HOW DOES COMPASSION SHOW UP IN HEALTHCARE ORGANIZATIONS?

ANDRE S. AVRAMCHUK
XIAOHAN ZHANG
California State University, Los Angeles

This article calls upon case researchers to write case studies about compassion in healthcare organizations and offers several synthesizing vignettes from the current literature in support for doing so. It also provides case teachers and readers with the ideas for what to consider when exploring cases of how compassion presents itself (or does not) in healthcare settings. It aims at addressing the gaps in case research and teaching about the culturally sensitive healthcare compassion, compassion fatigue, leadership, organizational processes, and self-compassion.

Introduction

Despite the intensifying calls for care and compassion in recent political and workplace history (*e.g.*, Lucey 2020), compassion remains a relatively neglected phenomenon in case research. We attempt to address that shortcoming by synthesizing and reviewing some possibilities for writing case studies involving compassion. Specifically, we offer case researchers a set of helpful vignettes in what to consider when writing a teaching case study on compassion in healthcare settings.

It is customary to perceive compassion as being at the core of healthcare training, provision, and organization (*e.g.*, Dougherty & Purtilo 1995; Fotaki 2015; Leget & Olthuis 2007; Lown 2018; Smith 2019). Many case studies about healthcare providers or around healthcare industry and economics routinely default to the assumption that compassion must have a place

The authors developed the case for class discussion rather than to illustrate either effective or ineffective handling of the situation. The case and its accompanying instructor's manual were anonymously peer reviewed and accepted by the ***Journal of Case Research and Inquiry, Vol. 6, 2020***, a publication of the Western Casewriters Association. Contact: Andre S. Avramchuk, California State University, Los Angeles, 5151 State University Drive, Los Angeles, CA 90032, Andre.Avramchuk@calstatela.edu.

in healthcare and its delivery systems (*e.g.*, Chaudhuri *et al*. 2018; Darr 1985; George 2008; Mantel 2013). Yet, little has been systematically examined about a full spectrum of places in which compassion shows up in healthcare generally and healthcare management particularly (Sinclair *et al*. 2016). To refine their analytical assumptions (*e.g.*, in the instructor's manual) and foster richer case discussions and learning outcomes, researchers preparing cases in healthcare management and organization might therefore benefit from understanding of where and in what ways compassion is present. We synthesize some of these ways and places below, after providing a contextual overview of compassion at work.

Compassion in the Workplace

Conceptualizations of compassion are understandably diverse, depending on the context in which compassion is found. Historically, it figured prominently in Buddhism as a core practice, served as a virtue in Islam, and significantly influenced Christian and Judaic beliefs (Lampert 2005). It has been considered an important part of human life in Confucianism (Lau 2004) and described in a rich pallet of virtuous and prescriptive terms in Hinduism (Tripathi & Mullet 2010). As employees bring their whole selves into the workplace, their highly contextualized religious and philosophical traditions play somewhat different roles in how compassion is motivated and exhibited in organizations.

In addition to traditions and upbringing, compassion at work is inevitably influenced by basic human nature. Psychologists and philosophers have long considered compassion a positive social emotion (Goetz *et al*. 2010; Nussbaum 1996), with the associated empathy-driven manifestations of social behavior sometimes curbed or amplified by personality differences, responses to crises, birth related or chemically induced disorders, or other factors. Nevertheless, compassionate or other socially-oriented behavior at work can be learned. Lockwood and colleagues (2016, p. 9763), for example, noted, *"Prosocial behaviors, namely, social behaviors or actions intended to benefit others, are …. essential for social bonding and*

cohesion" and found that *"people can learn to benefit others and …. More empathic people learn* [that] *faster."*

