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AN EMPIRICAL STUDY OF THE
RELATIONSHIP BETWEEN
ORGANISATIONAL COMPASSION,
WELLBEING AND SUFFERING AMONG
ACADEMICS AT A UK UNIVERSITY

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of the requirements of the
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ABSTRACT

Compassion at work has been described as going hand-in-hand with suffering while Boyatzis et al. (2013) proposed an expanded view of compassion that addresses both suffering and wellbeing. However, these conceptual views of compassion have not been tested empirically. Compassion in organisational contexts is facilitated by an array of factors yet the current conceptualization of organizational compassion does not view organisational factors as significant as human actors (Simpson et al., 2015), resulting in limited empirical evidence on organizational factors (McClelland & Vogus, 2019). This study aims to provide an empirical test of the expanded conceptual definition of compassion bringing together compassion, wellbeing and suffering to examine their associations at a UK university. Despite over a decade of research on compassion at work, there is a dearth of research on compassion within the context of educational settings which makes this study particularly timely.

The first contribution of the thesis comes from the literature review. The literature on compassion spans a range of disciplines, from theology to medical science, and so a degree of variation in how the concept is defined and applied is to be expected. However, the review revealed the concept is loosely defined and applied not only between disciplines but within disciplines. There appears to be an implicit assumption we all know what is meant by compassion (and suffering), which masks important differences in conceptualisation and study of compassion.

The findings indicate that although compassionate experiences among academics were moderate, their perceptions of working in a compassionate organization with compassionate organizational factors were relatively low. Participants reported moderate hedonic and eudaimonic wellbeing, yet the majority report suffering, psychologically and existentially. As expected, compassion at work was positively related to compassionate factors, positive affect,

and eudaimonic wellbeing and negatively associated with psychological and existential symptoms. Unlike previous studies focused on identifying the effect of overall compassion at work, this study highlights that different sources of compassion display variable associations.

Surprisingly, although compassion was based on the concept of suffering, the study did not find a relationship between compassion and suffering. This highlights the subjectivity and individuality of suffering, with the findings showing significant differences between scores of symptoms and suffering. In addition to the subjectivity of suffering, the findings show it is possible to distinguish between existential and psychological suffering. Not only could compassion be found in the absence of suffering, compassion was more frequently reported when existential suffering was absent. The finding that compassion exists in absence of suffering challenges the traditional view of compassion and provides the first empirical evidence for the Boyatzis et al. (2013) definition of compassion. This study provides empirical support for the hypothesised relationship between compassionate factors and compassion at work. It also addresses the lack of scales that assess compassionate factors, proposing and testing a compassionate factors scale which displayed very good reliability. As such, compassion should be normalized and integrated in organisational routines and policies and should be seen as an ongoing process, rather than a response to crisis.

This study underscores the high prevalence of both psychological and existential suffering among academics and the need for further research that explores suffering of employees in other work contexts. The study proposes a model of psychological and existential suffering at work that encompasses subjectivity and distinguishability which needs to be tested and generalized in different occupations and contexts.

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DECLARATION

I declare that the work contained in this thesis has not been submitted for any other award and that it is all my own work. I also confirm that this work fully acknowledges opinions, ideas and contributions from the work of others.

Any ethical clearance for the research presented in this thesis has been approved. Approval has been sought and granted by the Faculty Ethics Committee on 25/02/2019.

I declare that the Word Count of this Thesis is 80,907 words

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Date: 30/01/2021

CHAPTER 1 INTRODUCTION

1.1 INTRODUCTION OF TOPIC

Compassion has been a subject of interest in fields such as religion, medicine, and sociology for a long time, but the study of compassion in organizations is still in its infancy (Eldor, 2017). Although compassion has been widely described as going hand-in-hand with suffering, Boyatzis et al. (2013) proposed an expanded view of compassion that addresses both suffering and wellbeing, defining compassion as an “interpersonal process that involves noticing another person as being in need, empathizing with them, and acting to enhance their wellbeing in response to that need”. Kanov et al. (2004) represented compassion as an interpersonal process between members of an organization comprising of 1) “noticing” of suffering; 2) “feeling” the other’s pain, and 3) “responding” to that person’s suffering; this overall process is commonly referred to in the organisational literature as ‘compassion at work’. Strikingly, these conceptual views of compassion have not been tested empirically and the main contribution of this thesis is to provide an empirical test of the expanded conceptual definition of compassion, bringing together compassion, wellbeing and suffering to examine their associations.

The concept of well-being has been described as ‘complex and controversial’, but two broad approaches to wellbeing can be identified – Hedonic and Eudaimonic – which have consolidated theoretical frameworks and generated a substantial amount of research. The most prominent hedonic model, known as subjective well-being (SWB), includes three dimensions; life satisfaction, positive affect and negative affect (Diener, 1984; Diener et al., 1985). While evidence suggests compassion at work is beneficial to positive affect, no previous studies have examined hedonic wellbeing and compassion as comprehensively as it

has been theorized. Boyatzis et al. (2013) argues compassion can enhance eudaimonic well-being by supporting an individual's growth and development. Yet, this too has not been tested empirically, a gap which will be addressed in this research.

Suffering is central to the idea of compassion, but despite the centrality of suffering in human life, research exploring the concept is poorly developed and has thus far failed to develop a consensual definition (Morse & Carter, 1996; Bozzaro & Schildmann, 2018; VanderWeele, 2019). The few attempts to define 'suffering' were targeted at patients in clinical context, and identify it as an unbearable and pervasive experience that may threaten one's integrity and personhood (Cassell, 1998; VanderWeele; 2019). Although suffering has been identified as a significant, inevitable and pervasive aspect of organizational life (Frost et al., 2000, Kanov et al., 2004; Peticca-Harris, 2018) and compassion has traditionally been fundamentally linked to suffering, the concept of suffering has been overlooked in organisational studies. Though the term is widely used, it is used in a reduced and simplified way, to refer to 'being subjected to' negative experiences or 'acquiring' negative symptoms (Hobbs, 1994; Leite et al., 2007; Martins & Robazzi, 2009; Quenot et al., 2012; Vieira et al., 2013; Marechal et al., 2013; McCaughy et al., 2013; Traynor & Evans, 2014; Mariano et al., 2015; Prestes et al., 2015; Aggarwal & Verma, 2018; dos Anjos et al., 2018; Settineri et al., 2018). It is thus evident that the existing theorization of suffering in other fields has not been drawn upon by organisational researchers, who use the term merely to refer to the presence of negative symptoms. Furthermore, even with the current reduced operationalisation of suffering as the presence of negative symptoms, few studies have investigated the relationship between compassion and negative outcomes.

It is important to draw a distinction between compassion in organizations, and 'organizational compassion' (Kanov et al., 2004). which exists when members of an organisation share the

sub-processes in response to the suffering of members within that system, facilitated by an array of organizational factors such as culture, routines, networks and leadership (Dutton et al., 2014; Kanov et al., 2016; Worline & Dutton, 2017). This conceptualization acknowledges the significance of organizational factors in facilitating compassion yet does not view organisational factors as equally significant to human actors (Simpson et al., 2015). As we will see in the literature review, empirical studies have tended to focus on compassion at work, examining compassion occurring in an organizational context while neglecting compassionate factors. Seeking to explore specifically organisational compassion, the present study examined organisational compassion holistically to include factors, thus examining compassion as an overall characteristic of an organisation that has been overlooked in quantitative research (Worline & Dutton, 2017). This responds to calls for research which tests empirically what organisational factors enable compassion at work (Kanov et al., 2004; Lilius et al., 2008), for which to date there has been limited evidence (McClelland & Vogus, 2019).

1.2 SIGNIFICANCE OF COMPASSION

Existing research shows that compassion at work is associated with a host of important outcomes for employees and organizations, alike. Although the moral motivation of reducing suffering and enhancing wellbeing at work is powerful, the case for pursuing the study of compassion becomes even stronger when highlighting the range of ways in which compassion at work matters (Dutton et al., 2014).

Compassion at work legitimates expression of distress and helps suffering employees unfold the grieving process which is important to that person's healing (Hazen, 2008). Receiving different forms of compassion such as emotional support, time and flexibility or material good can be seen as key resources that are important for employees' recovery from negative

experiences and getting back on their feet (Lilius et al., 2008). Furthermore, experiencing compassion at work is a strong emotional event that sparks further positive emotions that can accrue over time and thus result in an ongoing emotional tone (Weiss & Cropanzano, 1996). These positive experiences and emotions can also support the building and maintenance of personal resources that act as reserves and can be used later to cope with negative emotions and thus are keys to later enhance wellbeing (Fredrickson et al., 2000; Fredrickson, 2004). Few studies demonstrated that compassion at work is associated with better mental health and sleep quality, and negatively related to burnout, anxiety, and stress. Accordingly, compassion is beneficial for building and maintaining personal resources (Choi et al., 2016). The impact of compassion at work goes beyond the receivers to those who witness or provide it. The impression of organizational support, that one's own wellbeing is valued and cared about by the work organization may be made by perceptions of support received by other employees (Rhoades & Eisenberger, 2002). Likewise, employees' perceptions about the organization they work for is not only formed by their individual experiences of compassion, but also by witnessing how their colleagues are treated (Grant et al., 2007; Lilius et al., 2008). Moreover, witnessing others being involved in compassionate actions results in positive emotions that leads others to want to act similarly (Weiss & Cropanzano, 1996). Several research streams showed that compassion at work and positive affect are related where the latter has been associated with a host of organizational outcomes such as organizational citizenship behavior, enhanced performance, affective commitment and organizational identification. Compassion at work has also been found positively related to positive work-related identity (Moon et al., 2016), work engagement (Eldor, 2017), creativity (Hur et al., 2016b), and negatively associated with workplace violence (Zhang et al., 2018), workplace deviance and intention to quit (Choi et al., 2016). Thus, experiencing compassion extends beyond the response to a

specific incident and leaves a trace that affects employees' behaviours and attitudes at work which is critical to organizational functioning.

1.3 BACKGROUND AND CONTEXT OF THE STUDY

Over the past two decades, Universities have been facing several challenges, including ideological changes in their function, norms and values (Franco-Santos & Doherty, 2017). Following the rise of public sector managerialism, UK universities and especially their business schools have become proliferated with new public management (NPM) administration (Parker, 2014; McCarthy & Dragouni, 2020). Key themes of NPM include enhanced competition; greater disaggregation; insertion of private-sector management practices; hands-on management; a focus on measurable standards of performance and control using pre-set output measures (Hood, 1995). The experience of NPM and massification of higher education is common in several countries, however, the growth of managerialism in UK universities was particularly noticeable (Chandler, 2002). Although promoting transparency and accountability, NPM became problematic particularly in academic institutions, as the implementation of private-sector management practices to improve efficiency and productivity resulted in higher bureaucratic control, reduced collegiality and collective decision-making (Craig et al., 2014).

The emphasis on efficiency and responsiveness to commercial drivers within academia has led to the implementation of a range of performance metrics and evaluations (Franco-Santos & Doherty, 2017) which Burrows (2012, 356) refers to as the 'metricisation of the academy'. The growth of audit mechanisms, such as league tables, National Student Satisfaction surveys, and the Research Excellence and Teaching Excellence Frameworks clearly highlight this performativity culture (Knights & Clarke 2014). As a result, organisational practices within UK business schools such as recruiting and promoting have become strongly

determined by pre-defined evaluation indicators such as the number of publications at ‘top journals’. The rise of performativity culture and its values of individualism and competition implied in its performance management practices are likely to contradict the values of originality, collaboration, and academic freedom that accompany academic work (Deem, 1998; Deem & Brehony, 2005; McCarthy & Knight, 2020). This clash of values results in psychological tension, which has been linked to a lower sense of well-being (Burroughs & Rindfleisch, 2002).

As a consequence of the economic requirements of standardisation and efficiency, UK business schools have rapidly changed into internationalised mass-market education providers, with emerging stressors as fixed-term positions became the new norm. Academics are now under increased burden, resulting from demands of higher accountability, bureaucratisation and pressure to publish in high quality journals and seek research funding (Winefield et al., 2014). Yet, concurrently, salaries given to academics have not kept pace with these work commitments and other professions and promotions are slow (McCarthy & Knight, 2020; Catano et al., 2010). The stress of meeting the demands of quality in research, publishing, teaching and administration and the increase of judgments from editors, managers, reviewers, peers and students in pursuing an academic career have been noted (Knights & Clarke 2014). “These aspects challenge well-being in the academic work context with consequences not only for the performance of individuals and universities but also for the performance of the sector as a whole and, by extension due to their criticality, for the economy and society at large” (Franco-Santos & Doherty, 2017:2326).

Compassion is an important component to the emotional health of any organization (Cherkowski & Walker, 2013), and is especially relevant to educational institutions, as the best learning takes place in safe, caring, and emotionally secure environments. Universities

have been referred to as caregiving organisations (Waddington, 2016; Gibbs, 2017) and teaching as a compassionate and caring relationship where teachers show care towards their students which makes it an ideal venue for cultivating compassion towards employees (Eldor & Shoshani, 2016; Gibbs, 2017). According to Johnson and Stevens (2006), schools in which teachers work in a positive climate entailing high relational involvement between teachers, have better student achievement, a worthy goal in any educational setting.

Gibbs (2017) asserts that when universities care more about their staff, they in turn will care more about their students, who will leave their educational settings as compassionate citizens. Research into the positive impact of compassion in schools suggest that expressing compassion toward teachers is positively related to positive affect, emotional vigour, job satisfaction, organizational commitment, and negatively associated with teacher burnout (Eldor & Shoshani, 2016). As such, similar to other contexts, experiencing compassion in educational settings is beneficial for employees and can impact organizational outcomes. Although universities and schools are radically different, both have in common a compassionate orientation towards their clients (Students) but not as much to their staff.

Unfortunately, to date, most literature and research in educational contexts focus on compassion in terms of developing students' capacities to display compassion or how compassion can be fostered through pedagogy (Lipponen & Rajala, 2018). Moreover, research on compassion in educational settings traditionally views students as the recipients, neglecting compassion towards teachers (Eldor & Shoshani, 2016). Despite over a decade of research on compassion at work, the notion of compassion in universities has only started gaining attention recently. Waddington (2016, 2019) highlighted and emphasized the importance of creating conditions that enable a compassionate culture in universities and Maratos et al. (2019) discussed the role of integrating compassion-based training and

initiatives throughout the education system. However, research on organisational compassion in universities seems limited and to the best of the researcher's knowledge, research on organisational compassion in UK universities is non-existent.

Academics, through their work, may influence their students' lifestyle choices, transform lives and enhance the society's quality of life, so it seems vital to study their wellbeing (Vera et al., 2010; Cooper & Barton, 2016). Traditionally, teaching was seen as a low stress profession (Winefield, 2000), however, over the last decades, things appeared to have changed (Vera et al., 2010). Although previous studies provide valuable insights into the high levels of stress among university employees, little is known about their wellbeing. This has been noted by authors who assert that there is an extensive literature on stress at universities (Williams et al., 2017) while employee wellbeing in the context of higher education institutions has been overlooked (Martin, 2006; Cooper & Barton, 2016; Williams et al., 2017). However, findings from the latest *Times Higher Education* University Workplace Survey (2016) which captured opinions of 1,398 academics across the UK reveal that:

- Almost half do not experience high levels of wellbeing in relation to their work
- Around one third feel that their job has a negative impact on their health.
- Almost half believe the workload assigned is not reasonable.
- More than half indicated that their work does not allow for a healthy work-life balance
- Over one third are looking to leave their current job.
- Over half feel that their employer does not care about their wellbeing
- Almost one-third believed that their university is not supportive with caring responsibilities.

The above statistics are concerning and may provide an indicator on the status of compassion and wellbeing at UK universities. The previous evidence of poor levels of staff wellbeing and the potential effect of compassion in improving it further highlights the significance of research on compassion at universities.

1.4 HOW THE THESIS DEVELOPED

Initially, this study started as a competition-funded PhD project under the title ‘Leadership for Compassionate care’ with special emphasis on how leaders might potentially enable it through role modelling and influencing culture. Given the researcher’s background and work experiences in healthcare quality management, this was of great interest. Yet, it was the term ‘compassionate care’ that drew me. Not only because it sounded intricate and pleasing to my aspirations of high-quality healthcare but also because I was intrigued to find out what it entails. I remember swiftly searching online for ‘compassionate care’ but I couldn’t get into grasp of what it precisely meant. I thought I would shift my attention to understanding what compassion is, however, as it turns out was not as easy task either. One of the first explanations I came across was that compassion in English language originates from the Latin root ‘passio’ which means to suffer, in addition to the Latin prefix ‘com’ which means together, therefore compassion is to ‘suffer together’. I genuinely wondered why there are policy initiatives on Compassionate Care for individuals to suffer together. Fast forwarding the process of reviewing the literature, other reasonable definitions were identified, in fact, a plethora of definitions and a lack of consensus on what compassion means and whether it is a state, a trait or an attitude. As a further source of complexity, a conceptual overlap has been identified where compassion, empathy, sympathy, and pity were used interchangeably.

During my mission to understand compassion, I came across the conceptualization of compassion as a process composed of noticing, feeling and acting (Kanov et al., 2004; Way

and Tracy, 2012; Dutton et al., 2014) which appeared to be more focused and precise. Although this view was theorized in organisational scholarship, Miller (2007) and Way and Tracy (2012) adopted and tested this model in a healthcare context and thus was deemed suitable for the study. However, their definition of compassion and strictly linking it to expressed suffering had limitations and raised questions such as; are we in a position to wait for our patient to suffer to receive compassion? Moreover, what if the patient does not express their suffering? Building on Dewar et al. (2014) who noted that reducing compassionate care only to suffering will result in missing small yet fundamental acts that are compassionate, I proposed the definition of compassion as ‘the dynamic and proactive process of recognizing potential vulnerability and suffering’.

As I reviewed how leadership may impact compassionate care, I noticed that several authors suggest that for staff to be able to deliver compassionate care, healthcare organizations need to demonstrate compassion for them in a compassionate environment (The Kings Fund, 2013; Crawford et al., 2014; Lown, 2014; Altimier, 2015; Barron & Sloan, 2015; Christaensen, 2015; Shea, 2015). This is when a potential gap was identified. The relationship between compassion at work and compassionate care has not been tested empirically yet and in doing so, the study would contribute by integrating the two concepts. Accordingly, multiple NHS settings were identified, contacted, showed great interest in the study and initial approval was granted. However, when things were about to progress, they suddenly appeared hesitant, and I lost touch with them.

Running out of time, I took the decision to quit the healthcare sector and having gone through some of the literature on compassion at work, it was clear enough that it was neglected in universities. The challenge at that time was the shift from a setting where vulnerability and suffering is common to a university context. Although scholars in organizational literature

strictly linked compassion at work to suffering, their research was targeted at specific incidents and thus adopting their conceptualization would mean restricting the study population. Going from there, I came across Boyatzis et al. (2013) and their expanded conceptualization of compassion to enhance wellbeing. I wondered if any of the conceptualizations had any strong empirical support in organizational scholarship and surprisingly, there was not. Hence, it was identified as a research opportunity to investigate the relationship between compassion, wellbeing and suffering.

1.5 RESEARCH AIM AND OBJECTIVES

Based on consideration of the literature and identification of key concepts, the main aim of this study was to investigate the relationship between organisational compassion, wellbeing and suffering among academics at a UK university.

In order to accomplish the purpose of this study, the following research objectives were identified:

1. to measure the levels of organisational compassion, wellbeing and suffering among academics.
2. to determine how compassionate factors associate with compassion at work.
3. to identify the relationship between compassion at work, wellbeing and suffering.
4. to explore how compassionate factors relate to wellbeing and suffering.
5. to identify any differences between symptoms and suffering, and between dimensions of suffering.

1.6 ORGANISATION OF THIS THESIS

This first chapter has introduced the broad aim of this thesis, context and significance of this study. Chapter two has been devoted to reviewing the relevant literature and is organised in three main sections. The first section entails a critical introduction of the current conceptualization of ‘organisational compassion’ that justifies the holistic view adopted in this study and identifies its components of ‘compassion at work’ and ‘compassionate factors’. Different views of compassionate at work have been traced and evaluated and the justification for the selection of the expanded view is proposed. The main models of compassionate factors were identified and assessed and the adopted framework of organizational factors along with its six components is discussed. Previous research on organisational compassion has been reviewed, identifying correlates and potential gaps to be addressed. The first section ends with a hypothesis indicating the relationship between compassionate factors and compassion at work. The second section reviews the literature on wellbeing and its two main theoretical approaches; Hedonic and Eudaimonic. Thereafter, previous research on staff wellbeing in universities was outlined followed by potential and preliminary evidence linking compassion and wellbeing and postulating a set of hypotheses pertaining to the relationship between compassion and hedonic wellbeing, and compassion and eudaimonic wellbeing. The third section defines suffering, its dimensions and highlights its precise theorization as distinctive from exhibiting negative symptoms. This is followed by an evaluation of the two main theoretical accounts of suffering from the medical literature and the proposal of an integrated view for adoption in this research. A review of studies investigating suffering at work was then presented with the potential evidence linking it with compassion. The section ends with a set of hypotheses pertaining to the relationship between compassion and symptoms, and compassion and extent of suffering. The chapter is concluded with the theoretical framework for hypotheses testing.

Chapter three details the methodology and research design of this thesis. It outlines the study design including the chosen research approach, strategy and data collection methods. It entails a description of the questionnaire design, operational definitions and a review of the scales of measurement for all the variables examined in this study. Finally, the chosen data analysis methods are outlined in line with achieving the objectives of the study followed by consideration of ethical issues at different stages of the research.

Chapter four presents the findings of the research and is organised as five main sections. It proceeds with a section outlining the psychometric analysis of all employed scales followed by a section describing the sample. The third section details analysis of the levels of organisational compassion, wellbeing and suffering, taking into account individual items, total scores and demographic information. The fourth section was dedicated to data analysis pertaining to hypotheses testing and a final interesting supplementary analysis section regarding compassionate factors and suffering was provided.

Chapter five discusses the results of the study and is organised by the study objectives. First, the levels of organisational compassion, suffering and wellbeing are described. Second, results of testing the hypothesis relating compassionate factors and compassion at work are discussed. Third, the results of hypotheses testing multiple relationships pertaining to compassion at work and hedonic wellbeing, eudaimonic wellbeing, suffering symptoms, and extent of suffering are interpreted and discussed followed by a discussion of the findings from the supplementary analysis. The chapter ends with an evaluation of the limitations of this study along with future research suggestions.

Chapter six concludes this thesis by providing an overview of the whole study, highlighting its contribution to the knowledge and theory, and prescribing practical managerial implications.

CHAPTER 2 LITERATURE REVIEW

The purpose of this chapter is to explore the current conceptualisations of organisational compassion, wellbeing and suffering and to identify gaps and areas of debate in the existing body of knowledge. The review aims to identify the relationship between compassion, suffering and wellbeing, establish what is known about the concepts in relation to academics to identify a theoretical framework for the study.

Initially a systematic literature review was planned, but the preliminary search indicated that the concept of suffering in organisational literature has been poorly defined and developed, unlike that in the healthcare literature. Moreover, multiple competing conceptualisations of compassion with limited research on organisational compassion was identified. Additionally, in regard to the context of this study, a dearth of studies was evident in relation to all concepts investigated in the study. Therefore, a pragmatic approach to review the literature was undertaken to allow a broad coverage of concepts and multiple contexts. This approach is supported by Griffiths and Norman (2005) who suggest that for doctoral thesis, a broad topic review may be more appropriate in allowing exploration of key concepts and theories in a broad body of research. The adopted approach, therefore, deliberately sought to be inclusive of a range of literature without pre-specified exclusion criteria. Electronic databases, including Google scholar, Scopus and Web of science were used. A combination of different terms was used including compassion, wellbeing, suffering, work, organisation, employees, staff, academics, university, education. The search strategy was limited to articles published in English. Additionally, 'snowballing' was used to enhance the search sensitivity, which included reference tracking and checking the search results of systematic literature reviews.

2.1 ORGANISATIONAL COMPASSION

2.1.1 Introduction

The conundrum over the meaning of compassion is not a new one and has been a matter of discussion over the past two thousand years across various disciplines such as medicine, religion, sociology, psychology and philosophy (Frost et al., 2004). Mannion (2014: 115) describes compassion as a “complex, contested and value laden concept fraught with rival interpretations and eluding a consensual definition”. Smith (2009: 19) highlights that it is challenging to define, noting that it is “more than dignity, more than empathy.” Accordingly, consensus on defining compassion continues to be a major challenge (Schantz, 2007; Strauss et al., 2016). Compassion has been described variably as an individual trait (Goetz et al., 2010) as an emotional state (Condon and Barrett, 2013; Vastfjall, 2014; Rashedi et al., 2015; Palgi et al., 2015), and as an attitude (Sprecher & Fehr, 2005). Although compassion is still in its infancy in the organisational literature (Eldor, 2017; Cameron, 2017), it has been precisely conceptualised as an interpersonal process (Kanov et al., 2004, 2016, Lilius et al., 2012; Dutton et al., 2014, Worline & Dutton, 2017). Writing for organisational literature, Kanov et al. (2004) first represented compassion as a process between members of an organisation comprising of three subprocesses; 1) “noticing”, 2) “feeling”, and 3) “responding” to others’ suffering. This conceptualisation stands apart from viewing compassion as a trait or as an emotion (Lilius et al., 2012) and has been commonly referred to in the literature as ‘compassion at work’ (Dutton et al., 2007, 2014; Lilius et al., 2008, 2012; Hur et al., 2016a, 2016b; Chu, 2016; Moon et al., 2014, 2016; Rhee et al., 2017). As such, ‘compassion at work’ refers to the behaviour and acts of kindness towards others at work (Eldor & Shoshani, 2016).

Kanov et al. (2004) further introduced the concept of ‘organisational compassion’, which exists when members of an organisation share the sub-processes of noticing, feeling, and responding to the distress or suffering of members within that system. For these sub-processes to be shared and thus become collective, they must be legitimated and propagated, with responding being coordinated. This in turn is facilitated by an array of organisational factors such as culture, routines, networks and leadership (Dutton et al., 2014; Kanov et al., 2016; Worline & Dutton, 2017). Hence, the concept of ‘organisational compassion’ entails more than just compassion occurring in an organisational context or ‘compassion at work’. This conceptualisation resembles that of ‘organisational virtuousness’ which has been identified as a five-dimensional construct (optimism, trust, compassion, forgiveness, integrity) expressed by collectivities (Cameron et al., 2004). ‘Virtuousness in organisations’ has been defined as the behaviour of the organisation’s members while ‘Virtuousness through organisations’ refers to the organisational factors and enablers that foster virtuousness (Bright et al., 2006). Hence, Cameron et al. (2004) defined ‘organisational virtuousness’ as “individuals’ actions, collective activities, cultural attributes, or processes that enable dissemination and perpetuation of virtuousness in an organisation”. Strikingly, Cameron et al.’s (2004) operationalisation of ‘organisational compassion’ which is an element of ‘organisational virtuousness’ failed to follow the same conceptualisation. Organisational compassion as part of organisational virtuousness has been defined as members caring about one another and that care and compassion commonly exist within the organisation (Cameron et al., 2004; Rego et al., 2010). This view not only neglects organisational factors and enablers but also contradicts the statement by Kanov et al. (2004: 816) that organisational compassion is not a “mere aggregation of compassion among individuals”.

On the other hand, ‘organisational compassion’ as defined by Kanov et al. (2004) view it as a collective process that is enabled by factors which falls short of the conceptualisation of

‘organisational virtuousness’ that also includes individual processes and factors as a constituent component and not merely as enablers. This oversight of the inclusion of factors has also been noted by Simpson et al. (2015) who assert that the current theorizing of organisational compassion limits it to human actors and further argue that organisational compassion includes ‘sociomaterial’ processes. The “sociomaterial approach challenges the deeply taken-for-granted assumption that technology, work, and organisations should be conceptualised separately and advances the view that there is an inherent inseparability between the technical and the social” (Orlikowski & Scott, 2008: 434). Banker and Bhal (2018: 5) assert that “Since we are talking about compassion in organisations, individual intentions and organisational resources are required to go hand in hand in order to manifest compassion...”. Although in the current conceptualisation of ‘organisational compassion’, authors have acknowledged the significance of organisational factors (Kanov et al., 2004, 2016; Dutton et al., 2014), their conceptualisation does not view organisational factors as equally significant (Simpson et al., 2015). Additionally, although Kanov et al. (2004) acknowledges the presence of individual compassion at work, their proposed definition implies otherwise and seems to mirror the concept of ‘compassion organising’ proposed by Frost et al., 2004 which views compassion precisely as a collective process. Stiehl et al. (2017) states that in order to study ‘care’ at an organisational level, it is first required to understand the dyadic process of care.

In light of the previous argument and following the conceptualisation of ‘organisational virtuousness’, ‘organisational compassion’ will be viewed holistically in this thesis to include both 1) individual and collective interpersonal processes and 2) organisational factors. For the rest of this thesis, the commonly used term ‘compassion at work’ will be used to describe the interpersonal process between members of an organisation whether its individual or

collective while ‘compassionate factors’ will be used to describe features and enablers in the organisation that foster compassion (Figure 2.1).

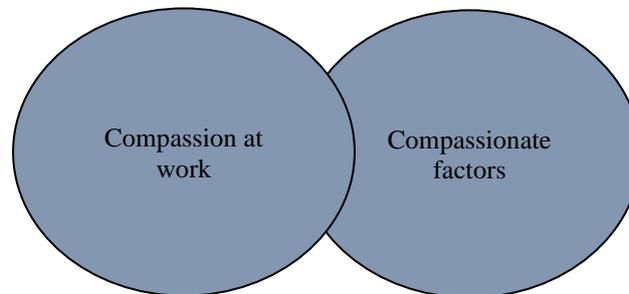


Figure 2.1. Organisational compassion as conceptualised in this study

2.1.2 Compassion at Work

In the organisational context, compassion has been identified as an interpersonal process that stands apart from viewing compassion as a trait or as an emotion (Lilius et al., 2012) and has been described by Raman and McClelland (2019: 3) as “more focused and preciseand could be considered a subset of the broader view of compassion promulgated in popular literature”. Compassion at work may be in the form of providing emotional support such as hugs and advice, providing time and work flexibility such as covering up for colleagues, and giving tangible goods such as cards, money and flowers (Lilius et al., 2008). It may also range from a dyadic or individual act to a collective and organised act (Lilius et al., 2012; Poorkavoos, 2017). Both aspects will be discussed in the following sections.

2.1.2.1 Compassion as an Individual Process

Building on Clark’s (1997) work on the sympathy process, Kanov et al. (2004) represented compassion as an interpersonal process between members of an organisation comprising of noticing, feeling and acting in response to suffering. Miller (2007) and Way and Tracy (2012) tested this model in a healthcare context. The studies resulted in a modified model of

compassion as; *Noticing, Connecting and Responding* (Miller, 2007) and *Recognizing, Relating and Re(acting)* (Way and Tracy, 2012). Dutton et al. (2014) later added a fourth dimension of “sense-making” to Kanov’s model (Figure 2.2). Kanov et al. (2016) then proposed adding a responsibility aspect to the feeling dimension (Figure 2.4).

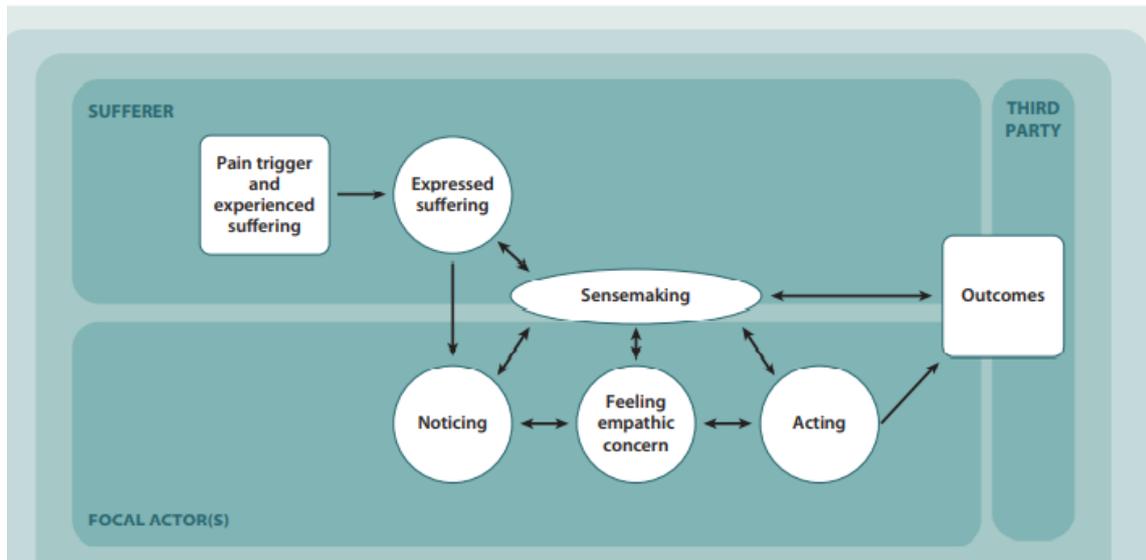


Figure 2.2. Sub-processes of response to suffering. Adapted from ‘Compassion at work’ by Dutton et al., 2014

According to Kanov et al. (2004, 2016), compassion only exists when suffering is present and expressed. Dutton et al. (2006, 2014) similarly agrees that the expression of suffering is fundamental to trigger compassion which can be clearly seen in their models (Figure 2.2 & Figure 2.4). Thus, compassion has widely been linked to existing and expressed suffering (Kanov et al., 2004, 2016; Lilius et al., 2008; Dutton et al., 2014). In 2007, Miller tested Kanov et al.’s (2004) model of compassion where healthcare professionals were interviewed to investigate the three-part process model; noticing, feeling and responding. The findings from the study reveal that compassion involves noticing a need for help and sources of distress. Similar findings were obtained from a second study (Way & Tracy, 2012) that tested the model among employees in a hospice and revealed that compassion may be a response for unexpressed suffering, hence Way and Tracy (2012) relabeled the noticing subprocess into

Recognizing. They further assert that “Noticing..... suggests awareness, attention, and observation, [while] Recognizing goes further” . Recognizing involves “Understanding and applying meaning to others’ verbal and nonverbal communicative cues, the timing and context of these cues as well as, cracks between or absences of messages” (Way & Tracy, 2012: 307). It may be argued that this may be reasonable in a healthcare context where patients may be nonresponsive or may not display any sign of suffering. Yet, this may also hold place in work contexts, where expressing suffering is complicated and often masked by missed deadlines and errors that trigger blame instead of compassion (Worline & Dutton, 2017). Furthermore, modern workplaces convey the message that suffering holds no place at work (Kanov et al., 2016). Accordingly, it has been recently deemed necessary to interpret suffering at work more generously by learning to be curious and recognize hidden suffering (Worline & Dutton, 2017).

The previous discussion was regarding whether compassion involves noticing expressed suffering or recognizing hidden suffering. Regardless of whether it is expressed or hidden, all conceptualisations discussed so far have in common the assumption that compassion is a response to existing suffering. However, The Dalai Lama (2001) refers to the proactive role of compassion in preventing suffering. Boyatzis et al. (2013) assert that the term compassion in the academic literature is often associated with other positive terms, such as caring, cooperating, and helping (Kanov et al., 2004; Lilius et al., 2008; Goetz et al., 2010) that are not exclusively triggered by suffering. Additionally, empirical evidence suggests that compassion loads on a common factor with caring, kindness, warmth and tenderness (Campos et al., 2009, cited in Goetz et al., 2010). Another study where negative emotions have been included with positive emotions reveals that unlike both pity and sympathy, compassion accommodated the positive emotion category (Shaver et al., 1987). Findings

from a study among nurses and patients in three settings discloses that the majority of participants related compassion to joyful occasions (van der Cingel, 2011).

Drawing on Confucian philosophy, Boyatzis and McKee (2005: 179) introduced a different view of compassion that “incorporates the desire to reach out and help others whether or not their condition is based on suffering and pain”. Building on that, Boyatzis et al. (2013: 154) proposed an expanded view of compassion (Figure 2.3) and defined it as an “interpersonal process that involves noticing another person as being in need, empathizing with them, and acting to enhance their wellbeing in response to that need”. They further state that *need* is more general than suffering. They build their argument on that many emotions have expanded and evolved over time. Similarly, the function of compassion has expanded, and that noticing others’ needs for achieving a goal may generate compassion just as readily as recognising others’ suffering may. Although this conceptualisation was proposed in relation to coaching, they assert that this can be applied outside of the coaching context. This expanded view is also supported by Cosley et al. (2010: 816) who defines compassion as a “concern for the wellbeing of others”.

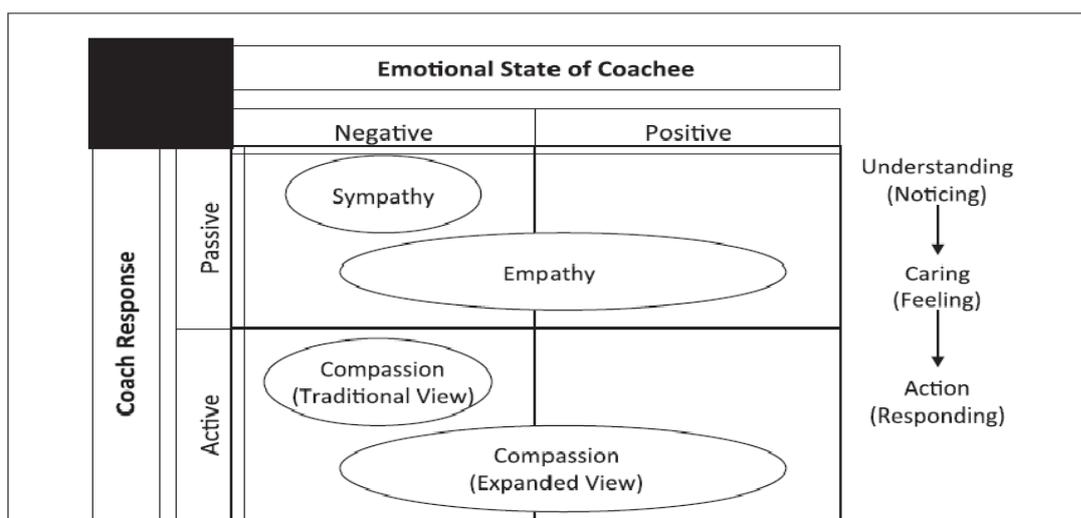


Figure 2.3. An expanded view of compassion. Adapted from ‘Coaching with Compassion: Inspiring Health, WellBeing, and Development in Organisation’ by Boyatzis et al., 2013

Boyatzis et al. (2013) state that their expanded view of compassion addresses enhancing hedonic wellbeing, which is centered on pleasure and eudaimonic wellbeing, which is centered on self-fulfillment. They further assert that in the traditional conceptualisation of compassion as a response to suffering, the focus is exclusively on enhancing hedonic wellbeing while in the expanded theorization, compassion can enhance both hedonic and eudaimonic wellbeing. However, evidence from the literature on suffering suggests that this might not be accurate. The suffering literature highlights that suffering is multi-dimensional, and individuals can suffer psychologically from anxiety or sadness for example (Hedonic) and can suffer existentially from losing purpose and meaning in life (Eudaimonic) (Schulz et al., 2010; Grech & Marks, 2017). Hence, it is argued here that the traditional view of compassion only addresses suffering, while the expanded view addresses both suffering and wellbeing. Regardless, Avramchuk and Manning's (2014) qualitative research supports the existence of compassion in both the absence and presence of suffering. Simpson et al.'s (2013) research indicates that compassion should be integrated in organisational routines and policies and should be seen as an ongoing process best fostered in times of normality, rather than in times of crisis. As such, this research will adopt the expanded view of compassion and hence aims to contribute to the existent literature by exploring compassion at times of normality in the empirical context of a university.

2.1.2.2 Compassion as a Collective Process

So far, compassion has been examined from the individual or dyadic level. However, findings from a study in a healthcare context support that compassion in organisations is most likely to be a collective process being coordinated among several staff members (Lilius et al., 2008). Next, we look into compassion with another lens as 'organising', examining it as a collective process (Frost et al., 2004). Compassion as a collective process occurs when the previously mentioned sub-processes of compassion are shared among a group of individuals. In other

words, collective compassion would thus entail shared noticing, feeling and acting. To be shared, each of these sub-processes would require legitimation and propagation, while acting must also be coordinated (Frost et al., 2004; Kanov et al., 2004). Legitimation ensures that appropriate and desirable behaviours take place within an organisation (Suchman, 1995). When noticing, feeling and acting in face of suffering is viewed as legitimate, then compassion organising is more likely to take place (Frost et al., 2004). Propagation entails spreading ideas, news and information between individuals. Frost et al. (2004) further add that legitimation and propagation have a bi-directional relationship. When emotions and news are spread, it helps to legitimate suffering but also what organisational members view as legitimate enhances the likelihood that it will be spread. Coordination is the process of assembling interdependent actions in ways that allow accomplishment of objectives (Weick, 1979). Coordination is thus fundamental to collective compassion as it enables the transformation of the shared sub-processes of noticing and feeling into a collective response (Frost et al., 2004).

Collective compassion begins with collective recognition and acknowledgement of suffering by individuals having a shared understanding of suffering in a social system. Organisations withholding a capacity for collective noticing embrace policies and a shared culture that enhance its members' attentiveness to distress, physical designs that allows members to contact one another, and technologies and systems that facilitate communication (Kanov et al., 2004). Collective feelings happen when members of an organisation are encouraged to express their emotions and feelings and exchange emotional narratives about work and personal life. These behaviours flourish through practices, routines, culture and leadership modelling that allow and encourage the propagation and legitimation of emotions. Collective responding happens when the response to suffering is coordinated among members of an organisation (Kanov et al., 2004). Coordination can be done through a centralized process

where response is coordinated by a specific person or it may take place spontaneously when members organise themselves to respond collectively (Dutton, 2003). Hence, organisational factors play an important role in propagating, legitimating and coordinating effective collective responses.

2.1.3 Compassionate Factors

Although compassion is an interpersonal process, organisations play a key role by influencing what their members notice and respond to through their structures, culture and practices (Sutcliffe, 2001; Kanov et al., 2004, 2016; Dutton et al.; 2006, 2014, Worline & Dutton, 2017; Banker & Bhal, 2018). Evidence from a study among clinicians in the NHS reveals that organisational factors such as leadership increases compassion for others (Henshall et al., 2017). The impact of organisational ‘factors’, such as values and routines has been highlighted in enabling collective compassion (Kanov et al., 2004). However, Lilius et al. (2012) assert that these organisational factors play a role in how compassion unfolds by both individuals and coordinated collectives. In their discussion, they identify that organisations enable compassion either indirectly, by cultivating ‘conditions’ under which compassion is likely to unfold; or directly through the ‘mechanisms’ that routinise compassion. Conditions include quality of relationships, culture and leadership while mechanisms include formal designated roles and programs such as employee support programs that detect and respond to suffering. Dutton et al.’s (2014) review of empirical and theoretical accounts of compassion in organisations yielded a model of compassion as a dynamic process that can unfold at three contextual levels: personal, relational and organisational. The authors’ review on compassion at the organisational level reveals six factors that affect the process: shared values, shared beliefs, norms, practices, structure and quality of relationships, and leaders’ behaviors. While Kanov et al. (2016) have proposed

modifications to some aspects of this model, the identified organisational factors remained unchanged (Figure 2.4). Banker and Bhal's (2018) qualitative research of factors that enable compassion in business organisations resulted in a model of five factors: values, culture, leadership, policies and practices and work structure. However, the study was limited to the input of 10 middle and senior managers.

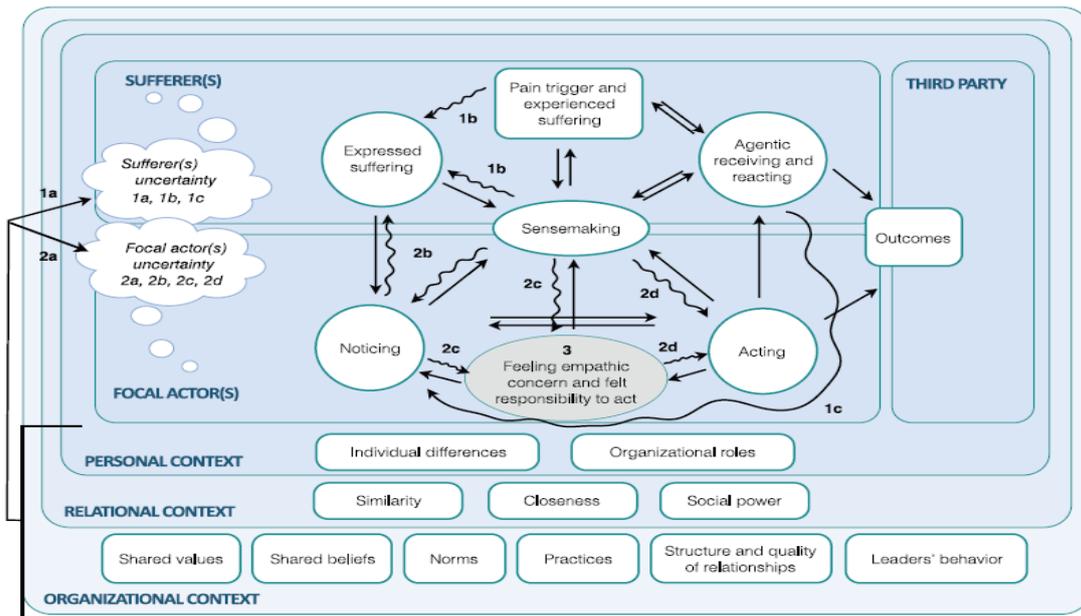


Figure 2.4. The compassion process. Adapted from ‘Is it ok to care? How compassion falters and is courageously accomplished in the midst of uncertainty’ by Kanov et al., 2016

In a recent publication, Worline and Dutton (2017) presented a framework of organisational factors that contribute to compassion and labelled it as ‘social architecture’ which includes social network, organisational culture, roles, routines, leadership and stories. Their model appears to capture all factors identified in previous models including those in Dutton et al.’s (2014) model which was based on a review of empirical and theoretical accounts of compassion and described as ‘the most comprehensive’ (Kanov et al., 2016). Moreover, Worline and Dutton’s model entails two additional stand-alone factors; roles and stories while still maintaining the total number of factors at six. This was made possible by aggregating related factors such as values, norms and beliefs into the culture factor which

mirrors how culture has been defined (Schein, 1991). Accordingly, this framework will be adopted in this research and the six factors are discussed next.

2.1.3.1 Social Architecture Model

Networks. This factor entails two elements: social network ties and relationships' quality between members in this network. Network ties describes the clusters of people who know each other well (Dutton et al., 2014; Worline & Dutton, 2017) which in turn provide 'highways' for the flow of information, advice and feelings (Worline & Dutton, 2017). The stronger the network, the faster and easier the flow of information would occur (Dutton et al., 2014). Simpson et al. (2019) assert that colleagues within a strong social network are most likely to pick up signs of distress. This in turn plays a role in how quickly information about suffering would be shared and makes coordinated response more feasible (Worline & Dutton, 2017). The quality of relationships is portrayed as mutuality, vitality and positive regard between members of the network. The higher the quality, the more likely that the members would be emotionally attached to one another which facilitates compassion (Lilius et al., 2011; Dutton et al., 2014). These higher-quality connections ease both the expression of suffering and compassion (Lilius et al., 2011). Empirical evidence from a study among nurses reveals that the higher the quality of relationships at work, the more nurses were likely to provide compassion to co-workers (Chu, 2017). Furthermore, people can rely on the respect and trust they've built in their connections making it more likely that people will pay attention and regard notifications about suffering as credible (Dutton et al., 2014; Worline & Dutton, 2017). The size of the organisation seems to affect the quality of networks as reported by managers in a study who noted that the smaller the organisation, the more its members are able to interact with others which in turn enables compassion (Banker & Bhal, 2018).

Organisational Culture refers to shared basic assumptions about human nature and shared values adopted in the organisation (Worline & Dutton, 2017). The authors further refer to the shared assumptions as *shared humanity* which holds the assumption that members in an organisation all belong to one human family and that humans by nature are essentially good, capable, and worthy of compassion. Thus, organisational culture includes shared values, beliefs and norms within an organisation (Simpson et al., 2019). Shared organisational values refer to what organisational members view as important, shared beliefs refer to what members believe is true and norms refer to the patterns of expected behaviours within an organisation (Dutton et al., 2014).

Banker and Bhal (2018: 11) assert that “*Compassion cannot be exercised in isolation*’ and ‘*is enrooted in the (organisational or individual) value system*”. Organisational values are the ideals, goals, and aspirations that are espoused within the organisation. Values such as moral standards are important in principal decisions such as recruitment and performance management (Banker & Bhal, 2018). But more importantly, values that emphasize humanity such as kindness, dignity, care, respect, teamwork and justice enable compassion (Worline & Dutton, 2017). Empirical evidence from a qualitative study in a business school involving three suffering students who experienced a house fire reveals that humanistic values facilitated the recognition of the suffering students and legitimated the spread of emotion and compassion. Moreover, they opened space to allow people to respond to suffering and coordinate resources (Dutton et al., 2006). Organisational norms include the emotion norms which captures the rules of feelings and display. They provide guidance on how and what people are expected to feel, and what feelings can be expressed at work. Members are more likely to feel and express compassion when the organisational culture values expression of suffering (Kanov et al., 2004). These rules not just affect the feeling and expressing of pain but also how likely members will feel and express compassion (Dutton et al., 2014).

Evidence from a study reveals that the shared belief that it was legitimate to display humanity has enhanced the spread of news and enhanced the competence of compassionate responding (Dutton et al., 2006). Therefore, organisational cultures with embedded shared humanity enable more generous interpretations of suffering and legitimize compassionate action (Worline & Dutton, 2017). Similar to the quality of networks, perceptions of the organisational culture seem to be affected by the size of the organisation. A participant from a study mentioned that the smaller the organisation, the more likely it is to feel compassion and a friendly and warm culture and “when organisation becomes large, then these things start getting diluted.” (Banker & Bhal, 2018: 12).

Roles are patterns of expected behaviour that go along with particular positions. In an organisation, role making and role taking play a role in facilitating compassion. Role taking involves how roles are described, formally designed, and communicated to new employees. If the described roles have care and compassion at their core and employees view compassion as their responsibility and part of their role, then roles can awaken organisational compassion (Simpson et al., 2019). Similarly, managerial training that incorporates a caring responsibility and concern for the wellbeing of employees facilitates the provision of compassion by managers. While role taking involves learning the expectations of a job, role making allows crafting and changing those expectations in response to social needs (Worline & Dutton, 2017) thus allowing for creating and innovating new aspects within their existing role (Simpson et al., 2019). Therefore, in organisations where job roles are flexible and members are empowered to innovate, employees are more likely to recognise and react beyond their formally designated role, creating new ways and paths of compassion (Kanov et al., 2004; Worline & Dutton, 2017; Simpson et al., 2019).

Routines are the recurring ways through which tasks such as hiring, decision-making and planning are accomplished which are theorized to foster connections and shared understanding between people allowing for collective capabilities (Feldman & Rafaeli, 2002). Routines as described by Worline and Dutton (2017) mirror the practices as labelled by Dutton et al. (2014). Routines entail formal organisational practices such as employing individuals with good relational skills, employee assistance and support programs like financial aid and insurance coverage (Dutton et al., 2014; Worline & Dutton, 2017), pastoral care (McClelland & Vogus, 2019) and orientation programs for new employees (Lilius et al., 2011). It also includes non-formal practices such as the ways conflict is resolved and celebrating important events such as birthdays and marriage (Lilius et al., 2011). Evidence from a recent qualitative healthcare study suggests that organisational practices such as employee support enables compassion by three ways: (1) integrating new members into the organisation, (2) sustaining compassion by supporting its legitimacy at work, and (c) restoring compassion resources by enhancing employee wellbeing (McClelland & Vogus, 2019). Similarly, participants in a second qualitative study stated that practices such as leave policies and employee security portray a caring approach at work which acts as a motivational source for employees, enhances their self-worth and encourages them to give back compassion to the organisation (Banker & Bhal, 2018). Routines can also be standard or flexible, both of which can enhance organisational compassion. For example, standard communication routines that allow regular contact between staff members create opportunities to recognize when individuals are in distress (Lilius et al., 2011). Practices such as a regular team meeting with an agenda that encourages employees to talk about work as well as personal issues enables and legitimizes collective expression of feelings (Kanov et al., 2004). Moreover, standard practices that allow usage of communication channels and resources to respond to suffering legitimize the patterns of compassion and aid in a speedy

response. Flexible routines allow organisation to improvise on this standard routine and tailor compassionate actions in response to suffering (Worline & Dutton, 2017). Research suggests that these improvisations increased the speed, scale and scope of resources provided to suffering individuals and added legitimacy to the process (Dutton et al., 2006).

