

COMPASSIONATE LEADERSHIP

ARTICLES FOR FACULTY MEMBERS

Title/Author	<p>Building-up succession planning program by implementing transformational leadership characteristics: The case of public universities in Terengganu, Malaysia / Ahmad, R., Yasin, A. S., & Mohamad, R.</p>
Source	<p style="text-align: center;"><i>International Journal of Advanced and Applied Sciences</i> Volume 7 Issue 11 (2020) Pages 125-132 https://doi.org/10.21833/ijaas.2020.11.014 (Database: Institute of Advanced Science Extension (IASE))</p>
Title/Author	<p>Does compassion matter in leadership? A two-stage sequential equal status mixed method exploratory study of compassionate leader behavior and connections to performance in human resource development / Shuck, B., Alagaraja, M., Immekus, J., Cumberland, D. M., & Honeycutt-Elliott, M.</p>
Source	<p style="text-align: center;"><i>Human Resource Development Quarterly</i> Volume 30 Issue 4 (2019) Pages 537-564 https://doi.org/https://doi.org/10.1002/hrdq.21369 (Database: Wiley Online Library)</p>
Title/Author	<p>Exploring compassionate managerial leadership style in reducing employee stress level during COVID-19 crisis: the case of Nigeria / Oruh, E. S., Mordi, C., Dibia, C. H., & Ajonbadi, H. A.</p>
Source	<p style="text-align: center;"><i>Employee Relations</i> Volume 43 Issue 6 (2021) Pages 1362-1381 https://doi.org/10.1108/ER-06-2020-0302 (Database: Emerald Insight)</p>

26th October 2023

COMPASSIONATE LEADERSHIP ARTICLES FOR FACULTY MEMBERS

Title/Author	Leadership beyond narcissism: On the role of compassionate love as individual antecedent of servant leadership / Brouns, T., Externbrink, K., & Aledo, P. S. B.
Source	<i>Administrative Sciences</i> Volume 10 Issue 2 (2020) Pages 1-10 https://www.mdpi.com/2076-3387/10/2/20 (Database: MDPI)
Title/Author	The Importance of Being a Compassionate Leader: The Views of Nursing and Midwifery Managers From Around the World / Papadopoulos, I., Lazzarino, R., Koulouglioti, C., Aagard, M., Akman, Ö., Alpers, L. M., Apostolara, P., Araneda-Bernal, J., Biglete-Pangilinan, S., Eldar-Regev, O., González-Gil, M. T., Kouta, C., Krepinska, R., Lesińska-Sawicka, M., Liskova, M., Lopez-Diaz, A. L., Malliarou, M., Martín-García, Á., Muñoz-Solinas, M., ... Zorba, A.
Source	<i>Journal of Transcultural Nursing</i> Volume 32 Issue 6 (2021) Pages 765-777 https://doi.org/10.1177/10436596211008214 (Database: ResearchGate)
Title/Author	The measurement of compassionate leadership: Adaptation and Spanish validation of the compassionate leadership self-reported scale / Sansó, N., Leiva, J. P., Vidal-Blanco, G., Galiana, L., & West, M.
Source	<i>Scandinavian Journal of Caring Sciences</i> Volume 36 Issue 4 (2022) Pages 1165-1179 https://doi.org/10.1111/scs.13079 (Database: Wiley Online Library)

26th October 2023

COMPASSIONATE LEADERSHIP ARTICLES FOR FACULTY MEMBERS

Title/Author	The Need for Teaching Compassionate Self-Leadership in A University Setting / Tzortzaki, A. M.
Source	<i>12th Annual Conference of the EuroMed Academy of Business</i> (2019) Pages 1355-1366 https://www.researchgate.net/profile/Philippos-Karipidis/publication/335701217_FARMERS'_WILLINGNESS_TO_PAY_FOR_BRAND_DEVELOPMENT/links/5da5e6e592851caa1ba60a31/FARMERS-WILLINGNESS-TO-PAY-FOR-BRAND-DEVELOPMENT.pdf#page=1355 (Database: ResearchGate)
Title/Author	Theorizing compassionate leadership from the case of Jacinda Ardern: Legitimacy, paradox and resource conservation / Simpson, A. V., Rego, A., Berti, M., Clegg, S., & Pina e Cunha, M.
Source	<i>Leadership</i> Volume 18 Issue 3 (2022) Pages 337-358 https://doi.org/10.1177/17427150211055291 (Database: Sage Journals)
Title/Author	Whither compassionate leadership? A systematic review / Ramachandran, S., Balasubramanian, S., James, W. F., & Al Masaeid, T.
Source	<i>Management Review Quarterly</i> (2023) Pages 1-85 https://doi.org/10.1007/s11301-023-00340-w (Database: SpringerLink)

26th October 2023

ARTICLES FOR FACULTY MEMBERS

COMPASSIONATE LEADERSHIP

Title/Author	Building-up succession planning program by implementing transformational leadership characteristics: The case of public universities in Terengganu, Malaysia / Ahmad, R., Yasin, A. S., & Mohamad, R.
Source	<i>International Journal of Advanced and Applied Sciences</i> Volume 7 Issue 11 (2020) Pages 125-132 https://doi.org/10.21833/ijaas.2020.11.014 (Database: Institute of Advanced Science Extension (IASE))

26th October 2023

Building-up succession planning program by implementing transformational leadership characteristics: The case of public universities in Terengganu, Malaysia



Rohana Ahmad*, Aris Safree Yasin, Rosyidah Mohamad

Faculty of Business, Economics and Social Development, Universiti Malaysia Terengganu, Kuala Terengganu, Malaysia

ARTICLE INFO

Article history:

Received 15 March 2020

Received in revised form

27 June 2020

Accepted 8 July 2020

Keywords:

Career development

Future leader

Leadership

Succession planning

Public university

ABSTRACT

Building up the next successful leader thru inadequate succession planning will have a huge impact on the higher institution, and without a good plan in place, the journey forward for the higher institution will be unclear and will lead to many structural challenges. Often higher institution also grapples with the challenge of having a succession blueprint for other senior-level roles. One way to achieve this is for management to redefine their relationship with the subordinate by assuming the role of leader as opposed to the role of teaching providers. As our theoretical understanding of succession planning is still limited; therefore, this study attempts to explore the relationship between leadership characteristics and succession planning programs in public universities in Terengganu Malaysia. We identify dimensions of idealizing influence, motivational, individualize, and intellectual stimulation that reflect quantitative approaches for employee's perspectives in implementing succession planning. The quantitative research design was employed by distributing survey questionnaires to 300 respondents from three public universities in Terengganu, Malaysia. Overall, this study provided support to the proposition succession planning and leadership characteristic and filled the research gaps. Idealized Influence and Intellectual Stimulation are the most dominant dimensions that affect the implementation of succession planning programs. The results offered several hints to the employees regarding the potential factors that may affect to achieve career success and provided some insights into the present Human Resources practitioners in formulating strategies to make succession planning success.

© 2020 The Authors. Published by IASE. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

1. Introduction

Leadership refers to the ability to influence and command the workforce to achieve the desired goals of the organization. In order to achieve the goals, priorities must set up by a leader who is able to make the staff work smart. In addition, a leader must practice the highest level of integrity, which will be the benchmarks for the staff and the organization. A good leader who will be able to implement change positively and successfully. Thus, leadership in an environment of turbulent change is a chest of knowledge that can be applied and practiced in the public sector. Global change and globalization are

now leading to the development of the university's role. Therefore, universities need to practice a triangle of knowledge that covers research, education, and innovation. The scenario has changed. Instead of teaching centers, the universities are now moving forwards to be corporate entities in the economy of the country and institution (Kok et al., 2011). In line with the National Higher Education Strategic Plan (2007-2010), which emphasized on human capital, the universities also play an important role in producing human resources. Good management practices and effective administration of the university management system are needed in developing succession planning.

There is a need for management staff to change their mindset to improve the quality of good governance. One of the important factors that influence good governance practices is good leadership. There are many areas in which leadership management contributes, such as direction, inspiration motive, performance, and

* Corresponding Author.

Email Address: rohana.a@umt.edu.my (R. Ahmad)

<https://doi.org/10.21833/ijaas.2020.11.014>

Corresponding author's ORCID profile:

<https://orcid.org/0000-0002-7390-9309>

2313-626X/© 2020 The Authors. Published by IASE.

This is an open access article under the CC BY-NC-ND license

(<http://creativecommons.org/licenses/by-nc-nd/4.0/>)

strategic planning by employees (Abdulla et al., 2011). One of the leadership management methods is the transformational leadership style that has been widely used in recent years. The concept of transformational leadership was introduced by Burn (1978). The concept outlines the process of helping each other, leaders, and followers, to achieve passion and motivation. The implementation of transformational leadership was found to change the individual's social system and to create positive change for followers, which later will transform the follower to become leaders.

Several researchers found that leadership is a factor in an organization that also purported to shape follower works behavior (Lian and Tui, 2012). While it is within the expectation that leaders tend to produce negative attitudinal and behavioral responses from subordinates, such leaders are an exception rather than a rule. In the words of Mitchell and Ambrose (2007), abusive leadership has a low base rate in an organization. Indeed, much leadership training and development is geared towards developing leaders with good leadership qualities and competencies (Hargis et al., 2011) as it is generally thought that good leaders could elicit good behaviors and performance of their subordinates.

In Malaysia, there are studies conducted on succession planning (Julia, 2009; Fatimah, 2012; Rohana and Mazni, 2019). Nevertheless, there has been no research conducted on the relationship between leadership style and succession planning in public universities. Thus, this study hopes to make few contributions to the literature that has uncovered an important relationship leadership style and career development by examining the relationship between transformational leadership styles and the execution of succession planning in public universities.

2. Theoretical background and research framework

There has been amazing growth in research interests in leadership, especially on transformational leadership. This study contributes to the succession-planning program by conducting a systematic evaluation of subordinates' perceptions of leadership that affects their career path. For the purpose of this study, it is assumed that the quality of leadership has a significant impact on policy implementation for future leaders at Public University. This research focuses on the development of a more holistic understanding of the four types of leadership factors that influence future leaders at Public University.

Transformational leadership derives from the belief that charismatic leaders, as assumed by their followers that leaders will always retain their followers because of the great soul leaders (Krishnanathan and Mangaleswaran, 2018). For example, Zhao et al. (2016) argued that transformational leaders are people who have the

ability to touch the hearts of their subordinates. Transformational leaders are always encouraging leaders, capable of delivering and setting standards of behavior that can be emulated by subordinates (Wu, 2017; Xu et al., 2018). Burn (1978), the founder of the concept of transformational leadership, has set transformational leadership as "a mutual stimulus that transforms followers into leaders and can transform leaders into moral agents." Previous studies have shown that transformational leadership contributes positively to the effectiveness and efficiency of the organization (Guay, 2013). However, now most leaders in public organizations have tried to combine transformational leadership in their management style because leadership style inspires its followers (Gennaro, 2019).

According to Bass (1985), transformational leaders instill inspiration to his followers to put the organization's interest beyond self-interest. Thus, the leader of this type has deeper insight and reward each member's contribution. Transformational leaders are more focusing on motivational methods for staffing and encourage employees to think critically to solve problems and to encourage employee engagement in organizational activities. Besides, it also gives full confidence to employees to create loyalty to leaders and organizations. In addition, to ensure a good relationship between leaders and subordinates, organizations need to create a vision that is understood at all levels (Tahir et al., 2017). By practicing bilateral communication and promoting promotion opportunities and ongoing training, employees can improve their skills and provide room for career development (Mcknight, 2013; Ho, 2011). Hence, this study is based on the Leadership Theory of Avolio et al. (2004) with four components; the ideal influence, the inspired motivation, the intellectual stimulation, and the individual's influence.

2.1. Idealize influence

According to Abdulla et al. (2011), the ideal influence refers to leaders capable of self-identifying as eminent leaders and with noble character. This view is also in line with Riaz and Haider (2010), which stated that this leader becomes a "role model" and seeks to influence his followers. Hence, the way leadership it has seen has a relationship with subordinates' perceptions of their leaders. In fact, subordinates see the extent of the ability of the leaders to realize the needs of the employees while providing guidance and motivating towards career advancement.

2.2. Inspirational motivation

Inspirational Motivation refers to a leader who is capable of promoting his or her employees to achieve the objectives of the department or organization. It is charismatic, confident, and has a clear vision to ensure that organizational goals can be achieved. In fact, this leadership feature not only

stimulates but challenges employees with high standards, speaks with full-fledged and optimistic, and encourages employees to do their best to what they do (Guay, 2013; Cerni et al., 2014). This leader is not only motivated but allows subordinates to make decisions, study, and view situations according to the current situation. According to Ubben et al. (2004), leaders with motivational inspirational give freedom to individuals as well as encourage reform in decision-making.

2.3. Individualized influence

Leadership based on the style of an individual's influence is a leader that emphasizes the emotions of subordinates with counseling and encouragement for the advancement of his career. Each employee is assigned based on their respective abilities and the knowledge available to the employee (Avolio et al., 2004) to give employees the opportunity to work and gain a better chance of promotion (Ismail et al., 2011). The leader who has this style portrait a good attitude by being a good listener, charismatic, often considering subordinate needs as well as advising and also being a trustworthy leader. In addition to the support of workers' actions, leaders also give freedom to their subordinates in decision making (Zhu et al., 2009).

2.4. Intellectual stimulation

The next dimension of leadership is the intellectual stimulation of the leader, using his wisdom in solving the problem. In certain situations, the subordinate is given the freedom by the leader to use their creativity as well as their innovations to overcome the problems (Avolio et al., 2004). This approach allows employees to use their intellectual attitudes to think critically if they have problems and able to settle without expecting other people's help. It was pointed out that in this way, leaders train subordinates to gain confidence in facing challenges. Leaders with this style of intellectual stimulation make the organization on the right track of competence (Hall et al., 2002).

2.5. Career development

Career development is one of the dimensions of a succession plan that is an important element for an employee. The replacement plan, according to Rothwell (2010) is a 'systematic distribution' by an organization aimed at ensuring there is leadership incentive in top management positions, career development as well as stimuli to sub-coordination. This replacement plan is also a process that helps employees for career success and organizational stability (Falkiner et al., 2017; Earls and Hall, 2018). It is even an attempt by the organization to ensure the organization's performance is outstanding with the satisfaction of employees with the frequency of implementing a succession plan. Marshall (2005),

stated that a succession plan should be viewed as a career development process that starts with individual intake throughout the service. Zepeda et al. (2012) agreed upon this opinion, and Barton (2019) with reference to succession planning is a systematic process of providing individuals to fill the vacancy of the organization in the future.

Additionally, Mello (2011) saw a succession planning as a systematic and critique work process in identifying key management positions within the organization. The replacement plan is also the process of identifying potential and highly skilled employees, competence, knowledge, and experience, and at the right time (Rothwell, 2010). According to Kirk et al. (2000) and Chughtai (2018), career development is a mechanism fulfilling the vision of both employee and organization, containing the job information providing in helping employees with job opportunities, job satisfaction, and productivity of the employee. While Bowes (2008) and Maurer et al. (2017) pointed out that career development is an important strategy that facilitates internal promotions as well as planning and implementing career goals. The study conducted by Adewale et al. (2011) on Nigeria's Private Higher Education Center indicates that there is a significant relationship with employees of the organization in relation to career development. Career development also can be defined as career planning (Mehrabani and Mohamad, 2011). Meanwhile, Weare (2015) also noted that a replacement plan should be considered in the university library. In this regard, the factors that lead to career development are the career planning that organizations and leaders should take into account (Rothwell, 2010; Megheirkouni, 2018). Ibarra (2005) recognized that leadership in the organization could make choices of three (3) approaches to a succession plan that is to implement a simple replacement plan, plan the development of a succession plan and create talent planning.

2.6. Preparing future leader

Preparing future leaders is the key to ensuring that an organization keeps its ability to compete and prosper. Rothwell (2005) highlighted that the succession plan as a critical post. He stressed out that future leaders are the strategic planning of the organization by designing the provision of competent individuals by identifying possible nominees. It is indicated that the succession plan is a process for identifying and finding potential, experienced and efficient employees for the future. Hence, in an ideal situation, following the best practice, the best place to start grooming future leaders would be with the recruiting and selection system.

Mehrabani and Mohamad (2011), in their research, explained that key factors affecting the succession plan are the role of human resource management, including organizational development. Therefore, the evaluation process is important to see how the person is progressing and performing.

While McCauley and Wakefield (2006) believed that succession planning is a tool to develop the organization as well as develop human capital. An organization needs to have an ongoing commitment to train and develop its potential top executive. As the finding of Riaz and Haider (2010) disclosed that job success had a strong relationship with transformational characteristics. Leadership development isn't only about acquiring knowledge, skill, and experience, but it also about attitude resilience.

In Malaysia, there are studies conducted on succession plans such as Julia's (2009) organizational and career linkages and Fatimah (2012) in relation to the effectiveness of the succession plan. Nevertheless, there has been no research conducted along with the leadership style of leadership towards the carrying out of a succession plan in a public university. Thus, this study examined the relationship between transformational leadership styles in public university affects the execution of the succession plan. Therefore, this research examines the four-dimensional relationships of independent variables with two dependent variables in the context of leadership style and succession planning.

H1a: There is a significant relationship between transformational leadership styles and the preparation of future leaders.

H1b: There is a significant relationship between transformational leadership styles and career development

3. Method

3.1. Participants

A total of 200 academic and non-academic staff grade 41 to grade 54 from three public universities in Terengganu were involved in this study.

3.2. Measurement

3.2.1. Transformational leadership

The Multifactor Leadership Questionnaire (MLQ) (Avolio et al., 2004) was administered as a self-rated questionnaire to measure transformational leadership. This 20-item questionnaire measures the four dimensions of transformational leadership; idealized influence, motivation inspirational, individual influence, and intellectual stimulation. The Cronbach's alpha value ranging from 0.71 to 0.89

3.2.2. Succession planning

Succession planning was measured using Succession Planning and Management (SPM) (Rothwell, 2005). The scale contains ten items with five-point Likert scale measuring dimensions of

succession planning, i.e., preparing for future leader and career development. The Cronbach's alpha values ranged from 0.70 to 0.90.

4. Results

4.1. Descriptive findings

The mean value was calculated as the highest $M=3.80$ ($SD=0.80$) motivational motivation indicating that subordinates are of the opinion that their supervisor is constantly encouraging them in their career satisfaction. This is followed by the mean value for the ideal effect calculated at $M=3.74$ ($SD=0.73$), reflecting the lower level of perception towards implementing succession planning in the public sector. Aggregate average $M=3.68$ ($SD=0.75$) for intellectual stimulation explains the tendency of subordinate administrators to orient subordinate leadership styles to the right career path. A mean value of $M=3.59$ ($SD=0.74$) for individual influence indicates that subordinates perceive career success as being related to leadership. Means and standard deviations are presented in Table 1.

Table 1: Means and standard deviations for the study variables

Dimension	Mean	SD
Idealized Influence	3.74	0.73
Motivational Inspiration	3.80	0.80
Individualized Influence	3.59	0.74
Intellectual Stimulation	3.68	0.75
Career Development	3.46	0.76
Future Leader	3.53	0.83

4.2. The relationship between transformational leadership and future leaders

Multiple regression analysis was used to test whether the four dimensions of transformational leadership style predicted future leaders. The results indicated that out of four dimensions, two dimensions are found to significantly predict future leaders. The variables were the effects of idealized influence ($\beta = 0.37$, $p = .007$) and intellectual stimulation ($\beta = 0.20$, $p < .05$). The regression model was found to be appropriate, $F(4.195) = 31.60$, $p < .001$. Although motivational inspiration ($\beta = 0.19$, $p > .05$) and individualized influence ($\beta = 0.25$, $p > .05$) were not significant, the results indicate that the correlation between all independent and dependent variables was moderate ($r = 0.63$) for 39.3% of the variance in future leaders ($adjusted R^2 = 0.38$). The strongest predictor is determined by looking at the largest absolute beta value (Hair et al., 1998). The beta value revealed that the idealized influence showed the largest and significant ($\beta = 0.37$, $p < .001$), followed by intellectual stimulation, ($\beta = 0.20$, $p < .001$). The idealised influence has affected most of the variance in preparing for the future leadership program seen by the subordinates. This finding provides full support for the hypothesis. Thus, these findings are consistent with Bass and Avolio (1994)

that transformational leaders are leaders who inspire their followers to work for their career path. The results are summarized in Table 2 and Table 3.

Table 2: Model summary

Model	R	R ²	Adjusted R ²	Std. Error of the Estimate
1	0.63 ^a	0.39	0.38	0.44

a: Predictor: Idealize influence, Motivation, Individualize, Intellectual
 b: Dependent Variable: Future Leader

Table 3: Summary of multiple regression analysis: Independent variable and future leader

Independent Variable	Standardized β	t	p
Idealized Influence	0.32	3.57	.001
Motivational Inspiration	0.18	1.90	.060
Individualized Influence	0.02	0.29	.770
Intellectual Stimulation	0.18	2.16	.032
F Value			31.60
R ²			0.63
Adjusted R ²			0.38
p			.001

4.3. The relationship between transformational leadership and career development

Multiple regression analysis was conducted to examine if transformational leadership as an independent variable predicted career development as a dependent variable. The results revealed that two dimensions contribute significantly to career development. The variables were the idealized influence ($\beta = 0.23, p < .05$) and intellectual stimulation ($\beta = 0.28, p < .05$). As presented in Table 4, the regression model was found to be appropriate, $F(4.195) = 31.60, p < .001$. The results yielded that the correlation of all Independent and Dependent Variables was moderate ($r = 0.56$), accounting for 31.2% of the variability in career development ($adjusted\ R^2 = 0.30$). The strongest prediction was determined by studying the absolute largest beta value (Hair et al., 1998). The intellectual stimulation showed the largest beta value ($\beta = 0.28, p = .05$), followed by the idealized influence ($\beta = 0.23, p > .05$). The intellectual stimulation variables influence most of the variance in career development programs perceived by subordinates. It can be concluded that followers rely on leaders to provide better direction to leverage good job support to increase their career opportunities and prepare for future leadership. In addition, the positive effects of transformational leadership characteristics and relationship support were found in this study to study the influence of subordinate careers. The results are summarized in Table 4. Table 5 shows a summary of multiple regression analysis: Independent variable and career development.

5. Discussion and conclusion

It takes excellent on the job training, careful career management, and motivation by competent and bright human resources leaders to build diversified, motivated, and skilled workforces in the organization. This research is one of the steps towards the understanding relationship between

transformational leadership and succession planning in Malaysian public universities. The purpose of this study to examine the impact of leadership style on implementing succession planning in public universities in Terengganu Malaysia. Furthermore, our investigation of transformational leadership is quite different from other researchers. In this research, transformational leadership as a height-orders construct. This will enable us to theorize and examine the influence of transformational leadership towards building up succession planning. The present study yielded a significant influence of leadership characteristics on succession planning. Idealized influence and intellectual stimulation were the most dominant dimensions affecting the implementation of succession planning programs.

Table 4 Model summary

Model	R	R ²	Adjusted R ²	Std. Error of the Estimate
1	0.56 ^a	0.31	0.30	0.64

a: Predictor: Idealize influence, Motivation, Individualize, Intellectual
 b: Dependent Variable: Future Leader

Table 5: Summary of multiple regression analysis: Independent variable and career development

Independent Variable	Standardized β	t	p
Idealized Influence	0.23	2.25	.026
Motivational Inspiration	0.07	0.72	.472
Individualized Influence	0.09	1.03	.303
Intellectual Stimulation	0.28	3.06	.003
F Value			22.06
R ²			0.31
Adjusted R ²			0.30
p			.001

Changes at the community level are also required to support a high-performance workforce. The leaders need to actively participate in the management and development of their employees in helping to chart the course that takes the employee to a higher level of prosperity. It is consistent with Spendlove (2007) and Soene et al. (2015) that leadership intervention should start much earlier in the career path so that success is built from below rather than from above. Therefore, top management should decide the competencies that the organization will need in the future leader, for example, those who initiative, strong ethics, and visionary thinking aligned with the organization's objectives.

This important finding is in line with previous researchers who examine the relationship between transformational leadership and well-being (Skakon et al., 2010). The findings were parallel with Soane et al. (2015) and Notgrass (2014). In fact, the findings of this study also confirm leadership plays an important role in parallel with the study of Hasel and Grover (2017). According to Bass (1985), leaders who show clear vision and facilitate affairs will increase the perceptions of subordinates towards organizational success. The findings are also consistent with other researchers (Voon et al., 2011; Hinduan et al., 2009; Chi et al., 2007).

Theoretically, this study has contributed to the relevant literature on succession planning. The findings show that charismatic, transformational

leadership should lead to the success of career development. However, subordinate action should be effectively driven by the strong support given by the transformation leader. The current study contributes to team creativity in the context of relationship leadership and succession planning. It is shown that this study is important to be relooked by the public university to implement succession planning in University. On awareness of self-environment, the result of this study is in line with [Sung and Choi \(2014\)](#) and [Elrehail et al. \(2018\)](#). They found that leadership characteristic factors could greatly assist in individual career development. Leaders can also enhance work unit creativity by forming organizational climate. They could also help employees to accept performance management tactics constructively by providing constructive feedback and developing trust between leaders and subordinates. On the other hand, most of the previous studies ([Lian and Tui, 2012](#)) had indicated that a leader who portrays a clear vision was positively correlated would increase the positive perception of followers in the organization. In addition, leaders must also make sure that the rewards offered are in the form of motivation factor to the subordinate. The results of the finding on transformational leadership characteristics found that inspirational, motivational character has a strong influence significantly associated with implementing succession planning. [Sekaran \(2003\)](#) mentioned there is one limitation for cross-sectional study, which is the cause-effect relationship amongst variables.

Empirical studies have been carryout to evaluate both the independent and dependent variables. Therefore, the purpose of the study is to fill the gap of succession planning in the role of leadership management in the public university. Based on the findings, there are some suggestions that need to be addressed. First, leaders need to share the same vision and goals between leaders and subordinates. Organizational vision and mission need to be clear to every employee and to be the main pillar of the organization. Employees should also be directed to achieving the goal, and leaders need to inculcate innovative thinking to subordinates to increase productivity. Second, leaders need to be aware of pathways to leadership. Career replacement plans to produce a future leader should be conducted in a long-term succession plan program to meet the diversity of interests. Third, a conducive organizational environment also plays an important role. [Bolman and Deal \(1997\)](#) pointed out that organizational weakness is also due to focus too much on the actors, and too little on stage, they play their role. Fourth is the reduction of power (Empowerment). The contribution of the competency movement towards the development of managers cannot be disregarded. The extracted characteristics and traits needed by managers to be efficient, do at the least from a part of management knowledge. Most respondents, the study stated that the succession of the implementation plan depends

on the Administration department. Socialization to organizational culture, for example, is the best learned on-the-job ([McCall et al., 1988](#)). This same perspective also perceived an organization's regeneration as being dependent on senior manager self-development ([Castanias and Helfat, 1991](#)). Hence the highest leader of the organization should be autonomous to act and make decisions as to the success of the succession plan in a public university. Replacement plan planning will not mean that the organization's climate and top management flexibly prevent the initiative and trickle the creativity of the employee.

Organizational culture, capacity, and capability to transition are the frames for good succession planning, and with that, individuals could operate in new and seniors' role. The competence set of assessment tools could be created by the performance management process as a basis for the development of the organization. Moreover, the organization should amend leadership development with the process design in alignment with the task priorities. Therefore, the institution should develop the capacity to withstand "brain-drain" by developing a robust talent pipeline by matching skills available internally with higher-level roles. In today's global place of growth, this understanding must be enlarged to span cultures and to be innovative, perhaps even be willing to revolutionize the rule. This explanation can be concluded that the subordinate is totally dependent on the leader to help them to improve career opportunities. Hence, the findings of this study are important as it can be used by the public university in Terengganu in implementing a succession planning program and promoting organizational effectiveness. In addition, regarding the fact that leadership style affects the process of subordinate career path, an organization can consider it worthwhile to invest in leadership training.

More importantly, the findings of this study provide some practical insights on the needs of the public university to review succession planning and leadership style as a tool for enhancing employee career development. The planning and selection could be achieved as a reward by implementing expertise management function with the perspective of continuity. Leaders need to bear in mind that prejudices and subjective performance assessments can pose a negative impression of subordinates.

Compliance with ethical standards

Conflict of interest

The authors declare that they have no conflict of interest.

References

- Abdulla J, Djebarni R, and Mellahi K (2011). Determinants of job satisfaction in the UAE. *Personnel Review*, 40(1): 126-146.
<https://doi.org/10.1108/00483481111095555>

- Adewale OO, Abolaji AJ, and Kolade OJ (2011). Succession planning and organizational survival: Empirical study on Nigerian private tertiary institutions. *Serbian Journal of Management*, 6(2): 231-246.
<https://doi.org/10.5937/sjm1102231A>
- Avolio BJ, Bass BM, and Zhu FWW (2004). Multifactor leadership questionnaire: Manual and sampler set. Mind Garden, Incorporated, Menlo Park, USA.
- Barton A (2019). Preparing for leadership turnover in Christian higher education: Best practices in succession planning. *Christian Higher Education*, 18(1-2): 37-53.
<https://doi.org/10.1080/15363759.2018.1554353>
- Bass BM (1985). *Leadership and performances beyond expectations*. The Free Press, New York, USA.
- Bass BM and Avolio BJ (1994). *Improving organizational effectiveness through transformational leadership*. Sage, Thousand Oaks, USA.
- Bolman LG and Deal TE (1997). *Reframing organizations: Artistry, choice, and leadership*. 2nd Edition, Jossey-Bass Publications, San Francisco, USA.
- Bowes B (2008). Employee development programs help companies achieve greater success: Are employers ready to replace up to 50 per cent of their retiring workforce with new trained recruits? *CMA Management*, 82(2): 13-14.
- Burn JM (1978). *Leadership*. Harper and Row Publishers, New York, USA.
- Castanias RP and Helfat CE (1991). Managerial resources and rents. *Journal of Management*, 17(1): 155-171.
<https://doi.org/10.1177/014920639101700110>
- Cerni T, Curtis GJ, and Colmar SH (2014). Cognitive-experiential leadership model: How leaders' information-processing systems can influence leadership styles, influencing tactics, conflict management, and organizational outcomes. *Journal of Leadership Studies*, 8(3): 26-39.
<https://doi.org/10.1002/jls.21335>
- Chi HK, Tsai HP, and Chang PF (2007). Investigating the relationship among leadership styles, emotional intelligence and organization commitment on job performance: A study of salespeople in Thailand. *The Journal of Human Resource and Adult Learning*, 3(2): 199-212.
- Chughtai A (2018). Authentic leadership, career self-efficacy and career success: A cross-sectional study. *Career Development International*, 23(6/7): 595-607.
<https://doi.org/10.1108/CDI-05-2018-0160>
- Earls A and Hall H (2018). Lessons for succession planning in rural Canada: A review of farm succession plans and available resources in Haldimand County, Ontario. *Journal of Rural and Community Development*, 13(4): 25-42.
- Elrehail H, Emeagwali OL, Alsaad A, and Alzghoul A (2018). The impact of transformational and authentic leadership on innovation in higher education: The contingent role of knowledge sharing. *Telematics and Informatics*, 35(1): 55-67.
<https://doi.org/10.1016/j.tele.2017.09.018>
- Falkiner O, Steena A, Hicks J, and Keogh D (2017). Current practices in Australian farm succession planning: Surveying the issues. *Financial Planning Research Journal*, 3(1): 59-74.
- Fatimah O (2012). *Succession planning effectiveness: A case study of UKM*. Ph.D. Dissertation, Universiti Utara Malaysia, Changlun, Malaysia.
- Gennaro DD (2019). Transformational leadership for public service motivation. *Journal of Economic and Administrative Sciences*, 35(1): 5-15.
<https://doi.org/10.1108/JEAS-06-2018-0075>
- Guay RP (2013). The relationship between leader fit and transformational leadership. *Journal of Managerial Psychology*, 28(1): 55-73.
<https://doi.org/10.1108/02683941311298869>
- Hair JF, Black WC, Babin BJ, Anderson RE, and Tatham RL (1998). *Multivariate data analysis*. Prentice-Hall, Upper Saddle River, USA.
- Hall J, Johnson S, Wysocki A, and Kepner K (2002). *Transformational leadership: The transformation of managers and associates*. University of Florida IFAS Extension, Gainesville, USA.
- Hargis MB, Watt JD, and Piotrowski C (2011). Developing leaders: Examining the role of transactional and transformational leadership across business contexts. *Organization Development Journal*, 29(3): 51-54.
- Hasel MC and Grover SL (2017). An integrative model of trust and leadership. *Leadership and Organization Development Journal*, 38(6): 849-867.
<https://doi.org/10.1108/LODJ-12-2015-0293>
- Hinduan ZR, Wilson-Evered E, Moss S, and Scannell E (2009). Leadership, work outcomes and openness to change following an Indonesian bank merger. *Asia Pacific Journal of Human Resources*, 47(1): 59-78.
<https://doi.org/10.1177/1038411108099290>
- Ho LA (2011). Meditation, learning, organizational innovation and performance. *Industrial Management and Data Systems*, 111(1): 113-131.
<https://doi.org/10.1108/02635571111099758>
- Ibarra P (2005). Succession planning. *Public Management*, 87(1): 18-24.
- Ismail J, Awis ML, and Amin SHM (2011). Employee attitudes vs employee affective commitment. *Global Journal of Human Social Science*, 11(7): 77-79.
- Julia J (2009). *The relationship between succession planning and career development*. Ph.D. Dissertation, Universiti Utara Malaysia, Changlun, Malaysia.
- Kirk JJ, Downey B, Duckett S, and Woody C (2000). Name your career development intervention. *Journal of Workplace Learning*, 12(5): 205-217.
<https://doi.org/10.1108/13665620010316217>
- Kok JK, Cheah PK, and Ang SM (2011). The role of the university: Malaysian students' perceptions. In the *International Conference on Social Science and Humanity*, IACSIT Press, Singapore, Singapore, 5: 94-98.
- Krishnanathan P and Mangaleswaran T (2018). Organizational commitment and employee performance with special reference to administrative officers at the University of Jaffna, Sri Lanka. *Research Journal of Education*, 4(6): 82-86.
- Lian LK and Tui LG (2012). Leadership styles and organizational citizenship behavior: The mediating effect of subordinates' competence and downward influence tactics. *Journal of Applied Business and Economics*, 13(2): 59-96.
- Marshall J (2005). Succession planning is key to smooth process: How well internal succession is handled says much about a company's ability to groom its next generation of leaders, in finance and elsewhere: Companies that do it right have well-engineered processes and a commitment to thoroughness. *Financial Executive*, 21(8): 26-29.
- Maurer TJ, Hartnell CA, and Lippstreu M (2017). A model of leadership motivations, error management culture, leadership capacity, and career success. *Journal of Occupational and Organizational Psychology*, 90(4): 481-507.
<https://doi.org/10.1111/joop.12181>
- McCall MW, Lombardo MW, Lombardo MM, and Morrison AM (1988). *Lessons of experience: How successful executives develop on the job*. Simon and Schuster, New York, USA.
- McCauley C and Wakefield M (2006). Talent management in the 21st century: Help your company find, develop, and keep its strongest workers. *The Journal for Quality and Participation*, 29(4): 4-7.

- McKnight LL (2013). Transformational leadership in the context of punctuated change. *Journal of Leadership, Accountability and Ethics*, 10(2): 103-112.
- Megheirkouni M (2018). Self-leadership strategies and career success: Insight on sports organizations. *Sport, Business and Management: An International Journal*, 8(4): 393-409. <https://doi.org/10.1108/SBM-02-2018-0006>
- Mehrabani SE and Mohamad NA (2011). Identifying the important factors influencing the implementation of succession planning. In the International Conference of Information and Finance, IACSIT Press, Singapore, Singapore: 21: 37-41.
- Mello JA (2011). *Strategic management of human resources*. South-western Cengage Learning, Boston, USA.
- Mitchell MS and Ambrose ML (2007). Abusive supervision and workplace deviance and the moderating effects of negative reciprocity beliefs. *Journal of Applied Psychology*, 92(4): 1159-1168. <https://doi.org/10.1037/0021-9010.92.4.1159> **PMid:17638473**
- Notgrass D (2014). The relationship between followers' perceived quality of relationship and preferred leadership style. *Leadership and Organization Development Journal*, 35(7): 605-621. <https://doi.org/10.1108/LODJ-08-2012-0096>
- Riaz A and Haider MH (2010). Role of transformational and transactional leadership on job satisfaction and career satisfaction. *Business and Economic Horizons*, 1(1): 29-38. <https://doi.org/10.15208/beh.2010.05>
- Rohana A and Mazni S (2019). The impact of Malaysian public sector in the relationship between transformational leadership styles and career development. *International of Public Administration*, 43(3): 1-11. <https://doi.org/10.1080/01900692.2019.1627555>
- Rothwell W (2005). *Putting succession planning: Ensuring leadership continuity and building talent from within*. 3rd Edition, Amacom, New York, USA.
- Rothwell W (2010). *Effective succession planning: Ensuring leadership continuity and building talent from within*. Amacom, New York, USA.
- Sekaran U (2003). *Research methods for business: A skill-bulding approach*. John Willey and Son, New York, USA.
- Skakon J, Nielsen K, Borg V, and Guzman J (2010). Are leaders' well-being, behaviours and style associated with the affective well-being of their employees? A systematic review of three decades of research. *Work and Stress*, 24(2): 107-139. <https://doi.org/10.1080/02678373.2010.495262>
- Soane E, Butler C, and Stanton E (2015). Followers' personality, transformational leadership and performance. *Sport, Business and Management: An International Journal*, 5(1): 65-78. <https://doi.org/10.1108/SBM-09-2011-0074>
- Spendlove M (2007). Competencies for effective leadership in higher education. *International Journal of Educational Management*, 21(5): 407-417. <https://doi.org/10.1108/09513540710760183>
- Sung SY and Choi JN (2014). Multiple dimensions of human resource development and organizational performance. *Journal of Organizational Behavior*, 35(6): 851-870. <https://doi.org/10.1002/job.1933>
- Tahir AH, Tanveer A, Faheem F, Rahman A, and Saeed Z (2017). Influence of instrumental and participative leadership style on job performance. *International Journal of Scientific Footprints*, 5(2): 1-8.
- Ubben GC, Hughes L, and Norris CJ (2004). *The principal: Creative leadership for excellence in schools*. Allyn and Bacon, Boston, USA.
- Voon ML, Lo MC, Ngui KS, and Ayob NB (2011). The influence of leadership styles on employees' job satisfaction in public sector organizations in Malaysia. *International Journal of Business, Management and Social Sciences*, 2(1): 24-32.
- Weare WH (2015). Succession planning in academic libraries: A reconsideration', library staffing for the future. *Advances in Library Administration and Organization*, 34: 313-361. <https://doi.org/10.1108/S0732-067120150000034013>
- Wu YC (2017). Mechanisms linking ethical leadership to ethical sales behavior. *Psychological Reports*, 120(3): 537-560. <https://doi.org/10.1177/0033294117693594> **PMid:28558618**
- Xu Q, Zhao Y, Xi M, and Zhao S (2018). Impact of benevolent leadership on follower taking charge. *Chinese Management Studies*, 12(4): 741-755. <https://doi.org/10.1108/CMS-03-2018-0448>
- Zepeda SJ, Bengtson E, and Parylo O (2012). Examining the planning and management of principal succession. *Journal of Educational Administration*, 50(2): 136-158. <https://doi.org/10.1108/09578231211210512>
- Zhao HH, Seibert SE, Taylor MS, Lee C, and Lam W (2016). Not even the past: The joint influence of former leader and new leader during leader succession in the midst of organizational change. *Journal of Applied Psychology*, 101(12): 1730-1738. <https://doi.org/10.1037/apl0000149> **PMid:27537674**
- Zhu W, Avolio BJ, and Walumbwa FO (2009). Moderating role of follower characteristics with transformational leadership and follower work engagement. *Group and Organization Management*, 34(5): 590-619. <https://doi.org/10.1177/1059601108331242>

ARTICLES FOR FACULTY MEMBERS

COMPASSIONATE LEADERSHIP

<p>Title/Author</p>	<p>Does compassion matter in leadership? A two-stage sequential equal status mixed method exploratory study of compassionate leader behavior and connections to performance in human resource development / Shuck, B., Alagaraja, M., Immekus, J., Cumberland, D. M., & Honeycutt-Elliott, M.</p>
<p>Source</p>	<p><i>Human Resource Development Quarterly</i> Volume 30 Issue 4 (2019) Pages 537-564 https://doi.org/https://doi.org/10.1002/hrdq.21369 (Database: Wiley Online Library)</p>

26th October 2023

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/320788620>

Operationalizing Compassionate Leadership Behavior

Article in *Academy of Management Proceedings* · January 2016

DOI: 10.5465/AMBPP.2016.14266abstract

CITATIONS

8

READS

3,837

5 authors, including:



Brad Shuck

University of Louisville

91 PUBLICATIONS 4,420 CITATIONS

SEE PROFILE



Meera Alagaraja

University of Louisville

58 PUBLICATIONS 911 CITATIONS

SEE PROFILE



Jason Immekus

University of Louisville

67 PUBLICATIONS 1,213 CITATIONS

SEE PROFILE



Denise M. Cumberland

University of Louisville

41 PUBLICATIONS 531 CITATIONS

SEE PROFILE

Does Compassion Matter in Leadership? A Two-Stage Sequential Equal Status Mixed Method Exploratory Study of Compassionate Leader Behavior and Connections to Performance in Human Resource Development

Brad Shuck¹  | Meera Alagaraja¹  | Jason Immekus¹ |
Denise Cumberland¹  | Maryanne Honeycutt-Elliott²

¹Educational Leadership, Evaluation, and Organizational Development, University of Louisville, Louisville, Kentucky

²Executive Leadership Program, George Washington University, Washington, District of Columbia

Correspondence

Brad Shuck, College of Education and Human
Development, University of Louisville,
Suite#346, 1905 S 1st St, Louisville, KY
40208.
Email: brad.shuck@louisville.edu

Abstract

The transformative power of compassion is critical to leader performance and has garnered increasing interest in business settings. Despite substantive contributions toward the conceptual understanding of compassion, prior empirical work on the relationship between compassion and leader performance is relatively limited. This article presents compassionate leader behavior as a conceptualization of a new leadership construct. A two-stage, sequential, and equal status mixed method research design was utilized to develop and validate a measure of compassionate leadership. Study 1 used a phenomenological approach to understand how leaders engage with compassion and how their experiences and behaviors associated with compassion affect performance within the context of their leadership. Findings

The Compassionate Leader Behavior Index (CBLI) is permitted for broad use in noncommercial settings, including but not limited to academically focused research to include dissertations and theses and original works of scholarship and grant activity within the limitations of the publication copyright, so long as this work is appropriately and correctly cited. To use the instrument in a commercial and/or for-profit setting, or for questions regarding permission of use, please contact the corresponding author. Additional materials including the questions contained within the *Compassionate Leader Behavior Index* are available upon request.

indicated that when leaders focused on compassionate behaviors during routine and focal events in the organization, six distinctive themes—integrity, empathy, accountability, authenticity, presence, and dignity—emerged as individual-level building blocks of compassionate leadership behavior. In Study 2, we developed and validated a Compassionate Leader Behavior Index (CLBI) based on the six emergent behaviors and found general support for compassionate leadership for both practice and research. Implications of study findings and directions for future research in human resource development (HRD) are discussed.

KEYWORDS

compassion, compassionate leadership, human resource development, mixed methods

1 | INTRODUCTION

Compassion is a human experience defined broadly as an individual response to personal suffering (Lilius, Worline, Dutton, Kanov, & Maitlis, 2011). Compassion can be both given and received by an individual or as a collective, at any time, with little regard to formal boundaries. The workplace is no exception to the reach of compassion and leaders play an important role in legitimizing the influence of compassion in a work setting (Frost, Dutton, Worline, & Wilson, 2000; Lilius et al., 2008). Through their behavior, leaders influence organizational norms that others experience, respond to, and replicate (Lilius et al., 2011). For example, leaders can help employees see the positive side of challenging events or frame difficult problems as learning opportunities, and thus, influence outcomes even when teams might be in the midst of difficult circumstances. Certainly, these challenges as well as a host of other emerging opportunities for human resource development (HRD) scholars and practitioners represent the ways in which our field could influence the context and future of human interaction in work.

The specific function of compassion related to leader behavior in a work setting remains an underexamined topic across the HRD field as well as in related fields, such as management and organization development. More, the potential for compassion to engender beneficial individual and organizational resources is not yet explored, applied, or fully developed (Dutton & Workman, 2011; Rynes, Bartunek, Dutton, & Margolis, 2012). Beyond a limited number of pioneering articles (c.f., Lilius et al., 2008), very little work can empirically comment on how compassion—a behavior that a leader might model—could influence performance within any setting, including throughout the field of HRD.

The purpose of our research was to examine why compassionate leader behavior could matter in the workplace, how it might be operationalized, and to identify the potential influence of compassionate leader behavior on performance-related outcomes. Two broad questions guided our work: (a) is there a distinctive subset of leader behaviors related to the experience of compassion (i.e., compassionate leadership) and if such behaviors existed and could be documented, (b) what influence might compassionate leader behavior have on performance within the framework of HRD? Consistent with Dutton and Workman (2011), we believed that the ripple effects of compassion, enacted through a person's behavior—and in our specific case, a leader's behavior—should be documentable through live experience by way of a potentially novel operationalization. This offered a new approach for conceptualizing and operationalizing something we called *compassionate leader behavior*.

Before diving into the structure of our research, we wanted to offer a short note about situating our work within the leadership literature and broader work of HRD. In their most recent work, Yoo, Jang, Byun, and Park (2018) unmistakably identified leadership and leadership development as dominant themes in HRD research. Within their work was an identified and accumulating base of literature exploring the application of leadership in HRD. In the context of their findings, we recognize the inherent challenge of proposing a new leadership idea not already examined in HRD (Hoon Song, Kolb, Hee Lee, & Kyoung Kim, 2012; Morris, Heames, & McMillan, 2011). We acknowledge the historical (Burns & Otte, 1999; Collins & Holton III, 2004; Elkins, 2003; Madsen, Miller, & John, 2005) as well as emergent (De Clercq, Bouckenooghe, Raja, & Matsyborska, 2014; Hoon Song et al., 2012; Kirchner, 2018) nature of leadership work in our field. Notwithstanding, given the current extreme and polarized cultural, political contexts of the systems in which we do our work, as well as the growing need for leaders to show up differently in—and through—their work, we believed a paradigm shift in how leadership can—and must—be framed is long overdue.

We focus our work on the central role of compassion in a leadership context. We suspect that compassionate leaders demonstrate a unique set or pattern of behaviors that is not already expressed harmoniously in other constructs of leadership, such as, for example, *authentic* (Kiersch & Byrne, 2015; Yagil & Medler-Liraz, 2014) or *servant leadership* (De Clercq et al., 2014; Liden, Wayne, Liao, & Meuser, 2014). At the same time, the central role of any one compassionate leader behavior may also have clear, direct connections and overlap to those well-developed, and grounded ideas and we need to recognize those connections. Many frameworks and theories of leadership have overlaps with terms such as integrity (A. S.-Y. Chen & Hou, 2016; Eva, Robin, Sendjaya, van Dierendonck, & Liden, 2018), ethics (A. S.-Y. Chen & Hou, 2016; Liden et al., 2014; Zhu, He, Treviño, Chao, & Wang, 2015), and transformation (Anderson & Sun, 2015; Shuck & Herd, 2012; Svendsen & Joensson, 2016). The people we experience as leaders often do these things. They are ethical, have integrity, and inspire followers through transformational strategies. They help others grow and succeed (De Clercq et al., 2014; Eva et al., 2018) and many have some sense of presence (Svendsen & Joensson, 2016). Most of the widely accepted frameworks in leadership theory have some connection to these terms and our work is likely in parallel agreement with those historical and emergent paradigms.

Throughout our research, we emphasize the other-oriented approach to leadership where the unique and individual considerations of follower needs are prioritized within a bounded context. Again, in that way, our approach is in general agreement with the central tenets of well documented and historically applied areas of leadership such as servant (Eva et al., 2018) and transformational leadership (Anderson & Sun, 2015), yet we believed that compassion also has the potential to occupy a unique and novel space. We offer that leaders must be able to motivate, drive learning and change, as well as stimulate creativity among their teams. In HRD, we know a lot about these areas. What is not always clear in existing theoretical positions of leadership, however, is how a leader might exhibit specific behaviors that consequently lead to positive outcomes in everyday, routine ways and what HRD professionals—both scholars and practitioners—can do to influence those states proactively.

In examination of recent leadership literature (Anderson & Sun, 2015, 2017; De Clercq et al., 2014; Eva et al., 2018), there is general agreement on the role of leaders and their responsibility in influencing from a top-down perspective. Yet, compassion is accessible to everyone. Displaying compassion is not dependent on the traditional leader-follower exchange and may not conform to traditional boundaries. It is this accessibility of influence, noticing someone, and taking action that highlights the potential for compassionate leadership to be different from traditional ways of thinking about leader behavior. What seems lacking in current HRD research is an understanding of how leaders influence in ways that are nontraditional and nonconformist. In this space, and at this time in HRD, the phenomenon of compassion seems relevant and timely. More, compassion could be the transformational idea Frost (1999) believed it could be. Conceivably, compassion is a better way forward. While leaders happen to be the specific focus of our work, our hope is that the application of this research may be far greater than we could ever imagine.

In what follows, we position our framework, methodology, and empirical findings from two studies that enhance the development and understanding of our idea of compassion. We conclude by articulating the implications of this

work for practice and research by expanding, fostering, and renewing interest in the influence of compassion applied to the workplace in HRD.

2 | COMPASSION AS LEADER BEHAVIOR: A FRAMEWORK FOR CONSIDERATION

Empirical connections to compassion and organizational outcomes have been historically challenging to identify (Lilius et al., 2011). Existing research provides some insight into how these relationships come to exist (c.f., Dutton & Workman, 2011; Lilius, Kanov, Dutton, Worline, & Maitlis, 2012; Lilius et al., 2011). Workplace cultures where compassion-like behaviors are central, for example, are characterized by behaviors that are generous (Saslow et al., 2013), forgiving (Worthington & Scherer, 2004), and helpful (Piff, Kraus, Côté, Cheng, & Keltner, 2010). Identifying compassionate-like behaviors is useful, however, further scrutiny is needed to cull out those behaviors specific to leaders. Existing frameworks for understanding human behavior, including Fredrickson's Broaden-and-Build theory (Fredrickson, 1998; Fredrickson & Branigan, 2005), Luthans' (2012) notion of psychological capital, and the emerging area of employee engagement (Barrick, Thurgood, Smith, & Courtright, 2015; Shuck, Osam, Zigarani, & Nimon, 2017), all highlight the benefit of developing supportive, humanistic places of work. Conversely, as pointed out by Rynes et al. (2012), "there is plenty of evidence of the negative effects of contrasting behaviors such as neglect, incivility, derision, bullying, and abuse" (p. 505).

2.1 | Defining compassion

Compassion is not outside the work of HRD. Rather, compassion as a natural expression of the humanity and evolution of work can be central to the experience of those who inhabit the workplace, placing it squarely within the domain of HRD (Frost et al., 2000). In the emerging areas of knowledge work, where punishment, control, and self-interest are likely to result in varying degrees of apathy and disengagement, compassion becomes central to enhancing how employees at all levels connect and relate to one another in meaningful ways. To best understand the fundamental scaffolding and action of compassion, researchers (i.e., Dutton, Worline, Frost, & Lilius, 2006) positioned compassion as an organizing theoretical framework, defined as a collective response to a particular incident of human suffering. This definition entails the coordination of compassion in a particular organizational context. Specifically, compassion has been seminally defined in tripart focus as: "... noticing another person's suffering, empathically feeling another person's pain, and acting in a manner to ease the suffering" (Lilius et al., 2008, pp. 94–95).

Embedded within this definition, compassion involves not only appraisal of the situation, but also includes an active behavioral component. It is this active component that differentiates compassion from similar constructs, such as empathy (Muller, Pfarrer, & Little, 2014) and emotion (Ouweneel, Le Blanc, Schaufeli, & van Wijhe, 2012), despite the fact that both emotion and empathy may be embedded within the experience of compassion.

Unless personally experienced, difficulties created by individual suffering at work can be challenging to comprehend. It is perhaps easier to see how compassion is operationalized in situations of great enormity and pain. Workplace violence or incidents of severe incivility, for example, might more easily invoke the ideals of compassion, as these are situations that have expected, normed behaviors from leaders, coworkers, and communities (e.g., empathy, emotional support). Using a qualitative approach, Lilius et al. (2011) offered a theory of collective compassion capability highlighting several stories—as told by interviewed employees—including those about a beloved parent passing away and a severe instance of domestic violence requiring medical treatment. In each of the stories retold by Lilius et al. (2011), leaders were subtly and intentionally present, empathetically noticed, and took action using specific behaviors that enabled the phenomenon of compassion to flourish.

The prevailing operationalization of compassion has been focused toward suffering, almost exclusively. At work, however, suffering may not always be a severe, overt event. More everyday examples include constrained financial resources, requesting that employees work overtime, and making difficult personnel decisions such as holding an employee accountable for poor performance. While the magnitude of suffering may be different across instances of domestic violence and working overtime, the framework of compassion is not. For example, when helping an employee through a challenging project, a leader may notice the struggle, have empathy toward the employee, and ask how they can help. While research has not examined this kind of relationship, we theorized that such an interaction could be connected to employee perceptions of their work experience, and consequently impact performance in a positive way (i.e., the completion of a successful project, building trust, increased engagement). We connected this theoretical proposition to the work of Dutton and Workman (2011), who positioned compassion as a generative, transformational force across time and space.

Our work intentionally extends the Lilius et al. (2011) framework and others (c.f., Lilius et al., 2008; Rynes et al., 2012; Saslow et al., 2013; Sprang, Clark, & Whitt-Woosley, 2007) by exploring the application of compassion in everyday work-based situations, as a way of being—not as being the exception. We examine this overlooked application of compassionate behavior, and the role that leaders might play in creating this experience through their behavior in everyday, normal situations as a way of approaching a context and through a way of being, not as a typology. We build from previous, seminal research on compassion (c.f., Lilius et al., 2011; Rynes et al., 2012; Saslow et al., 2013) to explore a more applicable and accessible notion of compassion for HRD by examining leader behavior as well as the potential for linking the experiencing of compassion to measures of performance in exploratory fashion.

2.2 | Situating compassionate leadership within HRD

Our research encourages an exploration of a set of behaviors that we label compassionate. Indeed, leaders may not be well informed about the impact of compassionate leader behaviors (their own and others) on the performance of employees, and this is especially true as it is applied to the work of HRD. Some leaders may consider compassionate leader behaviors as outside their area of responsibility for driving bottom line performance in organizations. Here, however, we argue that HRD has a critical role that could apply well beyond the current context. For example, training and development professionals might incorporate compassionate leader behaviors into executive development or change management courses for leaders. In addition, compassionate leader behaviors could be measured and effectively rated by a leader's supervisor and employee teams using a host of evaluative tools and 360-type dimensions. Thus, effective leadership assessment might offer rich information on the performance of leaders in organizations as it relates to a specific change, development and growth, and learning—all primary function(s) of HRD (Tsui, 2013).

3 | METHODOLOGY

A two-stage, sequential, equal status mixed method research design (e.g., QUAL → QAUN; Leech & Onwuegbuzie, 2009) was used to investigate compassionate leadership behavior. In the first stage, we adopted a phenomenological approach to capture the essence and experience of leaders' compassionate behaviors (Study 1). Based on the Study 1 results, the Compassionate Leader Behavior Index (CLBI) was developed, and subsequently administered across 35 semi-independent units within a large, multifaceted financial conglomerate located in the Midwestern United States (Study 2). The qualitative data collected in Study 1 informed the design of the quantitative study. Both approaches carried equal weight informing our findings and resulting discussion. The following sections detail each phase including method and context, analysis, findings, and brief discussion of each study.

3.1 | Study 1

3.1.1 | Method and context

Due to the lack of available literature on compassionate leader behavior, we utilized a phenomenological approach to explore the existing and experienced phenomenon. While we took measures to review the extant leadership typologies and approaches (e.g., De Clercq et al., 2014), explicit research studies capturing the distinct experience of compassion was limited, and this was especially true in HRD. Based on the seminal work of Rynes et al. (2012) and Dutton and Ragins (2007), we believed that compassion had been uniquely and discriminately positioned from even emergent typologies and approaches, including authentic leadership (Yagil & Medler-Liraz, 2014), participative leadership (Goswami, Li, Beehr, & Goffnett, 2014; Lam, Huang, & Chan, 2014), and servant leadership (Liden et al., 2014), and that the unique experience of a compassionate leader had yet to be fully understood, unpacked, or defined. Consequently, the phenomenological approach allowed us to understand the unique experience of the interviewed individuals (Creswell, 2013). Lynham (2002) was referenced throughout data analysis in Study 1 as a reminder to make our work explicit and accessible to the user of this developing idea.

To identify potential informants, the first author reached out to institutional stakeholders of a citywide, non-profit, public interest association established in a midwestern city in the United States. This association was formed in 2012 and involved a group of business and community leaders interested in the emerging role of compassion within the city. The association met monthly in the first 2 years of its inception and continues to meet in regular intervals to date. The primary author was an ad hoc member of the association and through connections within the circle, the last author reached out to the association members and stakeholders who were able to put the two authors in touch with a full range of 22 organizations. The stakeholders assisted in identifying key gatekeepers as well as providing contact information for each of the 22 organizations. Gatekeepers within each of the identified organizations were then contacted. The last author served as the primary point of contact for all communication during the qualitative data collection process. The last author also maintained the contact information of association stakeholders, potential organizational sites for data collection, gatekeepers from these organizations, and research informants.

Purposive sampling was used to select interview participants. Gatekeepers in each of the organizations were tasked with identifying leaders who exhibited compassionate-type behaviors, were recognized by their peers as top performing, and also favored comparably by colleagues within similar industry lines. A brief conversation provided by the last author was used to prepare gatekeepers to identify compassionate-type behaviors. Throughout their conversation, the last author provided a general definition of compassion and compassionate leadership, defined the scope of the project, and was available to answer questions each gatekeeper had about their specific context. Subsequent to this conversation, each gatekeeper reached out to employees in the respective organizations to seek nominations of these leaders. All participating organizations were able to identify a compassionate leader who was also considered a high performer. Last, we reached out to the identified leader and asked for their participation. Our interview participants included advisory board chairs, vice presidents, chief operating officers, and lead-team managers. The represented organizations included for-profit (83%) and nonprofit (17%) at the regional, national, and international levels. Ultimately, 22 leaders participated in Study 1 and were interviewed during a 5-month period (August 2013 to December 2013). Semistructured interviews were conducted face-to-face and over the phone and lasted an average of 75–90 min.

Interviews were conducted in English, audio-recorded in full, transcribed verbatim, and checked independently for accuracy by two researchers. A field journal was used to record naturalistic observations of the participants, and their responses as the interviews progressed. Participants were asked to reflect on their experiences of leading with compassion. An interview guide was used to help the interviewer focus on compassionate leader behavior (Rubin & Rubin, 2011). Participants were not asked to do the interview outside of defined work periods and were not compensated for their time. Verbatim transcripts and recorded journal observations served as primary data in Study

1. Transcripts were shared with participants to check for accuracy. Throughout our research, we focused on open reflection and dialog with the participants regarding how they experienced being compassionate and leading others with compassion. Thus, our findings were grounded in data that gave voice to leaders who were identified and recognized for displaying compassionate behaviors in the workplace.

3.1.2 | Data analysis

The methodology and descriptive reference of Lilius et al. (2011) was used as a guiding framework to map the potential taxonomy of compassionate leader behaviors. Two study authors independently read each transcript and the collection of journal notes while searching for patterns within the data. Patterns were identified with a code and defined using a separate notebook. Additional rounds of discussion among the researchers established more definitive patterns in the data, which led to a final set of recurrent themes. Thus, the inductive approach was used to identify the recurrent themes shared by participants through several detailed readings of the transcripts. Emergent themes were used to develop a coherent picture connecting the experiences of being compassionate and leading others with compassion. These themes helped summarize and represented the substance of “compassionate leader behavior.”

The semistructured interview guide, data analysis procedures, patterns, and recurrent themes were presented to a peer group of organizational and civic leaders who reviewed the design and overall study. Feedback from this group was incorporated into each step of the research process. For example, this group provided suggestions that improved the semistructured coding procedures, identified and confirmed themes, interpretation of the data, and the trustworthiness of the findings.

3.1.3 | Integrity measures

In addition to member checking, we utilized an additional integrity measure to check the accuracy of our findings: peer debriefing. Peer debriefing is the practice of reviewing and asking questions of the interviewer so that the account from each participant will resonate with more people than just the interviewer (Creswell, 2013). For this study, two of the five researchers served as peer partners. The additional researchers reviewed the entire project. They were presented with the final six themes and asked to make an assessment of the data analysis and findings related to the data (Lincoln & Guba, 1985). Their ideas and explanations were also incorporated into the study and this helped achieve investigator triangulation. These additional steps strengthened the validity and reliability of the findings. Through these discussions, recurrent themes were confirmed.

3.1.4 | Study 1 findings

Six recurrent themes identified individual traits, behaviors, decision-making, and role modeling that capture the multilayered essence of *compassionate leader behavior* in action: (a) integrity, (b) accountability, (c) presence, (d) empathy, (e) authenticity, and (f) dignity. We detail each theme and focus on the ways in which each compassionate leader behavior is described within the context of leading with compassion. All names used are pseudonyms.

3.1.5 | Integrity

The theme of integrity revolved around a sense of professional transparency and a personal and professional alignment with what a leader would say and do. Specifically, participants recalled leaders carefully and consciously “walking the talk” with their team and keeping their word, even when they were being pulled in different directions with competing priorities. In this theme, leaders kept their word even when it was difficult to do so. Lindsey, an executive with a large multinational logistics organization reflected on this very struggle:

I think you have to walk the talk. I think you have to be a role model to many people, especially in a system role like this. And there are many competing priorities and there are many competing issues and there are many geographical differences in the way we provide healthcare throughout the state today.

In addition to juggling competing priorities and promises, leaders who exhibited compassionate leader behaviors associated integrity with bringing their whole self to work and operated from their core values and beliefs. The following examples demonstrate the alignment of leaders' everyday actions at work through their professional behavior. This behavior was enacted as a coherent and consistent extension of what they would say and do.

People see what you do, they know who you are. People learn your heart and when it's not there, they get it. They get when you're all about the money or you're all about yourself or your passion or you're trying to grow who you are and not trying to lead people. People see through that. [David]

If I show compassion and understanding to those who directly report to me, then they know that this is an expectation for them to pass this along to others... I think you have to walk the talk. [Ruth]

Consciously identifying the most compassionate approach, yet not backing down from delivering "bad news" was an important dimension of the integrity theme. Susan shared, "I think sometimes you have to stand up for what you believe is right even when it's not the easy thing to do or when it's going against the grain." Overall, integrity was contextualized as the sharing of information (accurate, timely, and transparent), clearly communicating motivations and goals (vs. hidden agendas and plans), and handling conflict or disagreements directly (not encouraging gossip, or passive aggressive approaches). This theme was characterized by support through words, actions, and an awareness of the consequences of action from personal values.

3.1.6 | Accountability

This theme centered on the ideals of action-oriented responsibility. This involved setting high performance standards, casting clear expectations, sharing feedback about the quality of work, and implementing specific rewards and recognition for high achievement. Importantly, compassionate leaders held people accountable for their work, were not hesitant to address difficult performance issues, and carry out consequences for subperformance. Jeff, a vice president at a large health care conglomerate recalled what it meant for him to set high expectations and instill a sense of ownership with his team through the lens of accountability, stating:

For me, there isn't a lot of satisfaction in being right or in knowing everything or directing every move. I get much more satisfaction out of establishing a strategic vision, laying out how we create value, trying to keep it really simple, and then building the team that really has accountability of owning what we do...the creation of what we do...the decisions on the key tactics.

The literature on compassion has documented the challenging nature of acting with compassion (Lilius et al., 2011), as well as the sense of responsibility that comes with compassionate action. Compassion may have a softer connotation, but for our participants, leading with compassion was anything but soft and the theme of accountability demonstrated that. LaTasha, for example, recalled a recent conversation she had with an employee:

There was a fellow who worked on my team who had been given a lot of feedback on how he could improve his performance and he just couldn't and we needed for him to leave the company. And the

truth is that the compassionate part of that is that sometimes you just don't belong somewhere. And you're going to do your best work and be your best self in a different place. [And so, not that, maybe that's an excuse on my part but I don't think so.] I've worked in other places where I didn't fit and I'm really grateful that I left that place and came here instead. So, I had a very hard conversation with the guy.

A second example came from Molly, sharing a story about confronting a particularly challenging employee—a physician that often bullied other employees:

We had a very, very abusive physician who was a big, big leader. He always picked on the lowest employee who he could intimidate the most. I remember calling him in one day and saying, I need to talk to you. And I said to him, you are going to show up..., first of all, I don't ever want to hear you treat one of our employees that way again. I said, it's not going to be tolerated...you're not going to do it..., and I'm warning you, if you do, you're going to show up on the front page of the [local paper]. Because the way that you treat females might have been accepted twenty years ago, but it's not accepted today. He said, nobody has ever talked to me this way before.

Such examples illustrate how compassionate leader behaviors are derived from taking professional responsibility for setting performance expectations in the department or organization, sharing feedback as well as identifying actions and behaviors (both positive and/or negative) that elevate the quality of work and outputs. The actions of accountability meant taking intentional steps to address difficult situations, even when that meant letting someone go, redirecting an employee into a different direction, or having a tough conversation, despite acknowledged power and status differences. In LaTasha's example, she was clearly focused on the employee and where they could do their "best work." Despite the conversation being not "as happy," she followed through with her responsibility as a leader, maintained high expectations, and took action toward the eventual outcome. Holding an employee accountable was experienced as the most compassionate thing a leader could do, in contrast to passing an employee along, ignoring the bad behavior, or allowing bullying to manifest. Compassionate leaders stepped up, took responsibility, and held others and themselves accountable. The data suggest that indications of accountability frame compassionate leader behavior in terms of delegation and/or a sharing of responsibility with team members, direct reports and by being counted on by employees, customers, and shareholders.

3.1.7 | Presence

Presence was reflected in the ability of a leader to stay attuned to people, and situations by focusing their attention on the present moment. The theme of presence was operationalized as a personal state of awareness and attention to the current moment, situation, and surroundings. This theme characterized a leader's ability to deeply listen to others using a kind of social intelligence and to hear what employees were not necessarily communicating through words but through body language.

