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## Abstract

In this paper, we explore compassion in work organizations. We discuss the prevalence and costs of pain in organizational life, and identify compassion as an important process that can occur in response to suffering. At the individual level, compassion takes place through three sub-processes: noticing another's pain, experiencing an emotional reaction to the pain, and acting in response to the pain. We build on this framework to argue that organizational compassion exists when members of a system collectively notice, feel, and respond to pain experienced by members of that system. These processes become collective as features of an organization's context legitimate them within the organization, propagate them among organizational members, and coordinate them across individuals.

Keywords: Compassion, Positive Organizational Scholarship, Collective Processes

### Compassion in Organizational Life

Compassion occupies a prominent role in the history of modern society, implicated in the creation and sustenance of human community (Clark, 1997; Nussbaum, 1996, 2001). Seen as virtuous and contributing to personal and social good (Blum, 1980; Nussbaum, 2001; Solomon, 1998; Wuthnow, 1991), compassion lies at the core of what it means to be human (Himmelfarb, 2001; Wuthnow, 1991). Discussions about the meaning of compassion as a human experience date back over two thousand years, spanning disciplines such as religion, philosophy, and sociology. Through early philosophical accounts to more contemporary depictions, the notion of compassion has remained remarkably constant (Nussbaum, 1996). Similarly, despite fundamental differences in philosophy and tradition, all major religions emphasize the importance of compassion. Judaism, for example, mandates to “emulate God in his attribute of compassion” (Sears, 1998), while Buddhist philosophy considers that the basic nature of human beings is to be compassionate (Dalai Lama, 1995). The Biblical tradition, too, teaches compassion as “a duty to divine law, as a response to divine love, and a sign of commitment to the Judeo-Christian ethic” (Wuthnow, 1991, p. 50). Compassion is a fundamental and timeless part of human existence.

Compassion is also an essential, yet often overlooked, aspect of life in organizations. Although organizations are frequently portrayed as sites of pain and suffering, they are also places of healing, where caring and compassion are both given and received (Frost, Dutton, Worline, & Wilson, 2000; Kahn, 1993). Compassionate acts can be found at all levels in an organization, from leaders who buffer and transform the pain of their employees, to office workers who listen and respond empathically to their

colleagues' troubles (Frost, 2003). Compassion in organizations makes people feel seen and known; it also helps them feel less alone (Frost et al. 2000; Kahn, 1993). Moreover, compassion alters the "felt connection" between people at work (Frost et al., 2000), and is associated with a range of positive attitudes, behaviors, and feelings in organizations (Dutton, Frost, Worline, Lilius, & Kanov, 2002; Lilius et al., 2003). Research and writing on compassion in organizations reveals it as a positive and very powerful force.

We regard compassion in organizations as processual and relational. It is common to think of it as an individual characteristic, and a given individual as being either "compassionate" or "uncompassionate". Compassion is also seen as a state induced by another person's suffering, a "painful emotion" that one person experiences for another (Nussbaum, 1996). In contrast, we conceptualize compassion as a dynamic process, or a set of sub-processes, that may be found both in individuals and collectivities. Building on Clark (1997), we identify these sub-processes as "noticing", "feeling", and "responding", each contributing uniquely to the process of compassion. We argue that compassion and each of its sub-processes is relational in nature, occurring in and through interactions and connections between people (Dutton, 2003). By strengthening people's feelings of connectedness, the process of compassion builds and shapes the communities in which we live and work.

In this paper we explore the process of compassion in organizations. We do this in two stages. First we examine what it means for individuals in organizations to experience compassion. We identify the many sources of pain in organizations and discuss how individuals can heal one another by noticing another's suffering, experiencing an emotional reaction to his or her pain, and acting to help ease or alleviate it. Then we

develop a conceptualization of “organizational compassion”, which we argue is composed of these same processes operating at a collective level. Organizational compassion exists when members of a system collectively notice, feel, and respond to pain experienced by members of that system. We argue that these sub-processes become collective when they are legitimated within an organizational context and propagated among organizational members. For responding to become collective, it must also be coordinated across individuals. We then explore how legitimation, propagation, and coordination are enabled by a variety of systemic organizational features, such as values, practices, and routines. Examining organizational compassion thus allows us to see organizations as systems with the capacity for collective noticing, feeling, and responding.