Leadership. Leaders play a key role in facilitating compassion by reinforcing a culture of shared humanity and shaping the norms around compassion (Lilius et al., 2012). This is supported by findings from a recent study where participants stated that when leadership cares about members of an organisation, the more likely it is to reinforce ethical values in organisation and build a compassionate culture. The authors hence called this leadership; empathetic leadership (Banker & Bhal, 2018). The open expression of feelings and compassion by leaders legitimizes suffering and compassion and thus allow collective feelings (Kanov et al., 2004). Drawing on symbolic leadership theory, Dutton et al. (2006) asserts that a leader can influence others through cognitive and emotional means. The Dean of the University in a study helped to propagate attention to the suffering students, induce emotion, and legitimate compassionate actions through the symbolic act of pausing the speech, telling the incident, and providing a donation (Dutton et al., 2006). Members follow models set by leaders, so a leader's compassionate actions can spur many other acts of compassion thus propagating and legitimating collective responding (Kanov et al., 2004; Worline & Dutton, 2017). Leaders can also use their position and formal power to shape all the other compassionate factors and direct resources that can be used to alleviate suffering (Dutton et al., 2014; Worline & Dutton, 2017). Leadership may also be an inhibitor of compassion at work. Participants in a study suggested that employees may refrain from providing compassion even if they were motivated to help, if their leader is not empathetic (Banker & Bhal, 2018).

Stories help spread the news about suffering, allowing for the generation of ideas and resources in response to suffering (Dutton et al., 2006). This may be beneficial for one-time suffering events. However, most importantly, stories about the organisation and about what happens in it shape its members' shared understanding regarding three main points: The kind of place one is working at, the kind of people one is working with, and the kind of person one can be while working there (Worline & Dutton, 2017). An organisation's shared beliefs and values are captured in the stories being told. When stories of compassion are circulated around the organisation, they contribute to a shared understanding of the organisation's values regarding recognizing suffering and the wellbeing of its employees (Frost et al., 2004). In the study by Dutton et al. (2006), when people heard and shared stories of compassion at work, they came to understand the whole organisation as a more compassionate place, to see their colleagues as more compassionate people, and to realize that they could be compassionate at work. These patterns of meaning in the system make it more likely that members of an organisation will interpret suffering more generously when it occurs (Dutton et al., 2006). Thus, stories have an effect that extends beyond reflecting the organisational culture to help shape the members' identities as well as collective organisational identity and may reshape their understandings of their organisation in new ways (Frost et al., 2004).

In conclusion, compassionate factors play an important role in enabling and fostering compassion in the workplace (Figure 2.5). Based on the previous theoretical evidence and findings from previous studies, it is hypothesized that:

Hypothesis 1: There will be a positive relationship between compassionate factors and compassion at work.



Figure 2.5. Theoretical model of the relationship between compassionate factors and compassion at work

2.1.4 Previous Research on Organisational Compassion

2.1.4.1 Research in University Context

Compassion is an important component to the emotional health of any organisation (Cherkowski & Walker, 2013), and is especially relevant to educational institutions, as the best learning takes place in safe, caring, and emotionally secure environments. Universities have been referred to as caregiving organisations (Waddington, 2016; Gibbs, 2017) and teaching as a compassionate and caring relationship where teachers mainly show care towards their students which makes educational settings an ideal venue for cultivating compassion towards employees (Eldor & Shoshani, 2016; Gibbs, 2017). Gibbs (2017) asserts that the more the universities care about their staff, the more they will care about their students, who will then leave their educational settings as compassionate individuals. Yet, to date, most literature and research in educational contexts focus on compassion in terms of developing students’ capacities to display compassion or how compassion can be fostered through pedagogy (Lipponen & Rajala, 2018). Moreover, research on compassion in educational settings traditionally views students as the recipients, neglecting compassion towards teachers (Eldor & Shoshani, 2016). This is noted by Delbecq (2010) who states that

there seems to be a gap in understanding how to respond compassionately to teachers as opposed to students.

Despite over a decade of research on compassion at work, this literature review reveals that the notion of compassion in universities has only started gaining attention recently.

Waddington (2016, 2019) highlighted and emphasized the importance of creating conditions that enable a compassionate culture in universities and Maratos et al. (2019) discussed the role of integrating compassion-based training and initiatives throughout the education system. However, research on organisational compassion in universities seems limited and to the best of the researcher's knowledge, research on organisational compassion in UK universities is non-existent. In a relatively relevant thread of research, organisational virtuousness (which includes compassion as one factor) was investigated in a study among faculty members in four universities in Pakistan and revealed a positive relationship between organisational virtuousness, job satisfaction and ethical climate (Asad, 2017). However, the study reported results as an aggregate score of organisational virtuousness and thus little is known about organisational compassion as a stand-alone factor. One study among faculty members in two universities examined the relationships between organisational culture and organisational virtuousness while reporting factor scores. Findings suggest that organisational compassion showed highest correlation with group culture which focuses on human relations (Vallet, 2010). Yet, it has been identified that organisational compassion as conceptualised in these studies does not account for compassionate factors and thus do not provide a comprehensive insight into 'organisational compassion'.

Unfortunately, findings from the latest *Times Higher Education University Workplace Survey* (2016) which captured opinions of 1,398 academics across the UK reveal that:

- 29.5% of academics did not agree that their university is supportive with caring responsibilities.
- 56.3% of academics feel that their employer does not care about their wellbeing

The above statistics are concerning and may provide an indicator on the status of compassion at UK universities. Even more concerning is the fact that the figures appear to progressively worsen over time (Times Higher Education, 2014, 2015) which presumably calls for continuous assessment and corrective actions. Yet, in 2017, the workplace survey was discontinued and replaced by *The Teaching Survey* that does not investigate any of the previous aspects and merely captures staff's attitudes towards teaching (Times Higher Education, 2017). Given the lack of research on compassion in universities, the literature review has been broadened out to include research on compassion in other organisational contexts. Even adopting this broader scope, it is clear that there has been limited quantitative research on compassionate factors and that researchers have focused on 'compassion at work'.

2.1.4.2 Research in Other Contexts

Empirical research on compassion included qualitative studies to identify the attributes of a compassionate person in the workplace (Poorkavoos, 2017). Other studies explored perceptions of healthcare managers (Avramchuk & Manning, 2014) and business managers (Banker & Bhal, 2018) on what construes compassionate organisations and organisational factors that foster compassion. Another study explored how compassionate practices in a hospital create and sustain compassion (McClelland & Timothy, 2019). Types of suffering that trigger compassion and forms of compassion were also explored at a hospital (Lilius et al., 2008) in addition to the concept of compassion capability (Lilius et al., 2011). Other qualitative studies that examined the dynamics of 'organisational compassion' were mainly

directed towards one-off specific events of suffering (Dutton et al., 2006; Simpson et al., 2015; Peticca-Harris, 2018). The study by Dutton et al. (2006) provides valuable insights to compassion competence and contributes to the work on compassion organising by outlining how compassionate factors cultivate the conditions for collective compassion. However, the study was related to the suffering of three students at one non-profit university that was subject to legitimisation pressures which restricts the applicability of the findings to staff in different work contexts. The study by Peticca-Harris (2018) focused on suffering following death of a work colleague in a restaurant which shed light on the dynamics of compassion in a new organisational context. Three managers were interviewed, and the data revealed that managers played the role of *suffering focal actors* (dualistic role of providing compassion and suffering simultaneously) thus challenging previous models (Dutton et al., 2014; Kanov et al., 2016). Nevertheless, the study only included the narratives of three managers and did not take into account the views of employees. Another study investigated compassionate support following mass disasters where 25 participants from 18 organisations affected by Brisbane floods were interviewed (Simpson et al., 2015). Other studies focused on a specific form of suffering such as employees with multiple sclerosis (Vickers, 2010) or dissolution of romantic relationship (Little, 2011). As evident, qualitative research to date mainly views compassion in relation to suffering. However, Avramchuk et al. (2013: 205) assert that restricting the study of compassion to the presence of suffering “might not account for the currently robust and forward-looking conceptualisations of compassion in modern organisational practice”.

Quantitative research on compassion has primarily involved testing the relationship between compassion at work and outcomes in various contexts. Findings suggest a relationship between compassion at work and positive emotion (Lilius et al., 2008; Chu, 2016; Subba & Rao, 2016; Ko & Choi, 2020) where the latter was associated with organisational citizenship

behavior and enhanced performance (Chu, 2016), affective commitment (Lilius et al., 2008; Ko & Choi, 2020) and organisational identification (Subba & Rao, 2016). Compassion at work has also been found positively related to positive work-related identity (Moon et al., 2016; Hur et al., 2016a), affective commitment (Lilius et al., 2008; Moon et al., 2014), work engagement (Eldor, 2017), performance (Chu, 2016, 2017; Hur et al., 2016a, Eldor, 2017; Aboul-Ela, 2017), mental health (Chu, 2017), creativity (Hur et al., 2016b) and negatively related to burnout (Choi et al., 2016; Eldor, 2017), anxiety, workplace deviance and intention to quit (Choi et al., 2016). Another study among nurses in China found that compassion at work was positively related to sleep quality and health status and was negatively correlated to stress and work-place violence (Zhang et al., 2018). Research into the positive impact of compassion in educational organisations includes a study in 5 high schools in Israel which revealed that expressing compassion toward teachers is positively related to positive affect, emotional vigour, job satisfaction, organisational commitment, and negatively associated with teacher burnout (Eldor & Shoshani, 2016). A second study among teachers in Egypt revealed a positive association between compassion and job performance (Aboul-Ela, 2017). Organisational virtuousness was investigated among teachers in schools where a positive relationship was found between organisational virtuousness and psychological capital (Williams et al., 2015), organisational commitment (Williams et al., 2015; Kooshki & Zeinabadi, 2015), and job satisfaction (Kooshki & Zeinabadi, 2015). However, the aforementioned studies failed to report the results of the organisational compassion factor and thus it is not clear if the findings apply.

The previous review highlights the lack of research on compassion in Universities. It also reveals that quantitative research over the past decade have looked into compassion as one merely occurring in an organisational context while neglecting compassionate factors. One of the rare studies that investigated organisational factors among clinicians in the NHS revealed

that the perception of organisational compassion increases compassion for others (Henshall et al., 2017). However, their operationalisation of compassion also included measures of other concepts such as kindness, mindfulness, disengagement, separation and indifference.

Additionally, Henshall et al. (2017) adopted ‘the compassionate organisation quiz’ to measure perceptions of organisational compassion while noting the limitation of using this instrument considering the lack of validity and reliability information of the tool.

Furthermore, it has been identified that the quiz is treated as unifactorial and provides a total score and does not indicate which organisational factors are being assessed.

The current overlook of organisational factors may be a result of the current conceptualisation of ‘organisational compassion’ that does not view organisational factors as equally significant to interpersonal processes (Simpson et al., 2015) or possibly due to the lack of validated measures that assess organisational factors as identified in this review. For instance, the most commonly adopted scale was developed by Lilius et al. (2008) and measures ‘Experienced compassion at work’ by asking respondents to indicate how often they experienced compassion a) on the job, b) from their line-manager, and c) from their colleagues (Lilius et al., 2008). This scale was developed in recognition of the lack of “previously established or validated measures” (Lilius et al., 2008: 198). Although the scale has been used in several studies (Moon et al., 2014, 2016, Subba & Rao, 2016; Choi et al., 2016; Rhee et al., 2017; Hur et al., 2016a, 2016b; Chu, 2016, 2017) and assisted in identifying relationships between compassion and several outcomes, the scale does not capture compassionate factors and thus does not assess ‘organisational compassion’. Other studies investigating ‘organisational virtuousness’ adopted the ‘organisational virtuousness scale’ which includes a measurement of ‘organisational compassion’ as named and developed by Cameron et al. (2004). While the authors assert that organisational virtuousness includes

organisational factors, taking a closer look at the 3-items measuring organisational compassion reveals neglect of organisational factors apart from one factor; Stories.

Organisational compassion (Cameron et al., 2004: 778)

- Acts of compassion are common here
- This organisation is characterized by many acts of concern and caring for other people
- Many stories of compassion and concern circulate among organisation members

McClelland and Vogus (2014) developed and tested a ‘Compassionate Practices Scale’ which entails 5 items that assess practices and routines in a hospital such as recognition programs, formal employee award programs, pastoral care and support for employees. Although the scale considers one of the organisational factors that supports compassion, it neglects the other factors. Furthermore, the applicability of the scale in other non-healthcare contexts might be limited.

Kanov et al. (2004) made a call for future research that empirically tests the organisational features most critical in enabling organisational compassion and that this would make a valuable contribution (Kanov et al., 2004). Lilius et al. (2008) further made a call for future research that examines the factors that yield compassion at work. Yet, to date, studies that examine compassion as an overall characteristic of organisations are still rare (Worline & Dutton, 2017) and empirical evidence regarding organisational factors is limited (McClelland & Vogus, 2019). Despite the insights from qualitative research on the impact and significance of organisational factors on compassion at work, this has not yet been tested empirically. This has been noted by authors (Huppert, 2017; Eldor, 2017) who underline the qualitative nature of existing literature and research on organisational compassion. Accordingly, Simpson et al. (2019) asserted that a significant next step in research on organisational compassion is to study it quantitatively using validated measures. Hence, this research will aim to fill this gap

and respond to authors' calls by empirically testing the relationship between the six identified compassionate factors and compassion at work. Furthermore, this research will also address the existing lack of scales that measure compassionate factors and contribute by testing and proposing a scale.

The notion of 'organisational compassion' is challenged by the existence of different capacities of providing compassion in different areas within the same organisation which Kanov et al. (2004) refers to as 'pockets of compassion'. They further assert that within the same organisation, some departments and units may be able to show compassion more than others mainly due to different compassionate factors. As such, restraining the categorization of organisations as 'compassionate' or 'non-compassionate' (Kanov et al., 2004; Hu, 2018). This is supported empirically in a study (Lilius et al., 2008) in a large hospital, where compassion was reported with varying frequencies across different units. The researchers noted that this raises questions about how various workplace contexts influence compassion at work. Additionally, empirical evidence suggests that the frequency of experiencing compassion from co-workers is higher than that from leaders (Lilius et al., 2008; Zhang et al., 2018). However, previous studies were mainly focused on identifying the effect of overall compassion at work without making any distinction in how different sources of compassion may vary or how they relate to other outcomes. This has not gone unnoticed by Rhee et al. (2017) who identified this as a limitation of their study and made a call for future research to "parse out" the effect of the different sources of compassion. This will be addressed in this study by accounting for how different units within universities experience compassion and how different sources of compassion at work (line managers, co-workers or others) relate to other variables investigated in this study.

2.2. WELLBEING

Literature on wellbeing has developed multiple conceptual and methodological accounts which resulted in a lack of a unified theory (Jongbloed, 2018). This is supported by Cooke et al. (2016) recent review aimed at evaluating all published wellbeing instruments which revealed that there is poor agreement on the constituents of wellbeing and how it should be measured. Additionally, inconsistencies in the use of terminology was identified which they assert is confusing for researchers and policy makers. While the concept of wellbeing has been described as ‘complex and controversial’, two major approaches have consolidated theoretical frameworks and generated a substantial amount of research: Hedonic wellbeing and Eudaimonic wellbeing (Ryan & Deci, 2001).

2.2.1 Theories of Wellbeing

2.2.1.1 The Hedonic View

Hedonia, originated from Aristippus, an ancient Greek philosopher and focused on maximizing pleasure and happiness no matter how this is achieved (Ryan & Deci, 2001, Waterman et al., 2010; Kłym-Guba & Karaś, 2018). The most prominent and predominant hedonic model is known as Subjective Well-Being (SWB) (Figure 2.6), a three-dimensional construct that includes one cognitive aspect: life satisfaction, and two emotional aspects: positive affect and negative affect (Diener, 1984; Diener et al., 1985). Positive affect entails pleasant mood and emotions such as feeling enthusiastic and active while negative affect refers to un-pleasant feelings such as anger and fear (Watson et al., 1988). Life satisfaction is a global judgement of individuals’ quality of life based on their choice of criteria (Shin & Johnson, 1978) rather than any pre-specified domains. As such, wellbeing in this approach is a subjective experience of individuals and does not take into account objective elements such as work, wealth or health (Diener, 1984).

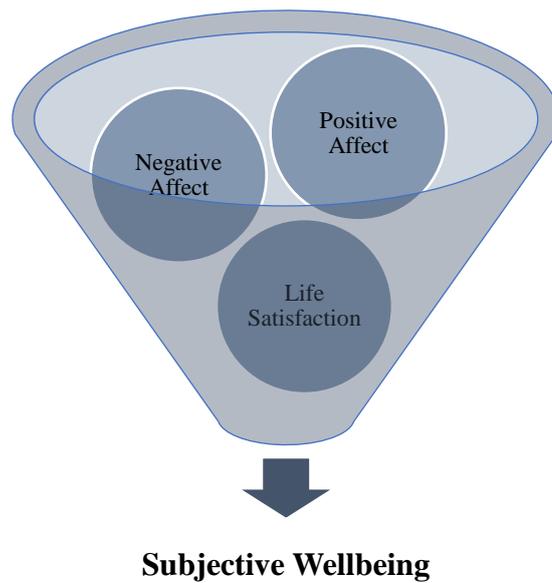


Figure 2.6. Dimensions of subjective wellbeing

Although SWB has been the most prominent model of hedonic wellbeing over the past decades, Cooke et al.'s (2016) review reveals that no single instrument was found to measure its three dimensions; life satisfaction, positive affect, and negative affect and that researchers examining SWB opted to adopt different instruments, some of which did not include all the dimensions. Nevertheless, high SWB has been well established as experiencing high positive affect, low negative affect and a high level of life satisfaction (Diener et al., 1999; Sheldon et al., 2018). Happiness or pleasure in this view, is the main aim and goal regardless of the source. This has been criticized as it does not fully capture wellbeing by equating all sources of happiness (Kłym-Guba & Karaś, 2018). Aristotle considered hedonia to be a vulgar concept that makes individuals slaves following their own desires and that real happiness is in living a virtuous life (cited in Ryan & Deci, 2001).

2.2.1.2 The Eudaimonic View

Eudaimonia originates from Aristotle's philosophy and extends beyond experiencing happiness and pleasure to include fulfilment of human potential and leading a good virtuous life (Ryff, 1989; Ryan & Deci, 2001; Waterman et al., 2010). Discussing eudaimonia,

Aristotle states that “living a good life was not based on the level of subjective pleasure experienced but on enacting a number of specific qualities reflecting how one ‘ought’ to live” (cited in Waterman et al., 2010: 42). Building on that, Waterman et al. (2010: 41) defined Eudaimonic Well-Being (EWB) as the “quality of life derived from the development of a person’s best potentials and their application in the fulfilment of personally expressive, self-concordant goals”. This view is not the opposite of the Hedonic approach as it does not reject subjective experiences and pleasure yet pleasure here is not the main goal (Waterman et al., 2010, Jongbloed, 2018; Klym-Guba & Karaś, 2018). Waterman et al. (2010) assert that, it is important to differentiate between subjective experiences within the EWB and SWB accounts. In relation to SWB, happiness is viewed as the goal. In contrast, in EWB, happiness is the by-product of being engaged in activities that are in line with the development and accomplishment of individuals’ potentials and goals. Hence, unlike SWB, the motive in EWB is the value of the activity, not the pleasurable experiences that come with it (Waterman et al., 2010; Klym-Guba & Karaś, 2018). Eudaimonic Wellbeing is “...not so much about *whether* a person is happy but *why* the person is happy” (Kashdan et al., 2008: 220).

Eudaimonic wellbeing has been operationalized and defined in various ways (Kashdan et al., 2008; Cooke et al., 2016). Sheldon’s (2016) review identifies that to date, more than 100 different measurement approaches were used (Cited in Sheldon et al., 2018). For instance, Ryan and Deci (2001) defined EWB as self-determination and the satisfaction of autonomy, competence, and belonging. Bauer et al. (2008) argued that EWB extends beyond meaningfulness to entail ego development. Ryff (1989) conceptualised it as psychological wellbeing, which includes growth orientation, autonomy, positive relations, purpose, meaning and mastery. However, this review identifies that the term ‘psychological wellbeing’ has also been used inconsistently in the literature to describe hedonic wellbeing (Daniels & Guppy, 1992; McKee-Ryan et al., 2005; Huppert, 2009; Qi et al., 2019). Furthermore, the term

psychological wellbeing appears to be confusing since positive and negative affect have been described as ‘psychological’ aspects (McKee-Ryan et al., 2005), hence why some authors have used hedonic and psychological wellbeing interchangeably. Furthermore, Kashdan et al. (2008) asserts that including positive relationships as part of the model of psychological wellbeing, may cause confusion between predictors of wellbeing and wellbeing itself. As such, when adopting Ryff’s model, positive relationships cannot be included as a predictor or product of wellbeing. Waterman et al. (2010) further criticized the model as being an objective approach to understanding wellbeing and proposed a model that captures objective and subjective aspects of EWB. In light of the previous discussion and given that this research involves ‘relationships’ as one of the compassionate factors, Waterman et al. (2010) model of EWB will be adopted to allow for exploring the relationship between EWB and compassionate factors.

The EWB model developed by Waterman et al. (2010) includes (1) self-discovery, (2) development of one’s best potentials, (3) a sense of meaning and purpose in life, (4) effortful investment in pursuit of excellence, (5) intense involvement in activities, and (6) enjoyment of activities as personally expressive. Eudaimonism, as an ethical theory, calls upon striving toward self-realization. However, before this is possible, it is necessary to discover what kind of person one already is. Thus, self-discovery is fundamental to eudaimonic functioning. It is first necessary to identify one’s best potentials and actively act upon developing them.

Individuals then need to direct their identified talents and skills to use in pursuing meaningful objectives. Since experiences of EWB are based on realizing one’s self and the optimal use of skills in pursuing objectives that are personally meaningful, it is more likely that the level of effort and intensity of involvement in those activities will be considerably high. Finally, when individuals are devoted to pursuing excellence in the fulfilment of personal potential, they experience happiness and enjoyment in the form of eudaimonia (Waterman et al., 2010).

2.2.2 Previous Research on Staff Wellbeing in Universities

Traditionally, teaching was seen as a low stress profession (Winefield, 2000), however, over the last decades, things appeared to have changed (Vera et al., 2010). Academic staff now experience increased demand and pressure to publish in high quality journals, seek research funding, and teach greater numbers of students (Winefield et al., 2014). This is supported by empirical evidence that indicates that stress levels in educational institutions is high (Daniels & Guppy, 1992; Winefield & Jarrett, 2001; Kinman & Way, 2013; De Paula & Boas, 2017). A study conducted more than 20 years ago reveals that 74.1% of academics were stressed moderately, and 10.4% were highly stressed, whereby lecturers were the most stressed, followed by research assistants and professors (Abouserie, 1996). A study by Winefield and Jarrett (2001) among Australian university staff found that 43.7% reported high levels of distress that according to the General Health Questionnaire could be described as clinical cases. The study also found that academics scored significantly higher on anxiety when compared to general staff. Similarly, the study by Blix et al. (1994) found that two-thirds of a sample of academics reported being stressed at least half the time. In the UK, a study (Kinman & Court, 2010) that measured the levels of job-related stressors among 9740 academic employees at higher education organisations reveal that most stressors surpass the safe benchmarks as advised by the Health and Safety Executive. A second study (Kinman & Wray, 2013) reports that 72.8% of 14667 respondents have considered their work to be stressful, while 39% reported experiencing unacceptable stress levels. Another study (AUT, 1990) found that almost half the UK university employees reported having stressful jobs (Cited in Gillespie et al., 2001). Moreover, education has been identified as one of the industries in the UK having the highest prevalence of work-related stress, anxiety and depression (HSE, 2020). The implications of stress extend beyond the psychological and physical wellbeing of the individual, it also has consequences for the performance of the

organisation (Daniels & Guppy, 1992). In the academic sphere, stress is associated with negative implications for the quality of classroom teaching and research (Ladebo & Oloruntoba, 2005; Boyd and Wylie, 1994) and increased turnover intention (Blix et al., 1994). Although stress has been identified to be closely related to negative affect (Cohen et al., 1993; Gillespie et al., 2001; Hamama et al., 2013), some authors have viewed stress as negative affect (Mudrak et al., 2018). However, stress does not appear as a negative affect among the most prominent negative affect scales (Watson et al., 1988; Thompson, 2007). As such, it is argued that although the previous studies provide valuable insights into the high levels of stress among university employees, little is known about their wellbeing. This is supported by authors who assert that there is an extensive literature on stress at work (Williams et al., 2017) while employee wellbeing in the context of higher education institutions has been overlooked (Martin, 2006; Cooper & Barton, 2016; Williams et al., 2017).

University employees, through their work, may influence their students' lifestyle choices, transform lives and enhance the society's quality of life, so it seems vital to study their wellbeing (Vera et al., 2010; Cooper & Barton, 2016). In the UK, two of the earlier studies that investigated 'Psychological Wellbeing' of British University staff indicate that psychological wellbeing in University staff may be very poor (Daniels & Guppy, 1992; Kinman, 1998). It is worth noting that the psychological wellbeing adopted in these two studies is different from the model of psychological wellbeing of Ryff (1989) that assesses eudaimonic wellbeing. Both studies have looked into wellbeing by assessing 12 mental illness symptoms using the General Health Questionnaire and thus it is argued here that they are more related to hedonic wellbeing. Regardless of the identified terminology inconsistencies, both studies have focused on aspects of mental symptoms, rather than adopting a holistic approach to hedonic wellbeing. Furthermore, a growing body of research

asserts that mental illness and health are two separate yet related constructs and thus the absence of pathology does not necessarily correlate with positive dimensions of wellbeing (Keyes, 2002, 2005; Huppert & Whittington, 2003). Among the very few studies that included positive aspects of wellbeing was one that examined the moderating effect of optimism on the relationship between subjective wellbeing (distress and life satisfaction) and personality traits among university employees in Pakistan (Jibeen, 2014). Although the author acknowledged the importance of including positive aspects of wellbeing, positive affect was not included in the study. Other studies conducted on higher education employees investigated their 'work-related wellbeing' operationalized as job satisfaction and engagement (Rothmann, 2008; Vera et al., 2010; van Niekerk et al., 2017) or job satisfaction and Vigour (Ruokolainen et al., 2018). Findings from the latest Times Higher Education University Workplace Survey 2016 reveals that almost half the academics do not experience high levels of wellbeing in relation to their work while 31.5% feel that their job has negatively impacted their health. These studies are limited to work related wellbeing and thus do not provide a global evaluation of the wellbeing of academics.

To conclude, first, in relation to SWB, indicators of poor mental health have been identified among university staff members but to date little is known about their hedonic wellbeing. This void has not gone unnoticed (Williams et al., 2017). Assuming that stress, anxiety and depression indicate a high level of negative affect, negative affect is only one dimension of subjective wellbeing and thus the identified previous studies do not provide a holistic assessment of hedonic wellbeing. Furthermore, it may be argued that when negative affect is high, it is likely that positive affect would be low. Therefore, one can assume in this case that academics are likely to demonstrate low positive affect. However, negative aspects of subjective wellbeing are not the opposite of positive experiences (Dussillant & González, 2015). The relationship between positive and negative affect has been a matter of controversy

and debate (Diener, 1984; Thompson, 2007) and empirical research suggests that positive and negative affect are relatively independent (Diener, 1984; Clark & Watson, 1991; Keyes, 2002, 2005; Huppert & Whittington, 2003). For example, it has been shown that positive affect is negatively correlated with depression measures but is uncorrelated with anxiety measures (Tellegen, 1985; Watson et al., 1988). Accordingly, Huppert & Whittington (2003) concluded that studies need to include measures of positive wellbeing along with negative aspects of wellbeing. Diener and Suh (1997: 200) assert that an individual can do well on one dimension but poorly on others, hence, “all three of the separable components should be assessed”. This further highlights the importance and need of a holistic approach to research on hedonic wellbeing. Although Kanov et al. (2004) assert that employees will often carry their personal pain to work, studies have focused on job satisfaction rather than the global assessment of life satisfaction as portrayed in the SWB model. Thus, this research will contribute to the existing literature by identifying the levels of hedonic wellbeing among academic staff by adopting the SWB model holistically. Second, in relation to EWB, the EWB of university staff remains completely unexplored. However, evidence from one study in the UK indicates that 46.3% of academics are not satisfied with the offered personal growth and development opportunities (Times Higher Education, 2016). Yet, this captures one aspect of the six-dimensional model of EWB. As such, further research is required to examine EWB of academic staff in UK universities which will be addressed in this research.

2.2.3 Wellbeing and Compassion at Work

By definition, compassion has been identified as a process that involves noticing an individual’s need and acting in response to that need to enhance their wellbeing (Boyatzis et al., 2013). The ‘need’ here refers to the positive and negative aspects in both approaches to wellbeing (Hedonic and Eudaimonic). The relationship between compassion at work and staff

wellbeing will next be explained by drawing upon affective events theory (Weiss & Cropanzano, 1996) and the broaden and build model (Fredrickson, 1998).

2.2.3.1 Hedonic Wellbeing and Compassion at Work

According to affective events theory, giving and receiving compassion at work is a strong affective event that sparks further positive emotions (Weiss & Cropanzano, 1996).

Experiencing compassion also increases the feelings of connection, which in turn develops a range of positive feelings (Dutton, 2003). The affective events theory also suggests that these positive emotions can accrue over time and thus result in an ongoing emotional tone and long-term work-related attitudes. These positive emotions can in turn enhance helping behaviours and cooperation thus facilitating compassion (Weiss & Cropanzano, 1996). This supports Fredrickson et al.'s (2003) theory of emotion spirals that suggests that compassion may create compassion. The impact of compassion at work goes beyond its providers and receivers to include those who witness it. The impression of organisational support, that one's own wellbeing is valued and cared about by the work organisation may be made by perceptions of support received by employees (Rhoades & Eisenberger, 2002). Likewise, employees' perceptions about the organisation they work for is not only formed by their individual experiences of compassion, but also by witnessing how their colleagues are treated (Grant et al., 2007; Lilius et al., 2008). Moreover, witnessing others being involved in compassionate actions results in positive emotions that leads others to want to act similarly (Weiss & Cropanzano, 1996).

Fredrickson's (1998) broaden-and-build theory states that experiencing positive emotions momentarily broaden awareness, generation of ideas, creative thinking and problem solving. These broadened attitudes then assist people in discovering and building personal resources. These accumulated resources act as reserves that can be used later to cope with negative

emotions and thus are keys to later enhance wellbeing. Furthermore, and building on the incompatibility of positive and negative emotions, Fredrickson asserts that positive emotions can lessen, undo or correct the resonance of any particular negative event which is known as the undo hypothesis (Fredrickson et al., 2000; Fredrickson, 2004). In a University setting, these positive emotions may help build restorative resources that reduce work related stress and burnout which has been reported in previous studies. In addition to the role of positive affect, compassion at work also has a direct effect on negative emotions through the provision of resources which may help employees balance their work and personal life (Allen, 2001) which may be deemed beneficial in UK universities where more than half the academics stated that their work does not permit a healthy work-life balance (Times Higher Education, 2016).

The positive correlation between compassion at work and positive affect has been empirically identified in several studies (Kahn, 1993, Dutton, 2003, Lilius et al., 2008, Chu, 2016, Subba & Rao, 2016; Eldor & Shoshani, 2016, Rhee et al., 2017). Previous studies also suggest a negative relationship between compassion at work and negative experiences such as burnout (Choi et al., 2016; Eldor, 2017), anxiety (Choi et al., 2016) and stress (Zhang et al., 2018). A qualitative study (Lilius et al., 2008) reveals that health care staff reported that occasions of compassion reduced their negative emotions, and made them feel less anxious, less shame or fear, and less sad. The positive impact of compassion in educational organisations is also evident in a study of teachers in schools where compassion was positively related to positive affect and negatively associated with burnout (Eldor & Shoshani, 2016). No previous studies examined the relationship between compassion at work and life satisfaction, however, a positive relationship was identified between compassion at work and job satisfaction among teachers in schools (Kooshki & Zeinabadi, 2015; Eldor & Shoshani, 2016). According to the spillover hypothesis, positive experiences in the workplace and job satisfaction, may

influence satisfaction in other domains (Bowling et al., 2010; Unanue et al., 2017) and the results of several meta-analysis suggest that job satisfaction is positively related to life satisfaction (Thoresen et al., 2003; Bowling et al., 2010). Thus, taken altogether, evidence suggests that compassion at work is beneficial to hedonic wellbeing (Figure 2.7).

Despite these insights from previous research, several gaps have been identified. First, the effects of compassion in the context of universities remains completely unexplored. Second, none of the previous studies examined hedonic wellbeing comprehensively as theorized. Thus, this research will contribute to the existing literature by testing the relationship between compassion at work and hedonic wellbeing among academics in university settings. Based on the previous discussion, it is hypothesized that:

Hypothesis 2: There will be a positive relationship between compassion at work and hedonic wellbeing

Hypothesis 2a: There will be a positive relationship between compassion at work and positive affect

Hypothesis 2b: There will be a negative relationship between compassion at work and negative affect

Hypothesis 2c: There will be a positive relationship between compassion at work and life satisfaction



Figure 2.7. Theoretical model of the relationship between compassion at work and hedonic wellbeing

2.2.3.2 Eudaimonic Wellbeing and Compassion at Work

Compassion at work is a strong affective event that sparks further positive emotions (Weiss & Cropanzano, 1996). These positive emotions, according to Fredrickson's (1998) broaden-and-build theory, then broaden outlooks in ways that reshape and build personal resources. Resources can be *cognitive*, like the ability to believe in achieving one's goals; *psychological*, such as the ability to maintain a purpose in life; *social*, like the ability to maintain positive relations with other (Fredrickson et al., 2008). Fredrickson et al. (2008) tested their *build hypothesis* on working adults. Results showed that positive emotions significantly increased a wide range of three personal resources in Ryff's model of eudaimonic wellbeing: environmental mastery, self-acceptance and purpose in life. Unlike Ryff's model, the EWB model (adopted in this study) is presented as six facets of a single construct, where a total score indicates eudaimonic wellbeing (Waterman et al., 2010). Yet, empirical evidence asserts that scores from EWB correlates significantly with environmental mastery, self-acceptance and purpose in life in Ryff's model (0.48, 0.56 and 0.43, respectively) ($p < 0.001$) (Waterman et al., 2010). Therefore, it would be expected that positive affect arising from compassion at work will increase EWB (Figure 2.8).

In the expanded view, Boyatzis et al. (2013) argues that compassion can enhance eudaimonic wellbeing by supporting individual's growth and development. If an organisation values and cares about the development and fulfilment of its employees' potential and intrinsic goals, then it is expected that compassion may directly influence EWB of the employees. Evidence from the stories of compassion in the study by Lilius et al. (2008) reveals that compassion at work allows individuals to be more fully themselves at work and can have a lasting impact on how they see themselves. Evidence from the study by Choi et al. (2016) suggests that compassion at work can increase employees' self-efficacy; the belief in one's abilities (Bandura, 2010). Eudaimonism calls upon strive toward self-realization and the process of

self-discovery has been identified as fundamental to eudaimonic wellbeing (Waterman et al., 2010). The previous discussion may also indicate a direct relationship between compassion at work and EWB (Figure 2.8). It also reveals that there is a dearth of research examining both the direct and indirect relationship between experienced compassion and eudaimonic wellbeing which will be addressed in this research. Based on the previous discussion, it is hypothesized that:

Hypothesis 3: There will be a positive relationship between Compassion at work and eudaimonic wellbeing.

Hypothesis 3a: The relationship between Compassion at work and eudaimonic wellbeing is mediated by positive affect.

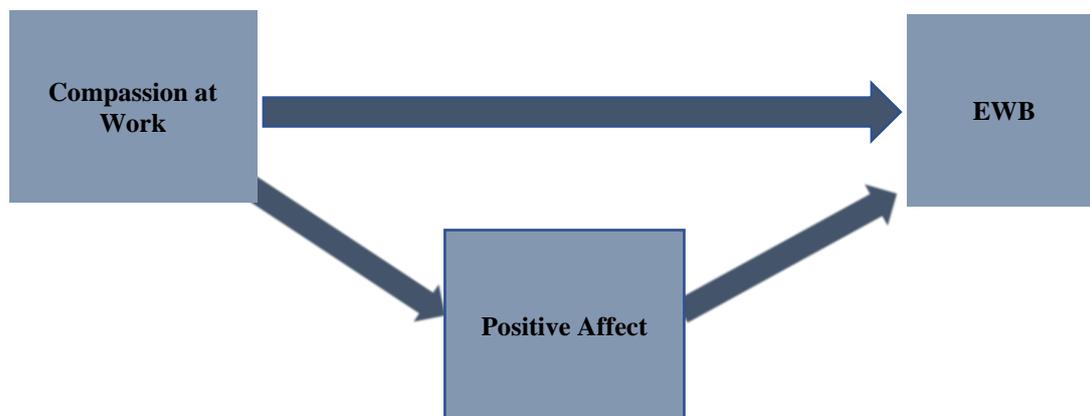


Figure 2.8. Theoretical model of the relationship between compassion at work and EWB

2.3 SUFFERING

2.3.1 Definitions

The experience of suffering has gained a growing attention in the health care literature (Cassell, 1991, 1998; Schulz et al., 2010), yet, relatively few efforts have been made to

clarify the concept of 'suffering' (Bozzaro & Schildmann, 2018). Despite its centrality in human life, research exploring the concept has been identified as poorly developed and has thus failed to develop a consensual definition (Morse & Carter, 1996; VanderWeele, 2019). On the contrary, Frank (2001: 355) argues that suffering "resists definition because it is the reality of what is not"; a reality that you cannot "come to grips with". VanderWeele (2019) argues that some facets of the suffering experience may defy definition but understanding and measuring it is still possible.

Morse and Carter (1996) highlight that to overcome this lack of definition, some authors have avoided the concept and written around the topic. Foss and Naden (2009) agree, stating that the term 'suffering' was about to disappear and has been substituted by other terms such as anxiety and pain. Morse (2001) states that many synonyms such as misery, anguish, distress, and heartache describe the emotional nature of suffering. However, as argued by Foss and Naden (2009: 14), "these terms represent another content, and hence the term 'suffering' lost its original character as a noun". Other authors opted to use dictionary definitions which limited the richness and usefulness of their work (Morse & Carter, 1996). The Oxford English Dictionary defines suffering as to "undergo, experience, be subjected to pain, loss, grief, defeat, change, punishment, and wrong". This definition highlights the sources of suffering rather than the experience itself. Schopenhauer considered suffering as both the experience of pain and misery coupled with the absence or loss of pleasure and wellbeing (Cited in Gilleard, 2018). This is in contrast to theories of wellbeing, where research suggests that mental illness and health are two separate, yet related constructs and thus negative and positive aspects of wellbeing do not necessarily correlate (Diener, 1984; Clark & Watson, 1991; Huppert & Whittington, 2003; Keyes, 2002, 2005). Therefore, suffering is not the complete absence of happiness or the presence of exclusively negative emotions (National Research Council, 2013).

The following review highlights that the experience of suffering entails more than just the presence of negative experiences. Cassell (1991: 24) defined suffering as “the distress brought about by the actual or perceived impending threat to the integrity or continued existence of the whole person”. Suffering as theorized involves some form of loss (Morse & Carter, 1996; VanderWeele, 2019) and experiencing a loss may threaten aspects of an individual’s personhood such as personality and character, life experiences, family ties and relationships, psychology, future, or spiritual life (Cassell, 1998). As such, suffering seems to pervade and threaten several aspects of people’s life and threaten personhood (Cassell, 1998; VanderWeele, 2019). Additionally, suffering involves an intensity and a temporal element. Evidence from the medical literature reveals that patients report suffering when the pain is intense or chronic. Suffering also was reported if the patient believed that the pain cannot be controlled (Cassell, 1998). In their definitions of suffering, Edwards and van Tongeren (2019) highlights the temporal aspect while Cassell (1998) highlights the intensity element.

“Suffering is the prolonged experience of psychological or emotional pain that may follow an unexpected negative event” (Edwards & van Tongeren , 2019: 1).

[Suffering is] “the state of severe distress associated with events that threaten the intactness of the person” (Cassell, 1998: 131).

VanderWeele (2019: 59) refers to both as the ‘un-bearability’ and asserts that negative experiences are described as suffering only if they are of substantial intensity or duration. For instance, “One would generally only describe stress itself as suffering if its intensity or duration were particularly severe”. In a study of suffering at the end of life, Ruijs et al. (2009) proposed the term ‘unbearable suffering’ and defined it as a serious, uncontrollable and unbearable suffering experience. In their study they examined whether there is a difference between the presence of symptoms and the extent to which these symptoms result in unbearable suffering. The results show that there is a difference between presence of several symptoms and un-bearability. Although this confirms that suffering involves more than the

presence of negative experiences, their definition of the term ‘unbearable suffering’ is the same as ‘suffering’ as conceptualised by other authors (Cassell, 1998; VanderWeele, 2019). It further implies the existence of ‘bearable suffering’ which contradicts the view that suffering is in itself un-bearable (Cassell, 1991, 1998; VanderWeele, 2019). Based on the previous discussion and evidence, this study will follow authors’ (Cassell, 1991, 1998; VanderWeele; 2019) conceptualisation of suffering as an unbearable and pervasive experience that may threaten one’s integrity and personhood. An experience that entails more than and goes beyond the mere presence of negative symptoms.

Suffering has been identified as a complex concept and this complexity is also integrated with its multiple dimensions (Al Kalalkeh et al., 2018). According to Schulz et al. (2010), suffering may include psychological symptoms, such as loneliness and anxiety; physical symptoms, such as pain and difficulty breathing; and an existential dimension such as loss of purpose and meaning of life. Other authors describe suffering in terms of physical and psychological states (VanderWeele, 2019) or only psychological experiences (Edwards & van Tongeren, 2019). Given that this research takes place in the context of universities, this study will focus on psychological and existential dimensions of suffering.

2.3.2 Theories of Suffering

Bozzaro and Schildmann (2018) state that there are two main theories of suffering that exist in the medical literature (Figure 2.9). Cassell (1998) developed a concept of patients’ suffering involving two crucial points as a 1) subjective and 2) holistic experience. Regarding the first point and according to Cassell, the experience and judgement of suffering depends on individuals’ subjective patterns and values. Thus, the presence and extent of suffering can only be known to the sufferer (Cassell, 1991, 1998). VanderWeele (2019) supports this by stating that although suffering may be visible through facial expressions and body position,

suffering can only be assessed by the individual experiencing it. This is apparent in medical contexts where patients report suffering when it is not expected, or do not experience suffering when expected (Cassell, 1998). The researcher further argues that this conceptualisation of suffering may have contributed to why authors writing for organisational compassion (Kanov et al., 2004, 2016; Dutton et al., 2014) have strictly linked compassion to 'expressed suffering'. However, expressing suffering in work contexts has been identified as complicated (Kanov et al., 2016) and recent calls have been made for a more generous interpretation of suffering in the workplace to address unexpressed and hidden suffering (Worline & Dutton, 2017). Regarding the second point, Cassell (1998) claims that since humans are holistic entities, an individual who experiences suffering would be affected in all other dimensions that encompass their whole being. Therefore, it is not possible to differentiate between the different dimensions of suffering (e.g., between psychological or existential suffering).

On the other hand, van Hooft (1998) provides a different view of suffering as an 1) objective and 2) distinguishable experience. Regarding the first point and according to van Hooft (1998), suffering is an objective condition that is independent of the conscious awareness and judgment of individuals. As such, individuals can be considered as suffering even if they are not aware of their own suffering as it is observable by third parties. Morse and Carter (1996) also asserts that suffering is observable unlike Cassell's claim that you need to ask the sufferer. Regarding the second point, van Hooft (1998) agrees with Cassell (1998) that an experience of suffering affecting one dimension can pervade the whole being but also asserts that suffering is possible in one dimension without the others and hence it is possible to distinguish different dimensions of suffering. Findings from a study on wellbeing confirm that individuals may be doing well psychologically (Hedonic) but also have diminished existential (Eudaimonic) wellbeing (Keyes, 2002) which highlights that a distinction is

possible between dimensions of wellbeing. Moreover, empirical evidence from studies on hedonic wellbeing support the possibility of a lack of correlation between positive affect and negative affect (Tellegen, 1985; Watson et al., 1988) which indicates that a distinction is possible not just between but also within dimensions of wellbeing. While these findings apply to wellbeing, the concept of suffering involves more than the presence of negative symptoms or the absence of positive symptoms. The question of whether or not the previous evidence may also apply to suffering and whether different types of suffering can be distinguished remains unanswered.

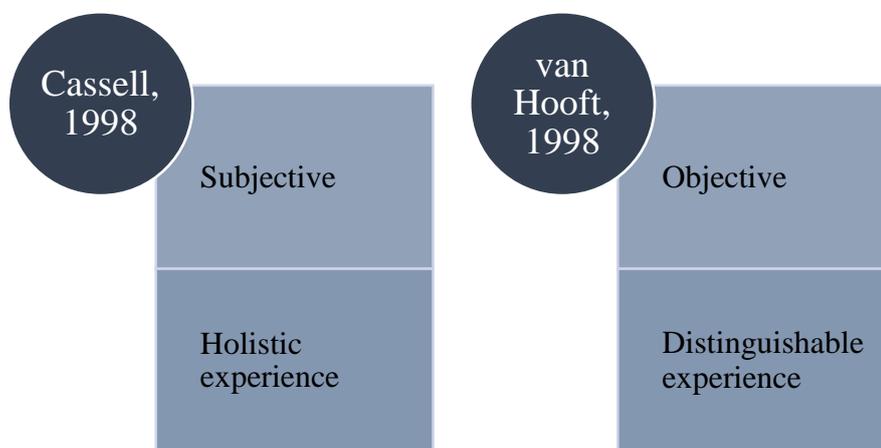


Figure 2.9. Summary of theories of suffering

Building on the two theoretical accounts, this research will adopt a combined view of assessing suffering as subjective yet distinguishable (Figure 2.10). The researcher argues that the objectivity of suffering may hold place in medical contexts where physical suffering can be ‘objectively’ assessed. However, the objective evaluation of psychological and existential suffering is questionable (Bozzaro & Schildmann, 2018). Given that this research examines psychological and existential suffering, the subjective view appears more suitable in assessing suffering while not rejecting the significance of recognizing cues of hidden or potential suffering. The researcher further argues that in the workplace, the two views may not be mutually exclusive and perhaps complement one other. Although ultimately suffering

can only be evaluated by the sufferer, recognising and objectively evaluating a ‘change’ in a colleague’s facial expression or behavior may intrigue further questioning by the witnesser and thus allow expression of distress or suffering if present. Based on evidence from the wellbeing literature that individuals may be doing well psychologically but also have diminished existential wellbeing which highlights that a distinction is possible between dimensions of wellbeing and Schulz et al. (2010) assertion that in order to address suffering, it is required to know the extent of suffering and the dimensions affected, this research will assess psychological and existential suffering separately among academics and empirically test whether a distinction between different dimensions of suffering is indeed possible.

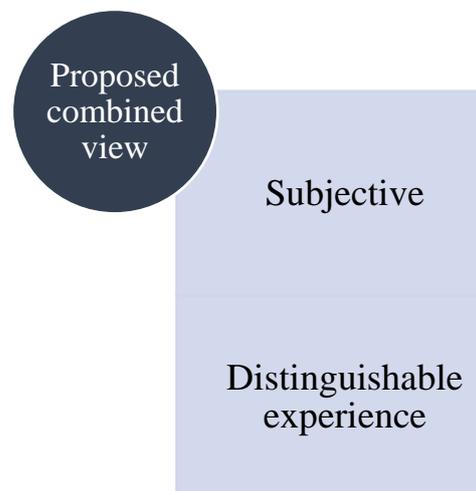


Figure 2.10. Combined view of assessing suffering in this study

2.3.3 Measurement Issues of Suffering

Existing conceptualisations and measures of suffering were mainly targeted at physical symptoms in clinical contexts. Noting that, Schulz et al. (2010) aimed to present a comprehensive tool to assess the multiple dimensions of suffering. Their proposed instrument; ‘The suffering scale’ included a list of symptoms in each of the three dimensions; physical, psychological, and existential. The scale asked respondents to rate symptoms and to what extent it has bothered or distressed them. Thus, acknowledging that suffering entails

more than the presence of symptoms. However, this was only applied to the physical symptoms sub-scale. Strikingly, the authors further argue that the questions assessing suffering were not added to other dimensions because the presence of psychological and existential symptoms are in themselves indicators of suffering. However, VanderWeele (2019: 61) states that “Just as pain may be experienced with or without considerable suffering, so also shortness of breath, or guilt”. Accordingly, and in contrary to existing theory, suffering has been reduced to the presence of negative symptoms. The researcher further argues that this results in an overlap between suffering and low wellbeing. In particular, negative affect which is a constituent of SWB seems to mirror that of psychological suffering (See figure 2.11). As such, while high negative affect may indicate low SWB, according to Schulz et al. (2010) it also indicates suffering. This has been noted by Dussailant & González (2015) who assert that to overcome the lack of available suffering measures, scholars have simply used the lower end of wellbeing measures as a suffering indicator. In conclusion, this highlights the inconsistency of suffering as conceptualised in theory and in research in addition to the conceptual overlap between low wellbeing and suffering.

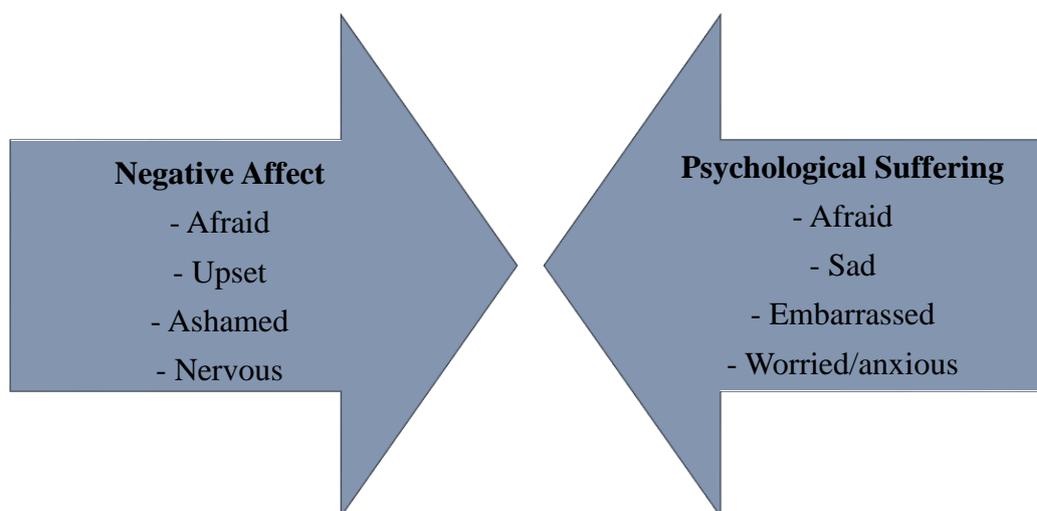


Figure 2.11. Examples of negative affect as operationalized by Thompson (2007) and psychological suffering as operationalized by Schulz et al. (2010)

Noting the lack of scales and empirical studies of suffering, VanderWeele (2019) made a call to insert single items such as “To what extent are you suffering?” into existing population surveys and studies. He further asserts that “Given how far behind we are in our understanding of the epidemiology of suffering, considerable progress could in fact be made relatively easily in these early stages in the development of our empirical knowledge. The incorporation of single item suffering measures into existing population surveys and cohort studies would, for several purposes, suffice” (VanderWeele, 2019: 65). Similarly, Schulz et al.(2010) highlighted that findings from their study indicate that even a single item assessing general suffering may be useful. Yet, as noted by Anderson (2011), unlike research on wellbeing, “rarely have researchers asked people if they were suffering”.

2.3.4 Suffering at Work

Suffering has been described as inevitable and, to some extent, being human is to suffer (Barton-Burke et al., 2008; Peticca-Harris, 2018). Consequently, suffering has been identified as a significant, inevitable, and pervasive aspect of organisational life (Frost et al., 2000, Kanov et al., 2004; Peticca-Harris, 2018). However, Worline and Dutton (2017) notes that suffering is a heavy word that might not be connected to work and Kanov et al.(2016) asserts that modern workplaces convey the message that suffering holds no place at work. Other authors refer to the ‘silencing of suffering’ where employees often develop defence mechanisms such as the denial of suffering to overcome the threat of vulnerability (Deranty, 2008; Dashtipour, 2015).

Kuah- Pearce (2014) argues that it is imperative to see suffering from the perspective of those experiencing and manage it. Yet, attempts to define ‘suffering’ were made either in a general or clinical context in relation to patients. Within the organisational literature, Lilius et al. (2011: 2, 2012: 1) defined suffering as a “wide range of unpleasant subjective experiences

including physical and emotional pain, ...psychological distress and existential anguish”. This definition highlights the subjectivity and different dimensions of suffering, but limits suffering to the presence of negative symptoms. Kanov et al. (2016) and Dutton et al. (2006) adopted Reich’s definition of patients’ suffering which acknowledges the pervasiveness of suffering.

Suffering is an “anguish which we experience on one level as a threat to our composure, our integrity, and the fulfillment of our intentions but at a deeper level as a frustration to the concrete meaning that we have found in our personal experience” (Reich, 1989: 85)

To date, empirical research devoted to exploring suffering is limited both in quantity and in depth (Bozzaro & Schildmann, 2018; VanderWeele, 2019). Before proceeding further, it is worth noting that although the term ‘suffering’ does appear in the studies included in the following review, no attention was made to define and discuss the concept of suffering and the term was either used to refer to ‘being subjected to’ negative experiences or ‘acquiring’ negative symptoms. It is thus evident that the theorization of suffering as an ‘uncontrollable, unbearable experience that pervades one’s life’ has not been reflected in empirical research and it is argued that the studies in reality merely provide insights to the presence of negative symptoms and that the more precise concept of suffering has not been applied nor assessed.