Participants described a dedication and focus of their attention on the other person, and to listen. Presence was a conscious choice of behavior where leaders viewed "being (t)here" for people as demonstrating compassion and concern for employees, as reflected by George's statement:

Because I really want...and I spend time with each individual within the team to say, how do we make sure that we're just really lined up with what's important and how we want to show up and what we want to deliver. And, what's important to each of us and what we bring to the table and what bothers us.

For George, and other participants, being present became a binding approach to their style. The desire to be in the moment with others, listening deeply to understand the situation, and being aware of the gifts and challenges of others were the tools employed by the compassionate leader. Presence was much more than just having a conversation; presence was about sharing and honoring that experience, in the moment, with another human being. This was reflected in the following statements:

Allan: I guess it's just being attentive and being aware of those around you and trying to understand. If they can't speak it... you can always ask them and if they can't speak it then you can always be there for them—and for a lot of people that's enough.

Similarly, Bob stated:

Just to be there...more presence than it is anything...a lot of times you don't really have to say whole lot, you just be there and watch what they give you and then react.

The display of presence is viewed as a positive compassionate leader behavior that results from not having to say a whole lot. Relative to other compassionate leader behaviors, presence tends to have more relevance to the self-mastery of a leader's emotional and cognitive capacity in tuning out other pressing organizational issues in response to employees' needs in the moment. Such actions signal to the organization that employees are valuable and valued and more, they enhance employees' feelings of competence.

3.1.8 | Empathy

The theme of empathy was depicted through an understanding of another's perspective, thoughts and/or feelings, and taking action. This involved an awareness of other personalities, needs, goals, and motivations as well as the ability to summarize the tone and content of conversations. This often came up in our interviews as leaders talked about the employees they served. Amber shared her own perspective of empathy applied to her professional work:

Compassion, for me, means putting myself in another situation and thinking about how I would want to be treated. And I mean that with anybody whether it's the people who I am helping lead or a patient that I see in the hospital, for instance. Just trying to treat somebody as an entire person and not just a part.

This idea of treating someone as a whole person and vicariously experiencing what the other person could be feeling by putting themselves in the others' shoes repeatedly surfaced across the interviews. When leaders described empathy, they expressed the need to listen attentively, relate to and understand others, as well as clarify other's perspectives.

The data suggested that empathy was characterized by and required actions that could demonstrate attunement to an employee's thoughts, feelings, and experience. Susan, for example, discussed her own sense of empathy, suggesting, "I think that you need to not just empathize with someone, but I think you need to then show in your actions that you empathize with them." George shared that "empathy [was] actually feeling the pain of someone or for a particular issue. Action is what really... for me, compassion is when you actually went out and acted on that empathy." Participants frequently referred to demonstrating an understanding of another person and the personal motivation they felt for being sensitive to others' feelings and willingness to consider them in decisions and taking action.

3.1.9 | Authenticity

Leaders characterized their efforts to remain authentic by showing vulnerability, and openness in sharing their experiences (including success and failures) with others. The following example describes one of our participant's compassion for patients and concern for employees, reflecting authenticity as a demonstrable behavior:

If I lose my compassion for the patients and the employees then I don't think I should be in my role. That's how strongly I feel...I mean, that is what I do and that's what I need to do as a leader and that it is...with me, it's just who I am. I mean, I've always been involved in healthcare. I've always taken care of patients and families and for forty years had people who have depended on me for their job security and their vocational satisfaction and for guidance...

In addition, having a strong sense of self, and being less concerned about receiving validation from others offer examples of traits and behaviors that summarize authenticity. The leaders we interviewed provided examples of how compassionate behaviors were invoked more by what they felt was right to do rather than what the organization expected or demanded of them. George recalled what it was like to live his life authentically, being a person—a leader—who loved and respected other people for who they were:

I might show compassion and it might not be accepted on the other side. I have to have enough self-love within myself knowing that sometimes the other person is not going to necessarily appreciate or give it either. Sometimes [...] we end up dealing with a lot of dysfunction and you have to realize that that is there.

Overall, participants in our study did not speak of the challenges they faced to remain authentic, or extreme pressure to change who they were; instead, leaders discussed what it was like to live their lives, as they were, and spoke rarely of resisting the urge to conform. When we asked Julie why she felt the need to act compassionately as a leader, she quickly took an authentic stand, “For me, it's who I am and that's what I do.” Conformity seemed unnatural and out of context. The participants in our study were consistent in their behaviors and actions, which helped build a level of trust in who they were as leaders:

Compassion is authentic, it's genuine, it's real, it's caring for those you have the privilege to either lead or work with. So, I try to really model that and I try to encourage it in others in all of the ways that I can. And I think that comes back to saying, if I value your whole self...if I'm valuing what's important to you but I'm also valuing where you're struggling then hopefully that feels like compassionate leadership.

3.1.10 | Dignity

The theme of dignity captured the ways in which our participants honored the fundamental worth of each human being they encountered throughout their day. John, an executive at a medium sized firm shared the following about his approach to others: “...and every person has value—it doesn't matter what life or career stage they're in, their age, their infirmity. It doesn't matter if they're struggling or if they're even successful—every person is of value so you treat them with interest and respect.” Leaders emphasized the need for openly displaying an attitude of acceptance and tolerance of differences (opinions, lifestyle choices and skills), recognition of strengths and unique qualities of all human beings, and providing a consistent, sensitivity toward the welfare of others and celebrating what makes each person unique. By treating people with respect, valuing employees' contributions, and honoring unique work

and life experiences, participants identified with dignity as compassionate leader behavior. Molly, for example, stated:

I think that being interested in another person's welfare or being excited for their success or celebrating their success or celebrating difference, to me that's all about being compassionate toward the other.

Dignity involved acknowledging the value and contribution of each person throughout their day as a strategy to build positive experiences and acknowledge a real sense of humanness with coworkers. In talking about her team, Kathy shared that for her it was important to role model dignity from all sides (both strengths as well as challenges):

It is difficult for me but I want people to understand that we're all fallible. We all have our strengths but we all have our areas where we need help and hopefully that gets translated into, well if it's okay for her to have weaknesses and to struggle then maybe it's okay for me to be open.

Often participants spoke of seeking and/or creating options for individuals to maintain self-worth even in challenging situations. Furthermore, it meant a willingness to assist team members in personal situations by showing flexibility and understanding within their personal influence. As a final artifact of dignity, Sam, a leader with a large healthcare company summed up the theme of dignity in his own words, from a spiritual place. Sam's imagery about the intrinsic value of each and every person captured the essence of what so many participants in this study talked often and openly about:

Every human being is created in the image of God ... And what that suggests is that every human being has the spark of the divine within them and that spark could be the spark of creativity, it could be the spark of goodness, it could be the spark of change, and it could be just the spark of capacity. So, there's this sense that every human being is of value intrinsically.

3.2 | Brief discussion of Study 1

The six emergent themes of compassionate leader behavior established building blocks that aided our understanding of compassion and described the behavior of leaders who exhibited compassion in their work. The examples our participants spoke of were commonplace within the context of their understanding and enactment of leadership, which positioned compassion as accessible and connected to the theory of collective compassion capability (Lilius et al., 2011).

Our findings from Study 1 aligned with that of previous research. For example, without prompting and using their own words, participants connected to the definition of compassion offered by Dutton et al. (2006). Specifically, participants spoke of noticing others, feeling empathically, and taking action. As stated by Susan, "I think that you need to not just empathize with someone, but I think you need to then show in your actions that you empathize with them." Participants spoke of compassion being central to their experiences at work, not something special that they took on. It was a natural part of who they were and how they defined their experiences of leading others at work, connecting to Frost et al. (2000) who suggested compassion as a natural extension of humanity. Compassion was not a framework or theory, or a group of subset behaviors prescribed by a consultant they had to work hard at getting right. The leaders in Study 1, instead, conveyed that they lived this experience with a mindful presence. Couched within this context, Study 1 offers several contributions to research.

First, Study 1 portrays compassion as available and active outside of the most traumatic circumstances, and as everyday actions that can positively shape the experience of employees at work. Frequently, in our review of the

literature, research on compassion has centered on the display of compassion as an acute response to suffering (Lilius et al., 2011). Even within Lilius et al. (2011), the action of compassion was centered around trauma, which we do not label as limiting, but context-binding. Certainly, compassion is appropriate in settings where suffering and trauma are present. However, while our leaders spoke of responding to workplace suffering in a few places, most described an approach that was proactive. This was surprising because it so greatly deviated from the traditional positioning of compassion in the preeminent management and human resource research. Being empathetic or treating people with dignity was not something they did because everyone around them was suffering. Rather, compassion described the approach they used to experience life with others, in very abundant and positive ways. In our view, this opens up new opportunities to foster the collective capacity for experiencing compassion in the workplace, that is, not only leading with compassion but also bringing out compassionate leader behaviors from other employees, stakeholders, and community members. This position takes nothing from the ideals of compassion as a natural and appropriate response to human suffering, but rather places the experience of compassion in a new, more hopeful and optimistic perspective within the context of organizational meaning in HRD. Perhaps, then, it is possible to build compassionate organizations that encourage sustained patterns of behavior in proactive ways for everyone and that expand the possibilities and meaning of life.

Second, we found that participants did not behave in compassionate ways because they were a leader. This finding highlights our point that while leaders happen to be the sample population for our work, they are not the upper limits of application. In some instances, they displayed the behaviors of compassion in spite of being a leader—they were just being human, and they recognized the fallibility and challenges of being vulnerably mortal while simultaneously being labeled and categorized as a leader. For example, John stated, “That’s the thing. I wouldn’t consider what [I] did to be anything really all that extraordinary.” Within our framework, compassion might seem easy in terms of treating others with a sense of dignity, having empathy for someone struggling at work, or to be actively present in a meeting where tough decisions are being made. Nonetheless, on the other hand, it also seems easy *not* to treat everyone with dignity, have empathy, or be present when high-pressure demands and competing priorities assault the best of intentions. In our own personal experiences, we can each recall vivid occurrences of watching someone do undignified work or what it felt like to be ignored. Compassion was extraordinary, because, in spite of organizational demands, it was a present experience.

Third, we were encouraged by the theme of accountability. We note that no research on compassion has positioned the experience or phenomenon of compassion as soft, lenient, or spineless. Despite this, the prevailing understanding from the business community in our anecdotal experience is that compassion is soft and has little connection to performance. The emergence of accountability disputes this notion. As we documented through our participants voices, having difficult conversations, holding individuals responsible for their actions, and providing deliberate feedback was experienced as compassionate. In fact, for some, providing deliberate feedback, as was the case with Molly and the abusive physician, was the most compassionate action she could have taken. In context, the opposite also seems true—passing along challenging employees, not confronting bullying behavior, or having loose boundaries of responsibility could actually detract from the experience of compassion—not only for the leader, but also for the employees whose behavior is a dynamic and living artifact of the culture influenced so greatly by the person they look to as their leader. This offers a new and a more vibrant perspective of compassion and documents the experience as indicative of the *soft-hard* approach, where the ideas of human development are balanced with the need for performance (Sambrook, 2012).

Our participants also shared experiences associated with traditional leadership styles—they set vision, communicated goals, held teams and people accountable for results, and gave feedback. In that way, our participants were unremarkable. Compassionate leaders, however, set themselves apart in their approach to each of the aforementioned six themes. They came from a place of integrity and presence. Within that space of integrity and presence, they were keenly aware of how their actions affected others and how they influenced and actively shaped the experience for their employees, organization, and community. They were acutely self-aware of themselves, behaviors, and thoughts. They also held an awareness of the experience they created for others and took great strides to

influence that experience in constructive ways. They looked for opportunities to meet people where they were in the moment. Compassion for our participants was about taking action in a way that honored the experience of every employee in the everyday experiences of work. It was not about the six themes; compassion was about living life.

3.3 | Study 2

Study 2 sought to apply the emergent framework of compassionate leader behavior grounded in Study 1 to develop a measure of compassionate leader behavior. Specifically, the six themes identified in Study 1 were used to inform the development of CLBI. To examine the relationship of compassionate leader behavior to work performance, the CLBI was administered alongside a battery of measures of individual performance (e.g., engagement, wellbeing, and turnover intention) commonly found in HRD research. Therefore, Study 2 focused on the exploratory development and validation of the CLBI as a measure of compassionate leader behavior. Within the sequential equal status design protocol, the research question of Study 2 was: What is the relationship between compassionate leadership behaviors and measures of organizational performance?

3.3.1 | Method and context for Study 2

Dillman, Smyth, and Christian's (2014) Tailored Design Method was used to pilot test the surveys with a group of subject matter experts in the field of leadership and organizational behavior. Feedback was used to modify the scale items (e.g., reduce redundancy) and ensure the clarity of instruction. Subsequently, the instruments were administered online to all individuals ($N = 1,067$; 62% response rate), including all levels, across 35 semi-independent units within a large, multifaceted financial conglomerate in the Midwestern United States. An informant in the organization facilitated data collection activities. To maintain confidentiality, participants were not asked to disclose personally identifying information (e.g., name, location of their facility), but they were asked to identify their department type. A unique URL address tracked response rates and prevented duplication of responses. All research-related communication was forwarded through the key informant to maintain objectivity throughout data collection.

Measures

Due to the lack of a measure of compassionate leader behavior in the literature, the steps of scale development and validation were followed (Nimon, Zigarmi, Houson, Witt, & Diehl, 2011; Rich, Lepine, & Crawford, 2010; Shuck, Adelson, & Reio, 2017; Worthington & Whittaker, 2006). First, we searched the literature using a multiphase content review process for scale items that might fit within the definitions of each emergent theme from Study 1. It was important that scale items could be nested within the experience of participants. That is, we were not looking for scale items that fit the name of the emergent theme but scales that matched the expressed experience of the theme.

A review of the literature failed to identify suitable items that adequately aligned with the emergent themes. Thus, we began the process of developing our own set of questions aligned to each of the themes (e.g., dignity, integrity). Both construct and content validity were established with leading scholars and expert practitioners in the fields of management, organizational behavior, and communications who each conducted initial and follow-up reviews of individual scale items. First, experts were provided a pool of potential scale items for each emergent theme and asked to provide feedback about both content and alignment of each question to the construct. The total pool of items for each theme ranged from 6 to 10 items. Post the initial review, to balance the need for scale parsimony and construct robustness, the pool of potential items for each theme was reduced to four items. The final reduction of items was grounded in the expert feedback received as well as a review of the full range of interview transcripts from Study 1. The final set of items was reviewed a second time by the same reviewers to solicit feedback regarding final question wording, intention, and behavioral connection. This resulted in several adjustments to the Authenticity and Dignity subscales to ensure that questions contained statements of behavior connected to the themes, and to eliminate any potential double-barreled items. Our final scale resulted in a total of 24 questions (four

items for each emergent theme). Sample items for each subscale included the following: *My leader understands my perspective* (empathy); *My leader does what they say they are going to do* (integrity); *My leader focuses on what I am saying* (presence); *I feel respected by my leader* (dignity); *My leader promotes openness in their work relationships* (authenticity); and *my leader defines my work expectations clearly* (accountability). As a final step, item analysis was used to inspect the statistical properties of scale items (e.g., item-total correlations), and confirmatory factor analysis (CFA) was used to fit and test competing theoretical models of the scale's factor structure.

External self-report measures

Employee engagement was measured using the *Employee Engagement Scale* (Shuck et al., 2017), a 12-item scale designed to measure employees' engagement with their holistic work experience. It includes three subscales, each comprised of four items: (a) cognitive engagement, (b) emotional engagement, and (c) physical engagement. *Intent to turnover* was assessed with the two-item *Intention to Turnover Scale* (ITS; Colarelli, 1984). Finally, *psychological well-being* was assessed with the *Schwartz Outcome Scale-10* (SOS-10; Blais et al., 1999), a commonly used measure in HRD and counseling psychology to examine individual level experiences (c.f., Shuck & Reio, 2014). Table 1 reports internal, descriptive statistics of scale items, Cronbach's coefficient alpha estimates exceeded the desired criteria of 0.80 (see Henson, 2001) across instrument, namely: 0.87 for Intention to Turnover, 0.92 for Employee Engagement, and 0.91 for Psychological Well-Being, respectively.

Data analysis

Structural equation modeling (SEM) procedures were used to test the CLBI factor structure and, subsequently, a structural model of the relationship among compassionate leader behavior, employee engagement, psychological well-being, and intent to turnover. Specifically, CFA was used to fit and compare the fit of alternative theoretical models of the CLBI factor structure. Compared models included: a correlated six-factor model, a unidimensional model, a bifactor model, and bifactor models without each group factor (e.g., subscale). First, a correlated six-factor model was tested to determine whether the postulated factors (e.g., integrity, authenticity) used to guide scale construction accounted for the interdependency among the 24-item instrument. Second, a unidimensional model was tested to judge whether a single underlying compassionate leader behavior factor accounted for the interrelationship among the items. The unidimensional model was considered in light of the lack of empirical research on the dimensionality of compassionate leader behavior and the strength of correlations among the first-order factors. Third, the CLBI was conceptualized in terms of a bifactor model (Gibbons et al., 2007), in which each item is related to a primary dimension (compassion) and one domain-specific factor (e.g., integrity, authenticity). The bifactor model is plausible when item subsets may be related above and beyond a general, or primary, dimension (Chen, West, & Sousa, 2006; Immekus & Imbrie, 2008). A model restriction is that primary and secondary factors are uncorrelated, or orthogonal. The model is appropriate when domain-specific factors may account for the interdependency among item subsets (subscales) above and beyond a general factor (compassion). Reise, Morizot, and Hays (2007) identify the utility of the bifactor model in testing scale dimensionality, whereas Chen et al. (2006) discuss the benefits of the bifactor model over second-order models (e.g., subscore reporting).

Within the context of this study, there are three considerations related to the interpretation of the bifactor model if its model-data fit is superior to the compared models. First, the bifactor model could suggest the presence of a primary compassionate leader behavior factor underlying the scale items, with the domain factors accounting for the interrelationship of items with common variance after accounting for the shared variance across the items. This is a defensible and tenable model given the manner in which multidimensional instruments are developed with items nested in subdomains which were, in effect, sampled from a larger, broad domain. Second, the bifactor model may suggest that the scale data are essentially unidimensional with the primary trait accounting for the interdependency among the collective item set, and the subdomains representing nuisance dimensions. Third, the primary dimension may represent a methods bias in which the primary dimension represents the variance among items associated with the mode of administration of the instruments (Podsakoff, MacKenzie, Lee, & Podsakoff, 2003).

Items	M	SD	Item-total correlation
1	3.95	0.92	0.82
2	4.05	0.99	0.86
3	3.96	0.97	0.84
4	3.79	1.06	0.84
5	4.07	1.01	0.85
6	3.94	0.98	0.79
7	4.12	0.92	0.83
8	4.19	0.88	0.80
9	3.88	1.08	0.87
10	3.96	0.97	0.81
11	3.94	1.00	0.86
12	3.76	1.05	0.81
13	4.26	0.87	0.84
14	4.15	0.93	0.81
15	4.03	0.98	0.80
16	4.11	0.95	0.87
17	4.11	0.88	0.83
18	3.87	1.04	0.87
19	4.10	0.85	0.85
20	3.97	1.02	0.86
21	4.37	0.63	0.56
22	3.98	0.92	0.73
23	3.92	1.00	0.81
24	3.89	1.05	0.76

TABLE 1 Descriptive statistics of compassionate leadership scale

Note: Median for all items = 4. Ratings ranged from 1 to 5.
Abbreviation: M, mean.

Consequently, such issues are the focus of ongoing research into the interpretation of an instrument's empirically based factor structure when the relationship among items is unknown.

Due to the ordinal nature of the scale items, robust weighted least squares (WLSMV; Muthén, Du Toit, & Spisic, 1997) were used for parameter estimation and maximum likelihood estimation was used to test the structural model using MPLUS 7.31 (Muthén & Muthén, 1998–2015). The following statistics were used to evaluate the model-data fit: overall chi-square statistic, root mean square error of approximation (RMSEA), comparative fit index (CFI), whereas the standardized root mean square residual (SRMR) was also used for the structural model. RMSEA values less than 0.06 were used to indicate good model fit and those less than 0.08 suggested a reasonable fit (Hu & Bentler, 1999). The CFI values above 0.95 were used to indicate an adequate fit (Hu & Bentler, 1999). For the structural model, SRMR values below 0.10 were used to suggest an acceptable model-data fit (Kline, 2015), as well as the significance of the hypothesized coefficients in the predicted direction between the latent variables.

Empirical tests of the CLBI factor structure were based on the comparison of nested CFA models using the DIF-FTEST procedure in MPLUS. This was conducted by comparing the model chi-square statistics between the competing CFA models (e.g., unidimensional vs. bifactor) to determine whether the chi-square difference statistic was statistically significant. A statistically significant chi-square difference statistic would indicate that the more restricted (e.g., unidimensional) model did not fit the data as well as the less restricted (e.g., bifactor) model. On the other hand,

a nonsignificant chi-square difference statistic would indicate that the models provide a similar model-data fit, thus supporting the use of the more restrictive model for the instrument's factor structure due to the desire to retain a parsimonious model. Within the context of comparing bifactor models with and without a specific domain factor, a model that provides improved model-data fit with the presence of a domain-specific factor provides support for retention of the secondary dimension (Immekus & Imbrie, 2008). On the other hand, a nonsignificant chi-square difference statistic would provide empirical evidence that the domain-specific factor (e.g., dignity) did not help explain the scale's factor structure. CFA results provide a basis for determining the dimensionality of CLBI to guide decisions pertaining to the use of total and subscore for understanding leadership compassion, including directions for future research. In addition to model-data fit indices, inspection of model parameters (e.g., factor loadings, structure coefficients) were also used to judge the adequacy of the CFA model.

Inspection of CFA model parameters and reliability were also used to judge the quality of the scale's factor structure. Salient factor loadings above 0.40 were deemed acceptable, and structure coefficients were used to further inspect the relationship between items and latent factors (Graham, Guthrie, & Thompson, 2003). Furthermore, for instance, within a correlated factors model, a correlation exceeding 0.75 would provide evidence of the indistinguishable nature of latent factors (Kline, 2015), thus supporting a reduction in the number of latent factors.

The factor analytic model-based reliability estimate of coefficient omega (ω ; Zinbarg, Revelle, Yovel, & Li, 2005) was used as a measure of reliability. In particular, coefficient omega provides a measure of the proportion of observed total score variance attributable to the sources of common variance accounted for by the modeled latent traits. Empirical support of the bifactor model, coefficient omega hierarchical (ω_{H1}) as a model-based reliability index would also be estimated (Rodriguez, Reise, & Haviland, 2016), which provides a measure of the proportion of total score variance explained by a single primary factor. The difference between coefficient omega and omega hierarchical ($\omega - \omega_{H1}$) can be used to determine the percent of total score reliable variance associated to the multidimensionality of the data (or, attributed to the domain-specific factors; Rodriguez et al., 2016), which can be used to judge whether the scale is essentially unidimensional to just the interpretation and use of a total score.

The second part of Study 2 sought to test a structural model of the relationship among compassionate leadership behavior, employee engagement, psychological well-being, and intent to turnover. Specifically, a multiple mediator model (MacKinnon, 2008) was used to test the hypothesized effects of employee engagement and psychological well-being, and the mediated relationship of compassionate leader behavior, on intent to turnover. As shown in Figure 1, the latent traits (e.g., compassionate leadership behavior, intent to turnover) were operationalized in terms of observed scores. Specifically, the compassionate leadership behavior trait was operationalized according to the six subscales (e.g., dignity, authenticity). The employee engagement construct was conceptualized using the cognitive ($\alpha = 0.94$), behavioral ($\alpha = 0.88$), and emotional ($\alpha = 0.91$) subscales of the *Employee Engagement Scale*. Psychological well-being was operationalized in terms of three item parcels (Hall, Snell, & Foust, 1999; Little, Cunningham, Shahar, & Widaman, 2002) based on items with shared content. Creation of item parcels was based on consideration of the debate of their utility in the existing literature (e.g., Bandalos & Finney, 2001; Little et al., 2002). Specifically, in consideration of their multidimensionality, exploratory factor analysis (EFA) was used to examine the dimensionality of the psychological well-being instrument and the three item parcels. Inspection of the criteria used to identify the number of empirical factors (i.e., eigenvalues greater than 1.0, scree plot, and parallel analysis) supported their unidimensionality. Specifically, item parcel 1 included three items (Item 1, 3, and 7; $\alpha = 0.75$), item parcel 2 included four items (4, 5, 8, and 9; $\alpha = 0.88$), and item parcel 3 included three items (2, 6, and 10; $\alpha = 0.81$). Last, intention to turnover was operationalized by two items respondents answered regarding participants' intentions to quit their job (Item 1) and plans to search for a new job during the next 12 months (Item 2). Parameter estimation was based on a bootstrap analysis using 1,000 samples.

The structural model hypothesized that leader compassion would have a positive, direct effect on psychological well-being and employee engagement, but a negative, direct effect on intent to turnover. Both psychological well-being and employee engagement were hypothesized to negatively affect intent to turnover. As shown, psychological

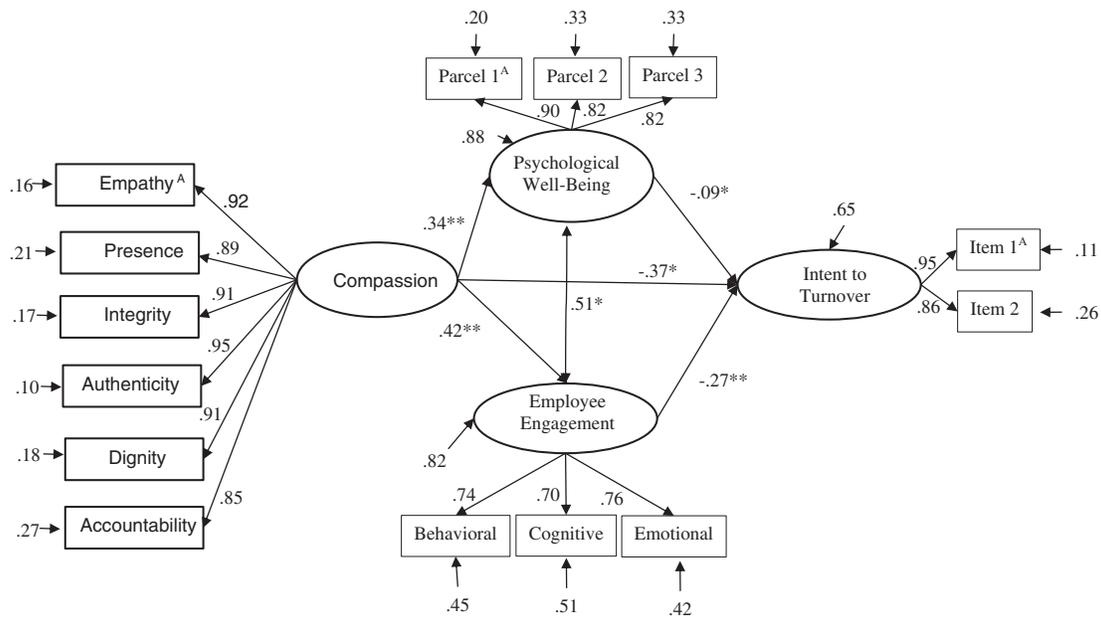


FIGURE 1 Structural model between leadership compassion, psychological well-being, job engagement, and intent to turnover. Note: Completely standardized parameter estimates reported. ^AIndicator value fixed to 1.00 to set the latent scale. * $p < .05$, ** $p < .01$

well-being and employee engagement were mediators in the model and a mediational analysis was used to examine the indirect of compassionate leadership behavior on intent to turnover.

3.3.2 | Study 2 findings

Table 1 reports the descriptive statistics and item-total correlations for the CLBI items. As reported, average ratings ranged from 3.76 ($SD = 1.05$; Item 12: “My leader listens without distractions”) to 4.37 ($SD = 0.63$; Item 21: “My leader holds me accountable for my work”), indicating that respondents generally agreed that their leader possessed compassionate leader behavior traits. Item-total correlations were high and ranged from 0.76 (Item 24) to 0.87 (Items 9, 16, and 18), with an average value of 0.82 ($SD = 0.06$). Median values across items were 4, indicating that respondents agreed to the statements about leadership compassion.

Table 2 reports descriptive statistics, Cronbach's coefficient alpha (i.e., internal consistency reliability), and Pearson Product moment correlations among the scale scores among the measures of compassionate leader behavior, employee engagement, psychological well-being, and intent to turnover. As reported, average scores ranged from 2.03 ($SD = 1.03$) for intention to turnover to 4.41 ($SD = 0.48$) for engagement. Overall, respondents agreed that their leader displayed compassionate behaviors toward their psychological well-being. Furthermore, respondents reported being highly engaged, and disagreed with the statements regarding their intent to turnover. Correlations ranged from moderately negative (-0.47) to moderately positive (0.59). As expected, intention to turnover was negatively correlated to the other variables.

Table 3 reports the model-data fit statistics of the theoretical models of the CLBI tested within the study. As reported, the correlated six-factor reported marginally acceptable model-data fit, $\chi^2(237) = 1,880.71$, $p < .001$, CFI = 0.99, and RMSEA = 0.081. However, factor correlations exceeded 0.84 (range: 0.84–0.94), indicating that the compassionate leader behavior dimensions (e.g., dignity, authenticity) were generally indistinguishable (Kline, 2015). Therefore, the correlated factors model was not further considered an acceptable factor structure of the instrument.

TABLE 2 Pearson product moment correlations among variables

	M	SD	α	1	2	3	4
1. Compassion	4.02	0.80	0.98	1.00			
2. Engagement	4.41	0.48	0.92	0.38	1.00		
3. Psychological well-being	4.22	0.53	0.91	0.32	0.49	1.00	
4. Intent to turnover	2.03	1.03	0.87	-0.48	-0.41	-0.33	1.00

Note: All correlations significant at $p < .01$.

Abbreviation: α , Cronbach's coefficient alpha.

TABLE 3 Confirmatory factor analysis results of compassion leadership scale

Model	χ^2	df	p-value	CFI	RMSEA (90% CIs)	$\Delta\chi^2$	df _{Difference}	p _{Difference}
6-factor	1,880.71	237	<.001	0.99	0.081 (0.077–0.084)			
Bifactor	1,230.76	228	<.001	0.99	0.064 (0.061–0.068)			
Unidimensional	4,461.56	252	<.001	0.98	0.125 (0.122–0.129)	1,775.11	24	<0.001
Without domain specific factor								
Empathy	1,777.76	232	<.001	0.99	0.079 (0.076–0.083)	275.76	4	<0.001
Integrity	1,737.19	232	<.001	0.99	0.078 (0.075–0.082)	270.91	4	<0.001
Presence	2,411.74	232	<.001	0.99	0.094 (0.091–0.097)	379.15	4	<0.001
Dignity	1,681.08	232	<.001	0.99	0.077 (0.073–0.080)	246.71	4	<0.001
Authenticity	1,272.70	232	<.001	0.99	0.065 (0.061–0.068)	58.17	4	<0.001
Accountability	1,922.11	232	<.001	0.99	0.083 (0.079–0.086)	385.20	4	<0.001

Abbreviations: CFI, comparative fit index; CI, confidence intervals. *df*, degrees of freedom; *df*_{Difference}, *df* difference; *p*_{Difference}, *p*-value difference; RMSEA, root mean square error of approximation; $\Delta\chi^2$, chi-square difference test statistics.

In consideration of the factor correlations, a unidimensional model was fit to the data and reported unacceptable model-data fit (RMSEA = 0.13). Subsequently, in consideration of the lack of model-data fit of the correlated factors and unidimensional models, a bifactor model was fit to the data and reported acceptable model-data fit, $\chi^2(228) = 1,230.76$, $p < .001$, CFI = 0.99, and RMSEA = 0.064. A chi-square difference test indicated it provided a better model data fit compared to the unidimensional model, $\Delta\chi^2(24) = 1,775.11$, $p_{\text{Difference}} < 0.001$. The full bifactor model with the general (compassion leadership) factor was compared to bifactor models without a specific domain factor (e.g., dignity). As reported, the chi-square difference tests were statistically significant ($ps < 0.001$), indicating that the inclusion of each of the specific domain factors improved model-data fit. Thus, the fit indices supported conceptualizing the CLBI in terms of a bifactor model with items loading on a primary compassion factor and item subsets loading on a domain-specific factor that corresponded to each of the six postulated subscales (e.g., dignity, integrity).

Table 4 reports the factor loadings and error variances of the CLBI items. As reported, items reported moderate to high factor loadings on the primary (compassion) factor, with values ranging from 0.68 (Item 21: "My leader holds me accountable for my work") to 0.93 (Item 16: "My leader treats me in ways that uphold my dignity"). Depending on the secondary dimension, domain-specific factor loadings were positive and more varied. Specifically, the Integrity subdomain had loadings that varied most, with values ranging from 0.11 (Item 5) to 0.40 (Item 7). The Presence subdomain also reported varied loadings that ranged from 0.18 (Item 9) to 0.43 (Item 12). On the other hand, the Authenticity subdomain had loadings that were most similar and ranged from 0.12 (Item 19) to 0.22 (Item 18). The Dignity subdomain reported the overall highest loadings after accounting for the primary dimension, with values ranging from 0.23 (Item 13) to 0.36 (Item 14). This was followed by the loadings reported on the Accountability subdomain, which ranged from 0.22 (Item 24) to 0.48 (Item 22). Error variances ranged from 0.04 (Item 7) to 0.38 (Item 21).

TABLE 4 Compassionate leadership scale Bifactor model item parameters

Domain/item	Primary slopes	Domain specific factor slopes	Error variance
Empathy			
1 ^A	0.89	0.17	0.18
2	0.92	0.19	0.11
3	0.89	0.37	0.07
4	0.89	0.35	0.08
Integrity			
5 ^A	0.91	0.11	0.17
6	0.86	0.19	0.24
7	0.89	0.40	0.04
8	0.87	0.35	0.12
Presence			
9 ^A	0.91	0.18	0.14
10	0.85	0.40	0.11
11	0.90	0.38	0.05
12	0.85	0.43	0.09
Dignity			
13 ^A	0.92	0.23	0.10
14	0.87	0.36	0.12
15	0.86	0.34	0.15
16	0.93	0.25	0.06
Authenticity			
17 ^A	0.90	0.15	0.16
18	0.92	0.22	0.11
19	0.92	0.12	0.15
20	0.92	0.14	0.14
Accountability			
21 ^A	0.68	0.40	0.38
22	0.79	0.48	0.15
23	0.86	0.32	0.16
24	0.82	0.22	0.28

Note: Completely standardized coefficients reported.

Coefficient omega and omega hierarchical were calculated as estimates of reliability. For the primary dimension (compassion), coefficient omega was 0.99, indicating that almost all of the variance in the total score is accounted for by the common variance specified by the latent factors. Omega hierarchical was 0.97, indicating that the 97% of the variance of total scores is explained by the primary dimension. The difference between coefficient omega and omega hierarchical (0.99–0.97) indicated that only 2% of total score reliable variance is due to the scale's multidimensionality and, thus, the scale can be considered essentially unidimensional.

Figure 1 displays the hypothesized structural model empirically tested in the study, which reported acceptable model-data fit, $\chi^2(71) = 515.87$, $p < .001$, RMSEA = 0.077 (90% CIs = 0.071–0.083), CFI = 0.96, and SRMR = 0.05. As reported, compassionate leader behavior was a statistically significant predictor of engagement ($\beta = .42$, 95% CIs:

0.34–0.50; and $p < .001$) and psychological well-being ($\beta = .34$, 95% CIs: 0.26–0.40; and $p < .001$). Compassionate leader behavior also reported a moderate, negative relationship to intent to turnover ($\beta = -.37$, 95% CIs: -0.45 to -0.29 ; and $p < .001$), whereas employee engagement reported a weak, negative relationship ($\beta = -.27$, 95% CIs: -0.40 to -0.13 ; and $p < .001$) to intent to turnover. Psychological well-being reported a negligible, nonsignificant effect on intent to turnover ($\beta = -.09$, 95% CIs: -0.19 to 0.01 ; and $p = .09$). The specific indirect effects of compassionate leader behavior on intent to turnover were weak for its effects through engagement ($\beta = -.12$, 95% CIs: -0.19 to -0.05 ; and $p < .001$) and nonsignificant through psychological well-being ($\beta = -.03$, 95% CIs: -0.07 to 0.00 ; and $p > .05$). Its total effect on intent to turnover was -0.51 (95% CIs: -0.57 to -0.46 ; $p < .001$), with a total indirect effect of -0.15 (95% CIs: -0.20 to -0.09 ; $p < .001$). The model explained 35.2% of the variance in intent to turnover.

3.4 | Brief discussion of Study 2

Study 2 findings provided relevant empirical evidence regarding the overall aims of our work. First, factor analytic findings provided preliminary support for the measurement of compassionate leader behavior. Comparisons of competing models suggested the presence of a compassionate leader behavior construct, which could be considered essentially, unidimensional. This finding underscores the importance of the overall experience of compassion rather than the subsets of the behavior. This finding offers early evidence toward the positioning of compassionate leader behavior as unique from other kinds of leadership typologies. Here, we believe that the act of compassion, when exhibited by leaders, can have a powerful impact on social norms. Specifically, the act of compassion can have a spill-over effect, and encourage followers and other employees to act compassionately toward and with one another. The potential effects of such leader behaviors have far reaching effects such as building positive work cultures and enhancing learning as well as reducing dysfunctional behavior such as conflict and incivility that can have deleterious impact on work performance. Evidence from our study indicates that the sum is greater than the parts in the case of compassionate leader behavior.

We also note that additional research is needed to articulate the robustness of the factor analytic findings across contexts and populations, as well as diverse modes of administration of the instrument. For example, in this study, instruments were administered online and the degree to which a methods bias may influence findings needs to be more fully understood, as well as potential careless response patterns (Podsakoff et al., 2003). Nonetheless, the predictive utility of compassion scores indicated that, unsurprisingly, compassionate leadership behavior encourages employee engagement and psychological well-being, and is negatively related to intent to turnover. Whereas employee engagement was a weak mediator between compassionate leader behavior and intent to turnover, psychological well-being was not a significant model predictor. Nonetheless, despite small mediational effects on intent to turnover, empirical findings provide promising results pertaining to the relationship of compassionate leader behavior on theoretically grounded constructs predictive of employee behaviors (i.e., intent to turnover). This finding is in line with both classic and recent research that has suggested leader consideration (Fleishman & Harris, 1962), authentic behaviors (Ilies, Morgeson, & Nahrgang, 2005; Kiersch & Byrne, 2015; Price, 2003), and ethical based leadership (Brown & Treviño, 2006; Neves, Almeida, & Velez, 2018) were all negatively associated with intent to turnover. It is through our findings that we acknowledge the connection compassionate leader behaviors have to other leadership typologies and frameworks, yet simultaneously terminate the notion that these typologies are the same. For example, compassionate leaders may be authentic, but authentic leaders may not always be compassionate.

3.5 | General discussion and contribution to HRD

The originality of this body of work lies in exploring compassionate leader behaviors as well as the operationalization and measurement of compassionate leader behavior. Specifically, we identified six distinct compassionate leader behaviors: integrity, accountability, empathy, authenticity, presence, and dignity. When leaders exhibited these compassionate behaviors, results suggested that they were more likely to influence individual and organizational

outcomes. The emergent effects of the identified behaviors suggested significant alignment of both the hard and soft aspects of compassion (Sambrook, 2012), which detail a more explicit and tangible connection to everyday life.

Our findings extend the existing body of compassion research (c.f., Dutton & Workman, 2011; Dutton et al., 2006; Frost et al., 2000; Lilius et al., 2008, 2011, 2012; Rynes et al., 2012), which has focused primarily on the conceptualization and definition of compassion. To the best of our knowledge, results from our research are the first to operationalize the seminal conceptualization and definition of compassion to include its general effects on employee and organizational performance in any form of empirical work. This opens up new avenues for investigating the nature of compassion and how compassion might transform experiences in the workplace in positive, proactive ways through HRD. Through this work, we highlight the viability of compassion as an important stream in the research literature, and provide a call to action in agreement with other compassion scholars (Dutton et al., 2006; Dutton & Workman, 2011; Frost, 1999; Frost et al., 2000; Lilius et al., 2008, 2012; Rynes et al., 2012) for HRD researchers to take up serious work in this area.

Couched specifically within the field of HRD, we see several applications. For example, compassion offers a way forward for thinking about *how* work is getting done, not just *how much* (Frost, 2003). As employees and leaders grapple with an ever-growing list of personal and professional challenges—i.e., change, adjusting to cultural displacement, technology integration, and adaptation (or technology boundary setting), or perhaps just coming to terms everyday low-grade levels of stress—compassion offers a potential solution for creating healthier organizations. Within this area, future research might explore the types of impact compassionate leaders have on productivity, workplace culture, and firm performance. Furthermore, it would be worthwhile for HRD scholars to have a more informed understanding of the hidden forces that prevent compassion from being displayed by leaders as studies have found that low-commitment HR practices deplete job-related resources resulting in emotional exhaustion (Sun & Pan, 2008). Further research could explore the role of emotional intelligence, mentoring, and compassion (Opengart & Bierema, 2015) as well as the influence of factors such as leader gender, organization rank, span of control, tenure, etc. Finally, researchers might adapt and provide further validation for the instrument in a learning and development setting, or through training programs that take on the practice of training for compassionate leader behavior.

From a practitioner perspective, HRD professionals can raise awareness of what is needed inside organizations to live up to the mantra of “putting people first.” With a deeper understanding of what it means to be a compassionate leader, training programs can be developed that focus on how to listen with empathy and presence, how to be attuned to cues that signal employees are dealing with an emotional issue, how to reframe organizational messages that could cause resistance and trauma, as well as how to build social and political capital to protect teams from internal or external challenges.

This framework of compassionate leader behavior offers a lens to view some of the inner work leaders must undertake in meeting performance expectations and managing the delicate balance of addressing the needs of the employee/team and organization. Connected to this discussion, future research might consider the personal costs and risks for leaders who engage in compassionate leader behavior. For example, we wonder if displaying compassionate leader behavior requires a leader to give something up, perhaps, sacrificing self-interest for the team or organization and the potential internal conflict it may present to the leader on matters related to their identity and how they may be perceived? Conceivably, there is a darker side of compassion that we have not uncovered yet but would be needed to fully understand the application of compassion and compassionate leader behavior in HRD.

Ideally, leaders serve the organization and its members. We contend that compassionate leader behaviors can create a place where positional power has no currency, and where traditional roles of power and influence can be questioned, and deeply examined. Traditional sources of power seem to not work in this space; the experience of being a leader is a fluid and adjusting experience that should be held and honored, as well as examined. We maintain that compassion is a source that anyone can draw from. It does not have traditional boundaries, but rather, offers everyone an equal experience to both receive and give. We see compassion and compassionate leader behaviors as a counterview to systematic leadership and the objectification of leadership practice that occurs through boxing theories into typologies that must account for all scenarios. No social science theory can do that. Here, we shed light on

what it means to be a compassionate human being with a sample of people who happen to be leaders. We were not at all surprised that compassion was connected to the outcome variables, rather, we were stunned that in an overly dramatic, political, bipolar world where we are so often required to choose sides, that compassion existed at all.

3.6 | Limitations to the overall study and future opportunities for research

There are several limitations that bound the context of our work, which have the potential to lead to future opportunities for research. First, we note that we were unable to gather data regarding competing and/or complementary leadership styles. Doing so would have enabled our team to establish initial levels of discriminant validity. While a limitation, and an intentional design decision on the part of our team (i.e., survey fatigue), this is a perhaps an extraordinary opportunity for future research. For example, our construct of compassionate leadership could be linked to other well-established and historical leadership styles such as transformational leadership (De Clercq et al., 2014) or ethical leadership (A. S.-Y. Chen & Hou, 2016), which could provide additional depth and dimension to the ideals of compassionate leadership. Indeed, we might predict that compassionate leadership be associated with these well-known styles in overlapping ways. To take this research to the next level and establish the bounds of discriminate validity, scholars might collect time wave data across multiple points of contact or utilize a diary study methodology (Fletcher, 2017) to more closely examine the nuances of compassion alongside well-regarded and timeless theories of leadership as a direct extension of our work.

Scholars might also explore the nomological network of compassionate leadership alongside traditional leadership theories to establish the boundaries, overlaps, and unique spaces of compassionate leadership. For example, a study looking at each subscale of compassionate leadership juxtaposed on top of measures of transformational leadership theory or authentic leadership (Kiersch & Byrne, 2015) would help establish advanced levels of discriminate and nomological validity. Interested scholars could follow the steps outlined by Shuck, Nimon, and Zigarmi (2017) for nomological network mapping or Fletcher (2017) for more detailed information on utilizing a diary study methodology. We intentionally point readers to these two manuscripts as both had employee engagement at their core, which, was a connected variable used in our overall model.

As a second limitation to our work, the survey battery deployed was self-report and could have been biased by social desirability, leading to issues with common method variance (CMV). To combat this, we took both a procedural (i.e., we assured participants anonymity and there were no right or wrong answers) and statistical approach. Harman's diagnostic test revealed no statistical evidence that either type of bias was an issue. Third, our cross-sectional, correlational design does not allow for causal claims. Longitudinal and experience-based sampling techniques coupled with larger sample sizes would benefit future studies (c.f., Nimon, Zigarmi, & Allen, 2011) and should be considered in future research on compassionate leadership.

As a final note, we would welcome additional research that further explored, tested, and validated our model. For example, we would encourage future researchers—in addition to the suggestions already provided in the narrative here—to consider the application of compassionate leader behaviors within a cross section of industries and cultures. We note that experiences of compassion may differ by culture in the same ways that leadership has been shown to vary (Hamlin, Kim, Chai, Kim, & Jeong, 2016; Park, Jeong, Jang, Yoon, & Lim, 2018). Findings here could be quite interesting and provided a more nuanced and detailed exploration of compassion in organizations. Further outcome variables like actual voluntary turnover and work performance could be tested as dependent variables in the model utilizing more sophisticated research methodologies and designs that allow for the use of advanced statistical modeling.

ORCID

Brad Shuck  <https://orcid.org/0000-0001-8768-7690>

Meera Alagaraja  <https://orcid.org/0000-0003-2990-8808>

Denise Cumberland  <https://orcid.org/0000-0003-4508-4386>

REFERENCES

- Anderson, M. H., & Sun, P. Y. T. (2015). The downside of transformational leadership when encouraging followers to network. *The Leadership Quarterly*, 26(5), 790–801. <https://doi.org/10.1016/j.leaqua.2015.05.002>
- Anderson, M. H., & Sun, P. Y. T. (2017). Reviewing leadership styles: Overlaps and the need for a new 'full-range' theory. *International Journal of Management Reviews*, 19(1), 76–96. <https://doi.org/10.1111/ijmr.12082>
- Bandalos, D. L., & Finney, S. J. (2001). Item parceling issues in structural equation modeling. In G. A. Marcoulides & R. E. Schumaker (Eds.), *New developments and techniques in structural equation modeling* (pp. 269–295). Mahwah, NJ: Erlbaum.
- Barrick, M. R., Thurgood, G. R., Smith, T. A., & Courtright, S. H. (2015). Collective organizational engagement: Linking motivational antecedents, strategic implementation, and firm performance. *Academy of Management Journal*, 58(1), 111–135. <https://doi.org/10.5465/amj.2013.0227>
- Blais, M. A., Lenderking, W. R., Baer, L., de Lorell, A., Peets, K., Leahy, L., & Burns, C. (1999). Development and initial validation of a brief mental health outcome measure. *Journal of Personality Assessment*, 73(3), 359–373. https://doi.org/10.1207/S15327752JPA7303_5
- Brown, M. E., & Treviño, L. K. (2006). Ethical leadership: A review and future directions. *The Leadership Quarterly*, 17(6), 595–616. <https://doi.org/10.1016/j.leaqua.2006.10.004>
- Burns, J. Z., & Otte, F. L. (1999). Implications of leader-member exchange theory and research for human resource development research. *Human Resource Development Quarterly*, 10(3), 225–248. <https://doi.org/10.1002/hrdq.3920100304>
- Chen, A. S.-Y., & Hou, Y.-H. (2016). The effects of ethical leadership, voice behavior and climates for innovation on creativity: A moderated mediation examination. *The Leadership Quarterly*, 27(1), 1–13. <https://doi.org/10.1016/j.leaqua.2015.10.007>
- Chen, F. F., West, S. G., & Sousa, K. H. (2006). A comparison of bifactor and second-order models of quality of life. *Multivariate Behavioral Research*, 41(2), 189–225. https://doi.org/10.1207/s15327906mbr4102_5
- Colarelli, S. M. (1984). Methods of communication and mediating processes in realistic job previews. *Journal of Applied Psychology*, 69(4), 633–642. <https://doi.org/10.1037/0021-9010.69.4.633>
- Collins, D. B., & Holton, E. F., III. (2004). The effectiveness of managerial leadership development programs: A meta-analysis of studies from 1982 to 2001. *Human Resource Development Quarterly*, 15(2), 217–248. <https://doi.org/10.1002/hrdq.1099>
- Creswell, J. W. (2013). *Research design: Qualitative, quantitative, and mixed methods approaches*. Los Angeles, CA: Sage.
- De Clercq, D., Bouckenoghe, D., Raja, U., & Matsyborska, G. (2014). Servant leadership and work engagement: The contingency effects of leader–follower social capital. *Human Resource Development Quarterly*, 25(2), 183–212. <https://doi.org/10.1002/hrdq.21185>
- Dillman, D. A., Smyth, J. D., & Christian, L. M. (2014). *Internet, phone, mail, and mixed-mode surveys: The tailored design method*. Hoboken, NJ: John Wiley & Sons.
- Dutton, J. E., & Ragins, B. R. (2007). *Exploring positive relationships at work: Building a theoretical and research foundation*. Mahwah, NJ: Erlbaum.
- Dutton, J. E., & Workman, K. M. (2011). Compassion as a generative force. *Journal of Management Inquiry*, 20(4), 402–406. <https://doi.org/10.1177/1056492611421077>
- Dutton, J. E., Worline, M. C., Frost, P. J., & Lilius, J. (2006). Explaining compassion organizing. *Administrative Science Quarterly*, 51(1), 59–96. <https://doi.org/10.2189/asqu.51.1.59>
- Elkins, S. L. (2003). Transformational learning in leadership and management positions. *Human Resource Development Quarterly*, 14(3), 351–358. <https://doi.org/10.1002/hrdq.1071>
- Eva, N., Robin, M., Sendjaya, S., van Dierendonck, D., & Liden, R. C. (2018). Servant leadership: A systematic review and call for future research: The leadership quarterly yearly review for 2019. *The Leadership Quarterly*, 30, 111–132. <https://doi.org/10.1016/j.leaqua.2018.07.004>
- Fleishman, E. A., & Harris, E. F. (1962). Patterns of leadership behavior related to employee grievances and turnover. *Personnel Psychology*, 15(1), 43–56. <https://doi.org/10.1111/j.1744-6570.1962.tb01845.x>
- Fletcher, L. (2017). The everyday experiences of personal role engagement: What matters most? *Human Resource Development Quarterly*, 28, 451–479. <https://doi.org/10.1002/hrdq.21288>
- Fredrickson, B. L. (1998). What good are positive emotions? *Review of General Psychology*, 2(3), 300–319. <https://doi.org/10.1037/1089-2680.2.3.300>
- Fredrickson, B. L., & Branigan, C. (2005). Positive emotions broaden the scope of attention and thought-action repertoires. *Cognition and Emotion*, 19(3), 313–332. <https://doi.org/10.1080/02699930441000238>
- Frost, P. J. (1999). Why compassion counts! *Journal of Management Inquiry*, 8(2), 127–133.
- Frost, P. J. (2003). The hidden work of leadership. *Leader to Leader*, Fall, 2003, 13–18.
- Frost, P. J., Dutton, J. E., Worline, M. C., & Wilson, A. (2000). Narratives of compassion in organizations. In S. Fineman (Ed.), *Emotion in organizations* (Vol. 2, pp. 25–45). London, England: Sage.

- Gibbons, R. D., Bock, R. D., Hedeker, D., Weiss, D. J., Segawa, E., Bhaumik, D. K., ... Stover, A. (2007). Full-information item bifactor analysis of graded response data. *Applied Psychological Measurement, 31*(1), 4–19. <https://doi.org/10.1177/0146621606289485>
- Goswami, A., Li, M., Beehr, T. A., & Goffnett, S. P. (2014). *Path-goal leaders' behaviors and subordinates' personalities: Resulting subordinates' behaviors*. Paper presented at the Academy of Management Proceedings.
- Graham, J. M., Guthrie, A. C., & Thompson, B. (2003). Consequences of not interpreting structure coefficients in published CFA research: A reminder. *Structural Equation Modeling, 10*, 142–153.
- Hall, R. J., Snell, A. F., & Foust, M. S. (1999). Item parceling strategies in SEM: Investigating the subtle effects of unmodeled secondary constructs. *Organizational Research Methods, 2*(3), 233–256. <https://doi.org/10.1177/109442819923002>
- Hamlin, R. G., Kim, S., Chai, D. S., Kim, J., & Jeong, S. (2016). Perceived managerial and leadership effectiveness within South Korean and British private companies: A derived etic comparative study. *Human Resource Development Quarterly, 27*(2), 237–269. <https://doi.org/10.1002/hrdq.21253>
- Henson, R. K. (2001). Understanding internal consistency reliability estimates: A conceptual primer on coefficient alpha. *Measurement and Evaluation in Counseling and Development, 34*, 177–189.
- Hoon Song, J., Kolb, J. A., Hee Lee, U., & Kyoung Kim, H. (2012). Role of transformational leadership in effective organizational knowledge creation practices: Mediating effects of employees' work engagement. *Human Resource Development Quarterly, 23*(1), 65–101. <https://doi.org/10.1002/hrdq.21120>
- Hu, L. t., & Bentler, P. M. (1999). Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modeling: A Multidisciplinary Journal, 6*(1), 1–55. <https://doi.org/10.1080/10705519909540118>
- Illies, R., Morgeson, F. P., & Nahrgang, J. D. (2005). Authentic leadership and eudaemonic well-being: Understanding leader-follower outcomes. *The Leadership Quarterly, 16*(3), 373–394. <https://doi.org/10.1016/j.leaqua.2005.03.002>
- Immekus, J. C., & Imbrie, P. (2008). Dimensionality assessment using the full-information item bifactor analysis for graded response data an illustration with the state metacognitive inventory. *Educational and Psychological Measurement, 68*(4), 695–709. <https://doi.org/10.1177/0013164407313366>
- Kiersch, C. E., & Byrne, Z. S. (2015). Is being authentic being fair? Multilevel examination of authentic leadership, justice, and employee outcomes. *Journal of Leadership & Organizational Studies, 22*(3), 292–303. <https://doi.org/10.1177/1548051815570035>
- Kirchner, M. J. (2018). Veteran as leader: The lived experience with US Army leader development. *Human Resource Development Quarterly, 29*(1), 67–85. <https://doi.org/10.1002/hrdq.21302>
- Kline, R. B. (2015). *Principles and practice of structural equation modelling*. New York, NY: The Guilford Press.
- Lam, C. K., Huang, X., & Chan, S. C. (2014). The threshold effect of participative leadership and the role of leader information sharing. *Academy of Management Journal, 58*(3), 836–855. <https://doi.org/10.5465/amj.2013.0427>
- Leech, N. L., & Onwuegbuzie, A. J. (2009). A typology of mixed methods research designs. *Quality & Quantity, 43*(2), 265–275. <https://doi.org/10.1007/s11135-007-9105-3>
- Liden, R. C., Wayne, S. J., Liao, C., & Meuser, J. D. (2014). Servant leadership and serving culture: Influence on individual and unit performance. *Academy of Management Journal, 57*(5), 1434–1452. <https://doi.org/10.5465/amj.2013.0034>
- Lilius, J. M., Kanov, J., Dutton, J. E., Worline, M. C., & Maitlis, S. (2012). Compassion revealed: What we know about compassion at work (and where we need to know more). In K. Cameron & G. Spreitzer (Eds.), *The Oxford handbook of positive organizational scholarship* (pp. 273–287). New York, NY: Oxford University Press.
- Lilius, J. M., Worline, M. C., Dutton, J. E., Kanov, J. M., & Maitlis, S. (2011). Understanding compassion capability. *Human Relations, 64*(7), 873–899. <https://doi.org/10.1177/0018726710396250>
- Lilius, J. M., Worline, M. C., Maitlis, S., Kanov, J., Dutton, J. E., & Frost, P. (2008). The contours and consequences of compassion at work. *Journal of Organizational Behavior, 29*(2), 193–218. <https://doi.org/10.1002/job.508>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry* (Vol. 75). Newbury Park, CA: Sage.
- Little, T. D., Cunningham, W. A., Shahar, G., & Widaman, K. F. (2002). To parcel or not to parcel: Exploring the question, weighing the merits. *Structural Equation Modeling, 9*(2), 151–173. https://doi.org/10.1207/S15328007SEM0902_1
- Luthans, F. (2012). Psychological capital: Implications for HRD, retrospective analysis, and future directions. *Human Resource Development Quarterly, 23*(1), 1–8. <https://doi.org/10.1002/hrdq.21119>
- Lynham, S. (2002). The general method of theory-building research in applied disciplines. *Advances in Developing Human Resources, 4*(3), 221–241. <https://doi.org/10.1177/1523422302043002>
- Madsen, S. R., Miller, D., & John, C. R. (2005). Readiness for organizational change: Do organizational commitment and social relationships in the workplace make a difference? *Human Resource Development Quarterly, 16*(2), 213–234. <https://doi.org/10.1002/hrdq.1134>
- MacKinnon, D. P. (2008). *Introduction to statistical mediation analysis*. Mahwah, NJ: Taylor & Francis.

- Morris, M. L., Heames, J. T., & McMillan, H. S. (2011). Human resource executives' perceptions and measurement of the strategic impact of work/life initiatives. *Human Resource Development Quarterly*, 22(3), 265–295. <https://doi.org/10.1002/hrdq.20082>
- Muller, A. R., Pfarrer, M. D., & Little, L. M. (2014). A theory of collective empathy in corporate philanthropy decisions. *Academy of Management Review*, 39(1), 1–21. <https://doi.org/10.5465/amr.2012.0031>
- Muthén, B., Du Toit, S. H., & Spisic, D. (1997). Robust inference using weighted least squares and quadratic estimating equations in latent variable modeling with categorical and continuous outcomes. *Psychometrika*, 75, 1–45.
- Muthén, L. K., & Muthén, B. O. (1998–2015). *Mplus user's guide: Statistical analysis with latent variables: User's guide*. Los Angeles, CA: Muthén & Muthén.
- Neves, P., Almeida, P., & Velez, M. J. (2018). Reducing intentions to resist future change: Combined effects of commitment-based HR practices and ethical leadership. *Human Resource Management*, 57(1), 249–261. <https://doi.org/10.1002/hrm.21830>
- Nimon, K., Zigarmi, D., & Allen, J. (2011). Measures of program effectiveness based on retrospective pretest data: Are all created equal? *American Journal of Evaluation*, 32(1), 8–28. <https://doi.org/10.1177/1098214010378354>
- Nimon, K., Zigarmi, D., Houson, D., Witt, D., & Diehl, J. (2011). The Work Cognition Inventory: Initial evidence of construct validity. *Human Resource Development Quarterly*, 22(1), 7–35. <https://doi.org/10.1002/hrdq.20064>
- Opengart, R., & Bierema, L. (2015). Emotionally intelligent mentoring: Reconceptualizing effective mentoring relationships. *Human Resource Development Review*, 14(3), 234–258. <https://doi.org/10.1177/1534484315598434>
- Ouweneel, E., Le Blanc, P. M., Schaufeli, W. B., & van Wijhe, C. I. (2012). Good morning, good day: A diary study on positive emotions, hope, and work engagement. *Human Relations*, 65(9), 1129–1154. <https://doi.org/10.1177/0018726711429382>
- Park, S., Jeong, S., Jang, S., Yoon, S. W., & Lim, D. H. (2018). Critical review of global leadership literature: Toward an integrative global leadership framework. *Human Resource Development Review*, 17(1), 95–120. <https://doi.org/10.1177/1534484317749030>
- Piff, P. K., Kraus, M. W., Côté, S., Cheng, B. H., & Keltner, D. (2010). Having less, giving more: The influence of social class on prosocial behavior. *Journal of Personality and Social Psychology*, 99(5), 771. <https://doi.org/10.1037/a0020092>
- Podsakoff, P. M., MacKenzie, S. B., Lee, J.-Y., & Podsakoff, N. P. (2003). Common method biases in behavioral research: A critical review of the literature and recommended remedies. *Journal of Applied Psychology*, 88(5), 879. <https://doi.org/10.1037/0021-9010.88.5.879>
- Price, T. L. (2003). The ethics of authentic transformational leadership. *The Leadership Quarterly*, 14(1), 67–81. [https://doi.org/10.1016/S1048-9843\(02\)00187-X](https://doi.org/10.1016/S1048-9843(02)00187-X)
- Reise, S. P., Morizot, J., & Hays, R. D. (2007). The role of the bifactor model in resolving dimensionality issues in health outcomes measures. *Quality of Life Research*, 16(1), 19–31. <https://doi.org/10.1007/s11136-007-9183-7>
- Rich, B. L., Lepine, J. A., & Crawford, E. R. (2010). Job engagement: Antecedents and effects on job performance. *Academy of Management Journal*, 53(3), 617–635. <https://doi.org/10.5465/amj.2010.51468988>
- Rodriguez, A., Reise, S. P., & Haviland, M. G. (2016). Evaluating bifactor models: Calculating and interpreting statistical indices. *Psychological Methods*, 21, 137–150. <https://doi.org/10.1037/met0000045>
- Rubin, H. J., & Rubin, I. S. (2011). *Qualitative interviewing: The art of hearing data*. Los Angeles, CA: Sage.
- Rynes, S., Bartunek, J., Dutton, J., & Margolis, J. (2012). Care and compassion through an organizational lens: Opening up new possibilities. *Academy of Management Review*, 37(4), 502–523. <https://doi.org/10.5465/amr.2012.0124>
- Sambrook, S. (2012). Human and resource development is hard. *Human Resource Development International*, 15(2), 135–139. <https://doi.org/10.1080/13678868.2012.663189>
- Saslow, L. R., Willer, R., Feinberg, M., Piff, P. K., Clark, K., Keltner, D., & Saturn, S. R. (2013). My brother's keeper?: Compassion predicts generosity more among less religious individuals. *Social Psychological and Personality Science*, 4(1), 31–38. <https://doi.org/10.1177/1948550612444137>
- Shuck, B., Adelson, J. L., & Reio, T. G. (2017). The employee engagement scale: Initial evidence for construct validity and implications for theory and practice. *Human Resource Management*, 56(6), 953–977. <https://doi.org/10.1002/hrm.21811>
- Shuck, B., & Herd, A. M. (2012). Employee engagement and leadership: Exploring the convergence of two frameworks and implications for leadership development in HRD. *Human Resource Development Review*, 11(2), 156–181. <https://doi.org/10.1177/1534484312438211>
- Shuck, B., Nimon, K., & Zigarmi, D. (2017). Untangling the predictive nomological validity of employee engagement: Decomposing variance in employee engagement using job attitude measures. *Group and Organizational Management*, 42, 79–112. <https://doi.org/10.1177/1059601116642364>
- Shuck, B., Osam, K., Zigarmi, D., & Nimon, K. (2017). Definitional and conceptual muddling: Identifying the Positionality of employee engagement and defining the construct. *Human Resource Development Review*, 16(3), 263–293. <https://doi.org/10.1177/1534484317720622>

- Shuck, B., & Reio, T. G. (2014). Employee engagement and well-being: A moderation model and implications for practice. *Journal of Leadership & Organizational Studies*, 21(1), 43–58. <https://doi.org/10.1177/1548051813494240>
- Sprang, G., Clark, J. J., & Whitt-Woosley, A. (2007). Compassion fatigue, compassion satisfaction, and burnout: Factors impacting a professional's quality of life. *Journal of Loss and Trauma*, 12(3), 259–280. <https://doi.org/10.1080/15325020701238093>
- Sun, L. Y., & Pan, W. (2008). HR practices perceptions, emotional exhaustion, and work outcomes: A conservation-of-resources theory in the Chinese context. *Human Resource Development Quarterly*, 19(1), 55–74. <https://doi.org/10.1002/hrdq.1225>
- Svensden, M., & Joensson, T. S. (2016). Transformational leadership and change related voice behavior. *Leadership & Organization Development Journal*, 37(3), 357–368. <https://doi.org/10.1108/LODJ-07-2014-0124>
- Tsui, A. S. (2013). Making research engaged: Implications for HRD scholarship. *Human Resource Development Quarterly*, 24(2), 137–143. <https://doi.org/10.1002/hrdq.21161>
- Worthington, E. L., & Scherer, M. (2004). Forgiveness is an emotion-focused coping strategy that can reduce health risks and promote health resilience: Theory, review, and hypotheses. *Psychology & Health*, 19(3), 385–405. <https://doi.org/10.1080/0887044042000196674>
- Worthington, R. L., & Whittaker, T. A. (2006). Scale development research a content analysis and recommendations for best practices. *The Counseling Psychologist*, 34(6), 806–838. <https://doi.org/10.1177/0011000006288127>
- Yagil, D., & Medler-Liraz, H. (2014). Feel free, be yourself authentic leadership, emotional expression, and employee authenticity. *Journal of Leadership & Organizational Studies*, 21(1), 59–70. <https://doi.org/10.1177/1548051813483833>
- Yoo, S., Jang, S., Byun, S. W., & Park, S. (2018). Exploring human resource development research themes: A keyword network analysis. *Human Resource Development Quarterly*, 30, 155–174. <https://doi.org/10.1002/hrdq.21336>
- Zhu, W., He, H., Treviño, L. K., Chao, M. M., & Wang, W. (2015). Ethical leadership and follower voice and performance: The role of follower identifications and entity morality beliefs. *The Leadership Quarterly*, 26(5), 702–718. <https://doi.org/10.1016/j.leaqua.2015.01.004>
- Zinbarg, R. E., Revelle, W., Yovel, I., & Li, W. (2005). Cronbach's Alpha, Revelle's Beta, McDonald's Omega: Their relations with each other and two alternative conceptualizations of reliability. *Psychometrika*, 70, 123–133. <http://doi.org/10.1007/s11336-003-0974-7>

AUTHOR BIOGRAPHIES

Brad Shuck is an Associate Professor of Human Resources and Organizational Development at the University of Louisville. His primary areas of research include the application, meaning, and measurement of employee engagement, emerging areas of positive psychology, and leader development. Shuck is a Commonwealth Scholar and a member of the Honorable Order of Kentucky Colonels.