By developing conceptualizations of compassion processes that exist at the individual and organizational levels, we contribute in important ways to understanding behavior in organizations, and to the emerging field of positive organizational scholarship. First, this work acknowledges both the human pain and the compassion present in organizational life. In general, the study of organizations tends to engage our minds but fails to engage our hearts. As a result, researchers typically have little to say about the humanity or aliveness of organizations (Dutton, 2003; Follet, 1995; Frost, 1999; Rozin, 2001; Sandelands, 1998, 2003; Weick, 1999). The study of compassion in organizations acknowledges the realities of pain, suffering, and healing that are part of the human experience, and in so doing, helps to fill in gaps in the organizational literature that often fails to portray organizations as human institutions.

Second, extending the idea of compassion beyond the individual allows us to see how collective capacities for noticing, feeling, and responding to human suffering vary by organization. By highlighting the role of organizational systems, routines, and values in facilitating the enactment of collective compassion processes, our focus on organizational compassion thus contributes to the emerging field of positive organizational scholarship, showing how one form of virtuousness can be enabled in organizations (Cameron, 2003; Cameron, Dutton, & Quinn, 2003). Further this paper begins to articulate the mechanisms through which organizational contexts enable the patterns of collective noticing, feeling, and responding that differentiate organizations as sites of human healing. For organizations in which dealing with human pain is a persistent and central part of the organization's mission (e.g., hospitals and health care organizations, fire-fighting units, social service and support organizations) this form of collective compassion capability may be particularly important for sustained organizational survival and effectiveness.

### Pain and Compassion at Work

Given the amount of time people spend at work, it should come as no surprise that work organizations are fraught with pain and suffering (Frost, 1999; Frost, 2003; Frost et al., 2000). People often carry pain from their personal lives with them to work. For example, a family member being diagnosed with cancer, a single working mother leaving her sick child in someone else's care, or a failing personal relationship all affect how people feel at work. Equally, a vast number of work-related factors, such as hostile co-worker interactions, an abusive boss, or having to deal with overly demanding clients, can lead people to experience intense and enduring pain. Pain can also result from

organizational actions such as a merger that produces severe conflict, poorly handled change, or indiscriminate restructuring and downsizing. Hostile or unethical acts from other organizations can further contribute to the pain felt by employees in an organization. For instance, companies with deep economic pockets coming into communities can drive smaller or less wealthy competitors out of business, causing pain and suffering for many who are on the losing end of the competition. Finally, emotional pain stems from inevitable calamities, be they environmental (heavy pollution, earthquakes, floods) political (painful inter-group conflict or contests for power), or economic (jolts felt as the economy falters and one's livelihood is threatened). Whether or not organizations themselves directly cause pain and suffering, they are sites that harbor the emotional duress and anguish that stem from all aspects of members' lives (Dutton et al., 2002; Frost & Robinson, 1999; Frost et al., 2000).

Pain and suffering have serious implications for organizational performance and productivity. Employee grief, for example, costs work organizations upwards of 75 billion dollars annually (Zaslow, 2002). The costs also extend beyond financial losses to include a variety of psychological, physiological, and interpersonal outcomes such as a diminished sense of self worth, a weakened immune system, and workplace sabotage (Frost, 2003; Ryff & Singer, 2001). Organizational members are often left without reliable opportunities to deal with their suffering, however, because of organizations' typically limited capacity to acknowledge and respond to it (Frost, 1999).

Given the pain present in the workplace and the dearth of resources available to handle it, compassion in organizations clearly has a critical and consequential role. The possibility for compassion as a part of organizational work is powerfully illustrated in the

medical and nursing literatures, where clinicians and policy makers emphasize the importance of attending to patients' suffering (defined as an impairment or threat to the meaning of the self (Reich, 1989)), as well as their physical illness. For instance, medical ethics discourse increasingly includes compassion (e.g., Brody, 1992; Shelp, 1985, as cited in Brody, 1992), spurring interest in understanding what it means for medical professionals to be compassionate and how they can express compassion in interactions with their patients (e.g., Connelly, 1999). The nursing literature similarly identifies compassion as a moral imperative that is an essential component of patient care (von Dietze & Orb, 2000).

Compassion brings medical practitioners closer to their patients, allows them to establish a connection with their patients, and enables them to achieve a deeper level of healing through their treatment of the "whole person" rather than just illness (Brody, 1992; Cassell, 2002). It heals by reducing the felt presence of pain through being noticed, through feeling cared for and understood, and through receiving responses that alleviate pain. To attend to a patient's suffering is to guard against "losing" the person in the medical process (Frank, 1992). Compassion provides comfort in a time of distress and disorientation, and serves as a reminder to professionals of the human dimension of practices that can easily become exclusively system, function, or technique driven. Recent work with dying people explores how insensitive communications by physicians can engender more suffering than the illness itself or an awareness that the condition is terminal (Kuhl, 2002). Findings from research on compassion in the caring professions parallel those on terminal experiences in the workplace, such as firings, layoffs, and downsizings, where the compassion with which painful acts are carried out has been

shown to positively influence the perceptions and feelings of the target individuals (Cameron, 1994; Gittell & Cameron, 2003; Wanburg, Bunce, & Gavin, 1999).