Definition of Compassion

The organizational literature has centered on a definition of compassion as a process of noticing and empathizing with someone's plight and acting to alleviate it (*e.g.*, Kanov *et al*. 2004). Compassion is therefore distinguished from pure emotions (*e.g.*, empathy) in that compassion, as conceived above, has an observable action component. That action – as a behavioral component – is also distinguished from other caring or prosocial behaviors (*e.g.*, offering a glass of water to every customer in a waiting room) in that compassion is rooted in empathic concern emanating from perceiving or becoming aware of someone's pain, suffering, or other plight. Compassion in the workplace also has been conceptualized as a duality of processes as an emotion or a mindset (*i.e.*, a self-perception manifested in one's attitudes and behaviors [Dweck 2006]), where compassion as emotion primarily manifests in direct, person-to-person actions, while compassion as a mindset more often leads to the design of compassionate solutions that are not necessarily enacted by the solution-designer (Avramchuk & Manning 2014). The latter kind of compassion as a mindset is seen, for example, in collaborations of executive teams trying to alleviate widespread suffering among employees (*e.g.*, during layoffs due to natural disasters), even though these executives do not directly engage in compassionate acts with the intended recipients.

Benefits of Compassion

Two decades after Frost's (1999) prolific call for compassion research in organizations, scholars have accumulated a body of evidence for compassion's positive roles in everyday work lives and the craft of management. Compassion not only positively contributes to the emotional discourses in organizations and enables a shared concern for others (Worline & Dutton 2017), but it may also be a critical driving factor at the root of organizing processes (Dutton *et al*. 2006), develop into a beneficial competence and a powerful capability in work units (Lilius *et al*.

2011), and serve as a catalyst for positive organizational change (Avramchuk *et al*. 2013). Influencing hundreds of millions of employees around the world as part of their faiths or other deeply held convictions (Lampert 2005), and now prominently showing up in the organizational literature as a benefit in the workplace, how does compassion present itself in the management and organization of healthcare – an industry traditionally thought of as a cradle of caring and compassionate behaviors, missions, and policies?

Compassion in Healthcare Organizations

Compassion can be seen from different angles in different management practices and in different sectors of the economy. Manifestations of compassion in military combat would presumably differ from those in banking or education. Nowhere else in the business world would compassion be expected as more ingrained, however, than in the healthcare industry and its daily operations. The expectations for compassion in healthcare provision and processes go back to the core of medical care rooted in the Hippocratic oath and the associated do-no-harm and care-till-the-end ethical maxims (Dougherty & Purtilo 1995). The following synthesis of the recent literature provides some of illustrative vignettes of compassion and its influence in healthcare organizations. We call on case researchers to consider writing teaching cases exploring the themes of these vignettes. We hope that our synthesis of the literature in each helps to foster potentially engaging classroom discussions and to prepare robust, evidence-based notes for instructors.

Vignette 1: Healthcare Compassion Fatigue

The most prominent and longstanding line of research in healthcare settings related to compassion is about compassion fatigue and subsequent burnout. As clinical professionals (*e.g.*, nurses, medical residents) extend their care and associated emotions toward the wellbeing of their patients on a continuous basis, their drive to do so eventually plateaus, and fatigue sets in (Bellolio *et al*. 2014). Healthcare staff and administrative professionals on the front lines may also experience compassion fatigue (*e.g.*, Whitebird *et al*. 2013), as many employees entering the healthcare profession join in the deeply held beliefs or corporate missions related to individual contributions to compassionate care. Exhibit 1 describes some of the conceptualizations and findings around compassion fatigue in the literature.

Strategies for combating compassion fatigue in the healthcare workplace might focus on improving the personal wellbeing of the caregivers and replenishing their capacity for exhibiting empathic concern, as well as following on with a compassionate action (Shanafelt *et al*. 2005). No frontline clinical or administrative healthcare personnel are immune from compassion fatigue. Ensuring reasonable work schedules, rotations, and social support, as well as providing adequate opportunities for exercise and stress management activities, are specific ways in which healthcare managers may help to alleviate some drawbacks of the inevitable compassion fatigue in their workplaces.