Meera Alagaraja is an Associate Professor in the Department of Educational Leadership, Evaluation and Organizational Development at the University of Louisville, Louisville, Kentucky.

Jason C. Immekus, PhD, is an Associate Professor in the Department of Educational Leadership, Evaluation, and Organizational Development at the University of Louisville. His research include psychometrics, quantitative methods, and evaluation. Specifically, his research focuses on the application of statistical modeling to address test score validity issues of diverse instruments (noncognitive, cognitive). He teaches courses in measurement, statistics, and research methodology.

Denise M. Cumberland is an Associate Professor in the Department of Educational Leadership, Evaluation and Organizational Development at the University of Louisville. Her research interests include governance, entrepreneurship, leadership, and training within global organizations, franchise firms and the nonprofit sector. She has been published in *Human Resource Development Review*, *Leadership and Organization Development Journal*, *Human Resource Development International*, *Human Resource Development Quarterly*, *Nonprofit Management & Leadership*, and *Teaching and Learning in Medicine*.

Maryanne Honeycutt Elliott is a doctoral candidate at George Washington University (Ashburn, VA) in the Executive Leadership Program. She holds a Master in Business Administration from the University of Louisville, a B.A. from Furman University in English and Political Science, and is a formally trained executive coach through Georgetown University.

How to cite this article: Shuck B, Alagaraja M, Immekus J, Cumberland D, Honeycutt-Elliott M. Does Compassion Matter in Leadership? A Two-Stage Sequential Equal Status Mixed Method Exploratory Study of Compassionate Leader Behavior and Connections to Performance in Human Resource Development. *Human Resource Development Quarterly*. 2019;30:537-564. <https://doi.org/10.1002/hrdq.21369>

ARTICLES FOR FACULTY MEMBERS

COMPASSIONATE LEADERSHIP

<p>Title/Author</p>	<p>Exploring compassionate managerial leadership style in reducing employee stress level during COVID-19 crisis: the case of Nigeria / Oruh, E. S., Mordi, C., Dibia, C. H., & Ajonbadi, H. A.</p>
<p>Source</p>	<p><i>Employee Relations</i> Volume 43 Issue 6 (2021) Pages 1362-1381 https://doi.org/10.1108/ER-06-2020-0302 (Database: Emerald Insight)</p>

26th October 2023

Exploring compassionate managerial leadership style in reducing employee stress level during COVID-19 crisis: the case of Nigeria

Emeka Smart Oruh and Chima Mordi

College of Business Arts and Social Sciences, Brunel University, Uxbridge, UK

Chianu Harmony Dibia

Faculty of Business and Law, De Montfort University, Leicester, UK, and

Hakeem Adeniyi Ajonbadi

Business, Higher Colleges of Technology, Abu Dhabi, United Arab Emirates

Abstract

Purpose – This study explores how compassionate managerial leadership style can help to mitigate workplace stressors and alleviate stress experiences among employees — particularly in an extreme situation, such as the current global COVID-19 pandemic. The study's context is Nigeria's banking, manufacturing and healthcare sectors, which have a history of high employee stress levels.

Design/methodology/approach – Using a qualitative, interpretive methodology, the study adopts the thematic analysis process (TAP) to draw and analyse data from semi-structured telephone interviews with 10 banking, 11 manufacturing and 9 frontline healthcare workers in Nigeria.

Findings – It was found that a compassionate managerial leadership can drive a considerable response to employees' "fear of job (in)security", "healthcare risk" and concerns about "work overload, underpayment and delayed payment", which respondents considered to be some of the key causes of increased stress among employees during the current COVID-19 pandemic.

Research limitations/implications – The study is limited to exploring the relationship between compassionate managerial leadership and an organisation's ability to manage employee stress in the COVID-19 situation, using 30 samples from organisations operating in three Nigerian cities and sectors. Future studies may involve more Nigerian cities, sectors and samples. It may also possibly include quantitative combination to allow generalisation of findings.

Practical implications – In order to survive in extreme situations, such as the COVID-19 pandemic, organisations are forced to take drastic and often managerialist-driven work measures which can trigger high stress levels, low productivity and absenteeism among employees. Hence, organisations would benefit from implementing compassion-driven policies that are more inclusive and responsive to the workplace stressors facing employees.

Originality/value – Employee stress has been widely explored in many areas, including definitions, stressors, strains, possible interventions and coping strategies. There remains, however, a dearth of scholarship on how management-leadership compassion can help to reduce employee stress levels in extreme conditions, such as the COVID-19 pandemic — particularly in emerging economies.

Keywords Stress, COVID-19, Compassion, Managerial leadership, Nigeria

Paper type Research paper



Introduction

The relationship between extreme environmental conditions and rising employee stress levels is attracting increased scholarly attention. This is due to the current COVID-19 pandemic crisis, which, aside from destabilising the workplace (WHO, 2020a, b), is also reinforcing (more than ever) the need for more effective leadership in work settings (Rosinha *et al.*, 2017). While a few studies have employed a number of leadership styles (including authentic, pain management, responsible and inclusive) as possible means of mitigating work-related stress (Gallagher, 2020; Mehta *et al.*, 2020), no study has (to the authors' knowledge) explored the imperative of a compassionate managerial leadership style in reducing employee stress levels, which often intensify during extreme situations, such as a pandemic crisis.

"Stress" generally describes any form of unpleasant emotional reaction that human beings may develop in, or outside of, the work environment, arising when they feel that they are facing a threat, of any nature, to which they have no adequate response, leading to anxiety and frustration (Seaward, 2019). For Kihara and Mugambi (2018), stress may stem from different stressors, including work overload, a work environment unconducive to health and productivity (Richardson, 2017), lack of engagement and inability to cope with work demands or to express grievances due to fear of layoff (Seaward, 2019). Broadly, the extant literature has explored the subject of employee stress globally in many aspects, ranging from definitions, stressors and strains (Kihara and Mugambi, 2018) to possible interventions and coping strategies (Yange *et al.*, 2016). Notably, numerous studies have been preoccupied with managing employee stress in extreme situations. For example, studies have explored employee stress management in a variety of military settings (including air, sea and land conflicts) as well as possible mitigation against the associated psychological effects that these extreme conditions may have on military personnel (Friedman, 2006; Jensen and Wrisberg, 2014). In a situation involving extreme natural environmental conditions, Field *et al.*'s (2012) studies explained how adaptation options can be employed to manage stress in extreme water- and flood-related disasters caused by climate change. Similarly, Zhang *et al.*'s (2017) study explored stress testing frameworks for managing risk of landslides and extreme storms in China.

At present, numerous studies are concerned with the effective management of employee stress during the current COVID-19 crisis. Some authors suggest that this be done using proactive measures, including early support, aftercare attention, providing workers with clear messages and proactively monitoring and protecting their wellbeing and concerns (Greenberg *et al.*, 2020). Some studies have focused on strategies for a work-life balance through, for example, effective teamwork management (Tannenbaum *et al.*, 2021) and a model of moderated mediation (Dymecka *et al.*, 2020) as means of stress mitigation during COVID-19.

Others studies have placed leadership at the centre of effective employee stress management during a pandemic crisis, particularly in the contexts of authentic (Sultana *et al.*, 2020), pain management (Gallagher, 2020), responsible and inclusive leadership styles (Mehta *et al.*, 2020), among others. The integration of leadership quality in mediating employee stress during COVID-19 is thus advancing the stress literature (Rosinha *et al.*, 2017). To expand the research further, this study investigates how compassionate managerial leadership mechanics can help to reduce and minimise employee stress in the current crisis. This is explored from the perspective of the study's context, the developing country of Nigeria, whose employment terrain has a history of high employee stress levels (Oshagbemi, 2017; Effiong *et al.*, 2020). While contemporary workplaces are known to cause employee stress, the stress level is significantly intensified during extreme situations, such as COVID-19 (Rothan and Byrareddy, 2020). This is due to a number of crisis-related stressors, including poor work conditions and fears due to health risks and job loss. This requires compassion from those leading and managing the workforce (Kihara and Mugambi, 2018). Hence, in these sorts of

circumstances, an effective response to employee stress may rely on an approach that combines compassionate management and leadership — compassionate managerial leadership mechanics (Foster, 2017). This can promote organisational strategic goals (survival, economic sustainability) while also addressing employees' concerns (wellbeing, fear, uncertainty), through leadership compassion, benevolence, empathy, caring, engagement, reassurance and motivation (Peticca-Harris, 2019; Zhang *et al.*, 2020). Against this backdrop, the key research question that this paper hopes to answer is:

- (1) What does employee stress entail during the COVID-19 crisis, and how can an effective management-leadership mechanism help to reduce employee stress levels during such an extreme situation?

In response to this question, attention will focus on key stressors among employees as well as the leadership mechanism that can be instrumental in addressing these stressors and reducing employee stress levels during the current crisis in Nigeria. The study will adopt the qualitative-interpretive methodology and epistemology of social constructionism. Data will be gathered qualitatively and analysed using Pratt *et al.*'s (2006) pattern of thematic analysis procedure (TAP). The remainder of this study will be structured as follows: employee stress and organisational response; employee stress during the COVID-19 crisis; managing stress during COVID-19 through a compassionate managerial leadership lens; study context: Nigeria's employment terrain; methodology; findings; discussion and conclusion.

Employee stress and organisational response

Seaward (2019) defined stress as a chronic (and complex) emotional state created by biochemical responses in the human body and psychological reactions to environmental pressures, particularly where the individuals feel that they lack the resources to respond to such forces. Understood to be a global phenomenon, stress (which occurs in all facets of human life) mirrors a feeling of anxiety, tension and depression that permeates human endeavours (Kihara and Mugambi, 2018). Essentially, labour (or work) is considered to be a critical aspect of human civilisation; it can therefore be assumed to be a major stress factor among employees (Yange *et al.*, 2016). This assumption is not unconnected to the organisational pursuit of high productivity and profitability, which often drive workplace stressors such as work overload, work-life imbalance, poor work conditions, underpayment and absence of self-control of work patterns (Richardson, 2017). Furthermore, the absence of effective engagement between management (managers) and the workforce is a factor which is known to undermine employees' ability to understand their roles as well as cause them stress (Seaward, 2019).

While stress can present both mental and physical challenges to victims, individuals are affected differently: one employee's stress triggers may be different than those of another. Some of the factors highlighted in Kihara and Mugambi's (2018) study which can help to determine how well individual employees are able to cope with stress may include, but are not limited to, their skills, experience, age and level of confidence. This, according to Seaward (2019), explains the centrality of effective communication and engagement with employees in responding to workplace stress. In a survey conducted by the American Psychological Association (APA) between 2007 and 2010, the majority of respondents considered work to be a major contributor to employee stress (APA, 2010). Also, a survey conducted by the European Agency for Safety and Health at Work (EASHW) found that 22% of employees have experienced stress (EASHW, 2009). According to a British Labour Force Survey (LFS) conducted between 2017–2018, about 600,000 employees reported work-related stress, and over 57% (15.4 million) of all lost workdays was attributed to stress-related health conditions (HSE, 2019). A survey conducted in Japan between 2002 and 2007 indicated that over 65% of

employees are stressed in their workplaces due to work overload (Purnawati, 2013). Across the developing world, countries like Indonesia (Purnawati, 2013) and Brazil (Victor *et al.*, 2017) reported an overwhelming amount of work-related stress among employees. This was due to a range of managerialist-oriented factors, including absence of recognition of employee achievements, poor engagement and lack of development prospects.

Similar to those of other emerging economies, the rising cases of stress among Nigerian employees have been well documented (Oshagbemi, 2017). As people go through extreme levels of struggle to put food on the table, stress has become a regular part of life (Aderibigbe and Mjoli, 2018). The Nigerian populace experience stress due to poor quality in their basic needs and weak infrastructure, including — among many other (dis)services — poor healthcare services, epileptic power supply and long hours of traffic holdups due to bad roads (Oshagbemi, 2017). In addition to these stressors, Oshagbemi (2017) noted that Nigerian employees are further forced to endure the strain of oppression, work overload, underpayment, delayed payment, poor workplace engagement and even bullying — to mention just a few — all of which cause their stress levels to increase. While most developed countries (such as Germany, the UK, Canada and the US) have devised legally binding and practical mechanisms for responding to employee stress (Randma-Liiv and Savi, 2016), developing countries, including Nigeria, tend to only pay lip service to this requirement (Oshagbemi, 2017).

In general, some of the coping mechanisms adopted across most developed countries encapsulate a number of key steps, which include identifying and managing stressors and educating employees on how to deal with them (HSE, 2019). Also highlighted in the guidelines is the importance of ensuring that workers feel that they are being provided with enough resources (training, skill sets, etc.) to be able to cope with their role (Richardson, 2017). Furthermore, ensuring that employees are engaged, informed and involved in the process of designing their work pattern can be helpful in relieving work-related stress. Workplace stress can also be effectively managed when employees are able to celebrate their own successes and socialise with each other (Seaward, 2019).

However, in an extreme situation such as the current COVID-19 pandemic, in which employee stress levels tend to be exacerbated (Zhang *et al.*, 2020), effective adherence to these guidelines will require a managerial leadership approach that is compassionate to employees' concerns and wellbeing (Peticca-Harris, 2019), particularly in developing countries, which are largely plagued by poor leadership (Uchenwamgbe, 2013; Oshagbemi, 2017).

Employee stress during the COVID-19 pandemic

The new coronavirus, COVID-19 — whose official name is Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) — was first reported in December 2019 in Wuhan, the capital of Hubei province, China. While it was already declared an international public health emergency in December 2019, it was not until the 11th of March 2020 that the COVID-19 outbreak was declared a global pandemic (WHO, 2020a, b). There have been many conspiracy theories regarding how the virus broke out, with initial reports suggesting it was in the Wuhan seafood and wet animal market and/or a science laboratory within the same region. However, the Chinese authorities have refused to take responsibility for the outbreak (Rothan and Byrareddy, 2020; Lu *et al.*, 2020). According to WHO (2020a, b), COVID-19 is among a number of major types of corona pathogens that specifically target the respiratory system in humans, causing severe bronchitis and pneumonia. The world has already witnessed similar outbreaks, including the SARS-CoV and the Middle East Respiratory Syndrome (MERS-CoV), 80% of whose cases were recorded in Saudi Arabia (Al-Hazmi, 2016). The SARS virus broke out in the Guangdong province of China between 2002–2003 and was reported to have a 9.6% death rate (one in ten people) of the total 8,439 global cases, while the

MERS virus killed about 35% (one in three) of the total 2,519 global cases in 2012 (de Wit *et al.*, 2016; WHO, 2020a, b). According to the National Institute for Health and Care Excellence (NICE, 2020), while these figures indicate that SARS-CoV and MERS-CoV have higher fatality rates than the current COVID-19, the problem remains that COVID-19 has shown itself to be far more contagious.

Based on the statistics available at the time of writing this paper (WHO, 2020a, b), which are consistent with data from numerous other sources, the global number of confirmed COVID-19 cases stands at about 59 million, with the number of deaths at 1.3 million, which is why the virus has thrown the globalised world into a state of total panic and confusion (Hill, 2020). The known symptoms of COVID-19 vary among individuals. They include, but are not limited to, cold, cough, rough throat and headache — as well as mild, moderate and high respiratory difficulties (Rothan and Byrareddy, 2020). As the data largely suggests, those that are most likely to die from the virus are older people and individuals with underlying health conditions, such as cancer and diabetes mellitus, as well as chronic respiratory and cardiovascular diseases (Hill, 2020). With no vaccine yet in place to offer protection against the ravaging virus, the only viable option has been to slow down the spread by following sets of guidelines recommended by WHO (2020a, b). Given that the virus is largely transmitted through droplets from the mouth and nose (coughing, sneezing, etc.), WHO's (2020a, b) guide compels people to maintain (among other measures) social distancing (of at least two metres) and observe respiratory etiquette (such as coughing into a tissue or flexed elbow). To limit the spread, individuals with common mild symptoms are advised to self-isolate (i.e. stay at home) for seven or fourteen days if they have a body temperature of more than 37.8% (NICE, 2020). As the virus spreads across the globe, many countries have locked down schools, universities, sports events, public movement and businesses. This has further increased anxiety and fear (Zhang *et al.*, 2020). As businesses in particular have been affected by COVID-19, there has been a rise in the stress level of employees, whose concerns include (among others) job insecurity, layoffs, delayed payment and health risks (Hill, 2020).

Managing stress during COVID-19: a compassionate managerial leadership perspective

The concept of leadership has matured over many decades, yet it remains a complex phenomenon in practice. This is due to a number of challenges that may stem from the situation, the followership and the leadership characteristic. For leaders to be effective in their roles and manage the followership, they need to be able to understand the ever-changing situation on the ground (Clark and Harrison, 2018). The extant literature has captured the potentials and limitations of different leadership styles, such as authentic, pain management, transformational, transactional, responsible and inclusive leadership, among others (Gallagher, 2020; Mehta *et al.*, 2020). But it is essentially the situation that determines the leadership direction (Clark and Harrison, 2018). Effective management and leadership that incorporates compassion is ever-crucial in responding to employees' concerns, particularly in extreme situations (Gilbert, 2009) such as the COVID-19 pandemic (Rothan and Byrareddy, 2020), hence the proposition of a compassionate managerial leadership in this study.

First Delbecq's (1965) notion that effective management does not manifest in the absence of leadership, which explains why it is almost impossible to separate managership and leadership functions. While managers organise, direct, coordinate, execute and control organisational strategic directions, leaders influence and inspire followers with confidence, vision, trust and motivation, as well as driving their cooperation and discretionary effort, which are crucial in driving organisational success and long-term sustainability (Steers *et al.*, 2012). Thus, managers are considered missionaries whose focus is on the achievement of a set target, whereas leaders are considered to be visionaries with a focus on roles. Consequently,

managers think within the box of management, whereas leaders think outside of the box and live for tomorrow through building new relationships and structures (Khan *et al.*, 2015). All of these variables find expression in Drucker's (2006) contention that managership "does things right" while leadership "does the right thing"; hence, organisations need to strike the right balance between management and leadership — managerial leadership — to survive the ever-challenging business environment (Steers *et al.*, 2012). Thus, as managerial leadership combines the skills of a manager with the qualities of a leader, this elicits discretionary behaviour of followers, because it is the manager's leadership characteristics that make all the difference with regards to inspiring effective task performance, organisational effectiveness and human satisfaction (Martin and Heineberg, 2017).

However, a managerial leadership that is devoid of compassion for its followers may not be effective enough. This is particularly true in extreme situations (Hewison *et al.*, 2018) such as the COVID-19 pandemic, where employees tend to be more stressed than in normal situations due to extreme fears concerning health risks and job security, among other things (Hill, 2020). Understood to be an over-arching value, the concept of compassion (in the context of management and leadership) goes beyond sentimental pity for an individual and extends to carrying out empathetic actions that are aimed at relieving or reducing other people's suffering (Peticca-Harris, 2019). According to Wasylyshyn and Masterpasqua (2018), compassion embodies a range of variables that may include, but are not limited to, empathy, benevolence, care, understanding, support and concern for others. All of these are considered critical in both management and leadership practice, and they are therefore a key value for managerial leadership in times of crisis (Martin and Heineberg, 2017). A compassionate managerial leadership thus entails acts of love, care and selflessness that give meaning and purpose of existence to followers within the wider organisational context. For Gilbert (2009), being compassionate in the practice of managing and leading is all about creating an enabling environment and organisational culture in which providing support and helping to alleviate followers' suffering is not only acceptable but also normalised. Therefore, a managerial leadership that embodies compassionate characteristics will more than likely not only encourage employees to voice their concerns but also provide them with timely support in dealing with such concerns (Taylor *et al.*, 2011). Employees are in dire need of management leadership that is compassionate in style, to help them manage the rising stress level (Kelly *et al.*, 2017). This is particularly true in the current global COVID-19 pandemic, which is disrupting human lives both personally and, in the workforce, especially in developing economies such as that of Nigeria (Effiong *et al.*, 2020).

Study context: Nigeria's employment terrain

Often referred to as the most populous black nation in the African continent, Nigeria is best described as a collectivist society, with a population of over 190 million, comprised of about 251 ethnicities (National Population Commission of Nigeria [NPCN], 2017). Nigeria is endowed with huge crude oil reserves, as well as other natural resources; however, the vast majority of the people live in abject poverty and lack basic essentials, a situation which has generally been blamed on poor leadership and management of the country's affairs at all levels (Uchenwamgbe, 2013). This absence of effective management and leadership is also reflected in the country's employment sector, where employees lack governmental protection against unfair workplace practices and stressors, including exploitation, work overload and poor work conditions. These are exacerbated by rising unemployment, economic hardship and the concomitant stress caused to employees (Oshagbemi, 2017).

The employment issue in Nigeria is not unconnected to the dominance of the petroleum sector and the neglect of other sectors by successive governments. Besides the all-powerful petroleum sector, the banking, manufacturing and health sectors (involved in this study) also

play key roles in Nigeria's economic outlook. According to [Yange et al. \(2016\)](#), the manufacturing sector has remained stagnant and underdeveloped due to weak infrastructure, political instability, unneeded bureaucracy and corruption. [Oruh and Dibia \(2020\)](#) noted that the sector largely employs unskilled, low-skilled and untrained workers because the operators are less interested in training (or investing in skilled) workers. Despite these limitations, [Yange et al. \(2016\)](#) observed that employees are stretched beyond normal working hours in order to meet the unrealistic targets set by the management, which creates stress for the workforce. Similarly, the banking sector has also continued to endure a lot of challenges over many years ([Ajayi, 2018](#)). Following the liquidation of several banks in the 1990s, the Central Bank of Nigeria (CBN) took drastic measures to reposition the sector ([Ajayi, 2018](#)). This included a mandatory requirement for all banks to increase their minimum capital reserve from 2 to 25 billion Naira. This resulted in mergers and acquisitions, thereby reducing the number of banks from 89 to 23 ([CBN, 2019](#)). Though a welcome development, the reform also precipitated massive worker retrenchment, as well as aggressive work policies and other unethical practices that employees have to endure. These include, among others, work overload, long work hours, lack of quality training, absence of employee representation and engagement and enforcement of "no work-no pay" policies, which can make work very stressful for employees ([Ajayi, 2018](#)). The healthcare sector (which includes private, public and government hospitals) is regulated by the Nigerian Medical and Dental Council. However, it is not immune from the same poor work conditions that affect the banking and manufacturing sectors ([Oruh and Dibia, 2020](#)), causing medical professionals to migrate abroad for better career prospects ([Mushfiqur et al., 2018](#)). It is therefore undeniable that the Nigerian work environment is already stressful for employees. In the current COVID-19 pandemic, it is becoming even more stressful ([Effiong et al., 2020](#)). The sectors must therefore devise effective strategies for responding to employee stress, and central to such strategies is a compassionate managerial leadership.

As [Figure 1](#) demonstrates, an extreme situation (such as COVID-19) requires a combination of management and leadership, whereby managers should manage organisational strategic goals with compassion towards followers as well as lead compassionately through being flexible, engaging, understanding, caring, inspiring, supportive and motivating ([Wasylyshyn and Masterpasqua, 2018](#)). By practicing compassion, a managerial leadership can be effectively responsive to employee concerns ([O'Dea and Flin, 2003](#)) about job security, health risks, work overload, underpayment and delayed payment, which are considered to be some of the key stressors common among employees in the current COVID-19 situation ([WHO, 2020a, b](#); [Zhang et al., 2020](#)).

Methodology

This study adopts the qualitative-interpretive methodology and epistemology of social constructionism. This, according to [Saunders et al. \(2012\)](#), enables researchers to gather and interpret raw data from people's lived experiences, which is germane to gaining nuanced understanding of the research phenomenon ([Patton, 2015](#)).

Data collection

The study relies on subjective judgement and a (non-probabilistic) purposive sample in recruiting a total of 30 respondents. The choice of a purposive sampling is informed by [Creswell's \(2013\)](#) contention, which assumes that qualitative researchers should be knowledgeable about their intended sample size and target samples. Using [Saunders et al.'s \(2012\)](#) guide, the researchers relied on referrals (from gatekeepers) and personal contacts to solicit respondents. The respondents were 30 managerial and non-managerial

employees working in the banking, manufacturing and healthcare sectors. The banking and manufacturing firms involved were located in Abuja, Lagos and Port-Harcourt, three major Nigerian commercial cities. In total, 10 respondents (33.3%) worked in banks based in Abuja, Lagos and Port-Harcourt, 11 (37.5%) in the manufacturing firms and nine (29.17%), from the healthcare sector, worked in two COVID-19 response centres in Lagos and Abuja. The sample is comprised of both genders. Respondents in the banks held different positions, including one middle line manager, a brand manager, an IT support technician, two sales officer and five floor cashiers. Respondents from the manufacturing firms included two operational managers, a branch manager, two sales managers and six ordinary employees. The nine respondents from the COVID-19 centres are all front-line healthcare supporters who were available and willing to offer their opinions, which were relevant to the study.

In line with [Patton's \(2015\)](#) guidelines for ensuring confidentiality, respondents were given pseudonyms: "Respondent 1–30". Respondent eligibility was based on set criteria, which include a minimum of one year's employment with the firms and an age range between 20–50 years. Prior consent was obtained from respondents and their organisations before the semi-structured interview was conducted, which lasted between 35–50 min. Instead of face-to-face interviews, the telephone technique was chosen, which, according to [Farooq and De Villiers \(2017\)](#), comes with inherent limitations, including inability of the interviewer to observe the body language and behaviour of the interviewees. On a few occasions, the interview sessions were abruptly terminated due to network glitches, forcing the researcher to call back the respondents later. If effectively managed, however, the telephone technique is cost effective and can be conducted remotely and quickly, helping to generate data of a similar quality to the face-to-face approach ([Novick, 2008](#)) while also fulfilling the COVID-19 requirements for social distancing ([WHO, 2020a, b](#)).

The interview adopted an open-ended questioning approach, which can enhance flexibility of discussion between interviewer and interviewee, in order to effectively explore, capture and contextualise the respondents' opinions in the findings ([Saunders et al., 2012](#)). Indicative questions covered in the interviews included, but were not limited to: what stress entails, common workplace stressors in normal circumstances and in the COVID-19 situation, the current coping mechanisms in both situations, and how employers can best manage and reduce stress among employees in the current situation. Following 24 interviews, the researchers concluded that the saturation point had been attained, but they went ahead with the last six interviews in order to ensure that there was no further information that could alter the study's findings. According to [Glaser and Strauss \(1967, p. 61\)](#), "saturation means that no additional data are being found whereby the sociologist can develop properties of the category".

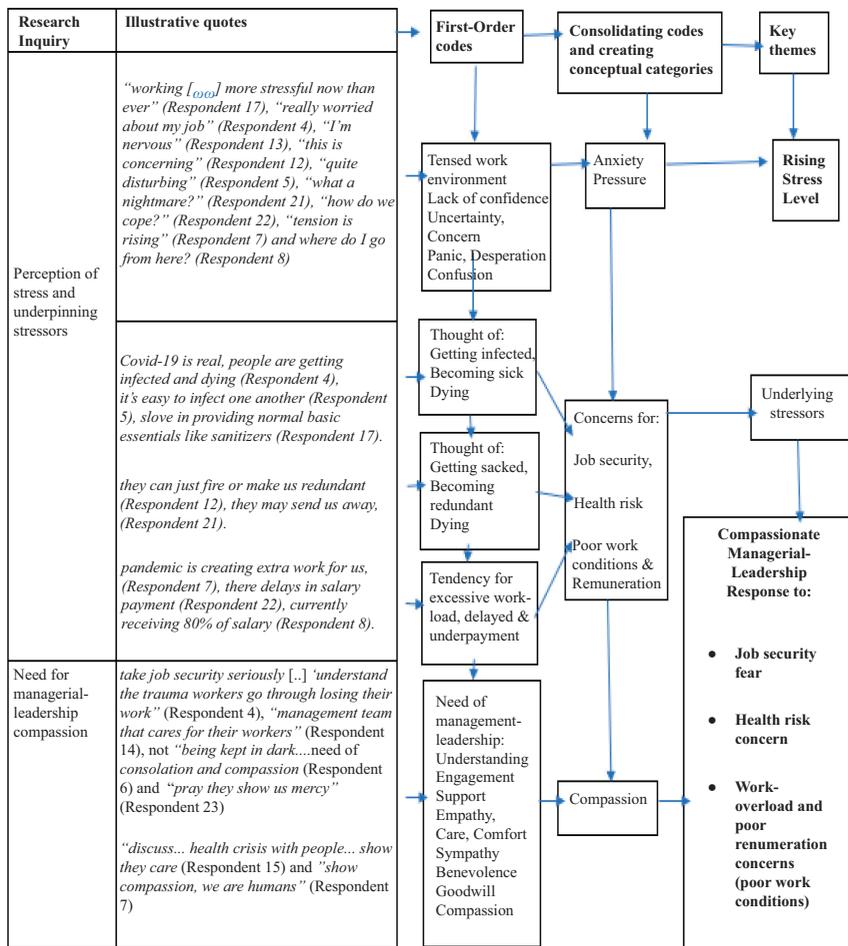
Data analysis

Following the interviews, data were manually transcribed and thematically analysed by iteratively moving back and forth between the datasets using TAP, a crucial analytical tool used for identifying, analysing and reporting patterns of themes in a qualitative study ([Braun and Clarke, 2006](#)). The process was operationalised via three key phases, following [Pratt et al.'s \(2006\)](#) pattern. The first step involved the use of first-order code to create a tentative category. This allowed the researchers to proceed with data reduction, open coding, textual content analysis and creation of terms that allegorically portray the salient, summative and essence-capturing features of the data, which directly respond to the study's enquiry ([Saunders et al., 2012](#)) (see [Figure 1](#) below).

Following [Miles and Huberman's \(1994\)](#) approach to qualitative analysis, the researchers recorded provisional categories that were established in data excerpts at every stage, using the contact summary sheet. For instance, some data excerpts were noted to relate to one of the

study's key questions, which was: "what does stress entail working in the current COVID-19 pandemic situation?" In response to the question, the researchers took note of provisional explanations within the data excerpts which suggest that employees not only have clear understanding of what stress entails, but are also currently experiencing high levels of stress. Using the same approach on the "what respondents view as the common workplace stressors in the current situation" question, the provisional responses suggest that employees are highly stressed due to fear surrounding job security, health risks and poor working conditions; they are therefore in desperate need of compassion and relief. (see Figure 1: illustrative phrases). The researchers proceeded with naming codes and constructing categories, which was followed by painstakingly reviewing the dataset to ensure that all essential notes, accounts and excerpts were appropriately aligned with their various categories.

In the second step, the researchers created "theoretical" categories through the consolidation of the "first-order codes" (Pratt et al., 2006, p. 240) that stemmed from the



Source(s): Researchers' findings (2020)

Figure 1. Qualitative procedure of data analysis

dataset based on the respondents' thoughts about what employers can do in response to the stressors that have been identified. The needs for reassurance, compassion, understanding, sympathy and empathy, among others, were largely suggested.

The third step involved consolidating the study's conceptual categories so as to establish a theoretical account for the reason behind the issue of enquiry. Subsequently, key themes emerged, indicating that the employees' perception of rising work pressure — due to the COVID-19 pandemic environment — would require organisational management to adopt a compassionate management-leadership mechanism in order to help reduce employee stress levels. The researchers nevertheless continued to cross-compare and validate conceptual categories until an agreement was reached on the final themes informed by the dataset (Braun and Clark, 2006). The themes are presented next.

Findings

Rising stress level – consequence of COVID-19-related stressors. Respondents generally acknowledged the worrying outbreak of the COVID-19 pandemic, which has taken the world by storm (WHO, 2020a, b). They also reported on the rising level of stress this phenomenon is creating among employees (Zhang *et al.*, 2020), particularly in the Nigerian work terrain, which has a history of undermining employee wellbeing (Otobo, 2016; Oshagbemi, 2017). Broadly, they expressed concerns regarding the tendency for their employers to capitalise on the pandemic chaos to deny them “assurance for job security”, “expose them to potential health risks” and subject them to “unfair work conditions”, all of which can increase their stress levels. As some respondents noted: “I'm really worried about my job” (Respondent 4), “they may send us away” (Respondent 20), “I foresee redundancy anytime” (Respondent 29) and “they can just fire or make us redundant without pay, what a nightmare.” (Respondent 12).

Beyond job security concerns, most respondents worried about their health and the risk of getting infected. This is particularly due to the Nigeria work environment, which often does not adequately carry out effective risk assessment or follow safety procedures (Otobo, 2016) such as the requirement of social distancing to prevent spread of the virus (WHO, 2020a, b); on the contrary, workplaces are largely over-congested. Some managers used optimistic tones, indicating that: “these are still early days, the company is taking necessary steps to respond to the occasion” (Respondent 1), “our management team are working around the clock to address everybody's concerns” (Respondent 25) and that “supply for relevant protective kits are underway” (Respondent 28). However, one front-line health worker countered, “I had to buy my own masks from private dealers, because the ones they provide us here are believed to be substandard” (Respondent 21). Similar opinions are expressed in the following excerpts:

We are squeezed together in this small office, it's easy to infect one another, quite disturbing (Respondent 5).

They have been slow in providing normal basic essentials like sanitizers, I'm nervous. (Respondent 13).

Mask and hand gloves should be accessible to all employees, but this is not the case. Working is more stressful now than ever (Respondent 17).

Respondents further expressed worry that they may be exploited by their management, who may capitalise on the chaotic nature of the pandemic to over-labour, underpay or delay their payment. Some of the extracts that exemplify this mood include:

Nobody really knows what to expect here, this time is precarious (Respondent 18).

We report to the office at normal hours and still take home one task or another. Tension is rising. (Respondent 7).

It is rumoured there may be delays in salary payment in coming months. How do we cope? (Respondent 22).

I'm currently receiving 80% of my already low salary. Where do I go from here? (Respondent 8.)

The message that can be gleaned from the foregoing clusters, which is consistent with the literature, is that the economic, health and safety and social implications of COVID-19 can be phenomenal and unprecedented (Hill, 2020). Employees fear that some businesses may capitalise on the pandemic to pursue work policies and practices that are generally stressful and detrimental to their wellbeing. Short statements such as “working . . . more stressful now than ever” (Respondent 17), “really worried about my job” (Respondent 4), “I’m nervous” (Respondent 13), “this is concerning” (Respondent 12), “quite disturbing” (Respondent 5), “what a nightmare!” (Respondent 21), “how do we cope?” (Respondent 22), “tension is rising” (Respondent 7) and “where do I go from here?” (Respondent 8) are semantics indicating rising stress caused by the pandemic. With management-leadership compassion (Peticca-Harris, 2019), these stressors could be effectively addressed and minimised.

A compassionate response to employees’ fear of job security and health risks

Unlike the developed economies — such as those of the European Union (EU), UK and the US — where effective and friendly labour policies exist for managing issues relating to job security and health risks at work (Randma-Liiv and Savi, 2016; Richardson, 2017), Nigeria is yet to demonstrate genuine commitment to implementing policies that will protect employees’ wellbeing (Otobo, 2016). This is particularly true in the current COVID-19 crisis. Nigerian employers are often referenced for their managerialist employment relations practices and incessive dismissal of employees at will (Oruh *et al.*, 2019). Hence, due to the disruptive nature of the pandemic, it is far easier for employees to get sacked — and without any recourse to legal redress. As Respondent 3 advised, “*with hard work and obedience, management will certainly support workers within their humanely possible means*”, and for Respondent 26, “*it is essentially how well workers conduct themselves at this time that will determine how firms respond*”. Thus, employees are at the mercy of employers and can only hope that they show a little compassion to their plights. According to one respondent, “*in a normal world, employers take job security seriously, because they understand the trauma workers go through losing their work*” (Respondent 4). Similar emotive viewpoints are reflected in the quotes below:

I have children, wife and aging mother who depend on me to survive, and the way things are going, my job is not guaranteed. If only we had management team that cares for their workers, there may be some sort of hope. (Respondent 14)

How do I feed my family if I lose my work? How can I find another job in this critical time? They do not engage us about our job safety, we only hear from grapevine. They may just fire us overnight. I just pray they show us mercy. (Respondent 23)

The crisis is not going away any soon, so, it is likely they make us redundant. A colleague was made redundant last year without any supporting package. It may happen to us too. Rather than being kept in dark, we need consolation and compassion at this point. (Respondent 6)

In addition to job security concerns, respondents also expressed worry over health risks associated with COVID-19 infection. In countering this concern, some managerial respondents responded that “*we have always lived with viruses, so we need not over-hype the situation*” (Respondent 30) and “*you cannot stop working to escape virus infection, hunger can also kill*” (Respondent 27). Nevertheless, the majority of respondents believe that firms could do much better.

Everyone is at risk of contracting COVID-19. The company is yet to see any urgency in protecting workers. Truly, COVID-19 is a big challenge for businesses, but employees' safety should be paramount for managers. Least they could do is discuss this health crisis with people to show they care. (Respondent 15)

Constant hand washing is central to WHO's guideline for preventing infection and spread of the virus. We do not even have enough sanitizers. Business should be managed the same way as workers' feeling and wellbeing. They need to show some compassion, we are humans. (Respondent 7)

This is a highly contagious disease, which requires some degree of social distancing, but our office is too small to really observe this. I'm scared, they are not conducting any form of test to reassure people. I believe they need to be more sympathetic and humane. (Respondent 16)

As a front-line worker who supports COVID patients, you require safety kits, but there is severe shortage in this centre, some of us are using makeshift and substandard ones. Some patients admitted here since many days are yet to get tested, to know their fate. It is difficult to manage the situation; moral support is missing here. (Respondent 23)

As COVID-19 turbulence deepens across the Nigerian workplace and the imminent prospect of redundancy looms large, employees wish that their employers could at least show some element of leadership compassion in addressing and managing their fears. For instance, short statements such as *"take job security seriously . . . understand the trauma workers go through losing their work"* (Respondent 4), *"management team that cares for their workers"* (Respondent 14), not *"being kept in dark . . . need of consolation and compassion"* (Respondent 6) and *"pray they show us mercy"* (Respondent 23) suggest ways in which employees believe that the management-leadership team could show compassion and reduce their stress that is caused by fears related to job insecurity. Similarly, *"discuss . . . health crisis with people . . . show they care"* (Respondent 15) and *"show compassion, we are humans"* (Respondent 7) are some of the short statements indicating how respondents believe that a compassionate managerial leadership approach could help reduce employee stress arising from fears relating to health risks.

A compassionate response to employees' concerns about poor work conditions

According to the extant literature, work overload, underpayment and delayed payment (among other features of poor working conditions) are some of the common stressors identified among employees in workplaces (Oruh and Dibia, 2020). With the chaotic, destabilising and extremely demanding nature of the COVID-19 pandemic (Zhang *et al.*, 2020), the likelihood is that stress among employees will only intensify as employers pursue draconian measures to stay afloat. One of the managers in the manufacturing firms expressed frustration that *"some employees are only complaining about everything regarding work process rather than being patriotic in this challenging time"* (Respondent 14). Another manager admitted that *"the bank is really struggling to cope with the unusually increased number of customers visiting the site for help, but by any means, we have to continue supporting them"* (Respondent 39), which comes at employees' expense by subjecting them to an increased workload (Oruh and Dibia, 2020). The majority of respondents expressed concerns over perceived exploitation by their managers amidst the pandemic crisis. From the context of work overload, some respondents noted that:

My work-load nearly doubled since this crisis. I report to work every day and also work at home including on weekends. My boss believe we need to be proactive in covering many ground – in case we have to close down. I wish he could be more considerate; we are really stressed up. (Respondent 17)

Working in healthcare can be demanding, but supporting patients in the COVID-19 centre is extremely demanding and stressful. The processes of coming and leaving alone are just too strenuous. At the end of the day, they still want you to start cleaning up. The managers behave as though they have no human feelings. (Respondent 24)

In addition to work overload, respondents also perceive that they are being underpaid and, in some cases, they endure delayed payment. This is a bit cruel, especially considering the enormous increase in the amount and level of work which employees have to carry out in the face of the pandemic. In an attempt to play down such a contention, one of the manufacturing firm's managers quipped that *"unlike other firms, we are still paying employees a good percentage of their wages despite the fracturing condition facing the company"* (Respondent 10), which is a way of saying that employees should appreciate that the company is at least making some effort (Oruh *et al.*, 2018). However, for the majority of employees, this excuse does not suffice. Some of the quotes that exemplify this viewpoint include:

They reduce my pay by almost 20% first before notifying me. That is unethical. It shows you are not being valued. Where's the goodwill or support? (Respondent 8)

It took weeks before I receive my salary last month. It makes you feel like a nobody. They treat you like a beggar. Should they not be more sympathetic to our conditions — especially in a distressed moment like this? (Respondent 13).

Nobody is happy with the current work arrangements and incomplete or delayed wages, but better engagement and more compassion will reduce the stress this have on employees (Respondent 21).

Just as employees fear the possibility of losing their jobs due to COVID-19, so too do they express concerns that they are being exploited because of the crisis. This is both in terms of poor work conditions and low remuneration, which are some of the notable challenges employees face during the process of radical change (Al-Hazmi, 2016). As respondents submitted, while it is understandable that the COVID-19 situation requires an exceptional response in order to achieve organisational strategic goals, they also feel that the management and leadership team need to demonstrate compassion towards them by addressing concerns about work overload, underpayment and delayed payment, which can cause them stress (Oruh and Dibia, 2020). Short statements such as *"my work-load nearly doubled since this crisis. . . I wish he could be more considerate"* (Respondent 17) and *"extremely demanding and stressful . . . [show some] human feelings"* (Respondent 24) are some of the terms used by respondents to demonstrate how a compassionate approach to managerial leadership could be applied by their management to respond to employees' concerns (Peticca-Harris, 2019) over poor work conditions. Similarly, *"they reduce my pay by almost 20% first before notifying me. . . where's the goodwill?"* (Respondent 8), *"it took weeks before I receive my salary last month, should they not be more sympathetic to our conditions?"* (Respondent 13) and *"better engagement and more compassion will reduce the stress"* (Respondent 21) are some of the statements used by respondents to express how their organisations could apply a compassionate management-leadership model in responding to their concerns (Wasylyshyn and Masterpasqua, 2018) regarding underpayment and delayed payment, which would help to reduce their stress levels.

Discussion and conclusion

This study proposed that a compassionate managerial leadership approach can be adopted by organisations in an extreme situation — such as the current global COVID-19 pandemic — to respond to workplace stressors and crucially reduce stress levels among employees. Employee stress has been studied globally, examining the aspects of definitions, stressors, strains (Kihara and Mugambi, 2018), possible interventions and coping strategies, among

other aspects which aid the process of developing the concept further (Yange *et al.*, 2016; Seaward, 2019). However, there is a dearth of scholarship on how employee stress can be managed via management-leadership compassion in an extreme situation such as the current COVID-19 pandemic, which can cause extreme degrees of chaos and uncertainty as well as unprecedented demands in terms of both the existing workload and new procedures for managing health risks (WHO, 2020a, b). Focussing on Nigeria (the context), the study involves the banking, manufacturing and health sectors, which have a history of work-related stressors (exploitation, work environments uncondusive to productivity, work overload), employee stress (Oruh and Dibia, 2020) and absence/inadequacy of effective management-leadership, which is crucial in responding to this stressful situation (Oshagbemi, 2017). In doing so, the study has (hopefully) made important empirical and theoretical contributions.

In the empirical context, the study demonstrates that employees' stress levels (caused by a managerialist employment relations practice [Oruh *et al.*, 2019]) can be exacerbated in extreme situations, such as the COVID-19 pandemic (WHO, 2020a, b). Data analysis points to a range of factors that are known to intensify stress levels among employees in extreme situations. In the first instance, employees (such as Respondents 4, 12, 21) expressed concerns over the security of their job, as employers may capitalise on the economic, health, social and safety implications of the pandemic to terminate their employment without due compensation and support. This presents a major stress factor. Secondly, due to the highly contagious, life-threatening nature of COVID-19 and the routinely poor attitude to healthcare in Nigerian workplaces (Oshagbemi, 2017), employees (such as Respondents 5, 13, 17) expressed fear over health risks. This was heightened due to the fact that the work environment features weak employment relations policies, poor regulatory systems and a desire to cut costs at the expense of effective risk assessment procedures, all of which result in the health, safety and wellbeing of employees being relegated to the back burner (Otobo, 2016). Thirdly, respondents worry that their employers may also capitalise on the chaotic, unprecedented and highly demanding nature of the COVID-19 situation to subject them to unfair work conditions, including work overload (Respondent 7), underpayment (Respondent 19) and delayed payment (Respondent 22), all of which can increase their stress levels (Zhang *et al.*, 2020).

In terms of the theoretical contribution, the study conceptualised a compassionate managerial leadership and proposed that such a mechanism could be deployed in an extreme situation, such as the current global COVID-19 pandemic (WHO, 2020a, b), to respond to key employee stressors (see Figure 1). In this direction, the study found that a compassionate managerial leadership mechanism can drive a compassionate response to employees' "fear of job (in)security", "fear of healthcare risks" and concerns surrounding "work overload, underpayment and delayed payment", which respondents considered to be some of the key workplace stressors for employees in the current crisis. Short statements such as "*work-load nearly doubled since this crisis . . . he could be more considerate*" (Respondent 17) and "*[show some] human feelings*" (Respondent 24) show employees' need for a compassionate response to work overload. Similarly, "*they reduce my pay by almost 20% first before notifying me . . . where's the goodwill?*" (Respondent 8) and "*it took weeks before I receive my salary last month, should they not be more sympathetic to our conditions?*" (Respondent 13) are some of the statements used by respondents to indicate how a compassionate approach to managerial leadership could help to address employee stressors relating to underpayment and delayed payment. According to Seaward (2019), stress is widespread in the contemporary workplace, but the degree and level can be exacerbated in an extreme situation, which can pose significant risks to employee health (WHO, 2020a, b) as well as impact negatively on organisational long-term sustainability (Zhang *et al.*, 2020). Hence, while organisations pursue strategic ends to survive in a turbulent situation such as COVID-19, they must also be

compassionate in their management-leadership role by engaging with employees, supporting and caring for them and showing them empathy, compassion and understanding of their plight at this challenging time (Gallagher, 2020). This can make all the difference in alleviating stress (Gilbert, 2009; Foster, 2017).

Recommendations, limitations and future research

According to Aderibigbe and Mjoli (2018), employee stress literature has matured over time, capturing the negative implications the concept presents for employees, organisations and wider communities. For employees, stress contributes to ill health and absenteeism, which results in low productivity and in turn, poor organisational performance. In addition, stressed employees often return home tense, leading to family disputes and other challenges, which often escalate across the society at large (Osibanjo *et al.*, 2016). Furthermore, in an extreme situation such as the current COVID-19 pandemic, stress levels tend to intensify among employees. Therefore, a more radical measure against related stressors needs to be appropriated to minimise the overall implications (Zhang *et al.*, 2020; Effiong *et al.*, 2020). Among the key stressors highlighted in the dataset are concerns over job security, health risks and poor work conditions (including work overload, underpayment and delayed payment). Although these challenges are difficult to eliminate entirely — particularly in an extreme pandemic situation — they could nevertheless be managed in a significantly better way with a compassionate approach to managerial leadership (Peticca-Harris, 2019). In order to respond to these stressors, the senior management executives (including the HR office) and fair employee relations enforcers in the Nigerian banking, manufacturing and healthcare sectors would be required to implement more effective regulatory and supervisory schemes, which would help promote a culture of compassion that is crucial in leading and managing employees in stressful and turbulent situations (Wasylyshyn and Masterpasqua, 2018). This would involve a compassionate approach to managerial leadership which pursues organisational strategic goals yet at the same time recognises the ultimate need to care for, engage with and support employees, as well as show them understanding, empathy and concern through strategising effective schemes to addressing their fears (the stressors) (O'Dea and Flin, 2003).

In this context, one programme that fits the policy description is the Australian “Champion of Change” initiative (Taylor *et al.*, 2011), which could be adopted across the three sectors to promote an inclusive work environment where the concerns of all employees are effectively taken into account. For example, employees’ fear of health risks could be minimised when they see that employers are prompt to provide protective kits (such as sanitisers, face masks and hand gloves) and implement social distancing procedures (WHO, 2020a, b). Likewise, fears over job security and concerns regarding poor work conditions could be reduced if employers would engage with employees to discuss these issues and possible ways of finding solutions (Peticca-Harris, 2019). Thus, such schemes should centre on a mandatory requirement for employers to protect employees to a reasonable degree against all kinds of health risks, unfair job loss and poor work conditions (including, but not limited to, work overload, underpayment and delayed payment) (Oruh *et al.*, 2018), stressors that are rampant among employees in extreme situations like COVID-19.

Although the study has made an important contribution by exploring the relationship between managerial leadership styles and organisations’ ability to manage employee stress during the COVID-19 crisis, it is also limited by a number of factors. We used 30 samples from organisations operating in three Nigerian cities and sectors. Future studies may involve more Nigerian cities, sectors and samples. It may also possibly include quantitative analysis to allow generalisation of findings.

References

- Aderibigbe, J.K. and Mjoli, T.Q. (2018), "Occupational stress as a correlate of organisational citizenship behaviour and psychological capital among graduate employees in Nigeria", *European Review of Applied Sociology*, Vol. 11 No. 16, pp. 51-62.
- Ajayi, S. (2018), "Effect of stress on employee performance and job satisfaction: a case study of Nigerian banking industry", *SSRN Electronic Journal*. doi: [10.2139/ssrn.3160620](https://doi.org/10.2139/ssrn.3160620).
- Al-Hazmi, A. (2016), "Challenges presented by MERS corona virus, and SARS corona virus to global health", *Saudi Journal of Biological Sciences*, Vol. 23 No. 4, pp. 507-511.
- American Psychological Association (2010), *Stress in America Findings*, American Psychological Association, Washington, DC.
- Braun, V. and Clarke, V. (2006), "Using thematic analysis in psychology", *Qualitative Research in Psychology*, Vol. 3 No. 2, pp. 77-101.
- Central Bank of Nigeria (2019), "Supervision", available at: <https://www.cbn.gov.ng/Supervision/Inst-DM.asp> (accessed 6 July 2019).
- Clark, C. and Harrison, C. (2018), "Leadership: the complexities and state of the field", *European Business Review*, Vol. 30 No. 5, pp. 514-528, doi: [10.1108/EBR-07-2017-0139](https://doi.org/10.1108/EBR-07-2017-0139).
- Creswell, J.W. (2013), *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*, Sage Publications, London.
- de Wit, E., van Doremalen, N., Falzarano, D. and Munster, V.J. (2016), "SARS and MERS: recent insights into emerging coronaviruses", *Nature Reviews Microbiology*, Vol. 14 No. 8, pp. 523-534.
- Delbecq, A.L. (1965), "Managerial leadership styles in problem-solving conferences II", *Academy of Management Journal*, Vol. 8 No. 1, pp. 32-43.
- Drucker, P.F. (2006), *Classic Drucker: Essential Wisdom of Peter Drucker from the Pages of Harvard Business Review*, Harvard Business Press, Harvard.
- Dymecka, J., Gerymski, R. and Machnik-Czerwik, A. (2020), "How does stress affect our life satisfaction during COVID-19 pandemic? Moderated mediation analysis of sense of coherence and fear of coronavirus", *Mental Health*, pp. 1-19, doi: [10.1080/13548506.2021.1906436](https://doi.org/10.1080/13548506.2021.1906436).
- Effiong, A.I., Nseobot, I.R., Johnny, A.E., Frank, E.I., Abere, O.J., Essien, M.O. and Ukpung, E.S. (2020), "Assessment of Nigerian television authority (NTA) ongoing programme awareness campaigns on corona virus in Nigeria", *Electronic Research Journal of Social Sciences and Humanities*, Vol. 2 No. 1, pp. 2706-8242.
- European Agency for Safety and Health at Work (2009), *OSH in Figures: Stress at Work—Facts and Figures*, European Communities, Luxembourg.
- Farooq, M.B. and De Villiers, C. (2017), "Telephonic Qualitative Research Interviews, when to consider them and how to do them", *Meditari Accountancy Research*, Vol. 25 No. 2, pp. 291-316.
- Field, C.B., Barros, V., Stocker, T.F. and Dahe, Q. (Eds) (2012), *Managing the Risks of Extreme Events and Disasters to Advance Climate Change Adaptation: Special Report of the Intergovernmental Panel on Climate Change*, Cambridge University Press, Cambridge.
- Foster, S. (2017), "Compassionate leadership counts", *British Journal of Nursing*, Vol. 26 No. 12, p. 715.
- Friedman, M.J. (2006), "Posttraumatic stress disorder among military returnees from Afghanistan and Iraq", *American Journal of Psychiatry*, Vol. 163 No. 4, pp. 586-593.
- Gallagher, R.M. (2020), "Our health is the public's health: pain management leadership in the COVID-19 pandemic", *Pain Medicine*, Vol. 21 No. 7, pp. 1324-1327.
- Gilbert, P. (2009), *The Compassionate Mind: A New Approach to Life's Challenges*, Constable Robinson, London.
- Glaser, B.G. and Strauss, A.L. (2017), *The Discovery of Grounded Theory: Strategies for Qualitative Research*, Aldine, Chicago.

- Greenberg, N., Docherty, M., Gnanapragasam, S. and Wessely, S. (2020), "Managing mental health challenges faced by healthcare workers during Covid-19 pandemic", *BMJ*, Vol. 368, pp. 2-4.
- Hewison, A., Sawbridge, Y., Cragg, R., Rogers, L., Lehmann, S. and Rook, J. (2018), "Leading with compassion in health care organizations: the development of a compassion recognition scheme-evaluation and analysis", *Journal of Health Organization and Management*, Vol. 32 No. 2, pp. 338-354.
- Hill, B. (2020), "Coronavirus: origins, signs, prevention and management of the patients", *British Journal of Nursing*, Vol. 29 No. 7, pp. 399-402.
- HSE (2019), "Tackling work-related stress using the management standards approach: a step-by-step workbook (WBK01)", available at: <https://www.hse.gov.uk/pubns/wbk01.pdf> (accessed 6 September 2019).
- Jensen, P.R. and Wrisberg, C.A. (2014), "Performance under acute stress: a qualitative study of soldiers' experiences of hand-to-hand combat", *International Journal of Stress Management*, Vol. 21 No. 4, pp. 406-423.
- Kelly, L.A., Baker, M.E. and Horton, K.L. (2017), "Code Compassion: a caring fatigue reduction intervention", *Nursing Management*, Vol. 48 No. 5, pp. 18-22.
- Khan, M.L., Langove, N., Shah, F.A. and Javid, M.U. (2015), "The modes of conflicts and managerial leadership styles of managers", *Global Business and Management Research*, Vol. 1 No. 2, pp. 44-54.
- Kihara, L.N. and Mugambi, H. (2018), "Effect of stress management strategies on employees' performance in the public service", *The Strategic Journal of Business and Change Management*, Vol. 5 No. 2, pp. 2383-2405.
- Lu, H., Stratton, C.W. and Tang, Y.W. (2020), "Outbreak of pneumonia of unknown etiology in Wuhan, China: the mystery and the miracle", *Journal of Medical Virology*, Vol. 92 No. 4, pp. 401-402, doi: [10.1002/jmv.25678](https://doi.org/10.1002/jmv.25678).
- Martin, D. and Heineberg, Y. (2017), "Positive leadership, power and compassion", in Gilbert, P. (Ed.), *Compassion: Concepts, Research and Applications*, Routledge, London, pp. 221-236.
- Mehta, M., Sarvaiya, H. and Chandani, A. (2020), "Community engagement through responsible leadership in managing pandemic: insight from India using ethnography", *International Journal of Sociology and Social Policy*, Vol. 4 No. 9, pp. 1-14, doi: [10.1108/IJSSP-06-2020-0214](https://doi.org/10.1108/IJSSP-06-2020-0214).
- Miles, M.B. and Huberman, A.M. (1994), *Qualitative Data Analysis*, Sage, Beverly Hills, CA.
- Mushfiq, R., Mordi, C., Oruh, E.S., Nwagbara, U., Mordi, T. and Turner, I.M. (2018), "The impacts of work-life-balance (WLB) challenges on social sustainability: the experience of Nigerian female medical doctors", *Employee Relations*, Vol. 40 No. 5, pp. 868-888.
- National Institute for Health and Care Excellence (2020), "COVID-19 rapid guideline: critical care", Admission to hospital. NICE guideline NG159, available at: <https://www.nice.org.uk/guidance/ng159/chapter/1Admission-to-hospital> (accessed 26 March 2020).
- National Population Commission of Nigeria (2017), "State population", available at: www.population.gov.ng/index.php/state-population (accessed on 9 October 2018).
- Novick, G. (2008), "Is there a bias against telephone interviews in qualitative research?", *Research in Nursing and Health*, Vol. 31 No. 4, pp. 391-398.
- O'Dea, A. and Flin, R. (2003), "The role of managerial leadership in determining workplace safety outcomes", Health and Safety Executive Research Report RR044, HSE Books, London.
- Oruh, E.S. and Dibia, C. (2020), "Employee stress and the implication of high-power distance culture: empirical evidence from Nigeria's employment terrain", *Employee Relations*, Vol. 42 No. 6, pp. 1381-1400.
- Oruh, E.S., Mordi, C., Ajonbadi, A., Mojeed-Sanni, B., Nwagbara, U. and Rahman, M. (2019), "Investigating the relationship between managerialist employment relations and employee turnover intention: the case of Nigeria", *Employment Relations*, Vol. 42 No. 1, pp. 52-74.

-
- Oruh, E.S., Nwagbara, U., Mordi, C. and Mushfiqur, R. (2018), "Legitimisation strategies and managerial capture: a critical resource analysis of employment relations in Nigeria", *International Journal of Human Resource Management*, Vol. 31 No. 22, pp. 1-27, doi: [10.1080/09585192.2018.1474940](https://doi.org/10.1080/09585192.2018.1474940).
- Oshagbemi, T. (2017), *Leadership and Management in Universities: Britain and Nigeria*, Walter de Gruyter GmbH KG, Vol. 14.
- Osibanjo, O.A., Salau, O.P., Falola, H.O. and Oyewunmi, A.E. (2016), "Workplace stress: implications for organizational performance in a Nigerian public university", *Business: Theory and Practice*, Vol. 1 No. 3, pp. 261-269.
- Otobo, D. (2016), *Reforms and Nigerian Labour and Employment Relations: Perspectives, Issues and Challenges*, Malthouse Press limited, Lagos.
- Patton, M.Q. (2015), *Qualitative Research and Evaluation Methods: Integrating Theory and Practice*, 4th ed., Sage, Los Angeles.
- Peticca-Harris, A. (2019), "Managing compassionately? Managerial narratives about grief and compassion", *Human Relations*, Vol. 72 No. 3, pp. 588-612.
- Pratt, M.G., Rockmann, K.W. and Kaufmann, J.B. (2006), "Professional identity: the role of work and identity learning cycles in the customization of identity among medical residents", *Academy of Management Journal*, Vol. 49 No. 2, pp. 235-262.
- Purnawati, S. (2013), "Current issues on job stress in Japan and worksite mental health application among Japanese company: a case study analysis", *Bali Medical Journal*, Vol. 2 No. 2, pp. 81-88.
- Randma-Liiv, T. and Savi, R. (2016), *Managing the Public Sector Under Fiscal Stress in Public Administration Reforms in Europe*, Edward Elgar Publishing, New York.
- Richardson, K.M. (2017), "Managing employee stress and wellness in the new millennium", *Journal of Occupational Health Psychology*, Vol. 22 No. 3, pp. 423-428.
- Rosinha, A.P., Matias, L.J.S. and de Souza, M.A. (2017), "Leadership in extreme conditions and under severe stress: case study analysis", *Leadership in Extreme Situations*, Springer, Cham, pp. 93-112.
- Rothan, H.A. and Byrareddy, S.N. (2020), "The epidemiology and pathogenesis of coronavirus disease (COVID-19) outbreak", *Journal of Autoimmunity*, Vol. 109, pp. 1024-1033.
- Saunders, M., Lewis, P. and Thornhill, A. (2012), *Research Methods for Business Students*, 6th ed., Prentice Education, London.
- Seaward, B.L. (2019), *Essentials of Managing Stress*, 2nd ed., Jones & Bartlett Learning, Burlington, MA.
- Steers, R.M., Sanchez-Runde, C.J. and Nardon, L. (2012), "Culture, cognition, and managerial leadership", *Asia Pacific Business Review*, Vol. 18 No. 3, pp. 425-439.
- Sultana, U.S., Tarofder, A.K., Darun, M.R., Haque, A. and Sharief, S.R. (2020), "Authentic leadership effect on pharmacists job stress and satisfaction during COVID-19 pandemic: Malaysian perspective", *Talent Development and Excellence*, Vol. 12, pp. 1824-1841.
- Tannenbaum, S.I., Traylor, A.M., Thomas, E.J. and Salas, E. (2021), "Managing teamwork in the face of pandemic: evidence-based tips", *BMJ Quality and Safety*, Vol. 30 No. 1, pp. 59-63, doi: [10.1136/bmjqs-2020-011447](https://doi.org/10.1136/bmjqs-2020-011447).
- Taylor, A., Cocklin, C., Brown, R. and Wilson-Evered, E. (2011), "An investigation of champion-driven leadership processes", *The Leadership Quarterly*, Vol. 22 No. 2, pp. 412-433.
- Uchenwamgbe, B.B.P. (2013), "Effects of leadership style on organizational performance in small and medium scale enterprises (SMEs) in Nigeria", *European Journal of Business and Management*, Vol. 5 No. 23, pp. 53-73.
- Victor, A.M., Domingues, J. and Anderson, S.A. (2017), "Occupational stress: a study with supermarket professionals in Brazil", *International Journal of Business Management and Economic Research*, Vol. 8 No. 6, pp. 1115-1119.

- Wasylyshyn, K.M. and Masterpasqua, F. (2018), "Developing self-compassion in leadership development coaching: a practice model and case study analysis", *International Coaching Psychology Review*, Vol. 13 No. 1, pp. 21-34.
- World Health Organization (2020a), "Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected", *Interim Guidance*, available at: <https://tinyurl.com/rh99jm7> (accessed 26 March 2020).
- World Health Organization (2020b). "Weekly epidemiological update", available at: <https://www.who.int/publications/m/item/weekly-epidemiological-update-17-november-2020> (accessed 26 March 2020).
- Yange, J.T., Oyeshola, D. and Aduloju, A.A. (2016), "The politics of workers' rights protection: international labour organisation and promotion of labour rights in manufacturing industry in Nigeria", *Critique*, Vol. 44 No. 3, pp. 267-290.
- Zhang, L.M., Gao, L., Zhou, S.Y., Cheung, R.W. and Lacasse, S. (2017), "Stress testing framework for managing landslide risks under extreme storms", *Workshop on World Landslide Forum*, Springer, Cham, pp. 17-32.
- Zhang, J., Wu, W., Zhao, X. and Zhang, W. (2020), "Recommended psychological crisis intervention response to the 2019 novel coronavirus pneumonia outbreak in China: a model of West China Hospital", *Precision Clinical Medicine*, Vol. 3 No. 1, pp. 3-8.

Further reading

- Bogoch, I., Watts, A., Thomas-Bachli, A., Huber, C., Kraemer, M. and Khan, K. (2020), "Pneumonia of unknown aetiology in Wuhan, China: potential for international spread via commercial air travel", *Journal of Travel Medicine*, Vol. 27 No. 2, pii: taaa008, doi: [10.1093/jtm/taaa008](https://doi.org/10.1093/jtm/taaa008).
- Guba, E. and Lincoln, Y.S. (1994), "Competing paradigms in qualitative research", in Denzin, N.K. and Lincoln, Y.S. (Eds), *Handbook of Qualitative Research*, Sage, Newbury Park, CA.
- Seaward, B.L. (2017), *Managing Stress*, Jones & Bartlett Learning, Burlington, MA.

About the authors

Dr Emeka Smart Oruh is a Lecturer in Human Resource Management (HRM) and Organisational Behaviour (OB) at Brunel University London, UK, where he obtained a PhD in Employment Relations (ER) and Human Resource Management (HRM) in 2017. Before now, he lectured at the University of Portsmouth School of Business and Law, UK between 2018 and 2020. His key research examines OB, ER and HRM issues within international business – particularly in emerging and developing markets. Dr Emeka (Smart) has authored several publications – some of which have appeared in highly rated international journals outlets such as *International Journal of Human Resource Management*, *Journal of Managerial Psychology* and *Employee Relations* journals among others. Emeka Smart Oruh is the corresponding author and can be contacted at: emeka.oruh@brunel.ac.uk

Dr Chima Mordi is a Senior Lecturer in the College of Business, Arts and Social Sciences at Brunel University, UK. He is a trained Lawyer and hold a PhD in human resource management from Keele University, UK. His key research examines international business in emerging and developing markets. It examines the state of labour relations, comparative HRM in Africa, Asia and Middle Eastern countries, employer's flexibility, the regulation of workloads in large firms and work-life balance of white collar-workers. Chima has authored several publications which have appeared in highly rated international journals outlets such as *Thunderbird International Business Review*, *International Journal of Human Resource Management*; *Personnel Review*, *Employee Relations* and *Career Development International Journal* etc.

Dr Chianu Harmony Dibia is a Lecturer in Human Resource Management at De Montfort University, Leicester, UK. His research focuses on Human Resource Management, Circular Economy, Employee Relations, Lean Manufacturing and Employee Working Conditions in Organisations operating in Nigeria.

Dr Hakeem Adeniyi Ajonbadi (PhD) is a lecturer of International Human Resource Management and Organisational Development at the Birmingham City University Business School, UK. His work

experiences are deeply rooted in academics and consultancy across Nigeria, Belgium, the United Arab Emirates and the United Kingdom. Hakeem's key research examines Human Resource Management, Organisational Behaviour and Development, Employment Relations and Entrepreneurship Development. Hakeem has authored four books and over thirty articles which have appeared in highly rated international journals outlets such as Personnel Review, employee relations and career development international journal etc. he has authored in peer-reviewed journals on various aspects of HRM and Entrepreneurship.