So far, research on suffering at work has mainly focused on health care professionals (Hobbs, 1994; Leite et al., 2007; Lilius et al., 2008; Martins & Robazzi, 2009; Quenot et al., 2012; McCaughy et al., 2013; Vieira et al., 2013; Marechal et al., 2013; Traynor & Evans, 2014; Prestes et al., 2015; Mariano et al., 2015; Aggarwal & Verma, 2018; dos Anjos et al., 2018; Settineri et al., 2018). For example, Hobbs (1994) research explored levels of aggression suffered by doctors at work from patients or their relatives. Another study evaluated suffering levels of healthcare workers as measured by burnout and depression (Quenot et al., 2012). Furthermore, although suffering has been identified as multi-dimensional; physical,

psychological and existential, this review reveals that previous studies examining ‘suffering’ have been mainly focused on physical health conditions (Bloemsaat et al., 2004; Leite et al., 2007; McCaughy et al., 2013; Roy et al., 2017; Aggarwal & Verma, 2018) or mental health conditions (Denkinger et al., 2018; dos Anjos et al., 2018) with little attention given to existential aspects. One theme of research that seems to acknowledge existential suffering investigates the ‘pleasure and suffering indicators at work’ among healthcare workers and explores two suffering indicators; professional exhaustion and lack of professional recognition (Vieira et al., 2013; Prestes et al., 2015; Gonçalves et al., 2016). The studies were based on the theory of psychodynamics of work by Christophe Dejours which emerged in France and is rarely cited in English language studies (Dashtipour & Vidaillet, 2017). Although Vieira et al. (2013: 1129) explicitly state that their study measure ‘experiences of suffering at work’, the scale used only measures indicators of suffering or presence of negative experiences. Moreover, just like other studies (Bloemsaat et al., 2004; Leite et al., 2007; McCaughy et al., 2013; Vieira et al., 2013; Prestes et al., 2015; Gonçalves et al., 2016; Roy et al., 2017; Denkinger et al., 2018; dos Anjos et al., 2018; Aggarwal & Verma, 2018), the adopted framework addresses work-related aspects only. This has been noted by Driver (2007), who states that previous research has widely examined organisational sources that may cause suffering at work. However, suffering ‘at’ work entails more than suffering ‘from’ work as discussed below.

Evidence from the literature indicates that suffering may be caused by personal, work, organisational and external issues. Personal issues include death of a friend (Hazen, 2008), break-ups (Manns and Little, 2011), illnesses, or financial difficulties (Lilius et al., 2008; Dutton et al., 2014). Suffering may also emerge from the work itself such as job stress (Driver, 2007) or from organisational actions such as downsizing (Dutton et al., 2014). External events such as acts of terrorism or environmental disasters can also result in

prevalent suffering of employees in an organisation (Dutton et al., 2002, 2006; Powley, 2009; Simpson et al., 2013). This is supported empirically by findings from a recent study where 1,029 participants were required to reflect and write on an experience of suffering. The data reveal that personal issues (health problems, death, and relationships) accounted for more than 59% of the reported suffering experiences (Edwards & van Tongeren, 2019). This is mirrored in another study (Lilius et al., 2008) that targeted health care professionals in a hospital unit where more than 62% of the stories describing suffering as triggered by experiences outside the organisation. Therefore, regardless of whether the source of suffering is internal or external, “suffering knows no boundaries” (Lilius et al., 2008; Kanov et al., 2016) and organisations “harbor whatever suffering their members endure” (Kanov et al., 2016: 3). The previous discussion further highlights the importance of a global assessment of suffering at work regardless of its cause or source.

The previous literature review reveals that the notion of suffering at work has been widely neglected in universities. It may be argued that the growing attention of the concept of suffering towards healthcare employees arises from their regular exposure to suffering of patients which can produce highly emotional efforts. However, evidence from studies on wellbeing that were discussed in previous sections indicate high levels of stress and mental health issues among academics in universities (Daniels & Guppy, 1992; Blix et al., 1994; Abouserie, 1996; Kinman, 1998; Winefield and Jarrett, 2001; Kinman & Court, 2010; Kinman & Wray, 2013). Moreover, for the three-year period 2015-2018, the prevalence of work-related stress, depression or anxiety in the education industry was the highest among all categories surpassing that of the Healthcare category whereby teaching professions reported higher rates than the Nursing and midwifery professionals (HSE, 2018). The above statistics are concerning and highlight the urgency of exploring suffering among academics in universities.

Several gaps have been identified that will be addressed by this research. First, suffering involves a set of physical, psychological and existential issues (Schulz et al., 2010; Allard-Poesi & Hollet-Haudebert, 2017). Yet, previous studies have focused on physical and psychological aspects and little is known about existential suffering. Second, suffering at work entails more than work-related issues which has been neglected in previous studies. Third, previous studies focused on assessing the presence of negative symptoms yet, as argued in this study, suffering extends beyond exhibiting negative symptoms and is viewed as a negative experience of considerable duration and intensity that pervades one's life (Cassell, 1998; VanderWeele, 2019). As such, a question that arises here is, can we assume based on previous research that academics are suffering mentally or do the results merely indicate high levels of stress and mental health issues? The emerging evidence from the medical literature suggest a distinction between presence of symptoms and suffering (Ruijs et al., 2009; Schulz et al., 2010) yet this has not been studied among employees at work. Theoretically, suffering has been identified as an inevitable part of organisational life, yet, empirically, whether or not academics are suffering, in what dimensions and how much are they suffering remains unanswered. This study will aim to answer these questions and contribute to existing literature by 1) evaluating the presence of psychological and existential symptoms. 2) identifying levels of psychological and existential suffering. 3) determine whether there is a difference between the presence of symptoms and the extent of suffering among academics 4) determine whether distinguishing dimensions of suffering is possible.

2.3.5 Suffering and Compassion at Work

Compassion at work has traditionally been described as going hand-in-hand with suffering (Kanov et al., 2004; Dutton et al., 2014; Worline & Dutton, 2017). Young-Mason (2011) asserts that “to understand compassion, means to study the nature of suffering—the

intertwining of moral, spiritual, psychological, and physical suffering”. Despite suffering being central to compassion in the traditional view, there seems to be a dearth of quantitative research examining the two concepts. Furthermore, even with the current reduced operationalisation of suffering into the mere presence of negative symptoms, few studies have investigated the relationship between experienced compassion and negative outcomes. This has been noted by Choi et al.(2016) who assert that in contrary to its conceptual definition, previous empirical research of compassion at work have mainly studied its relationship with positive variables to demonstrate its effectiveness.

Nevertheless, findings from previous studies suggest a negative relationship between compassion at work and burnout (Eldor & Shoshani, 2016; Choi et al., 2016; Eldor, 2017), anxiety (Choi et al., 2016) and stress (Zhang et al., 2018). A qualitative study (Lilius et al., 2008) also reveals that instances of compassion at work has reduced participants’ negative emotions and made them feel less anxious, less shame or fear, and less sad. These studies only provide insights into the effect of compassion on a few psychological symptoms with no attention given to existential distress. Therefore, further research is required to identify the relationship between experienced compassion and existential symptoms as well as other negative psychological symptoms. Furthermore, as argued in this research, suffering extends beyond exhibiting negative symptoms and thus further research is also required to examine the relationship between compassion and psychological and existential suffering.

Theoretically, compassion has been traditionally viewed as a reaction to another’s suffering, and that experiencing compassion from organisational members is important for employees’ recovery from negative experiences and getting back on their feet (Lilius et al., 2011). Compassion also helps suffering individuals find positive meaning in negative experiences, which in turn fosters positive emotions (Fredrickson et al., 2003). Affective events theory

states that giving and receiving compassion at work is a strong emotional event that sparks further positive emotions (Weiss & Cropanzano, 1996). Fredrickson's (1998) broaden-and-build theory states that experiencing positive emotions momentarily broaden the awareness, generation of ideas, creative-thinking and problem solving. Thus, helping individuals calm and return to their normal functioning after experiencing a stressful event through the restorative property of these positive emotions. The effect of compassion also extends to existential aspects. Results from a study showed that positive emotions significantly increased a wide range of three existential personal resources; environmental mastery, self-acceptance and purpose in life (Fredrickson et al., 2008). Based on the previous discussion, it is expected that compassion will be negatively related to psychological and existential symptoms. There is no clear evidence of the effect of compassion on suffering with its unbearability and pervasiveness that may threaten an individual's personhood. Yet, there is also no evidence that the effect of compassion on suffering would differ from its effect on symptoms. Hence, it is expected that compassion will also be negatively related to psychological and existential suffering. Accordingly, it is hypothesized that:

Hypothesis 4: There will be a negative relationship between compassion at work and psychological symptoms.

Hypothesis 5: There will be a negative relationship between compassion at work and existential symptoms.

Hypothesis 6: There will be a negative relationship between compassion at work and psychological suffering.

Hypothesis 7: There will be a negative relationship between compassion at work and existential suffering.

To conclude, this chapter has reviewed the literature and existing research findings on organisational compassion, wellbeing and suffering. This review commences by identifying that the current theorizing of organisational compassion limits it to human actors and does not view organisational factors as equally significant. Despite the insights from qualitative research, studies that examine compassion as an overall characteristic of organisations are still rare and empirical evidence regarding organisational factors is limited. Hence, this research will aim to fill this gap by empirically testing the relationship between compassionate factors and compassion at work. The literature review identified that traditionally, compassion has been fundamentally linked to suffering with recent emerging evidence of an expanded view of compassion that addresses both suffering and wellbeing. Despite suffering being central to compassion in the traditional view, there seems to be a dearth of quantitative research examining the two concepts. Furthermore, even with the current reduced operationalisation of suffering into the mere presence of negative symptoms, few studies have investigated the relationship between experienced compassion and negative outcomes. Findings from previous research suggest that compassion at work is beneficial, yet, none of the previous studies examined wellbeing comprehensively as theorized. Furthermore, and in relation to the context of this study, the review has identified that little is known about academics' wellbeing, suffering and experiences of compassion. Thus, this research will aim to address the aforementioned gaps and contribute to the existing literature by identifying the levels and relationships between compassion at work, hedonic and eudaimonic wellbeing, psychological and existential symptoms, psychological and existential suffering among academics in university settings (Figure 2.12)

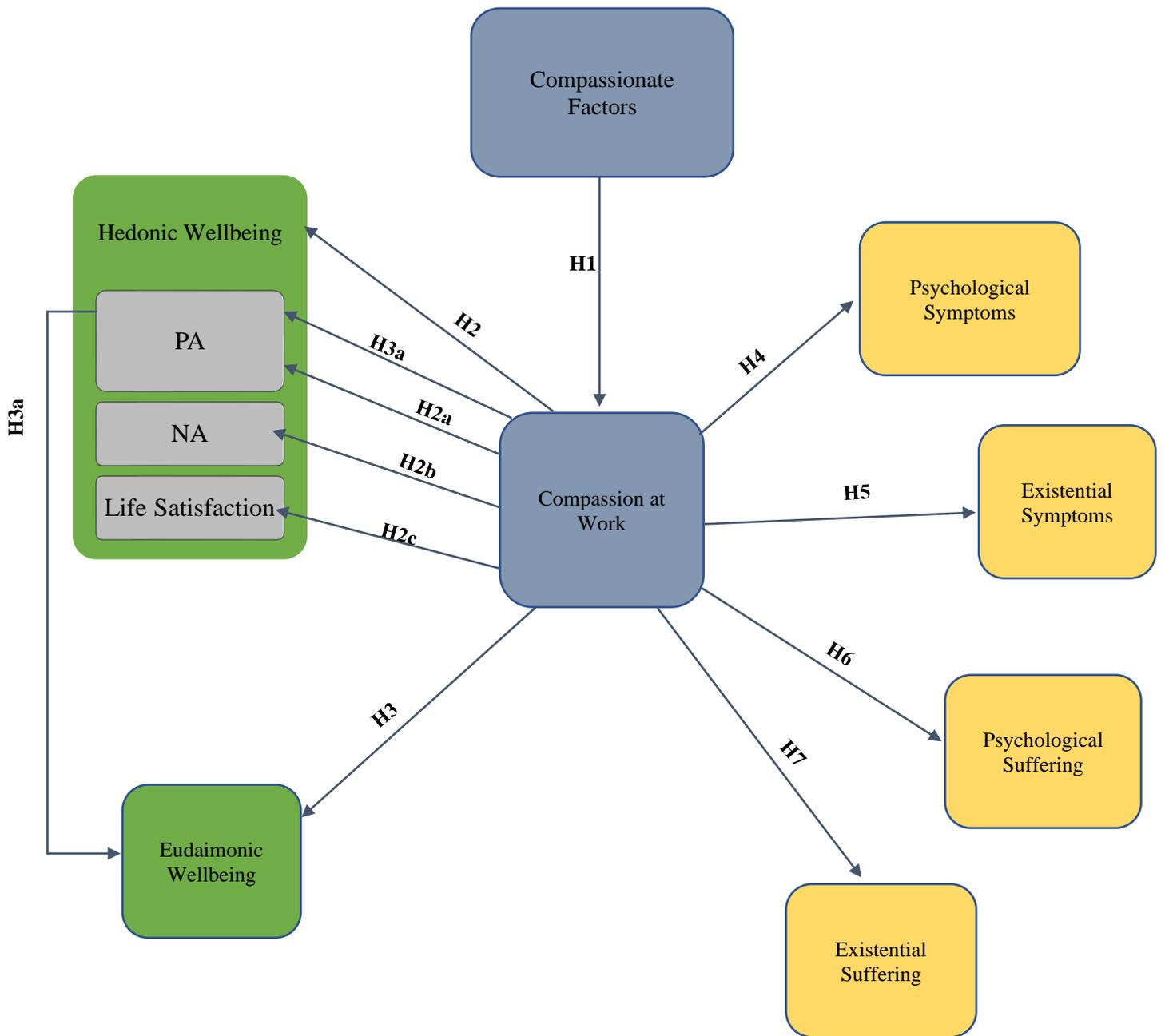


Figure 2.12. Theoretical framework of the study

CHAPTER 3 METHODOLOGY

This chapter discusses the research methodology and methods adopted in conducting this study, including the data collection methods and tools, and the data analysis methods. It also elucidates the ethical considerations employed in this study in line with Northumbria university research ethics committee.

3.1 RESEARCH DESIGN

3.1.1 Research Approach, Strategy and Methods

The adopted research philosophy holds important assumptions about how the world is viewed which will then inform the research strategy and the chosen methods (Saunders et al., 2019). According to Bryman (1988:4) a paradigm is “a cluster of beliefs and dictates which for scientists in a particular discipline influence what should be studied, how research should be done, and how results should be interpreted”. This study follows a positivist research paradigm based on the ontological assumption that compassion, wellbeing and suffering are individual variables and processes existing out there in their own right (ie. Realist ontology). This is seen as relevant to achieving the research objectives of testing associations between variables (Park et al, 2020). This study has a positivist epistemological assumption perceiving the investigated variables as observable phenomena amenable to behaviour laws and therefore generalization. Positivism contends that knowledge can and must be objectively generated which dictates that during data collection, the researcher stay objective and not interact with participants. This can be achieved through the adoption of strict and rigid study protocols that reduce the researcher bias as possible.

This research follows a deductive approach, where hypothesis is drawn from existing theory followed by data collection to test the hypothesis (O'Reilly, 2009). The survey strategy adopted in this research is a popular and common strategy in management research usually associated with the deductive approach and facilitates the collection of a large amount of data in a highly economical way (Saunders et al., 2019). In addition, survey research is purposed for describing a population or explaining the relationships between variables (Buchanan & Hvizdak, 2009) which will allow for achievement of the aims of this study. The research questions and objectives drive the research methods and the type of data needed (Williams, 2007; Buchanan & Hvizdak, 2009). Accordingly, a quantitative research method was selected to allow for the achievement of the objectives of measuring the levels and identifying the relationship between compassion, wellbeing and suffering. Quantitative methods produce numerical data which is viewed as a uniform, compact and standardised way of representing empirical data (Neuman, 2013). The data can then be quantitatively analysed using descriptive and inferential statistics making replicability and generalization feasible (Newman et al., 1998; Eyisi, 2016; Saunders et al., 2019). Quantitative research is highly structured and is usually used to test hypothesis as opposed to qualitative research (Sullivan & Sargeant, 2011). This study utilized questionnaires which have the advantage of economical use of time and finance compared to other quantitative techniques such as structured observation and interviews (Schweigert, 2011). Questionnaires are also suitable for collecting sensitive information, allow for respondent anonymity and eliminate researchers bias, thus aid in adhering to the principle of scientific rigour dictated by the deductive approach by keeping the researcher independent of what is being studied (Goddard and Villanova, 1996; Newman et al., 1998; Eyisi, 2016; Saunders et al., 2019).

While the major thrust of this study is quantitative, in order to gather contextual information on the nature of compassion and suffering at universities and thus inform the survey design,

four qualitative interviews were conducted with academics at the university. Saunders et al.(2019) asserts that it is essential to have clarity on the examined phenomenon prior to the collection of the data. The concept of ‘suffering’ at universities has been completely overlooked, and in other organizational contexts has either been reduced to work-related negative symptoms or strictly linked to patients and health conditions. Worline & Dutton (2017) assert that suffering is a heavy word that might not be connected to work. As such, it was imperative to explore the applicability of global and non-health related suffering in relation to Academics. Similarly, the lack of studies on compassion at universities as well as the limited evidence that supports the adopted expanded view of compassion (Boyatzis et al., 2013; Avramchuk et al., 2013; Simpson et al., 2013), made it essential to explore the applicability of compassion and its expanded view in a university context.

There are several ways to conduct qualitative research including conducting individual interviews or focus groups (Saunders et al., 2019). Focus groups tend to allow the emergence of certain types of socially acceptable opinion, and for certain participant to dominate the process (Smithson, 2000). Additionally, considering the sensitivity of discussing experiences of suffering and compassion at the university, it was deemed that individual interviews would be more suitable and maintain confidentiality and anonymity of the participants. Semi-structured interviews were considered suitable as they are useful before designing a large-scale survey (Newcomer et al., 2015) allowing for flexibility and structure. The use of quantitative and qualitative research methods is a popular and common approach in business and management research designs (Saunders et al., 2019) and can be used for developmental purposes (Greene et al., 1998). As such interviews in this study were used to help confirm the applicability of the concepts assessed in the questionnaires.

3.1.2 Study Population and Sampling

Based on the literature review and the gaps identified, the target population of this study were identified as academics in UK universities. Two universities were approached to participate in this study and were determined to a large extent by the supervisor's prior knowledge of contacts and gatekeepers at the two settings. This approach is encouraged by Buchanan et al. (1988) who assert that gaining access is more likely successful where you are able to use existing contacts. This was particularly necessary given the nature of this study and its potential sensitivity, bearing in mind that organisations are less likely to cooperate if the study has negative implications such as exposing poor performance (Saunders et al., 2019). Although access was obtained to two universities, the willingness to take part in the study and assist the researcher in distributing the questionnaires was inadequate in relation to one university. Hence, the decision was made to include one university for this study and the study population was identified as academics at the designated UK university. The participating university was also convenient in terms of geographical location to reach the site on a frequent basis for interviews and promote the questionnaires. A convenience sampling technique was used to determine the sampling frame of this study. Convenience sampling is a type of nonprobability sampling that includes members of the study population that meet specific criteria, such as ease of accessibility (Etikan, 2016). All academics in the Faculty of Business and law were selected for this research based on the easy accessibility to the researcher. Furthermore, it was predicted that the prior knowledge of the supervisor by potential participants would enhance trust and credibility of the study intentions which could also promote the response rate. However, as is the case with all non-probability sampling approaches, convenience sampling does not allow for clear generalizability to the population (Bornstein et al., 2013). This was not viewed as a major limitation as generalizability was not

a major concern of the study. According to the academic email lists provided by the faculty, the researcher identified the sampling frame as 400 academics.

3.1.3 Preliminary Interviews

3.1.3.1 Recruitment and Process

Potential participants were purposively selected for the interviews based on availability, interest and willingness to participate, and the researcher's judgement of who would best contribute to help answer the research questions. The purposive sampling technique is a nonrandom technique that does not require underlying theories or a pre-set number of participants (Etikan et al., 2016) and is typically used to select a small sample for collecting qualitative data (Saunders and Lewis, 2012). In addition, participants had to meet the inclusion criteria of working at the University for more than one year. This was to ensure that participants are best aware of the university's environment and practices and thus contribute best to the study. Participants were invited following obtaining ethical approval by mid October 2018 through emails that explained the aim and purpose of the research interviews. Four participants agreed to participate, and interviews were scheduled at their convenience in a private area to maintain privacy and avoid disruption. A semi-structured interview guide was developed based on the literature review and in consideration of achieving the objectives of this phase. Open ended questions concerning the academics' view of compassion and suffering were included (See appendix A). The interviews lasted 40 minutes to 1 hour and were audio recorded following consent from the participant and were later transcribed by the researcher.

Each transcript was then saved as a separate word-processed file using a coded filename to maintain confidentiality and anonymity. In order to be able to achieve the research objectives, thematic analysis was used. Thematic analysis is a widely recognised and popular method

(Braun & Clarke, 2012) that allows the researcher to identify shared meaning and patterns within the data (Smith & Firth, 2011). As such, making sense of such commonalities will allow for investigating the applicability of suffering and the expanded view of compassion in context. Thematic analysis entails familiarising and immersing yourself within the data, developing a data coding system and then linking the codes to create main themes (Saunders et al., 2019). The researcher started by reading the transcripts several times until satisfactory knowledge of the data content was achieved ensuring that the reading process was analytical and critical. Notes were made throughout the transcripts where common and relevant data appeared to aid in analysis. Since the emphasis of thematic analysis is identifying commonalities, it is important to bear in mind that what is common in a data set might not be relevant to the research question (Braun & Clarke, 2012). This was considered to ensure that the identified patterns were important and meaningful to the research questions explored. Initial codes were generated until all the data was fully coded and the data matching each code was collated. The researcher used a predominantly deductive approach to analysing and coding the data which means that the codes were mainly derived from theory. This is justified by the main aim of the interviews which is to confirm the applicability of existing theories derived from the literature as opposed to developing theory. However, in reality, coding and analysis involve a combination of deductive and inductive approach (Braun & Clarke, 2012) and thus the semantic content of the data was not totally neglected. This resulted in a combination of codes where some codes were derived from the data while others were from the literature. The coded data was then reviewed to identify areas of similarity and overlap and grouped in themes. The findings were categorized into two main categories; suffering and compassion and were summarised in tables 3.1 and 3.2.

3.1.3.2 Implications to the Questionnaire

The interview findings support the adopted theoretical account of suffering as a negative experience with multiple aspects that goes beyond exhibiting symptoms. When participants were prompted to define suffering, reference was made to an aspect of intensity. Suffering also included a temporal aspect where it was described as a negative experience that might be permanent or last for a long duration. The lack of controllability of suffering was highlighted in terms of lack of control over the source or the cause of the suffering as well as inability to control the length and the experience of suffering. The element of subjectivity of suffering was also underscored by participants which reinforces and justifies the study's approach of differentiating between the presence of symptoms and the extent of suffering among academics at the university.

Most participants linked suffering to non-work related contexts such as living in a third world country, being very poor and starving as well as medical conditions such as being chronically ill. Additionally, the interviews painted a picture of strong antagonism towards the use of the word suffering at work with multiple references to it being an emotive term but at the same time acknowledging that suffering inevitably exists at work. This required revision of the use of the term suffering in the entire questionnaire where the term was omitted on multiple occasions and replaced by experiences of wellbeing.

Table 3.1. Summary of findings on suffering from interviews

Category	Theme	Sub-theme	Evidence from interviews
Suffering	Aspects of suffering	Intensity	“the worst that could possibly happen to you” “it’s “the extreme end of the scale” “it means you are on your knees”
		Subjectivity	“I think there’s a subjective assessment dimension so that people who might be seen from the outside as being in similar circumstances might be experiencing that very differently”.
		Temporality and controllability	“When your suffering you’re stuck in that state it takes a long time to feel well”. “I’d probably distinguish it from pain on the basis of it being a ... if not permanent then an ongoing situation rather than something which has a very clear cause and completion.
	Contexts of suffering	Non-organisational contexts	“I would normally use a term like suffering to describe someone either in another country very poor who is starving or something like this or I would use it someone in a medical way”. “If I were to visualize suffering, I think of pain and suffer of what I would consider say to exist in 3 rd world countries”
		Organisational contexts	“I think it exists in life and as an extrapolation of that it has to exist in organisations” “When I hear suffering that means you are on your knees... and sometimes we are”. “I think that there are... in any organisation.. there are circumstances in which people... suffer in an ongoing way”.
		Suitability of using the term at work	“It’s not a term that I would probably use... I think there’s negative connotations attached with that”. “I wouldn’t use suffering to describe anything at the university...no no no not really at the university. Because like I say, that term [suffering] I still consider it to be not an appropriate term in an organizational context”. “I think its quite an emotive word suffering. It’s probably an extreme.” “I don’t think the word is kind of used in the university mainstream. I haven’t heard the word really being used in this institution or the others I’ve worked at. It’s not something that actually comes in everyday language in organisations”

Most participants agreed that compassion at work can be generated towards unexpressed or hidden suffering while one participant insisted that compassion at work can only be triggered by expressed suffering. When asked about compassion in the absence of suffering, one participant viewed compassion as fundamentally linked to suffering as evident in the following quote: “Compassion is linked to suffering. Why would you be compassionate if they are not suffering”. Others expressed that the traditional view of compassion as a response to suffering makes more sense while not rejecting compassion in absence of suffering. On the other hand, one participant asserted that the expanded view of compassion in response to wellbeing would make more sense in an organisational context. The findings

provide relative support of accepting (i.e. not rejecting) the expanded view of compassion as a general concern to wellbeing.

Stories of compassion at the workplace reveal that compassion ranged from an individual act to a collective process and that it was dependent on the individuals involved. For instance, one participant argued that their experiences of compassion at the university were mainly an individual act. In fact, participants displayed some reservations and sensitivity towards collective compassion at work and highlighted the need of respecting the sufferers' wishes in informing others. The relationship between individual compassion and collective also appears to be intertwined and dependent on the story or incident being discussed. Since this study does not target a specific incident, it was identified that there will be difficulties assessing individual and collective compassion separately and thus an overall assessment of compassion in the workplace would be more feasible.

All participants seemed to find it difficult to provide an answer to the overall rating of compassion at the university level. The difficulties arose from participants highlighting that they experience the university within their faculties, departments and their line managers and thus may be less aware of what happens at other parts of the university. Accordingly, the decision was made to modify the study's level of analysis from university to faculty and thus changes were made to the compassionate factor scale so that the statements reflect that. It was also highlighted that compassionate practices across the faculty are divergent which was confirmed by how participants rated their departments, schools and faculty individually. Hence, it was necessary to include a scale that captures academics assessment of their department, school and faculty. Furthermore, participants have provided stories on how they were treated compassionately by the organisation while other staff were not, thus highlighting the discrepancy in compassionate practices towards individuals. Some of the stories displayed

lack of compassion towards peripheral staff as opposed to the core staff. As such, the decision was made to include demographics such as age, gender, position and tenure to identify any discrepancies based on characteristics of individuals.

Table 3.2. Summary of findings on compassion from interviews

Category	Theme	Sub-theme	Evidence from interviews
Compassion	Triggers of compassion	Explicit suffering	“Unless you say something its ignored so they don’t really care about you in terms what you’re feeling. If you express it you’ll get help. They may see it but ignore it if you do not express them. They don’t want to get involved. I think you have to be openly expressive for them to do anything about it even if they have an incline”.
		Implicit suffering	“I don’t think that someone necessarily has to express it for you to identify the need or identify the suffering so I think that there’s a...I guess.. an implicit element within interactions with people where you could get the feeling without them actually giving that”.
		Wellbeing	“I think the second one [Response to wellbeing] is what I would say is the better definition. coz I think that’s more of a contemporary view to it whereas I see the other one [response to suffering] being more of a... I guess a historic view of pain. And I can see that that applies to a clinical setting whereas the point of compassion identifying needs and improving wellbeing applies more generally to life than just a clinical environment”.
	Compassionate process	Intertwined individual and collective process	“I can’t remember who it was... but somebody mentioned it in the meeting... somebody then discussed it and sent an email around to try and have a collection if you wanna put in..we will do it”. “someone has a baby, a friend organizes a baby shower before they have a baby they are the ones that send an email out.... I wouldn’t say its coordinated in that sense”
		Reservations of collective compassion	“I think that’s where we need to be respectful of the individual and their dignity so who they dont wanna know about it and what we can do about it. So there’s a limit to what the university can do in terms of issues in someone’s private life or medical grounds. I think that’s where we need to understand what the individual wants so that we don’t breach their confidence and make things worse. We need to be sensible about what is the issue what can the org do to help directly and what can the org facilitate to help indirectly”.

Table 3.2. (Continued).

	Limitations to assessment	Limited awareness of wider context	“Above and beyond that, it is very difficult to say anything meaningful about the university as a whole. Because we experience the university within our faculties and department”.
		Discrepancy of compassionate practices	“My impression is that there is divergence of practice in different parts of the university. so my impression is that here we do try to support people, each other, ourselves but in other parts of the university that doesn’t happen”. “That’s a very difficult question so I think it depends on what way you look at it. I would say from a departmental level ...which is the team I work within. I would say yes its compassionate. I am not convinced that the faculty as in business and law is that compassionate. I don’t think that the university overall is compassionate”. “the core staff are treated better than peripheral staff.. and that’s the convention for the vast majority.. for the overwhelming majority of organisation”.

3.2 QUESTIONNAIRE DESIGN

The questionnaire consisted of three sections numbered in roman letters from I to III. The first section solicited demographics information regarding Age, Gender, Tenure, Academic position and School. This was based on evidence from the literature that indicates that individual factors may be predictors of compassion at work (Keane, 2014) which also resonates with the interview findings that highlighted a discrepancy in compassionate practices towards individuals. Kanov et al. (2004) refers to the possibility of having units in a single organization that are more compassionate than others which was supported by the conducted interview that highlighted a discrepancy of compassionate practices across the university. Hence, information regarding participants’ school was requested. Although the inclusion of information on the participants’ department would have also been beneficial, the researcher believed this would have affected the response rate as participants may not be comfortable with their perceived risk of identification and hence was not requested. The second section of the questionnaire included measures of hedonic and eudaimonic well-being, and experiences of suffering and the final section entailed measures of organizational

compassion. Field (2009) asserts that to collect data, clarity is required on two things; (1) what to measure and (2) how to measure which is portrayed in the following sections.

3.2.1 Variables and Operational Definitions

This section details the operational definitions and introduces the scales of measurement for all the variables being examined in this thesis.

3.2.1.1 Organisational Compassion Variables

Organisational compassion encompasses compassion at work and compassionate factors as conceptualized in this thesis. Additionally, and based on interview findings, a third variable referred to as ‘compassionate organization’ measured participants’ perceptions of working at a compassionate department, school and faculty.

Compassion at work is derived from the average scores of experienced compassion from three sources: *line manager, co-workers and on the job* as measured by the experienced compassion scale (Lilius et al., 2008).

Compassionate factors is defined by the average scores on a 12-item scale developed from a blueprint (Worline & Dutton, 2017) which addresses six factors: *Networks, Culture, Roles, Routines, Leadership and Stories*. Additionally, the two items assessing each of the six factors were averaged separately to create individual factor scores (i.e. network scores, culture scores, etc.).

Compassionate organisation is defined by the average score obtained on the self-developed compassionate organisation scale that allowed participants to rate to what extent they agreed/disagreed that they worked at a compassionate department, school and faculty.

Table 3.3. Summary of measures of organizational compassion

Variable	Instrument	Number of items	Score
Compassion at work	Experienced compassion scale (Lilius et al., 2008)	3	Average of 3 items
Compassionate factors	Self-developed	12	Average of 12 items
Networks		2	Average of 2 items
Culture		2	Average of 2 items
Roles		2	Average of 2 items
Routines		2	Average of 2 items
Leadership		2	Average of 2 items
Stories		2	Average of 2 items
Compassionate organisation	Self-developed	3	Average of 3 items

3.2.1.2 Wellbeing Variables

Hedonic wellbeing was conceptualized as the subjective wellbeing model, a three-dimensional construct that includes positive affect, negative affect and life satisfaction (Diener, 1984; Diener et al., 1985).

Table 3.4. Summary of measures of hedonic wellbeing

Variable	Instrument	Number of items	Score
Positive affect	I-PANAS-SF PA subscale (Thompson, 2007).	5	Average of 5 items
Negative affect	I-PANAS-SF NA subscale (Thompson, 2007).	5	Average of 5 items
Life satisfaction	Satisfaction with life scale (Diener et al., 1985)	5	Average of 5 items

Hedonic wellbeing was defined by the aggregated average scores derived from the three aforementioned scales after reverse coding negative affect and transforming the life satisfaction scale from a 7-point Likert scale to a 5-point Likert scale. This was justified by evidence that the three variables load on a single factor (Sheldon et al., 2018). The reliability analysis conducted in this study displays adequate internal consistency of hedonic wellbeing (15 items), $\alpha = 0.841$ (after reverse-coding negative affect).

Eudaimonic wellbeing was defined by the average scores of the 21 items on the Questionnaire for Eudaimonic Well-Being (QEWB) scale. The QEWB as conceptualized by

Waterman et al.(2010) is treated as measuring one-factorial construct, and thus an overall score indicated eudaimonic well-being.

3.2.1.3 Suffering Variables

Psychological symptoms was defined by the participants' average score on the psychological symptoms subscale which is part of the suffering scales (Schulz et al., 2010).

Existential symptoms was defined by the participants' average score on the existential symptoms subscale which is part of the suffering scales (Schulz et al., 2010).

Psychological suffering was defined as the extent of suffering from psychological symptoms derived from the score of a single item developed for this study.

Existential suffering was defined as the extent of suffering from existential symptoms derived from the score of a single item developed for this study.

3.2.2 Review of Instruments

3.2.2.1 Organisational Compassion

Compassion at work was measured using the 3-item experienced compassion scale developed by Lilius et al. (2008). Participants responded on a 5-point Likert scale ranging from 1 (never) to 5 (nearly all the time) how frequently they experienced compassion: (a) on the job, (b) from their line manager, and (c) from their co-workers. An average score was then created of the 3 items to define experienced compassion at work. Although this scale does not differentiate between experiences of individual compassion and collective compassion, the scale was still seen as the most suitable for this study. This was not only justified by the lack of scales that indeed make a distinction but also by the interview findings that reveal that the relationship between individual and collective compassion at work is

intertwined and incident dependent. The limitation of making a clear distinction was accentuated by the fact that this research is aimed at a global assessment of compassion rather than investigating how compassion unfolds following a specific incident. This also may explain why research to date that examined collective compassion is qualitative in nature and directed towards one-off incidents of suffering (Dutton et al., 2006; Simpson et al., 2015; Peticca-Harris, 2018). The chosen scale has been used in several studies (Lilius et al., 2008; Chu, 2016, 2017; Moon et al., 2014, 2016; Hur et al., 2016a, 2016b; Hu et al., 2018) and has demonstrated acceptable reliability ($\alpha=0.79$) and was deemed suitable to measure the overall experiences of compassion at work.

Compassionate factors. In light of lack of scales that measure compassionate factors, a blueprint proposed by Worline and Dutton (2017) was employed in this study. The blueprint includes 12 items, 2 items for each of the six identified factors; networks, culture, roles, routines, leadership and stories structured in the form of a continuum with 2 items across the ends for each item (e.g., “The quality of relationships in this organization is low” ↔ “The quality of relationships in this organization is high”). For ease of discussion in this thesis, a label was created to describe each of the 12 items (e.g. ‘Relationship quality’) as illustrated in table 3.5. The blueprint requested respondents to rate their ‘organization’s social architecture’, however, following findings from the interviews which highlighted the difficulties in assessing compassion at the university level, the study’s level of analysis was modified from university to faculty and thus changes were made to the compassionate factor scale so that the instructions and statements address the faculty rather than the organization. Additionally, the blueprint was modified to resemble a scale by asking respondents to rate the faculty’s social architecture along a continuum from 1 (Low compassion) to 5 (High compassion). An average score was computed for the 12 items to define compassionate

factors. Additionally, the two items assessing each of the six factors were averaged separately to create individual factor scores.

Table 3.5. Items of compassionate factor scale, labels, and corresponding factors

Factor	Label of item	Items					High compassion	
		Low compassion	← 1	2	3	4		5 →
Networks	Network ties	This faculty is characterized by a few small clusters of people who know each other well.						This faculty is characterized by many small clusters of people who know each other well
	Relationship quality	The quality of relationships in this faculty is low.						The quality of relationships in this faculty is high.
Culture	Shared values	The values of this faculty emphasize profit or efficiency more than anything else						The values of this faculty emphasize the importance of people as well as profit or efficiency.
	Shared humanity	This faculty does not value the humanity of its people or its clients much						This faculty values the humanity of its people and its clients to a great degree
Roles	Caring responsibility	People here feel little responsibility for taking care of others as part of their work						People here feel a great deal of responsibility for taking care of others as part of their work.
	Role-making	I do not perceive a very great deal of autonomy and creativity in the way people craft their roles in this faculty.						I perceive a great deal of autonomy and creativity in the way that people craft their roles in this faculty.
Routines	Decision-making	Decisions get made here in ways that do not reflect much care for people.						Decisions get made here in ways that reflect a great care for people.
	Standard routines	The way that we hire, onboard, train, develop, and reward for performance incorporates little focus on care for people.						The way that we hire, onboard, train, develop, and reward for performance incorporates significant focus on care for people.
Leadership	Leaders' compassion calls	I do not recall many instances when a leader called for compassion in this faculty						I recall several instances when a leader called for compassion in this faculty.
	Leaders' compassion modelling	The leaders in this faculty do not model care or concern as a primary part of work.						The leaders in this faculty model care and concern as a primary part of work.
Stories	Frequent stories	I rarely hear stories of compassion in this faculty.						I often hear stories of compassion in this faculty.
	Memorable stories	I can't remember ever hearing a legendary story of compassion that everyone in this faculty would recognize.						I can easily remember and tell a legendary story of compassion that everyone in this faculty would recognize

Compassionate organization. To assess participants' perceptions of working in a compassionate organization, a three-item scale was developed that asked respondents to indicate their extent of agreement with each of the items (I work in a compassionate department, I work in a compassionate school, I work in a compassionate faculty) on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). The inclusion of the compassionate organization scale was influenced by the interview findings that highlighted a discrepancy of compassionate practices and the difficulty of providing an overall rating of compassion at the faculty whereby participants opted to rate the units individually. The statements were guided by Lilius et al.(2003) who asked respondents to indicate agreement to the following statement 'I work in a compassionate unit' in their research. An average score of the three items was obtained to represent academics' perception of working in a compassionate organisation.

3.2.2.2 Hedonic Wellbeing

Positive and negative affect was measured using the International Positive and Negative Affect Schedule Short Form (I-PANAS-SF) developed by Thompson (2007) which contains 10 items. The original PANAS was developed by Watson et al. (1988) and included 20-items and has been well validated and cited in more than 2,000 scholarly papers (Thompson, 2007). However, the original PANAS was criticized, first for including words such as 'jittery' that may be ambiguous for non-English native speakers and second for the inclusion of several closely related items that could be made redundant without affecting the content domain of PA and NA subscale (Crawford & Hendry, 2004; Thompson, 2007). This is supported empirically, where the correlation between the short and full form subscales were 0.92 ($p < 0.01$) for PA and 0.95 ($p < 0.01$) for NA (Thompson, 2007). Given that the population targeted at this study may include non-native English speakers and that this study includes several variables, the I-PANAS- SF was deemed suitable to avoid ambiguity and

lengthy surveys. The I-PANAS-SF PA subscale measures five positive mood items such as *Inspired* and *Active*, and the I-PANAS-SF NA subscale measures five negative mood items such as *Upset* and *Hostile* and asked respondents to rate “to what extent do you generally feel,” using a 5-point scale ranging from 1 (Never) to 5 (Always). The five positive and five negative mood items were averaged separately to create positive affect and negative affect scores. The I-PANAS-SF exhibited adequate reliability where PA and NA subscales had Cronbach’s alphas of, 0.78 and 0.76, respectively (Thompson, 2007).

Life satisfaction. To measure life satisfaction, the 5-item Satisfaction with life scale (Diener et al., 1985) was administered, asking respondents to indicate their extent of agreement with each of the items (e.g., “In most ways my life is close to my ideal”) on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). A satisfaction with life score was computed by averaging the five ratings. This scale has been used extensively in a wide range of research settings and is proven to be a reliable and valid measure of the life satisfaction dimension of SWB (Pavot & Diener, 2008). A meta-analysis that investigated the reliability of the Satisfaction with Life Scale among sixty-two studies reveals adequate reliability of the scale with a mean Cronbach’s alpha of 0.78 (Vassar, 2008).

3.2.2.3 Eudaimonic Wellbeing

To measure Eudaimonic wellbeing, the Questionnaire for Eudaimonic Well-Being (QEWB) scale developed by Waterman et al.(2010) was used. The QEWB consists of 21 items measuring six aspects; self-discovery, the perceived development of best potentials, a sense of purpose and meaning in life, intense involvement in activities, investment of significant effort, and enjoyment of activities as personally expressive. However, these aspects are considered as six aspects of a one-factorial construct, and thus an overall score indicates Eudaimonic Well-being. The item statements are responded to on a 5-point Likert-type scale,

with possible choices ranging from 0 (Strongly Disagree) to 4 (Strongly Agree). Seven items (Items 3,7,11,12,16,19,20) are written in the negative direction, indicating the absence of EWB, and thus were reverse scored prior to computing an average score. The scale exhibited acceptable validity and internal consistency ($\alpha=0.85$) (Waterman et al., 2010).

3.2.2.4 Suffering

There is a lack of scales that assess suffering outside clinical contexts and to date, the majority of suffering scales focus on physical suffering and make reference to illness (VanderWeele, 2019). However, the suffering scale by Schulz et al. (2010) includes measurements of the physical, psychological, and existential forms of suffering. The scale has been used in clinical studies, showed good psychometric properties and has the advantage of assessing the physical, psychological, and existential dimensions of suffering separately (VanderWeele, 2019). Schulz et al. (2010) asserts that these scales can be used separately depending on the population being studied. Thus, it was deemed suitable to be used in the context of this study and would allow for exploring the relationship between the different dimensions. Although the scale is referred to as ‘The suffering scale’, it only measures symptoms. This has been identified as a limitation of all existing measures of suffering (VanderWeele, 2019) and thus the scale was still viewed as the most suitable but was applied in this study to measure psychological and existential symptoms. In response to the call made by VanderWeele (2019) and to overcome the lack of suffering measures, a single item measure was added after each of the two symptoms subscales; the psychological and existential. In doing so, three objectives in relation to suffering can be achieved. First, the scale will assess to what extent academics are suffering (If at all) in existential and psychological dimensions. Second, distinguishing different types of suffering and empirically testing whether a distinction is indeed possible. Third, testing the subjectivity of suffering by

identifying whether there is a difference between presence of symptoms and the existence of suffering which will contribute to the literature of suffering theory.

Psychological symptoms were measured using the psychological symptoms subscale which is part of the suffering scales (Schulz et al., 2010) and includes 15 items (e.g., afraid, depressed, cheerful). For each item, the respondent is asked to indicate how often they experienced the symptom during the last month (not at all = 0; a little/a few days = 1; quite a bit/most days = 2; very often/everyday = 3). A score was computed by averaging the fifteen items after reverse scoring two positive items (Items 2 and 6) yielding average scores from 0 (no psychological suffering) to 3 (high psychological suffering). The sub-scale demonstrated very good internal consistency of 0.83 or higher (Schulz et al., 2010).

Existential symptoms were measured using the existential symptoms subscale (Schulz et al., 2010) that entails nine statements (e.g., “I felt peaceful”, “My life has been a failure”). Respondents are asked to indicate how true each statement has been for them during the past month (*not at all* = 0, *a little* = 1, *somewhat* = 2, *quite a bit* = 3, *very much* = 4). A score was computed by averaging the nine items after reverse scoring five positive items (Items 1,2,5,6 and 8) yielding average scores from 0 (no psychological suffering) to 4 (high psychological suffering). The scale demonstrated very good internal consistency of 0.85 (Schulz et al., 2010).

Psychological suffering was assessed using a single item measure developed for this study. The item was guided by Schulz et al. (2010) who used the question “Please rate from 1 to 10 your suffering during the past week,” 1 = “You have not suffered” and 10 = “You suffered terribly” to measure general suffering in their study. VanderWeele (2019) suggested a modification to the question, “With life taken as a whole at present, to what extent are you suffering?”. However, this study aimed to assess psychological and existential suffering

separately rather than general suffering. Hence, for this study, to assess psychological suffering, respondents were asked ‘Taking into account all the psychological symptoms, to what extent are you suffering’ assessed on the scale of ‘0 - Not suffering at all’ to ‘10 – Suffering terribly.’

Existential suffering. Similar to the item measuring psychological suffering, to assess existential suffering, a single item measure asked respondents ‘ Taking into account all the existential symptoms, to what extent are you suffering’ assessed on the scale of ‘0 - Not suffering at all’ to ‘10 – Suffering terribly.’

3.3 DATA COLLECTION

3.3.1 Pilot Test

In order to refine the questions and to ensure that all questions are clear and unambiguous, a pilot test involving 12 participants was conducted. This was achieved by sending an online link to purposively selected participants or where convenient, questionnaires were distributed by hand. Participants were asked to complete the questionnaire in addition to a set of open-ended questions or a semi structured interview conducted after completion of the questionnaire whereby feedback on the design, clarity of instructions and content of the questionnaire was sought. Two open-ended questions specifically asked participants if they had difficulties identifying what the terms ‘compassion’ and ‘suffering’ referred to. The pilot study captured that more clarity regarding ‘compassion’ was required and thus the definition by Boyatzis et al. (2013) was added before the experienced compassion scale in the main survey. Participants also commented on the title of the ‘The Suffering Scale’ which in this study was used to assess psychological and existential symptoms. One participant mentioned that the heading “implies suffering” while one can demonstrate negative symptoms without

suffering. In addition to this supporting the argument conducted in the literature review and findings from the interviews, the feedback was considered, and the heading was eliminated for the final questionnaire. The length of the survey was a concern for the researcher however no issues were raised by participants regarding that matter, and the average time of completing the survey as identified by Qualtrics was around 10 minutes.

3.3.2 Main Survey

An invitation email was sent using the university's internal mail system to the sampling frame of 400 academics at the faculty of business and law identified through the provided list. The email included an explanation of the study aims, expected duration to complete the survey, a confidential web link to the questionnaire and assurance that the questionnaires are totally anonymous and untraceable. Online questionnaires were used as they provide easy and quick access to participants and are convenient for automated data collection (Wright, 2005; Buchanan & Hvizdak, 2009). The questionnaires were provided through an online survey tool (Qualtrics) that allowed respondents to access the questionnaire via their mobile phone or the computer. The use of a web-based questionnaire allows for creating and distributing online surveys more easily, as well as exporting responses to statistical software packages (Wright, 2005). It also enhanced convenience for the respondents as the survey was designed to allow them to save and complete it later. Additionally, the use of Qualtrics allowed for prevention of ballot-box stuffing which is known to be one of the limitations of online surveys (Wright, 2005). Furthermore, it reinforced the assured respondent anonymity since responses were recorded directly on Qualtrics webform and thus no email addresses were required for the return. To solicit participation and encourage a strong return rate for the surveys, participants were invited to participate on two separate occasions (3-April, 2019 and 30-May, 2019) allowing approximately two months for participation.

3.4 DATA ANALYSIS

Data collected through the questionnaires was exported directly from the Qualtrics data set to the Statistical Package for the Social Sciences software program version 25.0 for analysis where a range of statistical tools like t-tests, correlation, regression and ANOVA were conducted. These tools have been reviewed below along with justifications for decisions made when choosing between available alternatives. Parametric tests were used throughout this study which was justified by the sample size. With large enough sample sizes, the sampling distribution tends to be normal (Ghasemi & Zahediasl, 2012). Provided that there are no serious deviations from normality, testing for normality is not recommended for sample size >50 and examining data graphically will suffice (Elliot & Woodward, 2007). Accordingly, data were examined graphically and no serious deviations from normality were found. Data results have been considered statistically significant at the 0.05 and the 0.01 significance levels.

To measure levels of compassion, wellbeing and suffering, data was analysed using descriptive statistics generating the minimum, maximum, means and standard deviations for all variables. A breakdown of the descriptive statistics for all individual items of a scale was calculated and presented along with frequency distribution tables. Paired sample t-tests were used to identify if there is any significant difference in the mean scores of items of the compassionate organization and compassion at work scale. Analysis of the overall variables' scores was conducted for the entire sample as a whole, as well as by demographic information whereby significant differences in the mean scores of variables were examined. Independent samples *t*-tests identified if there were significant differences in the mean scores between male and female scores and business and law school scores. One-way ANOVA tests were used to examine difference in means among different categories of

position, age and tenure. When the ANOVA test indicated a significant difference in the mean scores; a *post hoc* test was necessary to establish where the significant difference lies (Pallant, 2010). As the group sizes of the sample varied markedly across categories of age, position and tenure, the choice of the post-hoc test was made carefully. Unlike, Bonferroni, Scheffé and Tukey's tests, Hochberg's GT2 and Gabriel's pairwise test are designed for situations where the group sizes are different. Gabriel's test has more statistical power but can be too liberal if sample sizes vary markedly while Hochberg's GT2 are unreliable if the population variances are unequal (Field, 2009). Levene's test was used to check the homogeneity of the variances and it was confirmed that equal variances can be assumed. Given the equal variance and that the sample group sizes vary widely, Hochberg's GT2 test was deemed as the most appropriate post-hoc test.

To identify the relationships between variables and to test the set of hypotheses, data was analysed using Pearson's correlation. The choice of Pearson's correlation as opposed to Spearman's correlation was based on the data not violating the assumptions of parametric tests (Field, 2005). Cohen's (1988) interpretation was used to describe the strength of relationship as follows: a correlation coefficient of 0.10-0.29 is weak; 0.30- 0.49 is moderate and 0.50-1 is strong (Cited in Pallant, 2010: 134). To test hypothesis 3a pertaining to the mediation effect of positive affect on the relationship between experienced compassion and eudaimonic wellbeing, linear regression analysis was conducted and assessed using the most commonly used causal steps approach (Baron & Kenny, 1986; MacKinnon et al., 2007). However, the causal steps approach has been critiqued for being a conceptual guide rather than a formal test and thus increases the likelihood of the researcher inaccurately concluding that a mediation effect exists. Hence, it is recommended to conduct a formal significance test of the mediation effect if the criteria of the causal steps approach have been met (Preacher

and Hayes, 2004). The Sobel test was thus conducted to test the significance of this mediation with the aid of an online tool <http://quantpsy.org/sobel/sobel.htm>.

3.5 ETHICAL ISSUES AT DIFFERENT STAGES OF RESEARCH

Ethics defined as “the norms for conduct that distinguish between acceptable and unacceptable behavior” is of paramount importance in research. Adhering to ethical norms promotes the aims of research and reinforces accountability and trust (Resnik, 2015: 1). Guillemin & Gillam (2004) asserts that there are two dimensions of ethics: (1) ‘procedural ethics’, which involves obtaining approval from relevant ethics committee; and (2) ‘ethics in practice’ which refers to the everyday ethical issues that occur during the conduct of research. As such, ethical considerations do not cease after obtaining approval and extend throughout the research and beyond it (Saunders et al., 2019).

3.5.1 Before Data Collection

3.5.1.1 Seeking formal approval

Before commencement of the study, ethical approval from Northumbria University research ethics committee was first pursued. The process included completing and submitting an online application form and providing copies of the interview schedule, consent forms and questionnaire. Ultimately, ethical approval was granted on the 7th of October 2018, after which participants were approached to take part in the interviews. It is worth mentioning that the ethical approval process required the provision of a complete overview of the entire research and not just for the interviews. However, since the questionnaire design was being informed by the interviews, a preliminary questionnaire was submitted to the ethics committee which was later modified based on the interview findings. The modified

questionnaire was re-submitted to the ethics committee and approval on the amendments was granted on the 25th of February 2019 before being distributed for the study (Appendix B).

3.5.2 During Data Collection

3.5.2.1 Informed Consent

Informed consent is when participants agree to take part in a research based on full information regarding their participation rights and data usage (Saunders et al., 2019).

Although informed consent may have been established through prior email correspondence, Saunders et al. (2019) advises to reinforce this at the point of data collection. Before starting the interviews, the participants were provided with an informed consent form (Appendix C) that outlined the aim of the study and the expected duration of the interviews as well as their right to decline responding to any of the interview questions or withdraw from the study at any time. Permission to audio-record the interviews to facilitate collection of information and transcription by the researcher was requested. Participants were assured that all information provided by them was considered strictly confidential while reinforcing that their name and the organisation's name will not appear in any thesis or publication, however, anonymous quotations may be used. Following obtaining written approval by the participant, the researcher started the audio-recorder. Despite all the outlined assurances, one participant has agreed to participate but was reluctant to sign the consent form to maintain anonymity. This is noted by several authors who assert that requesting a signature might be problematic in some research contexts and hence a voice recorded consent may suffice (Coomber, 2002; Wiles et al., 2007). Yet, signed consent forms increase the likelihood that participants understand participation rights, use of data and issues of confidentiality and anonymity (Wiles et al., 2007). Accordingly, in the start of the audio recording, the researcher has read

out loud the consent form to ensure that the participant is fully informed and eventually obtained the participant's verbal consent which is documented in the recording.

Regarding the questionnaire, upon clicking the link provided in the survey invitation email, participants were directed to Qualtrics website where the questionnaire was located.

