION AT WORK?

Much of the writing on compassion at work starts from the ontological assumption that suffering is part of organisational life; work overload, toxic work relationships, bullying, managing home life alongside work, and illness (Chu, 2016; Moon et al, 2016; Kanov, 2004; Dutton et al, 2014). It tends also to assume that suffering has a range of implications and costs, for the individual, for the organisation and for society. Research is increasingly highlighting many negative outcomes associated with a lack of compassion in organisation, including: an increase in deviant workplace behaviour, resentment and anger, poor relationships, conflict, bullying, unfairness and injustice, which are all associated with reduced employee wellbeing and performance (Martin et al, 2015; Simpson et al, 2013).

In many cases, empathy has been linked to ethical leadership and decision making (Dietz and Kleinlogel, 2014) which in turn has been found to have a positive relationship with employee performance (Walumbwa et al, 2011). The opposite is also true. Where empathy is lacking amongst those in management and leadership positions in organisations, we often find a lack of ethical practice and even psychopathy, which in the workplace has been found to be associated with higher levels of psychological distress amongst staff, and lower levels of job satisfaction, wellbeing and performance, as well as organisational problems such as poor training, no information sharing or support and a lack of corporate social responsibility (Matieu et al, 2014; Schyns and Shilling, 2013; Holt and Marquess, 2012). Scheming, dishonesty and unethical behaviour are all associated with organisational cultures where there is a lack of empathy (Holt and Marquess, 2012).

Many cases of unethical behaviour have become public scandals, including car manufacturers cheating on emissions tests (Mansouri, 2016), pharmaceutical companies 'price-gouging' (Morgan et al, 2020), financial misconduct and collapses of companies such as Enron and Lehman Brothers (Campbell and Zegwaard, 2011), and safety failures and whistle blower silencing at nuclear power facilities (Mueller, 2020). Such misconduct has profoundly negative impacts on customers, the environment and society. It can also be devastating for these organizations and their executives. An analysis of organisational responses to the floods in Brisbane Central Business District in Australia in 2011, found that some organisations neglected their employees in attempts to protect their income. This included not allowing staff to be evacuated as the flooding started, poor communication with staff, making unreasonable demands on people and even failing to pay staff whilst they were unable to work. These actions might be seen as making 'efficient' use of managerial prerogative, but in the

longer term it led to employees distancing themselves emotionally from the organisation due to feelings of anger, injustice and disappointment (Simpson et al, 2013). The longer-term impact of such a lack of empathy for human beings being caught up in a crisis scenario, was devastating to the business.

Perhaps one of the most shocking cases in recent times occurred at France Telecom, where, between 2008 and 2011, 69 members of staff died by suicide, many in the workplace, following the deliberate development by senior managers of toxic conditions within the organisation, designed to push staff to leave the organisation following a ruthless focus on profit and shareholder value (Chabrak et al, 2016). The social suffering created has been conceptualised as leading to the phenomenon described by Durkheim as 'anomic suicide', whereby social relationships in the organisation were deliberately destabilised (see Sweet, 2019) and individuals' sense of meaning and identity were sabotaged, leading to isolation and suicidal ideation (Waters, 2014; 2015; Chabrak et al, 2016). These cases are all from private sector organisations, where we are used to seeing a focus on profits over people, but it is important also not to assume that some organisations will be more compassionate than others, because of the nature of their work. This was sharply demonstrated in the case of the Mid-Staffordshire Hospital Trust in the UK (Francis, 2013) and has also been found in relation to other organisations that we might expect to have a core role in caring for people (Oakes, 2012; Wise, 2015). In Mid-Staffordshire, when investigations were finally made following ongoing complaints by patients and their families, the Francis Inquiry found evidence of poor care and unacceptably high mortality rates because of a lack of compassion and care by some staff, within a wider context of an organisational culture "not conducive to providing good care for patients or providing a supportive working environment for staff" (Francis 2013:13). And we should also not assume that the lack of empathy and compassion will only be in existence in such high-profile cases. In fact suffering in organisations happens on a daily, and almost expected and accepted, basis in workplaces all over the world, where managers pay little or no regard to the impact on the individual of increasing workloads, pressure to achieve targets and constant organisational change, and fail to recognise employee's qualities. This leads people to feel, daily, like they are fundamentally not valued and their humanity is invalid in the place where they spend a huge proportion of their lives (Worline and Dutton, 2017).

Overall, the evidence is stark. Where we lack empathy and compassion, and deny our humanity in the workplace, suffering is the outcome. Holt and Marquess are clear in their assessment: "empathy is an essential aspect of 21st century leadership and can no longer be ignored if we want to prevent continuation of ethical disasters" (2012:104).

WHAT HAPPENS WHEN WE DO HAVE EMPATHY AND COMPASSION?

After a depressing analysis thus far, thankfully there are grounds for optimism and mounting evidence that the tide may be turning on organisational culture, in some places, towards more focus on empathy and compassion in work (Fryer, 2013). Accepting that workplaces can create much suffering, it is well recognised that empathy and compassion – the demonstration of genuine care and support for fellow humans – could well be an antidote. In Germany, the traditional approach of the manager as "tough on the issue, tough on the person" appears to have taken place alongside some economic success in the late 20th century; however in 2002 there was a call for managers to adopt a more human orientated approach – "tough on the issue, soft on the person" – to reflect wider social values and adopting a compassionate approach which would facilitate more sensitivity to and more appropriate response to the needs of the diversity of human beings across the world

(Broadbeck et al, 2002:16). In 2012 the *Academy of Management Review* produced a special edition on 'Creating Caring and Compassionate Organizations', which opened with an extract from a letter written by Albert Einstein in 1950, calling for humanity to extend "our circle of compassion" (Rynes et al, 2012:504); reinforcing the evidence to show that compassion is central to our humanity, and in fact sits well with traditional business narratives:

"In the past twenty-five years or so, empirical evidence has begun to suggest the possibility of symbiotic positive relationships between emotions and reason, compassion and justice, and altruism and self-interest." (Rynes et al, 2012:507)

In 2017, Worline and Dutton set out copious amounts of evidence supporting the business benefits of compassion at work – increasing profits through: improving learning and innovation; collaboration; adaptability; service quality; and talent management – and again restated the plea for a call for action to reduce suffering in organizations through 'Awakening Compassion at Work' (Worline and Dutton, 2017). Highlighting the business benefits of empathy and compassion can help to capture the attention of business leaders to engage them in the debate, and of course this is important. However, from a critical and ethical point of view, if we are to have empathy with our fellow human beings, the moral starting point must be that we should honour our fundamental humanity at all times, including in the workplace. Human dignity should be respected, and empathy should be used not because there is 'a business case' for it, but because it is right and just. There is evidence that those approaches to compassion which are primarily motivated by a desire to improve performance and productivity are likely to lead to a longer-term resistance from staff "either through physical or emotional distancing" (Simpson et al, 2013:388). But if an organizational approach to compassion is considered genuine and authentic, founded on ethical principles of valuing human beings over human resources to reduce suffering, this approach can generate collective feelings of trust, commitment and loyalty which can lead to improvements for the whole organisation (Simpson et al, 2013). Put simply, putting profits before people leads to suffering; putting people before profits, conversely leads to improvements in both.

In addition to day-to-day business, empathy and compassion are critical in relation to more extreme, and perhaps less predictable, events experienced in organisations. Examining the Brisbane Central Business District flooding event in Australia in 2011, Simpson et al (2013) found that key features of compassionate responses by organisations included clarifying that the safety of the staff and their families was paramount, highlighting that their fundamental needs as human beings came before work commitments. In addition, organisations made it clear to people that they would continue to pay them when they couldn't work because of the conditions, which quickly removed the potential for added anxiety around financial security which would have compounded the immediate worry around the flooding. Some organisations followed up staff to ask about their wellbeing and keep them updated, and those demonstrating the highest levels of compassion also provided additional financial support to assist staff to make up for personal losses, going above and beyond their organisational responsibilities. However, ultimately it's not the money that counts. Rather: "It is the perceived care that is interpreted and validated by staff and not necessarily the monetary value of how compassion is articulated" (Simpson et al, 2013:398).

Those organisations that demonstrated such compassionate responses to their workers generated feelings of pride and gratitude amongst their staff which in turn led to increased organisational commitment. And these findings seem to be consistent in relation to dealing with traumatic events in work; Dutton et al, (2002) highlight cases in relation to companies whose employees were involved in the 9/11 terrorist attacks in the US and the case of a manufacturing plant destroyed by fire, amongst others, and show that where organisations respond compassionately to staff,

understanding and responding to their human needs before the financial wants of shareholders, the 'payback' is profound and people have been seen to come back into the workplace earlier than might have been expected, and even improve output and productivity. Where there is shared trauma related to work, if colleagues experience a compassionate response in their work, they often come through the experience with stronger relationships and an improved sense of belonging (Powley, 2009); they recover and return to regular, and sometimes improved functioning, more quickly (Lilius et al, 2011 in Simpson et al, 2013; Moon et al, 2016).

In general, compassion at work connects people psychologically as colleagues and so strengthens bonds between them (Frost et al, 2000), which is important both for social support within organisations, which improves individual resilience, and for effective team working, which improves performance (West, 2012). Empathy and compassion are also directly linked to better relationships between leaders and staff, and this in turn has been widely shown to lower stress and improve performance (Dutton et al, 2014; Gunther et al., 2007; Inzunza, 2015; Kellett et al, 2002; Rahman and Castelli, 2013; Walumbwa et al, 2011; Wang et al, 2011). And where people have a belief that their managers and leaders care about them as human beings, those staff have higher levels of job satisfaction, and in turn increased organisational commitment; they are more likely to demonstrate pro-social behaviour and are less likely to leave their jobs, which also leads to improved organisational performance and reduced organisational costs (Lilius et al, 2011; Moon et al, 2016; Martin et al, 2014). Further, when people feel more emotional ties to one another as a result of experiencing compassion, they are more likely to demonstrate compassion to others, thus creating the ripple effect mentioned above (Lilius, 2012, cited in Chu, 2016).

Another added benefit is that these enhanced relationships lead to positive emotions for people; Chu (2016) found that nurses in Taiwan not only experienced positive emotions as a result of compassion improving relationships, but also benefited from an improved sense of meaning in work; and again, these positive outcomes led to improved in-work motivation and performance. Positive emotions as a result of experiencing compassion at work is something which has been found many times (Dutton et al, 2007), and is core to counteracting the consistent dehumanisation that we have seen in workplaces over many years.

In addition to creating positive emotions, compassion in work also leads to a reduction in negative emotions and experiences such as anxiety and burnout. Choi et al (2016) found that when nurses in Korea experienced these benefits, they went on to demonstrate less deviant behaviour at work and were again less likely to quit. There is a strong and consistent theme showing that when people experience compassion in work, there is ultimately an increase in affective commitment to colleagues and to the organisation (Lilius et al, 2008; Dutton et al, 2007), which then results in improvements to organisational productivity and quality (Lilius et al, 2011). These positive emotions are also good for physical health and have the opposite effect to the physical effects of stress on the body; where psychological stress leads to ill health, compassion can be seen to be linked, through positive emotions, to a stronger immune system, and lower heart rate and blood pressure (Fredrickson et al, 2000).