Compassionate
managerial
leadership
style

1381

For instructions on how to order reprints of this article, please visit our website:

www.emeraldgrouppublishing.com/licensing/reprints.htm

Or contact us for further details: permissions@emeraldinsight.com

ARTICLES FOR FACULTY MEMBERS

COMPASSIONATE LEADERSHIP

Title/Author	Leadership beyond narcissism: On the role of compassionate love as individual antecedent of servant leadership / Brouns, T., Externbrink, K., & Aledo, P. S. B.
Source	<i>Administrative Sciences</i> Volume 10 Issue 2 (2020) Pages 1-10 https://www.mdpi.com/2076-3387/10/2/20 (Database: MDPI)

26th October 2023

Article

Leadership beyond Narcissism: On the Role of Compassionate Love as Individual Antecedent of Servant Leadership

Tim Brouns ^{1,*} , Kai Externbrink ² and Pablo Salvador Blesa Aledo ¹

¹ Economía y Empresa, UCAM Universidad Católica San Antonio de Murcia, 30107 Murcia, Spain; pblesa@ucam.edu

² Economics and Management, FOM University of Applied Sciences, 45127 Essen, Germany; kai.externbrink@fom.de

* Correspondence: tim.brouns@t-online.de

Received: 6 February 2020; Accepted: 23 March 2020; Published: 26 March 2020



Abstract: While we already know a lot about the outcomes and boundary conditions of servant leadership, there is still a need for research on its antecedents. Building on the theory of purposeful work behavior and further theorizing by van Dierendonck and Patterson (2015), we examine if leaders' propensity for compassionate love will evoke servant leadership behavior. At the same time, we contrast compassionate love to leaders' narcissism as psychological counterpart to compassionate love, because narcissism is not associated with leader effectiveness, but with leader emergence instead. We collected data from 170 leader-follower-dyads in a field study in Germany, while measuring leaders' compassionate love and narcissism, and followers' perceptions of servant leadership. We found a positive association between leaders' compassionate love and servant leadership behavior, while narcissism was negatively associated with servant leadership. Theoretical and practical implications, as well as pathways for future research are discussed.

Keywords: servant leadership; compassionate love; narcissism; antecedents

1. Introduction

Inspired by Greenleaf's seminal essays, empirical research using psychometrically sound measures has profoundly advanced our view on servant leadership. Current empirical evidence suggests its beneficial effects on follower performance and organizational citizenship behavior (OCB), beyond transformational leadership and leader-member-exchange (LMX), across different jobs and cultures (e.g., Liden et al. 2008; Van Dierendonck and Nuijten 2011; Sendjaya et al. 2008).

Eva et al. (2019) reviewed the state-of-the-art in servant leadership research. Ample research on the measurement, mediators, moderators and outcomes of servant leadership has been carried out. As far as its antecedents and role in stimulating servant leadership are concerned, however, there is still great potential for further research. In their systematic review, they analyzed a total of 11 empirical studies which focused on leaders' traits as precursor of servant leadership: high agreeable, low extraverted individuals (Hunter et al. 2013), who are self-confident (Flynn et al. 2016) and mindful (Verdorfer 2016), tend to act as servant leaders.

These findings contradict, at least in part, the literature on leadership emergence, which states that especially narcissistic personalities tend to emerge faster into leadership positions (e.g., Externbrink and Keil 2018). At the same time, narcissism is a limitation on leadership success, i.e. the effectiveness of a leader. Emergence in leadership roles is achieved by narcissistic personalities through an ambitious, visionary and charismatic appearance, supported by very good rhetorical skills, which allows them

to achieve an impression of “charming at first sight” (Grijalva et al. 2015). This rise into a leadership role is accompanied by disadvantages in terms of leadership effectiveness, in that employees are not valued, and rash and risky decisions are made (ibid.). In addition, narcissists are not receptive to criticism and tend to throw tantrums (cf. Campbell et al. 2002). Narcissistic leaders love themselves abundantly resulting in the problem of insufficient leadership effectiveness. Other studies rather suggest that the psychological counterpart of narcissism, namely humility or compassionate love, is a suitable antecedent for effective leadership like servant leadership (Van Dierendonck and Patterson 2015). To capture the two poles of the continuum between leading with abundant self-love and leading with love towards non-intimate others, both narcissism and compassionate love are examined here as antecedents of servant leadership.

Brouns (2019) has argued that personal antecedents of servant leadership can be studied in depth by referring to the Theory of Purposeful Work Behavior (Barrick et al. 2013). The core principle of the theory is that individual characteristics initiate purposeful goal strivings, and when certain job characteristics act in concert with these purposeful motivational strivings, individuals perceive a psychological state of experienced meaningfulness, which in turn triggers task-specific motivation and coherent work behavior.

The aim of this study is to assess compassionate love and narcissism as antecedents of servant leadership. Here, we propose that individuals displaying a high degree of compassionate love will perceive a higher purpose in striving for communion and, once promoted to leadership positions, will engage in servant leadership behaviors in line with their prosocial motivation. To further develop this theoretical line of argument we also incorporate the theorizing of Van Dierendonck and Patterson (2015) which is based on virtue theory. In contrast, we assume that narcissistic leaders do not show servant leadership, because they do not strive for social affiliation, but have a very strong self-relation and are the psychological antithesis of leaders who show compassionate love towards their employees.

Compassionate love refers to love that “centers on the good of the other” (Underwood 2008, p. 3) and ultimately mirrors the “servant-first approach” to leadership as already proposed in early conceptualizations of servant leadership (Greenleaf 1977):

The Servant-Leader is servant first. [...] It begins with the natural feeling that one wants to serve, to serve first. Then conscious choice brings one to aspire to lead. [...] The best test, and difficult to administer is this: Do those served grow as persons? Do they, while being served, become healthier, wiser, freer, more autonomous, and more likely themselves to become servants? And, what is the effect on the least privileged in society? Will they benefit, or at least not further be harmed? (p. 7)

Van Dierendonck and Nuijten (2011) distinguished eight key characteristics that are generally quoted as the essential elements of servant leadership and -as we will outline below- hold promising relations to compassionate love: standing back, forgiveness, courage, empowerment, accountability, authenticity, humility, and stewardship. In this line of reasoning, servant leadership can not only theoretically but also empirically be distinguished from other forms of positive leadership: Hoch et al. (2018) for example conducted a meta-analysis comparing authentic, ethical, and servant leadership with transformational leadership in their associations with a wide range of organizationally relevant measures. Their results show that servant leadership has much lower conceptual overlap than the other constructs and also appears as the most promising precursor of a wide range of desirable leadership outcomes.

According to Underwood’s framework (Underwood 2008) five key features constitute compassionate love, which include free choice for the other; accurate cognitive understanding of social situations, the other, and oneself; valuing the other at a fundamental level; openness and receptivity; and the response of the heart.

In contrast, narcissism in its subclinical manifestation means that people who have this trait are very self-centered and have a high degree of self-love and a sense of entitlement (Campbell et al. 2002).

The construct of narcissism is divided into the following three dimensions: Leadership/authority, grandiose exhibitionism and entitlement/exploitativeness (Ackerman et al. 2011).

In the following we will show that compassionate love is an integral part of servant leadership, whereas narcissism, as the psychological opposite of compassionate love, suggests a negative link to servant leadership. Hereby we will contribute to the literature as follows: we will broaden the perspective on antecedents of servant leadership as postulated by Van Dierendonck and Patterson (2015). Both leadership research and leadership practice benefits from such a deeper exploration in terms of leadership selection, assessment and development. A clearer picture of the personality traits and motives of leaders who show servant leadership behavior will gradually close the knowledge gap about which screening criteria companies need to consider when selecting leaders. Through our bilateral approach, compassionate love as the theoretical core and narcissism as the conceptual antithesis of servant leadership, we will provide a framework of what characteristics leaders must offer (compassionate love) and what they should not have (narcissism) in order to be a good, effective leader in terms of servant leadership theory.

2. Compassionate Love and Servant Leadership

Love in romantic relationships has been broadly studied in the last decades while love for close others, e.g., friends and family but also all mankind, has not been deeply researched (Sprecher and Fehr 2005). The following definition of compassionate love was offered by Sprecher and Fehr (2005): compassionate love is generally understood as orientation towards others, “either close others or strangers or all of humanity; containing feelings, cognitions, and behaviors that are focused on caring, concern, tenderness, and an orientation toward supporting, helping, and understanding the other(s), particularly when the other(s) is (are) perceived to be suffering or in need” (p. 630). Furthermore, compassionate love is distinct from closely related concepts like empathy, as it is steadier and more comprehensive (Sprecher and Fehr 2005).

This compassion for non-intimate others, e.g., subordinates of a leader, is in line with the ideology of servant leadership. The leader has to show this kind of love for followers to learn much about their personalities and individual differences, strengths, and weaknesses (Van Dierendonck and Patterson 2015). Hence, leaders who have compassionate love for their followers, put followers’ talents first and attribute their own and organizational goals a secondary role (ibid.). Compassionate love was described as a practical manifestation of the core principle of servant leadership, the need to serve, concluding that this construct is foundational to exemplify servant leadership behaviors in an organizational context (Greenleaf 1977; Van Dierendonck and Patterson 2015).

Furthermore, Van Dierendonck and Patterson (2015) argued that compassionate love stimulates moral emotions in leaders. Moral emotions are always associated with the welfare or interests of the community or another person, not with oneself (Haidt 2003). This is in line with the original idea of servant leadership and reveals genuine interest in the benefit of others (Greenleaf 1977). Therefore, we propose the following hypothesis.

Hypothesis 1. *Leaders’ compassionate love towards non-intimate others is positively associated with servant leadership behavior.*

3. Narcissism and Servant Leadership

Research on narcissism and leadership has a long tradition (e.g., Higgs 2009; Resick et al. 2009). Some years ago, a meta-analysis on this topic was published, which summarized the following results (Grijalva et al. 2015): Leadership was considered from two perspectives, emergence and effectiveness. Narcissistic personalities are more likely to take on leadership roles, which is due to the conceptual overlap between subclinical narcissism and extraversion. Thus, narcissists rise to leadership positions because they are more extraverted. Narcissism showed no linear relationship with leadership

effectiveness. When leadership effectiveness was collected as a self-report from the leader, there was a significant linear relationship, which supports the assumption that narcissists tend to overestimate their own performance. Instead of a linear effect, a curvilinear effect in an inverted U-shape was found, which means that moderate subclinical narcissism is most conducive to leadership effectiveness.

With reference to the Theory of Purposeful Work Behavior (Barrick et al. 2013) we assume that personality traits of the leader trigger purposeful goal strivings. Already, Hunter et al. (2013) could show that agreeableness was positively, and extraversion negatively related to servant leadership. Since narcissists are generally extraverted, less agreeable personalities (Bradlee and Emmons 1992), it follows from the Theory of Purposeful Work Behavior that their motives are more agentic and less communion oriented (Campbell et al. 2002). Therefore, narcissists are less motivated to exercise an others-oriented leadership style such as servant leadership, which requires strong communion-striving (Brouns 2019), as this is less in line with their personality and motives (Barrick et al. 2013). For this reason, narcissists would feel less meaning and purpose in their leadership role.

Similarly, Peterson et al. (2012) argued that narcissistic personalities are not inclined to subordinate their personal interests to the interests of others. However, this is one of the central theoretical core elements of servant leadership (Liden et al. 2008; Van Dierendonck 2011). Starting from the pervasive self-love typical of narcissists, they reasoned that narcissistic leaders are unwilling to demonstrate key dimensions of servant leadership, such as standing back, forgiveness, and humility (Peterson et al. 2012).

From these two lines of argumentation, we propose the following hypothesis.

Hypothesis 2. *Leaders' narcissism is negatively associated with servant leadership behavior.*

4. Method

4.1. Participants and Procedure

We conducted a cross-sectional survey among occupational students of a German university of applied sciences. Participants were recruited via mailings and during lectures. The sample consisted of 170 participants studying for a bachelor's degree parallel to a full-time job. The participants were surveyed by online questionnaires. This study used different rater sources. Compassionate love and narcissism were rated by the leader and servant leadership was rated by an employee of the leader. We have decided that leadership behavior is assessed by an employee, as the correlations between the leader's self-ratings and the employee's ratings are only moderate (Lee and Carpenter 2018). In leadership, the primary issue is how the leadership behavior is perceived by those being led. For this reason, we have opted for ratings by employees, even though the assumption of a self-enhancement bias of the leader was largely refuted (ibid.). Furthermore, we are convinced that self-ratings are appropriate for personality-based constructs such as compassionate love and narcissism (Conway and Lance 2010). Beyond, the research design is less prone to common source issues (Podsakoff et al. 2003; Podsakoff and Organ 1986). The dyads were always in 1:1 relationships between employee and leader, the data are not nested. This implies moreover that the number of participants corresponds to the number of dyads in the sample ($N = 170$). The survey design was implemented bi-directionally: the occupational student could participate regardless of whether he or she occupied a leadership- or employee-role in his or her organization. To generate leader-follower-dyads, the corresponding hyperlink to the leader- or follower-questionnaire was presented dynamically depending on the role of the first participant of the dyad. If a participant in a leadership-role started with the questionnaire, a link to the employee-questionnaire was presented and vice versa. Table 1 shows the descriptive statistics of both leaders and employees in the conducted sample. Leaders ($M = 41$) were older than employees ($M = 28$) in the sample. Men were predominant in the leader's category while women were prevalent in the employees' category.

Table 1. Means and standard deviations for both leaders and employees.

Variable	M (Leader)	SD (Leader)	M (Employee)	SD (Employee)
Age	40.51	10.64	28.12	7.10
Gender	1.58	0.50	1.29	0.45

Note. N = 170. For gender, 1 = female, 2 = male.

4.2. Measures

4.2.1. Servant Leadership Survey (SLS)

We used the Servant Leadership Survey (SLS; [Van Dierendonck and Nuijten 2011](#)) which focuses on the virtuous attitudes and behaviors of servant leaders. As the survey was conducted in Germany, the German translation of the SLS was utilized ([Verdorfer and Peus 2014](#)). The scale consists of 30 items on a 6-point Likert-scale. The SLS appeared reliable in the study ($\alpha = 0.92$).

4.2.2. Santa Clara Brief Compassion Scale (SCBCLS)

Although we have taken the suggestion made by [Van Dierendonck and Patterson \(2015\)](#) to develop a compassionate love scale related to leadership into account, we believe that it is not required for this study. [Sprecher and Fehr \(2005\)](#) have developed the compassionate love scale to measure compassionate love for close others and compassionate love for non-intimate others. These two contexts have been distinguished and have partly shown other correlations in empirical studies. We argue that the leadership context is comparable to the compassionate love for non-intimate others. Even if leader-member-exchange (e.g., [Graen and Uhl-Bien 1995](#)) postulates that close relationships between employees and leaders should be established, these are embedded in a professional occupational context and therefore cannot be equated with relationships to close others. Therefore, we used the SCBCLS in this study to measure compassionate love to non-intimate others. This scale is more suitable for this study because compassionate love for non-intimate others is taken into consideration and the questionnaire is very efficient with only 5 items. Those items were measured on a 7-point Likert-scale and showed good reliability with Cronbach's $\alpha = 0.84$. All items were back-translated from their original form into German language ([Brislin 1970](#)).

4.2.3. Narcissistic Personality Inventory–13 (G-NPI-13)

Narcissism was introduced to the study to replicate results on the antecedents of servant leadership. The subclinical personality trait narcissism was measured with the German version of the Narcissistic Personality Inventory–13 (G-NPI-13) by [Brailovskaia et al. \(2017\)](#). The scale consists of 13 items on a 5-point Likert-scale and showed a good reliability with Cronbach's $\alpha = 0.79$ and psychometrically performed better than in the validation studies of the G-NPI-13 e.g., [Brailovskaia et al. \(2017\)](#).

5. Results

Before testing the hypotheses, we conducted a confirmatory factor analysis (CFA) to examine whether our measures captured distinctive constructs. Since two constructs, narcissism and compassionate love, were surveyed as self-assessments, a CFA was conducted to show discriminant validity between narcissism and compassionate love. Furthermore, a CFA for the SLS construct was performed to check whether the data fit into the measurement model. The CFA analyses were computed with the R package lavaan version 0.6-4 ([Rosseel 2012](#)). Furthermore, we performed ordinary least squares (OLS) regression analysis with the R package stats ([R Core Team 2019](#)).

5.1. Confirmatory Factor Analysis (CFA)

In CFA, χ^2 , comparative fit index (CFI), Tucker-Lewis index (TLI) and root-mean-square error of approximation (RMSEA) are reported as indices of model fit. Models are proper if CFI and TLI are at least 0.90, and RMSEA is 0.08 or lower (Hu and Bentler 1999).

The CFA was applied to ensure discriminant validity between compassionate love and narcissism. For the compassionate love scale a covariation of the items one and two was added to the measurement model. In addition, for the GPI-13 item number seven and nine, due to overlapping content, a covariation between both items in the measurement model was also allowed. The CFA came to the following result: $\chi^2(113) = 181.38$, RMSEA = 0.06, CFI = 0.92, TLI = 0.91. As all indices have met the cut-off criteria, we assume that the model has proper fit and both constructs have sufficient discriminant validity.

Furthermore, we performed a CFA for the measurement model of servant leadership, rated by the corresponding employee of the leader. Results showed that the accountability dimension of the SLS had to be removed from the measure as the factor loading on the servant leadership construct was very low (0.12) and the χ^2 -difference test was significantly lower ($\Delta\chi^2 = 15.20$ *). Additionally, due to high cross-loadings of item 19, this item was removed from the analysis. Furthermore, due to similarities in the item-wording, a covariation of the SLS-items five and six, as well as 24 and 25 was added. The CFA of the servant leadership construct came to the following result: $\chi^2(290) = 461.52$, RMSEA = 0.06, CFI = 0.93, TLI = 0.92. After minor optimizations of the measurement model for servant leadership described above, the fit indices showed good results.

5.2. Descriptive Statistics and Intercorrelations

Table 2 shows that leaders' self-assessment of compassionate love was positively correlated to their servant leadership behavior as perceived by their employees. Consistent with past research results, narcissism was negatively associated with servant leadership (c.f. Liden et al. 2014).

Table 2. Means, standard deviations, and correlations with confidence intervals.

Variable	M	SD	1	2
1. Compassionate Love	4.93	1.02		
2. Narcissism	3.06	0.54	-0.22**	
3. Servant Leadership	4.56	0.78	0.32**	-0.18*

Note. N = 170. M and SD are used to represent mean and standard deviation, respectively; * indicates $p < 0.05$. ** indicates $p < 0.01$.

5.3. Hypotheses Testing

Both hypotheses were tested using OLS regression analysis. Table 3 shows the results of the regression analysis of compassionate love and servant leadership as criterion. The regression weight was $\beta = 0.32$ ($p < 0.001$) with $R^2 = 0.105$ ($p < 0.001$). This result supports the first hypothesis that compassionate love is significantly positively associated with servant leadership.

Table 3. Regression results for compassionate love using servant leadership as criterion.

Predictor	b	beta	sr ²	r	Fit
(Intercept)	3.33**				
Compassionate Love	0.25**	0.32	0.10	0.32**	
					R ² = 0.105**

Note. A significant b-weight indicates the beta-weight and semi-partial correlation are also significant. b represents unstandardized regression weights. beta indicates the standardized regression weights. sr² represents the semi-partial correlation squared. r represents the zero-order correlation. * indicates $p < 0.05$. ** indicates $p < 0.01$.

Table 4 shows the results of the regression analysis of narcissism and servant leadership as criterion. The regression weight was $\beta = -0.18$ ($p = 0.017$) with an $R^2 = 0.033$ ($p = 0.017$). This result supports the second hypothesis that narcissism is significantly negatively associated with servant leadership.

Table 4. Regression results for narcissism using servant leadership as criterion.

Predictor	<i>b</i>	<i>beta</i>	<i>sr</i> ²	<i>r</i>	Fit
(Intercept)	5.37 **				
Narcissism	-0.27 *	-0.18	0.03	-0.18 *	
					$R^2 = 0.033 *$

Note. A significant *b*-weight indicates the beta-weight and semi-partial correlation are also significant. *b* represents unstandardized regression weights. *beta* indicates the standardized regression weights. *sr*² represents the semi-partial correlation squared. *r* represents the zero-order correlation. * indicates $p < 0.05$. ** indicates $p < 0.01$.

In summary, both results of the regression analyses confirm the theoretically derived hypotheses. Significant regression weights were found for both compassionate love ($\beta = 0.32$, $p < 0.001$) and narcissism ($\beta = -0.18$, $p = 0.017$). The results of the statistical analysis are discussed below.

6. Discussion

First and foremost, the general association of compassionate love and servant leadership as proposed by Van Dierendonck and Patterson (2015) was tested with regression analysis. In addition, narcissism, a subclinical form of self-love and argued as counter concept to compassionate love, was tested as an antecedent of servant leadership. The suspected negative relationship was supported by the results of OLS regression. Moreover, the link between narcissism and servant leadership had a replicative character, since Peterson et al. (2012) had already investigated narcissism in CEOs as a predictor of servant leadership. The results of the studies suggest that servant leadership is about leading with love for non-intimate others (employees) and not with exaggerated self-love. The latter has rather the opposite effect, namely to show less servant leadership behavior, which may not be desirable in terms of positive outcomes for employees and leaders, since servant leadership is associated with clear advantages on different levels (Eva et al. 2019).

From a practitioner point of view, our study suggests that individuals who display compassionate love have the potential to be “good” servant leaders who promote the sustainability of the organization in terms of value-driven decisions and positive societal impact. Moreover, they promote healthy and motivated employees. Although this may seem intuitive for leadership researchers, the question remains unanswered whether this also fits into the implicit theories of leaders and human resources management practitioners, e.g., Wienert (1984). Servant leadership is oftentimes rather criticized as a type of social romanticism, instead.

This raises the question of how the acceptability towards such ideas can be encouraged among practitioners. Scientific evidence alone does not suffice as many managers consider it inapplicable, not credible, too complicated or uncomfortable (Briner et al. 2009; Externbrink and Dormann 2015). In our view, organizations should consider ways and means to make servant leadership ideas accessible to leaders. As shown in our work, this could result in fundamental changes to the selection, training and development of current and future leaders within organizations.

Servant leaders are next-generation leaders who show lower obedience to authority, demand authenticity and explicitly advocate for others. In their leadership style, they may find satisfaction and experience meaning. How this can be linked to another common criticism according to which servant leadership increases leaders’ perceived stress and strain warrants further research. Rather, we assume that individuals who show compassionate love experience self-concordance through the practice of servant leadership. Hence, those individuals benefit more from their own altruism than people whose personality traits do not fit this style of leadership and view servant leadership more

in terms of social engineering, as can be seen in our work, for example represented in the negative correlation to narcissism.

This study gives first empirical support for the theory proposed by [Van Dierendonck and Patterson \(2015\)](#) that compassionate love is a cornerstone of servant leadership. The theoretical concept of the mediation relationship proposed in theory (compassionate love \diamond virtuous attitudes \diamond servant leadership behavior \diamond positive organizational outcomes) implies that the servant leadership construct may be split into two building blocks: (virtuous) attitudes and servant leadership behavior. The attitude-related block comprises humility, forgiveness, and standing back; the behavioral block includes empowerment, authenticity, and stewardship. This second-order structure needs to be empirically substantiated in future studies as we used a unitary servant leadership construct.

Moreover, it would be important to see in an overall view of all antecedents so far discussed which variable or combination of variables account for the largest amount of variance in servant leadership. Furthermore, the organizational context or the situation variables that promote servant leadership should be taken into account: here, for example, the ethical organizational climate and hierarchical level are likely to be of particular importance. In our opinion, the interaction of personal and situational determinants may also be particularly conducive to research and may do justice to the servant leadership phenomenon. In their longitudinal study with CEOs, for example, [Peterson et al. \(2012\)](#) showed that a low level of narcissism and the personal founding of a company lead to increased identification with the organization, which in turn increases servant leadership and thus the profitability of a company. Another example for future research could be the consideration of positional and informal power, as research results indicate that humility can be perceived as a weakness of the leader if the leader does not have a sufficient power base ([Wang et al. 2018](#)).

Author Contributions: All authors contributed equally to the paper and therefore share first authorship. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Conflicts of Interest: The authors declare no conflict of interest.

References

- Ackerman, Robert A., Edward A. Witt, M. Brent Donnellan, Kali H. Trzesniewski, Richard W. Robins, and Deborah A. Kashy. 2011. What Does the Narcissistic Personality Inventory Really Measure? *Assessment* 18: 67–87. [[CrossRef](#)] [[PubMed](#)]
- Barrick, Murray R., Michael K. Mount, and Ning Li. 2013. The Theory of Purposeful Work Behavior: The Role of Personality, Higher-Order Goals, and Job Characteristics. *Academy of Management Review* 38: 132–53. [[CrossRef](#)]
- Bradlee, Peter M., and Robert A. Emmons. 1992. Locating Narcissism within the Interpersonal Circumplex and the Five-Factor Model. *Personality and Individual Differences* 13: 821–30. [[CrossRef](#)]
- Brailovskaia, Julia, Hans-Werner Bierhoff, and Jürgen Margraf. 2017. How to Identify Narcissism with 13 Items? Validation of the German Narcissistic Personality Inventory–13 (G-NPI-13). *Assessment*. [[CrossRef](#)] [[PubMed](#)]
- Briner, Rob B., David Denyer, and Denise M. Rousseau. 2009. Evidence-Based Management: Concept Cleanup Time? *Academy of Management Perspectives* 23: 19–32. [[CrossRef](#)]
- Brislin, Richard W. 1970. Back-Translation for Cross-Cultural Research. *Journal of Cross-Cultural Psychology* 1: 185–216. [[CrossRef](#)]
- Brouns, Tim. 2019. Big Five Personality Traits and Ethical Climate as Antecedents of Servant Leadership. Paper presented at 19th Congress of the European Association of Work and Organizational Psychology (EAWOP), Turin, Italy, May 30.
- Campbell, W. Keith, Eric A. Rudich, and Constantine Sedikides. 2002. Narcissism, Self-Esteem, and the Positivity of Self-Views: Two Portraits of Self-Love. *Personality and Social Psychology Bulletin* 28: 358–68. [[CrossRef](#)]
- Conway, James M., and Charles E. Lance. 2010. What Reviewers Should Expect from Authors Regarding Common Method Bias in Organizational Research. *Journal of Business and Psychology* 25: 325–34. [[CrossRef](#)]

- Eva, Nathan, Mulyadi Robin, Sen Sendjaya, Dirk van Dierendonck, and Robert C. Liden. 2019. Servant Leadership: A Systematic Review and Call for Future Research. *The Leadership Quarterly* 30: 111–32. [\[CrossRef\]](#)
- Externbrink, Kai, and Christian Dormann. 2015. Führen Und Entscheiden: Evidence-Based Management. In *Trends Der Psychologischen Führungsforschung*. Edited by Jörg Felfe. Göttingen: Hogrefe, pp. 429–39.
- Externbrink, Kai, and Moritz Keil. 2018. *Narzissmus, Machiavellismus Und Psychopathie in Organisationen*. Wiesbaden: Springer Fachmedien Wiesbaden. [\[CrossRef\]](#)
- Flynn, C. Brian, James W. Smither, and Alan G. Walker. 2016. Exploring the Relationship Between Leaders' Core Self-Evaluations and Subordinates' Perceptions of Servant Leadership. *Journal of Leadership & Organizational Studies* 23: 260–71. [\[CrossRef\]](#)
- Graen, George B., and Mary Uhl-Bien. 1995. Relationship-Based Approach to Leadership: Development of Leader-Member Exchange (LMX) Theory of Leadership over 25 Years: Applying a Multi-Level Multi-Domain Perspective. *Management Department Faculty Publications* 6: 219–47. [\[CrossRef\]](#)
- Greenleaf, Robert K. 1977. *Servant Leadership: A Journey into the Nature of Legitimate Power and Greatness*. New York: Paulist Press.
- Grijalva, Emily, Peter D. Harms, Daniel A. Newman, Blaine H. Gaddis, and R. Chris Fraley. 2015. Narcissism and Leadership: A Meta-Analytic Review of Linear and Nonlinear Relationships. *Personnel Psychology* 68: 1–47. [\[CrossRef\]](#)
- Haidt, Jonathan. 2003. The Moral Emotions. In *Series in Affective Science. Handbook of Affective Sciences*. Edited by R. J. Davidson, K. R. Scherer and H. H. Goldsmith. Oxford: Oxford University Press, pp. 852–70.
- Higgs, Malcolm. 2009. The Good, the Bad and the Ugly: Leadership and Narcissism. *Journal of Change Management* 9: 165–78. [\[CrossRef\]](#)
- Hoch, Julia E., William H. Bommer, James H. Dulebohn, and Dongyuan Wu. 2018. Do Ethical, Authentic, and Servant Leadership Explain Variance Above and Beyond Transformational Leadership? A Meta-Analysis. *Journal of Management* 44: 501–29. [\[CrossRef\]](#)
- Hu, Li-tze, and Peter M. Bentler. 1999. Cutoff Criteria for Fit Indexes in Covariance Structure Analysis: Conventional Criteria versus New Alternatives. *Structural Equation Modeling: A Multidisciplinary Journal* 6: 1–55. [\[CrossRef\]](#)
- Hunter, Emily M., Mitchell J. Neubert, Sara Jansen Perry, L. A. Witt, Lisa M. Penney, and Evan Weinberger. 2013. Servant Leaders Inspire Servant Followers: Antecedents and Outcomes for Employees and the Organization. *Leadership Quarterly* 24: 316–31. [\[CrossRef\]](#)
- Lee, Angela, and Nichelle C. Carpenter. 2018. Seeing Eye to Eye: A Meta-Analysis of Self-Other Agreement of Leadership. *The Leadership Quarterly* 29: 253–75. [\[CrossRef\]](#)
- Liden, Robert C., Sandy J. Wayne, Hao Zhao, and David Henderson. 2008. Servant Leadership: Development of a Multidimensional Measure and Multi-Level Assessment. *The Leadership Quarterly* 19: 161–77. [\[CrossRef\]](#)
- Liden, Robert C., Alexandra Panaccio, Jeremy D. Meuser, Jia Hu, and Sandy J. Wayne. 2014. Servant Leadership: Antecedents, Processes, and Outcomes. In *The Oxford Handbook of Leadership and Organizations*. Edited by David V. Day. New York: Oxford University Press, pp. 1–26.
- Peterson, Suzanne J., Benjamin M. Galvin, and Donald Lange. 2012. CEO Servant Leadership: Exploring Executive Characteristics and Firm Performance. *Personnel Psychology* 65: 565–96. [\[CrossRef\]](#)
- Podsakoff, Philip M., and Dennis W. Organ. 1986. Self-Reports in Organizational Research: Problems and Prospects. *Journal of Management* 12: 531–44. [\[CrossRef\]](#)
- Podsakoff, Philip M., Scott B. MacKenzie, Jeong-Yeon Lee, and Nathan P. Podsakoff. 2003. Common Method Biases in Behavioral Research: A Critical Review of the Literature and Recommended Remedies. *The Journal of Applied Psychology* 88: 879–903. [\[CrossRef\]](#) [\[PubMed\]](#)
- R Core Team. 2019. *R: A Language and Environment for Statistical Computing*. Vienna: R Foundation for Statistical Computing.
- Resick, Christian J., Daniel S. Whitman, Steven M. Weingarden, and Nathan J. Hiller. 2009. The Bright-Side and the Dark-Side of CEO Personality: Examining Core Self-Evaluations, Narcissism, Transformational Leadership, and Strategic Influence. *Journal of Applied Psychology* 94: 1365–81. [\[CrossRef\]](#)
- Rosseel, Yves. 2012. Lavaan: An R Package for Structural Equation Modeling. *Journal of Statistical Software* 48: 1–36. [\[CrossRef\]](#)
- Sendjaya, Sen, James C. Sarros, and Joseph C. Santora. 2008. Defining and Measuring Servant Leadership Behaviour in Organizations. *Journal of Management Studies* 45: 402–24. [\[CrossRef\]](#)

- Sprecher, Susan, and Beverley Fehr. 2005. Compassionate Love for Close Others and Humanity. *Journal of Social and Personal Relationships* 22: 629–51. [[CrossRef](#)]
- Underwood, Lynn G. 2008. Compassionate Love: A Framework for Research. In *The Science of Compassionate Love: Theory, Research, and Applications*. Edited by Beverley Fehr, Susan Sprecher and Lynn G. Underwood. Malden: Wiley-Blackwell, pp. 3–25.
- Van Dierendonck, Dirk. 2011. Servant Leadership: A Review and Synthesis. *Journal of Management* 37: 1228–61. [[CrossRef](#)]
- Van Dierendonck, Dirk, and Inge Nuijten. 2011. The Servant Leadership Survey: Development and Validation of a Multidimensional Measure. *Journal of Business and Psychology* 26: 249–67. [[CrossRef](#)]
- Van Dierendonck, Dirk, and Kathleen Patterson. 2015. Compassionate Love as a Cornerstone of Servant Leadership: An Integration of Previous Theorizing and Research. *Journal of Business Ethics* 128: 119–31. [[CrossRef](#)]
- Verdorfer, Armin Pircher. 2016. Examining Mindfulness and Its Relations to Humility, Motivation to Lead, and Actual Servant Leadership Behaviors. *Mindfulness* 7: 950–61. [[CrossRef](#)]
- Verdorfer, Armin Pircher, and Claudia Peus. 2014. The Measurement of Servant Leadership: Validation of a German Version of the Servant Leadership Survey (SLS). *Zeitschrift Für Arbeits- Und Organisationspsychologie A&O* 58: 1–16. [[CrossRef](#)]
- Wang, Lin, Bradley P. Owens, Junchao (Jason) Li, and Lihua Shi. 2018. Exploring the Affective Impact, Boundary Conditions, and Antecedents of Leader Humility. *Journal of Applied Psychology* 103: 1019–38. [[CrossRef](#)] [[PubMed](#)]
- Wienert, A. B. 1984. Menschenbilder als Grundlage von Führungstheorien: Erste Ergebnisse einer Empirischen Überprüfung. *Zeitschrift Für Betriebswirtschaft* 53: 117–23.



© 2020 by the authors. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<http://creativecommons.org/licenses/by/4.0/>).

ARTICLES FOR FACULTY MEMBERS

COMPASSIONATE LEADERSHIP

Title/Author	<p>The Importance of Being a Compassionate Leader: The Views of Nursing and Midwifery Managers From Around the World / Papadopoulos, I., Lazzarino, R., Koulouglioti, C., Aagard, M., Akman, Ö., Alpers, L. M., Apostolara, P., Araneda-Bernal, J., Biglete-Pangilinan, S., Eldar-Regev, O., González-Gil, M. T., Kouta, C., Krepinska, R., Lesińska-Sawicka, M., Liskova, M., Lopez-Diaz, A. L., Malliarou, M., Martín-García, Á., Muñoz-Solinas, M., ... Zorba, A.</p>
Source	<p><i>Journal of Transcultural Nursing</i> Volume 32 Issue 6 (2021) Pages 765–777 https://doi.org/10.1177/10436596211008214 (Database: ResearchGate)</p>

26th October 2023

The Importance of Being a Compassionate Leader: The Views of Nursing and Midwifery Managers From Around the World

Journal of Transcultural Nursing
2021, Vol. 32(6) 765–777
© The Author(s) 2021



Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/10436596211008214
journals.sagepub.com/home/tcn



Irena Papadopoulos, PhD, RM, RN, FHEA¹, Runa Lazzarino, PhD¹ ,
Christina Koulouglioti, PhD, RN^{1,2}, Magdeline Aagard, EdD, RN³ ,
Özlem Akman, PhD, RN⁴, Lise-Merete Alpers, PhD, RN⁵,
Paraskevi Apostolara, PhD, RN⁶, Julieta Araneda-Bernal, MSc, RN⁷,
Sylvia Biglete-Pangilinan, PhD, RN⁸, Orit Eldar-Regev, PhD, RN⁹ ,
Maria Teresa González-Gil, PhD, RN¹⁰,
Christiana Kouta, PhD, RN¹¹, Radka Krepinska, MSc, RN¹²,
Małgorzata Lesińska-Sawicka, PhD, MN, RM¹³,
Miroslava Liskova, PhD, RN¹⁴, Alba Lucero Lopez-Diaz, PhD, RN¹⁵,
Maria Malliarou, PhD, RN¹⁶, Ángel Martín-García, MSc, RN¹⁷,
Mara Muñoz-Solinas, MSc, RN⁷ , Małgorzata Nagórska, PhD, RM¹⁸,
Roinah Nkhensani Ngunyulu, PhD¹⁹, Sara Nissim, PhD, RN²⁰ ,
Line Nortvedt, PhD, RN²¹, Ma. Florinda Oconer-Rubiano, MAN, RN⁸,
Cristina Oter-Quintana, MSc, RN¹⁰ , Candan Öztürk, PhD, RN²²,
Katalin Papp, PhD, RN²³, Blanca Piratoba-Hernandez, PhD, RN¹⁵,
Elena Rousou, PhD, RN¹¹, Maria Ymelda Tolentino-Diaz, PhD, RN²⁴,
Valerie Tothova, PhD, RN²⁵, and Akile Zorba, PhD²⁶

Abstract

Introduction: Despite the importance of compassionate leadership in health care, many of the existing publications do not account for the effect of culture. The aim of this study is to explore the views of nursing and midwifery managers from different countries in relation to the definition, advantages, and importance of compassion. **Methodology:** A cross-sectional, descriptive, exploratory online survey was conducted across 17 countries, containing both closed and open-ended questions. Data from $N = 1,217$ respondents were analyzed using a directed hybrid approach focusing only on qualitative questions related to compassion-giving. **Results:** Four overarching themes capture the study's results: (1) definition of compassion, (2) advantages and importance of compassion for managers, (3) advantages and importance of compassion for staff and the workplace, and (4) culturally competent and compassionate leadership. **Discussion:** Innovative research agendas should pursue further local qualitative empirical research to inform models of culturally competent and compassionate leadership helping managers navigate multiple pressures and be able to transculturally resonate with their staff and patients.

Keywords

leadership, culture, compassion, nursing, midwifery, managers, cultural competence

Introduction

Leadership in health care is recognized as a necessity to ensure high-quality care, embody support for staff, and establish working environments that prioritize people over rules, regulations, and hierarchies (West et al., 2015). It is

argued that compassionate leadership has a positive impact on “patient experience, staff engagement and organisational performance” (Bolden et al., 2019, p. 2). In multicultural societies, cultural competence is a key aspect of leadership, as this is essential in achieving the culturally and

linguistically competent patient services that are necessary to reduce health care inequalities; and because the expression of compassion is culturally mediated, compassionate care must necessarily also be culturally competent. Culturally competent compassion in health care has been defined as

a human quality of understanding the suffering of others and wanting to do something about it using culturally appropriate and acceptable caring interventions which take into consideration both the patients' and the carers' cultural background as well as the context in which care is given (Papadopoulos, 2018, p.2).

Furthermore, culturally competent and virtuous leadership is ethically founded on compassion, honesty, kindness, altruism, and cooperation (Papadopoulos, 2018).

Leadership and compassion are universal concepts. The art of leading people is a basic element in the organization of group activity in any human society (Lewis, 1974). Likewise, the emotional, cognitive, and behavioral responses that arise from empathizing with others' suffering are evolutionarily linked to caregiving for offspring (Preston, 2013). Nevertheless, leadership and compassion are crucially shaped by culture (Chiao, 2017; Koopmann-Holm & Tsai, 2017). They require a complex orchestration of sets of embodied and acquired values in relation to emotional experience and expression, power, social norms, and morality—which all pertain to distinct cultural self-definitions (Kitayama, 2002).

Available evidence on the interplay between culture and leadership has mainly built on theorizing by Triandis (1988)

and Hofstede (1984). The constructs of individualistic and collectivist cultures remain relevant and have benefited from a number of refinements, for example, the qualification of horizontal and vertical individualism and collectivism to account for the level of acceptance of social hierarchy (Singelis et al., 2016); and the formulation of loose and tight cultures, which captures the level of rigidity of social norms (Gelfand et al., 2011). In the largest study on culture and leadership, the GLOBE study, several dimensions are combined to identify cultural clusters correlating with leadership styles, such as team-oriented, participative, autonomous, and humane (Dorfman et al., 2004). The humane leadership style is based on compassion, generosity, and concern for others' well-being (Kabasakal & Bodur, 2004). Building on the GLOBE's results, it has been maintained that the humane leadership style is a universal style, rather than specific to Western cultural milieu. In fact, similar cultural concepts from Africa (e.g., Ubuntu and Harambee), and main religious traditions, such as Hinduism and Judaism, have been identified (Winston & Ryan, 2008). Other scholars have shown instead how humane leadership style varies a great deal from one country to another. Schloesser et al. (2012), for example, found that the humane leadership construct appeared to negatively correlate with countries' welfare state but positively correlate with the value of agreeableness in a country.

Culture plays an important role in how compassion, as an emotional or cognitive process, is experienced and expressed, and in which supportive behaviors it should

¹Middlesex University, London, UK

²Western Sussex Hospitals NHS Foundation Trust, Worthing, UK

³Walden University, Minneapolis, MN, USA

⁴Istanbul Sabahattin Zaim University, Istanbul, Turkey

⁵VID Specialized University, Oslo, Norway

⁶University of West Attica, Athens, Greece

⁷Universidad Diego Portales, Santiago, Chile

⁸Bataan Peninsula State University, Bataan, Philippines

⁹University of Haifa, Haifa, Israel

¹⁰Universidad Autónoma de Madrid, Madrid, Spain

¹¹Cyprus University of Technology, Limassol, Cyprus

¹²School of Nursing, Havlíčkův Brod, Czech Republic

¹³Stanisław Staszic State University of Applied Science, Pila, Poland

¹⁴Constantine the Philosopher University in Nitra, Nitra, Slovak Republic

¹⁵Universidad Nacional de Colombia, Bogotá, Colombia

¹⁶University of Thessaly, Larissa, Greece

¹⁷Gerencia Asistencial de Atención Primaria, Servicio Madrileño de Salud, Madrid, Spain

¹⁸Rzeszów University, Rzeszów, Poland

¹⁹University of Johannesburg, Johannesburg, South Africa

²⁰Wolfson Medical Center, Holon, Israel

²¹Oslo Metropolitan University, Oslo, Norway

²²Near East University, Nicosia, Cyprus

²³University of Debrecen, Debrecen, Hungary

²⁴Research, Clinic and Care Organization Innovation "Luisa Marano" Area. UOC Care to the person, ASL Roma 2, Rome, Italy

²⁵University of South Bohemia in České Budějovice, České Budějovice, Czech Republic

²⁶Eastern Mediterranean University, Famagusta, Cyprus

Corresponding Author:

Irena Papadopoulos, PhD, RM, RN, FHEA, Head, Research Centre for Transcultural Studies in Health, Department of Mental Health and Social Work, School of Health and Education, Middlesex University, The Burroughs, London NW4 4BT, UK.

Email: r.papadopoulos@mdx.ac.uk

result (Koopmann-Holm & Tsai, 2017). Levine et al. (2001) conducted a study in 23 nations to examine how people responded to strangers needing help. They found that the Latino cultural script of *simpatia*—a concept assimilable to compassion and humanness—positively correlated with helping behavior. Advances in cultural neurosciences have shown that the experience of vicariously feeling others' suffering can be modulated by cultural values (Chiao, 2017). In this sense, Cheon et al. (2011) demonstrated that in-group empathy is generally higher in hierarchical cultures, like the Korean one, than in egalitarian contexts, like the North American.

Finally, the transcultural concept of emotion, including empathy which is an important component of compassion, has been elaborated in cultural and psychological anthropology. Work conducted among peoples in the Pacific areas argued that emotions are not universal, but rather embedded into specific sociocultural processes (Lutz, 1988). Other studies have focused on the appropriateness of empathy in societies (e.g., Micronesian and Mayan) where secrecy and privacy are highly valued, and where empathic-like knowledge of others can be perceived as intrusion or attack (Groark, 2008).

Compassionate leadership has been increasingly studied and promoted in the health care sector (Papadopoulos, 2018; Martin & Heineberg, 2017; Worline & Dutton, 2017). The development of a Compassionate Leader Behavior Index (Shuck et al., 2019) is a recent advance in understanding and measuring compassionate leadership, but like much of the evidence discussed above, this does not deepen the cultural determinants of compassionate leadership, and how these affect culturally competent and compassionate leadership. Questions remain around how conceptions and behaviors associated with both leadership and compassion are held and expressed by people with different cultural backgrounds in their local worlds. Making sense of culture in compassionate leadership can also facilitate the use of culturally competent practice in health care, rooted in cultural awareness, sensitivity, and knowledge (Papadopoulos, 2006).

This article builds on the only model that includes the impact of culture in compassion-giving in health care (Papadopoulos, 2018). According to this model, specific characteristics of cultures are the result of environmental factors (place), historical factors (time), people's existing values (socialization), and other unique factors, such as political and economic systems, group/ethnic conflict, and education, which will affect how compassion is understood and enacted. It could be argued that these characteristics form the collective programming of the mind that distinguishes the members of one group or category of people from others, which is how culture has been defined by Hofstede et al. (2010).

Research into the role of culture and the fostering of culturally competent and compassionate leadership in health care is at an embryonic stage. In this project, we acknowledge that the participants from each country may be a

mixture of native and immigrant people. It has become apparent that global mobility of health professionals has resulted in multiethnic/multicultural workforces. This poses a challenge for those researching culture at an international level. For example, in our study, participants from the United Kingdom described themselves as Asian, Australian, Black Caribbean, British, Indian, Irish, or Japanese American. However, we also need to acknowledge that migrant health care workers over time adopt the organizational culture, and they also acculturate to the national culture of their host country. Due to these challenges, this study adopts the Hofstede et al. (2010) notion of national cultural identity.

Aims

This article focuses on the following three questions: (1) "How do you define compassion?" (2) "Can you list the advantages of giving compassion to staff?" and (3) "Can you explain why receiving compassion is important to you?" Participants were invited to provide examples from their own working environments in order to underpin their responses. Furthermore, this article aspires to contribute to the notion of culturally competent and compassionate leadership; therefore, the findings are discussed taking into account the participating countries' culture and how this may influence the participants' views about compassionate leadership.

Method

The design of this study is an exploratory, cross-sectional, descriptive, online survey using closed and open-ended questions. The full questionnaire is publicly available online from the research center website at www.cultureandcompassion.com/victory/international-on-line-compassion-survey (Papadopoulos, 2019).

Sample and Data Collection

A snowball sampling method was used resulting in the selection of an international convenience sample of nursing and midwifery managers (total $N = 1,217$ across 17 countries). The demographic characteristics of the sample are presented in Table 1. Of the 17 countries, nine were from the European region (57% of whole sample), and of these, four consisted of Eastern European countries; four countries belonged to the Middle East region, and three from the Americas—of which two were from South America. One African country was represented. The main inclusion criterion was being a nurse or a midwife manager in a hospital, community, or educational setting. Data collection occurred between the end of November 2017 and the end of July 2018. Data were collected using the web-based electronic survey software *Qualtrics*. International research partners

Table 1. Key Characteristics of Participants From the 17 Participating Countries (Total N = 1,217).

Country	n	%	Gender	Profession	Years of management experience	Number of people managed	Work setting
1. Spain	124	10.2	F: 101 M: 23	Nursing: 118 Midwifery: 3 Other: 3	1-5 years: 46 6-10 years: 28 >11 years: 50	1-5 p: 10 6-10 p: 7 11-20 p: 33 21-50 p: 34 >51 p: 40	Hospital: 56 Education: 5 Community/ primary care: 61 Other: 2
2. Slovakia	106	8.7	F: 102 M: 4	Nursing: 100 Midwifery: 6	1-5 years: 67 6-10 years: 21 >11 years: 18	1-5 p: 43 6-10 p: 23 11-20 p: 27 21-50 p: 6 >51 p: 7	Hospital: 75 Education: 22 Community/ primary care: 9
3. Poland	95	7.8	F: 89 M: 6	Nursing: 84 Midwifery: 10 Other: 1	1-5 years: 27 6-10 years: 23 >11 years: 45	1-5 p: 14 6-10 p: 15 11-20 p: 32 21-50 p: 20 >51 p: 14	Hospital: 70 Education: 11 Community/ primary care: 13 Other: 1
4. Israel	75	6.2	F: 69 M: 6	Nursing: 43 Midwifery: 5 Other: 27	1-5 years: 22 6-10 years: 13 >11 years: 40	1-5 p: 21 6-10 p: 6 11-20 p: 17 21-50 p: 19 >51 p: 12	Hospital: 35 Education: 28 Community/ primary care: 5 Other: 7
5. Czech Republic	74	6.1	F: 73 M: 1	Nursing: 63 Midwifery: 5 Other: 6	1-5 years: 18 6-10 years: 17 >11 years: 39	1-5 p: 2 6-10 p: 11 11-20 p: 21 21-50 p: 22 >51 p: 18	Hospital: 74
6.a Cyprus (Turkish speaking)	73	6.0	F: 73	Nursing: 73	1-5 years: 6 6-10 years: 28 >11 years: 39	1-5 p: 5 11-20 p: 64 21-50 p: 4	Hospital: 72 Education: 1
6.b Cyprus (Greek speaking)	47	3.9	F: 33 M: 14	Nursing: 40 Midwifery: 4 Other: 3	1-5 years: 14 6-10 years: 13 >11 years: 20	1-5 p: 15 6-10 p: 3 11-20 p: 9 21-50 p: 10 >51 p: 10	Hospital: 19 Education: 12 Community/ primary care: 13 Other: 3
7. Chile	72	5.9	F: 69 M: 3	Nursing: 62 Midwifery: 9 Other: 1	1-5 years: 24 6-10 years: 20 >11 years: 28	1-5 p: 18 6-10 p: 18 11-20 p: 7 21-50 p: 11 >51 p: 18	Hospital: 23 Education: 17 Community/ primary care: 25 Other: 7
8. Hungary	71	5.8	F: 5 M: 64 Other: 2	Nursing: 50 Midwifery: 3 Other: 18	1-5 years: 19 6-10 years: 19 >11 years: 33	1-5 p: 4 6-10 p: 13 11-20 p: 16 21-50 p: 24 >51 p: 14	Hospital: 60 Education: 3 Community/ primary care: 7 Other: 1
9. Colombia	69	5.7	F: 62 M: 7	Nursing: 64 Midwifery: 2 Other: 3	1-5 years: 21 6-10 years: 19 >11 years: 29	1-5 p: 17 6-10 p: 10 11-20 p: 7 21-50 p: 15 >51 p: 20	Hospital: 36 Education: 21 Community/ primary care: 6 Other: 6
10. Norway	63	5.2	F: 53 M: 10	Nursing: 57 Other: 6	1-5 years: 21 6-10 years: 15 >11 years: 27	6-10 p: 2 11-20 p: 4 21-50 p: 32 >51 p: 25	Hospital: 45 Education: 1 Community/ primary care: 17

(continued)

Table 1. (continued)

Country	<i>n</i>	%	Gender	Profession	Years of management experience	Number of people managed	Work setting
11. Greece	58	4.8	F: 50 M: 8	Nursing: 58	1-5 years: 26 6-10 years: 15 >11 years: 17	1-5 p: 5 6-10 p: 15 11-20 p: 23 21-50 p: 4 >51 p: 11	Hospital: 52 Education: 4 Community/ primary care: 1 Other: 1
12. The United Kingdom	53	4.4	F: 48 M: 5	Nursing: 27 Midwifery: 23 Other: 3	1-5 years: 16 6-10 years: 20 >11 years: 17	1-5 p: 14 6-10 p: 12 11-20 p: 11 21-50 p: 9 >51 p: 7	Hospital: 35 Education: 9 Community/ primary care: 9
13. Turkey	52	4.3	F: 49 M: 3	Nursing: 45 Midwifery: 2 Other: 5	1-5 years: 20 6-10 years: 20 >11 years: 12	1-5 p: 1 6-10 p: 7 11-20 p: 17 21-50 p: 13 >51 p: 14	Hospital: 50 Education: 2
14. Philippines	49	4.0	F: 32 M: 17	Nursing: 47 Midwifery: 1 Other: 1	1-5 years: 25 6-10 years: 16 >11 years: 8	1-5 p: 6 6-10 p: 9 11-20 p: 12 21-50 p: 12 >51 p: 10	Hospital: 33 Education: 9 Community/ primary care: 5 Other: 2
15. Italy	48	3.9	F: 36 M: 12	Nursing: 44 Midwifery: 1 Other: 3	1-5 years: 4 6-10 years: 10 >11 years: 34	1-5 p: 4 6-10 p: 5 11-20 p: 2 21-50 p: 5 >51 p: 32	Hospital: 23 Education: 16 Community/ primary care: 6 Other: 3
16. South Africa ^a	48	3.9	F: 40 M: 7	Nursing: 33 Midwifery: 12 Other: 3	1-5 years: 12 6-10 years: 13 >11 years: 22	1-5 p: 6 6-10 p: 5 11-20 p: 6 21-50 p: 12 >51 p: 18	Hospital: 15 Education: 25 Community/ primary care: 7 Other: 1
17. The United States	40	3.3	F: 32 M: 8	Nursing: 38 Midwifery: 2	1-5 years: 16 6-10 years: 6 >11 years: 18	1-5 p: 6 6-10 p: 5 11-20 p: 3 21-50 p: 7 >51 p: 19	Hospital: 29 Education: 4 Community/ primary care: 7
Total	1,217	100.0	F: 1,016 M: 198 Other: 2	Nursing: 1,046 Midwifery: 88 Other: 83	1-5 years: 404 6-10 years: 316 >11 years: 496	1-5 p: 191 6-10 p: 166 11-20 p: 311 21-50 p: 259 >51 p: 289	Hospital: 776 Education: 168 Community/ primary care: 156 Other: 117

Note. F = female, M = male, p = people.

^aMissing one value for gender, years of experience, and number of people managed.

circulated the invitation letter containing the link to the questionnaire to colleagues. A minimum of 40 responses were to be collected from each country for it to be included in the final sample.

Data Analysis

A directed hybrid approach of inductive and deductive thematic analysis was employed to analyze the responses to the selected open-ended questions (Fereday & Muir-Cochrane, 2006). This involved examining the survey responses line-by-line and grouping them into categories and themes, as

described in Braun and Clarke (2006), with one researcher examining and coding, for several rounds of reviewing and refining the themes. Coding was discussed with the principal investigator during team meetings. In addition, a coding manual was produced providing a detailed audit trail of the process. The entire analysis was supported by NVivo Version 12 software.

Rigor

Several steps were taken to ensure the quality of the methods used in this study. First, survey questions were checked for

clarity by members of the international team, and problems with translation that were detected were resolved. Second, the translation and back translation into English of the survey questionnaire, the invitation letter, and the qualitative data collected followed the World Health Organization guidelines (2016). The lead researcher had the responsibility to create the links to the online survey for each country, and all data were sent to the lead researcher for analysis. Methodological rigor in the analysis was also enhanced by involving several members of the U.K. research team in coding some of the raw data from one or two countries, and by regular team discussions.

Ethical Considerations

The study was approved by the Health and Social Care ethics subcommittee (No. 1477) of the School of Health and Education at the lead researcher's university. Additionally, every researcher from all participating countries obtained ethical clearance from their respective university/health care organization authority where required. Potential participants received the link to the survey along with an invitation letter that explained the aim and procedures of the study; that participation was anonymous, confidential, and completely voluntary; and that answering the questions constituted consent to the study.

Results

Four overarching themes were derived from the analysis, and selected subthemes and quotes per each theme are presented in four tables as follows: (1) managers' definitions of compassion (Table 2), (2) advantages and importance of compassion for managers (Table 3), (3) advantages and importance of compassion for staff and the workplace (Table 4), and (4) culturally competent and compassionate leadership (Table 5).

Theme 1: Managers' Definition of Compassion

Participants from all countries associated compassion with a virtuous quality; in particular, it was overwhelmingly associated with humanness. Another common characterization of compassion lies within the relational realm, with most managers highlighting a relationship between compassion, and trust and honesty. When conceived as a feeling or an emotion, compassion was sometimes defined in terms of pity, sadness, and feeling sorry due to empathizing with suffering staff. For some participants, feelings of compassion motivated and triggered helping actions. Some managers viewed compassion as an innate quality, others as something connected to upbringing and experience. Finally, a small proportion of participants defined compassion as inherent in the profession.

Theme 2: Advantages and Importance of Compassion for Managers

The advantages and the importance of compassion for managers were variously expressed by participants. For some, compassion and management are strictly interlinked, and others underline how compassion benefits managers directly, in terms of feeling valued and respected. Other managers emphasized how, by giving compassion to their staff, they in turn received understanding, support, and appreciation. Some participants highlighted the importance of being role models for their staff, and how compassion played an important part in their leadership style.

Theme 3: Advantages and Importance of Compassion for Staff and the Workplace

Manager–staff relationships informed by a compassionate approach become closer, more positive, and open. This results in a virtuous circle whereby compassion feeds into compassion, thus establishing a nurturing, positive environment in which managers are more approachable, staff feel more comfortable, and patients enjoy better care. Enhanced teamwork was also placed among the chief advantages of compassion-giving, because compassion helps foster harmonious, peaceful relationships; good communication; and a participatory, empowering approach in which nurses are listened to. Problem-solving, decision-making, and conflict-resolution were also seen as improving. Better performance and productivity in meeting organizational goals, on the one hand, and the improvement of the quality of care for patients, on the other, were also mentioned. Compassion is overall regarded beneficial for both managers and staff's mental health, improving their professional life quality and satisfaction, while decreasing risk of burnout.

Theme 4: Culturally Competent and Compassionate Leadership

Being available to meet with their staff is an important element found across all countries, according to different leadership styles and to individual and cultural characteristics of members of staff. Advocating for their staff is expressed in terms of protecting them against inappropriate treatment that they may receive from patients or their relatives, and unprofessional treatment from other clinicians. Others expressed an attitude of general advocacy of the nurses' role and their rights, based on knowing the staff and their situations. In countries where managers deal with highly multicultural teams, an open and accommodating attitude toward staff's cultural backgrounds was especially commonly reported, also in relation to child care duties and health. Attention to personal and professional development has emerged in terms of encouraging training and the flourishing of the employee, and finally, a rich set of less tangible attitudes emerged from

Table 2. Theme 1: Managers' Definition of Compassion.

Humanness and trust	Pity and sadness	Helping actions	Innate versus acquired quality, inherent to the profession
"Compassion is humane attention that understands the human nature" (Colombia)	"Like a feeling of sadness for someone who's suffering" (Spain)	"It is not enough for managers to show empathy: in fact, besides understanding our staff, we need to act [. . .] A compassionate manager understands their fatigue and barriers and struggles for a solution" (Turkey)	"You cannot teach someone compassion in a classroom. Compassion can be moulded by maturity and experience as long as some has developed a baseline of compassion during their childhood and adolescent years" (the United Kingdom)
"Being compassionate is an expression of humanity, the proof of the fact that we can understand other people better and sympathise with them" (Slovakia)	"Feelings of piety towards those who in a given period are unhappy; participation in the suffering of others" (Italy)	"Empathize with the mood of the other, empathize and understand the other as s/he is, without wanting to change anything" (Chile)	"Compassion is an expression of the care and love we possess inside" (South Africa)
"Compassion is a manifestation of human feelings towards another human being. I know that I work with people and not with robots" (Poland)			"First and foremost, the very choice of the nursing profession means that I am compassionate towards people. Compassion is an emotional skill, it is the place where there is consideration of the feelings of others" (Israel)
"Compassion is understanding staff needs, feelings, situations and knowing them personally builds relationships which engender trust and loyalty" (the United States)			"The human quality that every health worker has to possess" (Turkey)

the managers' responses, which was expressed in terms of participation, perspective taking, closeness and connection, and interest and active listening.

Discussion

Managers from all the participating countries defined compassion in terms of humanness, speaking to the universal dimension of compassion. The relationship between humane and compassionate health care that the participants expressed parallels conceptions put forward by the academic community (Papadopoulos, 2018; Crowther et al., 2013). In our study, managers from South America and the Philippines—two collectivist cultures, where in-group cohesion and a sense of a shared humanity appear higher (Oyserman et al., 2002)—have overwhelmingly emphasized how compassion pertains to the essence of being human. The attention to a humane approach, also expressed by Central–Eastern European managers can be read against the backdrop of the radical set of reforms in postcommunist health transitions (Safaei, 2012). These reforms have led to greater unemployment and uncertainty in the workplace (Bludau, 2014), and consequently, health care professionals may feel urged to appeal to a sense of humanity.

Compassion has been seen as functional in establishing a trustworthy manager–staff relationship, which was prevalent in the United States. The United States is a predominantly individualistic country, and it is widely accepted that employers focus on productivity and fear of litigation. It has also been reported that health care staff turnover rate has recently been alarmingly high (Nursing Solutions, 2019). These factors may explain managers' desire to establish relationships with their staff which are informed by trust and honesty. On the other hand, the conflating of compassion with sadness and pity (which may or may not lead to supportive action) emerged in countries where traditional Christian Catholic values (e.g., Italy, Spain, and Colombia) are more strongly held.

The positive findings reported in this article could be viewed as a continuum. At one end is the emphasis on the self (the manager), moving through the benefits of compassion for the manager–staff relationship, staff well-being, and teamwork, and, finally, at the other end, are the broader benefits for the work setting. However, according to the culturally competent and virtuous compassion model proposed by Papadopoulos (2018), a number of negative factors can tip this delicate balance and turn the two ends of the continuum into toxic positions, with extreme self-interest/individualism

Table 3. Theme 2: Advantages and Importance of Compassion for Managers.

Compassion and management interlinked	Compassion makes managers feel valued and respected	Compassion makes managers feel supported and appreciated	Role models and leadership style
“I think compassion and management should go hand in hand to facilitate teamwork and reduce psychosocial risks in the workplace” (Colombia)	“In many years of handling personnel under my supervision, kindness and humbleness is what I’ve shown to them, so I gained respect in return” (Philippines)	“Staff appreciate you more. They can go the extra mile. They feel happier and more satisfied at work” (the United Kingdom)	“I should not always be a boss figure, but act as a leader who they can trust . . . a friend . . . or a mother” (Philippines)
“It is common practice and a basic managerial ability to show employees empathy and compassion” (Norway)	“They love me and respect me, you are not just boss but you are a friend too” (Hungary)	“I get back the support and help from them! When I need it, they also back me up” (Hungary)	“Compassion strengthens positive leadership” (Chile)
“Compassion is a manifestation of human feelings towards another human being. I know that I work with people and not with robots” (Poland)			“Being a good listener, regular meetings, to be hands-on with what staff are doing, to have better understanding of what is done, leadership style” (South Africa)

at one end, and extreme collectivism at the other. Personal and professional pressures on managers can negatively influence their leadership styles resulting in increased self-centeredness or conversely, in creating a very tight collectivist work team, both of which are undesirable states. It is therefore important that managers are supported by their superiors and the staff in their teams to maintain a balanced culturally competent and compassionate leadership style.

Overall, these findings are consistent with findings on compassion satisfaction in nursing (Sacco & Copel, 2018), which alone may be located on the individualistic end of our continuum. In contrast, compassion flow (Tierney et al., 2017) appears to speak more to the collectivist end of the spectrum. The positive effect of compassion-giving to teamwork, which we found to be very prominent, is also consistent with the literature. This speaks to both the notion of “collective capability for compassion” (Lilius, Worline, et al., 2011) and to positive association between compassion-giving and work engagement (De Clercq et al., 2014). Finally, our evidence highlighted the crucial role of managers in establishing culturally competent and compassionate workplace cultures, which undoubtedly can influence the quality of patient care (Beardsmore & McSherry, 2017). Some of the culturally competent components and manifestations of compassion offered by our participants echo the compassion components reported by practicing nurses, such as giving time, being there, defending and advocating, and personalization (Papadopoulos et al., 2016, 2017). This suggests that compassion-giving is not drastically affected by the position one occupies in an organization. The findings reported in this article appear to support Shuck et al.’s (2019) assertion that displaying compassion is not dependent on the traditional leader–follower exchange and may not conform to traditional boundaries.

Cultural anthropologists, while neglecting compassion as such, have investigated the emotions linked to empathy (Hollan & Throop, 2008). Empathy, as compassion, implies a caring, concerned attitude and the acquisition of better understanding of the other—as our respondents have frequently highlighted—and contributes to make it a distinguished way of understanding people (Halpern, 2011). But it is possible for an empathic approach to be maintained even when understanding fails (Kirmayer, 2008), thereby making it a potent tool that can transcend differences in illness experiences, power positions, and cultural backgrounds and norms. If the cultural and political contexts influence the processes of meaning-making and the practices of compassion exchange, forms of caregiving are also transversal and transcultural. Compassion in management is increasingly recognized as a “trans-cultural source of wisdom” (Opdebeeck & Habisch, 2011).

Kleinman (2015) pointed out that “caregiving is relational and reciprocal” and can be conceived anthropologically as a “gift exchange,” which is “moral, emotional, and practical” (p. 240). This study is going one step further. Our findings suggest that compassion giving and receiving form a symbiotic transactional relationship, because a compassion giver always receives some compassion back, directly from the receiver or indirectly as self-growth, which may or may not be recognized immediately. Therefore, if compassion in general is viewed as a transactional act, it means that culturally situated, transactional compassion can be a beneficial and potent tool to transcend otherness, and ensure authentic caregiving, at all levels of the organization. The majority of the nursing and midwifery managers participating in this study have shown how compassion relates to the establishment of caring relationships that bear emotional investment and cultural resonance (Jones,

Table 4. Theme 3: Advantages and Importance of Compassion for Staff and the Workplace.

Positive manager–staff relationship	Better teamwork, problem- and conflict-solving	Improved performance and care quality	Improved well-being and risk of burnout reduced
“Showing compassion helps maintain proper interpersonal relations; in the case of nursing staff it strengthens empathic behaviour towards the patients” (Poland)	“Everybody excels in something, and when it is possible, I try to enable them to make use of their knowledge” (Czech Republic)	“Staff [. . .] work harder, with less time off and in a more positive working environment, which clearly will follow on to improved care to patients and their families” (Greek-speaking Cyprus)	“The advantages [of compassion-giving] can be: involvement, motivation, serenity, increased sense of responsibility, positive climate” (Italy)
“By giving compassion, you receive from your staff, quality work/friendship/better collaboration. You build better relation” (Greek-speaking Cyprus)	“[Compassion] helps to make difficult decisions. Reduces conflict. Improves the work environment. Encourages relationships and teamwork” (Spain)	“Creating understanding, reinforcing the relationship and enhancing the employee's commitment to the organization” (Israel)	“I think that compassion leads to confidence and a greater work satisfaction” (Norway)
“I am convinced that compassion is a contagious sentiment that spreads around everybody if the manager has it” (Italy)	“I think compassion will increase peace at workplace. We will feel happier” (Turkish-speaking Cyprus)		“Compassion can help tackle psychological problems that the nurses feel, like fatigue and stress” (Turkish-speaking Cyprus)
“Compassion generates an environment of trust and human warmth” (Colombia)			
“Trying to use individual qualities and culture to the best of the unit. At the same time, I wish to have a common culture in the unit” (Norway)			

2005), as well as compassionate workplaces characterized by a focus on care, instead of productivity, and by flourishing relationships and collaborations. Transactional culturally competent compassion—as a quintessential nursing quality—sits at the core of transcultural nursing, and possibly even more poignantly with nursing and midwifery managers, who—as leaders—are particularly called on to be able to transculturally resonate with their staff and patients, organizational pressures, and national/global trends. Therefore, along with the novel conceptualization of compassion as a transactional act, this article also revitalizes the established idea of compassion as a potentially universal humane *and* professional tool that needs to be inseparable from cultural competence (Papadopoulos, 2006).