Participants were first presented with an informed consent form as a cover letter on Qualtrics webpage (Appendix D). It included an explanation of the aim of the research, measures taken to assure anonymity and confidentiality and how and where the data collected will be used.

Providing such information builds trust which may enhance response rates and quality of data (Simsek & Veiga, 2001; Singer et al., 1995). Participants were then required to agree or disagree with the mentioned terms. Upon agreeing, the participants were able to proceed with the questionnaire while upon disagreeing, the questionnaire was terminated and not displayed. Cho and LaRose (1999) assert that practices such as directing respondents to another website to complete the questionnaire and providing the consent form as a cover letter that is separate from the survey builds trust and enhances the response rate.

3.5.2.2 Confidentiality and Anonymity

Confidentiality and anonymity of individuals was promised during the process of gaining access, but it is of great importance to ensure that these are maintained (Saunders et al., 2019). The names of the interviewees were only shared with the researcher and appeared on a separate sheet with a corresponding code which was later transferred and stored on a password protected computer. Special attention was made during interviews not to reference any data provided by a particular participant when interviewing others, as this may allow identification of the individual. The questionnaire was fully anonymous and did not request any sort of personal information. Responses were recorded directly on Qualtrics webform and thus no email addresses were required for the return. The E.U. data protection laws deem IP

addresses as personally identifiable data (Buchanan & Hvizdak, 2009). This was also addressed by choosing to encrypt IP addresses which is an optional tool provided by Qualtrics.

3.5.2.3 Avoiding Harm

There were no potential physical risks associated with participation in this study. In principle, there were also no psychological risks, but it was identified that there is a possibility that interviewing participants about compassion/suffering might lead them to discuss an incident which may cause distress. Saunders et al.(2019) asserts that to avoid harm during interviews, the nature of questions requires consideration. Accordingly, the interview questions were designed carefully to primarily focus on positive compassionate incidents and addressed suffering at work in general without requesting personal stories of suffering. Moreover, participants were not pressed for a response and were assured on their right to decline response to any question. It was also planned that if an incident of distress arises, support was to be offered by the researcher and the participant would be provided an opportunity to stop, regroup, or continue the interview. These considerations ensured that all interviews have been conducted and no distress or upset has been noticed or reported.

3.5.3 After Data Collection

3.5.3.1 Data Processing and Storage

The audio-recorded interviews were transcribed by the researcher to ensure the assured confidentiality and anonymity. The transcripts did not include any names and were marked by the pre-set code for the researcher to easily identify participants in case further communication was required. The audio-recordings and transcripts were stored and locked away in a password protected computer while consent forms were placed in a locker accessed directly by the researcher. Data from the questionnaire were automatically compiled

as a Qualtrics data set which was then exported to the statistical software program and saved as a SAV file in a password protected computer. All data were only accessible by the researcher and will be stored for 5 years then destroyed confidentially.

3.5.3.2 Data Analysis and Reporting

Participants from the interviews were assured not to be identified in the thesis or any article resulting from this study and permission was only obtained for usage of anonymous quotations. Although measures have been made to ensure anonymity of the interviewees in previous stages, participants may still be indirectly identified at this stage (Saunders et al., 2019). For instance, mentioning the job title of the participant along with a specific incident that is clearly attributable to an individual may allow indirect identification of the participant. The main concern is to ensure that no harm is caused (Easterby-Smith et al., 2008) and thus where specific incidents were reported, great care was exercised to avoid this situation. Additionally, the researcher made the choice not to include any information regarding participants' positions or tenure.

Although questionnaires were anonymous, participants may still be indirectly identified. For instance, mentioning the job title of the participant along with age, gender, tenure and school may allow indirect identification of the participant. This was not a concern in this study, as individual responses were not sought or reported. Professional feedback was offered to the management of the organisation, however, feedback on individual responses was not offered or provided. The principal of the organization's and participants' privacy will be maintained in any future conference paper or publication.

CHAPTER 4 RESULTS

This study was conducted to investigate the relationship between organisational compassion, wellbeing and suffering among Academics at a UK university. The purpose of this chapter is to present the results of the statistical procedures used. The chapter starts with an analysis of the psychometric properties of the employed tools followed by a description of the sample. Thereafter, results of the detailed analysis of the levels of organisational compassion, wellbeing and suffering are presented followed by hypotheses testing to identify the relationship between the aforementioned variables. A final supplementary analysis section was provided that explores the concept of suffering and other relationships displayed by compassionate factors.

4.1 PSYCHOMETRIC PROPERTIES OF INSTRUMENTS

Most of the scales used in this study are existing scales with published psychometric information. However, Brace et al.(2009) recommends analyzing reliability of scales, whether they are constructed or existing. The analysis was conducted here to 1) test reliability and uni-dimensionality of the two self-developed scales measuring compassionate factors and compassionate organisation and 2) take into account cultural and context difference which may affect the psychometric properties of existing scales (Brace et al., 2009). Internal consistency assesses whether a scale measures what it is supposed to be measuring and is a prerequisite for high validity (Kline, 2000). Cronbach's alpha has been the most common measure for internal consistency and received general approval (Boateng et al., 2018). It is recommended that the Cronbach alpha coefficient should not fall below 0.7 (Brace et al., 2009; Boateng et al., 2018).

Table 4.1. Cronbach’s alpha coefficient for all scales employed in the study

Scale	Cronbach Alpha	N of items
Experienced compassion scale	0.790	3
Compassionate Factors scale	0.911	12
Compassionate Organization scale	0.885	3
I-PANAS-SF- Positive Affect subscale	0.719	5
I-PANAS-SF- Negative Affect subscale	0.684	5
Satisfaction with Life Scale (SWLS)	0.905	5
Hedonic Wellbeing ^a	0.841	15
Questionnaire for Eudaimonic Wellbeing ^b (QEWB)	0.858	21
Psychological Symptoms sub-scale ^c	0.910	15
Existential Symptoms sub-scale ^c	0.862	9

^a. Cronbach’s alpha was derived from combining the positive affect sub-scale, reverse coded negative affect sub-scale and satisfaction with life scale.

^b. Negative items reversed

^c. Positive items reversed

As seen in table 4.1, all the scales employed in this study have a Cronbach alpha of more than 0.7, except for negative affect sub-scale which slightly fell short of the recommended threshold ($\alpha=0.684$), thereby, the internal consistency reliability of the instruments used was considered acceptable. Earlier studies in similar contexts have also found lower alpha levels for the negative affect sub-scale, whereby a Cronbach alpha of 0.65 was reported (Wong et al., 2011) suggesting that the low reliability level may be due to the nature of the instrument. It may also be worth mentioning that for scales with fewer items (10 or less), Cronbach alpha tends to be low (Field, 2009) and accordingly, an alpha of 0.6 is considered acceptable for scales of less than 10 items (Ursachi et al., 2015; Loewenthal & Lewis, 2018) which applies in this case to the negative affect sub-scale (5 items). Nonetheless, it is preferable and recommended to examine other reliability information such as inter-item correlation and Cronbach’s alpha values if an item was deleted (Field, 2009; Brace et al., 2009) as displayed in the following section.

4.1.1 Additional Reliability Information of Negative Affect Sub-scale

The correlation analysis reveals that *nervous* and *afraid* each correlated positively one another and with *upset* and *ashamed* while *hostile* did not correlate significantly with any of

the items. Regarding the mean inter-item correlation, Piedmont (2014) recommends that the average inter-item correlation for a scale should not fall below 0.20 for the items to be representing the same content domain and ideally the mean should be between 0.20 and 0.40. As shown in table 4.2, the mean inter-item correlation for the negative affect sub-scale is 0.286 and thus achieved the desirable mean inter-item correlation thereby confirming the reliability of the sub-scale.

Table 4.2. Inter-item correlation of the NA sub-scale

Item	Upset	Hostile	Ashamed	Nervous	Afraid	Mean inter-item correlation
Upset	-					0.286
Hostile	.144	-				
Ashamed	.181	-.059	-			
Nervous	.333**	.158	.302**	-		
Afraid	.539**	.205	.503**	.550**	-	

** . Correlation is significant at the 0.01 level (2-tailed).

Although the Cronbach’s alpha of the scale increased from 0.684 to 0.731 when *hostile* was deleted (Table 4.3), taking in consideration the acceptable mean inter-item correlation and that the increase in reliability is not substantial and that according to Loewenthal and Lewis (2018) both values (0.684 and 0.731) reflect an acceptable degree of reliability, the decision was to not discard the item *hostile* which will allow identifying its relationships with other variables. Yet, given that *hostile* did not correlate significantly with any of the items in the scale, further research is required to confirm the reliability of this sub-scale.

Table 4.3. Cronbach’s alpha values of NA subscale

Item	Cronbach's Alpha if Item Deleted	Cronbach’s Alpha of the scale
Upset	.627	0.684
Hostile	.731	
Ashamed	.666	
Nervous	.597	
Afraid	.478	

4.1.2 Additional Reliability Information of Self-developed Scales

In this section, further analysis was conducted and presented for the two self-developed scales to ensure reliability.

4.1.2.1 Compassionate Factors Scale

Inter-item correlation. As shown in table 4.4, most items have correlated significantly with each other. *Network ties* did not correlate significantly with *decision-making* or *role-making* where the latter also did not correlate significantly with *leaders' compassion calls* and *memorable stories*.

Table 4.4. Inter-item correlation of the compassionate factors scale

Item	1	2	3	4	5	6	7	8	9	10	11	12
1. Network ties	-											
2. Relationship quality	.673**	-										
3. Shared values	.344**	.486**	-									
4. Shared humanity	.313**	.478**	.822**	-								
5. Caring responsibility	.426**	.645**	.411**	.382**	-							
6. Role-making	.067	.255*	.300**	.415**	.411**	-						
7. Decision-making	.193	.339**	.677**	.715**	.350**	.407**	-					
8. Standard routines	.234*	.427**	.653**	.737**	.332**	.328**	.771**	-				
9. Leaders' compassion calls	.448**	.414**	.488**	.523**	.401**	.120	.458**	.465**	-			
10. Leaders' compassion modelling	.318**	.422**	.562**	.604**	.533**	.251*	.584**	.542**	.674**	-		
11. Frequent stories	.519**	.593**	.586**	.550**	.586**	.291**	.542**	.504**	.724**	.733**	-	
12. Memorable stories	.341**	.439**	.413**	.443**	.301**	.197	.445**	.473**	.601**	.464**	.650**	-

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Furthermore, Pearson correlation analysis was conducted for the six factors of the scale. As shown in table 4.5, all factors correlated positively and significantly with each other at the 0.01 significance level. The strength of the correlations ranged between moderate to strong.

Table 4.5. Correlation of the six compassionate factors

Factor	1	2	3	4	5	6
1. Networks	-					
2. Culture	.465**	-				
3. Roles	.458**	.470**	-			
4. Routines	.349**	.774**	.447**	-		
5. Leadership	.482**	.618**	.419**	.588**	-	
6. Stories	.562**	.568**	.443**	.571**	.753**	-

** . Correlation is significant at the 0.01 level (2-tailed).

Cronbach’s alpha values of compassionate factors scale. As displayed in table 4.6, Cronbach alpha of the scale slightly increased to 0.916 when *role-making* is deleted. However, as recommended by Field (2009), since the increase in reliability is not substantial and both values of Cronbach’s alpha with (0.911) or without the item (0.916) reflect good reliability, the item was not discarded.

Table 4.6. Cronbach’s alpha values of compassionate factor scale

Item	Cronbach’s Alpha if Item Deleted	Cronbach’s Alpha of the scale
Network ties	.911	0.911
Relationship quality	.903	
Shared values	.900	
Shared humanity	.898	
Caring responsibility	.906	
Role-making	.916	
Decision-making	.902	
Standard routines	.902	
Leaders’ compassion calls	.902	
Leaders’ compassion modelling	.901	
Frequent stories	.897	
Memorable stories	.906	

Uni-dimensionality of the compassionate factor scale. Slocum-Gori and Zumbo (2011) note that whenever a composite scale score is used, it is assumed that the scale is dominantly unidimensional while Brace et al. (2009) highlights the importance of ensuring the uni-dimensionality of a scale as an aspect of construct validity. However, several authors argue that the reliability of factor analysis depends on the sample size (Field, 2009; Brace et al., 2009). Tabachnik and Fidell (2007) recommend a minimum sample size of 300 to conduct factor analysis, Brace et al.(2009) suggests a minimum sample size of 200 and

Nunnally (1978) suggest a ratio of 10 cases/ variable which is 120 cases for the 12 items of the compassionate factors scale. Given that the sample size in this study is relatively small ($N=82$), further tests were conducted to determine the appropriateness of the factor analysis. Field (2009) suggest that for factor analysis to work, Bartlett’s measure which tests the null hypothesis that the original correlation matrix is an identity matrix should be significant. Another alternative to determine whether factor analysis is appropriate is to use the Kaiser–Meyer–Olkin measure of sampling adequacy (KMO) (Kaiser, 1970). The KMO statistic ranges between 0 and 1 where a value close to 1 indicates a relatively compact pattern of correlations and so factor analysis should yield distinct and reliable factors and values greater than 0.5 are considered acceptable (Hutcheson & Sofroniou, 1999). As shown in table 4.7, the KMO of the compassionate factor scale was 0.863 and the Bartlett’s test is highly significant ($p < .001$), which verifies the sampling adequacy for factor analysis.

Table 4.7. KMO and Bartlett’s test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.863
Bartlett's Test of Sphericity	Approx. Chi-Square	643.421
	Df	66
	Sig.	.000

Factor analysis using principal component analysis with oblique rotation (oblimin) was conducted on the 12-item scale. According to Field (2009), if there are theoretical grounds that factors might correlate, which has also gained empirical support from the current study, then direct oblimin should be used. An initial analysis was conducted to obtain eigenvalues for each component in the data. The results (Table 4.8-4.9 & Figure 4.1) indicated that three components had an eigenvalue of > 1 and explained 73.3% of the variance. Kaiser (1970) recommends retaining all factors with eigenvalues greater than 1 as it represents a substantial amount of variation.

Table 4.8. Eigenvalues and percentage of variance explained.

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	6.274	52.281	52.281	6.274	52.281	52.281
2	1.448	12.066	64.347	1.448	12.066	64.347
3	1.070	8.915	73.262	1.070	8.915	73.262
4	.780	6.499	79.761			
5	.617	5.145	84.906			
6	.428	3.564	88.470			
7	.365	3.038	91.508			
8	.275	2.290	93.798			
9	.247	2.059	95.858			
10	.193	1.607	97.465			
11	.178	1.487	98.952			
12	.126	1.048	100.000			

Extraction Method: Principal Component Analysis.

Table 4.9. Initial Component Matrix

Items	Component		
	1	2	3
Network ties	.550	.626	.070
Relationship quality	.705	.441	.291
Shared values	.799	-.254	-.009
Shared humanity	.824	-.346	.018
Caring responsibility	.656	.313	.465
Role-making	.436	-.315	.662
Decision-making	.766	-.462	-.032
Standard routines	.765	-.398	-.071
Leaders' compassion calls	.747	.196	-.405
Leaders' compassion modelling	.793	-.007	-.167
Frequent stories	.852	.234	-.123
Memorable stories	.673	.122	-.335

Extraction Method: Principal Component Analysis.

a. 3 components extracted.

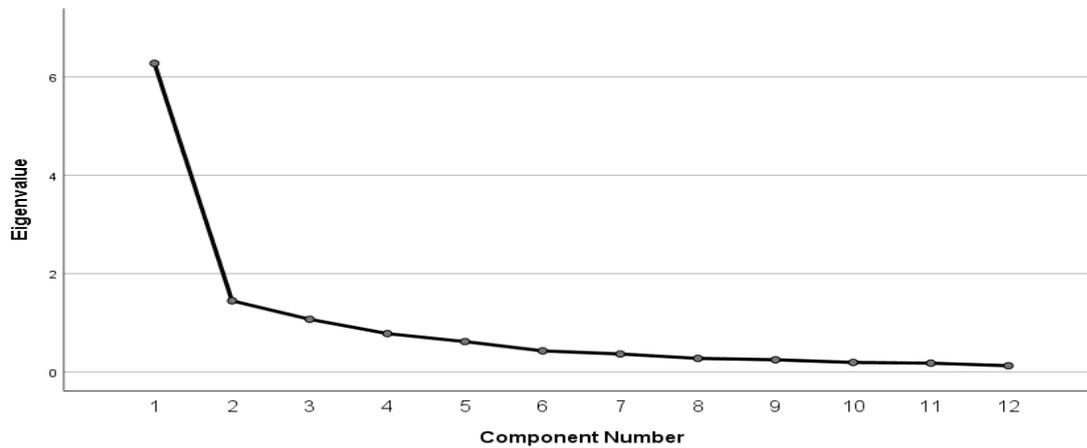


Figure 4.1. Scree Plot of Eigenvalues

Table 4.10. shows the factor loadings after rotation. The items that cluster on the same components indicate that component 1 represents four of the six factors (Routines, Culture, Leadership and Stories), component 2 represents Network factor and one item of the role factor (caring responsibility) while component 3 represents the second item of the role factor; Role-making. Although theoretically, six factors have been identified (Worline & Dutton, 2017), the PCA suggests the presence of three components which would require further research to test.

Table 4.10. Rotated Component Matrix

Items	Component		
	1	2	3
Decision-making	.944	-.150	.131
Standard routines	.909	-.111	.071
Shared humanity	.875	.011	.135
Shared values	.796	.073	.076
Leaders' compassion modelling	.662	.217	-.163
Leaders' compassion calls	.566	.261	-.462
Memorable stories	.541	.200	-.368
Frequent stories	.499	.493	-.211
Relationship quality	.056	.857	.104
Network Ties	-.113	.849	-.170
Caring responsibility	.048	.811	.316
Role-making	.298	.237	.734

Extraction Method: Principal Component Analysis.
 Rotation Method: Oblimin with Kaiser Normalization.
 Rotation converged in 12 iterations.

4.1.2.2 Compassionate Organisation

Inter-item correlation. All individual items of the compassionate organisation scale showed significant and strong correlation as shown in table 4.11.

Table 4.11. Inter-item correlation of compassionate organization scale

Item	I work in a compassionate Department	I work in a compassionate School	I work in a compassionate Faculty
I work in a compassionate Department	-		
I work in a compassionate School	.803**	-	
I work in a compassionate Faculty	.666**	.685**	-

** . Correlation is significant at the 0.01 level (2-tailed).

Cronbach's alpha values. For Item 3, Cronbach alpha slightly increased to 0.890 when this item is deleted (Table 4.12). However, Cronbach's alpha including this item is still above the rule of thumb of 0.7 for a reliable scale.

Table 4.12. Cronbach's alpha values of compassionate organisation scale

Item	Cronbach's Alpha if Item Deleted	Cronbach's Alpha of the scale
1. I work in a compassionate Department	.810	0.885
2. I work in a compassionate School	.798	
3. I work in a compassionate Faculty	.890	

Uni-dimensionality of the compassionate organisation scale. A principal component analysis was conducted to assess how strongly each of the three items load onto a single component. This was only to justify the use of an overall compassionate organisation score and identify weakly loading items. As shown in table 4.13, all items were above the threshold of 0.4 (Brace et al, 2009) and thus none were discarded.

Table 4.13. Principal component analysis of compassionate organisation scale

Component Matrix ^a	
Item	Factor Loading
I work in a compassionate Department	.916
I work in a compassionate School	.923
I work in a compassionate Faculty	.864

Extraction Method: Principal Component Analysis.

a. 1 components extracted.

4.1.3 Common Method Bias

Common method variance (CMV) occurs when responses systematically vary as a result of using a common scaling approach on measures obtained from one data source. CMV may artificially inflate or deflate correlations (Conway & Lance, 2010; Williams & Brown, 1994) which could lead to making false conclusions that a relationship exists (type I error).

Podsakoff et al. (2012) suggests that common method bias can be controlled using procedural (prior to data collection) and statistical remedies. Some of the procedural remedies to control CMV in the current study included protecting anonymity, improving item wording and using different formats of response (Tehseen et al, 2017). Following data collection and to diagnose presence of CMV, the Harman’s one-factor test was conducted, the most commonly used test for detecting CMV (Podsakoff et al., 2012).

A Harman one-factor analysis is a post hoc test used to identify whether a single factor accounts for the variance in the data (Chang et al., 2010). CMV is considered present if the percentage variance extracted of the single factor surpasses 50% (Podsakoff et al., 2012). As shown in table 4.14, Harman’s single-factor results indicate the single factor explains 23.6% of total variance (See appendix E for full table). Thus, CMV does not appear to be an issue in this study.

Table 4.14. Harman's single factor test.

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	18.892	23.614	23.614	18.892	23.614	23.614
2	8.574	10.718	34.332			
3	5.365	6.706	41.038			
4	2.988	3.735	44.773			
5	2.795	3.494	48.267			

Extraction Method: Principal Component Analysis.

4.2 DESCRIPTION OF THE SAMPLE

All academics working at the Faculty of Business and Law ($n=400$) at the designated university received an e-mail message inviting them to participate in the study. As shown in the table below, 101 participants gave their consent and agreed to participate. Due to the nature of survey data, incomplete responses often cannot be avoided (Langkamp et al., 2010). Nineteen participants did not complete all sections of the questionnaire and had to be excluded from the analysis due to unacceptable levels of missing data whereby participants have started the questionnaire but failed to proceed beyond the first section (demographic data). The final sample, then, included 82 Academics.

Table 4.15. Number of questionnaires sent and returned

Questionnaires Sent	Questionnaires Returned	Usable Responses	Response Rate (%)
400	101	82	20.5%

As displayed in table 4.16, the demographic representation of Academics in this study ($N=82$) reflect a sample of 45.1% male ($n=37$) and 54.9% female ($n=45$). The highest percentage of respondents (28%) belonged to the age group of 31-40 years, closely followed by the age groups of 41-50 and 51-60 (25.6% and 24.4%, respectively). The majority of the sample identified themselves as Senior lecturers (35%, $n= 28$) while the lowest percentage of participants (5%) were those identified as ‘Graduate tutors’ and ‘Others’. The majority of the sample (68.3%) worked at the business school as opposed to 31.7% working at the law school. The greatest number of participants ($n=28$) indicated that they had served the faculty for 1–3 years and the lowest number of participants ($n=6$) fell in each of the two categories of ‘10-15’ and ‘15 or more’ years of service.

Table 4.16. Demographic statistics of the sample

Variable	Group	Frequency	Percent
Gender	Male	37	45.1
	Female	45	54.9
	Total	82	100
Age	20-30	10	12.2
	31-40	23	28.0
	41-50	21	25.6
	51-60	20	24.4
	61+	8	9.8
	Total	82	100
Academic Position	Graduate Tutor	5	6.1
	Associate Lecturer	11	13.4
	Lecturer	10	12.2
	Senior Lecturer	29	35.4
	Principal Lecturer	3	3.7
	Associate Professor	10	12.2
	Professor	9	11.0
	Other	5	6.1
Total	82	100	
School	Business School	56	68.3
	Law school	26	31.7
	Total	82	100
Tenure	Less than one year	12	14.6
	1-3 years	28	34.1
	3-5 years	18	22.0
	5-10 years	12	14.6
	10-15 years	6	7.3
	More than 15 years	6	7.3
Total	82	100	

4.3 LEVELS OF ORGANISATIONAL COMPASSION, WELLBEING AND SUFFERING

This section is dedicated to present the results of the detailed analysis of the levels of organisational compassion, wellbeing and suffering in line with achieving the first objective of the study.

4.3.1 Descriptive Statistics of Total Scores

Table 4.17 provides a summary of the descriptive statistics in relation to the overall scores of the study variables.

Table 4.17. Summary of descriptive statistics

Variable	N	Minimum	Maximum	Mean	Std. Deviation
Organisational compassion					
Compassion at Work	82	1.00	5.00	3.1707	1.04658
Compassionate Factors	82	1.00	4.42	2.6159	.79206
Compassionate Organisation	82	1.00	7.00	3.7561	1.50632
Hedonic wellbeing					
Positive Affect	82	1.40	4.80	3.3073	.60793
Negative Affect	82	1.20	3.20	1.8488	.43723
Life Satisfaction	82	1.20	7.00	4.6317	1.31899
Total Hedonic ^a	82	2.04	4.62	3.6266	.48493
Eudaimonic wellbeing					
Eudaimonic Wellbeing ^b	82	1.52	3.76	2.8298	.46356
Suffering					
Psychological Symptoms ^c	82	.20	2.33	.8252	.51016
Existential Symptoms ^c	82	.00	3.44	1.2493	.71744
Psychological Suffering	82	1	9	3.84	2.263
Existential Suffering	82	1	9	3.32	2.362

^a. Calculated by adding positive affect, reverse-scored negative affect and life satisfaction scales after being adjusted to a 5-point likert scale.

^b. Negative items reverse scored

^c. Positive items reverse scored

4.3.2 Descriptive Statistics by Demographics

This section provides an overview of the descriptive statistics of total scores of the study variables by gender, school, position, age, and tenure. Additionally, significant differences in the mean scores of all variables was examined. Independent samples *t* –tests were used to identify significant differences in the mean scores between male and female scores and business and law school scores. One-way ANOVA were used to examine difference in means among different categories of positions, age, and tenure.

4.3.2.1 Descriptive Statistics by Gender

As shown in table 4.18, analysis of data by gender indicates that males in the study sample have reported a higher mean than females for positive affect, negative affect, eudaimonic wellbeing, psychological and existential symptoms, psychological and existential suffering, and compassionate factors. On the other hand, females displayed a higher mean for life satisfaction, hedonic wellbeing, compassion at work and compassionate organization.

However, no significant differences were identified between the mean scores of male and female respondents with respect to all variables.

Table 4.18. Descriptive statistics by gender

Variable	Gender	N	Mean	Std. Deviation	t-test	
					T	Sig.
Compassion at Work	Male	37	3.1622	1.12935	-.067	.947
	Female	45	3.1778	.98627		
Compassionate Factors	Male	37	2.6306	.80016	.152	.879
	Female	45	2.6037	.79419		
Compassionate Organisation	Male	37	3.7297	1.50480	-.143	.887
	Female	45	3.7778	1.52422		
Positive Affect	Male	37	3.3784	.64599	.959	.340
	Female	45	3.2489	.57549		
Negative Affect	Male	37	1.8757	.47223	.503	.617
	Female	45	1.8267	.41032		
Life Satisfaction	Male	37	4.5568	1.34423	-.464	.644
	Female	45	4.6933	1.30982		
Hedonic Wellbeing	Male	37	3.6246	.51097	-.033	.974
	Female	45	3.6281	.46826		
Eudaimonic Wellbeing	Male	37	2.8687	.50960	.686	.494
	Female	45	2.7979	.42521		
Psychological Symptoms	Male	37	.8360	.50786	.173	.863
	Female	45	.8163	.51760		
Psychological Suffering	Male	37	3.89	2.295	.182	.856
	Female	45	3.80	2.262		
Existential Symptoms	Male	37	1.2823	.76873	.375	.708
	Female	45	1.2222	.68000		
Existential Suffering	Male	37	3.51	2.353	.681	.498
	Female	45	3.16	2.383		

4.3.2.2 Descriptive Statistics by School

As shown in table 4.19, analysis of data by school suggests that the business school had higher means than the law school for positive affect, negative affect, life satisfaction, hedonic wellbeing, eudaimonic wellbeing, psychological symptoms, and psychological and existential suffering. The law school displayed higher means for existential symptoms as well as experienced compassion, compassionate factors and compassionate organisation.

Independent sample t-test indicates that the business school displayed significantly higher means of positive affect; $t(81)= 2.24, p= 0.028$ and eudaimonic wellbeing; $t(81)= 1.99, p= 0.05$ than that of the law school.

Table 4.19. Descriptive statistics by school

Variable	School	N	Mean	Std. Deviation	t-test	
					t	Sig.
Compassion at Work	Business school	56	3.1131	1.02154	-.730	.468
	Law school	26	3.2949	1.10886		
Compassionate Factors	Business school	56	2.5045	.82272	-1.899	.061
	Law school	26	2.8558	.67518		
Compassionate Organisation	Business school	56	3.5833	1.56509	-1.537	.128
	Law school	26	4.1282	1.32355		
Positive Affect	Business school	56	3.4071	.60177	2.235	.028*
	Law school	26	3.0923	.57475		
Negative Affect	Business school	56	1.8679	.44685	.577	.565
	Law school	26	1.8077	.42135		
Life Satisfaction	Business school	56	4.6643	1.32287	.326	.745
	Law school	26	4.5615	1.33389		
Hedonic Wellbeing	Business school	56	3.6607	.47860	.935	.352
	Law school	26	3.5530	.49973		
Eudaimonic Wellbeing	Business school	56	2.8980	.43135	1.988	.050*
	Law school	26	2.6832	.50412		
Psychological Symptoms	Business school	56	.8440	.54432	.489	.626
	Law school	26	.7846	.43464		
Psychological Suffering	Business school	56	4.11	2.205	1.574	.119
	Law school	26	3.27	2.325		
Existential Symptoms	Business school	56	1.1944	.70504	-1.017	.312
	Law school	26	1.3675	.74354		
Existential Suffering	Business school	56	3.55	2.343	1.337	.185
	Law school	26	2.81	2.367		

*. The mean difference is statistically significant at the 0.05 level.

4.3.2.3 Descriptive Statistics by Age

The lowest and highest means for each variable by age group are presented in table 4.20 below (See Appendix F, Table F1 for full analysis). The age group of 61+ displayed the highest means for positive affect, hedonic wellbeing, eudaimonic wellbeing, compassionate organization, and compassionate factors and the lowest means for psychological symptoms, psychological and existential suffering. The age group of 51-60 showed the highest means for negative affect and existential symptoms, and the lowest means for compassion at work, positive affect, life satisfaction, hedonic wellbeing and eudaimonic wellbeing. Age group 41-50 acquired the highest means for psychological symptoms, psychological suffering, existential suffering while also displaying the lowest means for existential symptoms along with compassionate factors and compassionate organisation. Age group 31-40 displayed the lowest means for negative affect and age group 20-30 displayed the highest means for life

satisfaction and compassion at work. The one-way ANOVA test revealed that there was no statistically significant difference across the age groups (See Appendix G, Table G1 for analysis).

Table 4.20. Summary of descriptive statistics by age group- Highest and lowest mean

Variable	Age group	N	Mean	Std. Deviation
Compassion at Work	20-30	10	3.4667	.99629
	51-60	20	2.9000	.94343
Compassionate Factors	41-50	21	2.3056	.80723
	61+	8	3.2396	.74327
Compassionate Organisation	41-50	21	3.3492	1.55805
	61+	8	4.3750	1.39657
Positive Affect	51-60	20	3.1200	.67559
	61+	8	3.8500	.35051
Negative Affect	31-40	23	1.7478	.25738
	51-60	20	1.9000	.48774
Life Satisfaction	20-30	10	5.0800	1.07166
	51-60	20	4.2800	1.22500
Hedonic Wellbeing	51-60	20	3.4689	.45667
	61+	8	3.7444	.32552
Eudaimonic Wellbeing	51-60	20	2.6786	.44426
	61+	8	2.9464	.50807
Psychological Symptoms	41-50	21	.9016	.52562
	61+	8	.5000	.25198
Psychological Suffering	41-50	21	4.05	2.439
	61+	8	2.88	2.295
Existential Symptoms	41-50	21	1.1640	.69355
	51-60	20	1.3611	.63253
Existential Suffering	41-50	21	3.62	2.598
	61+	8	2.25	1.282

4.3.2.4 Descriptive Statistics by Position

The lowest and highest means for each variable by position categories are shown in table 4.21 below (See Appendix F, Table F2 for full analysis). Graduate tutors accounted for the highest means for psychological symptoms, psychological suffering, existential symptoms, and the lowest means for compassion at work, compassionate factors and compassionate organisation. Senior lecturers displayed the lowest means for positive affect and associate professors the highest means for existential suffering. Lecturers accounted for the highest means for life satisfaction, hedonic wellbeing and eudaimonic wellbeing, and the lowest means for negative affect, psychological and existential symptoms, psychological and

existential suffering. Principal lecturers displayed the highest negative affect and the lowest hedonic and eudaimonic wellbeing. Associate lecturers reported the lowest life satisfaction and hedonic wellbeing while academics in the ‘other’ category reported the highest positive affect, compassion at work, compassionate factors and compassionate organisation.

Table 4.21. Summary of descriptive statistics by position- Highest and lowest mean

Variable	Academic position	N	Mean	Std. Deviation
Compassion at Work	Graduate Tutor	5	2.6000	1.18790
	Other	5	4.3333	.33333
Compassionate Factors	Graduate Tutor	5	1.9667	.60839
	Other	5	3.7167	.74209
Compassionate Organization	Graduate Tutor	5	2.4000	1.53478
	Other	5	5.6000	1.09036
Positive Affect	Senior Lecturer	29	3.1862	.65668
	Other	5	3.5600	.49800
Negative Affect	Lecturer	10	1.7400	.31340
	Principal Lecturer	3	2.2667	.64291
Life Satisfaction	Associate Lecturer	11	4.2000	1.07331
	Lecturer	10	5.1600	.58727
Hedonic Wellbeing	Principal Lecturer	3	3.5037	.54267
	Lecturer	10	3.7911	.17283
Eudaimonic Wellbeing	Lecturer	10	2.9810	.37643
	Principal Lecturer	3	2.6032	.42945
Psychological Symptoms	Graduate Tutor	5	1.1067	.53872
	Lecturer	10	.5267	.19739
Psychological Suffering	Graduate Tutor	5	4.60	2.608
	Lecturer	10	2.10	.876
Existential Symptoms	Graduate Tutor	5	1.5111	.57521
	Lecturer	10	.7333	.53978
Existential Suffering	Lecturer	10	1.50	.850
	Associate Professor	10	4.00	2.494

One-way ANOVA results reveal a statistically significant difference in compassionate factors scores, ($F(7, 74) = 2.892, p = 0.01$) and compassionate organization scores, ($F(7,74) = 2.338, p = 0.033$) between categories of positions as displayed below (See Appendix G, Table G2 for full analysis).

Table 4.22. Significant differences by position- ANOVA

Variable		Sum of Squares	df	Mean Square	F	Sig.
Compassionate Factors	Between Groups	10.915	7	1.559	2.892	.010*
	Within Groups	39.901	74	.539		
	Total	50.816	81			
Compassionate Organisation	Between Groups	33.281	7	4.754	2.338	.033*
	Within Groups	150.508	74	2.034		
	Total	183.789	81			

*. The mean difference is statistically significant at the 0.05 level.

A Hochberg's GT2 post-hoc test was then conducted to identify the categories that showed a difference in the scores of compassionate factors and compassionate organization. Significant results are presented in tables 4.23 and 4.24.

Table 4.23. Hochberg's GT2 post-hoc test for compassionate factors

(I) Academic Position	(J) Academic Position	Mean Difference (I-J)	Std. Error	Sig.
Other	Graduate Tutor	1.75000*	.46442	.009
	Associate Lecturer	1.17879	.39605	.101
	Lecturer	.90833	.40220	.506
	Senior Lecturer	1.23103*	.35558	.024
	Principal Lecturer	1.46667	.53626	.189
	Associate Professor	1.26667	.40220	.062
	Professor	.74444	.40958	.853

*. The mean difference is statistically significant at the 0.05 level.

Employing the Hochberg's GT2 post-hoc test showed that academics in the 'other category' had compassionate factors scores that were significantly higher than 'graduate tutors' (mean difference = 1.75, $p= 0.009$) and 'senior lecturers' (mean difference = 1.23, $p= 0.024$).

Compassionate factor scores between the other groups were not significantly different (See Appendix H, Table H1).

Table 4.24. Hochberg's GT2 post-hoc test for compassionate organisation

(I) Academic Position	(J) Academic Position	Mean Difference (I-J)	Std. Error	Sig.
Other	Graduate Tutor	3.20000*	.90197	.019
	Associate Lecturer	2.02424	.76921	.241
	Lecturer	1.33333	.78113	.911
	Senior Lecturer	1.92184	.69059	.168
	Principal Lecturer	2.48889	1.04151	.400
	Associate Professor	2.26667	.78113	.124
	Professor	1.52593	.79547	.785

*. The mean difference is statistically significant at the 0.05 level.

The Hochberg's GT2 post-hoc test showed that academics in the 'other' category provided compassionate organisation scores that were statistically significant and higher than 'graduate tutors' (mean difference = 3.2, $p = 0.019$). Compassionate organization scores of the other groups were not significantly different (See Appendix H, Table H2)

4.3.2.5 Descriptive Statistics by Years at Faculty

The lowest and highest means for each variable by tenure categories are shown in table 4.25. Academics with a tenure of 1-3 years displayed the highest means for compassion at work, positive affect, hedonic wellbeing and the lowest means for psychological and existential symptoms while academics who served the faculty for 3-5 years showed the lowest means for both psychological and existential suffering. Participants with a tenure of 5-10 years reported the highest psychological symptoms and the lowest means for compassionate organisation while those in service for 10-15 years reported the highest means for life satisfaction, eudaimonic wellbeing, psychological and existential suffering and the lowest means for compassionate factors and positive affect. Academics with a tenure of more than 15 years reported the highest means for compassionate factors and organisations as well as negative affect and the lowest mean for life satisfaction, hedonic wellbeing and eudaimonic wellbeing. The 'less than one year' category displayed the highest means for existential symptoms and the lowest means for compassion at work and negative affect (See Appendix F, Table F3 for full analysis).

Table 4.25. Summary of descriptive statistics by tenure - Highest and lowest mean

Variable	Years at faculty	N	Mean	Std. Deviation
Compassion at Work	Less than one year	12	2.9444	1.22955
	1-3 years	28	3.4167	.93679
Compassionate Factors	10-15 years	6	2.1389	.73912
	More than 15 years	6	2.9306	1.18370
Compassionate Organization	5-10 years	12	2.9444	1.59439
	More than 15 years	6	4.5556	2.09408
Positive Affect	1-3 years	28	3.4429	.66524
	10-15 years	6	3.0000	.45607
Negative Affect	Less than one year	12	1.5833	.27579
	More than 15 years	6	1.9667	.55737
Life Satisfaction	10-15 years	6	4.9667	1.69430
	More than 15 years	6	3.8000	1.23935
Hedonic Wellbeing	1-3 years	28	3.6929	.42980
	More than 15 years	6	3.3889	.37417
Eudaimonic Wellbeing	10-15 years	6	3.2222	.14339
	More than 15 years	6	2.5317	.33593
Psychological Symptoms	1-3 years	28	.7071	.37376
	5-10 years	12	.9444	.59277
Psychological Suffering	3-5 years	18	3.28	2.218
	10-15 years	6	5.00	3.225
Existential Symptoms	Less than one year	12	1.3611	.69812
	1-3 years	28	1.1190	.67344
Existential Suffering	3-5 years	18	2.72	2.244
	10-15 years	6	4.50	3.017

One-way ANOVA results reveal a statistically significant difference in compassionate factors scores, ($F(5, 76) = 2.374, p = 0.047$) between categories of tenure as displayed below (See Appendix G, Table G3 for full analysis). However, the post-hoc test revealed no significant difference between the groups (See Appendix H, Table H3).

Table 4.26. Significant differences by tenure- ANOVA

Variable		Sum of Squares	df	Mean Square	F	Sig.
Compassionate Factors	Between Groups	6.865	5	1.373	2.374	.047*
	Within Groups	43.951	76	.578		
	Total	50.816	81			

*. The mean difference is statistically significant at the 0.05 level.

4.3.3 Breakdown of Scores

This section provides a detailed analysis of the descriptive statistics of each measurement scale. The mean, standard deviation, minimum and maximum of individual items were calculated and summarised in various tables below. Frequency distribution tables were also presented for all variables and their constituent items. Additionally, paired sample t-tests were conducted to test for any significant differences in the mean scores of items of the compassion at work and compassionate organisation scale.

4.3.3.1 Organisational Compassion

Compassion at work. As shown in table 4.27, compassion on the job had the lowest mean of 3.02 while compassion from co-workers had the highest mean of 3.29. A paired sample t-test was conducted to test whether there was a statistically significant difference in the scores of compassion on the job, from line manager and from co-workers and the results are displayed in table 4.28.

Table 4.27. Descriptive statistics of compassion at work scale

Item	N	Minimum	Maximum	Mean	Std. Deviation
Compassion- on the job	82	1	5	3.02	1.247
Compassion- from line manager	82	1	5	3.20	1.337
Compassion- from co-workers	82	1	5	3.29	1.149

Table 4.28. Paired sample t-test of compassion at work scale

Pair	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	df	Sig. (2-tailed)
				Lower	Upper			
Pair 1 Compassion on the job – Compassion from line manager	-.171	1.359	.150	-.469	.128	-1.138	81	.259
Pair 2 Compassion from line manager - Compassion from co-workers	-.098	1.172	.129	-.355	.160	-.754	81	.453
Pair 3 Compassion on the job – Compassion from co-workers	-.268	.956	.106	-.478	-.058	-2.540	81	.013*

*. The mean difference is statistically significant at the 0.05 level.

The findings of the paired sample t-test reveal that there was no statistically significant difference in the mean scores of ‘compassion on the job’ and ‘compassion from line manager’ nor a statistically significant difference in the mean scores between ‘compassion from line manager’ and ‘compassion from co-workers’. However, the mean score of ‘compassion from co-workers’ were significantly higher than that of ‘compassion on the job’; $t(81) = -2.54, p = 0.013$.

The frequency distribution of compassion at work (Table 4.29) reveals that 9.8 % of the sample reported never experiencing compassion from the line manager as opposed to 3.7 % who never experienced compassion from co-workers. On the other hand, 20.7 % indicated experiencing compassion nearly all the time from the line manager as opposed to 15.9 % from co-workers. Compassion from co-workers was reported to be the highest among the three items in the frequencies of ‘*about half the time*’ and ‘*most of the time*’.

Table 4.29. Frequency distribution of compassion at work scale

Item	Never %(n)	Sometimes %(n)	About half the time %(n)	Most of the time %(n)	Nearly all the time %(n)
Compassion on the job	8.5 (7)	35.4 (29)	15.9 (13)	25.6 (21)	14.6 (12)
Compassion from line manager	9.8 (8)	30.5 (25)	11.0 (9)	28.0 (23)	20.7 (17)
Compassion from co-workers	3.7 (3)	28.0 (23)	19.5 (16)	32.9 (27)	15.9 (13)

Compassionate Factors. The descriptive statistics of the scale (Table 4.30) show that all items pertaining to compassionate factors had a minimum of 1 and a maximum of 5, except for *Decision-making* displaying a maximum of 4. The lowest means were for *memorable stories* ($M=2.16$) followed by *standard routines* ($M=2.20$) and *decision-making* ($M=2.23$). The highest means were displayed by *networks ties* ($M=3.29$) followed by *relationship quality* ($M=3.02$) and *caring responsibility* ($M=3.01$).

Table 4.30. Descriptive statistics of compassionate factors scale

Item	N	Minimum	Maximum	Mean	Std. Deviation
Network ties	82	1	5	3.29	1.212
Relationship quality	82	1	5	3.02	1.217
Shared values	82	1	5	2.39	1.173
Shared humanity	82	1	5	2.62	1.140
Caring responsibility	82	1	5	3.01	1.117
Role-making	82	1	5	2.91	1.080
Decision-making	82	1	4	2.23	.972
Standard routines	82	1	5	2.20	1.059
Leaders' compassion calls	82	1	5	2.51	1.199
Leaders' compassion modelling	82	1	5	2.51	.984
Frequent stories	82	1	5	2.52	1.009
Memorable stories	82	1	5	2.16	1.170

The frequency distribution table for compassionate factors (Table 4.31) reveals that the Networks factor received the highest percentage of score 5 among other factors where 17.1% of the participants rated *network ties* and 12.2% of the sample scored *relationship quality* as a 5. On the other hand, *memorable stories* showed the highest percentage of a score of 1 at 39%, followed by *standard routines* and *decision-making* (32.9% and 28%, respectively). 50% or more of the sample rated the following items as 2 or less; *shared values*, *shared humanity*, *decision-making*, *standard routines*, *leaders' compassion calls* and *memorable stories*. *Networks ties* was the only item with a mode of 4 while *memorable stories* and *standard routines* displayed a mode of 1.

Table 4.31. Frequency distribution of compassionate factors scale

Item	Score 1 %(n)	Score 2 %(n)	Score 3 %(n)	Score 4 %(n)	Score 5 %(n)
Network ties	8.5 (7)	19.5 (16)	23.2 (19)	31.7 (26)	17.1 (14)
Relationship quality	12.2 (10)	23.2 (19)	26.8 (22)	25.6 (21)	12.2 (10)
Shared values	25.6 (21)	35.4 (29)	18.3 (15)	15.9 (13)	4.9 (4)
Shared humanity	18.3 (15)	31.7 (26)	23.2 (19)	23.2 (19)	3.7 (3)
Caring responsibility	11.0 (9)	18.3 (15)	39.0 (32)	22.0 (18)	9.8 (8)
Role-making	7.3 (6)	31.7 (26)	31.7 (26)	20.7 (17)	8.5 (7)
Decision-making	28.0 (23)	30.5 (25)	31.7 (26)	9.8 (8)	0.0 (0)
Standard routines	32.9 (27)	28.0 (23)	26.8 (22)	11.0 (9)	1.2 (1)
Leaders' compassion calls	23.2 (19)	31.7 (26)	22.0 (18)	17.1 (14)	6.1 (5)
Leaders' compassion modelling	19.5 (16)	23.2 (19)	46.3 (38)	8.5 (7)	2.4 (2)
Frequent stories	17.1 (14)	31.7 (26)	35.4 (29)	13.4 (11)	2.4 (2)
Memorable stories	39.0 (32)	23.2 (19)	25.6 (21)	7.3 (6)	4.9 (4)

Compassionate Organization. The frequency distribution table 4.32 for compassionate organisation reveals that with varying extent, 37.8 % of the participants disagreed with the following statement ‘*I work in a compassionate department*’, 44% disagreed with the statement pertaining to the school and 56.1% disagreed with working in a compassionate faculty. On the other hand, 47.6% agreed with varying extent that they work in a compassionate department as opposed to 37.8 % and 24.4 % were in agreement of working in a compassionate school and faculty, respectively.

Table 4.32. Frequency distribution of compassionate organisation scale

Item	Strongly disagree %(n)	Disagree %(n)	Somewhat disagree %(n)	Neither agree nor disagree %(n)	Somewhat agree %(n)	Agree %(n)	Strongly agree %(n)
I work in a compassionate Department	8.5 (7)	11.0 (9)	18.3 (15)	14.6 (12)	23.2 (19)	19.5 (16)	4.9 (4)
I work in a compassionate School	11.0 (9)	15.9 (13)	17.1 (14)	18.3 (15)	18.3 (15)	13.4 (11)	6.1 (5)
I work in a compassionate Faculty	13.4 (11)	19.5 (16)	23.2 (19)	19.5 (16)	13.4 (11)	9.8 (8)	1.2 (1)

As shown in table 4.33, perceptions of working in a compassionate department displayed the highest mean of 4.11 while working in a compassionate faculty displayed the lowest mean of 3.34. A paired sample t- test was conducted to test the significance of the mean differences (Table 4.34).

Table 4.33. Descriptive statistics of compassionate organisation scale

Item	N	Minimum	Maximum	Mean	Std. Deviation
I work in a compassionate Department	82	1	7	4.11	1.692
I work in a compassionate School	82	1	7	3.82	1.751
I work in a compassionate Faculty	82	1	7	3.34	1.565

Table 4.34. Paired sample t-test of compassionate organisation scale

Pair		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	df	Sig. (2-tailed)
					Lower	Upper			
Pair 1	I work in a compassionate Department - I work in a compassionate School	.293	1.083	.120	.055	.531	2.448	81	.017*
Pair 2	I work in a compassionate School - I work in a compassionate Faculty	.476	1.326	.146	.184	.767	3.248	81	.002**
Pair 3	I work in a compassionate Department - I work in a compassionate Faculty	.768	1.336	.148	.475	1.062	5.207	81	.000**

** . The mean difference is statistically significant at the 0.01 level.

* . The mean difference is statistically significant at the 0.05 level.

The results of the paired sample t-test reveal that the means are significantly different for the three pairs. The scores reported for working in a compassionate department were significantly higher than working in a compassionate school ($t(81)= 2.45, p= 0.017$) and compassionate faculty ($t(81)= 5.21, p< 0.001$). The scores of working in a compassionate school was significantly higher than those of working in a compassionate faculty; $t(81)= 3.25, p= 0.002$. A further analysis was conducted in relation to the items of the compassionate organisation scale by school and presented in table 4.35. Independent samples t -tests examined if there were significant differences in the mean scores between the business and law school scores.

Table 4.35. Independent samples t-test of the compassionate organisation scale by school

Variable	School	N	Mean	Std. Deviation	t-test	
					t	Sig.
I work in a compassionate Department	Business school	56	3.93	1.757	-1.432	.156
	Law school	26	4.50	1.503		
I work in a compassionate School	Business school	56	3.46	1.673	-2.788	.007**
	Law school	26	4.58	1.701		
I work in a compassionate Faculty	Business school	56	3.36	1.623	.132	.895
	Law school	26	3.31	1.463		

** . The mean difference is statistically significant at the 0.01 level.

As shown in table 4.35, in relation to working in a compassionate school, the mean score provided by participants from the business school ($M=3.46$) was significantly lower than that of the law school ($M=4.58$); $t(81) = -2.79, p = 0.007$. For a deeper understanding of this difference, frequency distribution was conducted for the single item by school (Table 4.36). The analysis reveals that more than 50% of the law school agreed with varying degrees that their school is compassionate as opposed to 28.6% of the business school. On the other hand, 30.8% of the law school and 50% of the business school have disagreed with varying degrees that their school is compassionate. The frequency distribution of the other two items of the scale can be found in the appendix (See Appendix I).

Table 4.36. Frequency distribution of item ‘I work in a compassionate school’ by school.

Item	Rating	School	Frequency	Percent	Cumulative Percent
I work in a compassionate school	Strongly disagree	Business school	8	14.3	14.3
		Law school	1	3.8	3.8
	Disagree	Business school	11	19.6	33.9
		Law school	2	7.7	11.5
	Somewhat disagree	Business school	9	16.1	50.0
		Law school	5	19.2	30.8
	Neither agree nor disagree	Business school	12	21.4	71.4
		Law school	3	11.5	42.3
	Somewhat agree	Business school	8	14.3	85.7
		Law school	7	26.9	69.2
	Agree	Business school	7	12.5	98.2
		Law school	4	15.4	84.6
	Strongly agree	Business school	1	1.8	100.0
		Law school	4	15.4	100.0
	Total	Business school	56	100.0	
		Law school	26	100.0	

4.3.3.2 Hedonic Wellbeing

Positive Affect. Feeling *attentive* showed the highest mean ($M= 3.55$) while feeling *inspired* had the lowest and only mean below the centre point of the scale ($M= 2.76$). All items had a minimum score of 1 except for feeling *alert* scoring a minimum of 2.

Table 4.37. Descriptive statistics of I-PANAS-SF- positive affect

Item	N	Minimum	Maximum	Mean	Std. Deviation
Alert	82	2	5	3.30	.870
Inspired	82	1	5	2.76	.825
Determined	82	1	5	3.43	.943
Attentive	82	1	5	3.55	.848
Active	82	1	5	3.50	.920

The frequency distribution for positive affect (Table 4.38) reveals that 11% of the participants indicated that they are always *active* while only one participant reported being always *inspired*. Two participants stated that they are never *determined* while one participant was never *inspired*, *attentive* and *active*. More than 50% of the sample reported being *alert*, *determined*, *attentive* and *active* for most of the time or more while only 20.7 % were *inspired* as frequently whereby 43.9% reported feeling *inspired* sometimes.

Table 4.38. Frequency distribution of I-PANAS-SF- positive affect

Item	Never %(n)	Sometimes %(n)	About half the time %(n)	Most of the time %(n)	Always %(n)
Alert	0.0 (0)	24.4 (20)	23.2 (19)	50.0 (41)	2.4 (2)
Inspired	1.2 (1)	43.9 (36)	34.1 (28)	19.5 (16)	1.2 (1)
Determined	2.4 (2)	14.6 (12)	30.5 (25)	42.7 (35)	9.8 (8)
Attentive	1.2 (1)	11.0 (9)	28.0 (23)	51.2 (42)	8.5 (7)
Active	1.2 (1)	14.6 (12)	28.0 (23)	45.1 (37)	11.0 (9)

Negative Affect. The lowest mean score was displayed by feeling *ashamed* ($M= 1.49$) while the highest was by feeling *nervous* ($M= 2.32$). The maximum score for *hostile* and *ashamed* was 3 while for both *upset* and *nervous* was 5.

Table 4.39. Descriptive statistics of I-PANAS-SF- negative affect

Item	N	Minimum	Maximum	Mean	Std. Deviation
Upset	82	1	5	2.09	.592
Hostile	82	1	3	1.59	.565
Ashamed	82	1	3	1.49	.527
Nervous	82	1	5	2.32	.799
Afraid	82	1	4	1.77	.758

The frequency distribution table for negative affect (Table 4.40) reveals that one participant indicated that they are always *upset* and *nervous*. More than 50 % reported that they never felt *ashamed* followed by *hostile* and *afraid* (45.1% and 37.8%, respectively). Feeling *nervous* showed the highest percentage among other variables in the categories of ‘about half the time’ and ‘most of the time’ (8.5% and 12.2%, respectively). More than 20% of the sample reported feeling *nervous* while more than 10% felt *upset* about half the time or more.