### Elements of Compassion

In this section, we identify the key elements of the process of compassion as it is experienced among individuals. Following Clark (1997), we regard compassion as a process comprising three interrelated elements: “noticing” another’s suffering, “feeling” the other’s pain, and “responding” to that person’s suffering. We discuss each of these below.

#### Noticing

A critical first step in the compassion process is noticing another person’s suffering and becoming aware of the pain he or she is feeling. Noticing often requires an openness and receptivity to what is going on in those around us, paying attention to others’ emotions, and reading subtle cues in our daily interactions with them (Frost, 2003). Noticing may take the form of a cognitive recognition of another’s suffering, or may first be experienced through an unconscious physical or emotional reaction to that person’s distress, which in turn creates in us an awareness of their suffering. Equally, we may notice the pain of others because people call our attention to it. In all cases, awareness of another’s pain is a critical first step in the compassion process.

People’s motivation and skill in noticing varies across individuals and situations: we tend to find noticing easiest when the person is similar to us and when we like him or her; we are also more likely to detect a person’s suffering when we have experienced a similar kind of pain ourselves (Clark, 1997). When we are especially busy at work and

preoccupied with our own deadlines and concerns, however, we are often unable to notice the pain that may be in front of us (Frost, 2003; Hallowell, 1999).

### Feeling

All accounts of compassion from ancient Greek philosophy to everyday vernacular recognize that people *feel* compassion. Compassion is a social emotion in that it is inherently other-regarding: people feel compassion for someone else (Cassell, 2002; Solomon, 1998). Moreover, the feeling of compassion implies that the object of one's compassion is experiencing some sort of pain or suffering (e.g., Frost et al., 2000; Reich, 1989; Solomon, 1998). Compassion literally means *suffer with* (von Dietze & Orb, 2000; Solomon, 1998). Feelings of compassion thus connect one person to another's hurt, anguish, or worry. These feelings can be more or less intense, and may last over a long period, for example, towards a disadvantaged group of people, or be experienced only briefly in response to someone's short-lived misfortune. Feelings of compassion also vary in form: a person may simply feel concern for another, or she may experience a more complex set of emotions, for instance, simultaneously feeling concern as well as indignation on the person's behalf, or guilt at not having done more to prevent his distress (Clark, 1997).

Compassionate feelings resemble empathic concern (Batson, 1994; Davis, 1983) in which a person imagines or feels the condition of the person in pain or suffering. Nussbaum (2001) talks of "the imaginative reconstruction of the experience of the sufferer", which allows someone to get a sense of what it means for a person to suffer, and to connect himself to that person's situation and prospects (p. 327). These feelings also involve "taking the attitude" of the other person (Mead, 1962, p. 366; Shott, 1979),

seeing the situation from her perspective, and taking her role (Clark, 1997). To feel empathic concern, we must therefore be able to appreciate the suffering person's pain from his or her perspective. Noticing another's pain does not, however, inevitably lead to the feeling of compassion: it is possible to acknowledge that a person is suffering, but feel nothing for her, or even feel that she deserves what has happened (Lerner, 1980).

### Responding

In addition to connecting those who feel empathic concern with those who suffer, the experience of compassion also moves those feeling the concern to act toward easing or eliminating the other's suffering (Reich, 1989; von Dietze & Orb, 2000). As Rinpoche (1992) explains, "[compassion] is not simply a sense of sympathy or caring for the person suffering, not simply a warmth of heart toward the person before you, or a sharp recognition of their needs and pain, it is also a sustained and practical determination to do whatever is possible and necessary to help alleviate their suffering" (p. 187).

Compassion is thus an empathic emotional response elicited by another person's suffering that moves people to act in a way that will ease the person's anguish or make it more tolerable (Frost et al., 2000; Reich, 1989).

We introduce the term *compassionate responding* to refer to any action or display that occurs in response to another's pain, with the aim of alleviating that pain or helping the sufferer to live through it (Reich, 1989). Compassionate responding may or may not be instrumental in fixing or correcting the immediate cause of one's suffering. For example, holding someone's hand as she talks about the painful process of caring for her terminally ill father can be just as compassionate as giving money to someone who incurs unexpected medical expenses. Both actions aim to make the experience of suffering

more bearable. Such acts are only compassionate responses, however, if they occur together with feelings of compassion. Thus, commonly studied and valuable organizational behaviors such as general helping behavior, social support, organizational citizenship behavior, are not compassion unless they are accompanied by the noticing and feeling elements of the compassion process.