Strengths and Limitations

To our knowledge, this is the only qualitative exploration of how nursing and midwifery managers view, define, recognize, and practice culturally competent compassion (with a particular focus on the importance and advantages of compassion-giving). Also unique is the study's secondary goal of improving our understanding around cultural determinants of compassion-giving among nursing and midwifery managers (which is reflected in the participatory,

transnational design of the survey). Partners are pursuing further analysis of their own country's data, with rich culturally and structurally situated analyses. This study is also of exceptional diachronic value as it constitutes a further tile (the first one being the previous international survey among nurses) in the construction of a broader theory of culturally competent *and* compassionate care, and how it can be studied. The study was also careful to incorporate a number of systematic measures to reduce bias in its analysis, such as adopting a hybrid approach, following systematic steps, and involving several researchers in the data analysis, which provided the necessary verification of the findings.

Regarding the study's limitations, we acknowledge that the selection of the countries involved was dictated by the network of the coordinating U.K. research team, which accounts for the Eurocentric bias of the sample. The online survey design prevented the collection of empirical contextual data, and practical constraints limited the use of the literature in country languages. Due to the challenges that exist in the unravelling of the cultural values of participants in international studies, and our adoption of national cultures in the interpretation of this study's data, our contribution to understanding how cultures inform compassion-giving should be viewed with caution.

Table 5. Theme 4: Culturally Competent and Compassionate Leadership.

Open and flexible to meet with staff	Advocacy and protection	Accommodating attitude towards staff's cultural backgrounds and needs	Encourage PPD and participation
<p>“With intergenerational/cultural management, staff have different preferences: some only text, some only accept calls, some never check emails, some don't like to speak in person, if it could be an email” (the United States)</p> <p>“[Giving compassion] On day shifts, evening shifts, when I attend doctor's round, having an open door, having time, put other work aside when there is need for a conversation” (Norway)</p> <p>“I am convinced that compassion is a contagious sentiment that spreads around everybody if the manager has it” (Italy)</p> <p>“Compassion generates an environment of trust and human warmth” (Colombia)</p> <p>“Trying to use individual qualities and culture to the best of the unit. At the same time, I wish to have a common culture in the unit” (Norway)</p>	<p>“Generally, our staff members get verbally abused by the patients or their relatives. At such times as a manager I never hesitate to call the security or police [. . .] I feel like I have to protect my staff” (Turkish-speaking Cyprus)</p> <p>“I try to prevent the physicians from offloading their work on the nurses” (Czech Republic)</p> <p>“The defence of the rights of the personnel is done via an absence of prejudices, an in-depth knowledge of the situations, also the knowledge of the characteristics of the staff in charge” (Colombia)</p> <p>“If I have opportunities, I always stand by their side” (Poland)</p>	<p>“A Druze nurse lives in a distant village. It is difficult for her to do an evening shift (since her community does not view her late arrival in the village favourably) [. . .] I try as much as possible to allow each ethnic group to celebrate their holidays with their families” (Israel)</p> <p>“If a Muslim staff member requires days off for religious holidays, I encourage that. Likewise if a Black African staff member requests time off to attend special ceremonies, I encourage that” (South Africa)</p> <p>“I try to engage about their countries, how midwifery differs [. . .] They often have a very different perspective about UK culture, how they perceive it so we have interesting mind-opening conversations” (the United Kingdom)</p> <p>“Sometimes we have to bend or maybe try to 'be in their culture' without jeopardizing our own” (Philippines)</p> <p>“I work in hospice, and culture can greatly affect how we view death and dying” (the United States)</p> <p>“I am in charge of nurses from indigenous communities with particular characteristics which I must respect” (Colombia)</p>	<p>“Work tasks correspond to competence, interdisciplinary concerns; make competence visible, areas and jobs that are appropriate” (Norway)</p> <p>“Praise successes. Focus on strengths and positive qualities” (the United Kingdom)</p> <p>“Understanding the deeper problems of the member of staff with an emotional way of resolving them” (Greece)</p> <p>“Cry with the crying, laugh with the laughing, and do not think you're better than them” (Czech Republic)</p> <p>“We have a multicultural and multinational nursing team. I try to encourage everyone within the team to do more listening rather than talking” (Greek-speaking Cyprus)</p>

Note. PPD = personal and professional development.

Conclusion

The study of the generic and specific country cultural determinants affecting the views of compassionate leadership in health care needs expansion. Leaders sit at the intersection of multiple pressures and are required to *transculturally* resonate with their staff and patients, within complex sets of intersubjective contacts, organizational pressures, and national/global forces. The value placed on compassion by our participants has several implications:

- *Cultural values and leadership*: Culturally intelligent (Rockstuhl et al., 2011) and compassionate leaders should have deep awareness of their own cultural values to account for the influence of their own culture on their leadership styles. Transcultural models and practices of ethical leadership (Eisenbeiß & Brodbeck, 2014) should be developed to establish nurturing health care working environments from which all stakeholders can benefit. Culturally specific models of leadership are to be framed within the pillars of transcultural and compassionate nursing, which are ethics, intercultural relations, socio-political systems, and human rights (Papadopoulos, 2006).
- *Building compassion into organizations*: Strategies for developing culturally competent and compassionate health care leadership require a shift from the prevalent dehumanizing model of the organization as machine to a model of the organization as a complex and interconnected adaptive living system. An effort to “institutionalise compassion” (Lilius, Kanov, et al., 2011) and cultural competence should be adopted throughout the organization with collective holistic learning strategies and high levels of staff support and engagement.
- *The role of self-compassion*: Providing training in coping and self-compassion strategies is an overdue imperative that will encourage nursing and midwifery managers to show compassion and to nurture the values that underpin professional codes of practice. The organization of transnational peer group events as occasion to reflect, self-help, and define good practices should be fostered.

An innovative research agenda in this field should pursue further multidisciplinary and local empirical research, with transnational collaborations. Finally, while always culturally situated, transactional compassion can be a potent tool to transcend otherness, and ensure authentic caregiving, at all levels of the organization.

Acknowledgments

We thank all the 1,217 participants who gave their time to complete the survey. We would like to additionally thank Sheila Ali, Syed

Miah, and Dr. María José Morales Gázquez for their contributions to the data analysis process.

Author Contributions

Made a substantial contribution to the concept or design of the work; or acquisition, analysis, or interpretation of data: all authors
Drafted the article or revised it critically for important intellectual content: all authors

Approved the version to be published: all authors

Take public responsibility for appropriate portions of the content: all authors

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article. This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors, and it was conducted on a voluntary basis, under the lead of the Research Centre for Transcultural Studies in Health at Middlesex University, London, the United Kingdom.

Ethical Approval

The study was approved by the Health and Social Care ethics sub-committee (No. 1477) of the School of Health and Education at the lead researcher’s university.

ORCID iDs

Runa Lazzarino  <https://orcid.org/0000-0002-4206-4913>

Magdeline Aagard  <https://orcid.org/0000-0002-4394-1842>

Orit Eldar-Regev  <https://orcid.org/0000-0002-5397-5210>

Mara Muñoz-Solinas  <https://orcid.org/0000-0001-9260-9021>

Sara Nissim  <https://orcid.org/0000-0001-8381-8104>

Cristina Oter-Quintana  <https://orcid.org/0000-0002-2192-5120>

References

- Beardsmore, E., & McSherry, R. (2017). Healthcare workers’ perceptions of organisational culture and the impact on the delivery of compassionate quality care. *Journal of Research in Nursing*, 22(1-2), 42-56. <https://doi.org/10.1177/1744987116685594>
- Bludau, H. (2014). The power of protocol: Professional identity development and governmentality in post-socialist health care. *Sociologický Časopis/Czech Sociological Review*, 50(6), 875-896. <https://doi.org/10.13060/00380288.2014.50.6.145>
- Bolden, R., Adelaine, A., Warren, S., Gulati, A., Conley, H., & Jarvis, C. (2019). *Inclusion: The DNA of leadership and change*. <https://uwe-repository.worktribe.com/output/852067>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Cheon, B. K., Im, D.-M., Harada, T., Kim, J.-S., Mathur, V. A., Scimeca, J. M., Parrish, T. B., Park, H. W., & Chiao, J. Y. (2011). Cultural influences on neural basis of intergroup empathy.

- NeuroImage*, 57(2), 642-650. <https://doi.org/10.1016/j.neuroimage.2011.04.031>
- Chiao, J. Y. (2017). Cultural neuroscience of compassion and empathy. In E. M. Seppälä, E. Simon-Thomas, S. L. Brown, M. C. Worline, C. D. Cameron, & J. R. Doty (Eds.), *The Oxford handbook of compassion science* (pp. 147-158). Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780190464684.013.12>
- Crowther, J., Wilson, K. C., Horton, S., & Lloyd-Williams, M. (2013). Compassion in healthcare: Lessons from a qualitative study of the end of life care of people with dementia. *Journal of the Royal Society of Medicine*, 106(12), 492-497. <https://doi.org/10.1177/0141076813503593>
- De Clercq, D., Bouckennooghe, D., Raja, U., & Matsyborska, G. (2014). Servant leadership and work engagement: The contingency effects of leader-follower social capital. *Human Resource Development Quarterly*, 25(2), 183-212. <https://doi.org/10.1002/hrdq.21185>
- Dorfman, P. W., Hanges, P. J., & Brodbeck, F. C. (2004). Leadership and cultural variation. In R. J. House, P. J. Hanges, M. Javidan, P. W. Dorfman, & V. Gupta (Eds.), *Culture, leadership, and organizations: The GLOBE study of 62 societies* (1st ed., pp. 669-719). Sage.
- Eisenbeiß, S. A., & Brodbeck, F. (2014). Ethical and unethical leadership: A cross-cultural and cross-sectoral analysis. *Journal of Business Ethics*, 122(2), 343-359. <https://doi.org/10.1007/s10551-013-1740-0>
- Fereday, J., & Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods*, 5(1), 80-92. <https://doi.org/10.1177/160940690600500107>
- Gelfand, M. J., Raver, J. L., Nishii, L., Leslie, L. M., Lun, J., Lim, B. C., Duan, L., Almaliah, A., Ang, S., Arnadottir, J., Aycan, Z., Boehnke, K., Boski, P., Cabecinhas, R., Chan, D., Chhokar, J., D'Amato, A., Ferrer, M., Fischlmayr, I. C., . . . Yamaguchi, S. (2011). Differences between tight and loose cultures: A 33-nation study. *Science*, 332(6033), 1100-1104. <https://doi.org/10.1126/science.1197754>
- Groark, K. P. (2008). Social opacity and the dynamics of empathic in-sight among the Tzotzil Maya of Chiapas, Mexico. *Ethos*, 36(4), 427-448. <https://doi.org/10.1111/j.1548-1352.2008.00025.x>
- Halpern, J. (2011). *From detached concern to empathy: Humanizing medical practice* (1st ed.). Oxford University Press.
- Hofstede, G. (1984). *Culture's consequences: International differences in work-related values*. Sage.
- Hofstede, G., Hofstede, G. J., & Minkov, M. (2010). *Cultures and organizations: Software of the mind* (3rd ed.). McGraw-Hill Professional.
- Hollan, D., & Throop, C. J. (2008). Whatever happened to empathy? Introduction. *Ethos*, 36(4), 385-401. <https://doi.org/10.1111/j.1548-1352.2008.00023.x>
- Jones, A. M. (2005). The anthropology of leadership: Culture and corporate leadership in the American South. *Leadership*, 1(3), 259-278. <https://doi.org/10.1177/1742715005054437>
- Kabasakal, H., & Bodur, M. (2004). Humane orientation in societies, organizations, and leader attributes. In R. J. House, P. J. Hanges, M. Javidan, P. W. Dorfman, & V. Gupta (Eds.), *Culture, leadership, and organizations: The GLOBE study of 62 societies* (1st ed., pp. 564-601). Sage.
- Kirmayer, L. J. (2008). Empathy and alterity in cultural psychiatry. *Ethos*, 36(4), 457-474. <https://doi.org/10.1111/j.1548-1352.2008.00027.x>
- Kitayama, S. (2002). Culture and basic psychological processes: Toward a system view of culture: Comment on Oyserman et al. (2002). *Psychological Bulletin*, 128(1), 89-96. <https://doi.org/10.1037/0033-2909.128.1.89>
- Kleinman, A. (2015). Care: In search of a health agenda. *Lancet*, 386(9990), 240-241. [https://doi.org/10.1016/S0140-6736\(15\)61271-5](https://doi.org/10.1016/S0140-6736(15)61271-5)
- Koopmann-Holm, B., & Tsai, J. L. (2017). The cultural shaping of compassion. In E. M. Seppälä, E. Simon-Thomas, S. L. Brown, M. C. Worline, C. D. Cameron, & J. R. Doty (Eds.), *Oxford handbook of compassion science* (pp. 273-285). Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780190464684.013.21>
- Levine, R. V., Norenzayan, A., & Philbrick, K. (2001). Cross-cultural differences in helping strangers. *Journal of Cross-Cultural Psychology*, 32(5), 543-560. <https://doi.org/10.1177/0022022101032005002>
- Lewis, H. S. (1974). *Leaders and followers: Some anthropological perspectives*. Addison-Wesley.
- Lilius, J. M., Kanov, J. M., Dutton, J. E., Worline, M. C., & Maitlis, S. (2011). Compassion revealed: What we know about compassion at work (and where we need to know more). In G. M. Spreitzer & K. S. Cameron (Eds.), *The Oxford handbook of positive organizational scholarship* (pp. 273-287). Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780199734610.001.0001>
- Lilius, J. M., Worline, M., Dutton, J., Kanov, J., & Maitlis, S. (2011). Understanding compassion capability. *Human Relations*, 64(7), 873-899. <https://doi.org/10.1177/0018726710396250>
- Lutz, C. A. A. (1988). *Unnatural emotions: Everyday sentiments on a Micronesian atoll and their challenge to Western theory* (1st ed.). University of Chicago Press.
- Martin, D., & Heineberg, Y. (2017). Positive leadership, power and compassion. In P. Gilbert (Ed.), *Compassion* (1st ed., pp. 221-236). Routledge. <https://doi.org/10.4324/978131564296-13>
- Nursing Solutions, Inc. (2019). *2019 National Health Care Retention & RN Staffing Report*. <https://www.nsinursingsolutions.com/Library.php>
- Opdebeeck, H., & Habisch, A. (2011). Compassion: Chinese and western perspectives on practical wisdom in management. *Journal of Management Development*, 30(7/8), 778-788. <https://doi.org/10.1108/02621711111150272>
- Oyserman, D., Coon, H. M., & Kimmelmeier, M. (2002). Rethinking individualism and collectivism: Evaluation of theoretical assumptions and meta-analyses. *Psychological Bulletin*, 128(1), 3-72. <https://doi.org/10.1037/0033-2909.128.1.3>
- Papadopoulos, I. (2018). *Culturally competent compassion*. Routledge.
- Papadopoulos, I. (Ed.). (2006). *Transcultural health and social care: Development of culturally competent practitioners* (1st ed.). Churchill Livingstone.
- Papadopoulos, I. (2019). *International online surveys: Culturally competent compassion in nursing managers*. <https://cultureandcompassion.com/victory/international-on-line-compassion-survey>
- Papadopoulos, I., Taylor, G., Ali, S., Aagard, M., Akman, O., Alpers, L.-M., Apostolara, P., Biglete-Pangilinan, S., Biles,

- J., García, Á. M., González-Gil, T., Koulouglioti, C., Kouta, C., Krepinska, R., Kumar, B. N., Lesińska-Sawicka, M., Diaz, A. L. L., Malliarou, M., Nagórska, M., ... Zorba, A. (2017). Exploring nurses' meaning and experiences of compassion: an international online survey involving 15 countries. *Journal of Transcultural Nursing: Official Journal of the Transcultural Nursing Society*, 28(3), 286–295. <https://doi.org/10.1177/1043659615624740>
- Papadopoulos, I., Zorba, A., Koulouglioti, C., Ali, S., Aagard, M., Akman, O., Alpers, L.-M., Apostolara, P., Biles, J., Martín-García, Á., González-Gil, T., Kouta, C., Krepinska, R., Kumar, B. N., Lesińska-Sawicka, M., Lopez, L., Malliarou, M., Nagórska, M., Nissim, S., ... Vasiliou, M. (2016). International study on nurses' views and experiences of compassion. *International Nursing Review*, 63(3), 395–405. <https://doi.org/10.1111/inr.12298>
- Preston, S. D. (2013). The origins of altruism in offspring care. *Psychological Bulletin*, 139(6), 1305–1341. <https://doi.org/10.1037/a0031755>
- Rockstuhl, T., Seiler, S., Ang, S., Van Dyne, L., & Annen, H. (2011). Beyond general intelligence (IQ) and emotional intelligence (EQ): The role of cultural intelligence (CQ) on cross-border leadership effectiveness in a globalized world. *Journal of Social Issues*, 67(4), 825–840. <https://doi.org/10.1111/j.1540-4560.2011.01730.x>
- Sacco, T. L., & Copel, L. C. (2018). Compassion satisfaction: A concept analysis in nursing. *Nursing Forum*, 53(1), 76–83. <https://doi.org/10.1111/nuf.12213>
- Safaei, J. (2012). Post-communist health transitions in Central and Eastern Europe. *Economics Research International*, 2012, Article 137412. <https://doi.org/10.1155/2012/137412>
- Schloesser, O., Frese, M., Heintze, A.-M., Al-Najjar, M., Arciszewski, T., Besevegis, E., Bishop, G., Bonnes, M., & Clegg, C. (2012). Humane orientation as a new cultural dimension of the GLOBE project: A validation study of the GLOBE scale and out-group humane orientation in 25 countries. *Journal of Cross-Cultural Psychology*, 44(4), 535–551. <https://doi.org/10.1177%2F0022022112465671>
- Shuck, B., Alagaraja, M., Immekus, J., Cumberland, D., & Honeycutt-Elliott, M. (2019). Does compassion matter in leadership? A two-stage sequential equal status mixed method exploratory study of compassionate leader behavior and connections to performance in human resource development. *Human Resource Development Quarterly*, 30(4), 537–564. <https://doi.org/10.1002/hrdq.21369>
- Singelis, T. M., Triandis, H. C., Bhawuk, D. P. S., & Gelfand, M. J. (2016). Horizontal and vertical dimensions of individualism and collectivism: A theoretical and measurement refinement. *Cross-Cultural Research*, 29(3), 240–275. <https://doi.org/10.1177/106939719502900302>
- Tierney, S., Seers, K., Tutton, E., & Reeve, J. (2017). Enabling the flow of compassionate care: A grounded theory study. *BMC Health Services Research*, 17(1), Article 174. <https://doi.org/10.1186/s12913-017-2120-8>
- Triandis, H. (1988). Collectivism v. individualism: A reconceptualisation of a basic concept in cross-cultural social psychology. In G. K. Verma & C. Bagley (Eds.), *Cross-cultural studies of personality, attitudes and cognition* (pp. 60–95). Palgrave Macmillan. https://doi.org/10.1007/978-1-349-08120-2_3
- West, M. A., Armit, K., Loewenthal, L., Eckert, R., West, T., & Lee, A. (2015). *Leadership and leadership development in health care: The evidence base*. The King's Fund, Faculty of Medical Leadership and Management, Center for Creative Leadership. https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/leadership-leadership-development-health-care-feb-2015.pdf
- Winston, B. E., & Ryan, B. (2008). Servant leadership as a humane orientation: Using the GLOBE Study construct of humane orientation to show that servant leadership is more global than Western. *International Journal of Leadership Studies*, 3(2), 212–222.
- World Health Organization. (2016). *Process of translation and adaptation of instruments*. https://www.who.int/substance_abuse/research_tools/translation/en/
- Worline, M. C., & Dutton, J. E. (2017). How leaders shape compassion processes in organizations. In E. M. Seppälä, E. Simon-Thomas, S. L. Brown, M. C. Worline, C. D. Cameron, & J. R. Doty (Eds.), *The Oxford handbook of compassion science* (pp. 435–456). Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780190464684.013.31>

ARTICLES FOR FACULTY MEMBERS

COMPASSIONATE LEADERSHIP

Title/Author	The measurement of compassionate leadership: Adaptation and Spanish validation of the compassionate leadership self-reported scale / Sansó, N., Leiva, J. P., Vidal-Blanco, G., Galiana, L., & West, M.
Source	<i>Scandinavian Journal of Caring Sciences</i> Volume 36 Issue 4 (2022) Pages 1165–1179 https://doi.org/10.1111/scs.13079 (Database: Wiley Online Library)

26th October 2023

ORIGINAL ARTICLE

The measurement of compassionate leadership: Adaptation and Spanish validation of the compassionate leadership self-reported scale

Noemí Sansó PhD, Assistant Professor^{1,2} | Juan P. Leiva MD, MSc, PhD candidate
 Universitat Autònoma de Barcelona, Head of the Support and Palliative Care Team³ |
 Gabriel Vidal-Blanco PhD, Assistant Professor⁴ | Laura Galiana PhD, Associate
 Professor⁵  | Michael West CBE HonFRCPsG, Professor^{6,7,8}

¹Department of Nursing and Physiotherapy, University of the Balearic Islands, Mallorca, Spain

²Balearic Islands Health Research Institute (IDISBA), Mallorca, Spain

³Support and Palliative Care Team, Hospital Manacor, Mallorca, Spain

⁴Department of Nursing, University of Valencia, Valencia, Spain

⁵Department of Methodology for the Behavioral Sciences, University of Valencia, Valencia, Spain

⁶The King's Fund, London, UK

⁷Department of Organizational Psychology, Lancaster University, Lancaster, UK

⁸Aston University, Birmingham, UK

Correspondence

Laura Galiana, Department of Methodology for the Behavioral Sciences, University of Valencia. Av. Blasco Ibañez, 21, 46010 Valencia, Spain.
 Email: Laura.Galiana@uv.es

Funding information

This research was funded by FEDER/Ministerio de Ciencia e Innovación – Agencia Estatal de Investigación, Spain/Project Longitudinal study of compassion and other professional quality of life determinants: A national level research on palliative care professionals (CompPal) [Estudio longitudinal de la compasión y otros determinantes de la calidad de vida profesional: Una investigación en profesionales de cuidados paliativos a nivel nacional (CompPal)] (RTI2018-094089-I00).

Abstract

Background: A culture of shared leadership is widespread among palliative care teams based on a commitment to valuing and including all people equally. As compassion is a core value for end-of-life care work, compassionate leadership may be the best way to lead in palliative care.

Aims: The aims of this study were twofold: (1) to adapt and validate the Compassionate Leadership Self-reported Scale in a sample of palliative care professionals; and (2) to study the relation between compassionate leadership and associated concepts of self-compassion, awareness and self-care.

Methods: A cross-sectional survey of 296 Spanish end-of-life care professionals was conducted. Analyses included descriptive statistics, a confirmatory factor analysis (CFA) with four-correlated factors, reliability estimates and a structural model.

Results: Results suggested there were medium to high levels of compassionate leadership in the sample. The CFA showed an adequate overall fit: $\chi^2(98) = 277.595$ ($p < 0.001$); CFI = 0.986; SRMR = 0.047; RMSEA = 0.088 [0.076, 0.100]. Reliability estimates for four subscales of compassionate leadership (attending, understanding, empathising and helping) were also adequate, ranging from 0.72 to 0.96. Finally, the

[Correction added on 6 April 2022, after first online publication: Juan P. Leiva's job title and qualifications have been corrected to "PhD candidate Universitat Autònoma de Barcelona" in this version.]

This is an open access article under the terms of the [Creative Commons Attribution-NonCommercial-NoDerivs](https://creativecommons.org/licenses/by-nc-nd/4.0/) License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

© 2022 The Authors. *Scandinavian Journal of Caring Sciences* published by John Wiley & Sons Ltd on behalf of Nordic College of Caring Science.

structural model predicting compassionate leadership suggested that the dimensions of attending and understanding were most highly related to positive self-compassion and awareness; empathising, to self-care and awareness; and helping, to positive self-compassion and self-care.

Conclusion: The Compassionate Leadership Scale has adequate psychometric properties when used to assess compassionate leadership in the context of end-of-life care. Our results indicate that self-compassion, awareness and self-care are important correlates of such compassionate leadership.

KEYWORDS

awareness, compassionate leadership, palliative care, self-care, self-compassion

INTRODUCTION

There is increasing evidence that organisations, as sites of human efforts, are also places of human suffering. Suffering is a reality of organisational life, and therefore, compassion, as a response to a co-worker's suffering, plays an important part in maintaining organisational functioning [1,2]. Indeed, as a natural human reaction, compassion is crucial to strengthening employees' connections and relations with one another in meaningful ways [3]. When professionals feel cared for and perceive organisational support, they feel more satisfied with their jobs and committed to their organisations [4].

Compassion is even more important when studying healthcare organisations [5]. Indeed, compassion has always been central to healthcare, and it has been defined as integral to "good" healthcare [6–9] and as one of the Cs in the UK National Nursing and Midwifery strategy [10]: care, compassion, competence, communication, courage and commitment. Compassion is a key element in person-centred care, as it denotes the ability to develop genuinely compassionate relationships with patients and families [11]. Therefore, person-centred care holds that healthcare is only appropriate if it is compassionate [12]. Research on healthcare outcomes for patients bears out the fundamental importance of compassion to patient outcomes [13].

Compassion has been defined as "a virtuous response that seeks to address the suffering and needs of a person through relational understanding and action" [14]. Therefore, behaving compassionately involves recognising the need in others, a motivation to respond to it, and the skills to meet it by helping [14]. Facilitating compassion at healthcare organisational level may enhance an ethic of care, by establishing a more positive, harmonious and supportive workplace for caregivers [15]. Specifically, when caring for the dying, compassionate qualities are essential, not only for the patients' wellbeing, but also for professionals' [16]. Compassionate care and adequate levels of professional quality of life together enhance wellbeing for

end-of-life care professionals [16, 17]. Therefore, healthcare professionals and leaders may pursue compassionate care because, as a moral virtue, compassion will give context and direction to healthcare professionals' decisions and actions, and will help to achieve excellence in healthcare practice [5]. But leaders also may pursue compassionate care because of its impact on the health and wellbeing of healthcare professionals. However, it is clear that these compassionate qualities (values, cultures, leadership) are not always present [15, 18, 19], and this has been strongly accentuated by the current health crisis [20–22].

The relationship between compassion and organisational outcomes has not been investigated in depth [4]. Some research suggests that workplace cultures influenced by compassionate guidelines promote helpful [23], forgiving [24] and generous behaviours [25]. Several authors have suggested that compassion, within an organisational context, can have several benefits, such as boosting organisational trust, pride, connection, motivation and commitment [26–28]; contributing to perceived effectiveness in leadership and decision making [29,30]; and enhancing organisational performance [31]. In this context, compassionate leadership plays an important role in modelling compassionate behaviours, encouraging other employees to act compassionately and reducing dysfunctional behaviour, such as incivility or toxic conflict [3]. Specifically, supportive leadership enhancing compassion among healthcare personnel has been related to high levels of patient satisfaction, quality of care and organisational financial performance [32].

Compassionate leadership is significantly influenced by shared leadership and positive psychology perspectives [33–36]. Linked to an authentic leadership model, compassionate leadership can be built on the skills of self-awareness, internalised moral perspective, balanced processing and relational transparency [37]. It can also be an addition to the skills of idealised influence or charisma, inspirational motivation, intellectual stimulation and individualised consideration or attention, typical of

transformational leadership [38]. Furthermore, compassionate leadership can be an important part of resonant leadership [39], or servant leadership that is relevant when fostering altruistic behaviours and the setting aside of egoistic goals [40]. Compassionate leadership implies a leadership that promotes the embodied qualities of servant leadership, such as altruism, integrity, humility and wisdom, along with an appreciation and empowerment of others [36]. In healthcare, such a leadership orientation is highly salient and relevant to the context.

Evidence about the levels and impact of compassionate leadership in healthcare organisations is scarce, but there are studies on how to enhance compassion among professionals and healthcare leaders [41,42]. Self-compassion has been identified as essential for maintaining healthcare workers' balance [43]. Defined as compassion directed towards oneself, or extending compassion to ourselves as we would to others [43,44], self-compassion allows the healthcare professional to build resilience against stress and burnout [45], and has been associated with better professional quality of life [41,42,46,47].

Other enablers of compassionate leadership include mindfulness and self-care activities. Attentiveness and the ability to notice is key in detecting suffering and need, as acts of compassion are impossible without awareness of need [8]. In fact, studies have shown that increasing self-awareness through interventions also affects levels of compassion [42,46]. Awareness allows healthcare professionals to simultaneously attend to and monitor patients', colleagues' and their own needs, by developing greater feelings of empathy, kindness and equanimity for patients, colleagues, and for themselves.

Together with self-compassion and awareness, activities of self-care, which are aimed at ensuring a psychosocially rich life, have been identified as important enablers of compassionate leadership [8]. Indeed, the practice of self-care, defined as the promotion of one's health [48] and the process of maintaining one's wholeness [49], is suggested as effective means of coping with occupational stressors for healthcare professionals [50,51].

Taking this into account, we can infer that frontline caregivers will be better able to deliver compassionate care, in the context of a supportive organisational culture and with compassionate leadership support. This compassionate leadership has been defined as having four components: *attending*, paying attention to the other and noticing his or her suffering; *understanding*, understanding the cause of the other's distress; *empathising*, feeling an empathic response, mirroring the other's distress; and *helping*, taking thoughtful, skilled and appropriate action to help relieve the other's suffering [52,53]. To assess such

qualities, West [53] developed a brief instrument that consists of 16 items, the Compassionate Leadership Scale. This instrument has not been yet validated to this date. This study aims to adapt and validate the Compassionate Leadership Scale in a sample of end-of-life care professionals. The self-assessed instrument was provided to healthcare professionals in relation to their leadership. Moreover, the association between compassionate leadership and self-compassion, self-care and awareness was also analysed.

METHODS

Design, setting and participants

A cross-sectional survey of Spanish end-of-life care professionals was conducted during January-February 2020. Professionals were encouraged to participate through the Spanish Society for Palliative Care (SECPAL). Participants were sampled from their lists of members, who were asked to complete an online survey using SurveyMonkey, a secure and anonymous online platform that also restricted multiple survey responses. Participation was voluntary and required respondents' informed consent.

For inclusion, the participants had to be a healthcare professional (physician, nurse, psychologist, nursing assistant, social worker, or other), who currently cared for patients at the end of their lives, but not necessarily in palliative care settings. We determined if they were end-of-life care professionals using three questions, to which professionals had to answer YES/NO. If the answer was YES to any of them, they were considered professionals working with patients at the end of life. The indicators were: (a) "Do you care for patients with palliative needs?"; (b) "Do you care for chronic patients in advanced situations?"; and (c) "Do you care for patients with prognosis of life less than 2 years?".

No a priori sample size estimation was calculated. However, we took into account several rules-of-thumb, including a minimum sample size of 200 [54,55], and 10 cases per variable [56]. Therefore, our sample size ($n = 296$) meets both Boomsma's [54,55] ($n > 200$) and Nunnally's [56] ($n > 200$ [10 cases per 16 variables for CFA model; 10 cases per 20 variables for the MIMIC model]) criteria.

The sample consisted of 296 end-of-life care professionals who completed the survey. Mean age was 43.9 years old ($SD = 10.15$); 77.40% were female. Regarding their professions, 31.8% were doctors, 44.2% nurses, 8.6% psychologists, 4.5% nursing assistants, 5.8% social workers and 5.1% had other professions. Details of sample characteristics can be found in Table 1.

TABLE 1 Sample characteristics

Variables	Categories	N	%
Gender	Female	66	22.3
	Male	229	77.4
	Missing	1	0.3
Level of education	Undergraduate	20	6.7
	Graduate	249	84.2
	Postgraduate	26	8.8
	Missing	1	0.3
Marital status	Single	71	24.0
	Married/living with a couple	192	64.9
	Divorced	29	9.8
	Widowed	2	0.7
	Missing	2	0.7
	Profession	Doctor	93
Nurse		129	43.6
Nursing assistant		13	4.4
Psychologist		25	8.4
Social worker		17	5.7
Others		15	5.1
Missing		4	1.4

Measures

The research measures included scales to assess the following:

a. **Compassionate leadership.** The Compassionate Leadership Self-reported Scale was used, which is a brief instrument of 16 items that includes four dimensions: attending, understanding, empathising and helping. Each of them is measured with four items, such as “I listen carefully when exploring problems” (attending), “I am helpful in understanding the causes of difficulties the team faces” (understanding), “I am emotionally in touch with others’ feelings when they are upset” (empathising) and “I help people practically with problems they face” (helping). Items are rated on a 5-point Likert-type scale, ranging from 1 (completely disagree) to 5 (completely agree). For the adaptation of the scale, first, a group of experts in organisational psychology, nursing and psychometrics adapted the original version, by changing the initial statement or instruction, from “This leader” to “regarding your behaviour when you lead your work team”. Items were also changed from third person to first person. Then, the backward and forward translation process was used; first, the scale was translated into

Spanish by a professional native; it was then translated back into English by another native professional and no differences were found. No changes were made after review of the Spanish version by the group of experts. The resulting Spanish version of the scale is in Table 2. Estimates of reliability are provided in the Results section.

- b. **Self-compassion.** Self-compassion was assessed with the Self-Compassion Scale – Short Form (SCS) [57], in its Spanish version [58]. The SCS is formed by 12 items assessing three main components of self-compassion and their opposites: self-kindness/self-judgement, common humanity/isolation and mindfulness/over-identification. Items score in a 5-point Likert-type scale, from 1 “almost never” to 5 “almost always”. Examples of items are “I try to be understanding and patient towards those aspects of my personality I don’t like” for positive self-compassion, and “When I fail at something important to me, I become consumed by feelings of inadequacy” for negative self-compassion. In this study, two dimensions of self-compassion were used: positive and negative self-compassion. Positive self-compassion would refer to compassionate self-responding to personal struggle, whereas negative self-compassion would refer to uncompassionate self-responding to personal struggle (berating oneself for feeling bad or repressing negative feelings), in line with Neff’s definition of self-compassion, who has recently conceptualised as a “balance between increased compassionate and decreased uncompassionate self-responding to personal struggle” [59]. This two-factor solution obtained an excellent fit in this sample: $\chi^2(53) = 136.971$ ($p < 0.001$); CFI = 0.964; SRMR = 0.043; RMSEA = 0.076 [0.061, 0.092]. Estimates of reliability in this sample were 0.823 and 0.863, respectively.
- c. **Awareness.** This variable was measured with 5 indicators of the validated Spanish version of the Mindful Attention Awareness Scale [60], an instrument that measures the general tendency to be aware and conscious of one’s own experiences of daily life. Following the work of Galiana et al. [61], items 7, 8, 9, 10 and 14 were chosen, as they were the more discriminant. Items were scored in a 5-point Likert scale, ranging from 1 “totally disagree” to 5 “totally agree”. Examples of items are: “I could experience an emotion and not be conscious of it until later” or “I find it difficult to stay focused on what is happening in the present”. Scores were reverted before mean calculation. Reliability in this study was 0.887.
- d. **Self-Care.** Self-care was assessed with the Professional Self-Care Scale (PSCS) [62], originally developed in Spanish. It is composed by nine items and assesses three dimensions of professionals’ self-care: physical, which refers to the implication in activities that helps

TABLE 2 Adapted version of the compassionate leadership self-reported scale in English and Spanish

Compassionate Leadership Self-reported Scale (<i>italics for the Spanish version</i>)
Indicate your agreement or disagreement with the following sentences regarding your behaviour when you lead your work team: <i>Indica tu grado de acuerdo o desacuerdo en cada una de las siguientes afirmaciones sobre tu comportamiento cuando lideras equipos de trabajo:</i>
1. I listen carefully when exploring problems. <i>1. Escucho atentamente cuando exploro los problemas</i>
2. I pay close attention when listening. <i>2. Presto mucha atención cuando escucho</i>
3. I am very attentive when a member of the team tells me about difficulties. <i>3. Estoy muy atento/a cuando algún miembro del equipo me cuenta sus dificultades</i>
4. I give full attention when members of the team describes challenges they face. <i>4. Presto completa atención cuando me describen personalmente los problemas</i>
5. I am helpful in understanding the causes of difficulties the team faces. <i>5. Ayudo en la comprensión de las dificultades/problemas que afronta el equipo</i>
6. I do not impose my understanding of the causes of difficulties the team faces. <i>6. No impongo mi punto de vista sobre la causa de las dificultades/problemas que afronta el equipo</i>
7. I take time to understand carefully the causes of the problems. <i>7. Me tomo tiempo para comprender cuidadosamente la causa de los problemas</i>
8. I work together with the team to come to an understanding of problems. <i>8. Trabajo con el equipo para llegar a una comprensión de los problemas</i>
9. I am genuinely warm and empathic. <i>9. Soy genuinamente amable y empático</i>
10. I am emotionally in touch with others' feelings when they are upset. <i>10. Estoy emocionalmente conectado con los sentimientos de los demás cuando no están bien</i>
11. I am sensitive to what others are feeling. <i>11. Soy sensible a lo que otros sienten</i>
12. I genuinely care about others' difficulties. <i>12. Me preocupo sinceramente de los problemas de los demás</i>
13. I help people practically with problems they face. <i>13. Ayudo a la gente de manera práctica con los problemas que afrontan</i>

(Continues)

TABLE 2 (Continued)

- | |
|---|
| 14. I take effective action to help others with the problems they face
<i>14. Actúo de manera efectiva para ayudar a otros con los problemas que afrontan</i> |
| 15. I deal effectively with problems in order to help others.
<i>15. Trato de forma efectiva los problemas para ayudar a los demás</i> |
| 16. I am genuinely committed to making a difference by serving others.
<i>16. Estoy verdaderamente comprometido/a en ser especialmente bueno/a sirviendo a otros</i> |

to maintain a healthy body; inner, which is related to activities that help to keep a healthy mind; and social, regarded to activities related to social activities that help the individual to maintain social health. Examples of items are “I do exercise on a regular basis” (physical self-care), “When I feel emotionally overloaded, I try to find time for my own care” (inner or psychological self-care), or “When I feel overwhelmed by a clinical situation, I feel that I can support on my team in order to elaborate this experience” (social self-care). Items were scored in a 5-point Likert scale, ranging from 1 (totally disagree) to 5 (totally agree). Reliability of the dimensions in this sample was 0.814, 0.907 and 0.724, respectively.

Data analysis

First, descriptive statistics for the items of the compassionate leadership scale, including means, standard deviations, and minimum and maximum scores, were calculated.

Second, for the study of the internal structure, a confirmatory factor analysis was hypothesised, estimated and tested, in which four-correlated factors explained the items of the Compassionate Leadership Self-reported Scale: attending (items 1–4), understanding (items 5–8), empathising (items 9–12) and helping (items 13–16). To assess the model fit, there were used: the chi-square statistic, the Comparative Fit Index (CFI), the Standardised Root Mean Square Residual (SRMR) and the Root Mean Square Error of Approximation (RMSEA). Cut-off criteria to determine good fit were as follows: CFI above 0.90 (better over 0.95) and SRMR or RMSEA below 0.08 (better under 0.05) [63].

Third, the reliability of the scale was studied, including estimates of reliability for the four dimensions: Cronbach's alpha and the Composite Reliability Index.

Fourth, levels of compassionate leadership were studied across genders and disciplines. For this purpose, two multivariate analyses of variance (MANOVAs) were

carried out. For the MANOVAs, discipline was recoded, and nursing assistants ($n = 13$) and social workers ($n = 17$) were recoded into “other professions” because of its small sample size. The relation between compassionate leadership and age was also studied, using Pearson correlations.

Finally, a multiple-indicators multiple-causes (MIMC) structural model to study the Compassionate Leadership Scale relationships with the other variables was hypothesised, estimated and tested. Specifically, positive and negative self-compassion, self-care and awareness were hypothesised to predict the dimensions of compassionate leadership. The four dimensions of compassionate leadership or dependent variables were modelled as four correlated, latent factors, and consequently, free of error of measurement. To assess model fit, the fit criteria mentioned above were used.

For the statistical analyses, SPSS version 24 [64] and MPLUS version 8.4 [65] were used.

Ethical considerations

The study was approved by the Ethics Research Committee at the University of the Balearic Islands (82CER18). Given the characteristics of the study, the people who decided to participate voluntarily were told the reason and purpose for carrying out the work. This entire study complied with the ethical principles for research in health sciences established at the national and international levels in the Declaration of Helsinki [66]. Special attention was paid to confidentiality and protection of privacy, guaranteeing the anonymity of the information provided, which was used exclusively for this work and was held in the custody of the research team. In addition, our research team is committed to strictly complying with the Organic Spanish Law on Personal Data Protection, which guarantees that the participants in this study can exercise their rights of access, rectification, cancellation and opposition to the collected data.

RESULTS

Descriptive statistics

The Compassionate Leadership Self-Reported Scale showed medium to high levels in the four domains of compassionate leadership, with means ranging from 3.96 (Helping) to 4.26 (Attending). Details on specific items can be consulted in Table 3.

As regards the related variables, participants showed high levels of awareness, medium to high levels of self-care and positive self-compassion, and moderate levels of negative self-compassion (see Table 3).

TABLE 3 Items description: mean, standard deviation, minimum and maximum scores; descriptive statistics of compassionate leadership dimensions, self-compassion, awareness and self-care

Dimension/Item number	Mean	SD	Min.	Max.
Attending	4.26	0.52	2.50	5.00
1	4.21	0.58	2.00	5.00
2	4.18	0.59	2.00	5.00
3	4.33	0.57	2.00	5.00
4	4.30	0.61	2.00	5.00
Understanding	4.02	0.52	2.75	5.00
5	4.17	0.55	3.00	5.00
6	3.80	0.86	1.00	5.00
7	4.02	0.71	2.00	5.00
8	4.11	0.64	2.00	5.00
Empathising	4.06	0.55	1.75	5.00
9	4.05	0.63	2.00	5.00
10	3.99	0.68	1.00	5.00
11	4.07	0.69	1.00	5.00
12	4.13	0.66	1.00	5.00
Helping	3.96	0.57	1.25	5.00
13	4.02	0.59	2.00	5.00
14	3.91	0.66	1.00	5.00
15	3.89	0.67	1.00	5.00
16	4.00	0.78	1.00	5.00
Positive self-compassion	3.40	0.71	1.17	4.83
Negative self-compassion	2.80	0.85	1.00	5.00
Awareness	4.00	0.81	2.00	5.00
Self-care	3.63	0.72	1.00	4.89

Notes: Abbreviations: Max., maximum score; Min., minimum score; SD, standard deviation.

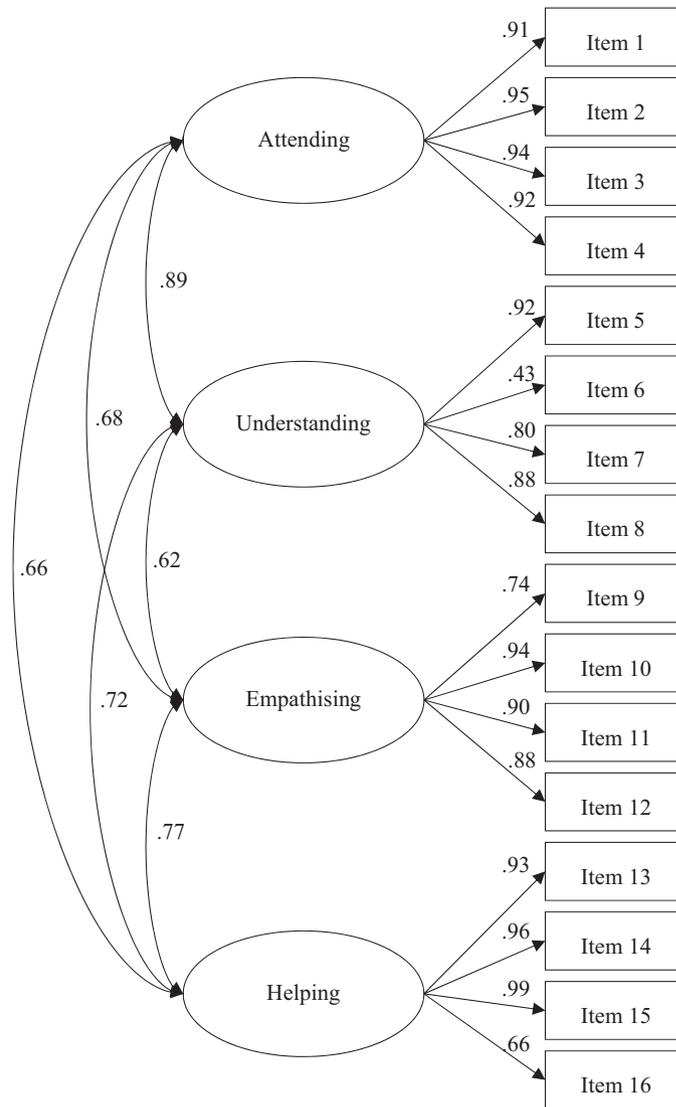
Confirmatory factor analysis

The CFA with four-correlated factors showed an adequate overall fit: $\chi^2(98) = 277.595$ ($p < 0.001$); CFI = 0.986; SRMR = 0.047; RMSEA = 0.088 [0.076, 0.100]. Factor loadings were adequate, ranging from 0.428 (item 8) to 0.994 (item 15). Details of the analytical fit can be consulted in Figure 1.

Reliability

Evidence of reliability of the dimensions was adequate: Cronbach's alpha and CRI were 0.905 and 0.962 for attending, 0.723 and 0.855 for understanding, 0.858 and

FIGURE 1 Confirmatory factor analysis results. *Notes:* All factor loadings and correlations were statistically significant ($p < 0.001$). For the sake of clarity, standard errors are not shown



Notes: All factor loadings and correlations were statistically significant ($p < .001$). For the sake of clarity, standard errors are not shown.

0.924 for empathising, and 0.865 and 0.940 for helping, respectively.

Relations of compassionate leadership, gender, discipline and age

To study the relation between compassionate leadership and gender, a multivariate analysis of variance (MANOVA) was carried out. The four dimensions of compassionate leadership were included as dependent variables, with gender as the independent variable. Results pointed statistically significant differences in the mean level of compassionate leadership when compared by

gender: $F(4, 232) = 2.825$ ($p = 0.026$), $\eta^2 = 0.046$. Follow-up analyses of variance for each of the dimensions showed mean differences only in the understanding dimension ($F(1, 235) = 9.326$ ($p = 0.003$), $\eta^2 = 0.038$), with higher levels of understanding leadership for men ($M = 4.209$) when compared to women ($M = 3.970$).

Regarding the relation between compassionate leadership and discipline, this was also studied using a MANOVA. Again, the four dimensions of compassionate leadership were included as dependent variables, and in this case, discipline was the independent variable. Results pointed to statistically significant differences in the mean level of compassionate leadership when compared by discipline: $F(12, 690) = 2.529$ ($p = 0.003$), $\eta^2 = 0.042$.

However, follow-up ANOVAs did not indicate significant differences in any of the dimensions of compassionate leadership, neither there were statistically significant differences in the *post hoc* pairwise comparisons.

Finally, Pearson correlations did not show statistically significant relations between attending ($r = 0.035$; $p = 0.598$), understanding ($r = -0.025$; $p = 0.707$), empathising ($r = 0.094$; $p = 0.152$) or helping ($r = 0.074$; $p = 0.258$) with participants' age.

MIMIC model

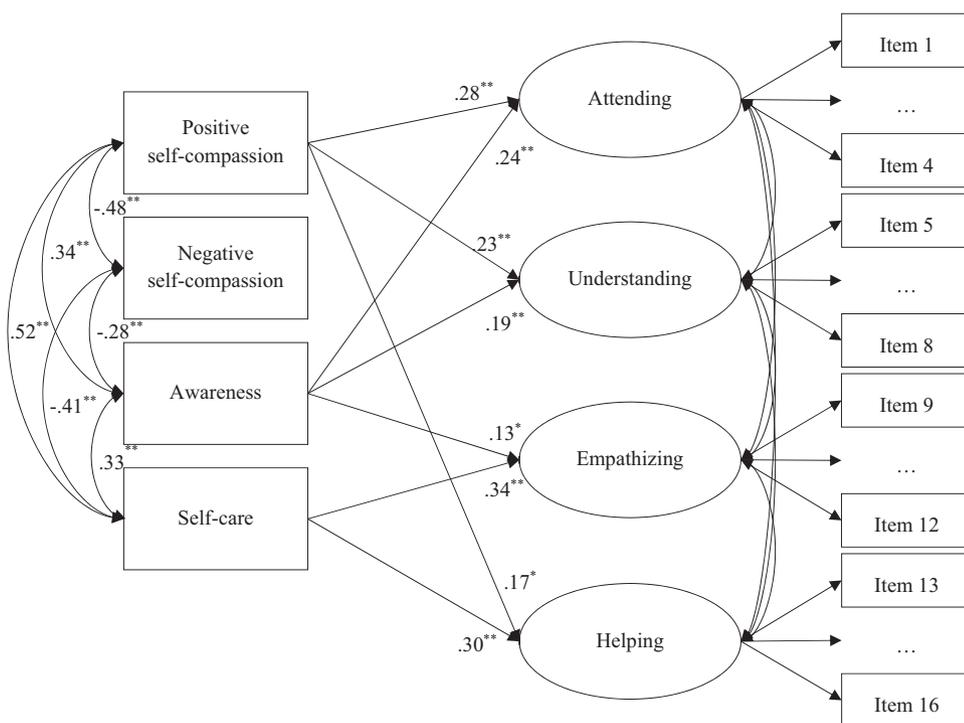
The structural model to study the Compassionate Leadership Self-reported Scale relations with other variables showed an excellent fit: $\chi^2(146) = 331.985$ ($p < 0.001$); CFI = 0.985; SRMR = 0.043; RMSEA = 0.068[.058,.078]. The dimensions of attending and understanding were explained by positive self-compassion and awareness; empathising, by self-care and awareness; and helping, by positive self-compassion and self-care (see Figure 2). Approximately 77% of attending and understanding were explained ($R^2 = 0.768$; $p < 0.001$; and $R^2 = 0.772$; $p < 0.001$, respectively), and more than 80% of emphasising and

helping ($R^2 = 0.814$; $p < 0.001$; and $R^2 = 0.806$; $p < 0.001$, respectively). More details on the model results can be consulted in Table 4.

DISCUSSION

Research on leadership in end-of-life care is limited, but it confirms that leadership in this context spans across disciplines, roles and titles [67–69]. The culture of shared leadership is widespread among healthcare professionals in general [70–72], and among teams of end-of-life care professionals in particular, so that all members have the right, responsibility and the ability to be a leader [67]. As compassion has been identified as an essential quality for both end-of-life care work [14,18,19] and leadership [3,32], compassionate leadership may be the best way to lead in end-of-life care. In this context, the first aim of this study was to adapt and validate the Compassionate Leadership Scale in a sample of end-of-life care professionals.

For this purpose, the levels of compassionate leadership of the participants were first studied, together with evidence of the factorial structure and reliability of the scale. Participants showed adequate levels of



Notes: * $p < .050$; ** $p < .010$. For the sake of clarity, only statistically significant effects are shown. Factor loadings, non-statistically significant effects, and correlations among the compassionate leadership dimensions can be consulted in Table 4.

FIGURE 2 MIMIC results. Notes: * $p < 0.050$; ** $p < 0.010$. For the sake of clarity, only statistically significant effects are shown. Factor loadings, non-statistically significant effects and correlations among the compassionate leadership dimensions can be consulted in Table 4

TABLE 4 Factor loadings, effects and correlations of the MIMIC model

Dimension	Item	λ	Predictive variables	β	Compassionate leadership dimensions	r
Attending	1	0.904 ($p < 0.001$)	Positive self-compassion	0.277 ($p < 0.001$)	–	–
	2	0.954 ($p < 0.001$)	Negative self-compassion	–0.051 ($p = 0.443$)	Understanding	0.863 ($p < 0.001$)
	3	0.940 ($p < 0.001$)	Awareness	0.238 ($p < 0.001$)	Empathising	0.649 ($p < 0.001$)
	4	0.924 ($p < 0.001$)	Self-care	0.058 ($p = 0.360$)	Helping	0.603 ($p < 0.001$)
Understanding	5	0.922 ($p < 0.001$)	Positive self-compassion	0.231 ($p = 0.002$)	Attending	0.863 ($p < 0.001$)
	6	0.425 ($p < 0.001$)	Negative self-compassion	–0.107 ($p = 0.109$)	–	–
	7	0.800 ($p < 0.001$)	Awareness	0.193 ($p = 0.004$)	Empathising	0.566 ($p < 0.001$)
	8	0.877 ($p < 0.001$)	Self-care	0.107 ($p = 0.116$)	Helping	0.679 ($p < 0.001$)
Empathising	9	0.747 ($p < 0.001$)	Positive self-compassion	0.121 ($p = 0.128$)	Attending	0.649 ($p < 0.001$)
	10	0.939 ($p < 0.001$)	Negative self-compassion	0.130 ($p = 0.061$)	Understanding	0.566 ($p < 0.001$)
	11	0.904 ($p < 0.001$)	Awareness	0.134 ($p = 0.035$)	–	–
	12	0.876 ($p < 0.001$)	Self-care	.337 ($p < 0.001$)	Helping	0.715 ($p < 0.001$)
Helping	13	0.931 ($p < 0.001$)	Positive self-compassion	0.168 ($p = 0.032$)	Attending	0.603 ($p < 0.001$)
	14	0.964 ($p < 0.001$)	Negative self-compassion	0.052 ($p = 0.454$)	Understanding	0.679 ($p < 0.001$)
	15	0.994 ($p < 0.001$)	Awareness	–0.100 ($p = 0.116$)	Empathising	0.715 ($p < 0.001$)
	16	0.659 ($p < 0.001$)	Self-care	0.303 ($p < 0.001$)	–	–

compassionate leadership. Means of the four dimensions of the Compassionate Leadership Self-reported Scale were close to 4 (“Agree”), which means professionals of end-of-life care reported compassionate behaviours when acting as a leader. This is not surprising, given the consensus in the literature on the centrality of end-of-life care professionals’ compassion to skilful and kind care for the self and others [18,73]. Compassion reduces the pain and suffering experienced by those who are dying and those who give them care [73–75]. In the same way, medium to high levels of positive self-compassion, awareness and self-care were found, where participants also showed moderate levels of negative self-compassion. Again, this is in line with previous literature, which has indicated the importance of these protective factors to end-of-life care professionals’ quality of life [50,51,76–78].

Regarding the factorial structure of the Compassionate Leadership Scale, results indicated an adequate model fit for a four-correlated factor solution. As suggested by Atkins and Parker [52] and West [53], the four components of attending, understanding, empathising and helping clearly fit with the internal structure of the presented

scale, with items showing adequate factor loadings and correlations between dimensions being positive and high. Thus, although there are four distinct compassionate leadership behaviours, based on our results we can see that these are interdependent skills, as the better an end-of-life care leader can attend, the better he/she understands, the more he/she empathises, and the more he/she can help. Together with evidence on the internal structure, the Compassionate Leadership Scale also demonstrated adequate reliability, suggesting the compassionate leadership dimensions can be measured with little error and high replicability.

When levels of compassionate leadership were studied across genders, disciplines and age, a statistically significant relation between the dimension of understanding and gender was found, with higher levels for men. This is a counterintuitive result, as in previous research women obtain higher levels of emotional intelligence [79] or empathy [80] (both issues closely related to the dimension of understanding, presented here). However, a recent study supports such difference favouring men [81], but it should be noted that the setting of the aforementioned

work was Saudi Arabia, where the patriarchal society that still exists, could explain such a significant gender difference in leadership. On the contrary, in a meta-analysis carried out on 76 studies, it was concluded that in most of them (64 papers) women were rated as significantly more effective leaders than men in organisational settings [82]. As the subsample of men in this study was very small, these results should be interpreted with caution. Moreover, our finding of a gender difference was only related to understanding – a more cognitive skill, rather than the other elements of being present with (attending), empathising and helping. According to gender stereotypes, men might be expected to focus more on rational, cognitive and interpretive rather than relational and emotional processes.

The second aim of this research was to study the relation of compassionate leadership, as measured with the Compassionate Leadership Scale, with other variables that may act as enablers, such as self-compassion, awareness and self-care. We hypothesised that leaders with higher levels of positive self-compassion, awareness and self-care, and lower levels of negative self-compassion, will pay greater attention to others, better understand the cause of others' distress, feel more empathic, and take thoughtful, skilled and appropriate action to help relieve the other's suffering. Our results confirm most of these hypotheses. Self-compassion, in its positive dimension, was related to attending, understanding and helping. That is, the more compassion end-of-life care professionals directed towards themselves, the more they act as compassionate leaders. This can be logically explained in two ways. First, self-compassion is closely associated with compassion for others [83–85], as it is inward compassion, giving oneself care and concern when facing experiences of suffering [44]. In fact, some studies have supported this interpretation. For instance, Gustin and Wagner [46] found that cultivating self-compassion in nursing professionals improved compassion for others. Also, in a study with nurses, Dev et al. [86] found evidence that the development of self-compassion reduced the experience of some barriers to compassion. Second, self-compassion alleviates professional burnout and compassion fatigue [46,86,87], which can erode compassion among end-of-life care professionals. In turn, this can enhance professionals' capacity for compassionate leadership.

The absence of a relationship between self-compassion and the dimension of empathising was counterintuitive, as empathy has been described as “an affective response that acknowledges and attempts to understand individual's suffering through emotional resonance” [88] (p. 437). However, other studies have also pointed to data consistent with our results. For example, González-Hernández

et al. [89] found that participants who undertook Cognitively-Based Compassion Training considered a compassionate person as more non-empathic than empathic. According to these authors, this could be due to the fact that empathy is a step towards compassion, but is not compassion itself, embodied most significantly in helping behaviour [89]. Therefore, those who need compassion which has not yet been offered could feel “empathic distress” [90].

Regarding the role of awareness in compassionate leadership, higher levels of participants' awareness predicted higher levels of attending, understanding and emphasising. Awareness, as hypothesised, is key for leaders to notice suffering [8], and respond to it with attention, understanding and empathy. Thus, increased awareness will increase professionals' levels of compassion [42,46], and so, compassionate leadership. An active, inner process of being attentive to oneself, ensuring a nonjudgemental, non-evaluative point of view, is fundamental in actively perceiving team members' feelings, wishes, fears, questions and intentions. Therefore, end-of-life care professionals' cultivation of awareness may not only improve patients' care but also their work as compassionate leaders, by stimulating stronger feelings of kindness and equanimity both for patients and for their team [91].

Finally, self-care positively predicted compassionate leadership, specifically its dimensions of empathising and helping. Again, these results were in line with our hypotheses, as previous research and writings have suggested self-care is powerful in helping to overcome suffering, either for oneself or for others [76,92]. Self-care activities have been shown to mitigate the negative outcomes associated with the care of seriously ill patients [48], and to help end-of-life care providers maintain their own health and professional quality of life [62]. Self-care is the third imperative when working and leading in end-of-life care, as it enables the professional, through the improvement of his or her own care, to take better care of their patients and their team members, by helping and emphasising with them.

CONCLUSIONS

Most advanced healthcare systems around the world have in common a progressive loss of compassionate care [11,36]. Compassion has long been considered at the heart of healthcare [18,73]. However, this concept has become an abstract idea, rather than a lived relational reality in many healthcare settings [36]. The lack of compassion not only leads to the loss of humanised care but also negatively affects patient outcomes.

Facing the growing problem of a compassion deficit, different authors argue for, among other solutions, a change in culture and leadership in health organisations [93]. The leadership styles that have shown the best results in the healthcare setting are those focused on relationships, rather than those focused more exclusively on tasks and performance [94]. Compassionate leadership, as a leadership style embodying the core value of healthcare, encourages and sustains compassionate healthcare [36].

This study confirms the utility and value of a tool for assessing the level of compassionate leadership competence in health professionals who face particular challenges to demonstrate compassion in the care of the dying. The scale has shown adequate psychometric properties when used to assess compassionate leadership in the context of end-of-life care professionals. It is therefore an instrument that can be used confidently to evaluate compassionate leadership among end-of-life care providers and almost certainly other healthcare professionals.

The ubiquity of suffering in end-of-life care creates an imperative for compassionate leadership. As pointed by Sansó et al. [76], professionals are “a powerful but vulnerable tool in the caring process” (p. 204). To avoid this vulnerability, the cultivation of compassionate leadership, through self-care, awareness and self-compassion, can be protective for healthcare professionals themselves.

Furthermore, our results suggested that self-compassion, awareness and self-care may be important in the development of compassionate leadership. Prior research suggests these orientations have positive effects on patient care and professionals’ health and quality of life [17,76]. Current research suggests they may also help to underpin compassionate leadership.

Implications and future directions

Based on these findings, training programs to improve compassionate leadership may be designed, developing the variables that have shown a positive relationship, and using the scale to monitor improvements and guide further development of leaders’ competence of compassion [95].

Future research might consider how to foster better alliances between end-of-life care professionals and policy makers, so that together they can nurture compassionate cultures. Such an approach to leadership can and should begin with the leaders themselves, who must be prepared to practise self-compassion, recognise the need for compassion in others, be motivated to respond to it, and be trained with the skills to meet it.

ACKNOWLEDGEMENTS

The authors thank the Spanish Society for Palliative Care – Sociedad Española de Cuidados Paliativos (SECPAL) for the support in data collection. The authors also thank all the participants for their time and interest.

AUTHOR CONTRIBUTIONS

Conceptualisation, N.S., J.P.L., G.V.B., L.G. and M.W.; acquisition of data, N.S., J.P.L. and L.G.; analysis and interpretation of data, L.G.; writing—original draft preparation, N.S. and L.G.; writing—review and editing, N.S., J.P.L., G.V.B., L.G. and M.W.; supervision, N.S., L.G. and M.W.; project administration, N.S. and L.G.; funding acquisition, N.S. and L.G. All authors have given final approval of the version to be published and agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

ETHICAL APPROVAL

The study was approved by the Ethics Research Committee at the University of the Balearic Islands (82CER18). Given the characteristics of the study, the people who decided to participate voluntarily were told the reason and purpose for carrying out the work. This entire study complied with the ethical principles for research in health sciences established at the national and international levels in the Declaration of Helsinki [60]. Special attention was paid to confidentiality and protection of privacy, guaranteeing the anonymity of the information provided, which was used exclusively for this work and was held in the custody of the research team. In addition, our research team is committed to strictly complying with the Organic Spanish Law on Personal Data Protection, which guarantees that the participants in this study can exercise their rights of access, rectification, cancellation and opposition to the collected data.

CONFLICT OF INTEREST

The authors have no conflicts of interest to declare.

ORCID

Laura Galiana  <https://orcid.org/0000-0002-5342-5251>

REFERENCES

1. Simpson AV, Farr-Wharton B, Pina e Cunha M, Reddy P. Organizing organizational compassion subprocesses and mechanisms: a practical model. In: Galiana L, Sansó N, editors. *The power of compassion*. New York: Nova Science Publishers; 2019. p. 339–57.