Table 4.40. Frequency distribution of I-PANAS-SF- negative affect

Item	Never %(n)	Sometimes %(n)	About half the time %(n)	Most of the time %(n)	Always %(n)
Upset	7.3 (6)	81.7 (67)	7.3 (6)	2.4 (2)	1.2 (1)
Hostile	45.1 (37)	51.2 (42)	3.7 (3)	0.0 (0)	0.0 (0)
Ashamed	52.4 (43)	46.3 (38)	1.2 (1)	0.0 (0)	0.0 (0)
Nervous	4.9 (4)	73.2 (60)	8.5 (7)	12.2 (10)	1.2 (1)
Afraid	37.8 (31)	52.4 (43)	4.9 (4)	4.9 (4)	0.0 (0)

Life Satisfaction. The highest mean ($M= 5.15$) was for the item ‘*So far I have got the important things I want in life*’ while the lowest and only mean below the center point of the scale ($M= 3.78$) was shown by ‘*If I could live my life over, I would change almost nothing*’.

Table 4.41. Descriptive statistics of SWLS

Item	N	Minimum	Maximum	Mean	Std. Deviation
In most ways my life is close to my ideal	82	1	7	4.55	1.557
The conditions of my life are excellent.	82	1	7	4.70	1.385
I am satisfied with my life	82	1	7	4.99	1.461
So far I have got the important things I want in life	82	1	7	5.15	1.492
If I could live my life over, I would change almost nothing	82	1	7	3.78	1.812

The frequency distribution table for life satisfaction (Table 4.42) reveals that 48.8 % of the sample disagreed with varying degree to the statement ‘*If I could live my life over, I would change almost nothing*’. It also shows that the highest percentage of agreement with varying extent (76.8%) was with ‘*So far I have got the important things I want in life*’ whereby 18.3%

strongly agreed. 12.2% reported that they strongly agree with the statement ‘*I am satisfied with my life*’ with 73.1% agreeing to it variably.

Table 4.42. Frequency distribution of SWLS

Item	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
	%(n)	%(n)	%(n)	%(n)	%(n)	%(n)	%(n)
In most ways my life is close to my ideal	4.9 (4)	7.3 (6)	12.2 (10)	15.9 (13)	30.5 (25)	22.0 (18)	7.3 (6)
The conditions of my life are excellent.	1.2 (1)	9.8 (8)	6.1 (5)	19.5 (16)	34.1 (28)	23.2 (19)	6.1 (5)
I am satisfied with my life	2.4 (2)	6.1 (5)	7.3 (6)	11.0 (9)	32.9 (27)	28.0 (23)	12.2 (10)
So far I have got the important things I want in life	2.4 (2)	6.1 (5)	4.9 (4)	9.8 (8)	32.9 (27)	25.6 (21)	18.3 (15)
If I could live my life over, I would change almost nothing	9.8 (8)	20.7 (17)	18.3 (15)	12.2 (10)	19.5 (16)	11.0 (9)	8.5 (7)

4.3.3.3 Eudaimonic Wellbeing

As shown in table 4.43, the highest mean ($M= 3.24$) among positive items of the QEWB was displayed by the item; ‘*It is important to me that I feel fulfilled by the activities that I engage in*’ and the lowest mean ($M= 2.18$) was for the item; ‘*I believe I know what I was meant to do in life*’. For negative items, the highest mean ($M= 1.89$) was shown by ‘*I think it would be ideal if things came easily to me in my life*’ and the lowest mean ($M= 0.60$) was shown by ‘*If something is really difficult, it probably isn’t worth doing*’. Table 4.44 shows that regarding positive statements where an agreement indicates high eudaimonic wellbeing, over 60% of the sample agreed with varying degree to all positive statements except for three statements discussed next. Responses to the statement ‘*I can say that I have found my purpose in life*’ reveal that 58.6 % agreed to some extent while 18.3 % reported disagreeing with varying degrees. 46.4 % of the participants agreed with ‘*I find a lot of the things I do are personally expressive for me*’ while 45.1 % agreed with ‘*I believe I know what I was meant to do in life*’.

The latter posited the highest percentage of disagreement (23.2%) followed by *'If I did not find what I was doing rewarding for me, I do not think I could continue doing it'* where 20.8 % of the sample displaying varying disagreement. Regarding negative statements where a disagreement indicates high eudaimonic wellbeing, over 60% of the sample disagreed with varying degree to all negative statements except for one statement *'I think it would be ideal if things came easily to me in my life'* which displayed a 39% disagreement and the highest percentage of agreement among negative items (28.1 %) followed by *'I am confused about what my talents really are'* where 18.3 % of the sample agreed with it.

Table 4.43. Descriptive statistics of QEWB

Item	N	Minimum	Maximum	Mean	Std. Deviation
I find I get intensely involved in many of the things I do each day	82	0	4	2.77	.934
I believe I have discovered who I really am	82	0	4	2.70	1.015
I think it would be ideal if things came easily to me in my life*	82	0	4	1.89	1.018
My life is centered around a set of core beliefs that give meaning to my life.	82	0	4	2.85	.944
It is more important that I really enjoy what I do than that other people are impressed by it.	82	1	4	3.11	.770
I believe I know what my best potentials are and I try to develop them whenever possible.	82	1	4	2.88	.807
Other people usually know better what would be good for me to do than I know myself.*	82	0	4	1.11	1.030
I feel best when I'm doing something worth investing a great deal of effort in	82	1	4	3.13	.766
I can say that I have found my purpose in life	82	0	4	2.46	.984
If I did not find what I was doing rewarding for me, I do not think I could continue doing it	82	0	4	2.65	1.126
As yet, I've not figured out what to do with my life*	82	0	4	1.15	1.032
I can't understand why some people want to work so hard on the things that they do*	82	0	4	0.96	1.036
I believe it is important to know how what I'm doing fits with purposes worth pursuing	82	1	4	3.06	.743
I usually know what I should do because some actions just feel right to me	82	1	4	2.76	.677
When I engage in activities that involve my best potentials, I have this sense of really being alive.	82	1	4	3.20	.761
I am confused about what my talents really are*	82	0	4	1.32	1.005
I find a lot of the things I do are personally expressive for me.	82	1	4	2.41	.860
It is important to me that I feel fulfilled by the activities that I engage in	82	1	4	3.24	.713
If something is really difficult, it probably isn't worth doing*	82	0	4	0.60	.783
I find it hard to get really invested in the things that I do*	82	0	3	0.95	.815
I believe I know what I was meant to do in life	82	0	4	2.18	1.067

*. Negative Items

Table 4.44. Frequency distribution of QEWB

Item	Strongly disagree %(n)	Somewhat disagree %(n)	Neither agree nor disagree %(n)	Somewhat agree %(n)	Strongly agree %(n)
I find I get intensely involved in many of the things I do each day	2.4(2)	11.0 (9)	9.8 (8)	61.0 (50)	15.9 (13)
I believe I have discovered who I really am	2.4 (2)	12.2 (10)	19.5 (16)	45.1 (37)	20.7 (17)
I think it would be ideal if things came easily to me in my life*	6.1 (5)	32.9 (27)	32.9 (27)	22.0 (18)	6.1 (5)
My life is centered around a set of core beliefs that give meaning to my life.	1.2 (1)	9.8 (8)	15.9 (13)	48.8 (40)	24.4 (20)
It is more important that I really enjoy what I do than that other people are impressed by it.	0.0 (0)	3.7 (3)	13.4 (11)	51.2 (42)	31.7 (26)
I believe I know what my best potentials are and I try to develop them whenever possible.	0.0 (0)	7.3 (6)	17.1 (14)	56.1 (46)	19.5 (16)
Other people usually know better what would be good for me to do than I know myself.*	31.7 (26)	40.2 (33)	14.6 (12)	12.2 (10)	1.2 (1)
I feel best when I'm doing something worth investing a great deal of effort in	0.0 (0)	4.9 (4)	8.5 (7)	54.9 (45)	31.7 (26)
I can say that I have found my purpose in life	3.7 (3)	14.6 (12)	23.2 (19)	48.8 (40)	9.8 (8)
If I did not find what I was doing rewarding for me, I do not think I could continue doing it	3.7 (3)	17.1 (14)	13.4 (11)	42.7 (35)	23.2 (19)
As yet, I've not figured out what to do with my life*	29.3 (24)	42.7 (35)	13.4 (11)	13.4 (11)	1.2 (1)
I can't understand why some people want to work so hard on the things that they do*	39.0 (32)	39.0 (32)	11.0 (9)	8.5 (7)	2.4 (2)
I believe it is important to know how what I'm doing fits with purposes worth pursuing	0.0 (0)	2.4 (2)	17.1 (14)	52.4 (43)	28.0 (23)
I usually know what I should do because some actions just feel right to me	0.0 (0)	6.1 (5)	19.5 (16)	67.1 (55)	7.3 (6)
When I engage in activities that involve my best potentials, I have this sense of really being alive.	0.0 (0)	1.2 (1)	17.1 (14)	42.7 (35)	39.0 (32)
I am confused about what my talents really are*	18.3 (15)	51.2 (42)	12.2 (10)	17.1 (14)	1.2 (1)
I find a lot of the things I do are personally expressive for me.	0.0 (0)	14.6 (12)	39.0 (32)	36.6 (30)	9.8 (8)
It is important to me that I feel fulfilled by the activities that I engage in	0.0 (0)	3.7 (3)	4.9 (4)	54.9 (45)	36.6 (30)
If something is really difficult, it probably isn't worth doing*	53.7 (44)	36.6 (30)	7.3 (6)	1.2 (1)	1.2 (1)
I find it hard to get really invested in the things that I do*	30.5 (25)	48.8 (40)	15.9 (13)	4.9 (4)	0.0 (0)
I believe I know what I was meant to do in life	9.8 (8)	13.4 (11)	31.7 (26)	39.0 (32)	6.1 (5)

*. Negative Items

4.3.3.4 Suffering

Psychological symptoms. For the 13 negative items, where a higher score indicates higher psychological symptoms, all symptoms displayed a mean below 1 except for; *worried or anxious* ($M= 1.60$), *irritable* ($M= 1.27$) and *sad or blue* ($M= 1.05$). For the two positive items where a higher score indicates lower psychological symptoms, feeling *cheerful* ($M= 1.85$) showed a higher mean than feeling *confident* ($M= 1.78$).

Table 4.45. Descriptive statistics of psychological symptoms sub-scale

Item	N	Minimum	Maximum	Mean	Std. Deviation
Afraid	82	0	3	.63	.762
Confident*	82	0	3	1.78	.721
Worried or anxious	82	0	3	1.60	.887
Irritable	82	0	3	1.27	.771
Depressed	82	0	3	.95	.928
Cheerful*	82	1	3	1.85	.669
Hopeless	82	0	3	.54	.740
Sad, blue	82	0	3	1.05	.683
Burden to others	82	0	2	.34	.633
Angry	82	0	3	.90	.696
Lonely	82	0	3	.79	.913
Embarrassed about yourself	82	0	3	.46	.757
Guilty	82	0	3	.65	.822
Abandoned	82	0	3	.38	.696
Rejected	82	0	3	.45	.756

*. Positive Items

Table 4.46 shows that over 50% of the participants reported not feeling *afraid*, *hopeless*, *guilty*, *abandoned*, *rejected*, *a burden to others* or *embarrassed about oneself* at all. On the other hand, 20.7% reported feeling *worried/anxious* and 9.8% feeling *irritable* very often/ every day. For most days, 24.4 % indicated feeling *worried/anxious* followed by feeling *sad/blue* (18.3%), *irritable* (17.1%), *angry* (15.9%) and *lonely* (14.6%). Two participants indicated not feeling *confident* at all while more than 65% of the sample reported feeling *confident* and *cheerful* for most days or more.

Table 4.46. Frequency distribution of psychological symptoms sub-scale

Item	Not at all %(n)	A little/ a few days %(n)	Quite a bit/ most days %(n)	Very often/ everyday %(n)
Afraid	51.2 (42)	36.6 (30)	9.8 (8)	2.4 (2)
Confident*	2.4 (2)	31.7 (26)	51.2 (42)	14.6 (12)
Worried/ anxious	6.1 (5)	48.8 (40)	24.4 (20)	20.7 (17)
Irritable	9.8 (8)	63.4 (52)	17.1 (14)	9.8 (8)
Depressed	36.6 (30)	40.2 (33)	14.6 (12)	8.5 (7)
Cheerful*	0.0 (0)	30.5 (25)	53.7 (44)	15.9 (13)
Hopeless	59.8 (49)	28.0 (23)	11.0 (9)	1.2 (1)
Sad, blue	18.3 (15)	61.0 (50)	18.3 (15)	2.4 (2)
Burden to others	74.4 (61)	17.1 (14)	8.5 (7)	0.0 (0)
Angry	28.0 (23)	54.9 (45)	15.9 (13)	1.2 (1)
Lonely	47.6 (39)	31.7 (26)	14.6 (12)	6.1 (5)
Embarrassed about yourself	65.9 (54)	25.6 (21)	4.9 (4)	3.7 (3)
Guilty	52.4 (43)	35.4 (29)	7.3 (6)	4.9 (4)
Abandoned	73.2 (60)	17.1 (14)	8.5 (7)	1.2 (1)
Rejected	67.1 (55)	24.4 (20)	4.9 (4)	3.7 (3)

*. Positive items

Existential Symptoms. In relation to positive items, where a higher score indicates lower existential symptoms, ‘*I had a reason for living*’ showed the highest mean of 3.21 while ‘*I felt peaceful*’ displayed the lowest mean of 1.79. For negative items, where a higher score indicates higher existential symptoms, the highest mean ($M=1.49$) was for the item; ‘*I had trouble feeling peace of mind*’ and the lowest mean ($M=0.28$) was for ‘*life was not worth living anymore*’.

Table 4.47. Descriptive statistics of existential symptoms sub-scale

Item	N	Minimum	Maximum	Mean	Std. Deviation
I felt peaceful*	82	0	4	1.79	1.063
I had a reason for living*	82	0	4	3.21	.926
My life had been a failure	82	0	3	.51	.892
I had trouble feeling peace of mind	82	0	4	1.49	1.269
I felt a sense of purpose in my life*	82	0	4	2.65	1.023
I felt a sense of harmony within myself*	82	0	4	2.02	1.122
My life lacked meaning and purpose	82	0	4	.74	.940
I know that whatever happens in my life, things will be okay*	82	0	4	2.11	1.277
Life was not worth living anymore	82	0	4	.28	.725

*. Positive items

Table 4.48 below reveals that regarding positive items, 13.4 % responded with ‘not at all’ to item ‘*I know that whatever happens in my life, things will be okay*’, 11% did not feel peaceful and 9.8% did not feel a sense of harmony within themselves at all. ‘*I had a reason for living*’ accounted for the highest responses of ‘very much’ where 46.3 % indicated so, followed by ‘*I felt a sense of purpose in life*’ at 20.7%. Regarding negative items, over 75% of the sample responded to them with ‘not at all’ or ‘a little’ except for ‘*I had trouble feeling peace of mind*’ (56.1%) whereby a high percentage of the sample (26.8%) scored it as ‘quite a bit’.

Table 4.48. Frequency distribution of existential symptoms sub-scale

Item	Not at all %(n)	A little %(n)	Somewhat %(n)	Quite a bit %(n)	Very much %(n)
I felt peaceful*	11.0 (9)	30.5 (25)	31.7 (26)	22.0 (18)	4.9 (4)
I had a reason for living*	1.2 (1)	4.9 (4)	12.2 (10)	35.4 (29)	46.3 (38)
My life had been a failure	69.5 (57)	15.9 (13)	8.5 (7)	6.1 (5)	0.0 (0)
I had trouble feeling peace of mind	29.3 (24)	26.8 (22)	13.4 (11)	26.8 (22)	3.7 (3)
I felt a sense of purpose in my life*	2.4 (2)	12.2 (10)	24.4 (20)	40.2 (33)	20.7 (17)
I felt a sense of harmony within myself*	9.8 (8)	23.2 (19)	30.5 (25)	28.0 (23)	8.5 (7)
My life lacked meaning and purpose	52.4 (43)	26.8 (22)	15.9 (13)	3.7 (3)	1.2 (1)
I know that whatever happens in my life, things will be okay*	13.4 (11)	20.7 (17)	22.0 (18)	29.3 (24)	14.6 (12)
Life was not worth living anymore	81.7 (67)	13.4 (11)	1.2 (1)	2.4 (2)	1.2 (1)

*. Positive items

Psychological suffering. As shown in table 4.49, the majority of the sample (86.6%) reported psychological suffering of varying degrees. The highest proportion of the sample reported a suffering level of 2 (24.4%) while 28.1 % reported that their extent of psychological suffering is 6 or more.

Existential suffering. Table 4.50 shows that the majority of the sample (70.7%) reported existential suffering of varying degrees whereby 24.4 % of the sample reported that their extent of existential suffering is 6 or more.

Table 4.49. Frequency distribution of psychological suffering

Suffering score	Frequency	Percent	Cumulative Percent
1(Not suffering)	11	13.4	13.4
2	20	24.4	37.8
3	14	17.1	54.9
4	8	9.8	64.6
5	6	7.3	72.0
6	8	9.8	81.7
7	9	11.0	92.7
8	5	6.1	98.8
9	1	1.2	100.0
10 (Suffering terribly)	0	0	100.0
Total	82	100.0	

Table 4.50. Frequency distribution of existential suffering

Suffering score	Frequency	Percent	Cumulative Percent
1(Not suffering)	24	29.3	29.3
2	19	23.2	52.4
3	9	11.0	63.4
4	5	6.1	69.5
5	5	6.1	75.6
6	8	9.8	85.4
7	7	8.5	93.9
8	4	4.9	98.8
9	1	1.2	100.0
10(Suffering terribly)	0	0	100.0
Total	82	100.0	

4.4 HYPOTHESES TESTING

This section is dedicated to hypotheses testing by employing pearson’s correlation analysis in line with achieving the second and third objective of the study. Cohen’s (1988) interpretation was used to describe the strength of relationship as follows: a correlation coefficient of 0.1-0.29 is weak; 0.3- 0.49 is moderate and 0.5-1 is strong. Statistical power is the probability that a test will report a statistically significant result (Reject null hypothesis), assuming there is a true effect of a given size, and is dependent on effect size, sample size, and alpha level (typically .05). Statistical power is commonly set at .80 (Cohen, 1988), which implies that assuming that a study investigates a true effect, 80% of the time the null hypothesis will be rejected, while in the remaining 20%, a false negative will be reported (Type II error)

(Brydges, 2019). A post hoc power analysis was conducted using the software package, GPower 3.1 (Faul & Erdfelder 1992) to decide how likely it would be that the statistical test would detect the specified effect. The sample size of 82 was used for the statistical power analyses and the recommended effect sizes used for this assessment were as follows: small ($r = 0.1$), medium ($r = 0.3$), and large ($r = 0.5$) (Cohen, 1988). The alpha level used for this analysis was $p < .05$. The post hoc analyses revealed the statistical power for this study was 0.15 for detecting a small effect, 0.8 for detecting a moderate effect whereas the power exceeded .99 for the detection of a large effect size. The analyses also reveals that an n of 779 would be needed to obtain statistical power at the recommended 0.80 level (Cohen, 1988) for detecting a small effect. Thus, there was more than sufficient power at the levels of moderate to large effect size, but less than adequate power to detect small effect size level. A summary of all hypotheses to be tested is displayed in table 4.51.

Table 4.51. Summary of hypotheses

NO.	HYPOTHESIS
Compassionate factors and Compassion at work	
H_1	<i>There will be a positive relationship between compassionate factors and compassion at work</i>
Compassion at work and Wellbeing	
H_2	<i>There will be a positive relationship between compassion at work and hedonic wellbeing</i>
H_{2a}	<i>There will be a positive relationship between compassion at work and positive affect</i>
H_{2b}	<i>There will be a negative relationship between compassion at work and negative affect</i>
H_{2c}	<i>There will be a positive relationship between compassion at work and life satisfaction</i>
H_3	<i>There will be a positive relationship between compassion at work and eudaimonic wellbeing</i>
H_{3a}	<i>The relationship between compassion at work and eudaimonic wellbeing is mediated by positive affect</i>
Compassion at work and Suffering	
H_4	<i>There will be a negative relationship between compassion at work and psychological symptoms</i>
H_5	<i>There will be a negative relationship between compassion at work and existential symptoms</i>
H_6	<i>There will be a negative relationship between compassion at work and psychological suffering</i>
H_7	<i>There will be a negative relationship between compassion at work and existential suffering</i>

4.4.1 Compassionate Factors and Compassion at Work

The hypothesis relating to the overall scores of compassionate factors and compassion at work was examined.

Hypothesis 1: There will be a positive relationship between compassionate factors and compassion at work.

As shown in table 4.52, the correlation analysis reveals a highly significant, strong and positive relationship between total compassion at work and compassionate factors ($r = 0.541$, $p < 0.001$).

Table 4.52. Correlation between compassionate factors and compassion at work

Variable	Total Compassion at Work	Compassion on the job	Compassion from line manager	Compassion from co-workers
Total Compassionate Factors	.541**	.500**	.412**	.456**
Networks	.543**	.528**	.303**	.558**
Culture	.439**	.394**	.375**	.334**
Roles	.356**	.280*	.301**	.319**
Routines	.327**	.275*	.310**	.235*
Leadership	.387**	.351**	.298**	.330**
Stories	.459**	.488**	.336**	.334**

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

All the factors showed significant correlations with the total and individual items of compassion at work. The strength of these correlations ranged from weak to strong. Most of the correlations were significant at $p < 0.01$; except for the correlations between experienced compassion on the job and roles and routines, and compassion from co-workers and routines which were significant at $p < 0.05$. A further correlation was conducted between the individual items comprising each compassionate factor and compassion at work (Table 4.53).

Table 4.53. Correlation between items of compassionate factors and compassion at work

Variable	Total Compassion at Work	Compassion on the job	Compassion from line manager	Compassion from co-workers
Network ties	.437**	.445**	.193	.487**
Relationship quality	.556**	.520**	.361**	.533**
Shared value	.428**	.407**	.352**	.317**
Shared humanity	.410**	.345**	.365**	.321**
Caring Responsibility	.407**	.292**	.321**	.421**
Role-making	.188	.176	.183	.110
Decision-making	.300**	.209	.326**	.215
Standard routines	.315**	.305**	.260*	.226*
Leaders' compassion calls	.428**	.388**	.337**	.356**
Leaders' compassion modelling	.266*	.241*	.195	.237*
Frequent stories	.491**	.480**	.362**	.398**
Memorable stories	.354**	.412**	.256*	.222*

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

The table above shows that most of the items showed significant correlations with each other. Experienced compassion from line manager displayed weak and non-significant correlation with *Leaderships' compassion modelling* ($r = 0.195, p = 0.079$) and *Network ties* ($r = 0.193, p = 0.083$). *Decision-making* did not correlate significantly with compassion on the job ($r = 0.209, p = 0.059$) nor with compassion from co-workers ($r = 0.215, p = 0.053$). *Role-making* did not correlate significantly with total compassion at work or any of its individual items; on job ($r = 0.176, p = 0.114$), from line manager ($r = 0.183, p = 0.1$) or from co-workers ($r = 0.110, p = 0.325$). Considering all the above results it may be concluded that total compassion at work correlated significantly with total compassionate factors. With some exceptions, all individual items displayed significant correlations with each other. Therefore, H_1 has been supported.

4.4.2 Compassion at Work and Hedonic Wellbeing

First, the hypothesis relating to overall compassion at work and hedonic wellbeing scores was examined.

Hypothesis 2: There will be a positive relationship between compassion at work and hedonic wellbeing

A non-significant, weak and positive relationship was found between total compassion at work and hedonic wellbeing ($r= 0.211, p= 0.057$) and therefore, the hypothesis was not supported. However, experienced compassion from co-workers displayed a weak but significant correlation with hedonic wellbeing ($r= 0.285, p= 0.010$) as shown below.

Table 4.54. Correlation between compassion at work and total hedonic wellbeing

Variable	Total Compassion at Work	Compassion on the job	Compassion from line manager	Compassion from co-workers
Hedonic Wellbeing	.211	.135	.125	.285*

*. Correlation is significant at the 0.05 level (2-tailed).

Next, the three hypotheses relating overall compassion at work and the dimensions of hedonic wellbeing were examined.

Hypothesis 2a: There will be a positive relationship between compassion at work and positive affect

Hypothesis 2b: There will be a negative relationship between compassion at work and negative affect

Hypothesis 2c: There will be a positive relationship between compassion at work and life satisfaction

A correlation analysis was conducted to test the relationship between the three dimensions of hedonic wellbeing and compassion at work. The results of the analysis are summarized in table 4.55 below.

Table 4.55. Correlation between compassion at work and dimensions of hedonic wellbeing

Variable	Total Compassion at Work	Compassion on the job	Compassion from line manager	Compassion from co-workers
Positive Affect	.271*	.231*	.117	.354**
Negative Affect	-.175	-.043	-.185	-.215
Life Satisfaction	.075	.042	.034	.119

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

As shown above, compassion at work correlated positively and significantly with total positive affect ($r= 0.271, p= 0.014$) but not with life satisfaction ($r= 0.075, p= 0.505$). Positive affect displayed significant and weak correlation with compassion on the job ($r= 0.231, p= 0.037$), a relatively stronger correlation with compassion from co-workers ($r= 0.354, p= 0.001$) and a non-significant correlation with compassion from line manager ($r= 0.117, p= 0.297$). Negative affect did not correlate significantly with total compassion at work or any of its items with the strongest correlation displayed with compassion from co-workers ($r= -0.215, p= 0.052$). Based on these results, H_{2a} received support while H_{2b} and H_{2c} were not supported. Next, a more detailed correlation analysis was conducted to further understand the relationship between individual items of compassion at work and positive affect, negative affect and life satisfaction, as discussed next.

4.4.2.1 Compassion at Work and Positive Affect (H_{2a})

As shown in table 4.56, total compassion at work displayed a significant correlation with only two items of positive affect; *inspired* and *determined*. Experienced compassion from co-workers displayed the highest number of significant correlations with positive affect items; *inspired, determined, attentive* and *active*. Only one positive affect item; *determined* correlated significantly and consistently with all sources of compassion.

Table 4.56. Correlation between compassion at work and positive affect items

Variable	Total Compassion at Work	Compassion on the job	Compassion from line manager	Compassion from co-workers
Alert	.019	.004	-.020	.070
Inspired	.235*	.198	.156	.246*
Determined	.359**	.285**	.237*	.396**
Attentive	.153	.116	.035	.251*
Active	.158	.183	-.010	.245*

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

In conclusion, based on total scores of compassion at work and positive affect, the hypothesis received support. However, taking into consideration individual items, the hypothesis may be partially supported.

4.4.2.2 Compassion at Work and Negative Affect (H_{2b})

A further correlation analysis was conducted to investigate the relationship between individual items of negative affect and compassion at work and is presented in table 4.57.

Table 4.57. Correlation between compassion at work and negative affect items

Variable	Total Compassion at Work	Compassion on the job	Compassion from line manager	Compassion from co-workers
Upset	-.157	-.003	-.193	-.200
Hostile	-.081	-.143	-.006	-.058
Ashamed	-.004	.000	.003	-.014
Nervous	-.134	-.033	-.128	-.183
Afraid	-.178	.019	-.247*	-.219*

*. Correlation is significant at the 0.05 level (2-tailed).

The findings confirm the non-significant correlation between most of the items of the two scales. The only exception was feeling *afraid* which correlated significantly and negatively with experienced compassion from line manager ($r = -0.247, p = 0.025$) and compassion from co-workers ($r = -0.219, p = 0.048$). In conclusion, based on both total and individual scores of negative affect, the hypothesis was not supported.

4.4.2.3 Compassion at Work and Life Satisfaction (H_{2c})

The correlation analysis conducted to investigate the relationship between individual items of life satisfaction and compassion at work confirmed the non-significant correlation between all of the items as evident in table 4.58. This further confirms that the hypothesis was not supported.

Table 4.58. Correlation between compassion at work and life satisfaction items

Variable	Total Compassion at Work	Compassion on the job	Compassion from line manager	Compassion from co-workers
In most ways my life is close to my ideal	.103	.025	.120	.116
The conditions of my life are excellent.	.028	.040	.026	.002
I am satisfied with my life	.160	.095	.115	.201
So far I have got the important things I want in life	-.087	-.042	-.138	-.032
If I could live my life over, I would change almost nothing	.105	.057	.023	.197

4.4.3 Compassion at Work and Eudaimonic Wellbeing

The hypothesis relating overall compassion at work and eudaimonic wellbeing (EWB) scores was examined.

Hypothesis 3: There will be a positive relationship between compassion at work and eudaimonic wellbeing.

Results of the correlation analysis presented in table 4.59 indicate a significant, moderate and positive relationship between compassion at work and EWB ($r= 0.317, p= 0.004$). When individual sources of compassion at work were explored, compassion on the job ($r= 0.298, p= 0.007$) and from co-workers ($r= 0.305, p= 0.005$) correlated significantly while compassion from line manager did not correlate significantly ($r= 0.204, p= 0.066$).

Table 4.59. Correlation between compassion at work and total EWB

Variable	Total Compassion at Work	Compassion on the job	Compassion from line manager	Compassion from co-workers
Eudaimonic Wellbeing	.317**	.298**	.204	.305**

** . Correlation is significant at the 0.01 level (2-tailed).

Despite the significant correlations, the detailed analysis has revealed that only 6 items of the 21-item EWB scale displayed significant correlation with total compassion at work and 9 items correlated significantly with one or more individual sources of compassion at work.

Two items; *'I can't understand why some people want to work so hard on the things that they do'* and *'I find it hard to get really invested in the things that I do'* showed consistently moderate, significant and negative correlations with all items of compassion at work at the 0.01 level. Table 4.60 presents items with significant correlation (See Appendix J for full correlation table).

Taking into account the total scores of compassion at work and eudaimonic wellbeing, H_3 has been supported. However, considering the lack of significant correlations with more than half the items in the scale, further research is required to accept this hypothesis.

Table 4.60. Significant correlations between compassion at work and EWB items

Variable	Total Compassion at work	Compassion on the job	Compassion from line manager	Compassion from co-workers
1. I find I get intensely involved in many of the things I do each day	.226*	.206	.076	.306**
2. I believe I have discovered who I really am	.259*	.269*	.208	.173
3. I think it would be ideal if things came easily to me in my life ^a	-.202	-.085	-.220*	-.204
8. I feel best when I'm doing something worth investing a great deal of effort in	.192	.242*	.131	.109
12. I can't understand why some people want to work so hard on the things that they do ^a	-.438**	-.401**	-.325**	-.385**
17. I find a lot of the things I do are personally expressive for me.	.272*	.301**	.154	.238*
18 It is important to me that I feel fulfilled by the activities that I engage in	.203	.271*	.027	.228*
19. If something is really difficult, it probably isn't worth doing ^a	-.231*	-.129	-.254*	-.197
20. I find it hard to get really invested in the things that I do ^a	-.391**	-.339**	-.308**	-.340**

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

^a . Negative items

The hypothesis relating overall compassion at work and EWB as being mediated by positive affect was then examined.

Hypothesis 3a: The relationship between compassion at work and eudaimonic wellbeing is mediated by positive affect

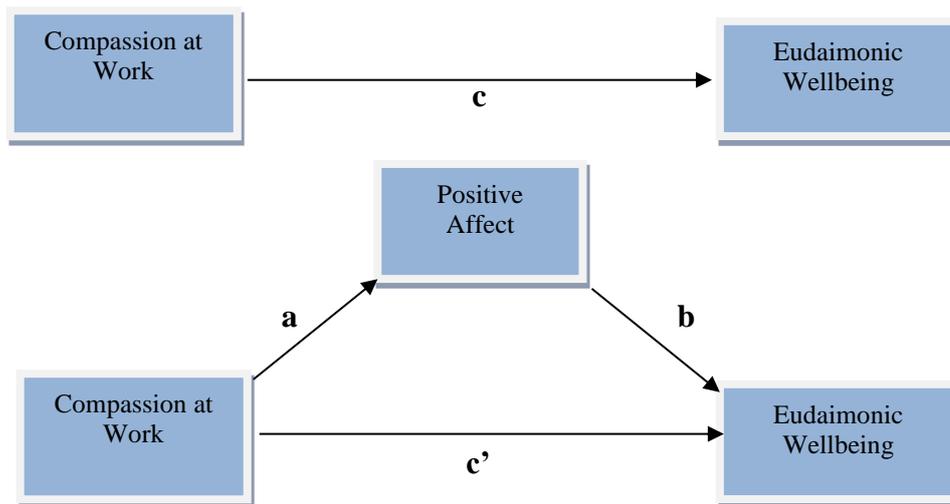


Figure 4.2. Mediation model

To assess the mediation effect of positive affect, the causal steps approach was used (Baron & Kenny, 1986). First, a significant relation of compassion at work to positive affect is required (Figure 4.2, Path a). Second, a significant relation of compassion at work to eudaimonic wellbeing is required (Path c). Both relationships were significant as discussed in earlier hypothesis testing and are summarized below.

Table 4.61. Summary of correlation between compassion at work and PA and EWB

Variable	Compassion at Work
Positive Affect	.271*
Eudaimonic Wellbeing	.317**

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Third, positive affect must be significantly related to eudaimonic wellbeing when both compassion at work and positive affect are predictors of EWB (Path b). This was tested by conducting a linear regression analysis. Using the enter method, a significant model emerged that explains 22.3% of the variance ($Adjusted R^2 = 0.223$) as shown in tables 4.62 and 4.63.

Table 4.62. ANOVA of the mediation model^a

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	4.221	2	2.111	12.646	.000 ^b
	Residual	13.185	79	.167		
	Total	17.406	81			

a. Dependent Variable: Eudaimonic Wellbeing

b. Predictors: (Constant), Compassion at work, Positive Affect

Table 4.63. Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.492 ^a	.243	.223	.40853

a. Predictors: (Constant), Compassion at work, Positive Affect

Fourth, to establish a mediating effect, the coefficient relating compassion at work to eudaimonic wellbeing (Path c) must be larger than the coefficient relating compassion at work to eudaimonic wellbeing in the regression model with both compassion at work and positive affect predicting EWB (Path c'). A summary of the results of the four steps is shown below.

Table 4.64. The unstandardized and standardized regression coefficients for the four paths.

Step	Path	B	SE B	B
Step 1	C	0.140	0.047	0.317*
Step 2	A	0.157	0.063	0.271**
Step 3	B	0.298	0.078	0.391***
Step 4	c'	0.093	0.045	0.211****

* $p = 0.004$, ** $p = 0.014$, *** $p < 0.001$, **** $p = 0.04$

As shown above, beta coefficient of path c' is lower than c which may indicate a partial mediation. Following that, a Sobel test was conducted to test the significance of this mediation with the aid of an online tool: <http://quantpsy.org/sobel/sobel.htm>. The findings from the Sobel test indicate a significant mediation at $p = 0.0368$. Therefore, positive affect partially mediates the relationship between compassion at work and eudaimonic wellbeing and so H_{3a} was accepted.

4.4.4 Compassion at Work and Suffering

In this section, the four hypotheses (H_4, H_5, H_6, H_7) relating overall compassion at work and suffering measures were examined.

4.4.4.1 Compassion at Work and Psychological Symptoms

The hypothesis relating to the overall scores of compassion at work and psychological symptoms was examined.

Hypothesis 4: There will be a negative relationship between compassion at work and psychological symptoms

A significant, weak and negative relationship was found between compassion at work and psychological symptoms ($r = -0.247, p = 0.026$). Looking at individual items of compassion at work, compassion from co-workers was the only source of compassion that correlated significantly with psychological symptoms ($r = -0.295, p = 0.007$).

Table 4.65. Correlation between compassion at work and total psychological symptoms

Variable	Total Compassion at Work	Compassion on the job	Compassion from line manager	Compassion from co-workers
Psychological Symptoms	-.247*	-.170	-.167	-.295*

*. Correlation is significant at the 0.05 level (2-tailed).

When individual items were examined for correlation, it was revealed that only two psychological symptoms have displayed significant correlation with both total and individual items of compassion at work as shown in table 4.66. Both items that displayed correlation with compassion at work were the two positive items included in the scale; *confident* and *cheerful*. In relation to negative items of psychological symptoms scale, none of the items correlated significantly with total compassion at work. However, compassion from line manager correlated significantly and negatively with being *worried or anxious* ($r = -0.235, p = 0.034$) while compassion from co-workers correlated significantly and negatively with feeling *hopeless* ($r = -0.274, p = 0.013$), *lonely* ($r = -0.236, p = 0.033$), *abandoned* ($r = -0.233, p = 0.036$) and *rejected* ($r = -0.253, p = 0.022$). Taking into account the total scores of variables, H_4 was supported. However, provided the lack of significant correlation between

the negative items of psychological symptoms and compassion at work, caution must be practiced in accepting this hypothesis.

Table 4.66. Correlation between compassion at work and items of psychological symptoms

Variable	Total Compassion at Work	Compassion on the job	Compassion from line manager	Compassion from co-workers
Afraid	-.112	-.094	-.050	-.144
Confident ^a	.329**	.226*	.224*	.392**
Worried or anxious	-.213	-.114	-.235*	-.186
Irritable	-.057	-.020	-.135	.022
Depressed	-.106	-.031	-.102	-.137
Cheerful ^a	.424**	.345**	.295**	.442**
Hopeless	-.215	-.121	-.157	-.274*
Sad, blue	-.121	-.103	-.038	-.176
Burden to others	-.095	-.026	-.051	-.173
Angry	-.124	-.097	-.112	-.103
Lonely	-.169	-.191	-.017	-.236*
Embarrassed about yourself	-.153	-.091	-.115	-.186
Guilty	-.101	-.112	-.049	-.098
Abandoned	-.157	-.110	-.067	-.233*
Rejected	-.130	-.051	-.039	-.253*

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

^a. Positive items

4.4.4.2 Compassion at Work and Existential Symptoms

Hypothesis 5: There will be a negative relationship between compassion at work and existential symptoms

A significant, weak and negative relationship was found between compassion at work and existential symptoms ($r = -0.244, p = 0.027$). Similar to psychological symptoms, compassion from co-workers was the only source of compassion to correlate significantly with psychological symptoms ($r = -0.283, p = 0.010$).

Table 4.67. Correlation between compassion at work and total existential symptoms

Variable	Total Compassion at Work	Compassion on the job	Compassion from line manager	Compassion from co-workers
Existential Symptoms	-.244*	-.195	-.147	-.283*

* . Correlation is significant at the 0.05 level (2-tailed).

A further correlation analysis was conducted to investigate the relationship between individual items of compassion at work and existential symptoms and results are presented in table 4.68. The analysis revealed that only two items; ‘*I felt peaceful*’ and ‘*I had a reason for living*’ correlated significantly with both total and individual items of compassion at work and one item; ‘*I felt a sense of purpose in my life*’ correlated significantly with total compassion at work and compassion from co-workers ($r= 0.257, p= 0.020$). All negative items of the scale did not correlate significantly with any of the items of compassion at work except for ‘*My life had been a failure*’ which correlated significantly with compassion from co-workers ($r= -0.256, p= 0.020$)

Table 4.68. Correlation between compassion at work and items of existential symptoms

Variable	Total Compassion at Work	Compassion on the job	Compassion from line manager	Compassion from co-workers
I felt peaceful*	.299**	.265*	.237*	.252*
I had a reason for living*	.320**	.231*	.236*	.348**
My life had been a failure	-.196	-.200	-.054	-.256*
I had trouble feeling peace of mind	-.085	-.047	-.079	-.091
I felt a sense of purpose in my life*	.245*	.200	.168	.257*
I felt a sense of harmony within myself	.203	.176	.128	.215
My life lacked meaning and purpose	.012	.058	.079	-.124
I know that whatever happens in my life, things will be okay*	.174	.146	.103	.197
Life was not worth living anymore	.017	.006	.057	-.026

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Taking into account the total scores of variables, H_5 was supported. However, provided the lack of significant correlation between the negative items of existential symptoms and compassion at work, caution must be practiced in accepting the hypothesis.

4.4.4.3 Compassion at Work and Psychological Suffering

Hypothesis 6: There will be a negative relationship between compassion at work and psychological suffering

A negative, non-significant and small correlation was found between total compassion at work and psychological suffering ($r = -0.091, p = 0.417$) as presented in table 4.69 and figure 4.3. This was the case among all items of compassion at work with compassion from the co-workers displaying the strongest yet non-significant correlation with psychological suffering ($r = -0.158, p = 0.157$). Therefore, hypothesis 6 was not supported.

Table 4.69. Correlation between compassion at work and psychological suffering

Variable	Total Compassion at Work	Compassion on the job	Compassion from line manager	Compassion from your co-workers
Psychological Suffering	-.091	-.016	-.063	-.158

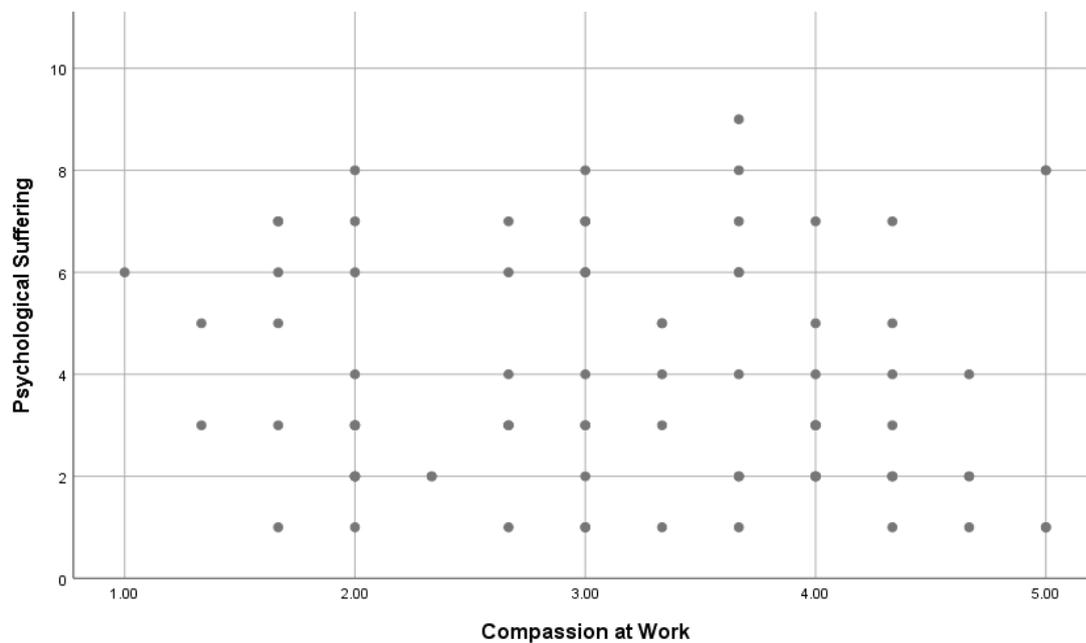


Figure 4.3. Scatter plot of psychological suffering by compassion at work

For a deeper understanding of the relationship between compassion at work and extent of psychological suffering, the scores of psychological suffering were recoded so that the response indicating ‘not suffering’ was assigned a score of 0 and other responses indicating ‘suffering’ were assigned a score of 1. The descriptive statistics of compassion at work and its three sources by absence/presence of psychological suffering was computed. Additionally,

independent samples *t* –tests examined if there were significant differences in the mean scores of compassion reported by suffering and non-suffering academics. The results are presented below.

Table 4.70. Descriptive statistics of compassion at work by psychological suffering

Compassion at Work	Psychological Suffering	N	Mean	Std. Deviation	t-test	
					t	Sig.
Total Compassion at Work	Not Suffering	11	3.4848	1.15819	1.071	.288
	Suffering	71	3.1221	1.02854		
Compassion on the job	Not suffering	11	3.27	1.555	.708	.481
	Suffering	71	2.99	1.201		
Compassion from line manager	Not suffering	11	3.45	1.293	.689	.493
	Suffering	71	3.15	1.349		
Compassion from co-workers	Not suffering	11	3.73	1.009	1.355	.179
	Suffering	71	3.23	1.161		

As shown in the previous table, academics who reported not suffering psychologically displayed higher means of total compassion at work and all its three sources: compassion on the job, from line managers and co-workers. However, the means were not significantly different for any of the variables.

Following that, the scores of experienced compassion were recoded so that the response ‘never’ was assigned a score of 0 and other responses indicating experiencing compassion were assigned a score of 1. The relationship between absence/presence of compassion and absence/presence of suffering was then explored using cross tabulations.

Table 4.71. Absence /presence of compassion and psychological suffering- Crosstabulation

Compassion at Work		Psychological Suffering		Total
		Not suffering <i>n</i> (%)	Suffering <i>n</i> (%)	
Compassion on the job	Absent	2(28.57%)	5(71.43%)	7
	Present	9(12%)	66(88%)	75
Compassion from line manager	Absent	0	8(100%)	8
	Present	11(14.86%)	63(85.16%)	74
Compassion from co-workers	Absent	0	3(100%)	3
	Present	11(13.92%)	68(86.08%)	79

As shown in table 4.71, 100% of the participants who reported not experiencing compassion from the line manager or co-workers reported that they are suffering psychologically while around 85% of those experiencing compassion have reported suffering.

4.4.4.4 Compassion at Work and Existential Suffering

Hypothesis 7: There will be a negative relationship between compassion at work and existential suffering

A negative, non-significant and weak correlation was found between total compassion at work and existential suffering ($r = -0.110, p = 0.323$) as evident in table 4.72 and figure 4.4. This was the case among all items of compassion at work with compassion from the co-workers displaying the highest yet non-significant correlation with existential suffering ($r = 0.148, p = 0.184$). Accordingly, hypothesis 7 was not supported.

Table 4.72. Correlation between compassion at work and existential suffering

Variable	Total Compassion at Work	Compassion on the job	Compassion from line manager	Compassion from co-workers
Existential Suffering	-.110	-.070	-.067	-.148

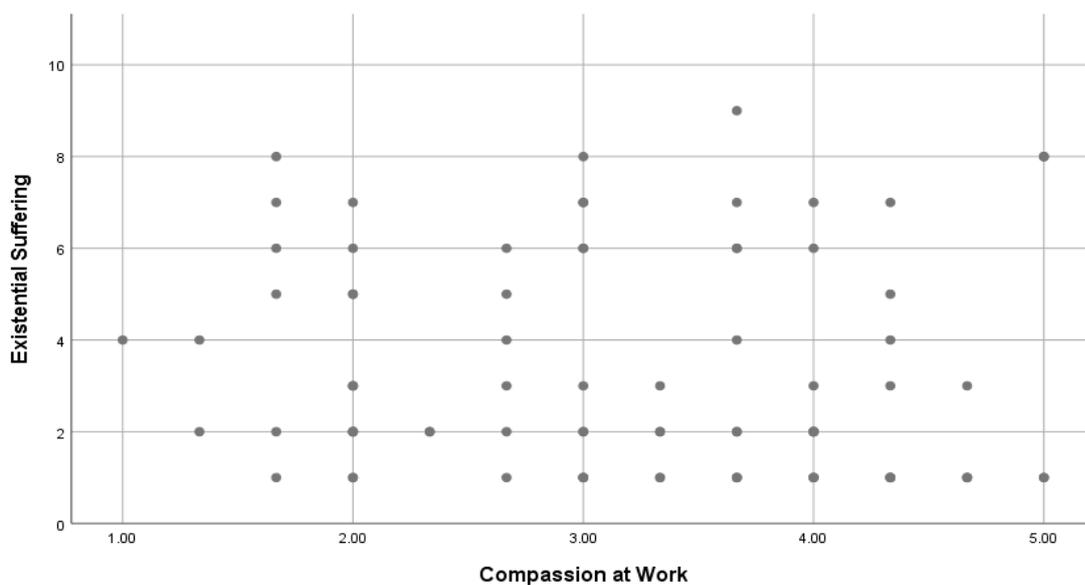


Figure 4.4. Scatter plot of existential suffering by compassion at work

For a deeper understanding of the relationship between compassion at work and extent of existential suffering, the scores of existential suffering were recoded so that the response ‘not suffering’ was assigned a score of 0 and other responses indicating ‘suffering’ were assigned a score of 1. The descriptive statistics of compassion at work and its three sources by absence/presence of existential suffering was computed. Additionally, independent samples *t* –tests examined if there were significant differences in the mean scores of compassion experienced by suffering and non-suffering individuals. The results are presented next.

Table 4.73. Descriptive statistics of compassion at work by existential suffering

Compassion at Work	Existential Suffering	N	Mean	Std. Deviation	t-test	
					t	Sig.
Total Compassion at Work	Not suffering	24	3.6806	.95036	2.972	.040*
	Suffering	58	2.9598	1.01850		
Compassion on the job	Not suffering	24	3.46	1.285	2.068	.042*
	Suffering	58	2.84	1.197		
Compassion from line manager	Not suffering	24	3.71	1.301	2.293	.024*
	Suffering	58	2.98	1.304		
Compassion from co-workers	Not suffering	24	3.88	.947	3.105	.030*
	Suffering	58	3.05	1.146		

*. The mean difference is significant at the 0.05 level.

As shown in the table above, academics who reported not suffering existentially displayed higher means of total compassion at work, compassion on the job, from line managers and co-workers. The *t*-test reveals that the means were significantly different for all of the variables. Thus, academics who are not suffering existentially reported experiencing statistically significant higher frequencies of compassion than those suffering existentially. Following that, the scores of compassion at work were recoded so that the response ‘never’ was assigned a score of 0 and other responses indicating experiencing compassion were assigned a score of 1. The relationship between absence/presence of compassion and absence/presence of suffering was then explored using cross tabulations.

As shown in table 4.74, regarding compassion from the line manager and co-workers, 87.5% and 100%, respectively, of the participants who reported not experiencing compassion from

their line managers or co-workers also reported that they are suffering existentially while around 69% of those experiencing compassion have reported suffering.

Table 4.74. Absence /presence of compassion and existential suffering- Crosstabulation

Compassion at Work		Existential Suffering		Total
		Not suffering n(%)	Suffering n(%)	
Compassion on the job	Absent	2(28.57%)	5(71.43%)	7
	Present	22(29.33%)	53(70.67%)	75
Compassion from line manager	Absent	1(12.5%)	7(87.5%)	8
	Present	23(31.08%)	51(68.92%)	74
Compassion from co-workers	Absent	0	3(100%)	3
	Present	24(30.38%)	55(69.62%)	79

4.5 SUPPLEMENTARY ANALYSIS

The following section includes additional data analysis regarding other relationships displayed by compassionate factors and an in-depth exploration of the concept of suffering.

4.5.1 Compassionate Factors, Wellbeing and Suffering

The relationship between compassion at work and variables of wellbeing and suffering has been highlighted theoretically and investigated earlier in this chapter. The aim here was to explore the relationship between compassionate factors and other variables. Exploring these relationships can draw light on the benefits of compassionate factors in the workplace. Given the identified correlation between compassion at work and both compassionate factors and the other variables, a partial correlation was used to control for compassion at work.

Table 4.75. Partial correlation between total compassionate factors and wellbeing/suffering variables

Control Variable: Compassion at Work									
Variable	PA	NA	Life Satisfaction	Hedonic	EWB	Psychological Symptoms	Psychological Suffering	Existential Symptoms	Existential Suffering
Compassionate Factors	.213	-.232*	-.059	.122	-.086	-.307**	-.148	-.128	-.171

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

The analysis reveals that controlling for compassion at work, total compassionate factors correlated negatively and significantly with negative affect ($r = -0.232, p = 0.037$) and psychological symptoms ($r = -0.307, p = 0.005$). A more detailed correlation analysis was conducted between all wellbeing/ suffering variables and individual items of the compassionate factors scale. A summary of the variables that displayed significant correlation is provided in table 4.76 (See Appendix K, Table K1 for full analysis).

Table 4.76. Significant correlations between items of compassionate factors and wellbeing/suffering

Control Variable: Compassion at Work				
Compassionate Factor	Items of Compassionate Factor	Wellbeing/Suffering variables		
		Positive Affect	Negative Affect	Psychological Symptoms
Networks		.155	-.237*	-.314**
	Network ties	.154	-.197	-.241*
	Relationship quality	.120	-.224*	-.318**
Culture		.068	-.183	-.218
	Shared values	.069	-.153	-.169
	Shared humanity	.059	-.193	-.243*
Roles		.214	-.214	-.217
	Caring responsibility	.224*	-.254*	-.277*
	Role-making	.132	-.103	-.085
Routines		.053	-.064	-.209
	Decision-making	.020	-.059	-.159
	Standard routines	.076	-.060	-.229*
Leadership		.259*	-.226*	-.212
	Compassion calls	.242*	-.198	-.183
	Compassion modelling	.227*	-.212	-.202
Stories		.190	-.086	-.170
	Frequent	.211	-.184	-.190
	Memorable	.136	.009	-.120

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

As seen, three variables; positive affect, negative affect and psychological symptoms correlated significantly with items of the compassionate factors. Although total compassionate factors did not correlate with positive affect, the breakdown analysis shows that the latter displayed positive and significant correlations with *caring responsibility* and both items of leadership (*compassion calls* and *modelling*). *Relationship quality* and *caring responsibility* correlated negatively and significantly with negative affect. Total leadership scores but not its two individual components also showed significant correlations with negative affect. Both items of networks, *shared humanity*, *caring responsibility*, and *standards routines* displayed negative and significant correlations with psychological symptoms. A further detailed correlation analysis was conducted between individual items of compassionate factors and various variables and a summary of the significant correlations is provided in several tables 4.77- 4.82 (See Appendix K, Tables K2-K7 for full analysis).