Exhibit 1. Healthcare Compassion Fatigue Conceptualizations and Findings

Authors/Studies	Conceptualizations and/or Findings
Meadors *et al*. (2009)	Compassion Fatigue: "The consequence of working with a significant number of traumatized individuals in combination with a strong empathic orientation." (Figley 1995, p. 107)
Wu at al. (2016)	"Compassion fatigue is caused by a natural and intrinsic response to alleviate pain and suffering… [It] has an acute and insidious onset, resulting in long-term consequences that are not easily reversible." (p. E162)
Stamm (2010)	"Compassion fatigue breaks into two parts. The first part concerns things such as exhaustion frustration, anger and depression typical of burnout. Secondary Traumatic Stress is a negative feeling driven by fear and work-related trauma." (p. 12)
Cocker & Joss (2016)	"Compassion fatigue (CF) is stress resulting from exposure to a traumatized individual. CF has been described as the convergence of secondary traumatic stress (STS) and cumulative burnout (BO), a state of physical and mental exhaustion caused by a depleted ability to cope with one's everyday environment." (p. 1)
Upton (2018)	"The effect of [CF] is multifaceted, including physical, emotional, social, spiritual, and intellectual effects. Symptoms of CF include; boredom, cynicism, anxiety, discouragement, intrusive thoughts, irritability, avoidance, numbness, persistent arousal, sleep disturbances, depression, intolerance detachment, apathy, and not least, a loss of compassion." (p. 2)
Whitebird *et al*. (2013)	"Hospice staff reported high levels of stress, with a small but significant proportion reporting moderate-to-severe symptoms of depression, anxiety, compassion fatigue, and burnout. Staff reported managing their stress through physical activity and social support." (p. 1534)
Ortega-Campos *et al*. (2020)	"The results obtained from the 15 studies confirmed that there are levels of risk of suffering burnout and compassion fatigue among nursing professionals, affecting more women and nurses with more years of experience, with nurses from oncology units having one of the highest levels of burnout and compassion fatigue." (p. 1)
Dominquez-Gomez & Rutledge (2009)	"Nurse participation in stress management activities was associated with less prevalence of STS symptoms… Potentially large numbers of emergency nurses may be experiencing the negative effects of STS." (p. 199)
Bellolio *et al*. (2014)	Compassion fatigue is similar across multiple medical and surgical specialties, including emergency medicine residents.
Missouridou (2017)	"Secondary PTSD, compassion fatigue, and vicarious traumatization are the terms that are used almost interchangeably to describe the 'cost of caring.'" (p. 110)

Vignette 2: Healthcare Self-Compassion

Dealing with compassion fatigue and its consequences in healthcare organizations might also be easier while learning and practicing self-compassion (SC) (Upton 2018) – a self-oriented rather than other-oriented type of compassion. From a broader organizational-benefit perspective, this vignette of compassion centers on the self-empowerment of healthcare workforce to heal and promote wellbeing. Exhibit 2 provides a commonly used definition of self-compassion and presents some of the recent research findings about its manifestations in healthcare settings.

Compassion directed toward oneself balances the compassion healthcare workers extend to others and contributes to a healthier workplace overall. Compensating healthcare workers well and paying special attention to less experienced practitioners (*e.g.*, mentoring, boosting self-esteem, giving opportunities to develop better skills) seem like some other good strategies for fostering and harnessing the benefits of self-compassion at work. It is important to note – synthesizing the first two vignettes of compassion – that less experience for some specialists (*e.g.*, healthcare social workers) is associated with a lower ability to derive benefits from self-compassion (Lianekhammy 2018). Some specialists (*e.g.*, nurses) suffer more from compassion fatigue as they gain experience and tenure on the job (Ortega-Campos *et al*. 2020) and might therefore derive more benefits from learning and starting to practice self-compassion earlier in their careers.

Exhibit 2. Healthcare Self-Compassion Conceptualizations and Findings

Authors/Studies	Conceptualizations and/or Findings
Neff (2003a)	"Self-compassion entails three main components: (a) self-kindness—being kind and understanding toward oneself in instances of pain or failure rather than being harshly self-critical, (b) common humanity—perceiving one's experiences as part of the larger human experience rather than seeing them as separating and isolating, and (c) mindfulness—holding painful thoughts and feelings in balanced awareness rather than over-identifying with them." (p.85)
Neff (2003b)	"Self-compassion is significantly correlated with positive mental health outcomes such as less depression and anxiety and greater life satisfaction." (p. 223)
Upton (2018)	"SC can have a moderating effect on CF and an ability to be predictive of CF." (p. 1)
Homan & Sirois (2017)	"… this study was the first to test perceived stress as a mediator of the relationship between self-compassion and physical health" (p. 5), and it found that "a kind, accepting and mindful stance toward one's flaws and failures may have benefits for reducing stress and promoting health behaviors." (p. 1)
Dev *et al*. (2020)	In a cross-sectional study of 1,700 physicians, nurses, and medical students, "greater self-compassion predicted lower burnout and better" satisfaction with one's quality of life (p. 1170)
Lianekhammy *et al*. (2018)	"Less experienced practitioners may be particularly vulnerable to experiencing a lack of self-compassion given a lack in self-efficacy, esteem, or competence in practice skills." (p. 572) "Financial resources predicted both overall self-compassion as well as self-kindness, whereas more limited finances were predictive of isolation and over-identification." (p. 573)