2. Worline M, Dutton JE. *Awakening compassion at work: the quiet power that elevates people and organizations*. San Francisco: Berrett-Koehler Publishers; 2017.
3. Shuck B, Alagaraja M, Immekus J, Cumberland D, Honeycutt-Elliott M. Does compassion matter in leadership? A two-stage sequential equal status mixed method exploratory study of compassionate leader behavior and connections to performance in human resource development. *Hum Resour Dev Q*. 2019;30:537–64. <https://doi.org/10.1002/hrdq.21369>
4. Lilius JM, Worline MC, Dutton JE, Kanov JM, Maitlis S. Understanding compassion capability. *Hum Relat*. 2011;64(7):873–99. <https://doi.org/10.1177/0018726710396250>
5. de Zulueta P. Developing compassionate leadership in health care: an integrative review. *J Healthc Leadersh*. 2016;8:1–10. <https://doi.org/10.2147/JHL.S93724>
6. Royal College of Psychiatrists. *Compassion in care: ten things you can do to make a difference*. London: Faculty report, Royal College of Psychiatrists; 2015.
7. Department of Health. *The NHS constitution for England*. 2015. Available from: <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>. Accessed Jan 1, 2021.
8. NHS England. *Building and strengthening leadership-leading with compassion*. London: NHS England; 2014.
9. Nursing and Midwifery Council. *The code – professional standards of practice and behavior for nurses and midwives*. London: Nursing and Midwifery Council; 2015.
10. NHS England. *Compassion in practice*; 2012. Available from: <https://www.england.nhs.uk/wp-content/uploads/2016/05/cip-yr-3.pdf>. Accessed Dec 20, 2020.
11. Lown BA, Rosen J, Marttila J. An agenda for improving compassionate care: a survey shows about half of patients say such care is missing. *Health Aff (Millwood)*. 2011;30(9):1772–8. <https://doi.org/10.1377/hlthaff.2011.0539>
12. Singer T, Bolz M. *Compassion: Bridging practice and science*. 2013, Max Planck Institute for Human Cognitive and Brain Sciences. Available from: <http://www.compassion-training.org/>. Accessed Dec 23, 2020.
13. Trzeciak S, Mazzarelli A, Booker C. *Compassionomics: the revolutionary scientific evidence that caring makes a difference*. Pensacola: Studer Group; 2019.
14. Sinclair S, McClement S, Raffin-Bouchal S, Hack TF, Hagen NA, McConnell S, Chochinov HM. Compassion in health care: an empirical model. *J Pain Symptom Manage*. 2016;51(2):193–203. <https://doi.org/10.1016/j.jpainsymman.2015.10.009>
15. Simpson AV, Farr-Wharton B, Reddy P. Cultivating organizational compassion in healthcare. *J Manag Organ*. 2020;26(3):340–54. <https://doi.org/10.1017/jmo.2019.54>
16. Sansó N, Galiana L, Oliver A, Tomás-Salvá M, Vidal-Blanco G. Predicting professional quality of life and life satisfaction in Spanish nurses: a cross-sectional study. *Int J Environ Res Public Health*. 2020;17(12):4366–<https://doi.org/10.3390/ijerph17124366>
17. Galiana L, Sansó N, Muñoz-Martínez I, Vidal-Blanco G, Oliver A, Larkin PJ. Palliative care professionals' inner life: exploring the mediating role of self-compassion in the prediction of compassion satisfaction, compassion fatigue, burnout and wellbeing. *J Pain Symptom Manage*. 2022;63(1):112–23. <https://doi.org/10.1016/j.jpainsymman.2021.07.004>
18. Larkin PJ. *Compassion: the essence of palliative and end-of-life care*. New York: Oxford University Press; 2016.
19. Vachon ML. Targeted intervention for family and professional caregivers: attachment, empathy, and compassion. *Palliat Med*. 2016;30(2):101–3. <https://doi.org/10.1177/0269216315624279>
20. Alharbi J, Jackson D, Usher K. The potential for COVID-19 to contribute to compassion fatigue in critical care nurses. *J Clin Nurs*. 2020;29(15–16):2762–4. <https://doi.org/10.1111/jocn.15314>
21. Hofmeyer A, Taylor R, Kennedy K. Fostering compassion and reducing burnout: How can health system leaders respond in the Covid-19 pandemic and beyond? *Nurse Educ Today*. 2020;94:104502. <https://doi.org/10.1016/j.nedt.2020.104502>
22. Renzi S, Fallanca F, Zangrillo A, Tresoldi M, Landoni G, Angelillo P, et al. Caring with compassion during COVID-19. *Palliat Support Care*. 2020;18(4):403–4. <https://doi.org/10.1017/S1478951520000577>
23. Piff PK, Kraus MW, Côté S, Cheng BH, Keltner D. Having less, giving more: the influence of social class on prosocial behavior. *J Pers Soc Psychol*. 2010;99(5):771–84. <https://doi.org/10.1037/a0020092>
24. Worthington EL, Scherer M. Forgiveness is an emotion-focused coping strategy that can reduce health risks and promote health resilience: theory, review, and hypotheses. *Psychol Health*. 2004;19(3):385–405. <https://doi.org/10.1080/0887044042000196674>
25. Saslow LR, Willer R, Feinberg M, Piff PK, Clark K, Keltner D, Saturn SR. My brother's keeper?: Compassion predicts generosity more among less religious individuals. *Soc Psychol Personal Sci*. 2013;4(1):31–8. <https://doi.org/10.1177/1948550612444137>
26. Dutton JE, Lilius JM, Kanov JM. The transformative potential of compassion at work. In: Piderit SK, Fry RE, Cooperrider DL, editors. *Handbook of transformative cooperation: new designs and dynamics*. Stanford: Stanford Business Books; 2007. p. 107–26.
27. Frost PJ, Dutton JE, Worline MC, Wilson A. (2000). Narratives of compassion in organizations. In: Fineman S, editor. *Emotion in organizations*. London: Sage Publications; 2000. p. 25–46.
28. Lilius JM, Worline MC, Maitlis S, Kanov J, Dutton JE, Frost P. The contours and consequences of compassion at work. *J Occup Organ Psychol*. 2008;29(2):193–218. <https://doi.org/10.1002/job.508>
29. Boyatzis RE, Smith ML, Blaize N. Developing sustainable leaders through coaching and compassion. *Acad Manag Learn Educ*. 2006;5(1):8–24. <https://doi.org/10.5465/amle.2006.20388381>
30. Cameron K, Mora C, Leutscher T, Calarco M. Effects of positive practices on organizational effectiveness. *J Appl Behav Sci*. 2011;47(3):266–308. <https://doi.org/10.1177/0021886310395514>
31. Cameron KS, Bright D, Caza A. Exploring the relationships between organizational virtuousness and performance. *Am Behav Sci*. 2004;47(6):766–90. <https://doi.org/10.1177/0002764203260209>
32. West MA, Dawson JF, Admasachew L, Topakas A. *NHS Staff Management and Health Service Quality: Results from the NHS Staff Survey and related data..* 2011. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215455/dh_129656.pdf. Accessed Dec 20, 2020.

33. Plsek PE, Wilson T. Complexity, leadership, and management in healthcare organisations. *BMJ*. 2001;323(7315):746–9. <https://doi.org/10.1136/bmj.323.7315.746>
34. Drath WH, McCauley CD, Palus CJ, Van Velsor E, O'Connor PMG, McGuire JB. Direction, alignment, commitment: toward a more integrative ontology of leadership. *Leadersh Q*. 2008;19:635–53. <https://doi.org/10.1016/j.leaqua.2008.09.003>
35. Suchman AL. How we think about organizations: a complexity perspective. In: Suchman AL, Sluyter DJ, Williamson PR, editors. *Leading change in healthcare: transforming organizations using complexity, positive psychology and relationship-centered care*. London: Radcliffe Publishing; 2011. p. 11–24.
36. de Zulueta PC. Developing compassionate leadership in health care: an integrative review. *J Healthc Leadersh*. 2015;8:1–10. <https://doi.org/10.2147/JHL.S93724>
37. Avolio BJ, Gardner WL. Authentic leadership development: getting to the root of positive forms of leadership. *Leadersh Q*. 2005;16(3):315–38. <https://doi.org/10.1016/j.leaqua.2005.03.001>
38. Bass BM. Two decades of research and development in transformational leadership. *Eur J Work Organ Psychol*. 1999;8(1):9–32. <https://doi.org/10.1080/135943299398410>
39. Boyatzis R, McKee A. *Resonant leadership: renewing yourself and connecting with others through mindfulness, hope and compassion*. Boston: Harvard Business School Press; 2005.
40. Autry JA. *The servant leader: how to build a creative team, develop great morale, and improve bottom-line performance*. New York: Three Rivers Press; 2001.
41. Sansó N, Galiana L, Oliver A, Cuesta P, Sánchez C, Benito E. Evaluación de una intervención mindfulness en equipos de cuidados paliativos. *Interv Psicococ*. 2018;27(2):81–8. <https://doi.org/10.5093/pi2018a7>
42. Sansó N, Galiana L, González B, Sarmentero J, Reynes M, Oliver A, Garcia-Toro M. Differential effects of two contemplative practice-based programs for health care professionals. *Psychosoc Interv*. 2019;28(3):131–8. <https://doi.org/10.5093/pi2019a12>
43. Mills J, Wand T, Fraser JA. On self-compassion and self-care in nursing: selfish or essential for compassionate care? *Int J Nurs Stud*. 2015;52(4):791–3. <https://doi.org/10.1016/j.ijnurstu.2014.10.009>
44. Neff KD. The development and validation of a scale to measure self-compassion. *Self Identity*. 2003;2(3):223–50. <https://doi.org/10.1080/15298860309027>
45. Raab K. Mindfulness, self-compassion, and empathy among health care professionals: a review of the literature. *Health Soc Care Chaplain*. 2014;20(3):95–108. <https://doi.org/10.1080/08854726.2014.913876>
46. Gustin L, Wagner L. The butterfly effect of caring—clinical nursing teachers' understanding of self-compassion as a source to compassionate care. *Scand J Caring Sci*. 2013;27(1):175–83. <https://doi.org/10.1111/j.1471-6712.2012.01033.x>
47. Durkin M, Beaumont E, Hollins Martin CJ, Carson J. A pilot study exploring the relationship between self-compassion, self-judgement, self-kindness, compassion, professional quality of life and wellbeing among UK community nurses. *Nurse Educ Today*. 2016;46:109–14. <https://doi.org/10.1016/j.nedt.2016.08.030>
48. Sanchez-Reilly S, Morrison LJ, Carey E, Bernacki R, O'Neill L, Kapo J, et al. Caring for oneself to care for others: physicians and their self-care. *J Support Oncol*. 2013;11:75–81. <https://doi.org/10.12788/j.suponc.0003>
49. Radwany S, Hassler D, Robinson N, Soltis M, Myerscough R. Poetry as self-care and palliative care. *J Palliat Med*. 2012;15:1394–5. <https://doi.org/10.1089/jpm.2012.0201>
50. Neville K, Cole DA. The relationships among health promotion behaviors, compassion fatigue, burnout, and compassion satisfaction in nurses practicing in a community medical center. *JONA J Nurs Adm*. 2013;43:348–54. <https://doi.org/10.1097/NNA.0b013e3182942c23>
51. Sorenson C, Bolick B, Wright K, Hamilton R. Understanding compassion fatigue in healthcare providers: a review of current literature. *J Nurs Scholarsh*. 2016;48(5):456–65. <https://doi.org/10.1111/jnu.12229>
52. Atkins PW, Parker SK. Understanding individual compassion in organizations: the role of appraisals and psychological flexibility. *Acad Manage Rev*. 2012;37(4):524–46. <https://doi.org/10.5465/amr.2010.0490>
53. West MA. Compassionate leadership in health and care settings. In: Galiana L, Sansó N, editors. *The power of compassion*. New York: Nova Science Publishers; 2019. p. 317–38.
54. Boomsma A. Robustness of LISREL against small sample sizes in factor analysis models. In: Joreskog KG, Wold H, editors. *Systems under indirection observation: causality, structure, prediction (Part I)*. Amsterdam, Netherlands: North Holland; 1982. p. 149–73.
55. Boomsma A. Nonconvergence, improper solutions, and starting values in LISREL maximum likelihood estimation. *Psychometrika*. 1985;50:229–42.
56. Nunnally JC. *Psychometric theory*. New York: McGraw-Hill; 1967.
57. Raes F, Pommier E, Neff KD, Van Gucht D. Construction and factorial validation of a short form of the Self-Compassion Scale. *Clin Psychol Psychother*. 2011;18:250–5. <https://doi.org/10.1016/j.jpainsymman.2018.11.003>
58. Garcia-Campayo J, Navarro-Gil M, Andrés E, Montero-Marin J, López-Artal L, Demarzo MM. Validation of the Spanish versions of the long (26 items) and short (12 items) forms of the Self-Compassion Scale (SCS). *Health Qual Life Outcomes*. 2014;12(1):1–9. <https://doi.org/10.1186/1477-7525-12-4>
59. Neff KD, Toth-Kiraly I, Colosimo K. Self-compassion is best measured as a global construct and is overlapping with but distinct from neuroticism: a response to Pfattheicher, Geiger, Hartung, Weiss, and Schindler (2017). *Eur J Pers*. 2018;32:371–92.
60. Cebolla A, Luciano JV, Piva MP, Navarro-Gil M, Garcia-Campayo J. Psychometric properties of the Spanish version of the mindful attention awareness scale (MAAS) in patients with fibromyalgia. *Health Qual Life Outcomes*. 2013;11:6. <https://doi.org/10.1186/1477-7525-11-6>
61. Galiana L, Oliver A, Sansó N, Sancerni MD, Tomás JM. Mindful attention awareness in Spanish palliative care professionals: Psychometric study with IRT and CFA models. *Eur J Psychol Assess*. 2017;33(1):14–21. <https://doi.org/10.1027/1015-5759/a000265>
62. Galiana L, Oliver A, Sansó N, Benito E. Validation of a new instrument for self-care in Spanish palliative care professionals nationwide. *Span J Psychol*. 2015;18(e67):1–9. <https://doi.org/10.1017/SJP.2015.71>
63. Hu LT, Bentler PM. Cutoff criteria for fit indexes in covariance structure analysis: conventional criteria versus new

- alternatives. *Struct Equ Modeling*. 1999;6(1):1–55. <https://doi.org/10.1080/10705519909540118>
64. IBM Corp. IBM SPSS statistics for windows, Version 24.0. Armonk: IBM Corp; 2016.
 65. Muthén L, Muthén B. *Mplus user's guide*. Los Angeles: Muthén L, Muthén B; 2017.
 66. World Medical Association. World Medical Association Declaration of Helsinki: ethical principles for medical research involving human subjects. *JAMA J Am Med Assoc*. 2013;310(20):2191–4. <https://doi.org/10.1001/jama.2013.281053>
 67. Dahlin C, Coyne P, Goldberg J, Vaughan L. Palliative care leadership. *J Palliat Care*. 2019;34(1):21–8. <https://doi.org/10.1177/0825859718791427>
 68. Scholz B, Bevan A, Georgousopoulou E, Collier A, Mitchell I. Consumer and carer leadership in palliative care academia and practice: a systematic review with narrative synthesis. *Palliat Med*. 2019;33(8):959–68. <https://doi.org/10.1177/0269216319854012>
 69. Klarare A, Lind S, Hansson J, Fossum B, Fürst CJ, Lundh HC. Leadership in specialist palliative home care teams: a qualitative study. *J Nurs Manag*. 2020;28(1):102–11. <https://doi.org/10.1111/jonm.12902>
 70. Casady W, Dowd T. Shared leadership and the evolution of “one great department”. *Radiol Manage*. 2005;27(4):52–4, 56–59.
 71. Steinert T, Goebel R, Rieger W. A nurse–physician co-leadership model in psychiatric hospitals: results of a survey among leading staff members in three sites. *Int J Ment Health Nurs*. 2006;15(4):251–7. <https://doi.org/10.1111/j.1447-0349.2006.00431.x>
 72. Boak G, Dickens V, Newson A, Brown L. Distributed leadership, team working and service improvement in health-care. *Leadersh Health Serv*. 2015;28(4):332–44. <https://doi.org/10.1108/LHS-02-2015-0001>
 73. Halifax J. The precious necessity of compassion. *J Pain Symptom Manag*. 2011;41(1):146–53. <https://doi.org/10.1016/j.jpainsymman.2010.08.010>
 74. Temel JS, Greer JA, Muzikansky A, Gallagher ER, Admane S, Jackson VA, et al. Early palliative care for patients with metastatic non–small-cell lung cancer. *N Engl J Med*. 2010;363(8):733–42. <https://doi.org/10.1056/NEJMoa1000678>
 75. de Zulueta PC. Suffering, compassion and ‘doing good medical ethics’. *J Med Ethics*. 2015;41:87–90. <https://doi.org/10.1136/medethics-2014-102355>
 76. Sansó N, Galiana L, Oliver A, Pascual A, Sinclair S, Benito E. Palliative care professionals’ inner life: exploring the relationships among awareness, self-care, and compassion satisfaction and fatigue, burnout, and coping with death. *J Pain Symptom Manag*. 2015;50:200–7. <https://doi.org/10.1016/j.jpainsymman.2015.02.013>
 77. Mills J, Wand T, Fraser JA. Palliative care professionals’ care and compassion for self and others: a narrative review. *Int J Palliat Nurs*. 2017;23(5):219–29. <https://doi.org/10.1016/j.jpain-symman.2015.10.009>
 78. Mills J, Wand T, Fraser JA. Examining self-care, self-compassion and compassion for others: a cross-sectional survey of palliative care nurses and doctors. *Int J Palliat Nurs*. 2018;24(1):4–11. <https://doi.org/10.12968/ijpn.2018.24.1.4>
 79. Snowden A, Stenhouse R, Young J, Carver H, Carver F, Brown N. The relationship between emotional intelligence, previous caring experience and mindfulness in student nurses and midwives: a cross sectional analysis. *Nurse Educ Today*. 2015;35(1):152–8. <https://doi.org/10.1016/j.nedt.2014.09.004>
 80. Abe K, Niwa M, Fujisaki K, Suzuki Y. Associations between emotional intelligence, empathy and personality in Japanese medical students. *BMC Med Educ*. 2018;18(1):47. <https://doi.org/10.1186/s12909-018-1165-7>
 81. Alshammari F, Pasay-An E, Gonzales F, Torres S. Emotional intelligence and authentic leadership among Saudi nursing leaders in the Kingdom of Saudi Arabia. *J Prof Nurs*. 2020;36(6):503–9. <https://doi.org/10.1016/j.profnurs.2020.04.003>
 82. Paustian-Underdahl SC, Walker LS, Woehr DJ. Gender and perceptions of leadership effectiveness: a meta-analysis of contextual moderators. *J Appl Psychol*. 2014;99(6):1129–45. <https://doi.org/10.1037/a0036751>
 83. Lindsay EK, Creswell JD. Helping the self help others: Self-affirmation increases self-compassion and pro-social behaviors. *Front Psychol*. 2014;12(5):421. <https://doi.org/10.3389/fpsyg.2014.00421>
 84. Neff KD, Pommier E. The relationship between self-compassion and other-focused concern among college undergraduates, community adults, and practicing meditators. *Self Identity*. 2013;12:160–76. <https://doi.org/10.1080/15298868.2011.649546>
 85. Welp LR, Brown CM. Self-compassion, empathy, and helping intentions. *J Posit Psychol*. 2014;9(1):54–65. <https://doi.org/10.1080/17439760.2013.831465>
 86. Dev V, Fernando AT III, Lim AG, Consedine NS. Does self-compassion mitigate the relationship between burnout and barriers to compassion? A cross-sectional quantitative study of 799 nurses. *Int J Nurs Stud*. 2018;1(81):81–8. <https://doi.org/10.1016/j.ijnurstu.2018.02.003>
 87. Galiana L, Sansó N, Vidal-Blanco G, Badenes-Ribera L. The paths of compassionate care: an approach for end-of-life professionals. In: Galiana L, Sansó N, editors. *Psychology research progress. The power of compassion*. New York: Nova Science Publishers; 2019. p. 297–316.
 88. Sinclair S, Beamer K, Hack TF, McClement S, Raffin Bouchal S, Chochinov HM, et al. Sympathy, empathy, and compassion: a grounded theory study of palliative care patients’ understandings, experiences, and preferences. *Palliat Med*. 2017;31(5):437–47. <https://doi.org/10.1177/0269216316663499>
 89. González-Hernández E, Campos D, Diego-Pedro R, Romero R, Baños R, Negi LT, et al. Changes in the semantic construction of compassion after the cognitively-based compassion training (CBCT[®]) in women breast cancer survivors. *Span J Psychol*. 2021;24(24):e34. <https://doi.org/10.1017/SJP.2021.31>
 90. Klimecki OM, Leiberg S, Ricard M, Singer T. Differential pattern of functional brain plasticity after compassion and empathy training. *Soc Cogn Affect Neurosci*. 2014;9(6):873–9. <https://doi.org/10.1093/scan/nst060>
 91. Edmonds KP, Yeung HN, Onderdonk C, Mitchell W, Thornberry K. Clinical supervision in the palliative care team setting: a concrete approach to team wellness. *J Palliat Med*. 2015;18:274–7. <https://doi.org/10.1089/jpm.2014.0248>
 92. Kearney MK, Weininger RB, Vachon MLS, Harrison RL, Mount BM. Self-care of physicians caring for patients at the end of life “being connected ... a key to my survival”. *J Am Med Assoc*. 2009;301:1155–64. <https://doi.org/10.1001/jama.2009.352>

93. Abraham A. Health Service Ombudsman. Care and compassion? Report of the health service ombudsman on ten investigations into NHS care of older people, HC 778. London: The Stationery Office; 2011.
94. Cummings GG, Tate K, Lee S, Wong CA, Paananen T, Micaroni SPM, Chatterjee GE. Leadership styles and outcome patterns for the nursing workforce and work environment: a systematic review. *Int J Nurs Stud*. 2018;85:19–60. <https://doi.org/10.1016/j.ijnurstu.2018.04.016>
95. West MA. Compassionate leadership: sustaining wisdom, humanity and presence in health and social care. London, UK: The Swirling Leaf Press; 2021.

How to cite this article: Sansó N, Leiva JP, Vidal-Blanco G, Galiana L, West M. The measurement of compassionate leadership: Adaptation and Spanish validation of the compassionate leadership self-reported scale. *Scand J Caring Sci*. 2022;36:1165–1179. <https://doi.org/10.1111/scs.13079>

ARTICLES FOR FACULTY MEMBERS

COMPASSIONATE LEADERSHIP

Title/Author	The Need for Teaching Compassionate Self-Leadership in A University Setting / Tzortzaki, A. M.
Source	<i>12th Annual Conference of the EuroMed Academy of Business</i> (2019) Pages 1355-1366 https://www.researchgate.net/profile/Philippos-Karipidis/publication/335701217_FARMERS'_WILLINGNESS_TO_PAY_FOR_BRAND_DEVELOPMENT/links/5da5e6e592851caa1ba60a31/FARMERS-WILLINGNESS-TO-PAY-FOR-BRAND-DEVELOPMENT.pdf#page=1355 (Database: ResearchGate)

26th October 2023



**12th Annual Conference of the
EuroMed Academy of Business**

**Business Management Theories and Practices
in a Dynamic Competitive Environment**

Edited by: Demetris Vrontis,
Yaakov Weber,
Evangelos Tsoukatos

Published by: EuroMed Press

12th Annual Conference of the EuroMed Academy of Business

CONFERENCE READINGS

BOOK PROCEEDINGS

September 18-20 2019

Thessaloniki, Greece

Business Management Theories and Practices in a Dynamic Competitive Environment

Copyright ©

The materials published in this Readings Book may be reproduced for instructional and non-commercial use. Any use for commercial purposes must have the prior approval of the Executive Board of the EuroMed Research Business Institute (EMRBI).

All full papers and abstracts submitted to the EMRBI Conference are subject to a peer reviewing process, using subject specialists selected because of their expert knowledge in the specific areas.

ISBN: 978-9963-711-81-9

Published by: EuroMed Press

TABLE OF PAPERS

COMPLEMENTARY ASSETS, ENVIRONMENTAL STRATEGIES AND SMES PERFORMANCE	31
<i>Anagnostopoulou, Evgenia; Eleftheriadis, Iordanis</i>	31
THE IMPACT OF BEHAVIORAL INCONSISTENCIES ON STOCK RETURN: A THEORETICAL FRAMEWORK.....	44
<i>Attia, Silvia¹; Sapuric, Svetlana²; El Gazzar, Sara¹</i>	44
ENHANCING THE CULTURE AND CREATING VALUE FOR THE TERRITORY THROUGH OPEN INNOVATION: A CASE STUDY	58
<i>Baima, Gabriele¹; Santoro, Gabriele¹;Ferraris, Alberto²</i>	58
EDUCATIONAL IMPACT ON OLDER ADULTS' WELL-BEING: A LOCAL CASE FOR GENERAL CONCLUSIONS.....	69
<i>Barysheva, Galina A.¹; Mikhalchuk, Alexander A.¹; Kåreholt, Ingemar ²; Casati, Fabio ³; Nedospasova, Olga P.¹; Terekhina, Lyudmila I.¹</i>	69
THE LINK BETWEEN INSTITUTIONAL FACILITATORS AND GLOCALISATION: THE MEDIATING ROLE OF INNOVATION IN TRANSITIONAL ECONOMIES.....	85
<i>Bašić, Maja</i>	85
AN ANALYSIS OF UK ANDERSEN CLIENTS PRE- AND POST ANDERSEN DEMISE: WHERE HAVE THEY GONE AND DID THEY PAY MORE?.....	105
<i>Basioudis, Ilias</i>	105
ANALYZING BASIC COMPONENTS AND CONTEMPORARY FEATURES OF DEPOSIT INSURANCE: EVIDENCE FROM UKRAINE	124
<i>Berezina, Olena¹; Honcharenko, Iryna¹; Servatynska, Inna¹; Berezna, Lesya¹; Kravchenko, Olha²</i>	124
SMART ENERGY COMMUNITY AND COLLECTIVE AWARENESS: A SYSTEMATIC SCIENTIFIC AND NORMATIVE REVIEW	139
<i>Ceglia, Francesca¹; Esposito, Paolo²; Sasso, Maurizio¹</i>	139
CROSS CULTURAL INFLUENCES UPON PURCHASE INTENTIONS: THE INFLUENCE OF THE COUNTRY OF ORIGIN (COO).....	150
<i>Cheng, Min¹; Halliburton, Chris²</i>	150
ENTREPRENEURIAL CREATIVITY IN SOCIO-ECONOMIC CONTEXT	164
<i>Czarczyńska, Anna</i>	164

<i>Schinzel, Ursula</i>	1170
THE MODERN APPROACH TO COMPETENCIES MANAGEMENT BASED ON IT SOLUTIONS	1206
<i>Semenov, Aleksandr¹; Vladimirovna Kokuytseva, Tatiana²; Petrovna Ovchinnikova, Oksana²</i>	1206
THE EFFECT OF TECHNOLOGY IN THE CREATION OF PERSONAL BRANDING AND ITS IMPACT ON PROFESSIONAL PROGRESS	1214
<i>Shyle, Irma¹; Azizi, Romina²</i>	1214
GENDER DIFFERENCES IN EXPERIENTIAL VALUES COMPONENTS IN AN ONLINE BOOKING CONDITION: INSIGHTS FROM GENERATION Z	1228
<i>Stavrianea, Aikaterini¹; Kamenidou, Irene²; Bara, Evangelia-Zoi²</i>	1228
SCHOOL MEDICINE–THE PREVENTION KERNEL FOR FUTURE GENERATIONS’ HEALTH...	1241
<i>Stefănescu, Alexandru Mihai¹; Stefănescu, Alexandra Rodica²</i>	1241
DYNAMIC CAPABILITIES AS BALANCING: THE INTERPLAY OF ORDINARY CAPABILITIES, SIGNATURE PROCESSES, AND ORGANIZATIONAL IDENTITY.....	1250
<i>Tagliaventi, Maria Rita¹; Carli, Giacomo²</i>	1250
THE INFLUENCE OF LIMINALITY ON ORGANIZATIONAL IDENTITY CHANGE	1264
<i>Tagliaventi, Maria Rita¹; Carli, Giacomo²</i>	1264
KNOWLEDGE FROM CUSTOMERS: A SYSTEMATIC LITERATURE REVIEW	1277
<i>Tomczyk, Przemyslaw</i>	1277
CIRCULAR ECONOMY. THE WAY THE GREEK INDUSTRY LEADERS DO IT.	1295
<i>Trigkas, M¹.; Mpyrou K¹.; Karagouni, G².; Papadopoulos, P.</i>	1295
FARMERS’ WILLINGNESS TO PAY FOR BRAND DEVELOPMENT.....	1311
<i>Tselempis, Dimitrios¹; Karipidis, Philippos¹, Tzimas, Dionysios²; Kontogeorgos, Achilleas³</i>	1311
INVESTMENTS THROUGH THE ENHANCEMENT OF THE ROLE OF THE MODEL FOREST ...	1323
<i>Tsimplinas, Dimitrios¹; Karasmanaki, Evangelia²; Tsantopoulos, Georgios²</i>	1323
EVALUATING FACTORS THAT INFLUENCING THE GROSS MARGIN IN DAIRY FARMING .	1339
<i>Tsiouni, Maria¹; Gourdouvelis, Dimitrios²; Aggelopoulos, Stamatis³; Chioteris, Spiros³</i>	1339
CONSUMERS PERCEPTION OF FOOD SAFETY RELATED RISK IN THE ITALIAN MARKET....	1347
<i>Tulone, Antonio; Crescimanno, Maria; Giacomarra, Marcella; Galati, Antonino</i>	1347
THE NEED FOR TEACHING COMPASSIONATE SELF-LEADERSHIP IN A UNIVERSITY SETTING	1355

<i>Tzortzaki, Alexia Mary</i>	1355
AFRICA AND THE INTERNATIONAL CRIMINAL COURT JUSTICE DEFERRED OR DENIED?	1367
<i>Van Der Bank, C.M.</i>	1367
STRATEGY-MAKING BY ANSWERING 49 QUESTIONS: A NOVEL PROCESS-BASED PRACTICE MODEL.....	1378
<i>Van Straten, Roeland</i>	1378
A TYPOLOGY FOR CHEESE BUSINESSES BASED ON THEIR STRATEGIC ORIENTATION	1390
<i>Varvaras, I.¹; Aggelopoulos, S.²; Pavloudi A.²</i>	1390
THE RELATIONSHIP AMONG STRATEGIC ORIENTATION, INNOVATIVITY DEGREE AND FINANCIAL EFFICIENCY IN THE FOOD INDUSTRY	1405
<i>Varvaras, Ioannis¹; Aggelopoulos, Stamatis²; Pavloudi, Alexandra²</i>	1405
STRATEGIC TRANSFER PRICING RISK MANAGEMENT: NEW CHALLENGES AHEAD	1422
<i>Venturini, Stefano; Giovando, Guido</i>	1422
FORECASTING TOURISM DEMAND IN EUROPE	1434
<i>Vortelinos, Dimitrios I.¹; Gkillas, Konstantinos²; Floros, Christos³; Vasiliadis, Lavrentios³</i>	1434
DIGITAL TECHNOLOGIES AND TECHNOSTRESSORS, A SURPRISING PARADOX FOR PRODUCTIVITY AND WORK/HOME CONFLICT.....	1458
<i>Washington, Montressa L.¹; Madden, Jennifer R.²</i>	1458
THE COLLABORATION & DESIGN THINKING GLUE BETWEEN ALL DISCIPLINES: STRATEGIES FOR BUILDING EFFECTIVE PARTNERSHIPS THROUGH A SYSTEMITIZED, NON-LINEAR APPROACH CENTERED AROUND HUMANS	1470
<i>Washington, Montressa L.¹; Madden, Jennifer R.²</i>	1470
EXPLORING POWER ASSYMETRY IN CUSTOMER RELATIONSHIPS IN THE SPECIFIC CONTEXT OF HIGHER EDUCATION	1483
<i>Wieczorek, Anna¹; Mitreğa, Maciej²</i>	1483
FINDING THE WAY OUT OF THE NETNOGRAPHY MAZE – BASIC STEPS OF CONDUCTING NETNOGRAPHY: THE TALE OF NEW RESEARCHERS IN THE FIELD	1494
<i>Xharavina, Natyra¹; Kapoulas, Alexandros^{2,3}</i>	1494
REMEDIES FOR THE HOOLIGANISM FACTOR IN THE FOOTBALL INDUSTRY: THE PARADIGM OF CYPRUS	1508

THE NEED FOR TEACHING COMPASSIONATE SELF-LEADERSHIP IN A UNIVERSITY SETTING

Tzortzaki, Alexia Mary

Department of Accountancy and Finance, School of Management and Economics, Hellenic Mediterranean University, Crete, Greece.

ABSTRACT

The purpose of this paper is to highlight young adults' need to develop compassionate self-leadership competencies in order to thrive and to be of service to today's fast-paced, polarized society. The paper's originality lies in the fact that it provides a pioneering blueprint for such a training intervention. The positive effects of self-leadership on personal excellence and leadership itself are well evidenced. Likewise, so is the call for more compassionate servant leaders. Nevertheless, the linchpin for compassionate leadership to be sustained is the nurture of self-compassion. Grounded on two of the most influential models of emotional intelligence and self-leadership theory, the proposed conceptual framework reflects the importance of self-compassion in leadership effectiveness. It posits a fresh, more dynamic approach to previous studies which mainly originate in task and material oriented cultures and it suggests a self-leadership style that focuses more on human connection. Moreover, the current study also conveys initial empirical evidence of the effectiveness of using the framework to train students in a state business school environment. Two methods of investigation were used for this: a qualitative end-of-course evaluation questionnaire and a pre and post course questionnaire that measured the participants' change in compassionate leadership levels. Preliminary findings suggest there is a positive change and this opens the way for further research.

"Your legacy, is every life that you have touched" – Maya Angelou

Keywords: soft skills, life skills, self-leadership, self-compassion, compassionate leadership, fourth industrial revolution, model, knowledge worker, ecology

INTRODUCTION

With the emergence and study of transformational leadership, back in the early 1990s (Bass and Avolio, 1990; Locke *et al.*, 1991), a clearer understanding arose of the makings of an effective modern leader. The 'tsunami' effect of the Fourth Industrial Revolution has changed the landscape of employability. Reverberating the words of British education reformist, Derry Hannam, during his key note speech at

the European Conference of Democratic Education (2018), “preferred job candidates need to possess skills that computers lack, such as those of a leader”.

In order to deal with our highly chaotic world, the emphasis is nowadays on possessing soft skills, such as adaptability, creativity, highly developed communication skills, a clear sense of mission and social responsibility (Moss *et al.*, 2009; Rast, 2015). This emphasis is not just about “doing business as usual”, but it is about the early stages of a huge shift in the evolution of humanity, that moves us from the century-old limiting belief that in order to survive, each individual needs to be in competition and engage in conflict with the rest, to the new belief that in order for all of us to thrive we need to cooperate, help and care for each other (Clancy and Binkert, 2017). As with all paradigm shifts, the transition is not unproblematic. Hence, even though online social networking is on the rise, there are strong indications of a society of increasingly lonely people and a decline in our ability for meaningful interaction, face to face communication, collaboration and compassion (Akram and Kumar, 2017; Subramanian, 2017; Dierendonck, 2011; Amritaswarupananda, 2013).

Historically, academic scholars study phenomena before they become widespread. The changes mentioned above have only recently started to be addressed at the level of policy making, education and industry (OECD, 2016). Nevertheless, more than two decades ago the start of these changes fuelled the quest for the study of a new area of leadership, which resulted in the rise of self-management and self-leadership literature (Manz, 1986; Manz and Neck, 2004). The pioneers of self-leadership claimed that in order for an individual to be an effective leader, she/he needs to lead from within. In other words, lead by example (Cashman, 1985). This requires competencies such as self motivation, self-regulation and the ability to set one’s own goals.

However, prior to the establishment of self-leadership as a separate construct in the areas of leadership, management and personality theories, there were doubts whether it warranted dedicated study and it was believed to be merely, just another behavioral motivational strategy (Guzzo, 1998). By early 2000, scholarly reservations about its unique value were dispersed following the increase of studies indicating an accelerated need within companies for “knowledge workers”. These were workers with the ability, irrelevant of position, to produce new knowledge, innovation and to act “smartly” in an autonomous way, in a fast-paced and unpredictable environment. This was the start of the third era in the Knowledge Economy, characterized by “the democratization and personalization of work and its focus on heuristic or else known, tacit knowledge” (Tzortzaki, 2011, p.19).

The purpose of this study is to highlight the need for educating young people to become compassionate self-leaders in order to thrive in today’s complex environment and to evolve into compassionate, servant leaders in their local community and workplace. This aim is achieved by providing a case study of a unique undergraduate self-leadership course, taught in a state business school in Greece.

Preliminary evidence of its effectiveness is supplied, through the use of an experimental measuring instrument.

The value and originality of this work mainly lies however, in the proposed conceptual framework of compassionate self-leadership and therefore, compassionate leadership, abbreviated to HEART-led. This framework has served as the course's blueprint over the past six years. More specifically, the majority of the self-leadership models originate in the US, a culture that is quantity, material and task oriented, lacking therefore on aspects that address current social and market trends, such as relationship building, connection, nurture and well-being (Alves *et al.*, 2006). This study therefore, builds upon past conceptual frameworks of self-leadership by highlighting the importance of compassion towards one-self, as the unrivaled road towards effective, compassionate leadership (De Zulueta, 2015). It posits a dynamic new conceptual model, that combines the Goleman-Boyatzis four clusters model of emotional intelligence (EI) (Boyatzis, 2009) and the seminal self-leadership three strategies model, first developed by Anderson and Prussia (1997). With the pivotal addition of the self-compassion element, this framework expands on the positive outcomes of leadership development in the direction of a more qualitative, ecological level.

The first section of this work will provide a brief overview of the self-leadership literature and how it correlates theoretically with EI theory. In the next section there is a discussion on the trends and benefits supporting the need for teaching interventions such as the one showcased herein. The third section covers the methodology of study and the building blocks of the proposed conceptual framework. Finally, the last two sections focus on the study findings, its limitations and conclusions, including suggestions for future research avenues.

Self-leadership Overview

The current theoretical framework broadly defines self-leaders as the individuals that use self-motivation and self-direction in order to achieve desirable outcomes that are part of a higher intention or vision. Self-leadership was initially defined as being linked to three types of strategies: behavioral based strategies, natural reward strategies and constructive thinking strategies (Prussia *et al.*, 1998) and this categorization has been retained years later as a sound model of self-leadership strategies (Mahembe *et al.*, 2013). This, in fact, formed one of the two bases of the proposed conceptual framework.

Behavioral self-leadership strategies are underpinned by the need for individuals to be self-aware and in this way in control of their own behavior, especially in cases of anger or unmet expectations. Behavioral self-leadership strategies are mostly influenced by the self-control theories of the 70s (Moss *et al.*, 2009). Awareness of oneself, also encourages setting ones' own goals and allows for opportunities of self-rewarding in a conscious effort towards self-motivation (Silvia and Duval, 2001). So, even tasks that

conceal high degrees of difficulty and complexity are viewed by self-leaders as challenges and when mistakes inevitably occur, these are savored as learning occasions and not as guilt trips. The re-setting of new goals by the individual under the light of the learnings, ignites an upward spiral of accomplishment.

Natural-reward strategies on their own have their place in the self-leadership construct especially when they occur naturally, simply by the individual valuing each task as an enjoyable experience or in the least being flexible in finding creative ways to complete the task as such, even when it is evidently unpleasant or boring, (Prussia *et al.*, 1998).

The third category of strategies are *constructive thinking strategies* and relate to the high levels of positivity developed by self-leaders, empowering them to transmute a destructive thought pattern into a constructive one. A large number of proposed and tested practices, such as visualization and meditation, have mushroomed over the last two decades in related areas such as mindfulness and positive psychology. Interestingly enough, self-leadership has also been viewed as a process closely correlated to self-efficacy, since the higher the belief in her or his capability to succeed, the higher are her or his confidence levels. This influences the choice of challenges the individual undertakes as well as her or his self-development growth rate (Skaalvika *et al.*, 2015).

Moreover, self-leaders direct themselves in ways of assuming responsibility of their happiness and strive to be in control of their emotions that direct behaviors, thus, closely linking the notion of EI with that of self-leadership. Reciprocally, individuals scoring highly on EI are less influenced by the fluctuations of their emotions and therefore are better at self-observation, self-correcting behaviors, self-motivation and self-goal setting and therefore greater self-leaders (Bishop *et al.*, 2005). The most uncomplicated of EI models, is the “four competency cluster” model and this was chosen as one of the building blocks of the proposed conceptual framework. It includes the competency categories of: self-awareness, self-management, social awareness and relationship management (Boyatzis, 2009).

DISCUSSION

Within the context of the aforementioned Fourth Industrial Revolution and social and economic megatrends, identified by many global watchers such as the OECD (2016) and the World Economic Forum (2018), there is a rise in the people-centered servant leadership style, whose cornerstone is compassion (Amritaswarupananda, 2013, p.59; Dierendonck, 2011). Highly volatile and complex environments, the merging of cultures, lack of privacy, automation, imbalance of natural resources, the knowledge economy, have all lead the more progressive companies to strive for an environment where employees feel that their work is ethical and underpinned by a higher intent of contribution to humanity, that is ecological and that even though they are part of the global community, they are

nevertheless allowed to be self-led and creative. Additionally, increasing pressures on time, the lack of face-to-face communication and exaggerated use of social media, has led to a reduction of employees' EI levels, with a negative impact on self-development and interpersonal skills, such as mindfulness, self-esteem, collaborative ability and managing stress, conflict management, negotiation and mediation (Boyatzis, 2006; Subramanian, 2017).

At such a juncture, this is where compassion comes into play and is much needed, not only in one's personal life but also in a business setting. The Tibetan scholar Thupten Jinpa "defines compassion as having three components: a cognitive component: "I understand you", an affective component: "I feel for you" and a motivational component: "I want to help you". "Compassion" in former CEO of Medtronic's own words is about the transformation of leadership of the "I", to leadership of the "We" (Chade-Meng Tan, 2012, p.199), thus bringing out the best in a leader's followers. Correspondingly, empirical evidence, as well as the practice of top ranking companies and the ecological need for civic engagement at all levels, supports the current trend of servant, compassionate leadership. Companies with compassionate, service led leadership that encourage virtuous attitudes and self-led working methods, based on authenticity, mutual trust and understanding have happier and higher achieving employees (Boyatzis, 2006).

Hence, today's call for compassionate servant leadership, also instigates a need for employees with compassionate self-led qualities. More to the point, there is a shortage of employees that engage in self-directive behavior, which is well rooted first and foremost in self-compassion, since compassion towards oneself is an antecedent of compassion towards others (Yarnell and Neff, 2013).

Concurrently, according to the Global Information Security Workforce Study (2017) there is a mismatch of supply and demand in the job market. Even high technology companies are seeking to find candidates that possess skills that computers do not, and these are communication and analytical, problem solving skills. On the contrary, candidates perceive that what is needed by employers is end of spectrum technical skills. The outcome is a shortage of "knowledge workers". One of the main causes for this mismatch is the gap between education (supply) and the job market (demand), (OECD, 2017).

The question worth exploring at this point is whether self-leadership is a behavior that can be cultivated at a young age through classroom interventions. In a similar fashion recent advances in self-regulation strategies have shown that these can be nurtured in the workplace environment by introducing effective managers as role models and by specialized training programmes (Stewart *et al.*, 1996; Moss *et al.*, 2009). A seminal field study carried out by Neck and Manz (1996), demonstrated the significantly positive effect of mental imagery on achieving goals and that individuals can be successfully taught how to follow constructive thought pattern strategies, which as mentioned earlier are one of the three main strategy constructs of self-leadership theory.

Although the benefits of increasing the ability of young adults or even children to be self-led are evident, a brief overview of these will be outlined below highlighting the importance of such interventions. In the age of high speed technology, information overload and growing numbers of youth suffering from attention deficit syndrome, memory loss and weak interpersonal skills, the behavioral aspect of self-leadership strategies encourages self-observation, i.e. one being aware of oneself, therefore increasing one's volition and ability to focus and achieve goals (Forstmeier and Rüdell, 2008). Moreover, self-leadership lessens the chances of breakdowns from emotional or physical exhaustion regimes to which younger adults are more prone towards, as it increases mindfulness in relating to others and mindfulness of one's body and its needs. Most importantly however, at a macro socio-economic level or even at a human existential level, the case of the empowerment of young adults through self-leadership programs is imperative. This is even more urgent, considering all the challenges that lie ahead of us and the lack of true leaders (Boulter, 2005, p.182).

The industry-education connection response to the mismatch mentioned above and the need for the development of self-leadership skills in young adults, although studied by the academic world for more than two decades, has manifested in the form of training interventions mostly in private settings. There are very few examples scattered amongst state institutions and these mainly in the form of leadership programs for undergraduate students. A review of such leadership programs has shown that the area of teaching young adults self-leadership in a higher education setting is a path less travelled (Karagianni and Montgomery, 2017).

The self-leadership course presented in this study was developed as an offshoot of a first year management course, taught to students in the School of Management and Economics at the state-owned, Hellenic Mediterranean University (former TEI of Crete), based in Greece. Apart from the above arguments in support for the development of such a course the following five realizations and principal values emerge:

1. One cannot be an effective manager without being first and foremost effective at self-management. The available academic textbooks on management lacked such an approach.
2. From an ecological viewpoint the world desperately requires compassionate leaders and less so, effective managers. Moreover, as with effective management, a prerequisite of compassionate leadership is a highly developed ability for self-leadership and self-compassion.
3. The majority of the young adults in these courses lacked self-esteem, had low self-efficacy and therefore generally adopted a pessimistic view of life and their prospects. Consequently, as also supported by self-efficacy theories (Prussia *et al.*, 1998), their goal setting skills, motivation levels and success rates were, in the majority of cases, low.

4. Although employers seek to recruit “ready to run” employees, that are fully competent in interpersonal and creative complex problem solving skills, the education provided from early school years to higher education, lacks the teaching of skills for life (Hannam, 2018).

5. The role of a teacher, especially in the realm of social studies, is not only to transfer cognitive knowledge, but also to instill humanitarian values, in tune with ecology and to facilitate the development of responsible self-led adults who can become leaders in any setting.

METHODOLOGY

The course in this case study is a final year elective and has a duration of one semester, four hours each week. With no prior model to follow, the course was initially designed based on the “four cluster” model of EI competencies (Boyatzis, 2009) and was focused on increasing the awareness of the need of developing soft skills and an awareness of emotions and the benefits of regulating them (Gear *et al.*, 2017). Now, six years later, the course syllabus has expanded. Its focus has been elevated to training young students to become compassionate self-leaders and in turn successful, compassionate, servant leaders in their chosen path. The following figure (Fig.1), reflects the blueprint that underpins the course structure and adds value to this study, as it introduces the HEART-led model as a new conceptual framework for developing compassionate leaders.

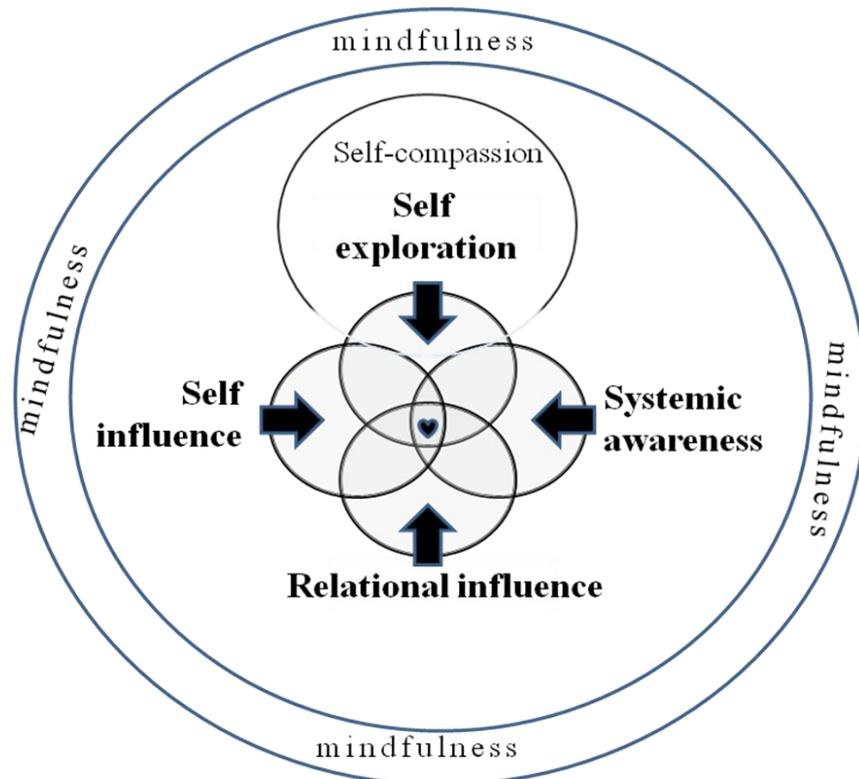


Figure 1. “HEART-LED”, A NEW COMPASSIONATE LEADERSHIP CONCEPTUAL FRAMEWORK
(SOURCE: AUTHOR’S OWN)

The framework suggests that for a leader to be compassionate, she or he needs to develop and work towards mastering four interlinking competencies: self-exploration, self-influence towards authenticity, systemic awareness (including micro and macro environmental awareness) and relational influence towards resonance. All four elements are of a normative, mobile nature, since besides being goals, they also prescribe a strategy and a direction. Moreover, unlike other leadership models, the linchpin of the HEART-led model, is self-compassion. A leader cannot behave compassionately towards others, unless she or he cultivates self-compassion, especially during moments of self-exploration (De Zulueta, 2015). The all pervading and ever present “mindfulness attitude” of a leader, is also a necessary prerequisite and goal to work towards (Amritaswarupananda, 2013).

The key difference of the Goleman-Boyatzis “four clusters” EI model and the one proposed here, is that the EI model is descriptive and static, whereas the current one is dynamic and lays down strategies. In addition, the HEART-led model includes self-contemplation strategies, such as: discovering limiting beliefs and transmuting them into empowering beliefs; the accurate gauging of performance expectations; the integration of systemic and analytical thinking for re-framing situations and deciding with discernment.

The second building block of HEART-led, was the Anderson-Prussia “three self-leadership strategies” model. The new framework, merges the natural-reward strategies into the behavior-focused strategies and adds new strategy categories under the main heading of “self-exploration”. This self-discovery journey relates to the workings of the subconscious mind and aims to improve confidence and self-efficacy levels. It involves the evaluation of reality, the cultivation of resilience and also many other elements that are relationship focused, which were missing from the Anderson-Prussia model, such as non-violent communication strategies, building rapport, e.t.c.

In the main, the HEART-led model builds on the two founding models and reinforces the importance of compassion and mindfulness in modern day leadership.

Course evaluation

The course is constantly improved using two measures: an end of semester evaluation questionnaire and a pre and post compassionate self-leadership questionnaire (the HEART-led questionnaire). Both measures are completed by the students anonymously. The evaluation questionnaire is qualitative and measures their degree of satisfaction against expectations and outcomes and their perception of self-improvement and self-worth levels.

During the initial course design the need for a student specific self-leadership skills development measurement scale became apparent, since most of the participants had little or no job experience. The original self-leadership questionnaire reflected a scale measuring the level of each student’s EI competency. At the time of using the measurement scale tool for this study, the scale had already

expanded by including additional constructs based on self-development theory (Houghton and Neck, 2002) and indicators measuring self-compassion levels. This tool has now been named the HEART-led questionnaire. It currently includes 40 items, with a 1 to 5 Likert style questions. It is still in need of further development and testing, nevertheless preliminary findings are presented below from using the pre and post questionnaire on 78 participants.

RESULTS

A paired samples t-test was conducted to compare the total scores of compassionate self-leadership levels of the 78 course participants at the beginning of the course and their scores at the end of the course. The test showed that there was a significant difference in the scores for the beginning ($M=141.15$, $SD= 13.276$) and the scores at the end ($M= 166.24$, $SD= 15.817$) of the course, with $t(77)= -19.911$, $p=0.000$. Even at a 1% significance level, the score mean at the end of the course is bigger than the score mean at the beginning.

Specifically, findings suggest that when students take such a course their level of compassionate self-leadership could potentially improve, by at least 17%. These are only preliminary results and require a more in-depth analysis. Nevertheless, these initial outcomes suggest that an intervention such as this may have a positive effect on the participants' level of self-leadership.

The findings of the course evaluation questionnaire are used every year as a feedback and course improvement mechanism. The program of study currently reflects the four constructs of self-leadership of the HEART-led model and is constantly enriched, based on the evaluation and suggestions of the students themselves, the job market trends and what is ecologically sound. It has now expanded to include areas such as: exploring varying styles of internal and external representation of the world, positive self-talk, the purposeful use of language, non-violent communication principles, Way of Council (communication circles with a talking piece), intrinsic goal setting, work, social and personal life balance, seeking life purpose, the importance of ecology and harmony, the interconnectedness of the world we live in, visualization techniques for attracting desired outcomes, courageous authentic living based on one's values and societal contribution, successful career progression with a focus on fulfillment and happiness.

Additionally, research has shown that younger people are more prone to adopt self-leadership behaviors than older ones (Kazan and Earnest, 2000), particularly those belonging to generation Y who favor interactive, participative learning methodology (Hannam, 2001; Gilliespie, 2016). This is constantly being confirmed by the course evaluation results. Therefore, the course has been developed to be of a highly experiential nature with case studies, personal journal writing for exploration of Self, 'presentation of Self' exercises ("who Am I and what Am I?"), role play exercises, group and pair

classroom exercises, personal learning agendas, mindfulness meditation and expanded awareness practices, designing a CV and job seeking strategies for a fulfilling career. Finally, “play” is an intrinsic part of the course’s learning process, since empirical studies have shown that individuals learn better when having fun.

CONCLUSIONS

The current study has limitations especially with regard to the brevity of the HEART-led model description and the HEART-led measurement tool. The tool is currently being tested for construct validity and a more in-depth statistical analysis of the existing results is being undertaken, as this is a preliminary study and is still evolving. These limitations should not, however, deflect from the fact that the conceptualization of the HEART-led model represents a first attempt to introduce the pivotal importance of self-compassion in the development of effective compassionate leaders. Moreover, the HEART-led measuring tool is in itself a useful foundation for the construction of a scale that measures the effectiveness of compassionate leadership training interventions, especially those of young people with little or no prior work experience.

Apart from the innate self-leadership abilities, there are also abilities that can be learned and developed into competencies. The review of self-leadership literature, as also the findings from this exploratory study, suggest that self-leadership training courses can positively affect the ability of an individual to become a self-leader.

Self-leadership theory demonstrates the positive relationship between an effective modern-day leader and also its positive impact on personal excellence. This study makes a strong argument for the instrumental role of self-compassion in sustaining a leader’s compassionate, servant approach in the long-term and for the need of more compassionate leaders in today’s materialistic cultures.

Moreover, under the light of learning interventions such as the one presented herein, leadership can be viewed as an inclusive process, allowing for all to be leaders in their own right and for the authentic expression of oneself. The impact of such thinking can have a constructive effect on next generations being able to cope with the challenges that lie ahead. This is in harmony with Gandhi’s philosophy “Be the change you wish to see in the world” and Aristotle’s “virtuous citizen”, both of which encourage further civic engagement.

ACKNOWLEDGEMENTS

I am truly grateful to all my students that for more than twelve years were also my best teachers and to Dr. Andreas Toupadakis for his input and support in writing this paper.

REFERENCES

- Akram, W. and Kumar, R., (2017), "A Study on Positive and Negative Effects of Social Media on Society", *International Journal of Computer Sciences and Engineering*, Vol.5, no.10, pp. 347-354.
- Alves, J.C., Lovelace, K.J., Manz, C.C., Matsypura, D., Toyasaki, F. and Ke, K., (2006), "A cross-cultural perspective of self-leadership", *Journal of Managerial Psychology*, Vol.21, no.4, pp.338-359.
- Anderson, J.C. and Prussia, G.E. (1997), "The self-leadership questionnaire: Preliminary assessment of construct validity", *The Journal of Leadership Studies*, Vol. 4, pp.119-43.
- Bass, B. M., and Avolio, B. J., (1990), *Transformational leadership development: Manual for the Multifactor Leadership Questionnaire*, Consulting Psychologists Press, Palo Alto, CA.
- Bishop, J.W., Scott, D., Goldsby, M.G., and Cropanzano, R., (2005), "A construct validity study of commitment and perceived support variables: A multifoci approach across different team environments", *Group and Organization Management*, Vol. 30, no.2, pp. 153-180.
- Boulter, M., (2005), *Extinction: Evolution and the End of Man*, Columbia University Press, U.S.
- Boyatzis, R. E., Smith, M. L., and Blaize, N. (2006), "Developing sustainable leaders through coaching and compassion", *Academy of Management Learning & Education*, Vol.5, pp. 8–24.
- Boyatzis, R. (2009), "Competencies as a behavioral approach to emotional intelligence", *The Journal of Management Development*, Vol. 28 No. 9, pp. 749-770.
- Cashman, K., (1995), "Mastery from the inside out", *Executive Excellence*, Vol.12, no.12, pp.11-17.
- Clancy A.L., and Binkert J. (2017), "Accessing the Inner Self: Beliefs", in *Pivoting*, Palgrave Macmillan, New York, pp.73-88.
- De Zulueta P. C. (2015), "Developing compassionate leadership in health care: an integrative review", *Journal of Healthcare Leadership*, Vol. 8, pp. 1–10.
- Forstmeier, S. and Rüdell, H., (2008), "Measuring Volitional Competences: Psychometric Properties of a Short Form of the Volitional Components Questionnaire (VCQ) in a Clinical Sample", *The Open Psychology Journal*, Vol. 1, pp. 66-77.
- Gear, T., Shi, H., Davies, B.J., Abdlelaziz Fets N., (2017) "The impact of mood on decision-making process", *EuroMed Journal of Business*, Vol. 12 Issue: 3, pp.242-257.
- Global Information Security Workforce Study, (2017), <https://iamcybersafe.org/wp-content/uploads/2017/06/europe-gisws-report.pdf> (site accessed on 8 March 2019).
- Guzzo, R.A., (1998), "Leadership, self-management, and levels of analysis", in: Danserau F. and Yammarino F.J. (eds), *Leadership: The Multiple-Level Approaches, Classic and New Wave*, Stanford, CT: JAI Press, pp. 213–219.
- Gillispie V, (2016), "Using the Flipped Classroom to Bridge the Gap to Generation Y", *The Ochsner Journal*, Vol. 16, no.1, pp. 32-6.
- Hannam, D. (2001), "A pilot study to evaluate the Impact of the student participation. Aspects of the citizenship order on Standards of education in Secondary schools", Report to the DfEE.
- Hannam, D. (2018), Key Note speech at the European Conference for Democratic Education (EUDEC 2018), August 2018, Crete, Greece.
- Houghton, J.D. and Neck, C.P., (2002), "The revised self-leadership questionnaire", *Journal of Managerial Psychology*, Vol.17, no.8, pp. 672-691.
- Karagianni, D. and Montgomery, A., (2017), "Developing leadership skills among adolescents and young adults: a review of leadership programmes", *International Journal of Adolescence and Youth*, Vol. no. 23, pp. 1-13.
- Kazan, A. L. and Earnest, G. W. (2000), "Exploring the concept of self-leadership", *Leadership Link*, Winter 2000.
- Locke, E. A., Kirkpatrick, S. A., Wheeler, J., Schneider, J., Niles, K., Goldstein, H., Welsh, K., and Chah, D., (1991), *The Essence of Leadership*, Lexington Books, NY.
- Mahembe, B., Engelbrecht, A. S., and De Kock, F. S. (2013), "A confirmatory factor analytic study of a self-leadership measure in South Africa: Original research", *South Africa Journal of Human Resource Management*, Vol.11, no.1, pp. 1–10.
- Manz, C.C. (1986), "Self-leadership: toward an expanded theory of self-influence processes in organizations", *Academy of Management Review*, Vol. 11, No. 3, pp. 585-600.
- Manz, C. C., and Sims, H. P., Jr. (1991), "SuperLeadership: Beyond the Myth of Heroic Leadership", *Organizational Dynamics*, Vol.19, no.4, pp. 18-35.
- Manz, C.C. and Neck, C.P. (2004), *Mastering Self-leadership: Empowering Yourself for Personal Excellence*, 3rd ed., Pearson Prentice-Hall, Upper Saddle River, NJ.
- Moss, S. A., Dowling, N., and Callanan, J. (2009), "Towards an integrated model of leadership and self regulation", *Leadership Quarterly*, Vol. 20, pp. 162-176.

- Neck, C.P. and Manz, C.C., (1996), "Thought self-leadership: the impact of mental strategies training on employee cognition, behavior and affect", *Journal of Organizational Behavior*, Vol.17, pp.445-467.
- OECD (2016), *Trends Shaping Education 2016*, OECD Publishing, Paris.
- OECD, (2017), *OECD Skills Outlook 2017: Skills and Global Value Chains*, OECD Publishing, Paris.
- Rast, D.E., (2015), "Leadership In Times Of Uncertainty: Recent Findings, Debates, And Potential Future Research Directions", *Social and Personality Psychology Compass*, vol. 9, issue 3, pp. 133-149.
- Prussia, G.E., Anderson, J.S. and Manz, C.C., (1998), "Self-leadership and performance outcomes: The mediating influence of self-efficacy", *Journal of Organizational Behavior*, vol.19, no.5, pp.523-538.
- Skaalvika, E., Federicia, R.A. and Klassen, R.M., (2015), "Mathematics achievement and self-efficacy: Relations with motivation for mathematics", *International Journal of Educational Research*, Vol. 72, pp.129-136.
- Seligman, M.E.P., Csikszentmihalyi, M., (2000), "Positive psychology: An introduction", *American Psychologist*, Vol. 55, pp. 5-14.
- Silvia, P. J. and Duval, T. S. (2001) "Objective Self-Awareness Theory: Recent Progress and Enduring Problems", *Personality and Social Psychology Review*, Vol.5, no.3, pp. 230-241.
- Stewart, G. L., Carson, K. P. and Cardy, R. L. (1996), "The Joint Effects Of Conscientiousness And Self-Leadership Training On Employee Self-Directed Behavior In A Service Setting", *Personnel Psychology*, Vol. 49, pp.143-164.
- Subramanian, K., (2017), "Influence of Social Media in Interpersonal Communication", *International Journal of Scientific Progress and Research*, Vol.109, pp. 70-75.
- Swami Amritaswarupananda Puri, (2013), *Color of the Rainbow: Compassionate Leadership*, M.A. Center Publishers, India.
- Tzortzaki, A.M. (2011), *Knowledge Management in Service Organizations: A multidisciplinary model*, LAP Lambert Academic Publishing, UK.
- Van Dierendonck, D. (2011), "Servant leadership: A review and synthesis", *Journal of Management*, Vol.37, pp.1228-1261.
- Yarnell, L.M. and Neff, K. D., (2013) "Self-compassion, Interpersonal Conflict Resolutions, and Well-being", *Self and Identity*, Vol.12, no.2, pp.146-159.

ARTICLES FOR FACULTY MEMBERS

COMPASSIONATE LEADERSHIP

Title/Author	Theorizing compassionate leadership from the case of Jacinda Ardern: Legitimacy, paradox and resource conservation / Simpson, A. V., Rego, A., Berti, M., Clegg, S., & Pina e Cunha, M.
Source	<i>Leadership</i> Volume 18 Issue 3 (2022) Pages 337-358 https://doi.org/10.1177/17427150211055291 (Database: Sage Journals)

26th October 2023

Theorizing compassionate leadership from the case of Jacinda Ardern: Legitimacy, paradox and resource conservation¹

Leadership

2022, Vol. 18(3) 337–358

© The Author(s) 2021



Article reuse guidelines:

sagepub.com/journals-permissions

DOI: 10.1177/117427150211055291

journals.sagepub.com/home/lea**Ace V Simpson** 

Brunel Business School, Brunel University London, Uxbridge, UK

Arménio Rego

Católica Porto Business School, and Business Research Unit, ISCTE-IUL, Lisbon, Portugal

Marco Berti

UTS Business School, University of Technology Sydney, Sydney, Australia

Stewart CleggSchool of project Management and The John Grill Institute for Project Leadership, The University of Sydney, Sydney, NSW, Australia
Business School, The University of Stavanger, Stavanger, Norway**Miguel Pina e Cunha**

Nova School of Business and Economics, Universidade Nova de Lisboa, Lisbon, Portugal

Abstract

During times of suffering such as that inflicted by the COVID-19 pandemic, compassion expressed by leaders helps to ease distress. Doing so, those in a position to provide resources that might facilitate coping and recovery are attentive to the situations of distress. Despite an abundance of leadership theorizing and models, there still is little academic literature on compassionate leadership. To address this limitation, we present an exploratory case study of New Zealand Prime Minister Jacinda Ardern, someone widely recognized for her compassionate leadership and

Corresponding author:

Ace V Simpson, Brunel Business School, Brunel University London, Uxbridge, UK.

Email: ace.simpson@brunel.ac.uk

frequently described in paradoxical terms (e.g. ‘kind and strong’; embodying ‘steel and compassion’). We address her compassionate leadership through the lenses of paradox theory, legitimacy theory and conservation of resources theory. We contribute a heuristic framework that sees various types of legitimacy leveraged synergistically to build resources and alleviate suffering – providing further legitimacy in an upward spiral of compassionate leadership.

Keywords

Power, legitimacy, compassion, conservation of resources, paradox

‘It takes courage and strength to be empathetic, and I’m proudly an empathetic, compassionate leader’

Jacinda Ardern (2018a)

The human, social and economic consequences of the COVID-19 pandemic are the most significant in living memory. In the midst of this crisis, there have been examples of political leadership deeply lacking in both capability and compassion: the inept handling of the crisis by Trump in the USA; Modi’s failure to lockdown in India, not forgetting Bolsonaro in Brazil, whose actions have contributed to the virus spreading further and faster than might otherwise have been the case. These leaders are responsible for much distress, suffering and loss of life: responsible, because they could have done otherwise than they did. One case in particular, that of Bolsonaro, has been singled out for the extent of its harm by *The Lancet* (The Lancet, 2020; Hallal, 2021). In stark contrast to these governmental examples of what leadership should not be, are those leaders distinguished by their capability and compassion, such as New Zealand’s Prime Minister Jacinda Ardern. Prime Minister Ardern has been lauded for effectively addressing social and economic suffering and disease, providing security and protection as well as hope and comfort to the New Zealand people (Johnson and Williams, 2020; Maak et al., 2021; McGuire et al., 2020; Panayiotou, 2020; Wilson, 2020).

While even critical scholarship, typically ambivalent on the subject of leadership (Alvesson and Spicer, 2014), acknowledges that it can be make a difference in times of crisis (Wilson, 2020), the importance of that leadership difference being enhanced by displaying compassion has only relatively recently been considered (Dutton et al., 2002; Frost, 2003; Worline and Dutton, 2017). Compassionate leadership therefore remains undertheorized and under-researched (Shuck et al., 2019; Worline and Dutton, 2017), with Dutton et al. (2014: 292) observing that “to date no systematic empirical studies address how leadership matters in terms of compassion at work”. More recently, Croweller and Tschakert (2020: 2) noted that “concrete examples of caring and compassionate leadership remain scarce”.

Compassionate leaders might be thought to be emotionally intelligent; however, the emotional intelligence (EI) literature to date has not sharpened its intelligence by considering the nature of compassion. The literature on emotion, emotional skills and emotional responses in organizations (Ashkanasy and Humphrey, 2011) or on leaders’ EI (see, for example, George, 2000; Wong and Law, 2002) lacks theorizing about compassionate leadership. More than merely an emotion, compassionate leadership is a relational process (Uhl-Bien, 2006) involving organization (Dutton et al., 2006). The EI literature acknowledges that leaders can be emotionally intelligent by being manipulative (Nagler et al., 2014; Walter et al., 2011); by contrast, compassion that is manipulative

presages a very different type of organizational relation to that of emotionally intelligent exploitation. It is important to distinguish compassionate leadership from emotional intelligence as the individual capacity to understand followers and to regulate emotions (Harms and Credé, 2010), as well as from servant leadership, which emphasizes the growth of those whom the leader serves (Lee et al., 2020). Compassionate leadership also differs from emotional complexity (Rothman and Melwani, 2017), the capacity to make adaptive decisions and handle contradictions and paradoxes. All these forms of leadership may support compassionate leadership but do not, per se, constitute it.

Drawing on organizational literature, we define compassionate leadership as a capacity (developed below) for *noticing* indicators of followers' distress, *empathizing* with their experiences of pain and struggle, *appraising* contextual causes and *responding* to conserve, build and replenish resources that alleviate follower suffering (Dutton et al., 2002; Frost, 2003; Worline and Dutton, 2017). Hence, it is a practice. As a research question we accordingly ask *what practices convey compassionate leadership as a response to suffering in times of crisis?* We do so with respect to the organization of Jacinda Ardern's New Zealand government's response to crises, including a Christchurch massacre that saw 51 people murdered and the COVID-19 pandemic. We make use of New Zealand government documents, media reports and academic writings to undertake a case study (Yin, 2018) of Jacinda Ardern, a prime minister who 'proudly' declares herself as 'an empathic and compassionate leader' (Ardern, 2018a: BBC Interview).

The case of Ardern indicates that combining the words compassionate *and* leadership may be a paradoxical challenge (Tomkins, 2020; Simpson and Berti, 2020) invoking both kindness *and* strength, support *and* assertiveness, inclusivity *and* equity. These are poles in tension, each complementing the other, without privileging either. Accordingly, we employ paradox as an informing theory (Putnam et al., 2016; Smith and Lewis, 2011), highlighting the contrasting values and strategies drawn upon by compassionate leaders as paradoxical poles that can be integrated to generate transcendent synergies. Additionally, we turn to the literature on legitimacy (Tost, 2011; Suchman, 1995; Suddaby et al., 2017) and conservation of resources (COR) (Hobfoll et al., 2018; Hobfoll and Freedy, 2017). A leader's compassionate response relies upon follower legitimization that, in a leader-member-exchange process, reinforces a leader's ability to conserve and replenish resources to alleviate followers' distress. We highlight how loss (including loss threat) of resources due to natural, social, personal or relational events causes suffering (Hobfoll et al., 2018). Efforts to alleviate distress compassionately focus on resource conservation and regeneration (Barsade and O'Neill, 2014; Rathert et al., 2020;). We advance a novel heuristic framework for modelling compassionate leadership.