Table 4.77. Significant correlations between items of compassionate factors and positive affect

Control Variable: Compassion at Work					
Compassionate Factors	Positive Affect sub-scale				
	Alert	Inspired	Determined	Attentive	Active
Total Compassionate Factors	-.051	.158	.283*	.156	.176
Networks ties	.026	.036	.222*	.139	.097
Caring responsibility	.099	.138	.249*	.183	.095
Leaders' compassion calls	-.059	.173	.285*	.171	.250*
Leaders' compassion modelling	-.062	.181	.265*	.174	.214
Frequent stories	-.029	.118	.320*	.154	.149

Note. Compassionate items that did not correlate significantly with any of the positive affect items were excluded from the table.

*. Correlation is significant at the 0.05 level (2-tailed).

As shown above, total compassionate factors correlated positively and significantly with feeling *determined* ($r = 0.283, p = 0.010$). Furthermore, five items of the compassionate factors scale correlated significantly with individual items of positive affect. Feeling *determined* showed the greatest number of significant correlations with five compassionate items; *Networks ties*, *caring responsibility*, *leaders' compassion calls* and *modelling*, *frequent*

stories. Although in the previous analysis, *networks ties* and *frequent stories* did not display a significant correlation with total positive affect, the above table reveals that the two items showed significant correlations whereby *frequent stories* displayed the strongest correlation with feeling *determined* ($r= 0.320, p= 0.004$) among all items of the compassionate factor scale. *Leaders' compassion calls* displayed the only significant correlations with feeling *active* ($r= 0.250, p= 0.024$).

Table 4.78. Significant correlations between items of compassionate factors and negative affect

Control Variable: Compassion at Work					
Compassionate Factors	Negative Affect sub-scale				
	Upset	Hostile	Ashamed	Nervous	Afraid
Total Compassionate Factors	-.259*	-.166	-.146	-.079	-.154
Networks ties	-.079	-.323**	-.099	-.072	-.116
Relationship quality	-.127	-.209	-.159	-.135	-.133
Shared values	-.258*	-.142	-.012	-.041	-.080
Shared humanity	-.261*	-.108	-.086	-.062	-.144
Caring responsibility	-.242*	-.084	-.101	-.204	-.192
Leaders' compassion calls	-.131	-.075	-.225*	-.084	-.163
Leaders' compassion modelling	-.258*	-.130	-.159	-.034	-.164

Note. Compassionate items that did not correlate significantly with any of the negative affect items were excluded from the table.

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

As shown above, total compassionate factors correlated negatively and significantly with feeling upset ($r= -0.259, p= 0.020$). Although in the previous analysis of total scores of negative affect, only two compassionate items showed significant correlation, the detailed analysis, as shown above, reveals that seven items of the compassionate factors scale correlated significantly with varying individual item of negative affect. Additionally, *Networks ties* did not correlate with total negative affect, yet, the detailed analysis shows that it was the only item to correlate negatively with feeling *hostile* ($r= -0.323, p= 0.003$). On the other hand, *relationship quality* correlated significantly with total negative affect, but this was not reflected in the analysis of the individual items. Furthermore, both items of culture; *shared values* and *shared humanity*, *caring responsibility* and *leaders' compassion modelling*

displayed negative and significant correlations with feeling *upset* while *leaders' compassion calls* correlated negatively with feeling *ashamed* ($r = -0.225, p = 0.043$).

Table 4.79. Significant correlations between items of compassionate factors and life satisfaction

Control Variable: Compassion at Work					
Compassionate Factors	Satisfaction with Life scale				
	In most ways my life is close to my ideal	The conditions of my life are excellent.	I am satisfied with my life	So far I have got the important things I want in life	If I could live my life over, I would change almost nothing
Shared values	-.129	-.066	-.122	-.269*	-.205

Note. Compassionate items that did not correlate significantly with any of the life satisfaction items were excluded from the table.

*. Correlation is significant at the 0.05 level (2-tailed).

Although in previous analysis, total life satisfaction did not correlate with any of the compassionate factors, when correlation analysis was conducted for individual items, one item has correlated significantly and negatively with *shared values* ($r = -0.269, p = 0.15$). The findings above indicate that the more the values of the organisation emphasize the importance of people, the less the participants reported getting the important things they want in life.

Table 4.80. Significant correlations between items of compassionate factors and EWB

Control Variable: Compassion at Work				
Compassionate Factors	EWB items			
	I find I get intensely involved in many of the things I do each day	It is more important that I really enjoy what I do than that other people are impressed by it.	I feel best when I'm doing something worth investing a great deal of effort in	I can't understand why some people want to work so hard on the things that they do
Shared values	.062	-.222*	-.236*	.083
Decision-making	.050	-.120	-.248*	.235*
Frequent stories	.239*	-.069	-.012	.012

Note. Compassionate items and items of EWB that did not correlate significantly were excluded from the table.

*. Correlation is significant at the 0.05 level (2-tailed).

Although in previous analysis, total eudaimonic wellbeing did not correlate with any of the compassionate factors or items, the correlation analysis for individual items of EWB reveals that three compassionate items; *shared values*, *decision-making* and *frequent stories* displayed weak but significant correlations with four items of EWB.

Table 4.81. Significant correlations between items of compassionate factors and psychological symptoms

Control variable: Compassion at Work											
Compassionate Factors	Psychological Symptoms										
	Afraid	Confident	Worried/ anxious	Irritable	Depressed	Hopeless	Sad/blue	Angry	Lonely	Guilty	Rejected
Total Compassionate Factors	-.279*	.142	-.304**	-.444**	-.210	-.290**	-.173	-.228*	-.192	-.249*	-.133
Network ties	-.218	.102	-.147	-.302**	-.228*	-.236*	-.211	-.377**	-.055	-.235*	-.221*
Relationship quality	-.284*	.098	-.223*	-.367**	-.258*	-.259*	-.262*	-.426**	-.164	-.220*	-.123
Shared values	-.182	-.010	-.261	-.345**	-.069	-.092	-.003	-.141	-.105	-.033	-.100
Shared humanity	-.174	.126	-.237*	-.401**	-.229*	-.203	-.164	-.116	-.113	-.128	-.084
Caring responsibility	-.216	.098	-.191	-.167	-.149	-.329**	-.179	-.171	-.338**	-.216	-.223*
Decision-making	-.106	.011	-.259*	-.381**	-.040	-.192	-.058	-.098	-.139	-.103	-.058
Standard routines	-.127	.056	-.276*	-.369**	-.167	-.226*	-.155	-.091	-.130	-.182	-.075
Leaders' compassion calls	-.332**	.224*	-.161	-.214	-.060	-.235*	-.077	-.071	.002	-.205	-.013
Leaders' compassion modelling	-.238*	.214	-.152	-.293**	-.111	-.219*	-.121	-.039	-.102	-.149	-.067
Frequent stories	-.257*	.081	-.277*	-.306**	-.136	-.188	-.078	-.170	-.076	-.162	-.027
Memorable stories	-.036	.081	-.188	-.264*	-.086	-.103	-.031	-.014	-.089	-.215	-.009

Note. Compassionate items and psychological symptoms that did not display any significant correlations were excluded from the table.

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

As shown in the table above, controlling for compassion at work, total compassionate factors displayed significant and negative relationships with *afraid*, *worried/anxious*, *irritable*, *hopeless*, *angry* and *guilty*. Furthermore, several items of the compassionate factors scale correlated significantly with items of psychological symptoms. *Network ties* correlated with

six psychological symptoms where the strongest correlation was displayed with feeling *angry* ($r = -0.377, p = 0.01$). *Relationship quality* correlated significantly with 8 symptoms whereby the strongest correlation was with feeling *angry* ($r = -0.426, p < 0.001$). Both items of networks displayed the only significant correlation with feeling *angry* and *guilty*. Additionally, *relationship quality* was the only item to correlate negatively and significantly with feeling *sad/blue* ($r = -0.262, p = 0.018$). Although *shared values* did not correlate with total psychological symptoms, the individual item correlation analysis reveals that similar to *shared humanity*, it showed a negative and significant correlation with feeling *worried/anxious* and *irritable*. Likewise, both items of leadership correlated negatively and significantly with feeling *afraid* and *hopeless*. Additionally, *leaders' compassion calls* was the only item to be positively related to feeling *confident* ($r = 0.224, p = 0.044$) while *leaders' compassion modelling* was negatively related to feeling *irritable* ($r = -0.293, p = 0.008$). Both items of routines; *Decision-making* and *standard routines* showed negative associations with feeling *worried/anxious* and *irritable* while *standard routines* was also related negatively to feeling *hopeless*. *Frequent stories* were associated with feeling *afraid*, *anxious/worried* and *irritable* while *memorable stories* was only negatively related to feeling *irritable*. The above analysis also shows that feeling *irritable* showed the greatest number of significant correlations with 9 compassionate factor items. Four psychological symptoms did not correlate significantly with any of the compassionate items; feeling *cheerful*, *abandoned*, *embarrassed about yourself* and *burden to others* and one compassionate item; *role-making* did not display any significant correlations with psychological symptoms.

Table 4.82. Significant correlations between items of compassionate factors and existential symptoms

Control Variable: Compassion at Work		
Compassionate Factors	Existential Symptoms	
	I had trouble feeling peace of mind	My life lacked meaning and purpose
Total Compassionate Factors	-.241*	-.168
Network ties	-.117	-.221*
Decision-making	-.250*	-.062
Standard routines	-.222*	-.055
Leaders' compassion calls	-.153	-.226*
Frequent stories	-.218*	-.141

Note. Compassionate items and existential symptoms that did not display significant correlations were excluded from the table.

*. Correlation is significant at the 0.05 level (2-tailed).

The correlation analysis of total scores indicated that compassionate items did not correlate with total existential symptoms. However, individual correlation analysis of items as shown in the table above reveals that total compassionate factors correlates negatively and significantly with ‘*I had trouble feeling peace of mind*’ ($r = -0.241, p = 0.030$). Furthermore, five items of the compassionate factors scale have correlated negatively and significantly with two existential symptoms. Both items of routines; *decision-making* and *standard routines* and *frequent stories* correlated negatively with ‘*I had trouble feeling peace of mind*’ while *network ties* and *leaders' compassion calls* was negatively associated with ‘*My life lacked meaning and purpose*’.

4.5.2 Suffering

The purpose of this section is to identify 1) whether a distinction between psychological and existential suffering is possible and 2) whether there is a difference between symptoms and extent of suffering.

4.5.2.1 Relationship between Psychological and Existential Suffering

The correlation between psychological suffering and existential suffering was positive, strong and highly significant ($r = 0.901, p < 0.001$) as displayed below in table 4.83 and figure 4.5.

Table 4.83. Correlation between psychological and existential suffering

Variable	Psychological Suffering
Existential Suffering	.901**

** . The mean difference is significant at the 0.01 level.

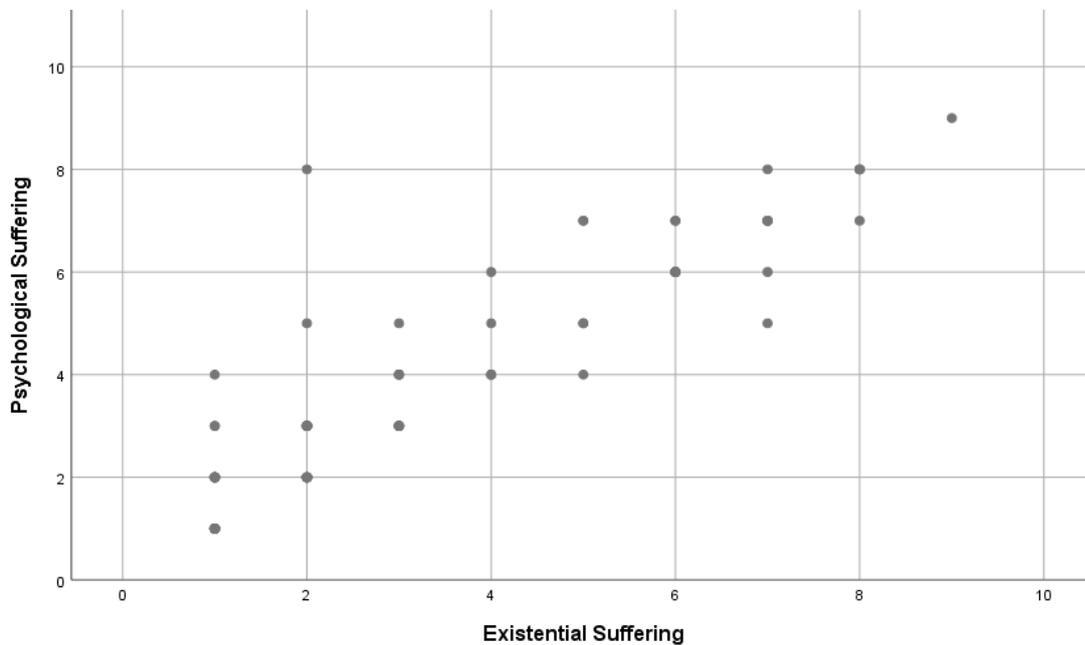


Figure 4.5. Scatter plot of psychological suffering by existential suffering.

For a deeper understanding of the relationship between psychological suffering and existential suffering, cross tabulations were conducted. The cross tabulation reveals that 4 participants (4.88%) reported psychological suffering lower than existential suffering, 46 academics (56 %) reported equal suffering levels and 32 (39.02%) scored themselves higher on the psychological suffering scale. Furthermore, 13 participants (15.85%) reported not suffering existentially at all while suffering to some extent psychologically. On the other hand, the 11 participants who reported not suffering psychologically at all also indicated not suffering existentially as demonstrated in table 4.84 and figure 4.6.

Table 4.84. Psychological Suffering * Existential Suffering- Crosstabulation

		Existential Suffering									Total
		1	2	3	4	5	6	7	8	9	
Psychological Suffering	1	11									11
	2	10	10								20
	3	2	7	5							14
	4	1		3	3	1					8
	5		1	1	1	2		1			6
	6				1		6	1			8
	7					2	2	4	1		9
	8		1					1	3		5
	9									1	1
Total		24	19	9	5	5	8	7	4	1	82

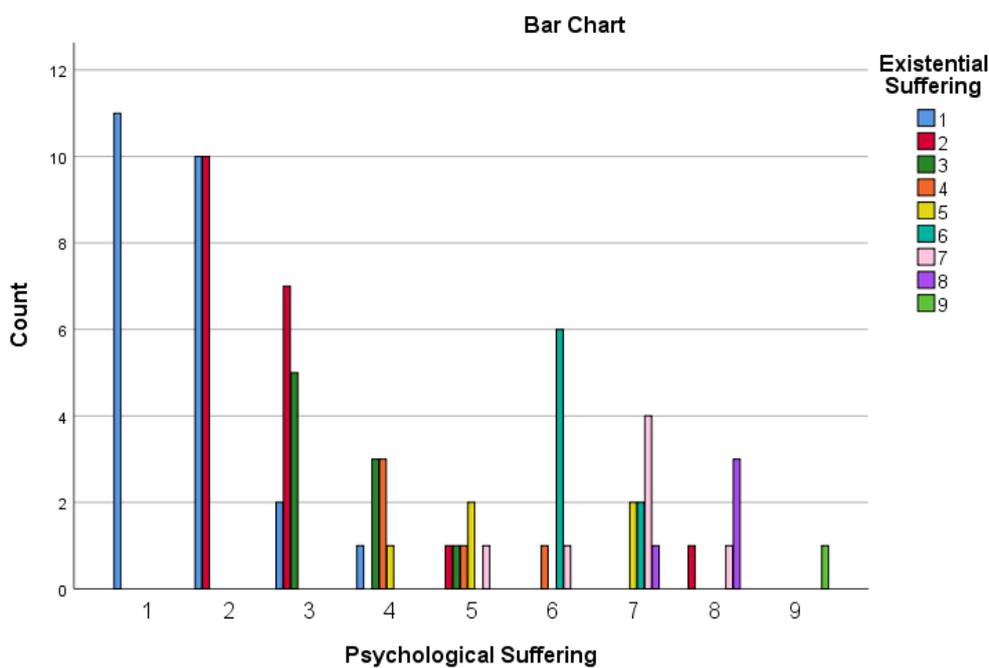


Figure 4.6. Bar chart of existential suffering by psychological suffering

Next, the means of psychological and existential suffering were calculated and presented below.

Table 4.85. Descriptive statistics of psychological and existential suffering

Variable	Mean	N	Std. Deviation	Std. Error Mean
Psychological Suffering	3.84	82	2.263	.250
Existential Suffering	3.32	82	2.362	.261

As shown above, the existential suffering mean was lower than the psychological suffering mean. Following that, a paired sample t-test was conducted to identify if the difference in

scores of psychological and existential suffering was significant. The results of the paired samples t-test displayed in table 4.86 reveal that the difference in the means of psychological suffering and existential suffering was significant. Accordingly, psychological suffering is reported as significantly higher than existential suffering, $t(81)= 4.596, p < 0.001$.

Table 4.86. Paired sample t-test of psychological and existential suffering

Pair	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	df	Sig. (2-tailed)
				Lower	Upper			
Psychological Suffering - Existential Suffering	.524	1.033	.114	.297	.751	4.596	81	.000**

** . The mean difference is significant at the 0.01 level.

4.5.2.2 Relationship between Symptoms and Extent of Suffering

Psychological symptoms and psychological suffering. The correlation analysis (Table 4.87) reveals that psychological suffering correlated strongly and positively with total score of psychological symptoms ($r= 0.726, p < 0.001$). Additionally, all the psychological symptoms correlated significantly with psychological suffering at the 0.01 level. The strength of the relationships ranged from moderate to strong.

Table 4.87. Correlation between psychological symptoms and suffering

Variable	Psychological suffering
Total Psychological Symptoms	.726**
Afraid	.503**
Confident ^a	-.400**
Worried or anxious	.644**
Irritable	.364**
Depressed	.601**
Cheerful ^a	-.488**
Hopeless	.604**
Sad, blue	.532**
Burden to others	.349**
Angry	.382**
Lonely	.462**
Embarrassed about yourself	.440**
Guilty	.315**
Abandoned	.571**
Rejected	.576**

** . Correlation is significant at the 0.01 level (2-tailed).

^a . Positive items

The following section presents findings of the analysis aimed at identifying whether there is a difference between scores of symptoms and scores of suffering. To allow comparison with the suffering scale, the psychological symptoms scale was transformed to a 1 to 10 scale. On reviewing the raw data, it was identified that 38 cases provided suffering scores that were lower than symptoms, 2 cases had equal scores, 42 cases had suffering scores higher than symptoms. A scatter plot was used to display data of both variables below with a reference line of $x=y$ (Figure 4.7).

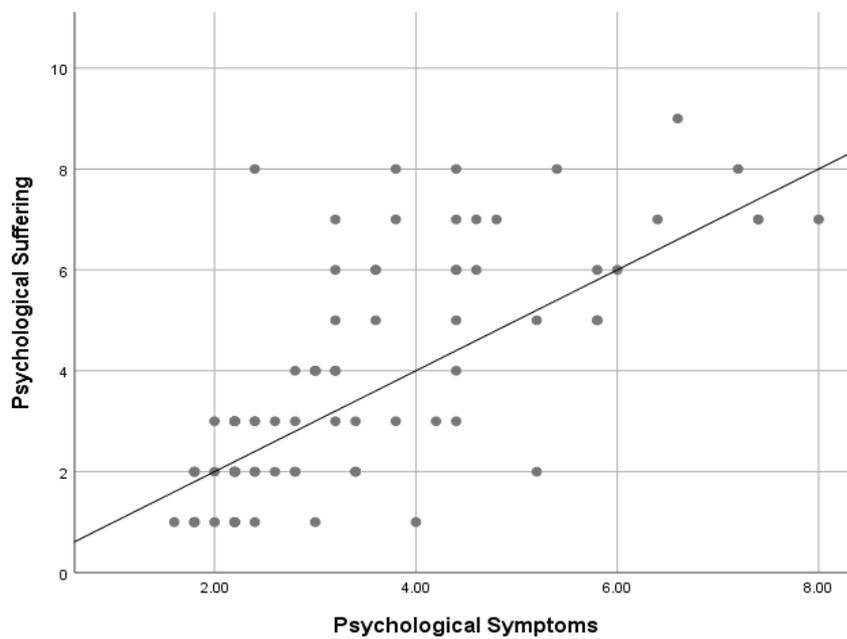


Figure 4.7. Scatter plot of psychological suffering by psychological symptoms.

Next, the means of psychological symptoms and suffering were calculated and presented in table 4.88. A paired sample t-test was then conducted to identify if the difference in scores of suffering and symptoms was significant (Table 4.89).

Table 4.88. Descriptive statistics of psychological symptoms and suffering

Variable	Mean	N	Std. Deviation	Std. Error Mean
Psychological Symptoms	3.4756	82	1.53048	.16901
Psychological Suffering	3.84	82	2.263	.250

Table 4.89. Paired sample t-test of psychological symptoms and suffering

Pair	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	df	Sig. (2-tailed)
				Lower	Upper			
Psychological symptoms - Psychological suffering	-.36585	1.56151	.17244	-.70896	-.02275	-2.122	81	.037*

*. The mean difference is significant at the 0.05 level.

As shown in the tables above, the symptoms mean was lower than the suffering mean and the difference in the means was significant. Hence, psychological symptoms scores were significantly lower than scores of psychological suffering ($t(81) = -2.122, p = 0.037$).

Furthermore, as shown in table 4.90 below, the 11 participants who indicated that they are not suffering psychologically at all have displayed psychological symptoms scores between 1.60 to 4.0. Another 47 participants displaying the same range of psychological symptoms scores (1.60-4.0) have rated themselves as suffering psychologically in varying extent between a score of 2 and 8.

Table 4.90. Participants with psychological symptoms scores of 1.60-4.0 and their suffering scores

		Psychological symptoms												Total	
		1.60	1.80	2.00	2.20	2.40	2.60	2.80	3.00	3.20	3.40	3.60	3.80		4.00
Psychological Suffering	1	1	3	1	3	1			1					1	11
	2		4	1	6	2	1	2			3				19
	3			1	4	2	1	1		1	1		1		12
	4							1	3	3					7
	5									1		1			2
	6									1		2			3
	7									1			1		2
	8					1							1		2
	Total		1	7	3	13	6	2	4	4	7	4	3	3	1

Existential symptoms and existential suffering. The correlation analysis (Table 4.91) identifies that existential suffering correlated strongly and positively with total score of existential symptoms ($r = 0.639, p < 0.001$). Additionally, all individual items of existential symptoms correlated significantly with the existential suffering at the 0.01 level. The strength of the relationships ranged from moderate to strong.

Table 4.91. Correlation between existential symptoms and suffering

Variable	Existential Suffering
Total existential symptoms	.639**
I felt peaceful ^a	-.515**
I had a reason for living ^a	-.414**
My life had been a failure	.408**
I had trouble feeling peace of mind	.471**
I felt a sense of purpose in my life ^a	-.387**
I felt a sense of harmony within myself ^a	-.488**
My life lacked meaning and purpose	.398**
I know that whatever happens in my life, things will be okay ^a	-.507**
Life was not worth living anymore	.366**

** . Correlation is significant at the 0.01 level (2-tailed).

^a . Positive items

The following section presents findings of the analysis aimed at identifying whether there is a difference between scores of existential symptoms and extent of existential suffering. To allow comparison with the suffering scale, the existential symptoms scale was transformed to a 1 to 10 scale. On reviewing the raw data, it was identified that 50 cases provided suffering scores that were lower than symptoms, 3 cases had equal scores, 29 cases had suffering scores that were higher than symptoms. A scatter plot was used to display data of both variables below with a reference line of $x=y$.

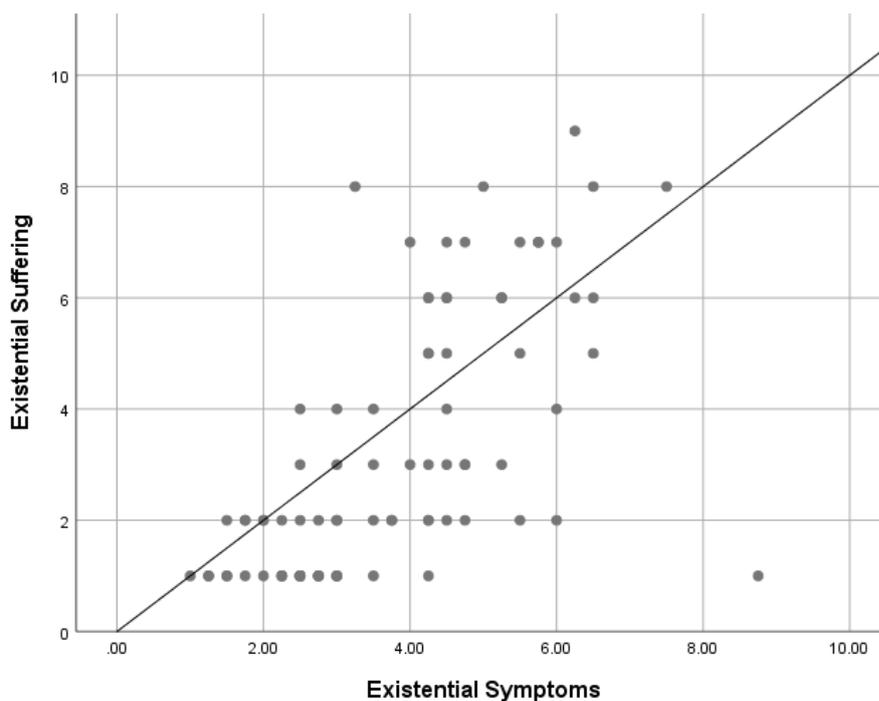


Figure 4.8. Scatter plot of existential suffering by existential symptoms.

Next, the means of existential symptoms and suffering were calculated and presented in table 4.92. A paired sample t-test was then conducted to identify if the difference in scores of suffering and symptoms was significant (Table 4.93)

Table 4.92. Descriptive statistics of existential symptoms and suffering

Variable	Mean	N	Std. Deviation	Std. Error Mean
Existential Symptoms	3.8110	82	1.61425	.17826
Existential Suffering	3.32	82	2.362	.261

Table 4.93. Paired sample t-test of existential symptoms and suffering

Pair	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	df	Sig. (2-tailed)
				Lower	Upper			
Existential Symptoms - Existential Suffering	.49390	1.82065	.20106	-.09386	.89394	2.457	81	.016*

*. The mean difference is significant at the 0.05 level.

As shown in the tables above, the mean of symptoms was higher than the suffering scores and the difference in the mean scores was significant. Hence, existential symptom scores were significantly higher than scores of existential suffering ($t(81)=2.457, p= 0.016$).

Furthermore, as shown in table 4.94 below, the 24 participants who indicated that they are not suffering existentially at all have displayed existential symptoms scores between 1.00 to 4.25 with one participant displaying a score of 8.75. Another 29 participants displaying the same range of existential symptoms scores (1.00-4.25) have rated themselves as suffering existentially in varying extent between a score of 2 and 8.

Table 4.94. Participants with existential symptoms scores of 1-4.25 and their suffering scores

		Existential Symptoms														Total
		1.00	1.25	1.50	1.75	2.00	2.25	2.50	2.75	3.00	3.25	3.50	3.75	4.00	4.25	
Existential Suffering	1	1	2	2	1	1	3	5	3	3		1			1	23
	2			1	2	2	1	1	1	2		1	2		2	15
	3							1		1		1		1	1	5
	4							1		1		1				3
	5														2	2
	6														2	2
	7													1		1
	8										1					1
Total		1	2	3	3	3	4	8	4	7	1	4	2	2	8	52

CHAPTER 5 DISCUSSION

This chapter discusses the outcomes of the data analysis reported in chapter four and is organised by the study objectives. First, the levels of organisational compassion, suffering and wellbeing are described. Second, results of testing the hypothesis relating compassionate factors and compassion at work are discussed. Third, the results of hypotheses testing multiple relationships pertaining to compassion at work and hedonic wellbeing, eudaimonic wellbeing, suffering symptoms, and extent of suffering are interpreted and discussed. Thereafter, interesting supplementary findings regarding the concept of suffering as well as other relationships displayed by compassionate factors are interpreted. Finally, an evaluation of the study limitations along with future research suggestions are outlined.

5.1 LEVELS OF ORGANISATIONAL COMPASSION, WELLBEING AND SUFFERING

This section considers the identified levels of wellbeing, suffering and compassion at the faculty. To do so, it was necessary to revisit the findings in a detailed manner taking into account descriptive statistics of key variables as well as individual items to contribute to a deeper understanding of experiences of academics at the university.

5.1.1 Levels of Organisational Compassion

5.1.1.1 Compassion at Work

Reports of the overall experienced compassion at work ($M=3.17$) was moderate and broadly consistent with previous studies in other work contexts in which means ranged between 3.06 and 3.62 (Lilius et al., 2008; Moon et al., 2016; Rhee et al., 2017; Hur et al., 2016a; Choi et al., 2016; Hu et al., 2018; Zhang et al., 2018). Compassion from co-workers displayed the

highest mean followed by line managers and on the job, which was also in line with previous research (Lilius et al., 2008; Eldor & Shoshani, 2016; Zhang et al., 2018). In contrast to Lilius et al. (2008), this study found no statistically significant difference in the mean scores of ‘compassion from line manager’ and ‘compassion from co-workers’. However, the mean scores for ‘compassion from co-workers’ was significantly higher than for ‘compassion on the job’. These differences can be explained by the ‘proximity principle’ which suggests people tend to form social relationships with individuals who are physically closer to them (Festinger et al., 1963) and compassion being an interpersonal process that unfolds in a relational context. Co-workers are likely to be more proximal than those in the wider context of the university which in turn facilitates the recognition of distress or need and responses to it (Dutton et al., 2014). The results also show almost one-tenth of the sample reported never experiencing compassion from the line manager as opposed to 3.7 % who never experienced it from co-workers. On the other hand, a higher percentage indicated experiencing compassion nearly all the time from the line manager (20.7%) as opposed to from co-workers (15.9%). This distribution confirms the variability of employees’ experiences of compassion at work (Lilius et al., 2008), and supports the interview findings of the discrepancy of experiencing compassion among academics. More importantly, the finding that a relatively higher percentage of academics reported never experiencing compassion from the line manager is significant in light of research suggesting managers often have the capacity and greater power to provide necessary resources and tangible and emotional rewards (Lim, 2005) and that compassion provided from school principals as opposed to colleagues has a stronger impact on outcomes such as positive affect, emotional vigour, organisational commitment and job satisfaction (Eldor & Shoshani, 2016). Dutton et al.’s (2014) review identifies that personal factors such as personality traits and professionalism as well as relational factors such as closeness and social power may affect the compassionate process.

Further research is required to explore the specific barriers to the provision of compassion by line managers which if addressed may be beneficial for academics' wellbeing and several work outcomes.

5.1.1.2 Compassionate Factors

The mean scores of compassionate factors at the faculty lay below the centre point of the scale whereby both items of the 'network' factor; *Network ties* and *Relationship quality* displayed the highest scores in comparison to other items. This indicates that many clusters of people in the faculty know each other well and the relationships are regarded as of high quality, both of which help in building emotional connections between employees and thus facilitating the expression of suffering and compassion (Lilius et al., 2011; Dutton et al., 2014; Worline & Dutton, 2017). The lowest mean score was for *Memorable stories* which also accounted for the highest percentage of a score of 1 at 39% while *Frequent stories* showed a relatively higher mean and around 17% scored it as 1. This suggests that although academics hear frequent stories of compassion at the faculty, few are deemed as memorable and recognized as legendary. The literature discusses how compassionate stories shape the way employees see the whole organization, their colleagues and themselves as more compassionate (Frost et al., 2004, 2006; Worline & Dutton, 2017) but little is known on whether this is influenced by the stories' memorability and/or frequency.

All 12 items pertaining to compassionate factors showed the full range of possible responses, except for one of the 'routine' items, *Decision-making*, which scored a maximum of 4. This suggests that the decision-making process at the faculty is perceived as not reflecting much care for employees. *Standard routines* also displayed the second lowest mean suggesting standard routines of recruitment, training, development and rewarding employees do not incorporate significant focus on care for the employees. On the other hand, participants also

reported higher scores for *caring responsibility* indicating ‘people’ at the faculty feel a high responsibility to care for others. This is not seen as contradicting the scores on routines since the term ‘people’ encompasses a wider population that may include work colleagues as opposed to rating the decision-making process or standard routines and those in charge of them. These findings are unfortunate in light of the growing evidence that routines that portray a caring approach at work act as a great source of motivation for employees and enhances their self-worth (Banker & Bhal, 2018) and wellbeing (McClelland & Vogus, 2019). They also enable compassion by reinforcing its legitimacy at work, restoring compassion resources (McClelland & Vogus, 2019) and encouraging employees to give back an equal level of compassion when required by organizations (Banker & Bhal, 2018). Both items pertaining to leadership displayed equal means where a significant proportion of academics rated *leaders’ compassion calls* and *leaders’ compassion modelling* as 2 or less (54.9% & 42.7%, respectively). These findings are unfortunate in light of evidence regarding the impact of leadership not only on facilitating compassion but in building a culture of shared humanity and values that emphasize care (Kanov et al., 2004; Dutton et al., 2006; Lilius et al., 2012) which was also supported in this study by the strong correlations found between both items of leadership and culture. This may have contributed to the low ratings of both items of culture; *Shared values* and *shared humanity* where 50% of the sample or more rated both items as 2 or less.

In conclusion, the findings show academics’ perception regarding most compassionate factors is relatively low with only one-quarter of the items displaying means above the centre point. It also identified that 50% or more of the sample rated half the items of the scale as 2 or less; *shared values*, *shared humanity*, *decision-making*, *standard routines*, *leaders’ compassion calls* and *memorable stories*. These findings resonate with findings from the latest *Times Higher Education University Workplace Survey* (2016) which captured opinions

of 1,398 academics across the UK where 29.5% of academics did not agree that their university is supportive with caring responsibilities and 56.3% of academics feel that their employer does not care about their wellbeing.

5.1.1.3 Compassionate Organisation

Perceptions of working in a compassionate organisation displayed a mean below the centre point of the scale with working in a compassionate department highest, followed by school and then faculty. The mean differences were significant for all three pairs (Department and school; school and faculty; department and faculty). These differences can be explained by the 'proximity principle' (Festinger et al., 1963) which may result in viewing the proximal units as more compassionate.

Regarding working in a compassionate department, more academics agreed as opposed to disagreed with varying degrees to the statement (47.6% and 37.8 %, respectively). The interpretation of this finding is limited by lack of information on the participants' departments. Although, the data reveals that participants in the law school displayed higher means for working in a compassionate department than those in the business school, the difference was non-significant ($p= 0.16$) and thus no further conclusions were made.

In relation to working in a compassionate school, a lower proportion of the sample agreed with the statement (37.8%) as opposed to those who viewed their school as not compassionate (44%). Analysis of the data by school reveals that more than half the law school viewed their school as compassionate as opposed to 28.6% of the business school and that the mean score of the law school was significantly higher than that of the business school. This finding accompanied with that previously identified as no significant differences in compassion at work between the two schools may suggest that there are factors other than experiencing compassion at work affecting perceptions of working in a compassionate unit.

Furthermore, apart from these findings illustrating that the law school is perceived as more compassionate by its employees, it also highlights the variability of compassion across different units within the same organisation and provides empirical evidence to Kanov et al.'s (2004) theory of 'pockets of compassion'. It further reinforces the interview findings that highlighted the discrepancy and limitations of assessing perceptions of organisational compassion as a whole. On the other hand, a considerable proportion of the law school have disagreed that their school is compassionate (30.8%) which also provides evidence of the variability of individual experiences of compassion within the same school.

Regarding working in a compassionate faculty, almost one-quarter agreed to the statement while more than half the participants have disagreed. Furthermore, the scores did not differ significantly between the law school and the business school. Although in relation to rating their school, participants from the law school provided higher scores, this was not the case for rating the faculty. In fact, the findings reveal that just as many academics from the law school (57.7 %) reported their school as compassionate viewed their faculty as not compassionate (See Appendix I). Apart from these findings illustrating that the majority of the two schools perceive their faculty as not compassionate, the findings provide further evidence of the limitations of assessing perceptions of working in a compassionate organisation and reinforce the need for evaluating compassion across multiple divisions/units within the organisation as applied in this study. Regardless of any differences, the perceptions of academics regarding working in compassionate departments, schools and faculty appears to be consistently poor which calls upon addressing.

5.1.2 Levels of Wellbeing

5.1.2.1 Hedonic Wellbeing

Positive affect. Reports of the frequency of experiencing positive affect (PA) by academics was moderate ($M=3.31$), yet, lower than those reported in previous studies employing the same scale where means ranged from 3.83-3.90 (Boonyarit et al., 2013; Kim & Glomb, 2014; Yang et al., 2020). Significant differences were displayed between the two schools, with business reporting higher positive affect than law. Although compassion at work has been positively associated with positive affect (Lilius et al., 2008, Chu, 2016, Eldor & Shoshani, 2016, Rhee et al., 2017, Ko & Choi, 2020), frequencies of compassion at work did not differ significantly between the two schools which suggests the presence of other factors that impact the levels of positive affect.

Comparing the five positive affect items, feeling inspired had the lowest and only mean below the center point of the scale whereby the majority of the sample reported feeling inspired sometimes (43.9%). This finding is significant in the context of this study provided how academics can inspire students, empower them to choose paths and contribute towards their personal fulfilment (Derounian, 2017). Cohen & Jurkovic (1997:68) note: “Call it inspiration, creativity, or whatever you want to; it’s the least tangible and most powerful ingredient in learning”. These findings raise questions on the extent to which academics contribute to inspirational learning while exhibiting low inspirational levels.

Negative affect. Academics reported low levels of negative affect ($M=1.85$). Previous studies employing the same scale have reported higher means among employees ranging between 2.15-2.30 (Boonyarit et al., 2013; Kim & Glomb, 2014; Yang et al., 2020). All the aforementioned studies also reported higher means of positive affect, supporting the idea that positive affect and negative affect are relatively independent (Diener, 1984; Clark & Watson,

1991; Keyes, 2002; Huppert & Whittington, 2003). The means for all five negative affect items were below the centre point of the scale, showing academics exhibit low levels of negative affect. Feeling nervous showed the highest percentage among other items in the categories of ‘about half the time’ and ‘most of the time’, accounting for more than 20% of the sample. This was expected in light of existing empirical evidence that suggests that stress among academics is high (Daniels & Guppy, 1992; Winefield & Jarrett, 2001; Kinman & Way, 2013; de Paula & Boas, 2017).

Life satisfaction. The scores of life satisfaction displayed a moderate mean ($M=4.63$, on a 7-point scale) suggesting that academics exhibit moderate life satisfaction which is broadly consistent with findings from previous studies in educational settings ($M=3.58- 5.50$) (Landa et al., 2006; Hamama et al., 2013; Jibeen, 2014; Qiao & Lina, 2019). The findings indicate that the majority of academics are satisfied with their achievements and life. However, almost half the sample reported that they would have changed things if they could live their life over. Unlike domain satisfaction, life satisfaction is a global judgement of individuals’ quality of life based on their choice of criteria (Shin & Johnson, 1978) rather than any pre-specified domains. Further research is required to explore and identify the changes referred to by almost half of the sample in relation to specific domains such as work, family, health, finance for a complete picture.

5.1.2.2 Eudaimonic Wellbeing

The mean scores of EWB show moderate wellbeing (Waterman et al., 2010). The business school reported higher EWB than the law school, but both mean scores were above the centre point of the scale and thus indicates moderate wellbeing in both schools.

Although mean scores of all items indicate consistent moderate eudaimonic wellbeing of academics, the scores of some individual items may be of concern. First, around one-fifth of

the sample showed uncertainties in items related to identifying their talents, purpose and meaning in life. This is significant given that self-discovery is a core defining element of eudaimonic functioning, which calls upon recognizing one's talents and directing their identified talents and skills to use in pursuing meaningful objectives in order to experience EWB. Second, although in the eudaimonic approach, happiness and subjective experiences are not the main goal, this does not reject that individuals will experience pleasure as a by-product if they engage in activities that are consistent with their goals and potentials (Waterman et al., 2010, Jongbloed, 2018; Kłym-Guba & Karaś, 2018). Waterman et al. (2010: 45) asserts that "persons characterized as high on EWB should report that what they are doing in their lives is personally expressive of who they are" which was not reflected by over 20% of the sample who expressed that they will continue an activity even if it is not personally rewarding.

5.1.3 Levels of Suffering

5.1.3.1 Psychological Symptoms

The scores for psychological symptoms displayed during the last month indicate that on average, academics exhibit low psychological symptoms as the mean lay towards the lower end of the scale, although lower means were reported in a study on patients with osteoarthritis (Schulz et al., 2010). The mean score of all the negative items of psychological symptoms sub-scale lay below 1 which suggests that on average academics display low psychological symptoms, except for three items; *worried/anxious*, *irritable* and *sad/blue*. The mean of the three items may still be viewed as accommodating the low-moderate range but the significance of these findings lies in it being consistent with the negative affect results discussed earlier where feeling *nervous* and *upset* displayed the highest means. Nonetheless, these findings point out to the higher levels of anxiety/worry among academics which is

consistent with previous studies (Winefield and Jarrett, 2001; HSE, 2018; 2020) and together with the finding that more than one-quarter of the sample reporting feeling *irritable* for most of the days or more during the last month calls upon addressing.

5.1.3.2 Existential Symptoms

Reports of mean scores of existential symptoms displayed during the last month lay towards the lower end of the scale which indicates that similar to the findings of psychological symptoms, academics exhibit low existential symptoms, although lower means were reported in a study of patients with Alzheimer's and osteoarthritis (Schulz et al., 2010). The mean score of all the four negative existential symptoms (where a lower score indicates low suffering symptoms) lay below 1 except for item; *I had trouble feeling peace of mind*.

Although the mean of the item may still be considered as being in the low range, the findings are alarming since over 70% of the sample reported with varying degrees having difficulties in feeling peace of mind out of which over 30 % highly scored a 3 or 4. Regarding the five positive items (where a higher score indicates low suffering symptoms), all items displayed a mean above the center point except for the item; *I felt peaceful*, where 41.5 % responded with a little or not at all. This further reinforces the aforementioned finding that academics are facing troubles in feeling peace of mind. Furthermore, over one-third of the sample responded with 'not at all' or 'a little' to '*I know that whatever happens in my life, things will be okay*' and '*I felt a sense of harmony within myself*'. This suggests that a considerable percentage of the sample are struggling with feeling a sense of meaning and harmony and have low faith as "things will be okay" was described as one of the "fruits" of faith (Peterman et al., 2002: 52). These findings indicate that, consistent with the previously identified results of the EWB scale, a considerable percentage of the sample are struggling with feeling a sense of purpose which is essential for existential and eudaimonic experiences of wellbeing (Waterman et al., 2010).

5.1.3.3 Psychological and Existential Suffering

Most of the sample indicated they are suffering both psychologically and existentially to varying extents (86.6% and 70.7%, respectively). This finding challenges the interview findings that participants strongly antagonised the term ‘suffering’ in an organisational context. Although interviewees contended that suffering is an emotive word that is never used to describe anything at the university, they did not reject the idea that suffering does exist, which is reflected in the results. This confirms the concept of suffering, previously investigated in medical contexts, also holds a place at work. The variation in rejecting the term during interviews while seemingly accepting it in the questionnaire may be explained by how suffering at work may be portrayed as inappropriate and a source of weakness or incompetence (Frost et al., 2003; Kanov et al., 2016) which presumably was easier to express in an anonymous questionnaire as opposed to face-to-face interviews. Additionally, the questionnaire allowed participants to rate a set of symptoms before rating their extent of suffering which may have enhanced their reflection on how they felt and made it easier to rate their suffering. Around one-quarter of the sample reported that their extent of psychological and existential suffering is 6 or more (28.1 % and 24.4 %, respectively). This suggests that a considerable percentage of academics are suffering greatly, which needs addressing.

5.2 RELATIONSHIP BETWEEN COMPASSIONATE FACTORS AND COMPASSION AT WORK

The hypothesis that overall compassionate factors will be positively related to compassion at work was supported (H_1), with a highly significant, strong and positive correlation between the two variables ($r = 0.541, p < 0.001$). Moreover, compassionate factors showed significant positive correlations with all the individual sources of compassion at work which indicates

that the more compassionate the factors are, the higher the frequency of experiencing compassion from colleagues, line managers and others in the faculty. This provides empirical support to the theoretical and qualitative findings of the impact and significance of organizational factors on compassion at work (Sutcliffe, 2001; Kanov et al., 2004, 2016; Dutton et al.; 2006, 2014, Worline & Dutton, 2017; Banker & Bhal, 2018). Unlike previous qualitative research (Dutton et al., 2006; Simpson et al., 2015; Peticca-Harris, 2018) that restricted the relationship between factors and compassion to one-off incidents of suffering, the current findings provide support for the relationship between factors and compassion at times of normality. Furthermore, all the six compassionate factors showed significant correlations with the total and individual items of experienced compassion which, to the best of the researcher's knowledge, is the first quantitative evidence for the model proposed by Worline & Dutton (2017).

Most of the twelve items on the compassionate factor scale correlated significantly with the experienced compassion scale with few exceptions. Experienced *compassion from line manager* displayed weak and non-significant correlation with *leaders' compassion modelling*. Given that the scores of leadership modelling were more towards the lower end of the scale suggests that despite leaders' compassionate behaviours may be perceived as low in the broader context, compassion may still unfold in the personal and relational context between individuals (Dutton et al., 2014) which highlights the divergence of compassionate behaviours in organisations. *Decision-making* failed significance with *compassion on the job* and *compassion from co-workers* which may be due to the decision-making process being more relevant to leaders as opposed to colleagues which was supported by the item's significant correlation with *compassion from the line manager*. The item '*role-making*' which asked participants to rate the level of autonomy and creativity in relation to people's role did not correlate significantly with total experienced compassion or any of its items; on job ($r=$

0.176, $p= 0.114$), from line manager ($r= 0.183$, $p= 0.1$), from co-workers ($r= 0.110$, $p= 0.325$). This was relatively surprising provided the evidence from the literature (Dutton et al., 2014; Worline & Dutton, 2017) and the preliminary interviews that outlined the importance of employee's flexibility to the compassionate process. According to Wrzesniewski and Dutton (2001), job crafting allows employees to craft their tasks and their interpersonal relationships. However, the item of the scale referred to crafting their 'roles' which may lack specificity and does not necessarily emphasize relationships which are paramount for compassion. Additionally, the factor analysis of the scale reveals that this item showed the weakest loading into the scale which may call for revision of the wording.

The findings reveal that among all 12 items, *relationship quality* displayed the strongest relationship with total compassion at work, on the job and from co-workers. This finding adds empirical support to those obtained from qualitative studies that highlighted the impact of the quality of relationships on the expression of suffering and facilitation of compassion (Dutton et al., 2006, 2014; Lilius et al., 2011). It also supports the findings of a study among nurses that revealed that the higher the quality of relationships in the workplace, the more nurses were inclined to provide compassion to their colleagues (Chu, 2017). The strongest positive correlation displayed with compassion from the line manager was an item of the culture factor; *shared humanity* which indicates that the higher the perceptions of shared humanity in the faculty, the higher the compassion from the line manager. Organisational cultures with embedded shared humanity enable more generous interpretations of suffering and legitimize compassionate action (Worline & Dutton, 2017) and leaders play a key role in reinforcing a culture of shared humanity and shaping the norms around compassion (Lilius et al., 2012). This is supported by findings from a recent study where participants stated that when leadership cares about members of an organisation, the more likely it is to reinforce ethical values in organization and build a compassionate culture (Banker & Bhal, 2018).

In conclusion, compassionate factors correlated positively and significantly with compassion at work and all its individual sources which supported the postulated hypothesis. The findings are significant in that they provide the first quantitative evidence that supports the model proposed by Worline and Dutton (2017), respond to calls by authors to empirically test the organizational features that contribute to compassion at work (Kanov et al., 2004; Lilius et al., 2008; Simpson et al., 2019) and provide quantitative evidence to the existing body of literature and research on organizational factors that has been described as limited (McClelland & Vogus, 2019) and qualitative in nature (Huppert, 2017; Eldor, 2017).

5.3 RELATIONSHIP BETWEEN COMPASSION AT WORK, WELLBEING AND SUFFERING

In this section, the results of testing the hypotheses pertaining to the relationships between compassion at work, wellbeing and suffering were discussed in line with achieving the third objective of this study.

5.3.1 Compassion at Work and Wellbeing

5.3.1.1 Compassion and Hedonic Wellbeing

As hypothesized, a positive relationship was found between compassion at work and total hedonic wellbeing which marginally failed significance ($r = 0.211$, $p = 0.057$), therefore the hypothesis was not supported (H_2). However, it is worth noting that experienced compassion from co-workers displayed a significant correlation with hedonic wellbeing. This suggests that different sources of compassion at work such as co-workers, line managers and others may have a varying association with hedonic wellbeing. The importance of this finding is that, unlike previous studies, making a distinction between sources of compassion has identified possible variations which are worthy of further research. To better understand these

relationships, the three hypotheses relating compassion at work and the dimensions of hedonic wellbeing were examined and discussed next.

Compassion and positive affect. As expected, the results of the current study supported the hypothesis that there will be a positive relationship between compassion at work and positive affect (H_{2a}) which is consistent with previous studies (Lilius et al., 2008, Chu, 2016, Eldor & Shoshani, 2016, Rhee et al., 2017, Ko & Choi, 2020). However, it is worth noting that the correlations reported in previous studies were much stronger which may be due to the smaller sample size recruited in the current study or to how positive affect was operationalized differently in terms of the specific affect terms. For instance, the current study operationalised positive affect by looking into five items; *alert, inspired, determined, attentive* and *active*. Other studies operationalized positive affect as proud, grateful, inspired, and at ease (Lilius et al., 2008; Ko & Choi, 2020), or strong, enthusiastic, active, and proud (Rhee et al., 2017). Evidence from neuropsychology studies suggests that positive affect is not a single dimension and that different types of positive affects relate variably to constructs (Gilbert et al., 2008; Gilbert, 2009; Scheibe et al., 2013). This may also explain the findings from the current study where compassion at work displayed a significant correlation with only two items of positive affect; *inspired* and *determined*. Nevertheless, the significance of the current study's findings is that it provides further support to the relationship between compassion and positive affect and reinforces the affective events theory which postulates that positive emotions can accumulate over time and thus contribute to an ongoing emotional tone (Weiss & Cropanzano, 1996). Regarding the sources of compassion, positive affect displayed significant and weak correlation with compassion on the job ($r= 0.231, p= 0.037$), a relatively stronger correlation with compassion from co-workers ($r= 0.354, p= 0.001$) and a non-significant correlation with compassion from line manager ($r= 0.117, p= 0.297$). This is inconsistent with findings from a study among school teachers that found a stronger

correlation between positive affect and compassion from principals as opposed to colleagues (Eldor & Shoshani, 2016). However, the comparison is limited by the ambiguity of the employed positive affect scale, the assessment of positive affect by setting a specific time period and their use of a different constructed tool that operationalised compassion as a set of indicators such as generosity, empathy, dignity and respect.

As discussed earlier, the frequency of compassion from co-workers was significantly higher than that 'on the job' which may have contributed to the stronger relationship between compassion from co-workers and positive affect. However, the frequency of compassion from co-workers did not differ significantly from that experienced from line-managers, and thus this variation in significance may be explained by how different sources of compassion tend to provide different forms of compassionate responses. For instance, line managers have greater power to extract formal resources such as work flexibility or leaves but co-workers tend to provide emotional forms of compassion (Chen et al., 2016) such as hugs and advice as well as tangible materials such as food, cards and flowers which are more likely to be interpreted as stronger emotional events that spark more positive emotions. These types of resources appeared to be memorable and helpful as evident in the stories provided in a study (Lilius et al., 2008). Evidence from a neuropsychology study by Gilbert (2009) found that positive affect arising from social events and those resulting from non-social activities operated differently. This may explain why unlike compassion from other sources, compassion from co-workers also related significantly to feeling *attentive* and *active*. Additionally, compassionate responses may vary in their competence. According to Dutton et al.(2002, 2006), 'compassion competence' can be assessed by four dimensions; scale (volume of provided resources), scope (breadth of resources), speed (timeliness), and customization (tailoring resources to meet specific needs). While line managers often have greater power to provide necessary resources and are in a more appropriate position to give rewards (Lim,

2005), resources that are mainly provided by managers are usually extracted by following a formal bureaucratic route which may impede the dimensions of speed and customisation.

This is supported by evidence from this study's interviews in the following quote;

“In a sense, there is a tension between rules and compassion. Because the more rules you have to cover the wider variety of circumstances ..the less individual judgement comes into play. So for example, compassionate leave, which is legal requirement more or less ...someone who is bereaved applies for 7 days compassionate leave... perhaps somebody needs more time or a different period”.

In conclusion, based on total scores of experienced compassion and positive affect, the hypothesis received support. However, taking into consideration individual items, the hypothesis may be partially supported. The significance of the findings lies in the detailed breakdown of sources of compassion and items of positive affect and identifying that different sources of compassion at work correlate variably with positive affect whereby compassion from co-workers was more strongly associated with a broader set of positive affect. Provided that frequencies of compassion did not differ significantly, suggests the presence of other factors such as varying forms and competence of compassion. The findings underscore the significance of distinguishing sources of compassion and items of positive affect in future research for greater clarity on the relationship between the two variables.