Vignette 3: Healthcare Leadership Compassion

Acting upon the evidence and recommendations above takes good leadership, and there is no shortage of compassionate people in healthcare in general and healthcare management in particular. However, the difference between having compassionate people in management roles and having them enact leadership compassion – acts of compassion as perceived by compassion recipients at work – can sometimes be profound. Skillful and targeted, evidence-based application of leadership compassion principles and tasks (*e.g.*, helping employees deal with compassion fatigue) is not always present or even possible; hence a further understanding of specific approaches and contexts of leadership compassion may be helpful in creating healthcare organizational environments where leadership compassion is apparent and effective. Exhibit 3 provides some of the research-based conceptualizations and advice around healthcare leadership compassion.

Exhibit 3. Healthcare Leadership Compassion Conceptualizations and Findings

Authors/Studies	Conceptualizations and/or Findings
Lown (2018)	"Compassion practices that recognize employees for the caring they show to patients and each other, and that provide the support needed to sustain their caring and compassion, are associated with significantly better patient ratings of their care experiences in hospital and ambulatory settings." (p. 217)
de Zulueta (2016)	"In a compassionate health care system, patients and staff would feel listened to, supported, and cared for. Staff would feel empowered to show attentive kindness, to be attuned to their own needs and those of their patients, and to be free to take appropriate actions to relieve suffering." (p. 2)
Avramchuk & Manning (2014)	Healthcare executives exhibiting compassion as emotion usually engage in direct action with the intended recipient of compassion, while those exhibiting compassion as a mindset act as "compassionate solution designers" for the benefit of others without the necessity of direct contact
Hewison *et al*. (2019)	Focus groups of palliative and end-of-life care staff from a range of healthcare organizations reported that challenging and empowering them "to develop solutions to problems and promote their own ideas about how to improve practice … was a crucial element of [compassionate] leadership." (p. 269)
Christiansen *et al*. (2015)	"… there are a number of enabling factors that enhance a culture conducive to providing compassionate care. These include leaders who act as positive role models, good relationships between team members and a focus on staff wellbeing." (p. 833)

Modeling compassionate behaviors, recognizing employees for doing the same, and empowering employees to raise the bar of service at work seem to be the common threads in the practical implications of recent research in healthcare leadership compassion. The cases of lingering employee perceptions of uncompassionate (*e.g.*, *"cold," "uncaring"*) leadership may also be mitigated by transparent communication about what leaders do to design compassionate solutions behind closed doors (*e.g.*, wellbeing programs, childcare facilities, shortened schedules/rotations). Patient satisfaction (Lown 2018), staff wellbeing (Christiansen 2015), and employee-leader relations (Avramchuk & Manning 2014; de Zulueta 2016) could all benefit from the workforce being aware of leadership compassion in the healthcare settings.

Vignette 4: Healthcare Organizational Compassion

In addition to having leaders skillfully exhibit and foster compassion at work, healthcare organizations benefit from embedding and nurturing compassion in their designs, policies, and processes. Even though the research *"investigations of organizational compassion in*

healthcare settings are still in their infancy" (Simpson *et al*. 2020, p. 340), there are studies that shed a good light on and provide recommendations for how to engrain compassion in such settings. For example, a social worker consultation to attend to a patients' and their relatives' emotional and personal needs may be embedded by policy in every protocol of care for a particular population of hospital patients, as well as a toy provided to every child after surgery as part of postoperative process. A Zen room created by the organization that must be visited – by policy – by all direct-care employees every six or so hours, to help them decompress and recharge and take care of their own emotional needs, could be a compassionate solution designed by executives to prevent compassion fatigue and associated burnout. Exhibit 4 identifies some of the design concepts and findings for workable recommendations in fostering organizational compassion in healthcare settings.