Finally, not only does compassion benefit those on the receiving end in organisations, but there is also evidence to show that those who demonstrate compassion benefit from better physical and mental health as a result of their approach (Martin et al, 2015; Dutton et al, 2014). Those in high power positions who subscribe to the social dominance approach would do well to take heed; those who are unwilling to demonstrate empathy and compassion towards others are also less likely to demonstrate self-compassion, and whilst this might be related to their misplaced views of it representing weakness, in fact self-compassion has been found to be associated with improved

wellbeing and resilience (Martin et al, 2015; Neff, 2011). Denying this to oneself potentially harms a person's ability to lead in the organisations where they may hold power. Just as compassion sits well with traditional business narratives, it also sits well with concepts of leadership:

“Compassion and care are not separate from ‘being a professional’ or ‘doing the work of the organization.’ They are a natural and living representation of people’s humanity in the workplace.” (Frost et al 2000:25)

HOW CAN WE EMBED EMPATHY AND COMPASSION IN WORKPLACES?

We know we have a dearth of empathy and compassion at work and we have some understanding of why that might be. We also know that where we can cultivate it, we can reduce suffering in work and create positive outcomes for individuals and organisations. However, the processes which got us to where we are with the compassion gap have been deeply ingrained over many years, so how might that be changed? Many organizations are trying to change, as we saw in the previous section, so there is clear evidence that bringing compassion into work is a human possibility. We have to recognise, however, that generating fundamental and lasting change is an immense challenge.

Poorkavoos (2017) found that across a range of private and not-for-profit organisations in the UK, the key barriers to instigating compassion and empathy at work fell into the categories of ‘organisational culture’, ‘individual circumstances’ and ‘policy and procedures’. Organisational policies and procedures can be representative of organisational cultures, and indeed can help to shape them as we will show below, so here we will firstly address organisational culture, including organisational values, before going on to look at individual circumstances and leadership.

Organisational Culture

Within organisational culture, Poorkavoos (2017) found that people reported that pressure from senior managers to focus on outputs, cultural ‘norms’, and a lack of management empowerment, all stifled people’s ability to demonstrate workplace compassion. This resonates with findings discussed earlier around the common focus on profits over people, a view of compassion as soft or weak, and the fact that those who hold power and social dominance orientation commonly want to maintain that power and are less likely to delegate it. Whilst it may not always be easy, however, organisational cultures can be changed.

At their best, organisations with compassionate cultures demonstrate collective responsibility for their actions, for amplifying the status of their members, and for contributing to society at large (Cameron, 2017). Some examples of collective organisational compassion include one where members of a business school – faculty and students – came together to support students who had lost all of their possessions in a fire, and another where the chief executive officer of a relocation company offered their services for free to BP staff at the time of the Deep Water Horizon oil spill, recognising that we all have a role to play in such issues (Cameron, 2017). Again though, it is also important to recognise that day to day compassion in organisations does not have to be in response to disaster and trauma, and can be demonstrated in relatively small actions (Hewison et al, 2018; Sinclair et al, 2017). Examples include a nurse taking extra time to be especially gentle with a patient in pain (Crowther et al, 2019) or staff demonstrating small acts of kindness and care above and beyond those which were strictly necessary, such as:

“Just that extra mile. It’s just a feeling. It’s hard to explain...that extra smile, that extra you know, “hi how are you?” Hand on your shoulder you know, we’re here for you. (Patient 50)” (Sinclair et al, 2017:445)

These are clearly examples between care givers and service users but these can easily be translated into how managers and staff, and colleagues, could act with one another within work on a day to day basis. People report that the impact of such acts is significant, relieving suffering and enhancing wellbeing (Sinclair, 2017).

Ultimately organisational cultures are generated from a mix of values and practices in organisations (Schein, 1985; Schneider et al, 2017), some of which are implicit and not overtly recognised (Cameron, 2017). If change is going to come to these cultures, then these assumptions need to be made explicit. This could be done by generating clear statements of the values of an organisation, which set out the fundamental principles that the company operates under (Sullivan et al, 2001). There is evidence to show that where organisations are values driven, and particularly when care and compassion are explicitly part of those values, there is better staff wellbeing, lower turnover of staff and better organisational outcomes (Sullivan et al, 2001; Love, 2017).

Where values explicitly include empathy and compassion, it is easier then to develop policies and processes throughout the organisation which support these concepts. Such processes can include, for example, recruitment and selection processes which clarify that compassion is a core quality which is expected (Chu, 2016; Simpson et al, 2013). This can be achieved through values based recruitment, an approach being widely adopted in the National Health Service in the UK as a response to the Mid-Staffordshire scandal, as a way of ensuring ‘value congruence’, that is, ensuring that organisational values and individual values are aligned, in this case towards high quality care (Patterson et al, 2014). In theory, other policies and processes can then follow to further embed compassion into the organisational culture, including for example: building compassion into behavioural expectations and objectives (Worline and Dutton, 2017); ensuring everyday reward and recognition celebrates even the smallest compassionate acts (Chu, 2016; Hewison et al, 2018) developing policies which support work/life balance and support for staff when needed at such times as bereavement or illness (Simpson, 2013; Chu, 2016); and implementing approaches which help to further an individual’s personal development, such as coaching with compassion (Boyatzis, 2013) and compassionate leadership development (Chu, 2016). These technical tactics will certainly help in organisations, but only if they are embedded authentically and genuinely, with the core purpose of reducing suffering in workplaces, which has the added benefit of improved organisational outcomes – not the other way round.

This leads us neatly into a discussion about individual characteristics as well as the role of the leader in relation to embedding values and influencing culture in a meaningful and authentic way.

Individuals

Organisations are populated by human beings; individuals in a range of different roles with a range of responsibilities and all to some extent influencing and embodying the culture of an organisation. Poorkavoos (2017) identified that individual circumstances were another barrier to compassion in the workplace. Some people (often including those at the top) possess low levels of emotional

intelligence and a lack care for others, focusing on their own interests or in output at any cost. One major challenge is in relation to encouraging change in this mindset. Compared to other organization priorities, we are less likely to see training around empathy and relationship skills, which might help to change this mindset. However, humans are remarkably adaptable. Empathy and compassion can be taught and developed (Fredrickson et al, 2008; Klimecki et al, 2014). Or perhaps more accurately, they can be re-kindled in those who may have felt the need to bury these attributes.