Compassion and negative affect. As hypothesized, the relationship between total compassion at work and total negative affect was negative but non-significant ($r = -.175$, $p = 0.12$), therefore, the hypothesis (H_{2b}) was not supported. Furthermore, total negative affect did not correlate significantly with any of the items of experienced compassion, indicating that unlike positive affect, the relationship was not affected by different sources of compassion. The current findings are relatively consistent with relevant studies on compassion training that revealed a relationship with positive affect but not with negative affect (Jazaieri et al. 2014; Klimecki, 2013). Previous studies on compassion at work reported

negative relationship with negative experiences such as burnout (Choi et al., 2016, Eldor & Shoshani, 2016; Eldor, 2017), anxiety (Choi et al., 2016) and stress (Zhang et al., 2018). Burnout, anxiety and stress are closely related to negative affect (Cohen et al., 1993; Gillespie et al., 2001; Little et al., 2007; Hamama et al., 2013) but are not negative affect as evident by the most prominent negative affect scales (Watson et al., 1988; Thompson, 2007). A qualitative study (Lilius et al., 2008) reveals that health care staff reported that compassion at work decreased their negative emotions, making them feel less anxious, less shame or fear, and less sad. While the current findings showed that compassion did not correlate with feeling upset, nervous and ashamed, the cross-sectional design of the current study restricts extracting conclusions on whether compassion indeed lowered the level of these negative affect items. The study by Rhee et al. (2017) on compassion at work that included a selective set of four negative emotions as a control variable (nervous, guilty, hostile, jittery, only two of which were assessed in the current study) has found a significant relationship, although weak ($r = -0.2$). Although this may be due to their study's larger sample ($N = 217$), it also may suggest that similar to positive affect, a significant relationship exists between compassion and specific negative affect.

The broaden and build theory (Fredrickson, 1998) suggests that positive affect broadens mindsets and builds personal resources. Building on the incompatibility of positive and negative emotions, Fredrickson asserts that these positive emotions can lessen, undo or correct the resonance of any particular negative event which is known as the undo hypothesis (Fredrickson et al., 2000; Fredrickson, 2004). Although positive and negative affect in the current study correlated negatively, the relationship was weak ($r = -0.235$) and most of the items did not associate with one another (See Appendix L, Table L1) which challenges the incompatibility of PA and NA and supports existing literature suggesting that positive affect and negative affect are relatively independent (Diener, 1984; Clark & Watson, 1991; Keyes,

2002; Huppert & Whittington, 2003). Unlike the design of the current study, the theory suggests the need for frequent recurrence of positive affect and enough time for resources to accumulate which ideally would require assessment on two occasions (Fredrickson, 2013). Nonetheless, Fredrickson's (2008) study that assessed the effect of nine items of positive affect induced by meditation on anger, shame, contempt, disgust, embarrassment, guilt, sadness, and fear across 9 weeks found the effect to be non-significant. A critical review that examined the undoing effect of positive affect reveals that several studies did not support the undoing hypothesis and that in particular, in the eight non-experimental studies, the undoing effect was only supported in half. The authors further concluded that the discrepancy in the results indicates that the undoing effect may be restricted to specific NA, specific PA and very specific circumstances (Cavanagh & Larkin, 2018). This specificity may explain the identified significant correlations between compassion from line-managers and co-workers and feeling *afraid* but not the other negative affect items. The current findings and previous discussion shed light on the inconsistency and complexity underlying the relationship between compassion and negative affect which clearly requires further research.

Compassion and life satisfaction. The hypothesis suggesting a positive relationship between compassion at work and life satisfaction was not supported (H_{2c}). A previous study has reported a positive relationship between compassion at work and the related concept of job satisfaction as mediated by positive affect (Eldor & Shoshani, 2016). The positive relationship between life satisfaction and job satisfaction has been well documented (Thoresen et al., 2003; Bowling et al., 2010) supporting the 'spillover hypothesis', which suggests that positive experiences at work spill over positive influences in other life domains (Judge & Watanabe, 1994; Bowling et al., 2010). Accordingly, it was expected that frequent experiences of compassion at work will relate positively to life satisfaction. However, the literature on the job-life satisfaction relationship suggests that the spill over hypothesis is

only one theory that governs the relationship. Other theories include the compensation hypothesis which supports a negative correlation by suggesting that individuals dissatisfied with their jobs pursue more pleasurable experiences in their non-work lives, and the segmentation hypothesis that suggests that there is no association between job and life satisfaction (Elizur, 1991). This is supported empirically by findings from a study that revealed that for most individuals (68%) job and life satisfaction are positively related, however, that for a significant minority, the relationship is negative (12%), or there is little relationship at all (20%) (Judge & Watanabe, 1994). Hence, as other theories apply, positive experiences at work may not spill over positive influences in other life domains. Furthermore, the study by Eldor & Shoshani (2016) indicates that the relationship between compassion at work and job satisfaction was mediated by positive affect. Although positive affect and life satisfaction are dimensions of the same construct, life satisfaction is a cognitive dimension of the SWB that is empirically and conceptually distinct. Thus, individuals may report low life satisfaction accompanied with high positive affect (Heubner & Dew, 1996). This was supported by the current findings where although positive affect and life satisfaction displayed a positive correlation, several positive affect items did not correlate significantly with life satisfaction items (See Appendix L, Table L2). The previous discussion highlights the need of further research to understand the relationship between compassion at work, job satisfaction and life satisfaction.

5.3.1.2 Compassion and Eudaimonic Wellbeing

The hypothesis that there will be a positive relationship between compassion and eudaimonic wellbeing was supported where a significant, moderate and positive relationship was found between the variables ($r = 0.317, p = 0.004$). Regarding sources of compassion, compassion on the job and from co-workers correlated significantly while compassion from line manager did not correlate significantly as was found with hedonic wellbeing. Provided that the

frequency of compassion did not differ between co-workers and line managers, infer the presence of the previously identified factors: compassion forms and competence. The findings are significant in light of research suggesting that co-workers are likely to have less access to instrumental support (Chen et al., 2016) and that managers can help employees determine and develop a personal vision to support their self-realisation and development which is central to eudaimonic functioning (Ilies et al., 2005; Waterman et al., 2010; Boyatzis et al., 2013).

As hypothesized, positive affect was found to significantly and partially mediate the relationship between compassion at work and EWB and thus the hypothesis was supported (H_{3a}). Although, the mediating effect of positive affect on other work-related variables has been highlighted in previous research (Lilius et al., 2008; Chu, 2016; Ko & Choi, 2020), the current findings contribute by identifying its mediating effect on EWB. The findings provide support to both affective events theory and broaden-and-build theory and suggest that positive affect arising from compassion at work broadens outlooks and builds consequential personal resources. These findings support a field study that displayed that positive affect increased a wide range of personal resources pertaining to eudaimonic wellbeing as operationalized by Ryff's model of EWB (Fredrickson et al., 2008) and thus, extend the empirical evidence to the adopted Waterman et al. (2010) EWB model. The mediation effect of positive affect may also explain why unlike compassion from line-managers, compassion from co-workers correlated significantly with EWB despite their limited access to instrumental support (Chen et al., 2016). This may be attributed to the emotional support provided by co-workers that may vary in competence and is more likely to be interpreted as strong emotional events thus sparking further positive emotions that in turn broaden outlooks and build personal resources. This is reinforced by the current findings where positive affect

correlated moderately with compassion from co-workers while displaying a non-significant correlation with compassion from line manager.

5.3.2 Compassion at Work and Suffering

5.3.2.1 Compassion at Work and Psychological Symptoms

The hypothesis (H_4) that there will be a negative relationship between compassion and psychological symptoms was supported where a significant and negative correlation was found ($r = -0.247, p = 0.026$). Regarding sources of compassion and consistent to findings related to hedonic and eudaimonic wellbeing, compassion from co-workers was the only source to correlate significantly with total psychological symptoms, which suggests that varying compassion forms and competence may also have an influence on psychological symptoms.

The findings indicate that compassion from different sources is negatively associated with different psychological symptoms. For instance, compassion from line managers but not from co-workers correlated significantly and negatively with feeling '*worried or anxious*'. This provides partial support to a study that reported a negative relationship between total compassion at work and anxiety (Choi et al., 2016). However, since their study did not report results of individual sources of compassion, no further conclusions can be made. The finding is relevant to previous research that suggests that support from superiors is critical for a balanced work-personal life and reduced inter-role conflict (Allen, 2001) which consequently is associated with lower anxiety (Kossek & Cynthia, 1998). Furthermore, compassion connects people, allowing for a closer relationship between employees and their supervisors which was found to be significant in reducing the degree of stress, role conflict and role ambiguity (Coelho et al., 2011). On the other hand, compassion from co-workers correlated significantly and negatively with feeling *hopeless, lonely, abandoned and rejected*. The

findings are significant in that they suggest that compassion from co-workers may be related to a wider array of psychological symptoms that may not be exclusively work related, thus, contributing to the literature that tended to focus on work related negative experiences such as anxiety, stress or burnout.

5.3.2.2 Compassion at Work and Existential Symptoms

The hypothesis (H_5) that there will be a negative relationship between compassion and existential symptoms was supported where a significant and negative correlation was found ($r = -0.244, p = 0.027$). Similar to that identified in relation to psychological symptoms, compassion from co-workers was the only source to correlate significantly with total existential symptoms. Two existential symptoms '*I felt peaceful*' and '*I had a reason for living*' have displayed significant correlation with both total and all individual items of compassion at work. Additionally, compassion from co-workers was positively related to '*I felt a sense of purpose in my life*' and negatively associated with '*My life had been a failure*'. All relationships displayed by compassion from co-workers were stronger than those shown by compassion from line-managers which also reinforce the trend that different sources of compassion at work display varying associations with suffering variables just as that was identified in relation to wellbeing variables. The findings indicate that compassion at work is associated with an enhanced sense of purpose and meaning in life to those who experience it which may contribute to their eudaimonic wellbeing (Waterman et al., 2010).

5.3.2.3 Compassion at Work and Extent of Suffering

As expected, a negative relationship was found between compassion at work and both psychological suffering and existential suffering, yet non-significant and therefore the two hypotheses were not supported (H_6 & H_7). Additionally, both psychological and existential suffering did not correlate significantly with any of the items of experienced compassion,

indicating that the relationship was not affected by different sources of compassion at work. The pattern of the data displayed wide variability where academics who experienced similar frequencies of compassion, some reported not suffering at all while others reported suffering with variable extents. This suggests that although academics may experience equal frequencies of compassion, the suffering would vary in extent. This variability may be due to the subjectivity and individuality of suffering where different individuals may interpret, react to, and suffer from the same set of objective circumstances in different ways (Cassell, 1991, 1998; VanderWeele, 2019). Therefore, suffering can vary in its intensity; the differences depend on the particular person rather than the circumstances. This is supported by current findings that are discussed later in this chapter that show that while the negative experiences of two individuals may be equal, one individual may not be suffering at all while the other may be highly suffering. Furthermore, although compassion, by definition, aims to alleviate suffering, it does not necessarily fix the cause of suffering (Kanov et al., 2004). Evidence from the literature suggests that suffering may be caused by several issues that may be personal, work or organizational related. As such, while some of the provided compassionate actions such as time and flexibility or material goods may be effective in the resolution of financial difficulties or job stress and thus reduce suffering arising from them, they may not be as effective in removing the cause of suffering for other issues such as death or terminal illnesses. As portrayed in the stories of a study (Lilius et al., 2008: 205), “the primary form that compassion took was emotional, often because there was little that could be done to remedy the situation”. Kanov et al. (2004) asserts that compassionate responding may not fix or correct the immediate source of suffering but seeks to make the experience more bearable. This does not undermine the significance of compassion at work but highlights the need for better methodologies that can capture how compassion (if at all) makes the individual experience of suffering more bearable.

The association between compassion and suffering in the current study is evident in two interesting findings. First, the findings reveal that academics who reported not suffering existentially at all also reported experiencing statistically significant higher means of compassion than those suffering. This suggests that compassion is not dependent on the presence of suffering as portrayed in the current literature, in fact, compassion was more frequently reported when suffering was absent thus highly challenging the traditional view of compassion (Kanov et al., 2004, 2016; Dutton et al., 2006, 2014; Lilius et al., 2008, 2012). The findings support the expanded view of compassion adopted in this study and provides empirical evidence to Boyatzis et al. (2013) definition of compassion and previous qualitative research (Simpson et al., 2013; Avramchuk and Manning, 2014). Second, the relationship between compassion and suffering can also be seen among academics who reported never experiencing compassion from either their line managers or co-workers. All the participants who never experienced compassion also reported suffering psychologically with varying extent while the majority reported suffering existentially. This suggests that while experiencing compassion may or may not be associated with suffering, the absence of compassion is, in this study, 100% associated with presence of psychological suffering and 88% associated with existential suffering.

In conclusion, although the findings did not support the hypothesis, interesting findings were identified that may contribute to a better understanding of suffering and compassion at work. The study has identified that academics who reported not suffering existentially have experienced higher frequencies of compassion and that the absence of experienced compassion was greatly associated with suffering. These findings support the expanded view of compassion and challenge the traditional view of compassion as fundamentally linked to existing suffering.

5.4 DISCUSSION OF SUPPLEMENTARY ANALYSIS

5.4.1 Relationship between Compassionate Factors, Wellbeing and Suffering

This section is aimed at discussing the identified relationships between compassionate factors, wellbeing and suffering variables to achieve the fourth objective of the study. The findings reveal that, controlling for compassion at work, compassionate factors correlated negatively and significantly with total negative affect and psychological symptoms. The breakdown analysis reveals that compassionate factors are negatively associated with feeling *upset* (NA), *afraid*, *worried/anxious*, *irritable*, *hopeless*, *angry* and *guilty* (psychological symptoms). Furthermore, total compassionate factors associated positively with one positive affect item; *determined* and negatively with an existential symptoms item *I had trouble feeling peace of mind*. This suggests that while compassion at work is controlled, the more compassionate the factors are perceived, the lower the experiences of negative affect, psychological symptoms, trouble finding peace of mind and the more academics reported feeling determined. These findings can be explained by drawing on theories of organizational support. Perceived organisational support (POS) refers to the extent to which employees perceive that their organisation cares about their wellbeing (Eisenberger et al., 1986). Factors such as leadership, HR practices, relationship quality and working conditions were all highlighted as antecedents of POS (Kurtessis et al., 2017). POS as a job resource, in turn, fuel personal resources such as self-efficacy which aid in dealing with negative experiences (Roemer & Harris, 2018). In a recent meta-analysis, POS was found to be positively related to job satisfaction, work–family balance, self-efficacy, self-esteem and negatively related to work–family conflict, job stress, burnout and emotional exhaustion (Kurtessis et al., 2017). As such, POS is a significant positive predictor of wellbeing (Roemer & Harris, 2018). Therefore, compassionate factors may impact employees’ perceptions of organisational

support which makes them more likely to develop personal resources that can help them deal with negative experiences and are, therefore, more likely to experience enhanced wellbeing. This may offer an insight into the underlying mechanism of how compassionate factors is related to enhanced employee wellbeing. Although in the current conceptualization of ‘organisational compassion’, authors have acknowledged the significance of organizational factors (Kanov et al., 2004, 2016; Dutton et al., 2014), their conceptualisation limits factors as enablers of compassion and does not view them as equally significant to human actors (Simpson et al., 2015). The current findings are significant in that they highlight the importance of compassionate factors not just in enabling compassion but suggest that they may also play a role in enhancing wellbeing that is independent of compassion, thus challenging the current conceptualizations of ‘organisational compassion’. The findings further support the study’s approach of viewing compassionate factors as a constituent component of organisational compassion and not merely as enablers. Given the current findings and relatively high reported levels of feeling worried/anxious and irritable and that the majority of academics had trouble feeling peace of mind, enhancing compassionate factors may be beneficial.

Although total compassionate factors only displayed an association with total negative affect and psychological symptoms, the breakdown analysis of the compassionate factor scale shows significant correlations with other variables. For example, leadership factor and both its items displayed positive and significant correlations with total positive affect. On the other hand, some of the compassionate factors did not correlate with negative affect and psychological symptoms such as stories factor and both its items. Furthermore, analysis of individual items of the scales reveals additional and variable associations. For instance, five compassionate items; *Networks ties*, *caring responsibility*, *leaders’ compassion calls* and *modelling*, *frequent stories* were associated with one item of positive affect; *determined* while

Leaders' compassion calls also displayed the only significant correlations with feeling *active*. *Networks ties* did not correlate with total negative affect, yet, was the only item to correlate negatively with one of its items; *hostile* ($r = -0.323, p = 0.003$). On the other hand, *relationship quality* correlated significantly with total negative affect, but this was not reflected in the results of the individual items. *Relationship quality* correlated significantly with 8 psychological symptoms and was the only item to correlate negatively with feeling *sad/blue*. Both items of networks displayed the only significant correlations with feeling *angry* and *guilty*. Although leadership did not correlate with total psychological symptoms, the individual item correlation analysis reveals that both its items correlated negatively and significantly with feeling *afraid* and *hopeless*. Additionally, *leaders' compassion calls* was the only item to be positively related to feeling *confident* while *leaders' compassion modelling* was negatively related to feeling *irritable*. *Frequent stories* were associated with feeling *afraid*, *anxious/worried* and *irritable* while *memorable stories* was only negatively related to feeling *irritable*. Likewise, analysis of total scores indicated that none of the compassionate items correlated with total existential symptoms. Yet, the correlation analysis of items reveals that both items of routines; *decision-making* and *standard routines* and *frequent stories* correlated negatively with *having trouble feeling peace of mind* while *network ties* and *leaders' compassion calls* was negatively associated with 'My life lacked meaning and purpose'.

Interesting and surprising findings were identified in relation to three negative relationships displayed by *shared values*. *Shared values* was found to be significantly and negatively associated with one item of life satisfaction; 'So far I have got the important things I want in life'. The finding suggests that the more the values of the organisation emphasize the importance of people, the less the participants reported getting the important things they want in life. Moreover, *shared values* showed negative association with two positive items of

EWB; *'It is more important that I really enjoy what I do than that other people are impressed by it'* and *'I feel best when I'm doing something worth investing a great deal of effort in'*.

These findings contradict research on supportive organisational cultures emerging as a significant factor in employee's overall wellbeing (Dickson-swift et al., 2014) and may be related to the existing tension between relational and bureaucratic organisations and arguments of how organisational compassion undermines fairness and justice (Gittell & Douglas, 2012; Shahzad et al., 2014). Shahzad et al. (2016) introduced the concept of 'compassionate organizational justice' demanding a balance between relational components and replicable and sustainable bureaucracy that is based on equity and fairness.

In conclusion, unlike how compassionate factors are currently portrayed as not equally significant as interpersonal compassion (Simpson et al., 2013) and are only viewed as enablers of compassion, the findings suggest that controlling for compassion at work, compassionate factors are associated with enhanced wellbeing.

5.4.2 Suffering

In line with achieving the fifth objective, this section discusses the results of analysis aimed at gaining a deeper understanding of the concept of suffering by identifying 1) whether a distinction between psychological and existential suffering is possible and 2) whether there is a difference between symptoms and suffering.

5.4.2.1 Relationship between Psychological and Existential Suffering

The analysis revealed a highly strong and positive correlation between both dimensions of suffering ($r= 0.901, p< 0.001$). This indicates that the higher the extent of psychological suffering, the higher the extent of existential suffering. Cassell (1998) theory of suffering as an all-encompassing experience claims that since individuals are holistic entities, individuals

who suffer will always be affected in all the dimensions and therefore it is not possible to distinguish between different dimensions of suffering. At first blush, the current findings provided partial support to this view where more than half the sample reported equal suffering scores on both dimensions. However, it was also identified that some participants reported an extent of psychological suffering that was lower than existential suffering and around 39% scored themselves higher on the psychological suffering scale. This indicates that individuals do not necessarily exhibit equal extents of suffering on both dimensions. This variation was confirmed where psychological suffering was found to be significantly higher than existential suffering ($t(81) = 4.60, p < 0.001$). These results highlight that the majority of academics perceive themselves as suffering more on the psychological dimension, underline the distinguishability of psychological and existential suffering and challenge Cassell's (1998) claim of the invalidity of making a distinction between different dimensions of suffering. More importantly, was the finding that a considerable number of academics (15.85%) reported not suffering existentially at all while suffering to some extent psychologically. This finding is significant in that it provides evidence that not only a distinction is possible between suffering dimensions, but that it is also possible to suffer in one dimension but not on the other which challenges Cassell's theory of suffering as an all-encompassing experience. The findings also provide empirical support to van Hooft (1998) theory of suffering and the approach undertaken in the current study of the validity of making a distinction between dimensions of suffering.

5.4.2.2 Relationship between Symptoms and Suffering

Psychological suffering correlated strongly and positively with total score of psychological symptoms ($r = 0.726, p < 0.001$). Additionally, all the psychological symptoms correlated significantly with psychological suffering at the 0.01 level. This indicates that the higher the exhibition of any of the psychological symptoms, the higher the extent of psychological

suffering. Similarly, existential suffering correlated strongly and positively with total score of existential symptoms ($r= 0.639, p< 0.001$) and all its individual items at the 0.01 level with strengths ranging from moderate to strong. This suggests that the higher the scores of any of the existential symptoms, the higher the extent of existential suffering.

The findings identified that the majority of academics reported unequal scores of suffering and their relative symptoms. For instance, more than half the sample reported psychological suffering scores that were higher than their psychological symptoms. In contrast, more than 60% provided existential suffering scores that were lower than existential symptoms. This suggests that academics do not necessarily evaluate their symptoms and corresponding extents of suffering equally. The difference in the mean of symptoms and suffering was confirmed whereby findings reveal that the psychological suffering scores were significantly higher than scores of psychological symptoms while the existential suffering scores were significantly lower than scores of existential symptoms. This suggests that academics tend to score their extent of psychological suffering higher than they score their symptoms while rating their extent of existential suffering lower than the exhibited symptoms.

Furthermore, participants who indicated that they are not suffering psychologically at all and those who reported suffering psychologically with varying extents between a score of 2 and 8 have displayed and shared the same range of psychological symptoms scores. Similarly, participants who indicated that they are not suffering existentially at all have displayed the same range of existential symptoms scores as those suffering existentially in varying extent between a score of 2 and 8. These findings indicate that while the negative symptoms and experiences of two individuals may be equal, one individual may not be suffering at all while the other may be highly suffering which highlights the subjectivity of suffering and that it applies for both dimensions of suffering. These findings support those pertaining to physical

suffering observed in medical contexts where patients sometimes report suffering when not expected, or do not report suffering when expected (Cassell, 1998). These findings are significant in that they highlight the divergence between presence of symptoms and the extent of suffering and provide empirical evidence to Cassell's view of suffering as a subjective experience "whose presence and extent can only be known to the sufferer" (p. 35). While Cassell's view of the subjectivity of suffering was relevant to patients suffering physically, the current findings provide support that this subjectivity applies to the psychological and existential dimensions in work contexts. The findings also challenge authors' view of suffering as an objective experience (Morse & Carter, 1996; van Hooft, 1998) as well as previous studies that studied suffering by merely measuring negative symptoms (Hobbs, 1994; Leite et al., 2007; Martins & Robazzi, 2009; Quenot et al., 2012; Vieira et al., 2013; Marechal et al., 2013; McCaughy et al., 2013; Traynor & Evans, 2014; Mariano et al., 2015; Prestes et al., 2015; Aggarwal & Verma, 2018; dos Anjos et al., 2018; Settineri et al., 2018).

In conclusion, this section was aimed at a better understanding of the concept of suffering. The results indicate that although psychological and existential suffering were strongly correlated, significant differences were found between their scores and that it is possible to suffer in one dimension without the other. Thus, providing support to the research's adopted view of assessing the dimensions of suffering as distinguishable. Additionally, the results suggest that the higher the symptoms, the higher the suffering in both psychological and existential dimensions. However, significant differences were found between the scores of psychological symptoms and suffering and between existential symptoms and suffering. Thus, providing support to the research's adopted view of assessing suffering as a subjective experience that goes beyond negative symptoms. The two main theories of suffering in the medical literature either viewed suffering as subjective and non-distinguishable (Cassell, 1998) or objective and distinguishable (van Hooft, 1998). Based on the current findings, the

researcher proposes a third integrated view of psychological and existential suffering at work that encompasses subjectivity and distinguishability.

5.5 LIMITATIONS OF THE STUDY

There are several limitations that may be addressed in any replication of this research and the current findings need to be interpreted in the light of these limitations. First, due to the cross-sectional nature of the study, caution is needed in inferring that there is a definite causal relationship between the variables. Although all tested relationships have been supported theoretically, the results only provide correlational support. A causal relationship may be more firmly established by using a longitudinal design in future studies. Second, this study employed a convenience sample drawn from a specific faculty in the UK. Therefore, the findings may not be generalizable to other faculties at the designated university, other universities or other organisational contexts and the model of this study should be tested and generalized in various occupations, industries and countries. This is an area in which further research is required. Reflecting upon the extent to which the study findings may be unique to the participating faculty, industry (Higher education) or country (UK), it was not possible to extract specific inferences because of the sheer lack of studies and limited empirical evidence. Further research is required for a better interpretation of the results in light of the specific context.

Third, due to the multivariate nature of this research, the questionnaire administered was necessarily lengthy. Although the pilot study did not raise any issue with its length or completion time and the researcher took the necessary measures to foster participation whereby shorter versions of instruments were employed, the survey length may still have had a detrimental effect on response and completion rates. Nonetheless, the preliminary analysis highlights its acceptable reliability and in light of lack of scales that assess compassionate

factors, the proposed scale is one of the contributions of the current study. Yet, further research using a larger sample size is required to test the validity of the compassionate factors scale. In particular, the findings suggest that one item of the scale; *role-making* displayed the weakest loading and did not correlate significantly with total experienced compassion or any of its sources. This is inconsistent with evidence from the literature (Dutton et al., 2014; Worline & Dutton, 2017) and the preliminary interviews which may call for revision of the wording.

Fourth, non-response bias is inevitable in any survey design and there is a possibility that academics who participated in this research are those for whom the concepts of compassion and wellbeing are particularly meaningful. However, non-response bias has a low probability (Burke and Collins, 2001) and considering the variations among respondents in rating their experiences of compassion, wellbeing and suffering, this seems unlikely. Fifth, in an attempt to overcome limitations of other models, this study has adopted Waterman et al. (2010) EWB model that captures both objective and subjective aspects of EWB and allowed for exploring how EWB associates with ‘relationships’ as a compassionate factor that otherwise would not have been possible. Yet, the QEWB and its unifactorial structure was found to be restricting in identifying and concluding what items relate to which aspect. This is an area that requires further research using other models of EWB such as Ryff’s psychological wellbeing model to 1) identify whether the findings apply to other models 2) to parse out how compassion at work relates to different aspects of EWB.

Sixth, the relatively small sample size in the present study (N = 82) and limited statistical power may have played a role in limiting the significance of some of the statistical tests conducted. A post hoc power analysis revealed that the sampling efforts were sufficient to detect moderate to large effect size level, but less than adequate statistical power to detect the

small effect size level. Future research therefore should attempt employing a larger sample size. Seventh, although the detailed conducted item analysis and breakdown of scales has aided in a deeper understanding of variables, it has been widely reported that the reliability of single-item measures cannot be estimated, and that if it could be estimated, it would be unsatisfactorily low (Wanous & Hudy, 2001). Nunnally and Bernstein (1994) reported that single items are likely to be less accurate, valid, and reliable than multiple-item scales, and that sufficient information required to estimate their accuracy, validity, and reliability is seldom available. Classical test theory assumes that measurements are always associated with random error. As such, when responses to the set of single items comprising a scale are combined, the random measurement errors tend to average out which results in a more reliable composite measure of the construct (Warmbrod, 2014). Therefore, it is important to consider the conducted analysis of single items in light of their limitations.

Finally, although this research has explored multiple variables, the survey was necessarily limited in the questions it could include. Further research may look into differentiating experiences of compassion to those who receive, give and witness it and attempt to distinguish between individual and collective compassion. Additionally, the study did not control for other factors that may be related to compassion and other variables such as personality traits (Dutton et al., 2014). Future studies therefore should attempt to rule out the impact of other variables.

5.6 FUTURE RESEARCH

The findings open up important questions that may provide direction for future research. First, this study shows different sources of compassion associate differently with wellbeing and suffering variables. Unlike compassion from line-managers, compassion from co-workers was associated with higher hedonic and eudaimonic wellbeing and lower

psychological and existential symptoms. Assuming frequencies of compassion from both sources did not differ significantly, this suggests the influence of factors such as varying forms of, and competence in, offering compassion. The researcher notes this finding is consistent with prior research highlighting that co-workers tend to provide emotional forms of compassion (Chen et al., 2016), which logically will vary in competence, and that positive affect arising from social events and that resulting from non-social activities operates differently (Gilbert, 2009). This may be more firmly established by future studies. Therefore, it is recommended that researchers interested in studying compassion at work make a distinction between the different sources of compassion and further examine how varying forms and competence of compassion associate with suffering and wellbeing.

Second, although the *concept* of compassion was built on the alleviation of individuals' negative experiences, there is a dearth of empirical research on the links between compassion at work and negative experiences. The present study found no significant correlation between compassion at work and negative affect. However, the correlation between negative affect and compassion from co-workers only narrowly failed significance ($r = -0.22$, $p = 0.052$) and the post hoc power analysis revealed a statistical power of 0.52, and that an n of approximately 157 would be required to obtain statistical power at the recommended .80 level (Cohen, 1988). Therefore, this relationship should be investigated further using a larger sample and sufficient power to determine the significance/non-significance of this relationship. Broaden and build theory (Fredrickson, 1998) suggests positive affect broadens mindsets and builds personal resources that can 'undo' the effect of negative affect. Of the various negative affect items only feeling *afraid* was found to be associated with compassion in this study. This finding is broadly consistent with evidence that different types of positive affects operate and function differently (Gilbert et al., 2008; Gilbert, 2009; Scheibe et al., 2013) and that the undoing effect of PA may be limited to specific NA and very specific

circumstances (Cavanagh & Larkin, 2018). Taken together this may shed light on the inconsistency and complexity underlying the relationship between compassion and negative affect, which clearly requires further research. Greater clarity on the different types of PA and NA associated with compassion at work may help to demystify the relationship between compassion at work and negative affect. To identify the effect of compassion at work on negative affect through the mediating role of positive affect, future studies would need to collect data on multiple different point of time, to capture longitudinal variation of variables and allow sufficient time for personal resources to accumulate, possibly months apart (Fredrickson et al., 2008). The current study did not find a relationship between frequencies of compassion and extent of suffering but points to the subjectivity and individuality of suffering which calls for better instrumentation and methodologies that capture how compassion associates with the suffering experiences of employees.

Third, the study found no significant correlation between compassion at work and life satisfaction. Evidence from previous research suggest that compassion at work and job satisfaction are positively related. The positive relationship between life satisfaction and job satisfaction has been well documented (Thoresen et al., 2003; Bowling et al., 2010) supporting the “spillover theory”, which suggests that positive experiences at work spill over positive influences in other life domains (Judge & Watanabe, 1994; Bowling et al., 2010). However, the literature on the job-life satisfaction relationship includes multiple competing theories, some suggesting positive experiences at work may not have a positive influence in other life domains. This highlights a need of further research to understand the triad relationship between compassion at work, job satisfaction and life satisfaction.

Fourth, this study, to the researcher’s knowledge, provides the first evidence that experiencing compassion at work is associated with enhanced eudaimonic wellbeing.

Drawing on affective events theory (Weiss & Cropanzano, 1996) and broaden and build theory (Frederickson, 2003), positive affect was identified as a mediating variable which gained support from the findings. However, the data indicates positive affect partially mediates the relationship, explaining 22.3% of the variance. This suggests the existence of an additional mechanism governing the relationship between compassion and EWB, which requires further research.

Fifth, although the correlation analysis has uncovered multiple relationships whose direction was guided theoretically, caution is required in inferring the presence of a definite causal relationship and interpreting the direction of the identified relationships. Affective events theory suggests experiencing compassion at work sparks further positive emotions which can in turn enhance helping behaviours and cooperation thus facilitating compassion (Weiss & Cropanzano, 1996) which supports Fredrickson et al.'s (2003) theory of emotion spirals that suggests compassion may create compassion. This suggests that the relationship between experienced compassion and positive affect may be bi-directional and thus further research is required to explore the direction of this relationship. Similarly, evidence from previous studies suggest that *relationships quality* facilitates compassion at work (Dutton et al., 2006, 2014; Lilius et al., 2011; Chu, 2017). Yet, Dutton et al. (2014) notes that compassion also psychologically connects people and enhances trust, yielding a stronger connection and relationship between individuals. This suggests that the relationship between experienced compassion and relationship quality may be bi-directional and thus further research is required to explore this relationship.

Sixth, in addition to finding a strong association between compassionate factors and compassion at work, this study identifies that controlling for compassion at work, it is clear compassionate factors are also associated with enhanced wellbeing. Drawing on theories of

organizational support, the researcher proposed a possible explanation for the underlying mechanism of how compassionate factors are related to enhanced wellbeing, and this requires further research. Additionally, the breakdown analysis suggests individual compassionate items correlate variably with wellbeing measures, further research is required to explain the variations in the relationships. This study has revealed interesting and surprising findings in relation to *shared values*, which was found to be significantly and negatively associated with one item of life satisfaction and two positive items of EWB. These findings contradict research on supportive organisational cultures as a significant factor in employee's overall wellbeing (Dickson-swift et al., 2014) and may be related to the existing tension between relational and bureaucratic organisations and arguments of how organisational compassion undermines fairness and justice (Gittell & Douglas, 2012; Shahzad et al., 2014). Unlike previous studies that focused on the positive impact of organisational compassion, the findings identify a possible limitation of compassion which seems an intriguing avenue for further research.

Finally, to the best of the researcher's knowledge this is the only study to provide an indicator of suffering among employees at work (not just academics) and considering the findings reveal that the majority are suffering both psychologically and existentially, it is recommended to conduct further research to explore the extent of suffering of employees in other universities and other work contexts. Based on the current findings, the researcher proposes a model of psychological and existential suffering at work that encompasses subjectivity and distinguishability which needs to be tested and generalized in a range of occupations and industries.

CHAPTER 6 CONCLUSION

This chapter concludes this thesis. First, an overview of the study and reflection on the main findings from the research is presented. This is followed by the identification of the contributions to knowledge, theory and methodology as well as implication to managerial practices.

6.1 OVERVIEW OF STUDY AND FINDINGS

The literature review identified that traditionally, compassion has been fundamentally linked to suffering with recent emerging evidence of an expanded view of compassion that addresses both suffering and wellbeing. Nevertheless, these conceptual views of compassion have not been tested empirically. It has also been identified that organisational factors are acknowledged as significant in enabling and fostering compassion at work, yet, the current theorizing of organisational compassion limits it to human actors and does not view organisational factors as equally significant. Furthermore, and in relation to the context of this study, the review has identified that little is known about academics' wellbeing, suffering and experiences of compassion. This study aimed to fill these gaps by examining the levels and relationships between organisational compassion, wellbeing and suffering at a UK university. The study included three variables assessing organisational compassion: compassion at work, compassionate factors and compassionate organisation. The two main accounts of wellbeing were adopted; Hedonic wellbeing operationalized as SWB was measured by its three dimensions PA, NA and life satisfaction, and EWB was assessed as a uni-factorial construct. To assess suffering, two variables were used that assess psychological and existential symptoms and two variables to assess the extent of psychological and existential suffering. Most variables were measured using existing, valid, and reliable

instruments. To account for the lack of measures, the researcher developed scales for compassionate factors, compassionate organisation and extent of suffering, all of which demonstrated very good reliability. One UK university was chosen for the study and a cross-sectional survey design was used. Multiple relationships were tested by postulating a group of hypotheses informed by theory and analysed using correlation analysis. Some hypotheses were supported, and some were refuted as discussed in Chapter five. The following section captures the different ways in which the five study objectives have been achieved.

First, the study sought to identify levels of organisational compassion, wellbeing and suffering among academics at the university. Experienced compassion at work was found to be moderate which was broadly consistent with previous studies in other work contexts. Compassion from co-workers displayed the highest mean followed by line managers and on the job, which was in line with previous research. Although there was no statistically significant difference in the mean scores of ‘compassion from line manager’ and ‘compassion from co-workers’, more academics reported never experiencing compassion from their line manager as opposed to colleagues. The distribution of compassion confirms the variability of employees’ experience of compassion at work and support the interview findings of the discrepancy of experiencing compassion among academics. The ratings of compassionate factors at the faculty were considered low with only three items displaying means just above the center point of the scale. Both items comprising the Network factor; *Network ties* and *Relationship quality* displayed the highest ratings suggesting that many clusters of people in the faculty know each other well and the relationships are regarded as of high quality. On the other hand, it was also identified that 50% or more of the sample rated half the items of the scale as 2 or less; *shared values*, *shared humanity*, *decision-making*, *standard routines*, *leaders’ compassion calls* and *memorable stories*. The perceptions of academics regarding working in a compassionate organisation was found to be low with departments being viewed

as the most compassionate. The majority of the sample viewed their faculty as not compassionate and significant difference were identified between ratings of departments, schools and faculty. The findings indicated that the law school is perceived by its employees as more compassionate than the business school, which highlights the variability of compassion across different units within the same organisation and provides empirical evidence to Kanov et al.'s (2004) theory of 'pockets of compassion'. The results support those identified in the interviews, provide further evidence of the limitations of assessing compassionate organisation and reinforce the need for evaluating compassion across multiple divisions/units within the organisation as applied in this study.

Reports of the frequency of experiencing positive affect by academics were found to be moderate, yet, lower than those reported by previous studies employing the same scale. Comparing the five positive affect items, feeling inspired had the lowest and only mean below the center point of the scale where the majority reported feeling inspired sometimes. Reports of the frequency of experiencing negative affect indicate that academics exhibit low levels of negative affect and was lower than those reported by previous studies employing the same scale. However, a considerable percentage of the sample reported feeling nervous 'about half the time' or more. Academics' ratings of their life satisfaction suggest that they exhibit moderate satisfaction with their life which was broadly consistent with previous studies in educational settings. The findings also indicate that the majority of academics are satisfied with their achievements and life. However, almost half the sample reported that they would have changed things if they could live their life over. In relation to EWB, academics at the faculty exhibited moderate eudaimonic wellbeing. However, around one-fifth of the sample showed uncertainties in items related to identifying their talents, purpose and meaning in life and expressed that they will continue an activity even if it is not personally rewarding which contradicts eudaimonic functioning.

The findings indicate that academics exhibit low psychological and existential symptoms. However, it was identified that a significant proportion of the sample reported feeling worried/anxious and irritable for most of the days or more during the last month which supports previous research highlighting high levels of anxiety among academics. Over one-third of the sample appeared to have low faith and struggle with feeling a sense of meaning and purpose in life. Furthermore, an alarming finding was that the majority of the sample reported with varying degrees having difficulties in feeling peace of mind out of which over 30 % were highly struggling. Finally, most of the sample indicated that they are suffering both psychologically and existentially with varying extents. This confirms that the concept of suffering that has been exclusively investigated in medical contexts, also holds a place at work. Additionally, around one-quarter of the sample reported that their extent of psychological and existential suffering is 6 or more. This suggests that a considerable percentage of academics are highly suffering which needs addressing.

Second, the study sought to identify the relationship between compassionate factors and compassion at work among academics at the university. As expected, compassionate factors were strongly related to compassion at work. Moreover, all the six compassionate factors showed significant positive correlations with the total and individual sources of compassion at work which indicates that the more compassionate the factors are, the higher the frequency of experiencing compassion from colleagues, line managers and others in the faculty. This provides empirical support to the theoretical and qualitative findings of the impact and significance of organizational factors on compassion at work. However, unlike previous qualitative research that restricted the relationship between factors and compassion to one-off suffering incidents, the current findings provide support of the relationship between factors and compassion at times of normality.

Third, the study sought to identify the relationship between compassion at work, wellbeing and suffering among academics at the university. As expected, the findings supported the hypothesis that there will be a positive relationship between compassion at work and total positive affect which is consistent with previous studies. Furthermore, this study also identified and supported a moderate and positive relationship between compassion and eudaimonic wellbeing that was partially mediated by positive affect. As expected, negative relationships were also found between compassion and both psychological and existential symptoms. The results did not support expectations about the relationship between total compassion at work and negative affect. However, the study has identified a negative relationship between one item of negative affect (afraid) and compassion from line manager and co-workers which suggest that compassion at work may be limited to specific NA. The current findings and evidence from the literature also shed light on the inconsistency and complexity underlying the relationship between compassion and negative affect which clearly requires further research. The results did not support the expectations that compassion at work would be related to life satisfaction which may be due to the influence of other theories of job-life satisfaction, where positive experiences at work may not spill over positive influences in other life domains.

Another important revelation of this study is that unlike previous studies, making a distinction between sources of compassion has identified possible variations. In contrast to compassion from the line-manager, experienced compassion from co-workers displayed a significant positive correlation with hedonic wellbeing, positive affect, eudaimonic wellbeing and a negative relationship with psychological and existential symptoms. In addition, compassion from co-workers was associated with a wider array of individual items of most variables. Assuming frequencies of compassion from both sources did not differ significantly, this suggests the influence of factors such as varying forms of, and competence in, offering

compassion. Finally, and surprisingly, although compassion was based on the concept of suffering, the study did not support a relationship between compassion and both existential and psychological suffering. This may be due to the subjectivity and individuality of suffering which was supported by current findings that showed significant differences between presence of symptoms and suffering and that while the negative experiences of two individuals may be equal, one individual may not be suffering at all while the other may be highly suffering. Although the hypotheses were not supported, two important revelations of this study were; first, the findings indicate that compassion not only exists in the absence of suffering, in fact, compassion in this study was more frequently reported when existential suffering was absent thus highly challenging the traditional view of compassion and supports the expanded view adopted in this study. Second, the study identified that all participants who never experienced compassion from co-workers or line-managers also reported suffering psychologically and the majority reported suffering existentially which suggests that the absence of compassion may be highly associated with presence of suffering.

Fourth, the study aimed to identify the relationship between compassionate factors, wellbeing and suffering. The supplementary analysis of other relationships displayed by compassionate factors reveals that, controlling for compassion at work, total compassionate factors correlated negatively and significantly with total negative affect, psychological symptoms and an existential symptoms item; *'I had trouble feeling peace of mind'* and associated positively with one positive affect item; *determined*. This suggests that while compassion at work is controlled, the more compassionate the factors are perceived, the lower the experiences of negative affect, psychological symptoms, trouble finding peace of mind and the more academics reported feeling determined. Drawing on theories of organizational support, compassionate factors may impact employees' perceptions of organisational support which makes them more likely to develop personal resources that help them deal with

negative experiences and are, therefore, more likely to experience higher wellbeing. Unlike how the current conceptualization of ‘organisational compassion’ views compassionate factors as enablers that are not equally significant as human actors (Simpson et al., 2015), these findings point out to the impact of compassionate factors not just in enabling compassion but suggest that they may also play a role in enhancing wellbeing that is independent of compassion.

Fifth, the supplementary analysis of suffering measures identifies significant differences between symptoms and extent of suffering and that while two individuals may exhibit equal levels of negative symptoms, one individual may not be suffering at all while the other may be highly suffering which highlights the subjectivity of suffering and that it applies to both dimensions of suffering. This is in line with Cassell’s (1998) view of suffering as a subjective experience of patients suffering physically and provides evidence that this also applies to the psychological and existential dimensions in work contexts. The findings also challenge authors’ view of suffering as an objective experience as well as previous studies that studied suffering by merely measuring negative symptoms. Furthermore, the results indicate that although psychological and existential suffering were strongly correlated, significant differences were found between the scores of psychological suffering and existential suffering and that it is possible to suffer in one dimension without the other. Thus, challenging Cassell’s theory, provides empirical support to van Hooft (1998) theory and the approach undertaken in the current study and reinforces the validity of making a distinction between dimensions of suffering. The two main theoretical views of suffering in the medical literature either viewed suffering as subjective and non-distinguishable (Cassell, 1998) or objective and distinguishable (van Hooft, 1998). Based on the current findings, the researcher proposed a third integrated view of psychological and existential suffering at work that encompasses subjectivity and distinguishability.

6.2 CONTRIBUTION OF THE STUDY

Important contributions have been made to theory and knowledge in spite of the limitations discussed in Chapter Five. Although traditionally, compassion has been linked to suffering and recent evidence suggest it may as well exist in its absence, to the best of the researcher's knowledge, this is the first study to empirically test the relationship between compassion, suffering and wellbeing. Thus, one contribution made in this study is the use of the expanded conceptual definition of compassion in designing the study model, bringing together compassion, wellbeing, and suffering to examine their associations. Looking into each of these concepts individually, the literature review has identified that they were either reduced or overlooked in research in organisational contexts, needless to say in the context of a university.

This study contributes to the wellbeing literature where previous research in universities focused on mental health symptoms, work-related wellbeing or one dimension of the SWB. By examining the two main approaches to wellbeing; SWB and EWB and adopting their models holistically, this research contributed to the existing literature towards filling the void that has not gone unnoticed by several authors (Martin, 2006; Cooper & Barton, 2016; Williams et al., 2017). In doing so, areas of strengths and weaknesses have been identified with implications for universities and its management, in its endeavours to enhance academics' wellbeing.

In relation to suffering, the review has identified that in work contexts, although the term 'suffering' does appear in studies, the term was reduced to either refer to 'being subjected to' negative experiences or 'acquiring' negative symptoms and that the more precise concept of suffering has not been applied nor assessed. As such, this study has made a theoretical contribution by drawing and importing the theorization of suffering and its multiple

dimensions from the healthcare literature into the management discipline. Building on the two existing theoretical accounts of suffering in healthcare, this research adopted a combined and modified view of assessing suffering as subjective yet distinguishable which gained support from the findings. The findings highlighted the subjectivity of suffering which supports Cassell's (1998) view but challenges other authors' view of suffering as an objective experience (Morse & Carter, 1996; van Hooft, 1998) as well as previous studies that studied suffering by merely measuring negative symptoms. While Cassell's view of the subjectivity of suffering was relevant to patients suffering physically, the current findings contribute to the managerial literature and provide support that this subjectivity applies to the psychological and existential dimensions in work contexts. The findings also highlighted the distinguishability of suffering dimensions which challenges Cassell's theory and provides empirical support to van Hooft (1998) theory and reinforces the validity of making a distinction between dimensions of suffering. Consequently, the study contributes to the managerial literature by proposing an integrated view of psychological and existential suffering that is applicable at work. To the best of the researcher's knowledge this is the first study to provide an assessment of the extent of psychological and existential suffering among employees at work not just academics. Noting the lack of existing measures that assess suffering, this study utilized 'the suffering scale' as a measurement of symptoms and incorporated a single item to measure extent of suffering. In doing so, this study has responded to calls of VanderWeele (2019) to insert single items to aid in the understanding and development of the epidemiology and empirical knowledge of suffering. The findings provide support of this methodological approach which may be counted as a useful methodological contribution that may eliminate the current use of the lower end of wellbeing measures as a suffering indicator, thus, advance the suffering research agenda that may have been impeded by the lack of available instruments. This may also have practical implications

in addressing suffering, since it is a pre-requisite to know the extent of suffering and the dimensions affected. Considering the findings revealing that the majority of academics are suffering both psychologically and existentially, the study has re-contextualized the existing theory of suffering and confirms that the concept of suffering that has been exclusively investigated in medical contexts, also holds a place at work.

In relation to contributions to the compassion literature, organizational compassion as currently theorized is viewed as a process that is enabled by factors which falls short of the conceptualization of ‘organisational virtuousness’ that also includes factors as a constituent component and not merely as enablers. Although authors have acknowledged the significance of organizational factors (Kanov et al., 2004, 2016; Dutton et al., 2014), their conceptualisation does not view organisational factors as equally significant and limits it to human actors (Simpson et al., 2015). Building on that, this study viewed ‘organisational compassion’ holistically to include factors and compassion at work. This conceptualization aids in emphasizing the significance of factors and examining compassion as an overall characteristic of an organisation that has been overlooked in research (Worline & Dutton, 2017). Several authors made calls to empirically test the organisational factors that enable compassion at work (Kanov et al., 2004; Lilius et al., 2008). Yet, to date, empirical evidence regarding organizational factors is limited (McClelland & Vogus, 2019) and qualitative in nature (Huppert, 2017; Eldor, 2017). By adopting the social architecture model developed by Worline and Dutton (2017), this study has explored the relationship between factors and compassion at work, thus addressing the aforementioned gaps and responding to authors’ calls. The findings provide empirical support to the theoretical and qualitative findings of the impact and significance of organizational factors on compassion at work and to the best of the researcher’s knowledge, is the first quantitative evidence that supports the social architecture model (Worline & Dutton, 2017). Unlike previous qualitative research that

restricted the relationship between factors and compassion to one-off suffering incidents, the current findings contribute by validating the relationship at times of normality. Moreover, this study contributes to the current literature by identifying several relationships between compassionate factors and wellbeing/suffering variables, while controlling for compassion at work. Drawing on theories of organizational support, the researcher offered an insight into the underlying mechanism of how compassionate factors may be related to enhanced employee wellbeing. These findings are significant in that they highlight the importance of compassionate factors not just in enabling compassion but suggest that they may also play a role in enhancing wellbeing that is independent of compassion, thus challenging current conceptualizations of ‘organisational compassion’. The findings further support the study’s approach of viewing compassionate factors as a constituent component of organisational compassion and not merely as enablers. This study has also made a methodological contribution by utilizing the blueprint proposed by Worline and Dutton (2017) and adding few modifications to its design, resulting in a 12-item scale that was used to assess compassionate factors. Thus, this study acted as a pilot test for the compassionate factors scale which demonstrated very good reliability ($\alpha=0.911$), acceptable inter-item and inter-factor correlations and the preliminary factor analysis suggests adequate uni-factorial loading. Therefore, this study offers the compassionate factor scale as an adequate measure of organisational factors which addresses the existing lack of scales.

Regarding other relationships exhibited by compassion at work, this research is the first to study the association between compassion at work and holistic models of wellbeing. Besides confirming the results of earlier studies on the relationship between compassion and positive affect, unlike previous studies, this study has provided a deeper analysis and identified novel positive relationships with specific positive experiences such as feeling confident, cheerful, determined and inspired. Furthermore, this study is the first to study and confirm a

relationship between compassion and EWB. Building on the affective events theory and broaden and build theory, the researcher identified positive affect as a possible mediating variable. The findings support the suggested model, thus extending the current literature on compassion theoretically and empirically. Another important contribution is that previous studies were mainly focused on identifying the effect of overall compassion at work without making any distinction in how different sources of compassion may vary or how they relate to other outcomes. This study responded to Rhee et al. (2017) call for future research to “parse out” the effect of the different sources of compassion. In doing so, the findings suggest that different sources of compassion act differently. Unlike compassion from the line-manager, experienced compassion from co-workers displayed a significant positive correlation with hedonic wellbeing, positive affect, eudaimonic wellbeing and a negative relationship with psychological and existential symptoms. Since frequencies of compassion from co-workers did not differ significantly from that experienced from line-managers, the influence of other factors such as varying forms and competence of compassion may explain this variation. These findings contribute and extend the current literature on compassion theoretically and empirically and illuminate an avenue for future research to make a distinction between sources of compassion and examine how varying forms and competence of compassion associate with suffering and wellbeing.

This research is the first to study the association between compassion at work and suffering and although the hypotheses were not supported, the findings indicate that compassion is not dependent on suffering as portrayed in the current literature and contributes by providing the first empirical evidence to Boyatzis et al. (2013) expanded definition of compassion.

Furthermore, the findings indicate that compassion not only exists when suffering is absent, in fact, compassion in this study was more frequently reported when existential suffering was

absent thus highly challenging the traditional view of compassion (Kanov et al., 2004, 2016; Dutton et al., 2006, 2014; Lilius et al., 2008, 2012).

6.3 MANAGERIAL IMPLICATIONS

This research, as well as contributing to the understanding of the relationships between compassion, wellbeing and suffering, also contributes to practical management applications within a particular university setting in the UK. Although the findings point towards the need for further research and that the current stage of knowledge would not allow for being prescriptive in what is required, through primary evidence, this thesis has identified that compassionate factors are strongly related to compassion at work and that compassion at work is positively associated with positive affect and eudaimonic wellbeing and negatively associated with psychological and existential symptoms. Furthermore, the study reveals that, controlling for compassion at work, compassionate factors correlated negatively and significantly with several negative experiences such as feeling *upset* (NA), *afraid*, *worried/anxious*, *irritable*, *hopeless*, *angry*, *guilty* and *'I had trouble feeling peace of mind'*. Given the current findings and relatively high reported levels of suffering, feeling worried/anxious and irritable and that the majority of academics had trouble feeling peace of mind, this may indicate the strong benefits that universities could reap by enhancing and investing in their factors and the cultivation of compassion at work.

In contrast to existing conceptualisations, this study confirms that compassion exists in absence of suffering. Yet, terms such as 'compassionate leave' and its association with death and suffering implies otherwise which was evident in the study's interviews. Therefore, compassion should be normalized and integrated in organisational routines and policies and should be viewed as an ongoing process, rather than a response to crisis. Given the strong identified relationship between networks and compassion at work, it is recommended to

further enhance them by implementing and encouraging practices such as hosting regular fun activities, encourage the celebration of important milestones, create regular meeting routines and space to discuss both work performance and non-work related needs. Based on their poor rating at the faculty, special attention should be made to identify ways of incorporating care and compassion into roles, routines and coaching leadership to model cultural values that support shared humanity throughout the hierarchy of the university.