Exhibit 4. Healthcare Organizational Compassion Conceptualizations and Findings

Authors/Studies	Conceptualizations and/or Findings
Simpson *et al*. (2020)	"Compassionate organizations put a high emphasis on articulating and promoting values that prioritize the human wellbeing, respect and dignity of both their healthcare workers and their patients, above considerations of efficiency and profitability." (p. 347) Recommendations include to "Identify natural *social networks* and find ways for the organization to foster and strengthen them through the promotion of community events, interest groups and societies. Ensure the organization's espoused values underscore principles supportive of a *culture* of care and compassion. Incorporate compassion practices into new *role* descriptions and support holders of existing positions in reflecting on remaking their roles by integrating more care and compassion. Update recruitment, induction, evaluation and reward *routines*, to emphasize fit with a culture of compassion. Select and promote *leaders* based on the candidate's demonstrated compassion competencies. Broadcast *stories* where members have risen above workplace expectations in responding to the suffering of other colleagues." (p. 351) The following questions may help to gauge capabilities of organizational compassion specifically in responding to suffering: "What is the *speed* of your organization's responses to employee suffering? Does the *scope* of your organization's support accommodate a wide variety of personalities and circumstances? Is the *scale* of the resources your organization invests in providing support sufficient? Is the support offered to employees in distress *customizable* to address specific needs?" (p. 351)
Smith (2019)	Policy development for healthcare delivery systems must also embed compassion, to institutionalize it and give guidance and permission to all stakeholders to act compassionately
Shea (2015)	"Sustaining compassion over time, within the healthcare setting, would probably depend on a number of factors: support, refresher courses, discussion groups, workshops, etc. However, a good starting point could be to implement such training … both to student doctors and nurses and to allied health professionals and others working towards careers within healthcare." (p.770)
Rodriguez & Lown (2019)	The Schwartz Center Compassionate Care Scale "could be used to provide more specific, tailored feedback to individual professionals. It could also be used as a patient-reported outcome measure to assess the impact of organizational interventions and initiatives on individual-, unit-, and team- and clinic-level capacity to provide compassionate care." (p. 14)
Sinclair, Russell, *et al*. (2017)	There is still "an unmet need for a psychometrically validated instrument that comprehensively measures the construct of compassion in healthcare settings." (p. 389)

Additional Considerations for Case Research

From a number of important research considerations for writing case studies about compassion in healthcare organizations, we highlight below the two that could apply across all vignettes above. One is about the dimensions and influences of culture of and around compassion in healthcare work and organizing processes. Another is about exploring the opposite side of the story where compassion is not present. Either may serve to inspire ideas for a new case study or be a part of a case research project stemming from one of the previous vignettes.

Cultural Considerations

To draw richer contrasts in case discussions alongside each vignette above, we encourage case writers, teachers, and readers to explore cultural variability in how compassion shows up in healthcare organizations. National, industry-specific, organizational, or other cultural dimensions ought to be examined when evaluating or teaching cases about healthcare compassion or writing new ones. Under what cultural conditions does compassion become an organizational priority in healthcare settings, for example, or how is it sustained over time? What, if anything, a national culture type (*e.g.*, collectivist, individualist) has to do with fostering or undermining compassion in a healthcare case under study? We suggest to ask these or similar questions in case discussions and compose plausible, evidence-based answers in the instructor's manual that are suitable for the dynamics and context of a specific case.

A closer look at complex cultural variables playing out in particular healthcare cases might yield unanticipated results. Along with a commonplace belief that members of tightly-knit, collectivist cultures are more prone to feel empathy and exhibit compassion (*e.g.*, Konrath 2017), there is evidence from Australian and Singaporean cultures that *"tight/collectivist cultural norms may hinder expression of compassion towards others, but may facilitate increased self-compassion as compared to loose* [*i.e.*, more individualist] *cultural norms"* (Steindl *et al*. 2019, p. 208). Personality factors, as another example, are also not equally

associated with compassion across national cultures. The degree to which agreeableness, for instance, predicts compassion is significantly higher among Canadians than Spaniards (Sinclair 2020).