The paper is organized as follows. First, we consider theorizations of compassionate leadership, which we follow with a discussion of the case, its data sources and methods of analysis. Our case is theoretically informed; thus, we outline our theory in terms of two sets of integrated, complementary poles: inclusiveness *and* rationality as well as idealism *and* pragmatism. After attending to some limits of the study, we draw some general conclusions on the nature of compassionate leadership.

Theorizing compassionate leadership as a response to suffering

Compassionate leadership focuses on addressing suffering as its distinctive characteristic. Organizational compassion research suggests that compassionate leaders buffer the stresses of work life and life in general, caring and appropriately responding to indicators of adversity amongst their reports (Dutton et al., 2002). Compassionate leadership facilitates broader organizational compassion, resulting in positive individual and organizational benefits (e.g. enhanced healing, trust, engagement, commitment, positive affect and performance; see syntheses in Dutton et al., 2014;

Worline and Dutton, 2017). When leaders respond to painful events with compassion, they foster individual and team/organizational wellbeing and resilience (Dutton et al., 2002, 2006; Van Dierendonck and Patterson, 2015). Moreover, compassionate leaders set the tone for the value and legitimacy of compassionate workplace acts, facilitating the addressing of employee pain in a manner that is timely and effective.

Existing understandings of organizational compassion (Dutton and Workman, 2011; Frost, 1999), defined it as a four-part process, characterized by the acronym NEAR: (1) *Noticing* suffering among organizational colleagues or reports; (2) *Empathizing* with the pain experienced; (3) *Appraising* the circumstances of suffering to better understand them; and (4) *Responding* by taking action to mitigate suffering (Dutton et al., 2014; Simpson et al., 2020; Worline and Dutton, 2017). Building on this definition, we propose conceptualizing compassionate leadership as a meta-capacity (Cunha et al., 2021) for demonstrating these NEAR capabilities, while integrating them in the exercise of power. Past work on organizational compassion has not specifically addressed the role of leaders in terms of the relationship between compassion and power (Simpson and Berti, 2020; Simpson et al., 2014a, 2014b). To theorize compassionate leadership, the topic we discuss next, we draw upon the role of power as conceptualised in legitimacy theory (Suchman, 1995; Tost, 2011) and subsequently consider how a leader's ability to conserve and replenish resources to address suffering is a paradox that relies upon and is instrumental to earning such legitimacy.

Compassionate leadership as a legitimacy-building process

In contrast to many leader-centric perspectives, Weber (1919 [1946]) saw follower consent as the basis of a leader's legitimated domination or authority. Such perceived authority might be based on charismatic projection, institutional grounding in tradition or acceptance of rational-legal precepts as binding obligations. Legitimacy is the key attribute of leadership in Weber's viewpoint. More recent scholars reinforce this perspective (Suchman, 1995; Sidani and Rowe, 2018; Tost, 2011). Legitimacy may be defined as 'a generalized perception or assumption that the actions of an entity are desirable, proper, or appropriate within some socially constructed system of norms, values, beliefs and definitions' (Suchman, 1995: 574). Legitimacy can be treated as a property and resource but also as an interactive process of social construction involving multiple actors (Suddaby et al., 2017). Suchman (1995: 571) proposes 'three primary forms of legitimacy: pragmatic, based on audience self-interest; moral, based on normative approval; and cognitive, based on comprehensibility and taken-for-grantedness'. Similarly, Tost (2011) sees legitimacy as based upon three types of evaluations: instrumental (related to efficiency, effectiveness and utility), relational (concerning respect, fairness and affirmation of follower's self-worth, dignity) and moral (concerning ethics, integrity and authenticity). Sidani and Rowe (2018) view authentic leadership legitimation as resting upon follower attributions of the moral legitimacy dimension.

Leadership receives its most challenging legitimacy tests in contexts where critical life threatening events (Deroy and Clegg, 2015) fundamentally disturb order, meaning and sensemaking (Boin and Hart, 2003). When unanticipated contingencies threaten the sense of equilibrium attached to everyday taken-for-grantedness, shocks to normative order can be profound, sometimes even anomic, requiring deep resources of legitimacy for repair. Compassionate leadership accordingly both relies upon and contributes to a leader's legitimacy.

Compassionate leadership as a resources-preserving-building-replenishing process

Effective leadership, through its capacity to conserve and develop organizational members' resources, draws on and builds legitimacy (Mao et al., 2019; Tabor et al., 2019). Resources are defined

as anything individuals perceive as helpful for attaining personal goals (Halbesleben et al., 2014). They may be ‘objects, personal characteristics, conditions, or energies that are valued in their own right’ (Hobfoll, 2001: 339). Internal resources include ‘vigour, hope and self-efficacy’ providing ‘energy and motivation to seek and maintain external resources such as supportive relationships’ (Tafvelin et al., 2019: 160). Other relevant resources include internal locus of control (Mallin and Mayo, 2006), supervisor support (Guan and Frenkel, 2019; Wang et al., 2019), supervisory and co-worker support (Cordes and Dougherty, 1993), as well as task complexity, personal decision making and individual autonomy (Spreitzer and Mishra, 2000). These resources can promote physical, emotional and social wellbeing, enhancing followers’ resilience and coping (Clarke et al., 2015).

Leaders capable of increasing and conserving resources and addressing suffering by replenishing meaning, hope and general wellbeing generate legitimacy (Breevaart et al., 2014; Gutermann et al., 2017). Compassionate leaders recognize resource depletion and empathetically foster resource conservation and replenishment, initially at individual and relational emotional levels, reinforcing legitimacy through a process of resource exchange (Suchman, 1988). Counter to assumptions that compassionate leadership is weak, sentimental and ad-hoc (Thompson, 1975; Du Gay et al., 2019), a resource-legitimacy organization processes view is more complex, conceiving compassion as both soft and strong, emotional and rational, sensitive and decisive. Rather than being merely a stand-alone value, compassion organizing involves paradoxically contradictory but complementary processes, which we consider in the section that follows.

Compassionate leadership as laden with paradox

Conserving and replenishing followers’ resources to compassionately address suffering during crises is a process pervaded with paradoxical challenges (Araújo et al., 2019; Simpson and Berti, 2020). Organizational scholars describe paradoxes as persistent mutually interdependent but contradictory tensions (Smith and Lewis, 2011). Paradox can be confusing and paralyzing if it is assumed that rational choice means opting exclusively for one or other pole of a paradox (Berti et al., 2021). Effective paradox management may include addressing different priorities at different times and places (Poole and Van de Ven, 1989), navigating a path that oscillates between poles (Jay, 2013). Navigation may be by virtue of designing hybrid structures and practices (Gümüşay et al., 2020; Smith and Besharov, 2019); reframing situations to transcend opposition by transmuting it into synergy (Bednarek et al., 2017), or through using the ‘accounting’ skills of ‘power assisted steering’ (Buchanan and Badham, 2020) in providing rationales for action. Power is a practice for which prime ministers develop different skills; we will argue that those of Ardern consist of developing accounts that balance and accommodate tensions constituting compassionate leadership.

Organizational compassion is simultaneously ‘emotional, sentimental, selfless, virtuous, discretionary and interpersonal as well as strategic, rational, instrumental, calculated and institutional’ (Araújo et al., 2019: 34). Organizational compassion’s paradoxicality resides in these ‘contradictory couplings’ (Chua and Clegg, 1989). While each of these aspects of organizational compassion is significant, the tensions in balancing them can be detrimental. These tensions represent competing humanistic and institutional logics, the former relying on the latter for coordination at a social-organizational level (Cooper and Burrell, 1988; Burrell, 1988), at the risk of colonization and erosion (Habermas, 1990). Tensions can be transcended through coordinating dialogical processes between stakeholders seeking to ensure that institutional logics support rather than supplant humanity in compassion relations (Araújo et al., 2019).

Consistent with authors that question the paradox denying *either/or* approach to managing tensions and adopt a paradox accepting *both/and* approach (see, for example, Schad et al., 2016;

Smith et al., 2016), leadership can be inclusive by being rational (and vice-versa) and idealistic by being pragmatic (and vice-versa). Interpreting compassionate leadership through a paradox lens constitutes an important contribution as the compassion literature has been almost silent about the tensions experienced by compassionate leaders and how they manage them. A better understanding of how compassionate leadership works in practice is a significant contribution both for developing theory and for identifying practical guidelines for leaders seeking to bring compassion into their leadership practice.

In analysis of the case study we deploy a paradox perspective that captures the complex dynamics of articulating and dealing with opposing demands of leadership and compassion (Cunha et al., 2021). In doing this, we do not present Jacinda Arden as an ideal role-model of leadership but as an extreme exemplary case of a leader fully embracing a compassionate leadership approach (Flyvbjerg, 2006). Her case allows us to capture the practices of compassionate leadership, revealing its paradoxical dynamics.

Exploratory case, data sources and theoretically informed inquiry

Case study research can focus on an event, entity or a single person (Yin, 2018). The present case is selected not for statistical but for theoretical reasons (Eisenhardt, 1989); consideration of the case is limited to the first term of Prime Minister Arden from 2017 to 2020. We chose Jacinda Arden's leadership as purposive theoretical sampling to illustrate a 'feature or process in which we are interested' (Silverman, 2014: 246). The selection of New Zealand's prime minister as an exploratory case rests on her claims to be committed to 'building a better country that all New Zealanders can be proud of through modern, compassionate leadership' (Arden, 2019e), claims supported by academics (Johnson and Williams, 2020; Maak et al., 2021; McGuire et al., 2020; Panayiotou, 2020; Wilson, 2020), particularly in response to unprecedented crises. These include the 2019 terror attack by a white supremacist on two Christchurch mosques, the 2019 White Island volcano disaster, as well as the first year of the Coronavirus pandemic.

Data

As a high-profile public figure, personal access to Arden was not feasible, especially during the global pandemic. The limitation was compensated by ample publicly available discursive data (Berti, 2017; Whittle et al., 2008). Discursive sources include Arden's official statements, speeches and policy documents, available from government web portals: mostly Beehive.gov.nz (official government website) as well as Parliament.nz (official Hansard reports); some interviews and other reporting in the business press (*Financial Times*, *Forbes*) as well as reputable popular press (*BBC News*, *Guardian*, *New York Times*, *Time*). Arden's own statements and speeches as well as other government sources were taken as primary sources. A concern about this data is that, as a careful communicator, this material presents Arden in an entirely positive light; however, these are her accounts, and it is through these accounts that she is analysed. All media reporting was sourced to verify Arden's government accounts of corresponding events and reviewed for possible counter narratives.

Analysis

Discursive content analysis of data (Krippendorff, 2018) produced 14 first order concepts (Figure 1), precipitating a search for additional information (Duriau et al., 2007). Using axial coding (Strauss

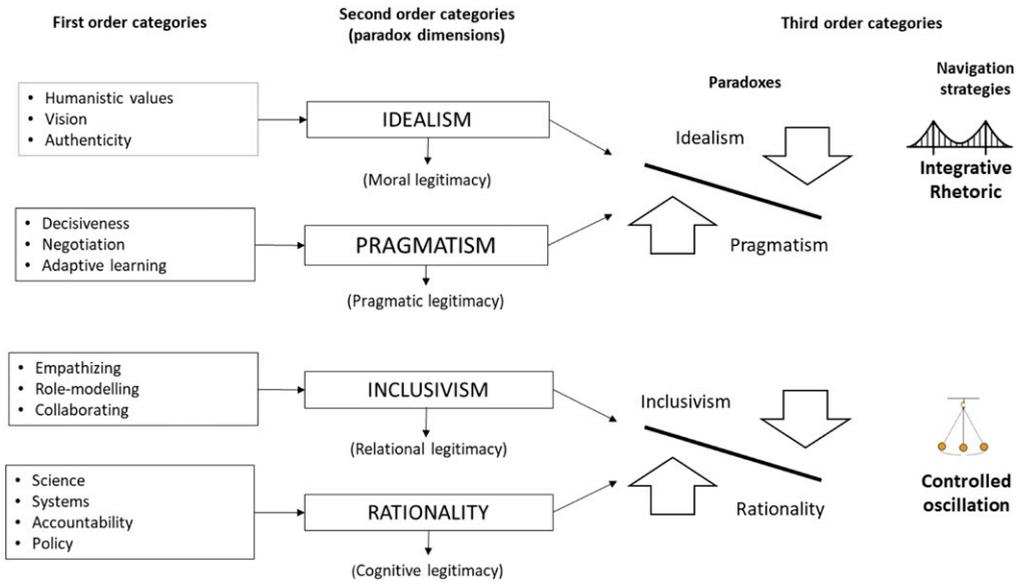


Figure 1. Data structure.

and Corbin, 1998), the number of first order concepts was reduced to four second order themes (second-order categories): idealism, pragmatism, inclusivism and rationality. Using theory (paradox and legitimacy) to further refine the data, emergent second order categories were aggregated as two paradoxes (through which power can steer using two navigation strategies) (right side of Figure 1): (1) inclusivism *and* rationality (steered through controlled oscillation), and (2) idealism *and* pragmatism (steered through integrative rhetoric). These paradoxes and navigation strategies will be expanded on in the sections that follow.

In Table 1 we compare and contrast Ardern’s compassion strategies (paradox dimensions), corresponding legitimacy dimensions, the NEAR capabilities supported, the resources conserved and the temporal dimension. To do so, we draw on Tost (2011) and Suchman (1995) for legitimacy dimensions, Dutton et al. (2014) for compassion capabilities, and Ardern’s statements representing different types of conferred resources.

First paradox dimensions: idealism and pragmatism. ‘I am a pragmatic idealist. I will always strive for better. But I am pragmatic about how much time that sometimes takes’ (Ardern cited in Manhire, 2019). Ardern signifies a major paradox of compassionate leadership: the tension between idealism and pragmatism. Idealism is to be driven by ideals of justice, peace and wellbeing, rather than by practical considerations of efficiency in terms of productivity and finance. Pragmatism, on the other hand, is concerned with utility, evaluating beliefs, strategies and theories in terms of how they might be efficiently implemented (Tost, 2011). We consider how Ardern navigates these two poles through power steering using integrative rhetoric.

Idealism is foundational in Ardern’s leadership approach, expressed through *humanistic values, vision and authenticity*. It is associated with the *humanistic values* she espouses, arguing that: ‘Our societies must be compassionate and inclusive no matter what religion, race or gender’ (Ardern, 2019b). It informs her government’s planning ‘that represents our shared *vision*’ (emphasis added)

Table 1. Paradox dimension, corresponding legitimacy dimension, NEAR capability supported, resources conserved and temporal dimension.

Paradox dimension	Corresponding organizational legitimacy dimension	NEAR capability supported	Resources conserved/developed/replenished (material/symbolic)	Temporal dimension (short/long)
Idealism: expressed through consistently espoused humanistic values of empathy, kindness and compassion, informing a clear guiding vision of the nation and authentic leadership practices.	Moral legitimacy: 'judgments about whether the activity is "the right thing to do" and "whether the activity effectively promotes societal welfare, as defined by the audience's socially constructed value system' (Suchman, 1995: 579).	Noticing suffering: Paying attention to signals and signs indicating anxiety, pain and suffering.	Social-welfare knowledge resources informing the aspiration for 'every New Zealander to have access to world-class education and healthcare, live in a home that's healthy and in a community that is safe, and to realise their potential' (Ardern, 2018b).	Long
Pragmatism: stemming from decisiveness and strength, negotiation skills, as well as learning and improvisation.	Pragmatic legitimacy: 'assessments largely on utility calculations, and organizations often can purchase pragmatic legitimacy by directing tangible rewards to specific constituencies' (Tost, 2011: 693).	Responding to suffering: Taking practical action to alleviate suffering.	Socio-material infrastructure resources necessary to 'save lives and livelihoods' (Ardern, 2020j).	Short and intermediate
Inclusivism: involving New Zealanders in collectively working to address crises through displays of empathy and practices of collaborating, communicating, role modelling and partnering.	Relational legitimacy: 'An entity is viewed as legitimate on relational grounds when it is perceived to affirm the social identity and self-worth of individuals or social groups and to ensure that individuals or groups are treated with dignity and respect and receive outcomes commensurate with their entitlement' (Tost, 2011: 693–694).	Empathizing with suffering: Feeling and expressing empathic concern for others pains and concerns as one's own.	Socio-relational identification resources characterised by notions of 'team effort' and 'common sense, following the rules and trust in one another' (Ardern, 2020a).	Immediate
Rationality: science, systems, policy and accountability mechanisms that support crisis responses.	Cognitive legitimacy: 'stems mainly from the availability of cultural models that furnish plausible explanations for the organization and its endeavours' that 'will prove predictable, meaningful, and inviting' (Suchman, 1995: 582).	Appraising suffering: Accurately evaluating the underlying causes, circumstances and effects of suffering.	Social-stability resources offering 'an ongoing level of preparedness' that provides 'as much certainty as we can around what to expect' in the immediate and longer term (Ardern, 2020f).	Long

‘for a modern and prosperous New Zealand’, rooted in ‘concepts like compassion and kindness’ (Ardern, 2018b). It is expressed in the *authenticity* Ardern brings to her leadership by sharing rather than hiding her personal life, including the challenges of pregnancy and motherhood, to represent a rounded sense of herself as accessible and relatable (Jamet, 2019; Pullen and Vachhani, 2020).

We associate Ardern’s idealism with the moral legitimacy dimension, described by Suchman (1995: 579) as resting on the evaluator’s ‘judgments about whether the activity is “the right thing to do” and “whether the activity effectively promotes societal welfare, as defined by the audience’s socially constructed value system”’. As part of the compassion organizing process (Ardern’s (2018b), idealism in noticing suffering informs plans for addressing ‘the future of work, climate change, social isolation and the long term impacts of poverty’ (*noticing* being the first of four elements in the NEAR compassion process). As a resource conservation process, the moral legitimacy Ardern’s idealism confers is deployed as plans to conserve and develop longer term social-welfare knowledge resources informing an aspiration for ‘every New Zealander to have access to world-class education and healthcare, live in a home that’s healthy and in a community that is safe, and to realise their potential’ (Ardern, 2018b).

Pragmatism is concerned with results, guided less by ideals and more by practicality, less by what *ought* to be and more by what *can* be. From a strictly idealistic perspective, pragmatism can be viewed as compromising values in the interests of expediency or convenience. From a pragmatic perspective, such idealism is, in the words of Voltaire, to ‘make the best the enemy of the good’. Ardern was initially elected prime minister in 2017, with commentators unclear which aspect of ‘pragmatic idealism’ would characterize her leadership (Mapp, 2017); her idealism was quickly seen to centre on pragmatism through attributes such as *decisiveness*, *negotiation skills* and *adaptive learning*. Pragmatic *decisiveness* is demonstrated, for example, in Ardern’s ‘go hard and go early elimination strategy’ (Ardern, 2020a), implemented after New Zealand had just 102 coronavirus cases (Ardern, 2020h), imposing one of the most comprehensive responses of any western-style democracy, one characterized by critics as ‘almost authoritarian’ (Richter, 2020), ‘Nanny State’ (McCarthy, 2020) and as ignoring ‘concerns that elements of the lockdown might have been illegal’ (Richter, 2020). Pragmatism also characterized her *negotiation skills* demonstrated in the aftermath of the Christchurch shooting in which 51 members of the Muslim community were murdered, with their shooting livestreamed by the perpetrator on Facebook (Ardern and Nash, 2019). Within just 6 days, she succeeded in steering New Zealand’s most significant gun control legislation in many decades through parliament, including a total ban on semi-automatic weapons. *Adaptive learning* is another expression of Ardern’s pragmatism, seen, for example, in the development of her government’s coronavirus strategy from the initial response. Initially its stated objective was to ‘slow down COVID-19’ (announced on 12 March 2020) (Ardern, 2020g), to ‘spread the cases, and flatten the curve’ (announced on 14 March) (Ardern, 2020d). With the introduction of an alert level system, the new objective became ‘eliminate’ or ‘stop the virus in its tracks’ (Ardern, 2020e) (announced on 23 March). Later, as alert levels came down, Ardern confirmed the country’s ‘strategy for responding to the COVID-19 pandemic remains elimination’ (Ardern, 2020f) (announced on 14 July).

Discussing pragmatism as a legitimacy dimension, Suchman (1995: 585) observes the following: ‘Audiences base pragmatic assessments largely on utility calculations, and organizations often can purchase pragmatic legitimacy by directing tangible rewards to specific constituencies’. There is a close family resemblance between pragmatic legitimacy and Tost’s (2011: 693) instrumental legitimacy, related to an entity’s perceived ‘efficiency, utility and effectiveness’. In the context of the compassion organizing process, Ardern’s pragmatism has been helpful in taking decisive action in *response* to human suffering (*responding* being the fourth and final element in the NEAR compassion process). As a resource building-conserving process, Ardern deploys the legitimacy

conferred by her pragmatism in creating and maintaining socio-material infrastructure resources necessary to ‘save New Zealanders’ lives and prevent the very worst’ (Ardern, 2020k) in the immediate term, eventually also allowing the country to ‘save lives and livelihoods by opening up our economy sooner’ (Ardern, 2020j) in the intermediate term.

Ardern bridges tensions of idealism and pragmatism through rhetoric used as a *steering strategy*. Rhetoric is ‘the conscious, deliberate and efficient use of persuasion to bring about attitudinal or behavioural change’ (Cheney et al., 2004: 84). Rhetoric is a valuable resource for leaders because ‘it can persuade organizational members that there are links between goals that they already value and goals that might otherwise be seen as divergent from their interests’ (Jarzabkowski and Sillince, 2007: 1659). Especially in her use of social media, Jacinda Ardern is masterful in ‘rhetorical blending: epidemiology brightened with empathy, law leavened with mom jokes’ (Cave, 2020: n.p.). Ardern’s ‘constructive’ use of rhetoric, aimed at reconciling contrasting needs, is clearly distinguishable from that of other political leaders, such as the 45th President of the United States. Trump’s use of rhetoric was characterized by negativity (attacking, vilifying and de-legitimizing opponents) (Ross and Caldwell, 2020) while Ardern’s use of rhetoric as a discursive device for accommodating opposed polarities (Bednarek et al., 2017) is exemplified by her State of Emergency announcement. The announcement was accompanied by an appeal for New Zealanders to ‘stay home, break the chain of transmission, and save lives’ (Ardern, 2020i). Wilson (2020) considers this appeal a crisis communication masterclass in that it not only communicates meaning but also purpose. By presenting the pragmatic requirement for a lockdown not as an imposition on individual freedom, but as a collective endeavour to safeguard public health, Ardern’s account avoided tension between individual and collective interests.

Second paradox dimensions: inclusiveness and rationality. Ardern’s (2019c) use of phrases such as ‘*compassionate domestic policies*’ (emphasis added) indicates a leadership approach committed to heart and head, inclusion *and* rationality [a tension famously highlighted in Thomas Jefferson’s ‘Dialogue between my heart and head’ (Jefferson and Cosway, 1999)]. For the heart, Ardern emphasizes an emotional-relational theme of ‘inclusion, compassion, and empathy’ (Ardern, 2019a). For the head, she demonstrates a commitment rationality emphasizing ‘the important role that science plays in informing our policy decisions, and the crucial role that accurate science communication plays’ (Ardern, 2019d). Starting with inclusiveness, we next consider how Ardern navigates, steers through and integrates each of these poles.

Inclusiveness, conceptualized by Nembhard and Edmondson (2006) as ‘attempts by leaders to include others in discussions and decisions in which their voices and perspectives might otherwise be absent’ (p. 947), is a prominent feature of Ardern’s leadership approach, demonstrated in her practices of *empathizing*, *role-modelling* and *collaborating*. An example that encapsulates these three practices, early in the Coronavirus crisis. Ardern announced that as a way of ‘showing leadership’ and as ‘an acknowledgement that every person and organization has a part to play as we unite to stamp out COVID-19 and save lives’ she, her ministers and public service chief executives would ‘take a 20per cent pay cut over the next six months’ (Ardern, 2020b). Ardern’s inclusiveness through *collaborating* is exemplified by her appeals to New Zealanders during her COVID-19 announcements stressing, ‘We’re in this together and must unite against COVID-19’ (Ardern, 2020h), or her repeatedly referring to the nation as ‘a team-of-five-million’ (Ardern, 2020a, 2020c).

We associate Ardern’s inclusiveness with Tost’s (2011) relational legitimacy dimension, which he describes as arising when an entity ‘is perceived to affirm the social identity and self-worth of individuals or social groups’ ensuring they are ‘treated with dignity and respect and receive outcomes commensurate with their entitlement’ (pp. 693–694). In the context of the compassion

organizing process, Ardern's inclusiveness provides *empathy* for those who suffer (*empathy* being the second of four elements in the NEAR compassion process). As a resource conservation process, the relational legitimacy conferred by Ardern's inclusiveness is deployed through efforts to conserve, create and replenish immediate term communal socio-relational identification resources, that she characterizes as a 'team effort' of 'common sense, following the rules and trust in one another' (Ardern, 2020a).

Rationality concerns that which is plausible and predicable. Leadership driven by high aspirations of idealism and social inclusivity is sometimes accused of lacking rationality in the face of social facts. Empowered by follower support and cultish idolatry (Vance, 2020), the dark side (Fragouli, 2018) of charismatic leadership can override due process and rational science by giving credence to impulses and ideology (Maak and Pless, 2006). Ardern represents a form of charismatic leadership that is idealistic, legitimate and committed to rationality. Rationality is seen in Ardern's (2020f) commitment to 'be guided by *science*' (italics added) through the pandemic and maintain strong relationships with New Zealand's scientific body (Wilson, 2020; Maak and Pless, 2006). It is seen in her implementation of effective *systems*, such as investing in the latest genomic sequencing advances to establish a world leading contact tracing regime (Geoghegan et al., 2020). It is seen in measures of *accountability*, such as establishing a Parliamentary Epidemic Response Committee, purposefully created with a majority of opposition members and chaired by the leader of the opposition, to scrutinize and report to parliament on the Government's epidemic management (Ladley, 2020). Within the context of addressing longer term issues of social inequality and poverty, rationality is also seen in the *policy* framework of a 'wellbeing budget' requiring any government funded project to demonstrate a contribution towards improving New Zealander's lives, a framework that has supported 'extending paid parental leave, closing the gender pay gap and raising the minimum wage' (Ardern, 2018b).

We associate the rationality Ardern brings to her leadership with Suchman's (1995: 582) cognitive legitimacy dimension, which 'stems mainly from the availability of cultural models that furnish plausible explanations for the organization and its endeavors' and 'prove predictable, meaningful, and inviting'. As part of the compassion organizing process, Ardern accurately *appraises* critical situations (*appraising* being the third, rationality informed, factor in the four-part NEAR compassion process), such as the need for border control and lockdown during the pandemic. As a resource conservation process, Ardern has deployed rational-cognitive legitimacy in conserving and building social-stability resources through 'an ongoing level of preparedness' offering 'as much certainty as we can around what to expect' in the immediate and longer term on account of 'implementing a plan that works' (Ardern, 2020f).

In responding to issues, Ardern uses a strategy of *power steering* that manages the dynamic opposition between inclusiveness and rationality through careful *oscillation*. The oscillation is between actions aimed at affirming a logic of technical rationality (represented by the primacy of scientific advice and compliance with bureaucratic policies ensuring accountability and standardizable action) and action aimed at acknowledging and empathizing with individual suffering. Oscillation between poles is acknowledged in the paradox literature as a viable strategy for balancing multiple logics (Smets et al., 2015; Tuckermann, 2019). It is controlled through formal structures, stakeholder relationships and leadership expertise acting as 'guardrails' limiting the extremes in oscillations (Smith and Besharov, 2019).

Discussion

The findings of this paper indicate that compassionate leadership, as a social process, is more complex and paradoxical than it is usually represented in literature, suggesting that compassion

buffers (Kanov et al., 2004) and replenishes the strain on resources (Kahn, 1993; Scott et al., 1995; Barsade and O’Neill, 2014) that become exhausted and cause suffering during crises (Hobfoll and Freedy, 2017). Our analysis has identified Ardem as integrating the four NEAR organizational compassion subprocesses in her leadership through paradoxical behaviours that generate legitimacy in addressing suffering through resource conservation and replenishing efforts. Her compassionate response is dependent on follower legitimization that, in a leader-member-exchange process, reinforces her ability to conserve and replenish resources to alleviate followers’ distress. The power of her compassionate leadership response is in the *interaction* between paradoxes (represented by the dotted lines and two black boxes linking the two paradoxes in Figure 2). Through this interaction, legitimacy and material resources are reinforced in a positive resource exchange spiral. Ardem steers a path through these paradoxical dimensions using integrative rhetoric and controlled oscillation (at the centre inside the dotted line at the top and bottom of Figure 2). She thus cultivates her legitimacy with enhanced follower trust, recognition and acceptance of her policies. In exchange, followers gain a sense of identification, moral support and belonging as non-material resources. She further builds follower consensus and increases followers’ strategic scope in exchange for practical material resources of support, synergies and collaboration. These interdependent relationships help both leaders and followers embrace and manage paradoxical tensions. Doing so enables conserving and developing of material resources of social welfare knowledge, socio-material infrastructure, socio-relational identification and social-stability to address suffering. The positive cycle represented in Figure 2 is further described below.

The exercise of compassionate leadership is practiced initially by attending to the four elements of the NEAR model. These elements require the leaders’ decisions to be accorded legitimacy. Doing

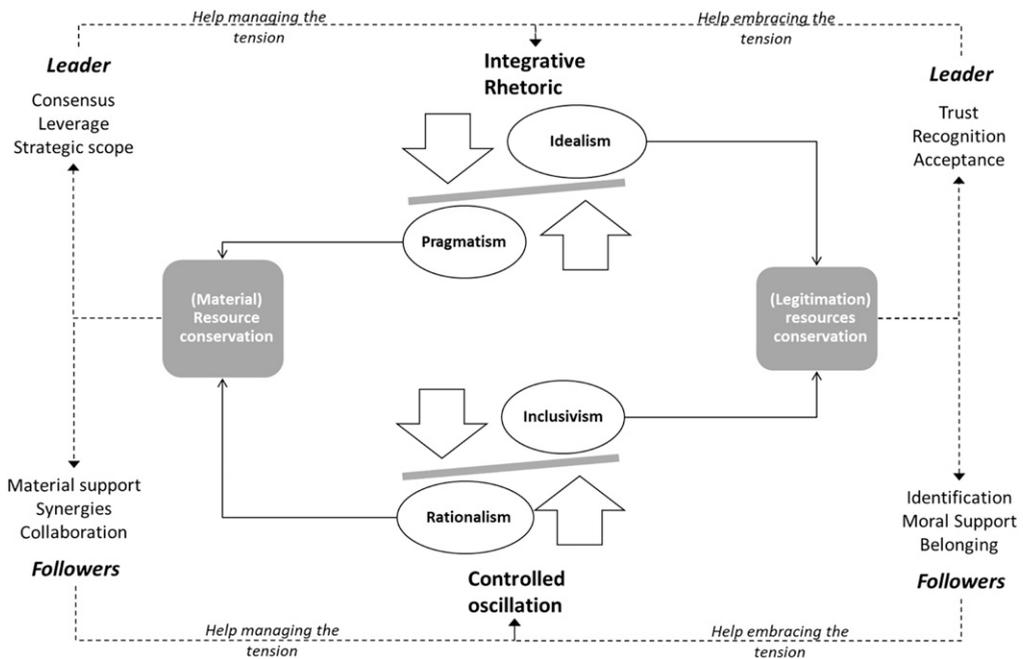


Figure 2. Positive cycles generated by compassionate leadership as paradox management.

so implies simultaneously adopting strategies in support of humanistic ideals, practical needs, inclusivity and rationality. Being a compassionate leader is not a box ticking exercise that attends to elements in isolation. Whereas a contingency approach would treat these elements as a 'tool kit' of competencies to be employed in different situations, the compassionate leadership approach exemplified by Ardern engages all dimensions concurrently, an approach requiring a consummate mastery of ensuing tensions.

While there is no apparent conflict between the need for conserving/replenishing legitimation and material resources, different logics underpin these two elements. Legitimacy is not a property, a stable condition but a socially constructed outcome emerging from the active participation of multiple agents (Suddaby et al., 2017). Conserving legitimation resources requires promoting a common identity and values, which for Ardern are principles of idealism and inclusivism. Doing this is coherent with a value-based rationality, 'determined by conscious belief in the value for its own sake' (Weber, 1922 [1978]: 24–25). By contrast, conserving material resource implies a different logic, aligned with what Weber (1922 [1978]: 24) defines as 'instrumental rationality', concerned with the choice of efficient means 'for the attainment of the actor's own rationally pursued and calculated ends'. Tension emerges in the relation between specific demands deriving from idealism versus pragmatism and rationalism versus inclusivism. Integrative rhetoric is used to steer a course through the former paradoxical tension by reframing the relationship between the opposing elements, to show that, in a broader context, the contradiction can be transcended (Bednarek et al., 2017). A course is steered through the latter paradoxical tension by means of controlled oscillation between the two poles. These power steering strategies are complemented and supported by a virtuous circle that results from processes of communicative action that strive to build broad mutual understanding what is required to reach agreement on the value of the goals (Habermas, 1984, 1989). The leaders' desire for consensus and trust resonates with the material support provided, amplifying the citizenry's sense of identity in a coordinated fashion.

The process of communicative action is dynamic. Leaders invest resources in legitimacy-building actions and followers attribute legitimacy to the leader, supporting a broader resource conservation process (Breevaart et al., 2014; Gutermann et al., 2017). The process replenishes itself by investing 'resources to gain resources' (Halbesleben et al., 2014: 1337), providing protection from resource loss or boosting recovery from its occurrence. In this regard, compassion plays a specific role in the dynamics of legitimation. Different aspects of Ardern's steering strategy (inclusiveness, rationality, idealism and pragmatism) resonate with various recognized legitimacy dimensions (relational, cognitive, moral and pragmatic). Each of these strategies/dimensions can be further aligned with the capabilities required for organizational compassion (Simpson et al., 2020) and resource conservation/generation.

Success in conserving resources provides slack for innovation, affording more scope and material support for strategic collaboration in improving follower conditions. Attention to optimization and efficiency is balanced by communicating symbolic action that combines inclusivism and idealism in doing so. Positive outcomes accrue from this process both for the leader in gaining in trust, recognition and acceptance as well as for followers' identification and sense of moral community. Together, resource conservation and symbolically communicating belonging to an ethically holistic community are strategies that manage the paradoxical tension between inclusivism and rationality and between pragmatism and idealism.

Engaging idealism, pragmatism, inclusiveness and rationality concurrently generates paradoxical tensions underpinned by divergent but interdependent logics. Those paradoxical tensions that cannot simply be defused can be strategically steered through compassionate leadership (Smith and Lewis, 2011, 2012). Having an abundance of resources softens the impact of paradoxes (Miron-Spektor

et al., 2018) and sustains strategic agency (Berti and Simpson, 2021a, 2021b). Belonging to an inclusive and supportive community facilitates acceptance of the legitimacy of power steering (Keller et al., 2020; Pradies et al., 2020). Consequently, the maintenance of a dynamic balance between inclusivism and rationality and between pragmatism and idealism becomes an essential source of resource stability and regeneration for the wider community. In concert, the dimensions generate legitimacy, starting from moral, followed by relational, cognitive and pragmatic dimensions. In the process 'legitimacy becomes more elusive to obtain and more difficult to manipulate, but it also becomes more subtle, more profound, and more self-sustaining, once established' (Suchman, 1995: 585).

Limitations and future research

That Arden uses mostly positive terms could be a limitation of data based almost entirely on Arden's official statements, albeit there is some cross-referencing to media reporting. A broader set of sources through interviews with Arden and those in her circuits of power may provide more critical data; typically these occur in biographies of departed rather than present leaders, with Robert Caro (1983, 1990, 2002, 2012) having set a benchmark that few will attain, even after years of devotion to their subject. The present study nonetheless has value as an account of a world leader's consistent representation of compassionate leadership philosophy and practices that we have systematically analysed using the lenses of paradox theory, legitimacy theory and conservation of resources theory.

A consideration that behoves further investigation is whether Arden's specific configuration of legitimacy dimensions in the service of compassionate leadership is generalizable to other contexts. Authentic leader-follower alignment can lead to sub-optimal decisions and some compassionate responses may have counterproductive effects. For instance, Arden's COVID-19 elimination strategy could be criticized as isolationist rather than fostering a global pandemic elimination effort. Despite early successes and domestic popularity, had vaccines not been developed or proven ineffective and enduring cohabitation with the virus become a necessity, a lack of infection management experience would have been problematic. In posing as the protector of the island nation from external 'pollution', Arden's coronavirus policies could be construed as not dissimilar to those of reactionary leaders asserting nationalism as a basis for sovereignty, except that her nationalism is broad and inclusive of all New Zealanders as her response the mosque murders demonstrated. Nonetheless, tensions between long- and short-term outcomes and local and global interests require consideration: an element of autarchy was required for consent from the community of a remote island nation. New Zealand's island geography and its cultural profile operated as facilitators of Arden's stance in dealing with New Zealanders' response to the threat of the coronavirus (Wilson, 2020; Windsor et al., 2020). It is possible that national culture and geographical idiosyncrasies are boundary conditions affecting how Arden's paradoxical compassionate leadership contributes towards conserving and building followers' resources.

That additional paradoxes can underpin compassionate leadership should also be considered. In a Portugal based study relevant to organizational compassion, Araújo et al. (2019: 34) identified paradoxical tensions between considerations that were selfless and strategic, as well as individual and institutional, representing these as competing humanistic and institutional logics. Ideally, the former can be symbiotic with the latter in coordinating at a social-organizational level. There is always the risk, however, of the latter colonizing and eroding the former. At a leadership level, compassionate leaders may manage paradoxical tensions and ensure institutional logics support rather than supplant humanity, through inner reflective dialogic practices that valorize public

communicative competencies. In Arden's case, she balances unavoidable paradoxical tensions that emerge between idealism and pragmatism through bridging rhetoric, while meanwhile balancing tensions emergent between inclusiveness and rationality through steering by controlled oscillation.

Another relevant question is whether or not the heuristic model of compassionate leadership derived from this exploratory case bridges distinct leadership models that have evolved in human society (Van Vugt and Smith, 2019). One prominent model, signified as the dominance model, is premised on functional conflict resolution and inter-group competition through domination, power asymmetry, coercion and manipulation. Another model, referred to as the prestige model, is founded on character, expertise and inclusion, functionally oriented towards collective integration and collaboration. While apparently rooted in a prestige model, Arden's compassionate leadership also makes use of elements of dominance, using displays of determination and strength.

Conclusions

The case of Jacinda Arden demonstrates the integration of compassion and leadership through practices of cultivating legitimacy dimensions paired as paradoxes: inclusiveness with rationality; idealism with pragmatism. Within each pair, it is the interaction between the respective dimensions, rather than their separate effects, that matter for building followers' resources and addressing suffering. Legitimacy is consequently further reinforced in a positive spiral. In a resource exchange process, Arden steers through paradoxical dimensions to conserve, build and replenish follower resources. These resources comprise socio-welfare knowledge, socio-material infrastructure, socio-relational identification and socio-stability, conferring hope and trust, health and wellbeing, basic wages and security, personal dignity and confidence in the government's ability to deliver collective resources and address suffering during crises. In sum, what Arden shows is that compassionate leadership (i.e., one who is kind, empathic, etc.) is supported through utilizing paradoxical legitimacy dimensions that build followers' resources and alleviates their distresses.

Declaration of conflicting interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

ORCID iD

Ace V Simpson  <https://orcid.org/0000-0002-7768-328X>

Notes

1. Miguel Cunha acknowledges support of the Fundação para a Ciência e a Tecnologia (UID/ECO/00124/2019, UIDB/00124/2020 and Social Sciences DataLab, PINFRA/22209/2016), POR Lisboa and POR Norte (Social Sciences DataLab, PINFRA/22209/2016). Arménio Rego acknowledges support of the Fundação para a Ciência e a Tecnologia (UID/GES/00731/2019, UID/GES/00315/2019).

References

- Alvesson M and Spicer A (2014) Critical perspectives on leadership. In: Day DV (ed) *The Oxford Handbook of Leadership and Organizations*. Oxford: Oxford University Press, 40–56.
- Araújo ML, Simpson AV, Marujo HÁ, et al. (2020g) (2019) Selfless and strategic, interpersonal and institutional: a continuum of paradoxical organizational compassion dimensions. *Journal of Political Power* 12(1): 16–39.
- Ardern J (2018a). Jacinda Ardern: 'It takes strength to be an empathetic leader. *BBC News*. 16 November.
- Ardern J (2018b) *Our Plan for a Modern and Prosperous New Zealand*. Available at: [Beehive.govt.nz](https://www.beehive.govt.nz). 16 September.
- Ardern J (2019a) *Condolences—Acts of Terrorism, Sri Lanka and San Diego*. Hansard Reports, 30 April.
- Ardern J (2019b) *Jacinda Ardern's Christchurch Call Opening Statement*. Available at: [Beehive.govt.nz](https://www.beehive.govt.nz). 16 May.
- Ardern J (2019c) *Opinion: An Economics of Kindness*. Available at: [Beehive.govt.nz](https://www.beehive.govt.nz).
- Ardern J (2019d) *PM's Top Science Prize Goes to DNA Crime Scene Software*. Available at: [Beehive.govt.nz](https://www.beehive.govt.nz). 12 March.
- Ardern J (2019e). *Prime Minister's Statement at the Opening of Parliament*. Available at: [Beehive.govt.nz](https://www.beehive.govt.nz). 12 February.
- Ardern J (2020a) *Alert Level 3 Restrictions Announced*. Available at: [Beehive.govt.nz](https://www.beehive.govt.nz). 16 April.
- Ardern J (2020b) *Government Ministers and Chief Executives Take Pay Cut*. Available at: [Beehive.govt.nz](https://www.beehive.govt.nz). 15 April.
- Ardern J (2020c) *Jobs Budget to Get Economy Moving Again*. Available at: [Beehive.govt.nz](https://www.beehive.govt.nz). 14 May.
- Ardern J (2020d) *Major Steps Taken to Protect New Zealanders from COVID-19*. Available at: [Beehive.govt.nz](https://www.beehive.govt.nz). 14 March.
- Ardern J (2020e) *New Zealand Moves to COVID-19 Alert Level 3, Then Level 4 in 48 Hours*. Available at: [Beehive.govt.nz](https://www.beehive.govt.nz). 23 March.
- Ardern J (2020f). *Next Steps in COVID Response*. Available at: [Beehive.govt.nz](https://www.beehive.govt.nz). 15 July.
- Ardern J (2020g) *PM Address - Covid-19 Update*. Available at: [Beehive.govt.nz](https://www.beehive.govt.nz). 21 March.
- Ardern J (2020h) *Prime Minister: COVID-19 Alert Level Increased*. Available at: [Beehive.govt.nz](https://www.beehive.govt.nz). 23 March.
- Ardern J (2020i) *Prime Minister's Statement on State of National Emergency and Epidemic Notice*. Available at: [Beehive.govt.nz](https://www.beehive.govt.nz). 25 March.
- Ardern J (2020j) *Speech to Labour Party Congress 2020*. Available at: [Beehive.govt.nz](https://www.beehive.govt.nz).
- Ardern J (2020k) *State of National Emergency Declared to Fight COVID-19*. Available at: [Beehive.govt.nz](https://www.beehive.govt.nz). 25 March.
- Ardern J and Nash S (2019) *New Zealand Bans Military Style Semi-automatics and Assault Rifles*. Available at: [Beehive.govt.nz](https://www.beehive.govt.nz). 21 March.
- Ashkanasy NM and Humphrey RH (2011) Current emotion research in organizational behavior. *Emotion Review* 3(2): 214–224.
- Barsade SG and O'Neill OA (2014) What's love got to do with it? A longitudinal study of the culture of companionate love and employee and client outcomes in a long-term care setting. *Administrative Science Quarterly* 59(4): 551–598.
- Bednarek R, Paroutis S and Sillince J (2017) Transcendence through Rhetorical Practices: responding to Paradox in the Science Sector. *Organization Studies* 38(1): 77–101.
- Berti M (2017) *Elgar Introduction to Organizational Discourse Analysis*. Cheltenham: Edward Elgar.
- Berti M and Simpson AV (2021a) The dark side of organizational paradoxes: the dynamics of disempowerment. *Academy of Management Review* 46(2): 252–274.
- Berti M and Simpson AV (2021b) On the practicality of resisting pragmatic paradoxes. *Academy of Management Review* 46(2): 409–412.

- Berti M, Simpson AV, Cunha MP, et al. (2021) *Elgar Introduction to Organizational Paradox Theory*. Cheltenham: Edward Elgar Publishing.
- Boin A and Hart Pt (2003) Public leadership in times of crisis: mission impossible? *Public Administration Review* 63(5): 544–553.
- Breevaart K, Bakker A, Hetland J, et al. (2014) Daily transactional and transformational leadership and daily employee engagement. *Journal of Occupational and Organizational Psychology* 87(1): 138–157.
- Buchanan D and Badham R (2020) *Power, Politics, and Organizational Change*. London: Sage.
- Burrell G (1988) Modernism, post modernism and organizational analysis 2: the contribution of Michel Foucault. *Organization Studies* 9(2): 221–235.
- Caro RA (1983) *The Years of Lyndon Johnson: The Path to Power*. New York: Alfred A Knopf Inc.
- Caro RA (1990) *The Years of Lyndon Johnson: Means of Ascent*. New York: Alfred A Knopf Inc.
- Caro RA (2002) *Master of the Senate: The Years of Lyndon Johnson*. New York: Alfred A Knopf Inc.
- Caro RA (2012) *The Passage of Power: The Years of Lyndon Johnson*. New York: Alfred A Knopf Inc.
- Cave D (2020) Jacinda Ardern sold a drastic lockdown with straight talk and mom jokes. *The New York Times*. May 23, 2020.
- Cheney G, Christensen LT, Conrad C, et al. (2004) Corporate rhetoric as organizational discourse. In: Grant D, Hardy C, Oswick C, et al. (eds) *The SAGE Handbook of Organizational Discourse*. London: SAGE, pp. 79–103.
- Chua W-F and Clegg S (1989) Contradictory couplings: professional ideology in the organizational locales of nurse training. *Journal of Management Studies* 26(2): 103–127.
- Clarke HM, Arnold KA and Connelly CE (2015) Improving follower well-being with transformational leadership. In: Joseph S (ed) *Positive Psychology in Practice: Promoting Human Flourishing in Work, Health, Education, and Everyday L*. Hoboken, NJ: Wiley, pp. 341–356.
- Cooper R and Burrell G (1988) Modernism, postmodernism and organizational analysis: an introduction. *Organization Studies* 9(1): 91–112.
- Cordes CL and Dougherty TW (1993) A review and an integration of research on job burnout. *Academy of Management Review* 18(4): 621–656.
- Crossweller M and Tschakert P (2020) Climate change and disasters: the ethics of leadership. *Wiley Interdisciplinary Reviews: Climate Change* 11(2): e624.
- Cunha MPe, Clegg SR, Rego A, et al. (2021) *Paradoxes of Power and Leadership*. Abingdon, UK: Routledge.
- Deroy X and Clegg S (2015) Back in the USSR: introducing recursive contingency into institutional theory. *Organization Studies* 36(1): 73–90.
- du Gay P, Lopdrup-Hjorth T, Pedersen KZ, et al. (2019) Character and organization. *Journal of Cultural Economy* 12(1): 36–53.
- Duriau VJ, Reger RK and Pfarrer MD (2007) A content analysis of the content analysis literature in organization studies: research themes, data sources, and methodological refinements. *Organizational Research Methods* 10(1): 5–34.
- Dutton JE, Frost PJ, Worline MC, et al. (2002) Leading in times of trauma. *Harvard Business Review* 80(1): 54–125.
- Dutton JE and Workman KM (2011) Compassion as a generative force. *Journal of Management Inquiry* 20(4): 402–406.
- Dutton JE, Workman KM and Hardin AE (2014) Compassion at work. *Annual Review of Organizational Psychology and Organizational Behavior* 1: 277–304.
- Dutton JE, Worline MC, Frost PJ, et al. (2006) Explaining compassion organizing. *Administrative Science Quarterly* 51(1): 59–96.
- Eisenhardt KM (1989) Building theories from case study research. *Academy of Management Review* 14(4): 532–550.
- Flyvbjerg B (2006) Five misunderstandings about case-study research. *Qualitative Inquiry* 12: 219–245.

- Fragouli E (2018) The dark-side of charisma and charismatic leadership. *Business and Management Review* 9(4): 298–307.
- Frost PJ (1999) Why compassion counts!. *Journal of Management Inquiry* 8(2): 127–133.
- Frost PJ (2003) *Toxic Emotions at Work: How Compassionate Managers Handle Pain and Conflict*. Boston: Harvard Business School Press.
- Geoghegan JL, Ren X, Storey M, et al. (2020) Genomic epidemiology reveals transmission patterns and dynamics of SARS-CoV-2 in Aotearoa New Zealand. *Nature Communications* 11(1): 6351.
- George JM (2000) Emotions and leadership: the role of emotional intelligence. *Human Relations* 53(8): 1027–1055.
- Guan X and Frenkel SJ (2019) Explaining supervisor-subordinate guanxi and subordinate performance through a conservation of resources lens. *Human Relations* 72(11): 1752–1775.
- Gümüşay AA, Smets M and Morris T (2020) “God at work”: engaging central and incompatible institutional logics through elastic hybridity. *Academy of Management Journal* 63(1): 124–154.
- Gutermann D, Lehmann-Willenbrock N, Boer D, et al. (2017) How leaders affect followers’ work engagement and performance: integrating leader– member exchange and crossover theory. *British Journal of Management* 28(2): 299–314.
- Habermas J (1984) *The Theory of Communicative Action*. Boston, MA: Beacon Press, Vol. 1.
- Habermas J (1989) *The Theory of Communicative Action*. Boston, MA: Beacon Press, Vol. 2.
- Habermas J (1990) *Moral Consciousness and Communicative Action*. Cambridge: MIT press.
- Halbesleben JRB, Neveu J-P, Paustian-Underdahl SC, et al. (2014) Getting to the “COR” understanding the role of resources in conservation of resources theory. *Journal of Management* 40(5): 1334–1364.
- Hallal PC (2021) SOS Brazil: science under attack. *The Lancet* 397(10272): 373–374.
- Harms PD and Credé M (2010) Emotional intelligence and transformational and transactional leadership: a meta-analysis. *Journal of Leadership & Organizational Studies* 17(1): 5–17.
- Hobfoll SE (2001) The influence of culture, community, and the nested-self in the stress process: advancing conservation of resources theory. *Applied Psychology* 50(3): 337–421.
- Hobfoll SE and Freedy J (2017) Conservation of resources: a general stress theory applied to burnout. *Professional Burnout*. In: Schaufeli WB, Maslach C and Marek T (eds) *Professional Burnout*. London: Routledge, 115–129.
- Hobfoll SE, Halbesleben J, Neveu J-P, et al. (2018) Conservation of resources in the organizational context: the reality of resources and their consequences. *Annual Review of Organizational Psychology and Organizational Behavior* 5: 103–128.
- Jamet E (2019) Jacinda Ardern or inclusive leadership exemplified. *Forbes*, 16 May.
- Jarzabkowski P and Sillince J (2007) A rhetoric-in-context approach to building commitment to multiple strategic goals. *Organization Studies* 28(11): 1639–1665.
- Jay J (2013) Navigating paradox as a mechanism of change and innovation in hybrid organizations. *Academy of Management Journal* 56(1): 137–159.
- Jefferson T and Cosway MH (1999) *Jefferson in Love: The Love Letters between Thomas Jefferson and Maria Cosway*. Oxford: Rowman & Littlefield.
- Johnson C and Williams B (2020) Gender and political leadership in a time of COVID. *Politics & Gender* 16(4): 943–950.
- Kahn WA (1993) Caring for the caregivers: patterns of organizational caregiving. *Administrative Science Quarterly*, 38: 539–563.
- Kanov JM, Maitlis S, Worline MC, et al. (2004) Compassion in organizational life. *American Behavioral Scientist* 47(6): 808–827.
- Keller J, Wong S-S and Liou S (2020) How social networks facilitate collective responses to organizational paradoxes. *Human Relations* 73(3): 401–428.
- Krippendorff K (2018) *Content Analysis: An Introduction to its Methodology*. Thousand Oaks, CA: Sage.

- Ladley A (2020) New Zealand and COVID-19: parliamentary accountability in time of emergencies. *Constitutionnet*. April 7.
- Lee A, Lyubovnikova J, Tian AW, et al. (2020) Servant leadership: a meta-analytic examination of incremental contribution, moderation, and mediation. *Journal of Occupational and Organizational Psychology* 93(1): 1–44.
- Maak T and Pless NM (2006) Responsible leadership in a stakeholder society—a relational perspective. *Journal of Business Ethics* 66(1): 99–115.
- Maak T, Pless NM and Wohlgezogen F (2021) The fault lines of leadership: lessons from the global Covid-19 crisis. *Journal of Change Management* 21(1): 66–86.
- Mallin ML and Mayo M (2006) Why did I lose? A conservation of resources view of salesperson failure attributions. *Journal of Personal Selling & Sales Management* 26(4): 345–357.
- Manhire T (2019) Jacinda Ardern: ‘very little of what I have done has been deliberateIt’s intuitive’. *The Guardian*. 6 April.
- Mao J-Y, Chiang JT-J, Chen L, et al. (2019) Feeling safe? A conservation of resources perspective examining the interactive effect of leader competence and leader self-serving behaviour on team performance. *Journal of Occupational and Organizational Psychology* 92(1): 52–73.
- Mapp W (2017) On the world stage, Ardern is showing NZ just what kind of PM she is likely to be. *The Spinoff*. 15 November.
- McCarthy J (2020) Praised for curbing COVID-19, New Zealand’s leader eases country’s strict lockdown. *NPR*. 25 April.
- McGuire D, Cunningham JEA, Reynolds K, et al. (2020) Beating the virus: an examination of the crisis communication approach taken by New Zealand Prime Minister Jacinda Ardern during the Covid-19 pandemic. *Human Resource Development International* 23(4): 361–379.
- Miron-Spektor E, Ingram A, Keller J, et al. (2018) Microfoundations of organizational paradox: the problem is how we think about the problem. *Academy of Management Journal* 61(1): 26–45.
- Nagler UKJ, Reiter KJ, Furtner MR, et al. (2014) Is there a “dark intelligence”? Emotional intelligence is used by dark personalities to emotionally manipulate others. *Personality and Individual Differences* 65: 47–52.
- Nembhard IM and Edmondson AC (2006) Making it safe: the effects of leader inclusiveness and professional status on psychological safety and improvement efforts in health care teams. *Journal of Organizational Behavior* 27(7): 941–966.
- Panayiotou A (2020) Teaching leadership the “day after”, with care. *Gender in Management: An International Journal* 35(7/8): 629–637.
- Poole MS and van de Ven AH (1989) Using paradox to build management and organization theories. *Academy of Management Review* 14(4): 562–578.
- Pradies C, Tunarosa A, Lewis MW, et al. (2020) From vicious to virtuous paradox dynamics: the social-symbolic work of supporting actors. *Organization Studies* 42: 1241–1263. DOI: [10.1177/0170840620907200](https://doi.org/10.1177/0170840620907200).
- Pullen A and Vachhani SJ (2020) Feminist ethics and women leaders: from difference to intercorporeality. *Journal of Business Ethics* 173(2): 233–243.
- Putnam LL, Fairhurst GT and Banghart S (2016) Contradictions, dialectics, and paradoxes in organizations: a constitutive approach. *Academy of Management Annals* 10(1): 65–171.
- Rathert C, Ishqaidef G and Porter TH (2020) Caring work environments and clinician emotional exhaustion: empirical test of an exploratory model. *Health Care Management Review*.
- Richter K (2020) How New Zealand beat the coronavirus. *Politico*. 14 May.
- Ross AS and Caldwell D (2020) ‘Going negative’: an APPRAISAL analysis of the rhetoric of Donald Trump on Twitter. *Language & Communication* 70: 13–27.
- Rothman NB and Melwani S (2017) Feeling mixed, ambivalent, and in flux: the social functions of emotional complexity for leaders. *Academy of Management Review* 42(2): 259–282.

- Schad J, Lewis MW, Raisch S, et al. (2016) Paradox research in management science: looking back to move forward. *Academy of Management Annals* 10(1): 5–64.
- Scott RA, Aiken LH, Mechanic D, et al. (1995) Organizational aspects of caring. *The Milbank Quarterly* 73(1): 77–95.
- Shuck B, Alagaraja M, Immekus J, et al. (2019) Does compassion matter in leadership? A two-stage sequential equal status mixed method exploratory study of compassionate leader behavior and connections to performance in human resource development. *Human Resource Development Quarterly* 30(4): 537–564.
- Sidani YM and Rowe WG (2018) A reconceptualization of authentic leadership: leader legitimation via follower-centered assessment of the moral dimension. *The Leadership Quarterly* 29(6): 623–636.
- Silverman D (2014) *Doing Qualitative Research*. London: Sage.
- Simpson AV and Berti M (2020) Transcending organizational compassion paradoxes by enacting wise compassion courageously. *Journal of Management Inquiry* 29(4): 433–449.
- Simpson AV, Clegg SR, Lopes MP, et al. (2014a) Doing compassion or doing discipline? Power relations and the Magdalene Laundries. *Journal of Political Power* 7(2): 253–274.
- Simpson AV, Clegg S and Pitsis T (2014b) “I used to care but things have changed”: a genealogy of compassion in organizational theory. *Journal of Management Inquiry* 23(4): 347–359.
- Simpson AV, Farr-Wharton B and Reddy P (2020) Cultivating positive healthcare and addressing workplace bullying using the NEAR Mechanisms Model of Organizational Compassion. *Journal of Management & Organization* 26(3): 340–354.
- Smets M, Jarzabkowski P, Burke GT, et al. (2015) Reinsurance trading in Lloyd’s of London: balancing conflicting-yet-complementary logics in practice. *Academy of Management Journal* 58(3): 932–970.
- Smith WK and Besharov ML (2019) Bowing before dual gods: how structured flexibility sustains organizational hybridity. *Administrative Science Quarterly* 64(1): 1–44.
- Smith WK and Lewis MW (2011) Toward a theory of paradox: a dynamic equilibrium model of organizing. *Academy of Management Review* 36(2): 381–403.
- Smith WK and Lewis MW (2012) Leadership skills for managing paradoxes. *Industrial and Organizational Psychology* 5(2): 227–231.
- Smith WK, Lewis MW and Tushman ML (2016) Both/and” leadership. *Harvard Business Review* 94(5): 62–70.
- Spreitzer GM and Mishra AK (2000) An empirical examination of a stress-based framework of survivor responses to downsizing. In: Burke RJ and Cooper CC (eds) *The Organization in Crisis: Downsizing, Restructuring, and Privatization*. Oxford: Blackwell, 97–118.
- Strauss A and Corbin J (1998) *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory*. Thousand Oaks: Sage.
- Suchman MC (1988) *Constructing an Institutional Ecology: Notes on the Structural Dynamics of Organizational Communities*. Atlanta: Annual meeting of the American Sociological Association.
- Suchman MC (1995) Managing legitimacy: strategic and institutional approaches. *Academy of Management Review* 20(3): 571–610.
- Suddaby R, Bitektine A and Haack P (2017) Legitimacy. *Academy of Management Annals* 11(1): 451–478.
- Tabor W, Madison K, Marler LE, et al. (2019) The effects of spiritual leadership in family firms: a conservation of resources perspective. *Journal of Business Ethics*: 1–15.
- Tafvelin S, Nielsen K, von Thiele Schwarz U, et al. (2019) Leading well is a matter of resources: leader vigour and peer support augments the relationship between transformational leadership and burnout. *Work & Stress* 33(2): 156–172.
- The Lancet (2020) COVID-19 in Brazil: “So what?”. *Lancet* 395(10235): 1461.
- Thompson VA (1975) *Without Sympathy or Enthusiasm: The Problem of Administrative Compassion*. Alabama: University of Alabama Press.
- Tomkins L (2020) *Paradox and Power in Caring Leadership: Critical and Philosophical Reflections*. Cheltenham, UK: Edward Elgar Publishing.

- Tost LP (2011) An integrative model of legitimacy judgments. *Academy of Management Review* 36(4): 686–710.
- Tuckermann H (2019) Visibilizing and invisibilizing paradox: a process study of interactions in a hospital executive board. *Organization Studies* 40(12): 1851–1872.
- Uhl-Bien M (2006) Relational leadership theory: exploring the social processes of leadership and organizing. *The Leadership Quarterly* 17(6): 654–676.
- van Dierendonck D and Patterson K (2015) Compassionate love as a cornerstone of servant leadership: an integration of previous theorizing and research. *Journal of Business Ethics* 128(1): 119–131.
- Van Vugt M and Smith JE (2019) A dual model of leadership and hierarchy: evolutionary synthesis. *Trends in Cognitive Sciences* 23(11): 952–967.
- Vance A (2020) Why the hero-worship of Jacinda Ardern is unhealthy. 26 April.
- Walter F, Cole MS and Humphrey RH (2011) Emotional intelligence: sine qua non of leadership or folderol? *Academy of Management Perspectives* 25(1): 45–59.
- Wang D, Li X, Zhou M, et al. (2019) Effects of abusive supervision on employees' innovative behavior: the role of job insecurity and locus of control. *Scandinavian Journal of Psychology* 60(2): 152–159.
- Weber M (1919 [1946]) Science as a vocation. In: Gerth HH and Mills WC (eds) *From Max Weber: Essays in Sociology*. New York, NY: Oxford University Press, 129–156.
- Weber M (1922 [1978]) *Economy and Society: An Outline of Interpretive Sociology*. Berkeley, CA: University of California Press.
- Whittle A, Mueller F and Mangan A (2008) In search of subtlety: discursive devices and rhetorical competence. *Management Communication Quarterly* 22(1): 99–122.
- Wilson S (2020) Pandemic leadership: lessons from New Zealand's approach to COVID-19. *Leadership* 16(3): 279–293.
- Windsor LC, Yannitell Reinhardt G, Windsor AJ, et al. (2020) Gender in the time of COVID-19: Evaluating national leadership and COVID-19 fatalities. *PLoS One* 15(12): p.e0244531.
- Wong C-S and Law KS (2002) The effects of leader and follower emotional intelligence on performance and attitude: an exploratory study. *The Leadership Quarterly* 13(3): 243–274.
- Worline M and Dutton JE (2017) *Awakening Compassion at Work: The Quiet Power that Elevates People and Organizations*. Oakland, CA: Berrett-Koehler Publishers.
- Yin RK (2018) *Case Study Research and Applications: Design and Methods*. Thousand Oaks: Sage.
- Author Biographies

Ace V. Simpson is Reader in Human Resource Management and Organizational Behaviour at Brunel Business School, Brunel University London. Ace studies organizational compassion and positive organizational scholarship. He is also a co-author of *Positive Organizational Behavior* (Routledge, 2020) and recently co-authored *Elgar Introduction to Organizational Paradox Theory* (Edward Elgar, 2021).

Arménio Rego is a Professor at Católica Porto Business School, Portugal, and member of the Business Research Unit (ISCTE-IUL, Portugal). He has published in journals such as *Human Relations*, *Journal of Business Ethics*, *Journal of Occupational Health Psychology*, *Journal of Management*, *Organization Studies* and *The Leadership Quarterly*.

Marco Berti is Senior Lecturer in Management at UTS Business School, University of Technology Sydney. His research focuses on paradox and power, and has been published, among others, in *Academy of Management Review*, *Academy of Management Learning and Education*, *Management Learning*, *Organization* and *Journal of Management Inquiry*. He recently co-authored *Paradoxes of*

Power and Leadership (Routledge, 2021) and *Elgar Introduction to Organizational Paradox Theory* (Edward Elgar, 2021).

Stewart Clegg retired as an Emeritus Professor from the University of Technology Sydney, Professor at the University of Sydney, and is a Research Professor at the University of Stavanger, Norway and Nova School of Business & Economics. He is a leading international researcher recognized in several fields in the social sciences for his work in organization studies and on power. Stewart is a prolific writer and contributor to top-tier journals and is the author or editor of over 50 books. In addition to *Project Management: A Value Creation Approach*, he has recently published volumes on *Strategy: Theory & Practice*; *Managing & Organizations*; *Positive Organizational Behaviour*; *Media Management and Digital Transformation*; *Theories of Organizational Resilience and Management* as well as *Organizations and Contemporary Social Theory*, with various colleagues.

Miguel Pina e Cunha is the Fundação Amélia de Mello Professor at Nova School of Business and Economics, Universidade Nova de Lisboa. He studies organization as process and paradox. He recently co-authored *Paradoxes of Power and Leadership* (Routledge, 2021).

ARTICLES FOR FACULTY MEMBERS

COMPASSIONATE LEADERSHIP

Title/Author	Whither compassionate leadership? A systematic review / Ramachandran, S., Balasubramanian, S., James, W. F., & Al Masaeid, T.
Source	<i>Management Review Quarterly</i> (2023) Pages 1-85 https://doi.org/10.1007/s11301-023-00340-w (Database: SpringerLink)

26th October 2023



Whither compassionate leadership? A systematic review

Sunder Ramachandran¹ · Sreejith Balasubramanian² ·
Wayne Fabian James¹ · Turki Al Masaeid¹

Received: 20 April 2022 / Accepted: 13 March 2023
© The Author(s) 2023

Abstract

Recent disastrous events, such as the COVID-19 pandemic, has amplified the appeal for compassionate leadership in organizations and is viewed as the need of the hour. While compassion is a timeless concept, there appears to be a lack of clarity around the idea of compassionate leadership, and the current understanding appears limited, fragmented, and scattered across the literature. This integrative systematic review of 41 articles during the last 20 years (2002–2021) conceptualizes six critical dimensions of compassionate leadership, namely: empathy; openness and communication; physical, mental health and well-being; inclusiveness; integrity; respect and dignity. These findings enhance our understanding of how organizational leaders can effectively incorporate the dimensions to become compassionate leaders. The review examines how compassionate leadership is defined and understood in the literature, and a contribution in the form of a definition for compassionate leadership is offered. Finally, gaps in the literature are highlighted, offering avenues for future research, along with implications for research, theory, and practice.