Acting compassionately does not necessarily follow from compassionate feelings, although we would likely reject the claims of a person who frequently expressed feelings of compassion but never acted on them (Blum, 1980; Solomon, 1998). There may, however, be times when compassionate feelings exist but no available course of action suggests itself or is possible in the circumstances (Nussbaum, 2001). For example, a newcomer at work learns her peer is undergoing radiation treatment from newly detected breast cancer, but, neither knowing her new colleague well nor the norms of the organization, does nothing despite feeling deeply for her coworker. She is feeling but not displaying compassion.

While compassionate responding often follows feelings of compassion, it is also possible that these feelings may come as a result of compassionate responding. Just as the act of smiling has been found to generate positive affect in a person (Strack, Martin and Stepper, 1988), so performing a compassionate act may, by connecting someone to a sufferer, give him an appreciation of that person's plight and evoke feelings of compassion for her (Clark, 1997). Compassionate responding is a critical piece of the process in that it alerts others to the fact that the person engaging in the action is indeed feeling compassion. An implication of this is that, while a feeling of compassion may have moral value in its own right, it is through compassionate responding that the feeling

comes to be a “social force” that compels interaction and promotes social solidarity (Clark, 1997, p. 56-57).

### Compassion and Related Processes

Before moving on to discuss the process of compassion at the organizational level, we see value in distinguishing individual compassion from the related processes of empathy, sympathy, and caregiving. Comparing empathy and compassion, von Dietze and Orb (2000) have suggested that compassion is a deeper level of participation in another’s suffering. In their account, compassion can involve empathy but it also suggests a fuller connection to the sufferer, thereby taking on or participating in his or her suffering (see also Clark, 1997; Reich, 1989; Rinpoche, 1992). In other writing, empathy has been seen as synonymous with compassion, both being other-oriented emotional responses characterized by feelings of concern for the other person’s welfare (e.g., Batson, 1994; Batson & Oleson, 1991; Davis & Kraus, 1997). In such work, empathy is conceptualized as involving an appreciation or understanding of what someone else is going through as well as an emotional reaction to that person’s condition.

Our conception of individual compassion places empathy as an important part of the feeling process, emotionally connecting with and taking the perspective of the sufferer. We argue, however, that compassion differs from empathy in that compassion also involves being moved to respond to a person’s suffering. While sympathy is sometimes treated as being one and the same as empathy (e.g., Davis & Kraus, 1997; von Dietze & Orb, 2000), in this paper we draw on Clark’s (1997) sophisticated account of sympathy, which is essentially synonymous with the present conceptualization of compassion (Nussbaum, 2001).

We also see a conceptual overlap between compassion and the process of caregiving, which is an “emotional act” involving the transfer of emotions from caregiver to caretaker (Kahn, 1993). Caregiving is composed of eight behavioral dimensions, several of which connect to compassion as conceptualized in this paper. However, in contrast with the less tangible acts of noticing another’s suffering and feelings of empathic concern that are so central to our understanding of compassion, caregiving emphasizes the enactment of a set of behaviors, such as inquiry, validation, and support. Furthermore, caregiving is seen as a way of replenishing a colleague who is emotionally drained or experiencing burnout from work. We regard compassion as a response to pain that might arise from a variety of sources inside and outside of work, and to suffering that may include, but is not restricted to, emotional exhaustion and burnout.

#### Organizational Compassion

Our discussion to this point has focused on compassion among individuals. To more fully appreciate compassion in organizational life, however, we now shift our attention to examine it at the organizational level. We focus on organizational compassion as a process carried out by and directed towards the members of an organization. We argue that it is not a fixed or absolute quality, and we do not encourage distinguishing between “compassionate” and “uncompassionate” organizations. Rather, we believe that organizational compassion can be found in any kind of organization, although some kinds, such as non-governmental aid organizations or certain community service organizations, may be more predisposed to compassion as a result of their mission and the centrality of organizational compassion to their viability and success. In this paper, we seek to establish a way of thinking about organizational compassion that

enables the identification of factors that reflect the relative compassion of all organizations.