Case writers might additionally explore how organizational culture promotes or discourages compassion through work routines and other artifacts (*e.g.*, prescribed language, allowable behavior) in specific healthcare settings. The importance of particular language in communicating empathic concern and compassionate action in acute mental health services – as one of such settings – may be amplified in one organization by routine leadership support of compassion, or dampened in another organization by customary time pressures and *"production-line mentality"* (Crawford *et al*. 2013). Culturally ignored or frowned upon, the expressions of compassion in healthcare organizations may diminish to the point of obsolescence. A thorough treatment and discussion of such compassion's ascension or decline could be the basis for writing an interesting new case or a welcome addition to a teaching case study that would contribute to enriching the students' learning outcomes.

Lack of Compassion in Healthcare Settings

Whether an expression of a leader's pity or sympathy mistaken for compassion (*e.g.*, Sinclair, Beamer *et al*. 2017), or another void in compassion's presence, the lack of compassion in healthcare settings might be as intriguing to write a case about as about its abundance. In response to recent widespread perceptions of lack of compassion in its operations and patient relationships, the National Health System of the United Kingdom, for example, has entertained proposals to enforce compassion in healthcare provision processes as a matter of rules and policy. Wang (2016, p. 7) then noted that *"the contractual nature of the current doctor-patient relationship does not foster"* compassion and that *"rather than improving service, these attempts result in a culture of perfunctoriness and cynicism."*

A study of 440 primary healthcare professionals in Spain by Montero-Marin and colleagues (2016) found that a profound lack of self-compassion was associated with a large-scale burnout

and subsequent negative provider-patient relationships – an environment where it was hard for the primary care providers to exhibit compassion toward their patients. In addition, "there is an emerging consensus that caring and compassion are under threat in the frenetic environment of modern healthcare. *"Enabling and sustaining compassionate care requires not only a focus on the needs of the patient, but also on those of the care giver"* (Mannion 2014, p. 115). A U.S. survey of 800 patients and 510 physicians showed that only 53% and 58% of them, respectively, indicated that the U.S. healthcare system provided compassionate care (Lown *et al*. 2011). With a number of recent scandals in the field susceptible to fraud, waste, and employee burnout, we encourage case researchers to explore further the consequences of lack of compassion in healthcare organizations.

Conclusion

Compassion has been recognized as an essential part of wellbeing (Huppert 2017) and provision of care (Sinclair *et al*. 2018). It has also been documented as elusive or inauthentic in healthcare organizational settings. The vignettes of compassion we composed above are not exhaustive for portraying all angles of such a complex phenomenon, but they should assist those researching, writing, teaching, and learning from healthcare management cases in understanding the conceptual richness and practical influences of compassion in the field.

Andre S. Avramchuk
is Associate Professor of Management at California State University, Los Angeles, where he currently leads the graduate program in Healthcare Management. He earned a Ph.D. in Human and Organizational Systems, and his research interests are in compassion and human thriving at work. Prior to academia, Andre worked for a decade in large-scale change management roles at Kaiser Permanente. He has published in the *Journal of Healthcare Management*, *Research in Organizational Change and Development*, and the *Journal of Contemporary Business Issues*, among other outlets; and served on divisional or chapter boards at the Academy of Management and the American College of Healthcare Executives.

Xiaohan Zhang
is Assistant Professor of Economics and Statistics at California State University, Los Angeles. She earned a Ph.D. in Economics, and her research interests are in applied economic problems. She has published in top peer-reviewed journals such as the *Review of Economics and Statistics*, as well as public outlets such as the *New York Federal Reserve's Liberty Street Economics*. She also served as a research affiliate at the Pat Brown Institute for Public Affairs.

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Journal of Case Research and Inquiry

Peer-Reviewed Cases, Notes and Articles

A publication of the Western Casewriters Association

Vol. 6
December 2020

ISSN 2377-7389