There is some need for caution here, however. Empathy training, which encourages one to resonate with the suffering of another, can increase empathic distress, due to empathy being related to neural pathways in the brain which are responsible for processing pain (Singer and Klimecki, 2014).

Particularly empathic persons can even feel physical pain or discomfort whilst witnessing another experiencing pain (Bernhardt and Singer, 2012). But training which focuses on cultivating compassion for others appears to relate to different elements of brain functioning; where we are encouraged to extend feelings of care and warmth to others, this stimulates parts of the brain which are focused on “reward, love and affiliation” (Singer and Klimecki, 2014:873), and this has been shown to lead to increased positive mood and helping behaviour, and reduce worry, stress, anxiety and fear of compassion (Jazaieri et al, 2014; Martin and Heineberg, 2017; Orellana-Rios et al, 2018). A simple ‘loving-kindness’ process for cultivating compassion towards others is described by Armstrong (2011) and can be tried at any time by anybody.

Being able to demonstrate compassion towards ourselves is also part of the process of accepting that compassion is a fundamental human virtue and that all lives are deserving of it equally. Many have difficulty accepting compassion. Some even fear it. However, as with demonstrating compassion towards others, the skills needed for self-compassion can also be taught and it has been found that self-compassion training can lead to reductions in depression, anxiety, burnout and stress and increases in life satisfaction, wellbeing and the ability to demonstrate compassion for others (Jazaieri et al, 2013; Super, 2019). Techniques such a meditation and relaxation have also been found to contribute to a person’s ability to demonstrate compassion towards themselves, as well as towards others, whilst working in challenging circumstances (Boyatzis, 2013; Crowther et al, 2019) again contributing to the positive ripple effect that compassion can have (Lilius, 2012). Incivility in work, which is based on a lack of compassion and generates anger, fear and sadness, also has a ripple effect, and behaves in a viral way throughout organisations once it is instigated, usually by those in a higher position of power, with the outcomes for the organisation being extremely negative (Porath and Pearson, 2012). Leaders can choose which to cultivate.

While there is optimism in knowing that organisations can re-kindle and train compassion, this does of course rely on people wanting to develop in this area; you can take a horse to water, but you cannot make it drink. Although we may agree that starting from an ethical position is the right place to start in order to counteract the self-interest, greed and inauthenticity associated with free-market capitalism, using a language which appeals to those in current positions of power may at least start to engage them in the discussion around empathy and compassion. This could be done by promoting the fact that noticing and responding kindly to suffering, and having a desire to value and lift people who work in their organisations is the right thing to do because it reduces suffering, with the added benefit that it also leads to organisational and bottom line improvements. Self-development in this area is critical in order to ensure organisational and business development, particularly amongst leaders. Business schools have a crucial role here in fostering this, particularly given what we know about low levels of empathy amongst business students.

Leadership

Those individuals with the largest influence on organisational culture are generally those in leadership positions (Martin & Heineberg, 2017). Everything done and said by a leader is a public communication, whether wanted or not. Leaders set the tone, which others then follow (Worline & Dutton, 2017). Although we identified earlier that a lack of empathy is associated with psychopathy, thankfully the rate of psychopathy in the general population is low at only 1%, so although the rate has been found to be 4 times higher amongst senior leaders (Boddy, 2017), that still means that 96% of our senior leaders do not demonstrate clinical psychopathy, which gives hope that behavioural change and positive modelling of empathy and compassion is possible.

To encourage behavioural change, it is necessary to change the narrative around what 'good' leadership looks like in workplaces. The days of "tough on the issue, tough on the person" no longer suit a more globalised and enlightened world (Broadbeck et al, 2002). Managers and leaders have to make tough decisions about work intensification as the increase in demands in organisations, alongside diminishing levels of resources leads to the 'too busy' culture (McCann et al, 2008; Granter et al, 2015), also highlighted by Poorkavoos (2017:8) as one of the conditions which stifles compassion, where people report being "too busy to stop and show care". We have seen that compassion can motivate people to become more productive, however this also needs to be balanced with decisions about reducing or stopping some elements of work in order to ensure people have the personal resources to notice and respond to one another. Further, in order to truly embed a culture of compassion in our workplaces, those in positions of power need to take the lead in directly challenging behaviours which counteract compassion and lead to dehumanisation, such as incivility, bullying, inequality and disrespect. These are not easy decisions and actions, and so being "tough on the issue" (Broadbeck et al, 2002) is still required as part of a compassionate leadership approach. In this way, rather than being seen as a 'weak' concept, compassion is in fact something which requires strength of character and courage.

Finally, the issue of authenticity is key, both for individual leaders and for organizations. Organizations can be highly skilled at producing a marketing message about empathy and compassion, while failing to act according to these values. People often 'see through' fake behaviour (Seppälä, 2014). Imposing and broadcasting inauthentic organizational values might generate desired behaviours in the short term, but if leaders and organizations actions and priorities are incongruent with their messages and espoused values, then their intentions will soon become apparent (Simpson et al, 2013). For all the talk of compassion, authenticity and moral leadership, often the interests of senior leadership are simply not aligned with those of workers, clients and wider society. Organizations cannot be made compassionate just by issuing the right 'messaging' and without addressing fundamental differences in interest.

Ultimately, in order to embed empathy and compassion in our workplaces, organisational leaders to tap into their fundamental humanity, and be courageous enough to bring that into the workplace with authenticity. Only then will we see the development of organisational cultures of contagious, courageous compassion which will reduce the suffering we currently see, and will lead to better outcomes for organisations.

CONCLUSION

In this chapter, we have established that compassion underpins humanity and consists of firstly noticing the circumstances of another, secondly being able to empathise with them by feeling for

them and appreciating that all life is of equal value, and thirdly responding to their circumstances with a view to improving them. Because it is a core part of humanity, we have argued that compassion should be our ethical starting point in all aspects of our lives, including in the workplace: "...compassion is a virtue, and as such, it is inherently valuable, even if no beneficial outcomes are detected...[it is]...worthwhile for its own sake" (Cameron, 2017:431).