In developing the present conceptualization of organizational compassion, we are not suggesting that organizations are entities that, like individuals, literally notice, feel, and respond to pain, nor are we suggesting that organizational compassion is a mere aggregation of compassion among individuals. Rather, organizational compassion involves a set of social processes in which noticing, feeling, and responding to pain are shared among a set of organizational members. In order to be shared, and so become collective within an organization, each of these processes must be legitimated and propagated; responding must also be coordinated. These mechanisms are in turn enabled by a variety of systemic organizational factors, such as values, practices, and routines. Collective noticing, feeling, and responding also feed back into the system and influence how organizations and their members will respond to pain in the future (Nussbaum, 2001). Each of these collective processes will be discussed in more detail in the sub-sections below.

#### Collective noticing

Collective noticing is the first of three sub-processes that compose organizational compassion. Collective noticing is not simply a matter of multiple people within a social system independently recognizing another person's pain. Rather, it refers to a collective acknowledgement of pain within a social system such that individuals within the system have a shared appreciation that pain is present. Understanding the role of individuals in this collective process is important because organizations themselves cannot notice pain. Rather, it is individual organizational members that are able to pick up on emotional cues

and sense what is going on in those around them. Organizations play a critical role in this process by influencing, through certain structures, systems, and practices, what their members notice and attend to in their environments (Sutcliffe, 2000).

Organizational characteristics can both inhibit and enhance the extent to which members notice each other's pain, view it as legitimate and worthy of attention, and share their awareness with others. These characteristics include organizational policies and shared values that heighten members' vigilance for pain and provide a language with which to identify it, aspects of the organization's physical architecture that make members accessible to each other and make it easier for them to see suffering in the organization, and organizational systems and technologies that facilitate communication about the presence of pain in the system. Each of these has the potential to influence the extent to which organizational members will be receptive to the presence of pain in those around them and the degree to which this awareness will be legitimated in the organization. We describe organizations with such characteristics as having a capacity for collective noticing.

Cisco Systems offers an example of an organization with policies that create such a capacity. John Chambers, CEO, has a policy that he is to be notified (within 48 hours) of every instance in which a Cisco employee or an employee's immediate family member falls seriously ill or passes away. This policy increases individual members' vigilance by encouraging them to be on the lookout for pain: employees realize they need to be aware of a colleague's grief. The policy also expresses shared organizational values that indicate that people's family circumstances are legitimate foci of concern, thus making it more likely that members will share painful family news. It also clearly articulates what

pain is (in this case, grief) so members appreciate what to look out for and know when they have seen it. Furthermore, Cisco also has a communication system called the Serious Health Notification System that enables such information to reach the CEO quickly. It is also used by employees to spread the word amongst members, thus alerting others to the presence of pain in the organization and allowing the collective acknowledgement of a colleague's pain. Together, this policy, and the communication system and technology that support it serve to legitimate and propagate organizational members' awareness of pain and their appreciation of its significance. In so doing, they help to build the organization's capacity for collective noticing.

The Cisco example illustrates how features of an organization such as its policies, values, systems, and technology can enable collective noticing. We argue that this relationship is bi-directional: members of an organization who are engaged in collective noticing will also be more likely to promote further systems, policies, and work practices that increase that organization's capacity for collectively noticing pain. Developing this capacity is a critical first step in enabling organizational compassion.

### Collective feeling

Collective feeling is the second of three sub-processes that make up the process of organizational compassion. When people collectively feel concern, they not only compassionately share in the distress of a suffering colleague; they also share these feelings more widely with one another. Through narratives and emotionally expressive communication, members are able to develop a collective appreciation of the experiences of the sufferer in their midst. Feelings are also likely to become shared through the process of "emotional contagion" (Hatfield, Cacioppo, & Rapson, 1994), as people

working together unconsciously “catch” each other’s emotions. We argue that feelings of empathic concern come to be experienced more intensely through their social experience and expression in the organization (Kelly & Barsade, 2001; Parkinson, 1996).

Collective feeling is most likely to be found in organizations where members openly express their emotions, commonly talk about how they are feeling, and exchange emotionally-laden stories about work and home life. These member behaviors will occur most readily in organizations that enable the propagation and legitimation of feelings of empathic concern. Key characteristics of such organizations include certain organizational practices and routines related to feeling (Huy, 1999), as well as aspects of the organization’s culture, such as its values, norms, and the kinds of feeling language and stories encouraged at work. Leadership, and especially the feelings that leaders model and endorse in their members, also has a significant impact (Frost, 2003). In organizations that lack such practices, culture, and leadership, members must either suppress their personal feelings or express them privately in a way that is not acknowledged or endorsed by the organization and therefore unlikely to influence other members or the organization itself.