Provided that most of the sample indicated that they are suffering both psychologically and existentially, highlights the prevalence of suffering in the workplace. Yet, this runs counter to what was found in the interviews regarding the strong antagonism for using the term suffering. Thus, it is required that organisations' culture and practices facilitate and normalize the expression of suffering which is important to the healing process (Hazen, 2008). It is also essential that universities normalize the assessment of suffering which is feasible by adding a single item question into their pre-existing wellbeing surveys. Given that around one quarter of the sample were highly suffering, further research is required to identify the sources of suffering and invent routines that address the various causes.

APPENDICES

APPENDIX A: INTERVIEW SCHEDULE

Tell me a little about yourself and your experience with this university

- How long have you been working here?
- Can you tell me more about your current position at the university?
- Can you describe what a typical day at work is like?

A. Exploring concepts: interpretation of terms in the context of the university

i. Suffering

- Define
- Does suffering exist in organizational life?
- Is it the most suitable term? Or distress? Negative Wellbeing? What is the difference between suffering and distress? Is suffering the opposite of wellbeing?

ii. Compassion

- What is meant by compassion?
- Existing vs proactive? '*Compassion is only possible when suffering is present*'. Is it a proactive response to potential suffering or a response to existing suffering?
- Expressed vs hidden? '*Compassion is only possible when suffering is expressed in some way*'. Does it involve noticing expressed suffering or suffering cues?
- Suffering vs wellbeing? '*Compassion involves noticing another's need, empathizing, and acting to enhance their well-being*'. Compassion is sometimes

conceptualized as a general concern for another's well-being vs It is more often seen as fundamentally linked with suffering.

So far we've been discussing compassion as an interpersonal process. I would like to explore:

iii. Organisational compassion

- How can organizations be compassionate to their employees/forms of compassion at work? Aggregate of compassionate people? Organized compassion?
- How can leaders be more compassionate?
- In what ways would you consider your colleagues to be compassionate?
- In what ways do you believe the current culture supports compassion? (norms/values/beliefs)
- What is your overall rating of the level of compassion in organization at the moment? Do you feel cared for at work? In what way is this university compassionate or caring? In what ways is compassion or caring absent? What would you do in this university to make sure compassion and caring happened?

B. Stories

Please take a minute and think of an incident where you provided and received compassion at work.

i. Compassion provision

Have you witnessed a colleague suffering?

How did you notice or become aware of it? Organisational role in legitimate and propagate?

Have you done something about it? Organizational role?

Did you act individually or where a group of people involved? How was the suffering propagated? How was the helping organized and coordinated?

ii. Compassion receival

Have you suffered previously during your time in this organisation?

Has this suffering been expressed by you or was it noticed by other staff members? What made you express or not express your distress?

Has someone done something about it? Organizational role?

Was the help an individual act or where a group of people involved? How was your distress communicated? How was the helping organized and coordinated?

APPENDIX B: RESEARCH ETHICS APPROVAL

Amendments

Refresh

SUBMISSION ID	CREATED DATE TIME	CREATED BY	STATUS	DESCRIPTION	UPDATED DATE TIME	COORDIN...
11163	15/02/2019 02:06	nermin.hamza	Amendment Approved	This is regarding t...	2/25/2019	Russell ...

Submission

Submission Ref: 11163
Status: Approved
Submission Coordinator: Russell Warhurst russell.warhurst@northumbria.ac.uk

Name:  nermin.hamza

Email:

Faculty:

Department:

Submitting As:

Research Ethics: Amendment Approved

EthicsOnline@Northumbria <EthicsOnline@Northumbria>

Mon 25/02/2019 08:40

To: nermin.hamza nermin.a.m.hamza@northumbria.ac.uk

Dear nermin.hamza

This email is to notify you that your coordinator (Russell Warhurst) has approved your amendment request in respect of Research Ethics submission 11163.

Research Ethics Home: [Research Ethics Home](#)

Please do not reply to this email. This is an unmonitored mailbox. If you are a student, queries should be discussed with your Module Tutor/Supervisor. If you are a member of staff please consult your Department Ethics Lead.

APPENDIX C: CONSENT FORM FOR INTERVIEWS

RESEARCH ETHICS COMMITTEE CONSENT FORM: Interview

I, Name of participant of University

Hereby agree to participate in this study to be undertaken

By: Nermin Hamza

and I understand that the purpose of the research is to empirically test the relationship between compassion at work, staff wellbeing and suffering at the university. The interviews will focus on exploring your interpretation of the concepts in the university context.

Participation in this study is voluntary. It will involve an interview of approximately 1 hour in length. You may decline to answer any of the interview questions if you so wish. Furthermore, you may decide to withdraw from this study at any time without any negative consequences by advising the researcher(s). With your permission, the interview will be audio recorded to facilitate collection of information, and later transcribed for analysis. All information you provide is considered strictly confidential. Your name and your organisation's name will not appear in any thesis or report resulting from this study, however, with your permission anonymous quotations may be used. Only researchers associated with this project will have access to the data collected. There are no known or anticipated risks to you as a participant in this study.

Signature:

Date:

The contact details of the researcher are: n.hamza@northumbria.ac.uk

The contact details of the PhD Supervisor are: John.blenkinsopp@northumbria.ac.uk

APPENDIX D: CONSENT FORM FOR QUESTIONNAIRE

9/7/2020 Qualtrics Survey Software

Staff Well-being and Compassion at Work Questionnaire

Block 5

Consent form

I would like to invite you to take part in a research study that aims to empirically test the relationship between staff well-being and compassion at work. The questionnaire includes three sections comprised of scales to measure your well-being and experiences of compassion at the Faculty. It is expected that the questionnaire will take about 10 minutes to complete.

- **Participation in this study is voluntary and you would be free to exit the survey at any time without giving a reason.**
- **There are no direct benefits from participating in this study. However, there is the potential of feeding back the study findings to the management to contribute towards enhancing your well-being and the compassionate structures and practices in the organisation.**
- **The survey is fully anonymous and any information that you provide will not be made public in any form that could reveal your identity.**
- **The detailed information (data) from the research will be stored on a secure (password protected) computer system for 5 years and will then be confidentially destroyed.**
- **This research has been reviewed and approved by the Faculty of Business and Law at Northumbria University.**
- **If you require any further information about this research please contact the Chief investigator by email: nermin.a.m.hamza@northumbria.ac.uk/
n.hamza@northumbria.ac.uk**

By selecting "I agree" you are consenting to the terms described above.

I agree
 I disagree

https://nuppsych.az1.qualtrics.com/Q/EditSection/Blocks/Ajax/GetSurveyPrintPreview?ContextSurveyID=SV_01ga1N1FJoU9dr3&ContextLibraryID... 1/10

APPENDIX E: Total Variance Explained [Harman one-factor test]

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	18.892	23.614	23.614	18.892	23.614	23.614
2	8.574	10.718	34.332			
3	5.365	6.706	41.038			
4	2.988	3.735	44.773			
5	2.795	3.494	48.267			
6	2.587	3.234	51.501			
7	2.417	3.021	54.522			
8	2.185	2.731	57.253			
9	1.889	2.362	59.615			
10	1.727	2.158	61.773			
11	1.706	2.132	63.905			
12	1.515	1.893	65.799			
13	1.449	1.811	67.609			
14	1.415	1.768	69.378			
15	1.323	1.653	71.031			
16	1.278	1.597	72.628			
17	1.206	1.508	74.136			
18	1.147	1.433	75.569			
19	1.115	1.393	76.962			
20	1.034	1.293	78.255			
21	.975	1.218	79.474			
22	.946	1.182	80.656			
23	.877	1.096	81.752			
24	.831	1.039	82.791			
25	.796	.995	83.786			
26	.775	.969	84.754			
27	.749	.936	85.690			
28	.706	.883	86.573			
29	.676	.845	87.418			
30	.639	.799	88.217			
31	.590	.738	88.955			
32	.574	.717	89.672			
33	.550	.687	90.360			
34	.533	.666	91.026			
35	.490	.613	91.639			
36	.481	.602	92.240			
37	.432	.541	92.781			
38	.406	.508	93.288			
39	.388	.485	93.773			
40	.381	.476	94.250			
41	.357	.446	94.695			
42	.346	.432	95.128			
43	.300	.375	95.503			
44	.290	.363	95.865			
45	.268	.335	96.201			
46	.246	.308	96.509			
47	.242	.303	96.811			
48	.233	.292	97.103			
49	.223	.278	97.381			
50	.200	.250	97.632			
51	.194	.242	97.874			

52	.178	.223	98.097			
53	.167	.209	98.306			
54	.162	.203	98.509			
55	.129	.161	98.670			
56	.116	.145	98.815			
57	.104	.130	98.946			
58	.096	.120	99.066			
59	.089	.111	99.177			
60	.082	.102	99.279			
61	.075	.094	99.373			
62	.068	.085	99.459			
63	.065	.082	99.540			
64	.058	.073	99.613			
65	.048	.060	99.673			
66	.046	.058	99.730			
67	.035	.044	99.774			
68	.034	.043	99.817			
69	.031	.039	99.856			
70	.024	.030	99.885			
71	.022	.028	99.913			
72	.019	.024	99.936			
73	.016	.020	99.956			
74	.011	.014	99.970			
75	.010	.013	99.983			
76	.007	.009	99.992			
77	.005	.006	99.998			
78	.001	.001	100.000			
79	.000	.000	100.000			
80	1.589E-5	1.986E-5	100.000			

Extraction Method: Principal Component Analysis.

APPENDIX F: DESCRIPTIVE STATISTICS BY DEMOGRAPHICS

Table F1. Descriptive Statistics by Age Group

Variable	Age	N	Mean	Std. Deviation
Compassion at Work	20-30	10	3.4667	.99629
	31-40	23	3.1739	1.10495
	41-50	21	3.2381	1.10123
	51-60	20	2.9000	.94343
	61+	8	3.2917	1.14694
Compassionate Factors	20-30	10	2.7333	.57171
	31-40	23	2.6884	.70676
	41-50	21	2.3056	.80723
	51-60	20	2.5500	.87376
	61+	8	3.2396	.74327
Compassionate Organisation	20-30	10	4.1000	1.49938
	31-40	23	3.9275	1.38519
	41-50	21	3.3492	1.55805
	51-60	20	3.5667	1.62257
	61+	8	4.3750	1.39657
Positive Affect	20-30	10	3.3000	.55976
	31-40	23	3.2783	.56806
	41-50	21	3.3143	.60851
	51-60	20	3.1200	.67559
	61+	8	3.8500	.35051
Negative Affect	20-30	10	1.8800	.43410
	31-40	23	1.7478	.25738
	41-50	21	1.8952	.54266
	51-60	20	1.9000	.48774
	61+	8	1.8500	.47509
Life Satisfaction	20-30	10	5.0800	1.07166
	31-40	23	4.6174	1.11341
	41-50	21	4.8762	1.65224
	51-60	20	4.2800	1.22500
	61+	8	4.3500	1.40509
Hedonic Wellbeing	20-30	10	3.7133	.43653
	31-40	23	3.6473	.36214
	41-50	21	3.6677	.67133
	51-60	20	3.4689	.45667
	61+	8	3.7444	.32552
Eudaimonic Wellbeing	20-30	10	2.9048	.53452
	31-40	23	2.7888	.47027
	41-50	21	2.9388	.41844
	51-60	20	2.6786	.44426
	61+	8	2.9464	.50807
Psychological Symptoms	20-30	10	.8600	.46022
	31-40	23	.8174	.44140
	41-50	21	.9016	.52562
	51-60	20	.8667	.64491
	61+	8	.5000	.25198

Table F1 (Continued)

Psychological Suffering	20-30	10	3.90	2.025
	31-40	23	4.04	2.383
	41-50	21	4.05	2.439
	51-60	20	3.75	2.149
	61+	8	2.88	2.295
Existential Symptoms	20-30	10	1.2000	.72350
	31-40	23	1.2657	.71675
	41-50	21	1.1640	.69355
	51-60	20	1.3611	.63253
	61+	8	1.2083	1.06977
Existential Suffering	20-30	10	2.90	2.132
	31-40	23	3.48	2.502
	41-50	21	3.62	2.598
	51-60	20	3.45	2.438
	61+	8	2.25	1.282

Table F2. Descriptive Statistics by Position

Variable	Academic Position	N	Mean	Std. Deviation
Compassion at Work	Graduate Tutor	5	2.6000	1.18790
	Associate Lecturer	11	2.8485	.98165
	Lecturer	10	3.2667	1.00370
	Senior Lecturer	29	3.2644	.95277
	Principal Lecturer	3	2.6667	1.00000
	Associate Professor	10	3.1667	1.42508
	Professor	9	3.0000	.95743
	Other	5	4.3333	.33333
Compassionate Factors	Graduate Tutor	5	1.9667	.60839
	Associate Lecturer	11	2.5379	.33409
	Lecturer	10	2.8083	.56799
	Senior Lecturer	29	2.4856	.69332
	Principal Lecturer	3	2.2500	.93912
	Associate Professor	10	2.4500	.93640
	Professor	9	2.9722	1.06556
	Other	5	3.7167	.74209
Compassionate Organisation	Graduate Tutor	5	2.4000	1.53478
	Associate Lecturer	11	3.5758	1.11645
	Lecturer	10	4.2667	1.11996
	Senior Lecturer	29	3.6782	1.32582
	Principal Lecturer	3	3.1111	1.92450
	Associate Professor	10	3.3333	1.87906
	Professor	9	4.0741	1.73828
	Other	5	5.6000	1.09036
Positive Affect	Graduate Tutor	5	3.2000	.42426
	Associate Lecturer	11	3.4545	.72161
	Lecturer	10	3.3400	.46236
	Senior Lecturer	29	3.1862	.65668
	Principal Lecturer	3	3.4667	.46188
	Associate Professor	10	3.3400	.72449
	Professor	9	3.3111	.58405
	Other	5	3.5600	.49800

Table F2 (Continued).

Negative Affect	Graduate Tutor	5	1.9600	.38471
	Associate Lecturer	11	1.9818	.32808
	Lecturer	10	1.7400	.31340
	Senior Lecturer	29	1.7862	.36618
	Principal Lecturer	3	2.2667	.64291
	Associate Professor	10	1.8400	.62397
	Professor	9	1.8000	.62450
	Other	5	1.8800	.41473
Life Satisfaction	Graduate Tutor	5	4.8400	1.40996
	Associate Lecturer	11	4.2000	1.07331
	Lecturer	10	5.1600	.58727
	Senior Lecturer	29	4.5586	1.46909
	Principal Lecturer	3	4.4667	1.36137
	Associate Professor	10	5.0600	1.37291
	Professor	9	4.2444	1.27584
	Other	5	4.6800	1.98293
Hedonic Wellbeing	Graduate Tutor	5	3.6000	.44583
	Associate Lecturer	11	3.5354	.42820
	Lecturer	10	3.7911	.17283
	Senior Lecturer	29	3.5908	.52283
	Principal Lecturer	3	3.5037	.54267
	Associate Professor	10	3.7356	.61837
	Professor	9	3.5580	.61978
	Other	5	3.7111	.43234
Eudaimonic Wellbeing	Graduate Tutor	5	2.7714	.45724
	Associate Lecturer	11	2.7489	.49811
	Lecturer	10	2.9810	.37643
	Senior Lecturer	29	2.7882	.43821
	Principal Lecturer	3	2.6032	.42945
	Associate Professor	10	2.8762	.67201
	Professor	9	2.9101	.37073
	Other	5	2.9048	.56444
Psychological Symptoms	Graduate Tutor	5	1.1067	.53872
	Associate Lecturer	11	.9030	.48292
	Lecturer	10	.5267	.19739
	Senior Lecturer	29	.8828	.48946
	Principal Lecturer	3	.9333	1.04137
	Associate Professor	10	.8800	.64773
	Professor	9	.7556	.56075
	Other	5	.5867	.23758
Psychological Suffering	Graduate Tutor	5	4.60	2.608
	Associate Lecturer	11	4.00	2.000
	Lecturer	10	2.10	.876
	Senior Lecturer	29	4.17	2.465
	Principal Lecturer	3	3.67	3.055
	Associate Professor	10	4.30	2.406
	Professor	9	4.00	2.121
	Other	5	3.20	2.387

Table F2 (Continued).

Existential Symptoms	Graduate Tutor	5	1.5111	.57521
	Associate Lecturer	11	1.4242	.75165
	Lecturer	10	.7333	.53978
	Senior Lecturer	29	1.3755	.78141
	Principal Lecturer	3	1.4074	.72293
	Associate Professor	10	1.2444	.84099
	Professor	9	1.2222	.54149
	Other	5	.8667	.39597
Existential Suffering	Graduate Tutor	5	3.80	2.168
	Associate Lecturer	11	3.73	2.005
	Lecturer	10	1.50	.850
	Senior Lecturer	29	3.72	2.814
	Principal Lecturer	3	3.33	3.215
	Associate Professor	10	4.00	2.494
	Professor	9	2.89	1.616
	Other	5	2.60	2.074

Table F3. Descriptive Statistics by Years at Faculty

Variable	Years at Faculty	N	Mean	Std. Deviation
Compassion at Work	Less than one year	12	2.9444	1.22955
	1-3 years	28	3.4167	.93679
	3-5 years	18	3.0370	.98279
	5-10 years	12	3.0556	1.07152
	10-15 years	6	3.0556	1.45169
	More than 15 years	6	3.2222	1.08866
Compassionate Factors	Less than one year	12	2.8542	.57199
	1-3 years	28	2.8512	.64882
	3-5 years	18	2.4120	.88352
	5-10 years	12	2.2153	.73723
	10-15 years	6	2.1389	.73912
	More than 15 years	6	2.9306	1.18370
Compassionate Organisation	Less than one year	12	4.1667	1.13262
	1-3 years	28	4.1190	1.20771
	3-5 years	18	3.3889	1.58527
	5-10 years	12	2.9444	1.59439
	10-15 years	6	3.1667	1.77326
	More than 15 years	6	4.5556	2.09408
Positive Affect	Less than one year	12	3.2167	.74569
	1-3 years	28	3.4429	.66524
	3-5 years	18	3.3222	.45056
	5-10 years	12	3.2333	.65412
	10-15 years	6	3.0000	.45607
	More than 15 years	6	3.2667	.53166
Negative Affect	Less than one year	12	1.5833	.27579
	1-3 years	28	1.8500	.35538
	3-5 years	18	1.9444	.42733
	5-10 years	12	1.9000	.49360
	10-15 years	6	1.8667	.74476
	More than 15 years	6	1.9667	.55737

Table F3 (Continued).

Life Satisfaction	Less than one year	12	4.4167	1.23423
	1-3 years	28	4.7286	1.18286
	3-5 years	18	4.8000	1.40420
	5-10 years	12	4.6167	1.49778
	10-15 years	6	4.9667	1.69430
	More than 15 years	6	3.8000	1.23935
Hedonic Wellbeing	Less than one year	12	3.6370	.46752
	1-3 years	28	3.6929	.42980
	3-5 years	18	3.6370	.46157
	5-10 years	12	3.5815	.63180
	10-15 years	6	3.5926	.69944
	More than 15 years	6	3.3889	.37417
Eudaimonic Wellbeing	Less than one year	12	2.8532	.42855
	1-3 years	28	2.9235	.49101
	3-5 years	18	2.7037	.47015
	5-10 years	12	2.7302	.46094
	10-15 years	6	3.2222	.14339
	More than 15 years	6	2.5317	.33593
Psychological Symptoms	Less than one year	12	.9111	.52365
	1-3 years	28	.7071	.37376
	3-5 years	18	.8185	.56282
	5-10 years	12	.9444	.59277
	10-15 years	6	.9111	.63759
	More than 15 years	6	.9000	.67561
Psychological Suffering	Less than one year	12	4.33	2.348
	1-3 years	28	3.36	1.929
	3-5 years	18	3.28	2.218
	5-10 years	12	4.58	2.314
	10-15 years	6	5.00	3.225
	More than 15 years	6	4.17	2.401
Existential Symptoms	Less than one year	12	1.3611	.69812
	1-3 years	28	1.1190	.67344
	3-5 years	18	1.3272	.83189
	5-10 years	12	1.3241	.83075
	10-15 years	6	1.1667	.71578
	More than 15 years	6	1.3333	.50674
Existential Suffering	Less than one year	12	3.83	2.368
	1-3 years	28	3.00	2.309
	3-5 years	18	2.72	2.244
	5-10 years	12	3.67	2.425
	10-15 years	6	4.50	3.017
	More than 15 years	6	3.67	2.338

APPENDIX G: COMPARING VARIABLES BY DEMOGRAPHICS– ANOVA

Table G1. Comparing Variables by Age- ANOVA

Variable		Sum of Squares	df	Mean Square	F	Sig.
Compassion at Work	Between Groups	2.554	4	.639	.571	.685
	Within Groups	86.167	77	1.119		
	Total	88.721	81			
Compassionate Factors	Between Groups	5.480	4	1.370	2.327	.064
	Within Groups	45.336	77	.589		
	Total	50.816	81			
Compassionate Organisation	Between Groups	9.117	4	2.279	1.005	.410
	Within Groups	174.671	77	2.268		
	Total	183.789	81			
Positive Affect	Between Groups	3.079	4	.770	2.207	.076
	Within Groups	26.857	77	.349		
	Total	29.936	81			
Negative Affect	Between Groups	.342	4	.085	.435	.783
	Within Groups	15.143	77	.197		
	Total	15.485	81			
Life Satisfaction	Between Groups	6.378	4	1.595	.913	.461
	Within Groups	134.539	77	1.747		
	Total	140.918	81			
Hedonic Wellbeing	Between Groups	.729	4	.182	.766	.550
	Within Groups	18.318	77	.238		
	Total	19.047	81			
Eudaimonic Wellbeing	Between Groups	.910	4	.228	1.062	.381
	Within Groups	16.496	77	.214		
	Total	17.406	81			
Psychological Symptoms	Between Groups	1.016	4	.254	.975	.426
	Within Groups	20.065	77	.261		
	Total	21.081	81			
Psychological Suffering	Between Groups	9.505	4	2.376	.451	.771
	Within Groups	405.434	77	5.265		
	Total	414.939	81			
Existential Symptoms	Between Groups	.447	4	.112	.208	.933
	Within Groups	41.246	77	.536		
	Total	41.693	81			
Existential Suffering	Between Groups	13.715	4	3.429	.603	.662
	Within Groups	438.042	77	5.689		
	Total	451.756	81			

Table G2. Comparing Variables by Position- ANOVA

Variable		Sum of Squares	df	Mean Square	F	Sig.
Compassion at Work	Between Groups	10.900	7	1.557	1.481	.187
	Within Groups	77.821	74	1.052		
	Total	88.721	81			
Compassionate Factors	Between Groups	10.915	7	1.559	2.892	.010*
	Within Groups	39.901	74	.539		
	Total	50.816	81			
Compassionate Organisation	Between Groups	33.281	7	4.754	2.338	.033*
	Within Groups	150.508	74	2.034		
	Total	183.789	81			
Positive Affect	Between Groups	1.138	7	.163	.418	.888
	Within Groups	28.797	74	.389		
	Total	29.936	81			
Negative Affect	Between Groups	1.039	7	.148	.761	.622
	Within Groups	14.446	74	.195		
	Total	15.485	81			
Life Satisfaction	Between Groups	8.490	7	1.213	.678	.690
	Within Groups	132.427	74	1.790		
	Total	140.918	81			
Hedonic Wellbeing	Between Groups	.645	7	.092	.371	.917
	Within Groups	18.402	74	.249		
	Total	19.047	81			
Eudaimonic Wellbeing	Between Groups	.629	7	.090	.397	.901
	Within Groups	16.777	74	.227		
	Total	17.406	81			
Psychological Symptoms	Between Groups	1.843	7	.263	1.013	.429
	Within Groups	19.238	74	.260		
	Total	21.081	81			
Psychological Suffering	Between Groups	41.134	7	5.876	1.163	.334
	Within Groups	373.805	74	5.051		
	Total	414.939	81			
Existential Symptoms	Between Groups	4.617	7	.660	1.317	.255
	Within Groups	37.076	74	.501		
	Total	41.693	81			
Existential Suffering	Between Groups	49.726	7	7.104	1.308	.259
	Within Groups	402.030	74	5.433		
	Total	451.756	81			

*The mean difference is statistically significant at the 0.05 level.

Table G3. Comparing Variables by Tenure- ANOVA

Variable		Sum of Squares	df	Mean Square	F	Sig.
Compassion at Work	Between Groups	2.884	5	.577	.511	.767
	Within Groups	85.836	76	1.129		
	Total	88.721	81			
Compassionate Factors	Between Groups	6.865	5	1.373	2.374	.047*
	Within Groups	43.951	76	.578		
	Total	50.816	81			
Compassionate Organisation	Between Groups	21.963	5	4.393	2.063	.079
	Within Groups	161.825	76	2.129		
	Total	183.789	81			
Positive Affect	Between Groups	1.259	5	.252	.667	.649
	Within Groups	28.676	76	.377		
	Total	29.936	81			
Negative Affect	Between Groups	1.127	5	.225	1.193	.321
	Within Groups	14.358	76	.189		
	Total	15.485	81			
Life Satisfaction	Between Groups	6.154	5	1.231	.694	.629
	Within Groups	134.764	76	1.773		
	Total	140.918	81			
Hedonic Wellbeing	Between Groups	.497	5	.099	.407	.843
	Within Groups	18.551	76	.244		
	Total	19.047	81			
Eudaimonic Wellbeing	Between Groups	2.115	5	.423	2.102	.074
	Within Groups	15.291	76	.201		
	Total	17.406	81			
Psychological Symptoms	Between Groups	.728	5	.146	.544	.743
	Within Groups	20.353	76	.268		
	Total	21.081	81			
Psychological Suffering	Between Groups	30.483	5	6.097	1.205	.315
	Within Groups	384.456	76	5.059		
	Total	414.939	81			
Existential Symptoms	Between Groups	.885	5	.177	.329	.894
	Within Groups	40.808	76	.537		
	Total	41.693	81			
Existential Suffering	Between Groups	22.978	5	4.596	.815	.543
	Within Groups	428.778	76	5.642		
	Total	451.756	81			

*The mean difference is statistically significant at the 0.05 level.

APPENDIX H: HOCHBERG'S GT2 POST-HOC TEST

Table H1. Hochberg's GT2 Test for Compassionate Factors by Position

(I) Academic Position	(J) Academic Position	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Graduate Tutor	Associate Lecturer	-.57121	.39605	.984	-1.8487	.7062
	Lecturer	-.84167	.40220	.646	-2.1389	.4556
	Senior Lecturer	-.51897	.35558	.982	-1.6659	.6279
	Principal Lecturer	-.28333	.53626	1.000	-2.0130	1.4464
	Associate Professor	-.48333	.40220	.999	-1.7806	.8139
	Professor	-1.00556	.40958	.352	-2.3266	.3155
Associate Lecturer	Graduate Tutor	.57121	.39605	.984	-.7062	1.8487
	Lecturer	-.27045	.32084	1.000	-1.3053	.7644
	Senior Lecturer	.05225	.26002	1.000	-.7864	.8909
	Principal Lecturer	.28788	.47828	1.000	-1.2548	1.8306
	Associate Professor	.08788	.32084	1.000	-.9470	1.1227
	Professor	-.43434	.33005	.995	-1.4989	.6302
Lecturer	Graduate Tutor	.84167	.40220	.646	-.4556	2.1389
	Associate Lecturer	.27045	.32084	1.000	-.7644	1.3053
	Senior Lecturer	.32270	.26928	.999	-.5459	1.1913
	Principal Lecturer	.55833	.48338	.999	-1.0008	2.1175
	Associate Professor	.35833	.32839	1.000	-.7009	1.4175
	Professor	-.16389	.33739	1.000	-1.2521	.9244
Senior Lecturer	Graduate Tutor	.51897	.35558	.982	-.6279	1.6659
	Associate Lecturer	-.05225	.26002	1.000	-.8909	.7864
	Lecturer	-.32270	.26928	.999	-1.1913	.5459
	Principal Lecturer	.23563	.44534	1.000	-1.2008	1.6721
	Associate Professor	.03563	.26928	1.000	-.8329	.9042
	Professor	-.48659	.28019	.897	-1.3903	.4171
Principal Lecturer	Graduate Tutor	.28333	.53626	1.000	-1.4464	2.0130
	Associate Lecturer	-.28788	.47828	1.000	-1.8306	1.2548
	Lecturer	-.55833	.48338	.999	-2.1175	1.0008
	Senior Lecturer	-.23563	.44534	1.000	-1.6721	1.2008
	Associate Professor	-.20000	.48338	1.000	-1.7591	1.3591
	Professor	-.72222	.48954	.980	-2.3012	.8568
Associate Professor	Graduate Tutor	.48333	.40220	.999	-.8139	1.7806
	Associate Lecturer	-.08788	.32084	1.000	-1.1227	.9470
	Lecturer	-.35833	.32839	1.000	-1.4175	.7009
	Senior Lecturer	-.03563	.26928	1.000	-.9042	.8329
	Principal Lecturer	.20000	.48338	1.000	-1.3591	1.7591
	Professor	-.52222	.33739	.965	-1.6105	.5660
Other	Graduate Tutor	1.75000*	.46442	.009	.2520	3.2480
	Associate Lecturer	1.17879	.39605	.101	-.0987	2.4562
	Lecturer	.90833	.40220	.506	-.3889	2.2056
	Senior Lecturer	1.23103*	.35558	.024	.0841	2.3779
	Principal Lecturer	1.46667	.53626	.189	-.2630	3.1964
	Associate Professor	1.26667	.40220	.062	-.0306	2.5639
	Professor	.74444	.40958	.853	-.5766	2.0655

*. The mean difference is significant at the 0.05 level.

Table H2. Hochberg's GT2 Test for Compassionate Organisation by Position

(I) Academic Position	(J) Academic Position	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Graduate Tutor	Associate Lecturer	-1.17576	.76921	.970	-3.6568	1.3053
	Lecturer	-1.86667	.78113	.400	-4.3862	.6528
	Senior Lecturer	-1.27816	.69059	.832	-3.5056	.9493
	Principal Lecturer	-.71111	1.04151	1.000	-4.0705	2.6482
	Associate Professor	-.93333	.78113	.999	-3.4528	1.5862
	Professor	-1.67407	.79547	.636	-4.2398	.8917
Associate Lecturer	Graduate Tutor	1.17576	.76921	.970	-1.3053	3.6568
	Lecturer	-.69091	.62313	1.000	-2.7008	1.3190
	Senior Lecturer	-.10240	.50501	1.000	-1.7313	1.5265
	Principal Lecturer	.46465	.92890	1.000	-2.5315	3.4608
	Associate Professor	.24242	.62313	1.000	-1.7675	2.2523
	Professor	-.49832	.64100	1.000	-2.5659	1.5692
Lecturer	Graduate Tutor	1.86667	.78113	.400	-.6528	4.3862
	Associate Lecturer	.69091	.62313	1.000	-1.3190	2.7008
	Senior Lecturer	.58851	.52299	1.000	-1.0984	2.2754
	Principal Lecturer	1.15556	.93880	.998	-1.8725	4.1836
	Associate Professor	.93333	.63779	.981	-1.1238	2.9905
	Professor	.19259	.65527	1.000	-1.9210	2.3061
Senior Lecturer	Graduate Tutor	1.27816	.69059	.832	-.9493	3.5056
	Associate Lecturer	.10240	.50501	1.000	-1.5265	1.7313
	Lecturer	-.58851	.52299	1.000	-2.2754	1.0984
	Principal Lecturer	.56705	.86493	1.000	-2.2227	3.3568
	Associate Professor	.34483	.52299	1.000	-1.3421	2.0317
	Professor	-.39591	.54417	1.000	-2.1511	1.3593
Principal Lecturer	Graduate Tutor	.71111	1.04151	1.000	-2.6482	4.0705
	Associate Lecturer	-.46465	.92890	1.000	-3.4608	2.5315
	Lecturer	-1.15556	.93880	.998	-4.1836	1.8725
	Senior Lecturer	-.56705	.86493	1.000	-3.3568	2.2227
	Associate Professor	-.22222	.93880	1.000	-3.2503	2.8059
	Professor	-.96296	.95076	1.000	-4.0296	2.1037
Associate Professor	Graduate Tutor	.93333	.78113	.999	-1.5862	3.4528
	Associate Lecturer	-.24242	.62313	1.000	-2.2523	1.7675
	Lecturer	-.93333	.63779	.981	-2.9905	1.1238
	Senior Lecturer	-.34483	.52299	1.000	-2.0317	1.3421
	Principal Lecturer	.22222	.93880	1.000	-2.8059	3.2503
	Professor	-.74074	.65527	.999	-2.8543	1.3728
Other	Graduate Tutor	3.20000*	.90197	.019	.2907	6.1093
	Associate Lecturer	2.02424	.76921	.241	-.4568	4.5053
	Lecturer	1.33333	.78113	.911	-1.1862	3.8528
	Senior Lecturer	1.92184	.69059	.168	-.3056	4.1493
	Principal Lecturer	2.48889	1.04151	.400	-.8705	5.8482
	Associate Professor	2.26667	.78113	.124	-.2528	4.7862
	Professor	1.52593	.79547	.785	-1.0398	4.0917

*. The mean difference is significant at the 0.05 level.

Table H3. Hochberg's GT2 Test for Compassionate Factors by Tenure

(I) Years at Faculty	(J) Years at Faculty	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Less than one year	1-3 years	.00298	.26239	1.000	-.7887	.7946
	3-5 years	.44213	.28341	.843	-.4129	1.2972
	5-10 years	.63889	.31046	.467	-.2978	1.5756
	10-15 years	.71528	.38023	.608	-.4319	1.8625
	More than 15 years	-.07639	.38023	1.000	-1.2236	1.0708
1-3 years	Less than one year	-.00298	.26239	1.000	-.7946	.7887
	3-5 years	.43915	.22974	.583	-.2540	1.1323
	5-10 years	.63591	.26239	.228	-.1557	1.4276
	10-15 years	.71230	.34211	.448	-.3199	1.7445
	More than 15 years	-.07937	.34211	1.000	-1.1115	.9528
3-5 years	Less than one year	-.44213	.28341	.843	-1.2972	.4129
	1-3 years	-.43915	.22974	.583	-1.1323	.2540
	5-10 years	.19676	.28341	1.000	-.6583	1.0518
	10-15 years	.27315	.35849	1.000	-.8084	1.3547
	More than 15 years	-.51852	.35849	.902	-1.6001	.5631
5-10 years	Less than one year	-.63889	.31046	.467	-1.5756	.2978
	1-3 years	-.63591	.26239	.228	-1.4276	.1557
	3-5 years	-.19676	.28341	1.000	-1.0518	.6583
	10-15 years	.07639	.38023	1.000	-1.0708	1.2236
	More than 15 years	-.71528	.38023	.608	-1.8625	.4319
10-15 years	Less than one year	-.71528	.38023	.608	-1.8625	.4319
	1-3 years	-.71230	.34211	.448	-1.7445	.3199
	3-5 years	-.27315	.35849	1.000	-1.3547	.8084
	5-10 years	-.07639	.38023	1.000	-1.2236	1.0708
	More than 15 years	-.79167	.43905	.671	-2.1163	.5330
More than 15 years	Less than one year	.07639	.38023	1.000	-1.0708	1.2236
	1-3 years	.07937	.34211	1.000	-.9528	1.1115
	3-5 years	.51852	.35849	.902	-.5631	1.6001
	5-10 years	.71528	.38023	.608	-.4319	1.8625
	10-15 years	.79167	.43905	.671	-.5330	2.1163

APPENDIX I: FREQUENCY DISTRIBUTION OF COMPASSIONATE ORGANISATION SCALE BY SCHOOL

Table I1. Frequency Distribution of ‘I work in a compassionate department’ by School.

Item	Rating	School	Frequency	Percent	Cumulative Percent
I work in a compassionate department	Strongly disagree	Business School	7	12.5	12.5
		Law school	3	11.5	11.5
	Disagree	Business School	6	10.7	23.2
		Law school	3	11.5	11.5
	Somewhat disagree	Business School	10	17.9	41.1
		Law school	5	19.2	30.8
	Neither agree nor disagree	Business School	9	16.1	57.1
		Law school	3	11.5	42.3
	Somewhat agree	Business School	11	19.6	76.8
		Law school	8	30.8	73.1
	Agree	Business School	11	19.6	96.4
		Law school	5	19.2	92.3
	Strongly agree	Business School	2	3.6	100.0
		Law school	2	7.7	100.0
Total	Business School	56	100.0		
	Law school	26	100.0		

Table I2. Frequency Distribution of ‘I work in a compassionate faculty’ by School.

Item	Rating	School	Frequency	Percent	Cumulative Percent
I work in a compassionate faculty	Strongly disagree	Business School	7	12.5	12.5
		Law school	4	15.4	15.4
	Disagree	Business School	13	23.2	35.7
		Law school	3	11.5	26.9
	Somewhat disagree	Business School	11	19.6	55.4
		Law school	8	30.8	57.7
	Neither agree nor disagree	Business School	12	21.4	76.8
		Law school	4	15.4	73.1
	Somewhat agree	Business School	5	8.9	85.7
		Law school	6	23.1	96.2
	Agree	Business School	7	12.5	98.2
		Law school	1	3.8	100.0
	Strongly agree	Business School	1	1.8	100.0
		Law school	1	3.8	100.0
Total	Business School	56	100.0		
	Law school	26	100.0		

APPENDIX J : CORRELATION BETWEEN COMPASSION AT WORK AND EWB

Items of EWB	Total Compassion at Work	Compassion on the job	Compassion from line manager	Compassion from co- workers
I find I get intensely involved in many of the things I do each day	.226*	.206	.076	.306**
I believe I have discovered who I really am	.259*	.269*	.208	.173
I think it would be ideal if things came easily to me in my life	-.202	-.085	-.220*	-.204
My life is centered around a set of core beliefs that give meaning to my life.	.117	.118	.091	.085
It is more important that I really enjoy what I do than that other people are impressed by it.	.099	.036	.075	.145
I believe I know what my best potentials are and I try to develop them whenever possible.	.122	.101	.125	.079
Other people usually know better what would be good for me to do than I know myself.	.105	.161	.011	.098
I feel best when I'm doing something worth investing a great deal of effort in	.192	.242*	.131	.109
I can say that I have found my purpose in life	.106	.132	.005	.141
If I did not find what I was doing rewarding for me, I do not think I could continue doing it	.174	.147	.104	.195
As yet, I've not figured out what to do with my life	-.122	-.156	-.048	-.109
I can't understand why some people want to work so hard on the things that they do	-.438**	-.401**	-.325**	-.385**
I believe it is important to know how what I'm doing fits with purposes worth pursuing	.092	.132	-.025	.138
I usually know what I should do because some actions just feel right to me	.106	.153	-.015	.140
When I engage in activities that involve my best potentials, I have this sense of really being alive.	.077	.151	-.001	.047
I am confused about what my talents really are	-.036	.013	-.019	-.092
I find a lot of the things I do are personally expressive for me.	.272*	.301**	.154	.238*
It is important to me that I feel fulfilled by the activities that I engage in	.203	.271*	.027	.228*
If something is really difficult, it probably isn't worth doing	-.231*	-.129	-.254*	-.197
I find it hard to get really invested in the things that I do	-.391**	-.339**	-.308**	-.340**
I believe I know what I was meant to do in life	.082	.099	.044	.067

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

APPENDIX K: PARTIAL CORRELATION BETWEEN COMPASSIONATE FACTORS AND WELLBEING/SUFFERING

Table K1. Correlation between Items of Compassionate Factors and Wellbeing/Suffering

Variable		1	2	3	4	5	6	7	8	9
Control Variable: Compassion at Work	Network ties	.154	-.197	-.036	.101	-.025	-.241*	-.112	-.113	-.156
	Relationship quality	.120	-.224*	-.028	.100	-.102	-.318**	-.203	-.065	-.199
	Shared value	.069	-.153	-.188	-.041	-.159	-.169	-.096	.030	-.132
	Shared humanity	.059	-.193	-.056	.048	-.021	-.243*	-.174	-.132	-.173
	Caring responsibility	.224*	-.254*	.033	.189	-.030	-.277*	-.146	-.140	-.138
	Role-making	.132	-.103	.090	.141	.032	-.085	-.112	-.109	-.117
	Decision-making	.020	-.059	-.082	-.025	-.190	-.159	-.113	-.043	-.130
	Standard routines	.076	-.060	-.015	.041	-.063	-.229*	-.163	-.126	-.178
	Leaders' compassion calls	.242*	-.198	.053	.192	.059	-.183	.021	-.120	-.002
	Leaders' compassion modelling	.227*	-.212	-.048	.128	.014	-.202	-.046	-.108	-.038
	Frequent stories	.211	-.184	-.144	.053	-.070	-.190	-.037	-.075	-.061
	Memorable stories	.136	.009	-.063	.015	-.130	-.120	.015	-.002	-.016

Note. 1. Positive affect, 2. Negative affect, 3. Life Satisfaction, 4. Hedonic wellbeing, 5. EWB, 6. Psychological symptoms, 7. Psychological Suffering, 8. Existential Symptoms, 9. Existential Suffering
 **. Correlation is significant at the 0.01 level (2-tailed).
 *. Correlation is significant at the 0.05 level (2-tailed).

Table K2. Correlation between Items of Compassionate Factors and PA

Variable		Alert	Inspired	Determined	Attentive	Active
Control Variable: Compassion at Work	Network ties	.026	.036	.222*	.139	.097
	Relationship quality	-.021	-.032	.147	.157	.148
	Shared values	-.046	-.001	.074	.058	.142
	Shared humanity	-.084	.090	.114	.044	.039
	Caring responsibility	.099	.138	.249*	.183	.095
	Role-making	.065	.190	.138	.052	.014
	Decision-making	-.110	.100	.089	-.008	.001
	Standard routines	-.132	.163	.140	.054	.042
	Leaders' compassion call	-.059	.173	.285*	.171	.250*
	Leaders' compassion modelling	-.062	.181	.265*	.174	.214
	Frequent stories	-.029	.118	.320**	.154	.149
	Memorable stories	-.059	.094	.193	.047	.182

** . Correlation is significant at the 0.01 level (2-tailed).
 * . Correlation is significant at the 0.05 level (2-tailed).

Table K3. Correlation between Items of Compassionate Factors and NA

	Variable	Upset	Hostile	Ashamed	Nervous	Afraid
Control Variable: Compassion at Work	Network ties	-.079	-.323**	-.099	-.072	-.116
	Relationship quality	-.127	-.209	-.159	-.135	-.133
	Shared values	-.258*	-.142	-.012	-.041	-.080
	Shared humanity	-.261*	-.108	-.086	-.062	-.144
	Caring responsibility	-.242*	-.084	-.101	-.204	-.192
	Role-making	-.057	-.106	-.034	-.088	-.053
	Decision-making	-.215	.023	.020	-.008	-.025
	Standard routines	-.207	-.047	-.041	.090	-.044
	Leaders' compassion call	-.131	-.075	-.225*	-.084	-.163
	Leaders' compassion modelling	-.258*	-.130	-.159	-.034	-.164
	Frequent stories	-.143	-.108	-.184	-.077	-.125
	Memorable stories	-.077	.018	-.070	.092	.023

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Table K4. Correlation between Items of Compassionate Factors and Life Satisfaction

	Variable	In most ways my life is close to my ideal	The conditions of my life are excellent	I am satisfied with my life	So far I have got the important things I want in life	If I could live my life over, I would change almost nothing
Control Variable: Compassion at Work	Network ties	-.030	-.060	-.014	-.022	-.031
	Relationship quality	.016	-.031	-.015	-.034	-.054
	Shared values	-.129	-.066	-.122	-.269*	-.205
	Shared humanity	-.039	.026	.031	-.156	-.086
	Caring responsibility	.090	-.062	.020	.005	.069
	Role-making	.122	.128	.049	.080	.022
	Decision-making	-.071	-.040	.006	-.105	-.128
	Standard routines	-.041	.034	.076	-.032	-.079
	Leaders' compassion call	.031	.043	.085	.040	.034
	Leaders' compassion modelling	-.046	-.103	-.013	-.021	-.027
	Frequent stories	-.109	-.136	-.116	-.180	-.087
	Memorable stories	-.069	.022	-.076	-.027	-.103

* . Correlation is significant at the 0.05 level (2-tailed).

Table K5. Correlation between Items of Compassionate Factors and EWB

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Network ties	.106	-.046	.062	-.039	-.117	-.061	-.003	-.128	-.088	.011	-.034	-.202	-.083	-.138	-.003	-.023	-.014	.097	-.023	-.108	-.119
Relationship quality	.039	.077	.116	-.127	-.086	.028	-.025	-.038	-.108	-.132	.043	-.040	-.080	-.117	-.058	.077	-.216	-.007	-.148	-.040	-.197
Shared values	.062	-.070	-.048	-.060	-.222*	-.060	.058	-.236*	-.001	-.101	.005	.083	-.043	-.175	-.147	.062	-.124	-.178	.019	.116	-.136
Shared humanity	.115	.068	-.019	-.047	-.069	.007	.027	-.133	.078	.007	-.101	.141	.053	-.111	-.002	-.033	-.172	-.084	.022	-.039	-.030
Caring responsibility	.206	.082	-.016	-.154	-.046	.038	.058	-.089	.009	-.009	.124	.023	-.026	.047	-.005	.097	-.059	-.027	-.078	.044	-.005
Role-making	.152	.173	.124	-.035	.099	.124	.011	-.162	-.029	.108	-.044	.140	.020	.019	.083	-.014	-.098	-.011	.048	-.002	.108
Decision-making	.050	-.046	.039	-.111	-.120	-.017	.018	-.248*	-.045	-.191	.055	.235*	-.176	-.120	-.159	-.002	-.168	-.173	.104	.132	-.007
Standard routines	.054	-.015	-.021	-.022	-.109	-.011	.148	-.035	.072	-.140	-.023	.104	.003	-.055	.005	-.001	-.118	-.014	.038	-.010	-.027
Leaders' compassion call	.137	-.048	.082	.031	-.086	.114	-.034	-.011	.130	.059	-.088	.127	.209	-.029	.036	-.088	-.071	.045	.036	-.057	.061
Leaders' compassion modelling	.190	.043	.130	.053	-.123	.065	.052	-.065	.111	-.027	.007	.086	.053	-.005	.027	-.111	-.069	-.006	.098	.031	.128
Frequent stories	.239*	-.078	.127	-.062	-.069	.075	.123	-.012	.056	-.059	.066	.012	-.064	-.071	-.050	-.002	-.191	-.006	.121	.035	.021
Memorable stories	.011	-.194	.106	-.058	-.059	.018	.077	.095	-.052	-.132	.147	.069	-.001	-.155	.067	.102	-.099	.000	.153	.035	-.025

Note. 1. I find I get intensely involved in many of the things I do each day, 2. I believe I have discovered who I really am, 3. I think it would be ideal if things came easily to me in my life, 4. My life is centered around a set of core beliefs that give meaning to my life, 5. It is more important that I really enjoy what I do than that other people are impressed by it, 6. I believe I know what my best potentials are and I try to develop them whenever possible, 7. Other people usually know better what would be good for me to do than I know myself, 8. I feel best when I'm doing something worth investing a great deal of effort in, 9. I can say that I have found my purpose in life, 10. If I did not find what I was doing rewarding for me, I do not think I could continue doing it, 11. As yet, I've not figured out what to do with my life, 12. I can't understand why some people want to work so hard on the things that they do, 13. I believe it is important to know how what I'm doing fits with purposes worth pursuing, 14. I usually know what I should do because some actions just feel right to me, 15. When I engage in activities that involve my best potentials, I have this sense of really being alive, 16. I am confused about what my talents really are, 17. I find a lot of the things I do are personally expressive for me, 18. It is important to me that I feel fulfilled by the activities that I engage in, 19. If something is really difficult, it probably isn't worth doing, 20. I find it hard to get really invested in the things that I do, 21. I believe I know what I was meant to do in life

*. Correlation is significant at the 0.05 level (2-tailed).

Table K6. Correlation between Items of Compassionate Factors and Psychological Symptoms

Variable		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Control Variable: Compassion at Work	Network ties	-.218	.102	-.147	-.302**	-.228*	-.031	-.236*	-.211	-.011	-.377**	-.055	-.123	-.235*	.109	-.221*
	Relationship quality	-.284*	.098	-.223*	-.367**	-.258*	.035	-.259*	-.262*	-.143	-.426**	-.164	-.205	-.220*	-.031	-.123
	Shared values	-.182	-.010	-.261	-.345**	-.069	.080	-.092	-.003	.010	-.141	-.105	-.095	-.033	-.129	-.100
	Shared humanity	-.174	.126	-.237*	-.401**	-.229*	.093	-.203	-.164	-.059	-.116	-.113	-.163	-.128	-.054	-.084
	Caring responsibility	-.216	.098	-.191	-.167	-.149	.114	-.329**	-.179	-.079	-.171	-.338**	-.133	-.216	-.076	-.223*
	Role-making	-.033	.027	-.036	-.097	-.110	.102	-.010	-.022	.136	-.072	-.206	-.044	-.101	-.009	-.035
	Decision-making	-.106	.011	-.259*	-.381**	-.040	.111	-.192	-.058	-.044	-.098	-.139	.070	-.103	.008	-.058
	Standard routines	-.127	.056	-.276*	-.369**	-.167	.135	-.226*	-.155	-.016	-.091	-.130	-.120	-.182	-.073	-.075
	Leaders' compassion call	-.332**	.224*	-.161	-.214	-.060	.026	-.235*	-.077	-.160	-.071	.002	-.086	-.205	.044	-.013
	Leaders' compassion modelling	-.238*	.214	-.152	-.293**	-.111	.046	-.219*	-.121	-.167	-.039	-.102	-.087	-.149	.027	-.067
	Frequent stories	-.257*	.081	-.277*	-.306**	-.136	-.002	-.188	-.078	-.140	-.170	-.076	.051	-.162	.023	-.027
	Memorable stories	-.036	.081	-.188	-.264*	-.086	.063	-.103	-.031	-.097	-.014	-.089	.043	-.215	.111	-.009

Note. 1. Afraid, 2. Confident, 3. Worried or anxious, 4. Irritable, 5. Depressed, 6. Cheerful, 7. Hopeless, 8. Sad, blue, 9. Burden to others, 10. Angry, 11. Lonely, 12. Embarrassed about yourself, 13. Guilty, 14. Abandoned, 15. Rejected
 **. Correlation is significant at the 0.01 level (2-tailed).
 *. Correlation is significant at the 0.05 level (2-tailed).

Table K7. Correlation between Items of Compassionate Factors and Existential Symptoms

Variable		1	2	3	4	5	6	7	8	9
Control Variable: Compassion at Work	Network ties	-.085	.069	-.114	-.117	-.049	-.024	-.221*	.179	-.176
	Relationship quality	.061	.061	-.006	-.184	-.111	.016	-.079	-.004	-.105
	Shared values	-.049	-.035	.036	-.131	-.163	.031	.059	-.060	-.024
	Shared humanity	-.029	.179	-.034	-.186	.090	.109	-.093	.047	-.111
	Caring responsibility	.150	.054	-.126	-.215	-.047	.073	-.118	.036	-.146
	Role-making	.176	.127	-.020	-.063	.028	.089	-.123	.029	-.020
	Decision-making	.137	.016	.097	-.250*	-.097	.050	-.062	-.067	.062
	Standard routines	.166	.052	.022	-.222*	-.039	.106	-.055	.090	-.099
	Leaders' compassion call	.028	.078	-.120	-.153	-.030	.109	-.226*	.002	-.068
	Leaders' compassion modelling	.000	.134	-.071	-.177	-.045	.096	-.159	-.055	-.180
	Frequent stories	.030	.067	-.096	-.218*	-.126	-.066	-.141	-.018	-.147
Memorable stories	.101	-.085	.003	-.015	-.112	.041	-.096	-.017	.046	

Note. 1. I felt peaceful, 2. I had a reason for living, 3. My life had been a failure, 4. I had trouble feeling peace of mind, 5. I felt a sense of purpose in my life, 6. I felt a sense of harmony within myself, 7. My life lacked meaning and purpose, 8. I know that whatever happens in my life, things will be okay, 9. Life was not worth living anymore
 *. Correlation is significant at the 0.05 level (2-tailed).

APPENDIX L: CORRELATION BETWEEN DIMENSIONS OF HEDONIC WELLBEING

Table L1. Correlation between Items of PA and NA

Variable	Negative Affect	Upset	Hostile	Ashamed	Nervous	Afraid
Positive Affect	-.235*	-.280*	-.027	-.065	-.178	-.208
Alert	-.156	-.219*	.135	-.086	-.194	-.116
Inspired	-.069	-.134	-.034	.050	-.012	-.091
Determined	-.285*	-.265*	-.058	-.126	-.264*	-.205
Attentive	-.186	-.168	.017	-.137	-.132	-.184
Active	-.104	-.170	-.142	.076	.000	-.115

*. Correlation is significant at the 0.05 level (2-tailed).

Table L2. Correlation between Items of PA and Life Satisfaction

Variable	Life Satisfaction	In most ways my life is close to my ideal	The conditions of my life are excellent	I am satisfied with my life	So far I have got the important things I want in life	If I could live my life over, I would change almost nothing
Positive Affect	.349**	.388**	.321**	.371**	.279*	.163
Alert	.252*	.267*	.262*	.207	.212	.145
Inspired	.391**	.432**	.301**	.387**	.350**	.220*
Determined	.185	.175	.148	.273*	.122	.092
Attentive	.212	.237*	.186	.244*	.131	.119
Active	.180	.246*	.218*	.179	.162	.000

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

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