We have demonstrated that when empathy and compassion are missing from organisations, which is sadly widespread, we see extensive suffering both within organisations and in wider society, and we see compromised outcomes for organisations. However, when empathy and compassion are brought into the workplace, much evidence is emerging to show that ethics are improved, people benefit from improved mood, relationships and feelings of value and this in turn leads to increased commitment to one another and to organisations, subsequently leading to improved organisational outcomes. On this basis, we should strive to embed these principles: "...if care and compassion were to move to the forefront of organizational scholarship, the results might be truly radical" (Rynes et al, 2012:518).

Finally, we have shown that bringing our common humanity to work is a possibility when it is embedded in organisational cultures through clear values and authentic leadership. We have seen that compassion can be demonstrated in the smallest day to day actions and that it has an emotional contagion or ripple effect, benefiting not only those on the receiving end of compassion, but also those demonstrating and witnessing it. The case for embedding compassion at work is a profoundly simple one; this is a matter of right versus wrong. If we accept that de-humanisation, inequality, cruelty and suffering are wrong wherever we find them, and if we accept that compassion is a fundamental human virtue, which every human life is worthy of – worth it for its own sake, with the added benefit of improving organisational outcomes – then we can be emboldened to make our case for contagious, courageous compassion in work on that basis: "Every employee who works with you is the same as you...human. There may be different levels of hierarchy within your corporation, but when all the layers are peeled back, we are all the same" (Worline & Dutton, 2017:449).

REFERENCES

- Ali, F., Amorim, I.S. and Chamorro-Premuzic, T., 2009. Empathy deficits and trait emotional intelligence in psychopathy and Machiavellianism. *Personality and Individual Differences*, 47(7), pp.758-762.
- Alvesson, M. and Willmott, H., 2012. *Making sense of management: A critical introduction*. Sage.
- Anderson, C., Keltner, D. and John, O.P., 2003. Emotional convergence between people over time. *Journal of personality and social psychology*, 84(5), p.1054.
- Armstrong, K., 2011. *Twelve steps to a compassionate life*. New York, Random House.
- Bai, H., 2014. Editorial introduction to special themed issue: Working compassion. *Philosophical Inquiry in Education*, 21(2), pp.2-4.
- Bakker, A.B. and Heuven, E., 2006. Emotional dissonance, burnout, and in-role performance among nurses and police officers. *International Journal of Stress Management*, 13(4), p.423-440.

Baron-Cohen, S., 2012. *The science of evil: On empathy and the origins of cruelty*. New York, Basic books.

Bass, B.M. and Steidlmeier, P., 1999. Ethics, character, and authentic transformational leadership behavior. *The leadership quarterly*, 10(2), pp.181-217.

Batt-Rawden, S. A., Chisolm, M. S., Anton, B. & Flickinger, T. E., 2013. Teaching Empathy to Medical Students: An Updated, Systematic Review. *Academic Medicine*, 88(8), 1171-1177.

Benbassat, J. and Bauml, R. (2004) What Is Empathy, and How Can It Be Promoted during Clinical Clerkships? *Academic Medicine*, Vol 79(9), pp 832-839

Bernhardt, B. C. and Singer, T. (2012) The Neural Basis of Empathy, in *Annual Review of Neuroscience*, Vol 35, pp 1-23

Bloom, P., 2015. *Just babies: The origins of good and evil*. New York, Broadway Books.

Bloom, P., 2017. *Against empathy: The case for rational compassion*. New York, Random House.

Boddy, C.R., 2017. Psychopathic leadership a case study of a corporate psychopath CEO. *Journal of Business Ethics*, 145(1), pp.141-156.

Boyatzis, R.E., Smith, M.L. and Beveridge, A.J., 2013. Coaching with compassion: Inspiring health, well-being, and development in organizations. *The Journal of Applied Behavioral Science*, 49(2), pp.153-178.

Brodbeck, F.C., Frese, M. and Javidan, M., 2002. Leadership made in Germany: Low on compassion, high on performance. *Academy of Management Perspectives*, 16(1), pp.16-29.

Cameron, K.S., 2017. Organizational Compassion: Manifestations through Organizations. In E. M. Seppälä, E. Simon-thomas, and S. L. Brown (eds), *The Oxford Handbook of Compassion Science*, pp.421-34. Oxford: Oxford University Press

Campbell, M. and Zegwaard, K.E., 2011. Values, ethics and empowering the self through cooperative education. *Asia-Pacific Journal of Cooperative Education*, 13(3), 205-216

Chabrak, N., Craig, R. and Daidj, N., 2016. Financialization and the employee suicide crisis at France Telecom. *Journal of business ethics*, 139(3), pp.501-515.

Choi, H.J., Lee, S., No, S.R. and Kim, E.I., 2016. Effects of compassion on employees' self-regulation. *Social Behavior and Personality: an international journal*, 44(7), pp.1173-1190.

Chu, L.C., 2016. Mediating positive moods: the impact of experiencing compassion at work. *Journal of nursing management*, 24(1), pp.59-69.

Crowther, S., Cooper, C.L., Meechan, F. and Ashkanasy, N.M., 2019. The role of emotion, empathy, and compassion in organisations, in Dooris, M.T., Downe, S., Rocca, L. and Byrom, S. (eds), *Squaring the Circle: Researching Normal Childbirth in a Technological World*. London, Pinter & Martin.

De Dreu, C.K. and Van Kleef, G.A., 2004. The influence of power on the information search, impression formation, and demands in negotiation. *Journal of Experimental Social Psychology*, 40(3), pp.303-319.