One example of a practice in an organization with a capacity for collective feeling is a regular team meeting in which members are encouraged to talk not only about their task progress but also how they are feeling about their work, and about non-work issues. This mechanism allows members to reveal and talk openly about their pain as well as share their emotional responses to colleagues’ suffering. As members develop a shared appreciation and acceptance of pain and the emotional reactions it evokes, collective feelings are likely to be generated and maintained (Meyerson, 1994).

Organizational culture can also play a major role in enabling collective feeling at work (Van Maanen & Kunda, 1989). In an organization with a culture that values the expression of suffering and the sharing of emotional reactions to others' pain, for example, members will be more likely to feel and express empathic concern for those in distress. Sharing these feelings in turn reinforces the organization's humane culture. "Feeling rules" (Hochschild, 1983) and "display rules" (Ekman, 1973) play an important part in the organizational culture of an organization with a capacity for collective feeling. These kinds of rules capture the emotion norms of an organization, conveying expectations about how people should feel, and what feelings they should express at work. A collective feeling of empathic concern is likely to develop and spread where feeling and display rules advocate the experience and expression of warmth and concern for those who are suffering.

For example, Cameron and colleagues have studied the pain-inducing processes of downsizing in a variety of organizational settings (Cameron, 2003; Cameron, 1998; Cameron, Freeman, & Mishra, 1993). They find that human and financial recovery from downsizing happens more effectively in organizations in which stories of kindness and care are accepted and reinforced, and where normal organizational language includes words like love, compassion, and hope (Cameron, 2003; Cameron, Bright, & Caza, 2003 [this issue]). In the terms we are proposing, these cultural features enable the expression of feelings of pain and feelings associated with forgiveness and care in the face of pain. As a result, these organizations have greater capacities for the collective feeling of pain, which in this case, translates into a more rapid and effective recovery.

Leadership represents another example of a key characteristic of an organization that can contribute to the enabling of collective feeling around pain. Where an organization's leader models the open expression of certain feelings and shows concern for members' pain, others in the organization are much more likely to experience compassionate feelings as legitimate and to share them openly with their colleagues (Dutton et al., 2002; Frost, 2003). For example, when a senior executive at a market research firm passed away suddenly the CEO personally visited each member of his management team to express his grief and share in their sorrow (Dutton et al., 2002). Thus we see how organizational practices, cultural values, and leadership may legitimate and propagate feelings of compassion within organizations. Collective feeling is also part of a positive feedback loop. Organizational members who collectively feel compassion are more likely to interact with one another in ways that reinforce the organization's values and norms, and to enact practices through which collective feelings are likely to be further propagated and legitimated. When members experience others feeling as they do about an event or issue, these feelings will seem more legitimate, and they will feel encouraged to express their emotions more openly and to talk and act in ways that, by shaping the culture and practices of the organization, increase its collective capacity to feel compassion.

### Collective responding

The third sub-process of organizational compassion involves collective responding to pain and suffering. While we might find individuals engaging in compassionate acts on an occasional basis in any number of organizations, the notion of collective responding refers to a coordinated behavioral response to pain within an

organization. Collective compassionate responding, therefore, is partially enabled when members' responses to pain are propagated and legitimated in an organization, but only becomes truly collective when these responses are coordinated in some way.

Coordination may come about through a centralized process in which members' responses to pain are coordinated by a particular person or group. Coordination may also occur through the spontaneous emergence and transformation of roles as people find ways to self organize around the delivery of care (Dutton, Worline, Frost, & Lilius, 2003). Collective compassionate responding may take the form of heedful interrelating (Weick & Roberts, 1993), such that coordination is accomplished through members' appreciation of how to act with others in response to pain, and their understanding of how to interrelate their actions within the system. Just as Weick and Roberts argue that the intelligence of a collective mind is dependent upon the heedfulness with which people act, so an organization's capacity for collective compassionate responding is dependent upon its members' heedful interrelating in the face of pain.

Organizations vary in their capacity for collective responding, some reacting quickly and readily to trauma in members' lives, others failing to respond at all (Dutton et al., 2002; Dutton et al., 2003). We argue that these variations in capacity result from differences in key organizational characteristics, including leadership and values, as well as structures and systems. These characteristics have the potential to help propagate and legitimate certain kinds of response to pain, as well as enable the effective coordination of these actions.

Leadership and cultural values that publicly endorse compassionate acts play a key role in propagating and legitimating collective responding. In the wake of the

violence of September 11, 2002, we saw, in sharp relief, the difference leadership values made in signaling what were appropriate acts of compassion. While some leaders modeled caring through the actions they took with respect to employees, customers, and suppliers, other leaders stifled the healing momentum by denying people's need to process and respond to the pain of this day's event and its aftermath (Dutton et al., 2002).