Deane-Drummond, C., 2017. Empathy and the evolution of compassion: from deep history to infused virtue: with Gregory R. Peterson, "Is My Feeling Your Pain Bad for Others? Empathy as Virtue versus Empathy as Fixed Trait"; and Celia Deane-Drummond, "Empathy and the Evolution of Compassion: From Deep History to Infused Virtue." *Zygon*®, 52(1), pp.258-278.

Dekker, S.W., 2020. Safety after neoliberalism. *Safety science*, 125, p.104630.

Dietz, J. and Kleinlogel, E.P., 2014. Wage cuts and managers' empathy: How a positive emotion can contribute to positive organizational ethics in difficult times. *Journal of Business Ethics*, 119(4), pp.461-472.

Duarte, J., Pinto-Gouveia, J. and Cruz, B., 2016. Relationships between nurses' empathy, self-compassion and dimensions of professional quality of life: A cross-sectional study. *International Journal of Nursing Studies*, 60, pp.1-11

Dutton, J.E., Frost, P.J., Worline, M.C., Lilius, J.M. and Kanov, J.M., 2002. Leading in times of trauma. *Harvard business review*, 80(1), pp.54-61.

Dutton, J.E., Lilius, J.M. and Kanov, J.M., 2007. The transformative potential of compassion at work. In S. K. Piderit, R. E. Fry and D. L. Cooperrider (eds), *Handbook of transformative cooperation: New designs and dynamics*, 1, pp.107-126. Stanford, CA: Stanford University Press

Dutton, J.E., Workman, K.M. and Hardin, A.E., 2014. Compassion at work. *Annual Review of Organizational Psychology and Organizational Behavior*, 1(1), pp.277-304.

Fiske, S.T., 1993. Controlling other people: The impact of power on stereotyping. *American psychologist*, 48(6), p.621.

Francis, R., 2013. The Mid Staffordshire NHS Foundation Trust Public Inquiry: Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry Executive summary, The Stationery Office, London

Fredrickson, B.L., Cohn, M.A., Coffey, K.A., Pek, J. and Finkel, S.M., 2008. Open hearts build lives: positive emotions, induced through loving-kindness meditation, build consequential personal resources. *Journal of personality and social psychology*, 95(5), p.1045.

Fredrickson, B.L., Mancuso, R.A., Branigan, C. and Tugade, M.M., 2000. The undoing effect of positive emotions. *Motivation and emotion*, 24(4), pp.237-258.

Frost, P.J., Dutton, J.E., Worline, M.C. and Wilson, A., 2000. Narratives of compassion in organizations. *Emotion in organizations*, 2, pp.25-45.

Fryer, B., 2013. The rise of compassionate management (finally), HBR Blog Network.
<https://hbr.org/2013/09/the-rise-of-compassionate-management-finally>

Gilbert, P., 2015. The evolution and social dynamics of compassion. *Social and personality psychology compass*, 9(6), pp.239-254.

Granter, E., McCann, L., & Boyle, M. (2015). Extreme work/normal work: Intensification, storytelling and hypermediation in the (re)construction of 'the New Normal.' *Organization*, 22(4), 443–456.

Gulick, J., Araujo, J., Roelofs, C., Kerssen, T., Figueroa, M., Dupain, E., Stein, S., Wallace, D., Petteway, R., Choe, J. and de Crescenzo, L., 2020. What is mutual aid? A COVID-19 primer. *PReP Neighborhoods, Pandemic Research for the People, Dispatch*, 2, p.14.

Gunther, M., Evans, G., Mefford, L. and Coe, T.R., 2007. The relationship between leadership styles and empathy among student nurses. *Nursing Outlook*, 55(4), pp.196-201.

Hewison, A., Sawbridge, Y., Cragg, R., Rogers, L., Lehmann, S. and Rook, J., 2018. Leading with compassion in health care organisations: The development of a compassion recognition scheme-evaluation and analysis. *Journal of health organization and management*, 32(2), pp.338-354.

Himmelfarb, G., 2001. The idea of compassion: The British vs. the French enlightenment. *Public Interest*, (145), p.3.

Hofstede, G., 1980. *Culture's consequences: International differences in work-related values*. Beverly Hills, CA, Sage Publications

Hofstede, G. 1997. *Cultures and Organizations: Software of the mind*. New York, McGraw-Hill

Hojat, M., Gonnella, J.S., Nasca, T.J., Mangione, S., Vergare, M. and Magee, M., 2002. Physician empathy: definition, components, measurement, and relationship to gender and specialty. *American Journal of Psychiatry*, 159(9), pp.1563-1569.

Holt, S. and Marques, J., 2012. Empathy in leadership: Appropriate or misplaced? An empirical study on a topic that is asking for attention. *Journal of business ethics*, 105(1), pp.95-105.

Inzunza, M., 2015. Empathy from a police work perspective. *Journal of scandinavian studies in criminology and crime prevention*, 16(1), pp.60-75.

Jazaieri, H., Jinpa, G.T., McGonigal, K., Rosenberg, E.L., Finkelstein, J., Simon-Thomas, E., Cullen, M., Doty, J.R., Gross, J.J. and Goldin, P.R., 2013. Enhancing compassion: A randomized controlled trial of a compassion cultivation training program. *Journal of Happiness Studies*, 14(4), pp.1113-1126.

Kanov, J.M., Maitlis, S., Worline, M.C., Dutton, J.E., Frost, P.J. and Lilius, J.M., 2004. Compassion in organizational life. *American Behavioral Scientist*, 47(6), pp.808-827.

Katene, S., 2010. Modelling Māori leadership: What makes for good leadership. *Mai Review*, 2(2), pp.11-12.

Kellett, J.B., Humphrey, R.H. and Sleeth, R.G., 2002. Empathy and complex task performance: Two routes to leadership. *The Leadership Quarterly*, 13(5), pp.523-544.

Klimecki, O.M., Leiberg, S., Ricard, M. and Singer, T., 2014. Differential pattern of functional brain plasticity after compassion and empathy training. *Social cognitive and affective neuroscience*, 9(6), pp.873-879.

Kumar, K (2005) *From Post-industrial to Post-modern Society*. Oxford: Blackwell.

Leste-Lasserre, C. 2020, Traumatic Horse Training: Can You Spot Abuse?,
<https://thehorse.com/176132/traumatic-horse-training-can-you-spot-abuse/>

Lilius, J. M., 2012 Recovery at Work: Understanding the restorative Side of “Depleting” Client Interactions, *The Academy of Management Review*, 37(4), 569-588

Lilius, J.M., Worline, M.C., Dutton, J.E., Kanov, J.M. and Maitlis, S., 2011. Understanding compassion capability. *Human relations*, 64(7), pp.873-899.

Lilius, J.M., Worline, M.C., Maitlis, S., Kanov, J., Dutton, J.E. and Frost, P., 2008. The contours and consequences of compassion at work. *Journal of Organizational Behavior*, 29(2), pp.193-218.

Love, T.R., 2017. Māori values, care and compassion in organisations: a research strategy. Copenhagen Business School, Copenhagen, Denmark” Eoruplean Group for Roganizational Studies

McCabe, D., 2016. Numericalizing the other: A critical analysis of a strategy discourse in a UK bank. *Organization*, 23(4), pp.525-549.

Mansouri, N., 2016. A case study of Volkswagen unethical practice in diesel emission test. *International Journal of Science and Engineering Applications*, 5(4), pp.211-216.

Martin, D. and Heineberg, Y., 2017a. Positive leadership, Power and compassion , in P Gilbert (ed) *Compassion concepts, research and applications*. Pp221-236, London: Routledge, pp.221-36.

Martin, D. and Heineberg, Y., 2017b. Social Dominance and Leadership. In Seppälä, E.M., Simon-Thomas, E., Brown, S.L., Worline, M.C., Cameron, C.D. and Doty, J.R. eds., 2017. *The Oxford handbook of compassion science*. Pp495-506 Oxford, Oxford University Press.

Martin, D., Seppala, E., Heineberg, Y., Rossomando, T., Doty, J., Zimbardo, P., Shiue, T.T., Berger, R. and Zhou, Y., 2015. Multiple facets of compassion: The impact of social dominance orientation and economic systems justification. *Journal of Business Ethics*, 129(1), 37-249.

Mathieu, C., Neumann, C.S., Hare, R.D. and Babiak, P., 2014. A dark side of leadership: Corporate psychopathy and its influence on employee well-being and job satisfaction. *Personality and Individual Differences*, 59, pp.83-88.

McCabe, D. 2016, Numericalizing the Other: A Critical Analysis of a Strategy Discourse in a UK Bank, *Organization*, 23(4), 525-549

- McCann, L. Hassard, J., and Morris, J. (2008) Normalized intensity: The New Labour Process of Middle Management, *Journal of Management Studies*, 45(2): 343-371.
- McLaughlin, E., Hughes, G., Fergusson, R., and Westmarland, L. (eds), 2003, *Restorative Justice: Critical Issues*, London, Sage Publications
- Milgam, S. (1974 / 2009) *Obedience to Authority: An Experimental View*. New York: Harper Perrenial.
- Moon, T.W., Hur, W.M., Ko, S.H., Kim, J.W. and Yoo, D.K., 2016. Positive Work-Related Identity as a Mediator of the Relationship between Compassion at Work and Employee Outcomes. *Human Factors and Ergonomics in Manufacturing & Service Industries*, 26(1), pp.84-94.
- Morgan S. G, Bathula H. S, Moon S. 2020. Pricing of pharmaceuticals is becoming a major challenge for health systems *BMJ* 2020; 368, l4627
- Mueller, T., (2020) *Crisis of Conscience: Whistleblowing in an Age of Fraud*. London: Atlantic.
- Naghieh, A., Montgomery, P., Bonell, C.P., Thompson, M. and Aber, J.L., 2015. Organisational interventions for improving wellbeing and reducing work-related stress in teachers. *Cochrane Database of Systematic Reviews*, (4).
- Navarro, V., 2020. The consequences of neoliberalism in the current pandemic. *International Journal of Health Services*, 50(3), pp.271-275.
- Neff, K., 2011. *Self compassion*. London, Hachette UK.
- Oakes, P. (2012) 'Crash: What went wrong at Winterbourne View?', *Journal of Intellectual Disabilities*, 16(3), 155–162.
- Olinick, S.L., 2014. A critique of empathy and sympathy. In Lichtenberg, J., Bornstein, M., and Silver, D. (eds), *Empathy I (psychology revivals)*, pp.137-166, Hillsdale, NJ, The Analytic Press
- Orellana-Rios, C.L., Radbruch, L., Kern, M., Regel, Y.U., Anton, A., Sinclair, S. and Schmidt, S., 2018. Mindfulness and compassion-oriented practices at work reduce distress and enhance self-care of palliative care teams: a mixed-method evaluation of an “on the job” program. *BMC palliative care*, 17(1), p.3.
- Parker, M., 2002. *Against management: Organization in the age of managerialism*, Cambridge, Polity Press
- Patterson, F., Zibarras, L. and Edwards, H., 2014. Values-based recruitment for patient-centred care. In Tate, L., Donaldson-Feilder, E., Teoh, K., Hug, B. and Everest, G. (eds) *Implementing culture change within the NHS: Contributions from Occupational Psychology*, 10-17, London, British Psychological Society
- Poorkavoos, M., 2017. *Towards more compassionate workplaces* Horsham, Roffey Park Institute

Porath, C.L. and Pearson, C.M., 2012. Emotional and behavioral responses to workplace incivility and the impact of hierarchical status. *Journal of Applied Social Psychology*, 42, pp.E326-E357.

Powley, E.H., 2009. Reclaiming resilience and safety: Resilience activation in the critical period of crisis. *Human relations*, 62(9), pp.1289-1326.