Propagation and legitimation of compassionate responding may also happen through other organizational means. Policies and practices that explicitly acknowledge responding to pain with compassion as an organizational priority can help to promote a culture in which employees believe in working together to alleviate pain in their members. For example, a particular hospital encourages compassion by publicly rewarding employees for their compassionate behaviors. It also distributes a monthly "Caring Times" newsletter to all staff that is composed entirely of stories about hospital employees engaging in caring and compassionate acts. Organizations may also have mechanisms through which the collection of resources for a distressed employee can be centrally coordinated and the giving of collective gifts or memorials organized. For example, this same hospital also has a system that allows its employees to donate their paid vacation and personal days to others who are in need of time off as a result of painful or difficult circumstances (Dutton et al., 2002).

Coordination through heedful interrelating is most likely to occur where systems permit members to develop overlapping knowledge about how to respond to pain. They are then potentially able to take responsibility for all parts of the process to which they can contribute (Hutchins, 1990, p. 210). For example, in an organization where job roles are flexible, responsibilities are broad, and members are empowered, employees are more

likely to see and act beyond the boundaries of their formal position and heedfully organize themselves in response to a trauma. When a Newsweek editor fell seriously ill other staff members initiated a number of different responses, each focused on easing a specific aspect of the editor's condition. One employee organized a blood and platelet donation drive in which many staff members participated, another managed home chores for the editor's family, and someone else babysat his children (Dutton et al., 2002).

By propagating, legitimating, and coordinating members' acts in response to pain, an organization can increase its capacity for collective responding, and in turn the organizational compassion of the system. As with collective noticing and feeling, collective responding can produce a virtuous cycle in which members, through their actions, may highlight the need for and value of systems and policies, and reinforce a culture that supports the legitimation, propagation, and effective coordination of collective compassionate acts in the organization.

#### Dynamics of Organization Compassion

Organizational compassion is the process in which organizational members collectively notice, feel, and respond to pain within their organization. While examining the three sub-processes independently of one other allows for a clearer understanding of each of them, in reality, these collective processes are highly interconnected. Different processes often take place simultaneously in a set of organizational members, and any one process may feed into another. Moreover, the organizational characteristics that contribute to an organization's capacity for each process are likely to have a simultaneous impact on more than one collective capacity at a time. For instance, having a culture in which expressions of suffering and empathic concern for others' pain are legitimated can

help organizations develop a capacity for collective feeling in the face of pain, as well as contributing to the organization's capacity for collective noticing. In such an organization, members would likely be more open about sharing their pain, making it both more easily felt by others, and more noticeable to them.

Organizational compassion thus involves the interconnection of different people and processes, operating in a way that suggests a “transactive memory system” or “collective mind” (Moreland & Myaskovsky, 2000; Wegner, 1987, 1995; Weick & Roberts, 1993), such that members think, feel and act not only with an appreciation of the sufferer, but with an awareness of how their activities interrelate with those of others. An organization's capacity for collective noticing, feeling and responding thus derives from its “mindfulness” (Weick, Sutcliffe, & Obstfeld, 1999), or perhaps “carefulness”, which is an enriched awareness reflected in the way members notice, feel and respond to pain in the organization.

Despite the apparently holistic notion of “collective mind”, we are not arguing that most organizations' capacities for collective noticing, feeling, and acting will be spread evenly throughout the organization. Instead, we can imagine the existence of pockets of compassion in an organization, such that some departments or divisions exhibit more compassion than others, this often varying over time and across situations. We suggest that the processes of compassion found in these pockets, and the extent to which they are preserved and extended, are significantly shaped by aspects of the organizational context. For example, the physical architecture of a particular department may engender a considerable capacity for collective noticing, feeling, and responding (e.g., an open plan unit, where members can typically see other members and often

overhear each others' interactions) and at the same time may isolate these collective processes so they remain largely confined to this pocket (e.g., if the unit is in a separate building from other parts of the organization). Thus organizational compassion may not be dependent on an organization-wide capacity for collective noticing, feeling, and responding, but, rather, be constituted by the capacities of different organizational areas.