Purba, A. and Demou, E., 2019. The relationship between organisational stressors and mental wellbeing within police officers: a systematic review. *BMC public health*, 19(1), p.1286.

Rahman, W.A. and Castelli, P.A., 2013. The impact of empathy on leadership effectiveness among business leaders in the United States and Malaysia. *International Journal of Economics Business and Management Studies*, Vol 2(3), pp83-97

Reed, G.E., 2015. *Tarnished: Toxic leadership in the US military*. U of Nebraska Press.

Rynes, S.L., Bartunek, J.M., Dutton, J.E. and Margolis, J.D., 2012. Care and compassion through an organizational lens: Opening up new possibilities, *The Academy of Management Review*, 37(4), 503-523

Schein, E.H., 1985. Defining organizational culture. *Classics of organization theory*, 3(1), pp.490-502.

Schneider, B., González-Romá, V., Ostroff, C. and West, M.A., 2017. Organizational climate and culture: Reflections on the history of the constructs in the *Journal of Applied Psychology*. *Journal of Applied Psychology*, 102(3), p.468.

Schwartz, T., 2013. Companies that practice 'conscious capitalism' perform 10x better. *Harvard Business Review*, 4.

Schneider, B., Gonzalez-Roma, V. Ostroff, C., and West, M. A., 2017, Organizational Climate and Culture: Reflections on the history of the constructs, *Journal of Applied Psychology*, 102(3), 468-482

Schyns, B. and Schilling, J., 2013. How bad are the effects of bad leaders? A meta-analysis of destructive leadership and its outcomes. *The Leadership Quarterly*, 24(1), pp.138-158.

Seppala, E., 2014. What bosses gain by being vulnerable. *Harvard business review*, 11.

Simpson, A.V., Clegg, S.R. and Freeder, D., 2013. Compassion, power and organization. *Journal of political power*, 6(3), pp.385-404.

Sinclair, S., Beamer, K., Hack, T.F., McClement, S., Raffin Bouchal, S., Chochinov, H.M. and Hagen, N.A., 2017. Sympathy, empathy, and compassion: A grounded theory study of palliative care patients' understandings, experiences, and preferences. *Palliative medicine*, 31(5), 437-447.

Singer, T. and Klimecki, O.M., 2014. Empathy and compassion. *Current Biology*, 24(18), R875-R878.

Spikins, P.A., Rutherford, H.E. and Needham, A.P., 2010. From homininity to humanity: Compassion from the earliest archaics to modern humans. *Time and Mind*, 3(3), 303-325

- Sullivan, W., Sullivan, R. and Buffton, B., 2001. Aligning individual and organisational values to support change. *Journal of Change Management*, 2(3), 247-254.
- Super, A. S. 2019. Exploring the development of self-compassion in the workplace, Professional Doctorate Thesis, Kingston University, London
- Sweet, P.L., 2019. The Sociology of Gaslighting. *American Sociological Review*, 84(5), pp.851-875.
- Tiedens, L. Z. 2001, Anger and Advancement versus Sadness and Subjugation: The effect of negative emotion expressions on social status conferral, *Journal of Personality and Social Psychology*, 80, 86-94
- Tiedens, L. Z. Ellsworth, P. C., and Mesquita, B., 2000, Sentimental Stereotypes: Emotional expectations for high- and low-status group members, *Personality and Social Psychology Bulletin*, 26, 560-575
- Van Kleef, G.A., Oveis, C., Van Der Löwe, I., LuoKogan, A., Goetz, J. and Keltner, D., 2008. Power, distress, and compassion: Turning a blind eye to the suffering of others. *Psychological science*, 19(12), pp.1315-1322.
- Vik, P., 2017. 'The computer says no': the demise of the traditional bank manager and the depersonalisation of British banking, 1960–2010. *Business History*, 59(2), pp.231-249.
- Von Dietze, E. and Orb, A., 2000. Compassionate care: a moral dimension of nursing. *Nursing Inquiry*, 7(3), pp.166-174.
- Walumbwa, F.O., Mayer, D.M., Wang, P., Wang, H., Workman, K. and Christensen, A.L., 2011. Linking ethical leadership to employee performance: The roles of leader–member exchange, self-efficacy, and organizational identification. *Organizational behavior and human decision processes*, 115(2), 204-213.
- Wang, G., Oh, I.S., Courtright, S.H. and Colbert, A.E., 2011. Transformational leadership and performance across criteria and levels: A meta-analytic review of 25 years of research. *Group & organization management*, 36(2), 223-270.
- Ward, J., Cody, J., Schaal, M. and Hojat, M., 2012. The empathy enigma: an empirical study of decline in empathy among undergraduate nursing students. *Journal of Professional Nursing*, 28(1), pp.34-40.
- Waters, S., 2014. A capitalism that kills: Workplace suicides at France Télécom. *French Politics, Culture & Society*, 32(3), pp.121-141.
- Waters, S., 2015. Suicide as protest in the French workplace. *Modern & Contemporary France*, 23(4), pp.491-510.
- West, M.A., 2012. *Effective teamwork: Practical lessons from organizational research*. Hoboken, NJ, John Wiley & Sons

- Wise, J., 2015. Substandard care at “dysfunctional” Morecambe Bay maternity unit led to unnecessary deaths, BMJ, 350
- Wiseman, T. (2007) Toward a Holistic Conceptualization of Empathy for Nursing Practice, in Advances in Nursing Science, Vol 30(3), pp E61–E72
- Wispé, L., 1986. The distinction between sympathy and empathy: To call forth a concept, a word is needed. *Journal of personality and social psychology*, 50(2), p.314.
- World Health Organization, 2013. Mental health action plan 2013-2020, Washington DC, World Bank
- Worline, M. and Dutton, J.E., 2017. *Awakening compassion at work: The quiet power that elevates people and organizations*, Oakland, CA, Berrett-Koehler Publishers.
- Zimbardo P. 2007. *The Lucifer Effect: How Good People Turn Evil*. London: Rider.