Our conceptualization of organizational compassion reveals it as a complex and potentially time and energy-consuming process. This raises questions about its longer-term impact on an organization, in particular, the extent to which it could drain the organization's capacity in other areas, and organizational members themselves. Previous research suggests that individuals who engage in compassion and other forms of emotional work may experience emotional exhaustion and burnout, that in turn are costly for the organization (Frost, 2003; Frost et al., 2000; Frost & Robinson, 1999; Kahn, 1993; Meyerson, 2000). Thus, while compassion is healing for those in pain, it has the potential to negatively impact the organizations through its demands on those who "give" it. These effects are especially damaging when an individual acts alone in giving compassion (Frost, 2003). Organizations that support and encourage individual expressions of compassion, however, build capacities for collectively noticing, feeling, and responding to pain, which can be instrumental in replenishing and strengthening individuals' emotional resources (Frost, 2003; Worline et al., 2003). Given the inevitability of pain in organizational life, we expect that developing a capacity for the processes of organizational compassion is likely to increase, rather than reduce, an organization's resilience (Gittell & Cameron, 2003; Worline et al., 2003).

### Looking Forward: Positive Organizational Scholarship Research in the Future

In this paper, we have explored the process of compassion in organizations. We first examined the three sub-processes of which compassion among individuals is composed, and then developed a conceptualization of “organizational compassion”, which exists when members of a system collectively notice, feel, and respond to pain experienced by members of that system. Further, we have examined the role of certain organizational characteristics in the legitimation, propagation, and coordination of these processes.

This paper makes a number of contributions and has some important implications for our understanding of compassion in organizations and for positive organizational scholarship more generally. Studies of compassion at work have revealed both the prevalence of pain in organizations, but also the great variety of ways in which individuals spontaneously reach out to others who are suffering (Dutton et al., 2002; Frost et al., 2000; Frost, 2003). This paper adds to the compassion literature by allowing us to see the process of compassion as more than an individual experience or as a process in which a number of people individually engage in an organization. It builds on our understanding of individual compassion in the workplace to identify how organizational members can *collectively* notice, feel, and respond to pain. A valuable avenue for future research would be to examine how members of organizations can, through their co-construction of meaning, their sharing of emotion, and their heedful responding, create pockets of collective compassion within an organization.

This paper also contributes to the growing field of positive organizational scholarship, which has demonstrated the uniquely important role of positive human

processes and dynamics in organizations (Cameron, Dutton, & Quinn, 2003). In particular, such research has highlighted the value to individuals and organizations of institutionalized virtuousness, defined as an orientation toward human fulfillment and social betterment, and characterized by ennobling human behaviors. While we have evidence of relationships between individual expressions of virtuousness and individual performance (Cameron, 2003) and health (Ryff & Singer, 1998), we have only scratched the surface in understanding how these same dynamics occur in organizations (Cameron, Dutton, Quinn, & Wrzesniewski, 2003). Certainly we cannot assume that individual processes will unfold in the same way as collective ones, and understanding virtuousness at the organizational level represents an important challenge for the field. Our paper suggests some important processes – propagation, legitimation, and coordination – which we believe may have significance for the development of many positive outcomes in organizations. These processes, which enable the transformation of compassion into a collective phenomenon, have the potential to similarly make other virtues collective (e.g., collective processes of forgiveness, integrity, wisdom).

This paper further contributes to positive organizational scholarship by identifying a variety of systemic features through which organizations can increase their capacity for organizational compassion. Research in positive organizational scholarship raises questions about the “enablement of positivity”, or the factors in organizations that enable positive outcomes (Cameron, Dutton, Quinn, & Wrzesniewski, 2003). In the present paper, we have identified a range of characteristics, including culture, systems, leadership, and technology that appear to enable the collective processes of noticing, feeling, and responding, and therefore of organizational compassion. An empirical

investigation that examines the combinations of organizational features most important in propagating, legitimating, and coordinating different sub-processes of compassion would make a valuable contribution to our understanding of the positive dynamics in organizational life.

By their very nature, the processes described in this paper lend themselves to certain methodological approaches. Our interest in the process of organizational compassion suggests the use of interpretive methods, which allow the investigation of noticing, feeling, and responding as experienced and understood by organizational members. In particular, we believe that the three sub-processes of organizational compassion might be usefully examined through methods that allow the observation and engagement with organizational members at close quarters and over time (e.g., Fineman, 2000; Huy, 2002). While the study of positive organizational dynamics, including compassion, can gain from a variety of different research methodologies, qualitative methods are particularly well-suited to the study of collective processes in organizations.

To conclude, we want to suggest that the study of organizational compassion and other positive organizational processes presents an exciting opportunity for organizational researchers not only to investigate a set of fascinating phenomena, but also to raise awareness of the positive potential inherent in human organization and in human organizing processes. The set of processes we have described here as constituting organizational compassion – collective noticing, feeling, and responding – require rich and systematic investigation if their dynamics and impact are to be understood and their promise realized.

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