Keywords Compassionate leadership · Compassion · Leadership · Systematic review · Leadership styles

JEL classification D02 · D23 · J24 · J28 · L21 · L25 · M12 · M54

✉ Sunder Ramachandran
sunderrama@gmail.com

Sreejith Balasubramanian
s.balasubramanian@mdx.ac.ae

Wayne Fabian James
wjames120@yahoo.com

Turki Al Masaeid
turkimasaeid@gmail.com

¹ Abu Dhabi School of Management, Abu Dhabi, UAE

² Middlesex University, Dubai Campus, Dubai, UAE

1 Introduction

Leadership has been one of the most comprehensively studied scientific disciplines for over a century, transcending cultures, domains and dimensions through social, psychological and organizational perspectives (Hogg 2001; King 1990). Indeed, there are many hues of leadership which have been examined and like a colourful tapestry they baffle more, than clarify the mystique of leadership. In an attempt to explain the complex nature of leadership a wide variety of theoretical approaches have been studied. Scholarly studies have conceptualized leadership from several viewpoints. Some considered it from the perspective of a process, a trait, a behaviour while others from an information-processing and relationship perspective. Among many leadership styles, one of the styles that has started to receive considerable attention in the business world-and duly amplified by the calamitous impact of COVID-19- is compassionate leadership. In a world beset with uncertain times where the future of our jobs and uncertain economic conditions are giving rise to anxiety, stress, insecurity, burnout levels to an unprecedented level compassionate leadership has been mooted as the panacea to address the suffering, pain and toxicity being perpetuated and experienced by the workforce at their workplaces (Frost 2003; Gallo 2020; Moss 2021; Rao and Sutton 2020; Trapp 2019). Compassionate leadership is viewed as a leadership that embodies an act of love, care, and selflessness and enables a caring and supportive organization (Oruh et al. 2021). A compassionate leader has a genuine interest in seeing their people not just perform but thrive. Compassionate leadership is an interpersonal process involving the noticing, feeling, sense making, and acting by the giver in a way that alleviates the suffering of the receiver (Banker and Bhal 2018).

When employees experience compassion at their workplace in times of suffering, they receive many benefits. For instance, employees feel legitimized and elevated; recover more quickly; develop confidence in being valued by their organizations; feel more satisfied in their jobs; experience positive emotions at work; reciprocate with compassion towards others; feel connected to their organizations; generate cooperation amongst others and create a conducive environment of respect and harmony (Lilius et al. 2013). These benefits in turn lead to enhanced productivity and better organizational performance. Leadership at workplace is inexorably linked not only to the organizational productivity and performance, but also to the well-being and health of its workforce. Organizational leaders' responsibility towards their organization and workforce gets magnified during times of crisis, such as the pandemic. It is the leader's job to prevent a disaster from turning into a catastrophe by building cultural and psychological protections for the employees (Rao and Sutton 2020). Compassion is expected to create a sense of togetherness during the crisis. It is little wonder that during such times one sees increased cries for compassion and succour at workplaces. Hence, it is timely to explore the relevance of compassionate leadership especially during times of crisis, wherein the future of our jobs, the economies, and the world is hazy. The demonstration of empathy and walking compassionately in the shoes of employees is critical during times in which human tragedy is frequent.

Unfortunately, despite the significance of compassionate leadership for organizations, academic research is limited and fragmented. Past studies on compassionate leadership have been mostly in the field of health and medical industry demonstrating a significant gap in the business domain. Any efforts to conceptualize the critical dimensions of compassionate leadership are still in the nascent stage. These limitations make it difficult for researchers and practitioners to appreciate the progress made in the compassionate leadership literature; to derive comprehensive and objective insights; to forge a path ahead for theoretical, empirical advancement and, to develop a practitioners' guide (Balasubramanian and Fernandes 2022).

Webster and Watson (2002) believe that tackling an emerging issue could benefit from exposure to potential theoretical foundations resulting in the development of a proposed conceptual model. The significance of compassionate leadership as an emerging issue is relevant, pertinent and a better understanding is needed. A systematic review is considered as a suitable fit when one seeks evidence in the literature to answer specific research questions. It is a methodology that is more rigorous than literature reviews, is scientific, transparent, replicable and limits the subjectivity and bias of the researchers (Kuckertz and Block 2021; Pizzolitto et al. 2022; Tranfield et al. 2003).

Several studies have systematically reviewed different leadership styles. For example, Pizzolitto et al. (2022) in their systematic review analyse fifty four articles to explore the effects of authoritarian leadership styles on performance by using a protocol developed by Wolfswinkel et al. (2011). Their analysis reveals that authoritarian leadership can negatively affect team performance; can compromise the team's psychological self-confidence, and thereby worsen performance. Their analysis also reveals that the interest in the field in the last two decades has shifted from Western to Eastern countries as an affirmation of the prevalence of authoritarian leadership styles in most eastern businesses. Williams et al. (2022) focused on leader credibility based on an analysis of 108 articles where they find that leader credibility is not consistently defined or measured. Rudolph et al. (2020) present a critique on healthy leadership while comparing various models of 'health leadership'. Their review of 35 articles finds methodological issues, unclear procedures for scoring measures and a lack of critical approach for introducing new concepts or discussing research findings. Frangieh and Yaacoub (2017) explore the topic of responsible leadership, its challenges, outcomes and practices while Haque et al. (2021) in their review on responsible leadership offer a conceptual framework to propose a relationship between presenteeism and employee turnover. Eva et al. (2019) analyse 270 articles to provide a conceptual clarity of servant leadership in comparison to other leadership styles. They propose a definition of servant leadership and evaluate 16 measures of servant leadership. Pearson-Goff and Herrington (2014) discuss what police leadership is, their characteristics and activities through their review of 66 articles. Bush and Glover (2016) examine literature on school leadership and management in South Africa linked to the 20th anniversary of the democratic government and integrated education. Although there are several systematic reviews on different leadership styles, we did not find any review on compassionate leadership. In summary, the significance of compassionate leadership for organizations, limited academic research in the business domain and a lack of any systematic review

for this timeless and timely concept pointed us to study the extant literature for this emerging phenomenon.

Thus, this study aims to identify and resolve definitional ambiguities, provide an integrated and synthesized overview of the current state of knowledge, evaluate existing methodological approaches, describe research insights and gaps, and provide future research directions. Integrating existing knowledge into a comprehensive model allows investigation of multiple theoretical perspectives simultaneously and allows knowledge to grow consistently in the field (Webster and Watson 2002). The results will provide organizational leaders with valuable and actionable insights on compassionate leadership. This study addresses the following research questions:

- (1) How is compassionate leadership defined and viewed in the literature?
- (2) How do we measure compassionate leadership?
- (3) What are the critical dimensions of compassionate leadership?
- (4) What are the follower and organizational benefits of compassionate leadership?
- (5) What is the future of compassionate leadership research?

Following this introduction, the rest of the paper is organized as follows: Sect. 2 provides a brief background on compassion at the workplace; Sect. 3 explains the research methodology; Sect. 4 discusses the findings based upon the research questions and limitations of the study; and finally, in Sect. 5 we discuss the implications.

2 Background on compassion at the workplace

Since Frost's (1999) call there has been a growing body of research devoted to examining compassion at workplace. These studies have argued in favour of workplace compassion as an alternate paradigm over the traditional motivation and rationale-based management approaches (Guinot et al. 2020). Workplace compassion has been defined as the interpersonal process involving the noticing, feeling, sense-making, and acting in a way that alleviates the suffering of another person and has been mooted as a panacea to address the suffering and help develop organizational performance (Dutton et al. 2014; Guinot et al. 2020).

The earliest stream of studies comprised of essays passionately arguing in support of compassion at the workplace (Dutton et al. 2005, 2006; Frost 1999, 2004, 2006; Kanov et al. 2004; Lilius et al. 2003, 2008). Workplaces are the environment in which we live and breathe our professional lives. These environments can be sources of inspiration, learning, enjoyment and fun, or/and of pain, suffering, intrigue, conspiracies, frustration, harm or other debilitating effects (Gersick et al. 2000). Avramchuk et al. (2013) viewed compassion as being helpful in organizational change and development. Paakkanen et al. (2021) find that compassion skills could be developed through emotional training skills. Guinot et al. (2020) in their empirical study test the direct and indirect effects of compassion on organizational performance and relationships. Others have focused on compassion practices at business organizations on how managers construe the meaning of compassion at their workplace (Banker

and Bhal (2018). Wei et al. (2016) develop a theoretical framework for understanding compassion and Papazoglou et al. (2019) focus on compassion satisfaction and fatigue among police officers.

Experiencing compassion at the workplace strengthens the bond between the workers psychologically; there is increased commitment to the organization, and co-workers demonstrate supportive behaviour to their colleagues. Compassion helps in reducing burnout and fatigue, improves the well-being and health of the workforce, strengthens the relationship among the employees and contributes to the overall productivity in an organization (Poorkavoos 2016). Other studies have also pointed out to improved performance, trust, commitment, customer satisfaction, positive emotions, employee engagement, prosocial behaviour's, employee attraction and retention contributing to their competitive advantage in the long run (Guinot et al. 2020). Compassionate leaders would not only understand but proactively ask and seek information to place themselves in the shoes of their direct reports and act to lighten the suffering. Balasubramanian and Fernandes (2022) pointed out that compassion and care create a sense of togetherness during a crisis. Bavel et al. (2020) argue that leaders' ability to develop and embed a sense of "us-ness" among followers is essential during the COVID-19 pandemic. A leader's emphasis during a crisis should be on making a connection rather than correction. Moreover, the leaders must have the humility to listen to the wide range of employee concerns during a crisis. It shows that leaders genuinely care about them and their wellbeing, including mental, emotional, and physical while making decisions (Balasubramanian and Fernandes 2022). The manner in which a leader and his/her organization manages a crisis is especially influenced by the leaders tendencies to perceiving and reacting to stakeholder's emotions (König et al. 2020).

Thus, one may opine that compassion at the workplace has an ameliorating effect on an organization's performance. Since leadership has an important role in creating a culture of compassion at the workplace, understanding the phenomenon of compassionate leadership is worthy and timely to uncover unexamined dimensions of the concept and suggest important practical implications for practice.

3 Research methodology

A systematic literature review methodology was adopted to answer the research questions. A systematic review brings together all existing research, follows rigorous processes and methods to focus on a specific question/s integrates and, interprets the findings to increase understanding (Denyer and Tranfield 2009; Fisch and Block 2018; Kuckertz and Block 2021; Tranfield et al. 2003). It is interesting to note how different studies have followed different steps in conducting a systematic review and these criteria's baffle more than provide a generalized approach. For instance Baarspul and Wilderom (2011) and Khandker (2022) describe the identification or searching the research papers as the first step. Tranfield et al. (2003) divide the review process into three stages; Stage I- Planning the review; Stage II- Conducting the review; Stage III- Reporting and dissemination. In Tranfield et al. (2003) the identification/search of research appears in the second stage. Torgerson (2003)

propose seven main stages of a systematic review—well established in the health care, social policy and education—and suggests starting with the protocol or plan of the research; literature search and screening; ‘scoping’ or ‘mapping’ the research; extracting the data; synthesis; and finally presenting the report. Wolfswinkel et al. (2011) propose a five-stage process using grounded theory as a method. We mostly adopt the stages and criteria proposed by Tranfield et al. (2003), Kuckertz and Block (2021), Fisch and Block (2018) and Wolfswinkel et al. (2011). Tranfield et al. (2003) has one of the highest citations ($n=10,573$) which reveals the high influence of their work (Khandker 2022), while Kuckertz and Block (2021) and Fisch and Block (2018) acknowledge a lack of clear guidelines and provide the criteria’s for reviewing the articles in management and business research. The following section focuses on how the review was conducted.

3.1 Conducting the review

The review panel consisted of the four authors who have extensive industry experience in the field of leadership and academia. By virtue of their senior leadership positions at various organizations, they have a solid grasp of leadership and its nuances. The initial stages of review were an iterative process wherein the concept of compassionate leadership was discussed and clarified amongst the authors and a consensus was reached on the importance of such a study to be conducted.

3.1.1 Identification of research (article extraction)

As recommended by Webster & Watson (2002) we conducted an extensive search to determine the articles for the review and are discussed below:

Identification of databases and Search scope

- (1) Firstly, a cursory electronic search (rapid scope) through Google Scholar was conducted.
- (2) Secondly, databases such as EBSCO Discovery Services, Web of Science Core Collections and Scopus were searched. In addition, as recommended by Webster and Watson (2002) a search was performed to identify relevant papers from the citations of articles.
- (3) Thirdly, unpublished articles were solicited from a body of leadership scholars listed in the Network of Leadership Scholars through Connect. Aom.Org. Kuckertz and Block (2021) propose inclusion of more than one database to address triangulation which helps compensate for any disadvantage emanating from a single database.
- (4) The search scanned the years 1999–2021 as 1999 was the year when Frost’s first peer-reviewed call on compassion at workplace was published (Frost 1999). However, articles published before 1999 relating to compassionate leadership were also considered to trace the evolution of the concept.
- (5) As the topic is about compassionate leadership, the key words used were ‘compassion’, ‘compassionate’, leadership, ‘workplace’ in ‘all text’ field. The search

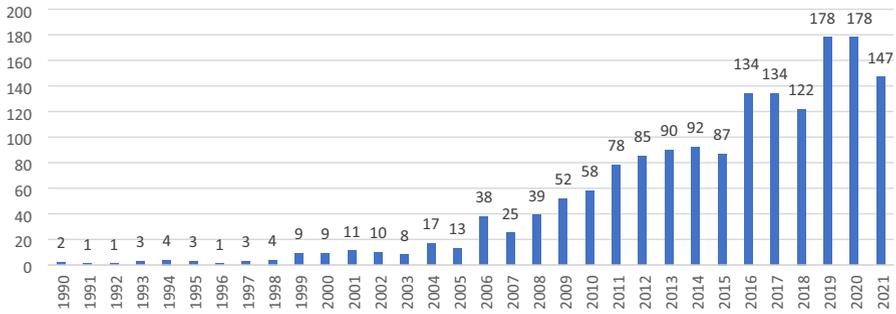


Fig. 1 Number of articles published in EBSO and Scopus from 199 to 2021

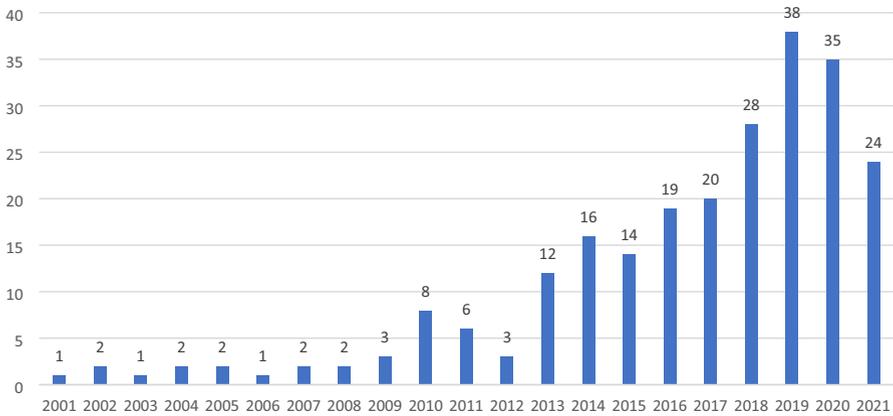


Fig. 2 Number of articles published in Web of Science from 2001 to 2021

was limited to English language studies, being the main language of the researchers.

- (6) The search in EBSCO and Scopus yielded a combined list of 1636 articles (Fig. 1). Likewise, a search in the Web of Science Core Collection database yielded a list of 239 articles (Fig. 2). No unpublished articles were made available from the Network of Leadership Scholars forum. Thus, a total of 1875 articles were identified (see Fig. 3).

3.2 Inclusion/exclusion criteria

The inclusion and exclusion followed a four-step process.

- (1) In the first step, the titles of all retrieved articles (n = 1875) were scrutinized to identify the topic of compassionate leadership at workplace.

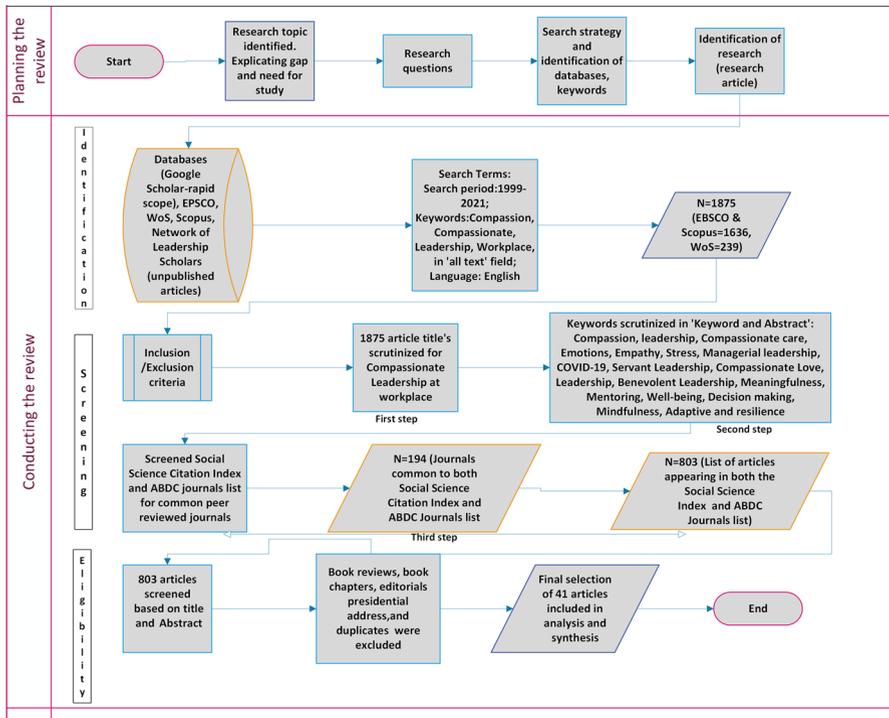


Fig. 3 Flow diagram for Systematic Literature Review

- (2) In the second step, the identified studies were scrutinized for the keywords such as *compassion, leadership, compassionate care, emotions, empathy, stress, managerial leadership, COVID-19, servant leadership, compassionate love, leadership, benevolent leadership, meaningfulness, mentoring, well-being, decision making, mindfulness, adaptive and resilience, narcissism*. These keywords are found to be used in the literature of compassionate leadership studies. Keywords were looked up in two fields- keyword and abstract (Khandker 2022)
- (3) In the third step, the list of articles (n = 1875)-we called it sample A- were reviewed to focus on articles published in all well recognized journals from 1999 as listed in the Social Science Citation Index or ranked in the Association of Business Deans Council (ABDC). In order to do that, we performed two comparisons. (1) Compared the journals in the Sample list A with the list of journals from the Social Science Citation Index and (2) compared the sample list A with the list of journals from the Association of Business Deans Council (ABDC). The list of journals in the Social Science Citation Index (updated as of 21st August 2021) was downloaded on 6th Sept 2021. Likewise, the list of journals in ABDC (updated as of 6th December 2019) was also downloaded on 6th Sept 2021. Since a manual comparison was difficult to perform, a free comparison tool located through an extensive internet search (<https://www.xlcomparator.net/index.php>) was identified and used. Using this tool, we first compared the

Sample A list with the Social Science Citation index list and it identified a list of 174 common journals. Second, we compared the Sample A list with the list of ABDC journals list and it identified up a list of 222 common journals. The two lists comprising of 174 and 222 names of journals were then checked to identify any common journals in both the Social Science Citation index and the ABDC journals list. This yielded a total of 194 journals in both the databases. This list of 194 journals was used to identify the articles and it yielded a list of 803 articles.

- (4) In the final step, the abstracts from this list of 803 articles were reviewed by the authors to decide which article to include and a judgement was made based upon the theme of compassionate leadership. Book reviews, book chapters, editorials and a Presidential address were excluded from the selection. Duplicates were also removed. The reviewers also considered inclusion of some of the seminal and highly cited articles. The final list for review comprised of 41 articles. In line with the recommendations of Kuckertz and Block (2021) the selection process is illustrated as a flowchart in Fig. 3.

True to the interdisciplinary nature of leadership, compassionate leadership studies transcend several disciplines (Eva et al. 2019). The most dominant discipline in which compassionate leadership has been studied is that of healthcare ($n = 17$). On the other hand, studies in the discipline of Business/Management are a respectable number ($n = 14$) and seem to be a growing area of interest among the Business/Management scholars. Studies related to compassionate leadership have also emerged in other disciplines such as Organizational Science/Studies ($n = 4$), Political Science/Administration ($n = 2$), Family violence ($n = 1$), Physical education ($n = 1$), and Human Resource ($n = 1$).

Our review of the articles published reveals that a majority of these publications are mostly qualitative ($n = 34$) see (Table 1), while there are 5 articles which are quantitative (see Table 2) and 2 studies employing mixed methods approach (Table 3). Of the 41 studies, 27 were empirical (Table 4) while 14 were non-empirical (Table 5). The review reveals that compassionate leadership is still in a nascent stage. Even though the year 1999 was selected as the base year for identifying studies based on the theme of compassionate leadership, most of the studies emerge from 2002 with several important contributions from (Frost et al. 2004; Kanov et al. 2004; Lilius et al. 2003) in the form of commentary and discussions.

4 Findings

The findings are organized in line with the research questions.

Table 1 Details of qualitative studies

S.No	Author/s	Research area	Research question	Epistemology/ methodology	Method	Data	Data analysis	Findings	Contribution	Future research
1	Foster (2021)	Authors viewpoint on finding the right leadership style	Not available	Constructivism/Qualitative	Not available	Not available	Not available	Not available	The need for leaders to show respect, compassion and kindness towards their staff is emphasized	Not available
2	Papadopoulos et al. (2021)	Exploratory study on the views of healthcare managers for the definition, advantages and importance of compassion	(1) How is compassion defined? (2) What are the advantages of giving compassion to staff? (3) Why receiving compassion is important?	Social Constructivism/Qualitative	Exploratory Online Survey/ Both open and close-ended questions	1217 respondents	Interpretive/ Thematic analysis	Proposes a definition of compassion from the receivers' point of view. Compassion is viewed as functional in establishing a trustworthy manager-staff relationship	Exploratory study on how healthcare managers view, define, recognize and practice culturally competent compassion	Future empirical study to include multidisciplinary, local and transnational collaborations

Table 1 (continued)

S.No	Author/s	Research area	Research question	Epistemology/ methodology	Method	Data	Data analysis	Findings	Contribution	Future research
3	Jones et al. (2021)	The role of a Health, Social Work department in responding to the Pandemic with different initiatives	Not available	Not available	Qualitative/ Descriptive	Secondary data. Department reports	Not available	Describes how integrating social work at the leadership level allows social workers to extend their expertise in community organizing, clinical care and compassionate communication to the community	Inclusion of social work leadership is proposed which would enable faster adaptation and organization of efforts to integrate psycho-social care and health care focused on equity and justice	Not available

Table 1 (continued)

S.No	Author/s	Research area	Research question	Epistemology/ methodology	Method	Data	Data analysis	Findings	Contribution	Future research
4	Oruh et al. (2021)	Exploratory study on how compassionate managerial leadership style can mitigate workplace stressors and alleviate stress experiences among employees in an extreme situation	What does employee stress entail during the COVID-19 crisis, and how can an effective management-leadership mechanism help to reduce employee stress levels during such an extreme situation?	Interpretivism/Qualitative	Semi-Structured telephone interviews	30 participants	Thematic analysis	Four key themes are inductively derived; Conceptualizing compassionate care; Transference; Transforming and Sustainability	Study reveals participants view of compassionate care as holistic, empathetic, as well as caring for self and others Being able to 'stand in the patients' shoes' demonstrates empathy and compassionate care in clinical practice	Not available

Table 1 (continued)

S.No	Author/s	Research area	Research question	Epistemology/ methodology	Method	Data	Data analysis	Findings	Contribution	Future research
5	Vogus et al. (2020)	Reviews empirical research to examine how a combination of interpersonal acts, leadership style and organizational structures underpins leading with compassion in the context of health services, management and medicine	(1) How leading with compassion encompasses three interrelated processes (2) How leaders implement practices and structures to systematically enable compassion and sustain a culture of compassion	Interpretivism/Qualitative	Literature review	Not available	Not available	Expression of compassion results in better experiences, outcomes for patients and meaningful, rewarding and sustainable work for care providers	Provides recommendations for leaders to cultivate a culture of compassion and committed passionate care	Not available
6	König et al. (2020)	How top management's level of empathy affect their management of organizational crises?	How does a CEO's level of trait empathy affect his or her management of organizational crises?	Constructivism/Qualitative	Literature prompts discussion/ Inductive reasoning	Not available	Not available	Not available	Theorizing and model development	Proposes empirical research to test the hypothesized relationships

Table 1 (continued)

S.No	Author/s	Research area	Research question	Epistemology/ methodology	Method	Data	Data analysis	Findings	Contribution	Future research
7	Hofmeyer et al. (2020)	Presents a series of discussion papers on the relevance of empathic healthcare culture and constructs such as empathy; emotion regulation; compassion to sustain well-being; resilience and effectiveness during volatile times	Not available	Constructivism/Qualitative	Not available	Staff survey results	Not available	Not available	Present strategies to identify areas for organizational improvement, to promote engagement and reduce caregiver burnout	Not available

Table 1 (continued)

S.No	Author/s	Research area	Research question	Epistemology/ methodology	Method	Data	Data analysis	Findings	Contribution	Future research
8	Mayer and Oosthuizen (2020)	Presents insights into salutogenesis particularly for leaders coping with challenges faced with the transition into the 4th industrial revolution	Series of questions referring to sense of coherence, comprehensibility, manageability, meaningfulness, coping, leadership and compassionate love	Hermeneutics/ Qualitative	Qualitative structured questionnaire administered through email to respondents	22 respondents from various countries, cultural and religious backgrounds	Five-step process of content analysis. Deductive research interpretation process	The findings support previous studies on Sense of Coherence (SOC) as a coping mechanism to manage work stressors and challenges	Compassionate love is a strong coping mechanism connected with SOC and Coping	Not available
9	Hougaard et al. (2020)	Discussion about the importance of combining compassion with wisdom as a key component of compassionate leadership	Not available	Qualitative	Not available	Not available	Not available	Not available	Proposes combining compassion with wisdom for compassionate leadership. Presents a wise compassionate leadership matrix	Not available

Table 1 (continued)

S.No	Author/s	Research area	Research question	Epistemology/ methodology	Method	Data	Data analysis	Findings	Contribution	Future research
10	Landers et al. (2020)	Explores nurses' and midwives' views of a three-day program from the perspective of participating nursing/midwifery leaders, directors of nursing/midwifery, chief directors of nursing/midwifery, and program facilitators	(1) How compassionate care was conceptualized; (2) How participants viewed the delivery of the program? (3) How participants viewed the impact of the program on self and on practice? (4) How participants believed the program could be developed?	Interpretivism/Qualitative	Qualitative descriptive design/Semi-structured interviews	15	Thematic analysis	Four key themes are inductively derived; Conceptualizing compassionate care; Transference; Transforming and Sustainability	Participants view compassionate care as holistic, empathetic, as well as caring for self and others. Being able to 'stand in the patients' shoes' demonstrates empathy and compassionate care in clinical practice	Not available

Table 1 (continued)

S.No	Author/s	Research area	Research question	Epistemology/ methodology	Method	Data	Data analysis	Findings	Contribution	Future research
11	Hewison et al. (2019)	Explores compassionate leadership with those involved in leading system-wide end-of-life care	Stated as objectives of the research; To define compassionate leadership in the context of end-of-life care To collect accounts of compassionate leadership activity To identify examples of compassionate leadership in practice	Qualitative	Focus Group	14 participants with discussions lasting between 46 and 70 min	Thematic analysis using Porter's cyclical approach	Identifies participants on what compassionate leadership is/ should be Provides accounts and examples of compassionate leadership practices in the delivery of end-of-life care	Leadership in the Palliative and End-of-Life Care (PEoLC) needs to be understood in terms of practices and organizational interventions and not just based on personal behavioural style or competences	Not available

Table 1 (continued)

S.No	Author/s	Research area	Research question	Epistemology/ methodology	Method	Data	Data analysis	Findings	Contribution	Future research
12	Shuck et al. (2019)	Study conceptualizing compassionate leader behaviour	(1) Is there a distinctive subset of leader behaviours related to the experience of compassionate leadership? (2) What is the influence of a compassionate leader behaviour on performance within the framework of HRD?	Phenomenology/qualitative	A two-stage, sequential, and equal status mixed method research design; Semi-structured interviews	Open reflection and dialog from 22 leaders formed the basis of the data	Thematic analysis using the methodology proposed by Lilius et al. (2011)	Six distinctive themes—integrity, empathy, accountability, authenticity, presence, and dignity—are identified as individual-level building blocks of compassionate leadership behaviour	Develops and validates a Compassionate Leader Behaviour Index (CLBI) based on six emergent behaviours	Research using a diary study methodology to closely examine the nuances of compassion alongside theories of leadership Research using Longitudinal and experience-based sampling techniques coupled with larger samples Research to explore, test and validate the model proposed by the authors Research to consider the application of compassionate leader within a cross section of industries and cultures

Table 1 (continued)

S.No	Author/s	Research area	Research question	Epistemology/ methodology	Method	Data	Data analysis	Findings	Contribution	Future research
13	Lown et al. (2019)	Examines how legislative changes related to healthcare delivery influences health professionals' capacity to offer compassionate care	Not available	Qualitative	Telephone surveys	Views of 500 physicians and nurses in 2010 and 2017	Compared and validated using Schwartz 12 item compassionate care scale	Compassion is inversely correlated with burnout	Proposes leaders must define the organizational conditions and implement processes that support professional's innate compassion rather than addressing burnouts	Not available

Table 1 (continued)

S.No	Author/s	Research area	Research question	Epistemology/ methodology	Method	Data	Data analysis	Findings	Contribution	Future research
14	Tzortzaki (2019)	Case study focusing on the need for young adults to develop compassionate self- leadership compe- tencies to thrive and be of service in today's fast paced polarized world	Not available	Qualitative/ Case study	Two qualitative questionnaires: (1) An end of semester evaluation, (2) A pre and post compassionate self-leadership questionnaire	78 partici- pants	Paired Samples t-test to compare scores of the par- ticipants at the begin- ning and end of the course	Students could poten- tially improve their level of compas- sionate self-leader- ship by undergoing a course	Proposes a conceptual framework of compas- sionate self-leader- ship	Not available

Table 1 (continued)

S.No	Author/s	Research area	Research question	Epistemology/ methodology	Method	Data	Data analysis	Findings	Contribution	Future research
15	Willis and Anstey (2019)	Case study of compassionate leadership in the context of palliative care	Not available	Qualitative	Single case study	Reflective notes from the case of a single patient requiring palliative care	Not available	Compassionate leadership can ensure that the value of staff wellbeing is acknowledged and patients would feel that they are being cared for and not 'just treated'. Compassionate leadership would also work well within the 'quasi-family' model of leadership	Not available	Not available

Table 1 (continued)

S.No	Author/s	Research area	Research question	Epistemology/ methodology	Method	Data	Data analysis	Findings	Contribution	Future research
16	Hewison et al. (2018)	Study evaluating a compassion recognition scheme	What helped and/or hindered the roll out of the scheme?	Qualitative	Semi-structured interviews and a focus group discussion	8 staff members from 10 participating organizations A focus group consisting of 3 participants Accounts of compassion acts from 1500 nominations	Thematic analysis of the accounts of compassion acts from the 1500 nominations	Seven action and impact themes resulting in a framework of compassion	Proposes the first typology of compassion	Not available
17	Hougaard et al. (2018)	Questionnaire instrument development for compassionionate leadership	Not available	Qualitative	Not available	Not available	Not available	Not available	Proposes a measurement instrument for assessing compassionate leadership	Not available

Table 1 (continued)

S.No	Author/s	Research area	Research question	Epistemology/ methodology	Method	Data	Data analysis	Findings	Contribution	Future research
18	Banker and Bhal (2018)	Examines how practicing managers construe the concept of compassion in business organizations	(1) How is compassion construed by the managers? (2) Does compassion prevail in their organization or not?	Interpretivism/Qualitative	Qualitative In-depth interviews in person or telephone lasting 20–30 min. Semi-structure open-ended questions	10 practicing managers	Grounded theory approach/ Used axial coding	Presents the views of participants from two different lenses; (1) Receiver (2) Giver Provides the factors responsible for both compassion and non-compassionate organizations	-Provides an understanding of compassion purely from an international business audience -organiza-tions point of view -Proposes the view that organiza-tions where compassion is absent should be called the 'absence of compassion' rather than being coloured negatively -Proposes a need for empathy in leaders to create a compassionate organization	To apply and recheck the proposed framework for an international audience A research based on real aspects of leadership rather than on perceptions

Table 1 (continued)

S.No	Author/s	Research area	Research question	Epistemology/ methodology	Method	Data	Data analysis	Findings	Contribution	Future research
19	MacArthur et al. (2017)	A critical analysis of a 'Leadership in Compassionate Care (LCC) Programme'	Four research questions: (1) What are the views, experiences and perceptions of participating stakeholders of the impact of the LCC Programme? (2) How are the mechanisms used in the LCC Programme seen to influence the outcomes in different clinical settings? (3) What are the early signs of sustainability of the LCC Programme? (4) What factors can be drawn into a conceptual model for enhancing organisational capacity to develop and sustain a culture of compassionate care	Realism/ Qualitative	Longitudinal study Semi-structure interviews/Informal observation/ Attendance at meetings/Review of research outputs	26 participants; 39 structured interviews, 3 focus groups lasting from 57 min to 2 h	Thematic analysis/ Realistic evaluation framework. Data coded and managed in NVivo 9	Generated a dynamic, practice-based model for strengthening organisational capacity for compassionate care	Adds to a body of work of evidences on what compassionate care means to different stakeholders	Research on identifying the organizational infrastructure needed to embed and sustain a focus on compassionate care

Table 1 (continued)

S.No	Author/s	Research area	Research question	Epistemology/ methodology	Method	Data	Data analysis	Findings	Contribution	Future research
20	Milner (2017)	Essay on embracing compassion in community development and social action	Not available	Qualitative/ Descriptive	Not available	Not available	Not available	Relational community development practice driven by compassion enhances social trust, fairness and justice	Not available	Not available

Table 1 (continued)

S.No	Author/s	Research area	Research question	Epistemology/ methodology	Method	Data	Data analysis	Findings	Contribution	Future research
21	de Zulheta (2016)	An integrated literature review about comparison from different perspectives including neuro science; psychology, complexity science, modern leadership and organizational theories	Not available	Qualitative	Literature review	Review of articles	Not available	Not available	Recommends a paradigm shift from an engineering hierarchical model of organizations with trait-based, top-down individualistic models of leadership toward a model of the organization as a complex living system and leadership as adaptive, shared, and distributed	Not available

Table 1 (continued)

S.No	Author/s	Research area	Research question	Epistemology/ methodology	Method	Data	Data analysis	Findings	Contribution	Future research
22	Wei et al. (2016)	Study about compassion from a Confucian theory perspective complementing western theory	What are the antecedents for self-moral development to initiate compassionate action? What role do self-moral development play in shaping organizational outcomes and leadership in the practice of compassion?	Qualitative	Grounded theory Critical incident interviews	On site interviews with 31 senior executives from four cities in North China	Grounded theory approach/ Open and axial coding	Integrating compassion and self-cultivation enriches an understanding of the moral growth of compassion Compassion affects performance outcomes at individual, relational and organizational level Self-cultivation and compassion have an ultimate interaction effect on organizational outcomes	Contributes to compassion research from the perspective of indigenous theory to complement western theory Develops an integrative framework for understanding compassion	Research to examine the antecedents for self-moral development to initiate compassionate action? What role do self-moral development play in shaping organizational outcomes and leadership in the practice of compassion?
23	Dewar and Cook (2014)	An evaluation of a leadership development programme in a health care facility in Scotland	Not available	Qualitative	Questionnaire and semi-structured interviews	86 nursing staff covering 24 in patient areas	Immersion	Not available	Not available	Not available
							crystallisation technique and Descriptive statistics			

Table 1 (continued)

S.No	Author/s	Research area	Research question	Epistemology/ methodology	Method	Data	Data analysis	Findings	Contribution	Future research
24	Seco and Lopes (2014)	Develops a structure for trust building in an educational context	Not available	Qualitative	Grounded theory/ Open-ended questionnaire	12 Principals from 44 schools in Portugal	Open Coding/ Axial coding/ Selective Coding	Proposes compassion to be complemented with assertiveness to become effective	Contributes to studies on trust relations and identifies two dimensions: Compassion and assertiveness to become effective	Not available

Table 1 (continued)

S.No	Author/s	Research area	Research question	Epistemology/ methodology	Method	Data	Data analysis	Findings	Contribution	Future research
25	Karakas and Sarigollu (2013)	Examines the role of benevolent leadership in creating a virtuous and compassionate organization	What was it like for you to experience compassion at work? Can you tell a specific example?	Phenomenology/Qualitative	Narrative Inquiry/ Open ended questions/Semi Structured interviews	32 Semi-structured interviews with managers, employees and other stakeholders	Interpretive Phenomenological Analysis. Uses a predetermined benevolent framework for the narrative analysis	Develops conceptual model of benevolent leadership based upon four inter-related streams of research	Contributes to advancement of virtue ethics scholarship and practice	Research to develop psychological, experimental, and ethnographic methods for further exploration, operationalization, and measurement of benevolent leadership in organizations Empirical research to refine the construct of benevolent leadership Research to address how different leadership styles and roles interrelate and complement one another to create compassionate and virtuous organizations

Table 1 (continued)

S.No	Author/s	Research area	Research question	Epistemology/ methodology	Method	Data	Data analysis	Findings	Contribution	Future research
26	McKimm and O'Sullivan (2013)	Discussion paper on a published report	Not available	Qualitative/ Descriptive	Not available	Not available	Not available	Clinical leadership and doctors' engagement in management is vital to maintain the focus on providing compassionate care to all	Not available	Not available
27	Hornett (2012)	Viewpoint on compassionate leadership	Not available	Qualitative/ Descriptive	Not available	Not available	Not available	Not available	Stresses upon the importance of integrating compassionate care into the work	Not available
28	Rynes et al. (2012)	Editors' reflections on a Special Issue on Understanding and Creating Caring and Compassionate Organizations	Not available	Qualitative/ Descriptive	Review of articles selected for the special issue	9 articles	Not available	Not available	Points out to the rich learnings management research can draw upon from the social science studies on care and compassion	Not available

Table 1 (continued)

S.No	Author/s	Research area	Research question	Epistemology/ methodology	Method	Data	Data analysis	Findings	Contribution	Future research
29	Dutton and Workman (2011)	Essay on how compassion is a generative force drawing upon the work of Frost (1999)	Not available	Qualitative/ Descriptive	Narrative analysis	Several compassion stories	Not available	Elaborates on how compassion as a generative force opens up new vistas, expands resources and creates new insights	Builds upon the work of Frost (1999) and highlights how research into compassion has grown since Frost's seminal call	Not available
30	Martinek et al. (2007)	Describes the evolution of youth leadership from two education programs serving low-income minority youth	Not available	Qualitative/ Descriptive	Case study	Interviews and written reflections of participants	Case study analysis	The ability of adolescents to progress through different stages of leadership is related to their personal needs and their levels of moral development	Not available	Not available

Table 1 (continued)

S.No	Author/s	Research area	Research question	Epistemology/ methodology	Method	Data	Data analysis	Findings	Contribution	Future research
31	Boyatzis et al. (2006)	Study integrating findings in affective neuroscience and biology with research on leadership and stress	Not available	Qualitative	Not available	Based on recent studies in affective neuroscience and biology studies on leadership and stress	Integrative review	Demonstration of compassion through coaching others may increase leaders' sustainability by reducing the effects of power stress Leaders are more likely to be effective and resist the effects of chronic power stress if they are physiologically and psychologically balanced through the act of coaching others	Proposes incorporation of psychophysiological interactions for a holistic leadership and leadership development	Longitudinal studies to support or refute the theoretical propositions presented Studies to consider physiological measures when conducting leadership or leadership development studies Interdisciplinary research on leadership Experiments to discover the degree to which a person feels better, experiences compassion and activates their parasympathetic nervous systems Epidemiological studies of leaders with historical records and interviews

Table 1 (continued)

S.No	Author/s	Research area	Research question	Epistemology/ methodology	Method	Data	Data analysis	Findings	Contribution	Future research
32	Dutton et al. (2006)	Study on how individual compassion is coordinated through a process called compassion organizing	Three research questions: (1) What was the pattern of action prompted by the fire? (2) What roles did individuals play? and (3) What features of the organization enabled or disabled the pattern of response?	Interpretivism/Qualitative	Grounded theory/case study	Interviews, archival electronic correspondence and audience responses to a case Fifteen interviews, archival records from the Deans office and response from 65 MBA students to a case	Thematic analysis	Compassion organizing is a joint product of structures of an organization; the agency of individuals who get engaged in the process; and emergent features. The three features form the skeleton of a theory of compassion organizing The theory implies that organizations cannot create compassion by simply hiring compassionate people The theory also implies that compassion organizing cannot be achieved by having compassionate leaders. Rather leaders' actions can contribute to compassion organizing by strengthening features of social architecture	Theory development and offers a definition of compassion organizing.	Research on how features of an organizational context encourage and enable emotional expression, public emotional displays, and emotion-based responses contributing to compassion organizing. Research on how social resources such as trust and legitimacy are enabled by organizational routines, values, and networks and how they fuel the processes that allow organizations to respond adaptively to triggers beyond the trigger of human pain.

Table 1 (continued)

S.No	Author/s	Research area	Research question	Epistemology/ methodology	Method	Data	Data analysis	Findings	Contribution	Future research
33	Kanov et al. (2004)	Exploratory study on the process of compassion in organizations	Not available	Interpretivism/Qualitative	Conceptual	Not available	Not available	Process of compassion is more than an individual experience and in which a number of people individually engage	Conceptualizes organizational compassion to the field of positive organizational studies by identifying a number of systemic features through which an organization can increase their capacity for organizational compassion	To examine how members of organization can create pockets of collective compassion within an organization An empirical investigation examining the combination of organizational features most important in propagating, legitimating, and coordinating different sub processes of compassion An ethnography study to observe and engage with organizational members at close quarters and over time

Table 1 (continued)

S.No	Author/s	Research area	Research question	Epistemology/ methodology	Method	Data	Data analysis	Findings	Contribution	Future research
34	Frost (1999)	Reflective essay on the importance of compassion in the understanding of organizational life	Not available	Qualitative/ Descriptive	Discussion of articles on compassion, theory building and relational practice	4 articles	Not available	Identifies four tracks relating to compassion, theory building and relational practice	Seminal contribution on understanding organizational life through the lens of compassion	Research into how compassion could address the suffering & pain, the toxicity prevalent in organizations and to look at organizational life through the eyes of compassion

Table 2 Details of quantitative studies

S.No	Author/s	Research area	Research question	Epistemology/Methodology	Method	Data	Data analysis	Findings	Contribution	Future research
1	Brouns et al. (2020)	Studying whether leader's propensity for compassionate love evokes servant leadership behaviour	Two Hypotheses: (H1) Leaders compassionate love towards non-intimate others is positively associated with servant leadership behaviour; (H2) Leader's narcissism is negatively associated with servant leadership behaviour	Quantitative/ Descriptive statistics	Cross-sectional survey through online questionnaire	170 respondents	Confirmatory analysis, OLS Regression analysis	Leaders' self-assessment of compassionate love was positively co-related with the servant leadership behaviour as perceived by the employees Narcissism was negatively associated with servant leadership Compassionate love is positively associated with servant leadership	First empirical study in support of a theory that compassionate love is a cornerstone of servant leadership	A study to understand which variable accounts for the largest variance in servant leadership To understand the situation variables that promote servant leadership

Table 2 (continued)

S.No	Author/s	Research area	Research question	Epistemology/Methodology	Method	Data	Data analysis	Findings	Contribution	Future research
2	Paakkanen et al. (2021)	Examines whether compassion could be increased among managers through improving their emotional skills	Six hypotheses to test whether the training intervention would have positive impacts	Quantitative	Randomized quasi-controlled trial of a new in-depth emotional skills cultivation training versus a control condition	Sixty-eight treatment group participants and 90 control group participants. Additional four intervention groups participated. Eighty-five treatment group followers and 72 control group followers	Confirmatory factor analysis	Emotional Skills Cultivation Training (ESCT) was related to significant improvement in managers sense of compassion Emotional skills could improve compassion. Servant leadership showed signs of improvement after the training	Contributes to literature on compassion in organizations, leadership and compassion intervention factors that might facilitate or hinder long-term effect of the training intervention Carefully designed randomized controlled trials with a placebo or an active compassion group Research to develop separate scales for each sub dimension of compassion and include additional methods of examining changes in compassion Study to identify the most effective modules & types of trainings to build effective compassion trainings measure	Longitudinal research to study whether the positive impacts of compassionate acting can be sustained over time Study about potential factors that might facilitate or hinder long-term effect of the training intervention Carefully designed randomized controlled trials with a placebo or an active compassion group Research to develop separate scales for each sub dimension of compassion and include additional methods of examining changes in compassion Study to identify the most effective modules & types of trainings to build effective compassion trainings measure

Table 2 (continued)

S.No	Author/s	Research area	Research question	Epistemology/Methodology	Method	Data	Data analysis	Findings	Contribution	Future research
3	Basran et al. (2019)	Studies two types of leadership styles: Antisocial and Prosocial	Set of hypotheses hypothesizing antisocial and pro-social leadership styles to be co-related with several dimensions of these two leadership styles	Quantitative	A set of self-report scales administered to students of a university	219 student respondents	Predictive analysis software (PASW) and Momentary structure (AMOS); Series of Pearson Product Moment Correlation; a Principal Component Analysis; Multiple regression; and Path analysis	Antisocial leadership is fearful of offering compassion to others and resistance to compassion. Prosocial leadership is associated with coalition building, securing, striving, compassionate goals and feeling socially safe	Not available	Cross-sectional research to look at individuals in leadership positions Study to generate new measures designed to compare and contrast prosocial and antisocial leadership The role of gender variation on the two dimensions of leadership- prosocial and antisocial interpersonal styles The role of variables like empathy, emotion regulation and moral reasoning in relation to the leadership to the two leadership styles

Table 2 (continued)

S.No	Author/s	Research area	Research question	Epistemology/Methodology	Method	Data	Data analysis	Findings	Contribution	Future research
4	Zoghbi-Manrique-de-Lara and Viera-Armas (2019)	Study about compassionate feelings as mediators of the relationship between ethical leadership and interpersonal citizenship behaviour directed at peers	Four hypotheses about compassionate feelings	Quantitative	Questionnaires emailed to 100 banks in London in 2015	Data collected from 300 work colleagues at 100 banks. A 7-point Likert-type scale and a 10-item measure were employed to examine the different hypotheses	Data was analysed using SPSS, structural equation modelling. AMOS 22 was used for confirmatory factor analyses. Hayes approach was used to test mediation	The study confirms that when staff are recipients of acts of ethical leadership, they respond to this with peer-focused Organizational Citizenship Behaviours (OCB)	Contributes to developing the literature on the impact of ethical leadership on followers' ethical helping behaviour	A study using data triangulation to gain more qualitative insights Research to include specific impacts on the perception of culture and ethical leadership Research to include corporate culture, ethical leadership, and peer-focused Organizational citizenship behaviours (OCBs) Whether perceptions of ethical leadership could vary depending on the different areas or services employee's work

Table 2 (continued)

S.No	Author/s	Research area	Research question	Epistemology/Methodology	Method	Data	Data analysis	Findings	Contribution	Future research
5	Eldor (2018)	Investigates the effect of compassion in the public service workplace	Four hypotheses about compassion and its association with public service employees work engagement, work burnout, their OCB performance and knowledge sharing and their compassionate oriented behaviour towards clients	Quantitative	Longitudinal study	Data was collected from a major public service organization in Israel in a 6 months' time difference Three sources of questionnaires were distributed to three different data sources. A final sample of 166 completed the questionnaires	Used HLM to test the hypotheses. Used guide-lines from previous studies for probing significant attitudinal outcomes, such as work engagement and work burnout, intensifies OCB and knowledge-sharing Receive of compassion from supervisors has a contagious effect and impacts compassionate employee behaviour	Compassion is of undeniable importance in the public sector which stimulates significant attitudinal outcomes, such as work engagement and work burnout, intensifies OCB and knowledge-sharing Receipt of compassion from supervisors has a contagious effect and impacts compassionate employee behaviour	Contributes to the study of compassion in public management literature	Research to include variables such as quality of service and client satisfaction to study the effect of compassion on the service domain Research to expand on the proposed model by including the mediators of social exchange, LMX transaction and trust building experiences Research into the role of compassion in cultivating healthier interactions between public service agencies and citizens Research clarifying the interrelated relationship between compassion and other public sector concepts such as OCB, prosocial behaviour, and emotional labour

Table 3 Details of mixed method studies

S. No	Author/s	Research area	Research question	Epistemology/Methodology	Method	Data	Data analysis	Findings	Contribution	Future research
1	Coffey et al. (2019)	Systematic review on the impact of compassionate care education on nurses	(1) What is the impact of compassionate care education on registered nurses (RNs), clinical nursing leaders, nursing educators, and/or nursing students? (2) What programme characteristics have led to positive and/or negative outcomes? and (3) What are the barriers and/or facilitators to the implementation of compassionate care education programmes?	Pragmatism/ Mixed Methodology	Mixed Methods PICO framework guided the database search Quality was appraised using Critical Appraisal Skills Programme Checklist; Mixed-Method Appraisal Tool and the Effective Practice and Organization of Care tool	Used evidence to export and screen the articles. A total of 15 papers were identified for review from 551 records	Uses Parallel results convergent synthesis	Six sub-themes identified from the synthesis Compassionate care programmes had a positive effect on clinical leadership and confidence to lead change in practice compassionate care education led to improved job satisfaction, heightened sense of well-being, and increased pride in the nursing profession	Stresses a strong need to establish novel education programmes to promote compassionate care and self-compassion among nursing staff	Research to include a 360-degree evaluation of educational programmes in compassionate care Longitudinal study to explore the long-term impact of compassionate care programmes on patient outcomes and outcomes in relation to leadership building skills, and to assess whether positive outcomes were maintained over time Study using valid and reliable data collection instruments and representative samples

Table 3 (continued)

S. No	Author/s	Research area	Research question	Epistemology/Methodology	Method	Data	Data analysis	Findings	Contribution	Future research
2	Lilius et al. (2008)	Study about compassion at work from two angles	Three hypotheses: Hypothesis 1. There will be a positive relationship between experienced compassion at work and the frequent inducement of positive emotion at work Hypothesis 2a. There will be a positive relationship between experienced compassion at work and affective organizational commitment Hypothesis 2b. There will be a positive relationship between experienced compassion at work and affective organizational commitment through the frequent inducement of positive emotion at work	Pragmatism/ Mixed Methods	Mixed Methods/ Pilot survey Narrative Inquiry	Both Quantitative and Qualitative: 239 survey respondents	Structural Equation Model-ling using the EQS Program Used coding for basic narrative character-istics and a count-ing and coding strategy from content analysis research Used Cohen's Kappa to measure the inter-rater reliability	Experiencing compassion at work is important for positive emotional commitment Effect of experienced compassion accumulates to leave a lasting trace on organization members Compassion is more frequently received from co-workers than from supervisors unlike research indicating the importance of supervisors as a source of support Compassion is experienced with equal frequency among those who do and do not manage other employees Compassion is least frequent among those involved in the 'business of care' Three major categories of compassion at work emerge (1) giving emotional support, (2) giving time and providing flexibility, and (3) giving material goods Experiencing compassion indirectly may be as powerful as receiving it Positive emotion mediates the relationship between experienced compassion and other important workplace outcomes Employees use instances of compassion to make sense of their own ability to contribute and carry on their work, and also to understand their co-workers and their work environment Absence of compassion can have a significant impact on employees' construction of their co-workers and their overall work environment	(1) Contributes to the stream of studies depicting organizations as relational systems and sites of social life (2) Contributes to the body of research on positive emotion in an organizational setting than laboratory based (3) Contributes to previous work that advocates the inclusion of 'emotional sense' in the discussion of sensemaking in organizations (4) Contributes to studies in the field of positive organizational behaviour and positive organizational scholarship by pursuing a deeper understanding of the conditions that foster positive states in work organizations	Research into how different organizational contexts might facilitate or hinder the expression of compassion Research that addresses the influence of occupational and organizational culture in the enactment of compassion at work How significant are events outside the organizational policies and practices in producing a compassionate response? To explore the link between compassion and other organizational outcomes such as absenteeism, turnover and recovery time To examine compassion from an angle of normative component from the view of organizational commitment

Table 4 Details of empirical studies

S.No	Author/s	Research area	Epistemology/methodology	Method	Data	Data analysis
1	Martinek et al. (2007)	Describes the evolution of youth leadership from two education programs serving low-income minority youth	Qualitative/Descriptive	Case study	Interviews and written reflections of participants	Case study analysis
2	Dutton et al. (2006)	Theoretical study on how individual compassion is coordinated through a process called compassion organizing	Interpretivism/Qualitative	Grounded theory Case study	Interviews, archival electronic correspondence and audience responses to a case Fifteen interviews, archival records from the Deans office and response from 65 MBA students to a case	Thematic analysis
3	Lilius et al. (2008)	Study about compassion at work from two angles	Pragmatism/Mixed Methods	Mixed Methods: Pilot survey and Narrative Inquiry	Both Quantitative and Qualitative: 239 survey respondents from a hospital in the Central US 171 stories of compassion at work from respondents	Structural Equation Modeling using the EQS Program Used coding for basic narrative characteristics and a counting and coding strategy from content analysis research Used Cohen's Kappa to measure the inter-rater reliability
4	Dutton and Workman (2011)	Essay on how compassion is a generative force. Draws upon the work of Frost (1999)	Qualitative/Descriptive	Narrative analysis	Several stories related to compassion	Not available

Table 4 (continued)

S.No	Author/s	Research area	Epistemology/methodology	Method	Data	Data analysis
5	Karakas and Sarigollu (2013)	Examines the role of benevolent leadership in creating a virtuous and compassionate organization	Phenomenology/Qualitative	Narrative Inquiry/Open ended questions/Semi structured interviews	32 Semi-structured interviews with managers, employees and other stakeholders	Interpretive Phenomenological Analysis. Uses a predetermined benevolent framework for the narrative analysis
6	Dewar and Cook (2014)	An evaluation of a leadership development programme implemented in a health care facility in Scotland	Qualitative	Questionnaire and semi-structured interviews	86 nursing staff covering 24 in patient areas in Health Care facility in Scotland	Immersion crystallisation technique and Descriptive statistics
7	Seco and Lopes (2014)	Develops a structure for trust building in an educational context	Qualitative	Grounded theory/Open-ended questionnaire	12 Principals from 44 schools in Portugal	Open coding/Axial coding/Selective coding
8	Wei et al. (2016)	Study about compassion from a Confucian theory perspective complementing western theory	Qualitative	Grounded theory Critical incident interviews	On site interviews with 31 senior executives from four cities in North China	Grounded theory approach/Open and axial coding
9	MacArthur et al. (2017)	A critical analysis of a 'Leadership in Compassionate Care Program'	Realism/Qualitative	Longitudinal study Semi-structure interviews/ Informal observation/Attendance at meetings/Review of research outputs	26 participants; 39 structured interviews, 3 focus groups lasting from 57 min to 2 h	Thematic analysis/Realistic evaluation framework. Data coded and managed in NVivo 9

Table 4 (continued)

S.No	Author/s	Research area	Epistemology/methodology	Method	Data	Data analysis
10	Hewison et al. (2018)	Evaluation of a 'Leading with compassion recognition' scheme	Qualitative	Semi-structured interviews, a focus group	8 staff members from 10 participating organizations A focus group consisting of 3 participants Accounts of compassionate acts from 1500 nomination forms	Thematic analysis of the accounts of compassionate acts from the 1500 nominations
11	Eldor (2018)	Investigates the effect of compassion at a public service workplace	Quantitative	Longitudinal study	Data from a major public service organization in Israel in a 6 months' time difference Three sources of questionnaires were distributed to three different data sources. A final sample of 166 completed the questionnaires	Used HLM to test the hypotheses. Used guidelines from previous studies for probing moderating effects. Other indices used include the comparative fit index (CFI), the normed fit index (NFI), the root mean square error of approximation (SRMR)
12	Banker and Bhal (2018)	Examines how practicing managers construe the concept of compassion in business organizations	Interpretivism/Qualitative	Qualitative In-depth interviews in person or telephone lasting 20 to 30 min. Semi-structure open-ended questions	10 practicing managers	Grounded theory approach/Used axial coding
13	Shuek et al. (2019)	Conceptualization of compassionate leader behaviour	Phenomenology/Qualitative	A two-stage, sequential, and equal status mixed method research design Semi-structured interviews	Open reflection and dialog from 22 leaders formed the basis of the data	Thematic analysis using the methodology proposed by Lilius et al. (2011)

Table 4 (continued)

S.No	Author/s	Research area	Epistemology/methodology	Method	Data	Data analysis
14	Lown et al. (2019) (based on abstract)	Examines how legislative changes related to healthcare delivery influences health professionals' capacity to offer compassionate care	Quantitative	Telephone surveys	Views of 500 physicians and nurses in 2010 and 2017	Compared and validated using Schwartz 12 item compassionate care scale
15	Tzortzaki (2019)	Case study focusing on the need for young adults to develop compassionate self-leadership competencies to thrive and be of service in today's fast paced polarized world	Qualitative/Case study	Two qualitative questionnaires: (1) An end of semester evaluation, (2) A pre and post compassionate self-leadership questionnaire	78 participants	Paired Samples t-test to compare scores of the participants at the beginning and end of their course
16	Willis and Anstey (2019)	Case study of compassionate leadership in the context of caring for a patient with a complex malignant wound needing palliative care	Qualitative	Single case study	Reflective notes from the case of a single patient requiring palliative care	Not available

Table 4 (continued)

S.No	Author/s	Research area	Epistemology/methodology	Method	Data	Data analysis
17	Basran et al. (2019)	Studies two types of leadership styles: Anti-social and Prosocial	Quantitative	A set of self-report scales administered to students of a university	219 students	Predictive analysis software (PASW) and Analysis of Momentary structure (AMOS); Series of Pearson Product Moment Correlation; a Principal Component Analysis; Multiple linear regression; and Path analysis
18	Zoghbi-Manrique-de-Lara and Viera-Armas (2019)	Study about compassionate feelings as mediators of the relationship between ethical leadership and interpersonal citizenship behaviour directed at peers	Quantitative	Questionnaires emailed to leaders of 100 banks in the city of London in 2015	Data collected from 300 work colleagues at 100 banks. A 7-point Likert-type scale and a 10-item measure were employed to examine the different hypotheses	Data was analysed using SPSS, structural equation modelling. AMOS 22 was used for confirmatory factor analyses. Hayes approach was used to test mediation
19	Coffey et al. (2019)	Systematic review on the impact of compassionate care education programmes on nurses	Pragmatism/Mixed Methods	Mixed Methods PICOS framework guided the database search	Used Covidence to export and screen the articles. A total of 15 papers were identified from 551 records	Uses Parallel-results convergent synthesis
20	Hewison et al. (2019)	Explores compassionate leadership with those involved in leading system-wide end-of-life care	Qualitative	Focus Group	14 participants in the focus group discussions which lasted between 46 and 70 min	Thematic analysis using Porter's cyclical approach

Table 4 (continued)

S.No	Author/s	Research area	Epistemology/methodology	Method	Data	Data analysis
21	Landers et al. (2020)	Explores nurses' and midwives' views of a three-day program entitled "The Leaders for Compassionate Care Program" from the perspective of participating nursing/midwifery leaders, directors of nursing/midwifery, chief directors of nursing/midwifery, and program facilitators	Interpretivism/Qualitative	Qualitative descriptive design/Semi-structured interviews	15 participants	Thematic analysis
22	Hofmeyer et al. (2020)	Discussion paper on the relevance of empathic healthcare cultures and constructs such as empathy, emotion regulation, compassion to sustain well-being, resilience and effectiveness during volatile times	Constructivism/Qualitative	Not available	Staff survey results	Not available

Table 4 (continued)

S.No	Author/s	Research area	Epistemology/methodology	Method	Data	Data analysis
23	Mayer and Oosthuizen (2020)	Presents insights into salutogenesis particularly for leaders coping with challenges faced in the transition into the 4th industrial revolution	Hermeneutics/Qualitative	Qualitative structured questionnaires administered through email to respondents	22 respondents from various countries, cultural and religious backgrounds	Five-step process of content analysis. Deductive research interpretation process
24	Brouns et al. (2020)	Examines whether leader's propensity for compassionate love evokes servant leadership behaviour	Quantitative/Descriptive statistics	Cross-sectional survey through online questionnaire	170 respondents	Confirmatory analysis, OLS Regression analysis
25	Paakkanen et al. (2021)	Examines whether compassion could be increased among managers through improving their emotional skills	Quantitative	Randomized quasi-controlled trial of a new in-depth emotional skills cultivation training versus a control condition	Sixty-eight treatment group participants and 90 control group participants. Additional four intervention groups participated. Eighty-five treatment group followers and 72 control group followers. Data was collected from Self-reported questionnaires from managers and their followers a week before and a week after training	Confirmatory factor analysis

Table 4 (continued)

S.No	Author/s	Research area	Epistemology/methodology	Method	Data	Data analysis
26	Papadopoulos et al. (2021)	Explore the views of healthcare managers to the definition, advantages and importance of compassion	Social Constructivism/Qualitative	Exploratory Online Survey/Both open and close-ended questions	1217 respondents	Interpretive/Thematic analysis
27	Oruh et al. (2021)	Exploratory study on how compassionate managerial leadership style can mitigate workplace stressors and alleviate stress experiences among employees in an extreme situation	Interpretivism/Qualitative	Semi Structured telephone interviews	30 participants	Thematic analysis

Table 5 Details of non-empirical studies

S.No	Author/s	Research area	Epistemology/methodology	Method	Data	Data analysis
1	Frost (1999)	Reflective essay on the importance of compassion in the understanding of organizational life	Interpretivism/Qualitative	Discussion paper	4 articles	Not available
2	Kanov et al. (2004)	Exploratory study on the process of compassion in organizations	Interpretivism/Qualitative	Conceptual	Not available	Not available
3	Boyatzis et al. (2006)	Study integrating findings in affective neuroscience and biology with research on leadership and stress	Interpretivism/Qualitative	Not available	Based on recent studies in affective neuroscience, biology and studies on leadership and stress	Integrative review
4	Hornett (2012)	Authors viewpoint on compassionate leadership	Qualitative/Descriptive	Not available	Not available	Not available
5	Rynes et al. (2012)	Editors' reflections on a Special Issue on Understanding, Creating, Caring and Compassionate Organizations	Qualitative/Descriptive	Review of articles selected for the special issue	9 articles selected for the special issue	Not available
6	McKimm and O'Sullivan(2013)	Discussion paper on a published report	Qualitative/Descriptive	Not available	Not available	Not available
7	de Zulueta (2016)	An integrated literature review about compassion from different perspectives including neuroscience; psychology, complexity science, modern leadership and organizational theories	Qualitative	Literature review	Review of many articles	Not available

Table 5 (continued)

S.No	Author/s	Research area	Epistemology/methodology	Method	Data	Data analysis
8	Milner (2017)	Essay on embracing compassion in community development and social action	Qualitative/Descriptive	Not available	Not available	Not available
9	Hougaard et al. (2018)	Develops an assessment questionnaire for compassionate leadership	Qualitative	Not available	Not available	Not available
10	Vogus et al. (2020)	Reviews empirical research to examine how a combination of interpersonal acts, leadership style and organizational structures underpins leading with compassion in the context of health services, management and medicine	Interpretivism/Qualitative	Literature review	Not available	Not available
11	Hougaard et al. (2020)	Discussion about the importance of combining compassion with wisdom as a key component of compassionate leadership	Qualitative	Not available	Not available	Not available
12	König et al. (2020)	How top managements level of empathy affect their management of organizational crises	Constructivism/Qualitative	Literature prompts discussion/Inductive reasoning	Not available	Not available
13	Foster (2021)	Viewpoint on finding the right leadership style	Constructivism/Qualitative	Not available	Not available	Not available

Table 5 (continued)

S.No	Author/s	Research area	Epistemology/methodology	Method	Data	Data analysis
14	Jones et al. (2021)	The role of a Health Social Work department in responding to the Pandemic with different initiatives	Qualitative/Descriptive	Review of department reports	Not available	Not available

4.1 Definitions of compassionate leadership (RQ1)

In this section, we review how compassionate leadership has been defined in the selected articles and how compassionate leadership is understood. Literature on compassion reveals a variety of ways in which compassion has been defined, and most of the authors agree that compassion in leadership is an essential trait and the need of the hour, but one hardly finds an article which defines compassionate leadership clearly. Banker and Bhal (2018) associate compassionate leadership to a mindset which helps improve transcultural work relationships and understand complex situations, while Boyatzis et al. (2006) emphasizes the importance of coaching with compassion for leaders to sustain themselves in their role. Boyatzis et al. (2006) define coaching with compassion as coaching others with a view for their development unlike coaching which is strictly for the benefit of the organization. Vogus et al. (2020) associate compassionate leadership style to servant leadership which in their view is 'inherently' compassionate. Delving a bit further, Brouns et al. (2020) attempt to understand whether compassionate love is an antecedent to servant leadership and find a positive association between a leaders' compassionate love and servant leadership. Hewison et al. (2019) attempt to define compassionate leadership and find support in Vogus et al. (2020). They conclude that compassionate leadership is related both to servant leadership and resonant leadership combining the values of empathy, needs awareness, authentic response and commitment to growth of people. Oruh et al. (2021) offer the view that a managerial leadership -which combines the skills of a manager with the qualities of a leader- needs to include compassionate characteristics in order to be effective. They propose that a compassionate managerial leadership embodies an act of love, care and selflessness which enables a caring and supportive organization. Hougaard et al. (2020) assert that demonstrating compassion is not enough for leaders, for effective leadership, compassion must be combined with wisdom. They term this as wise compassionate leadership wherein leaders balance their concern for their employees with the need to move their organization forward in an efficient and productive manner. They assert that wise compassionate leadership enables tough action to be taken while genuinely caring for people's feelings and wellbeing. Paakkanen et al. (2021) find that compassion could be increased among managers through improving their emotional skills, unlike the traditional belief that compassion is an inherent trait. Coffey et al. (2019) present the view that effective leadership is the key to delivering safe and compassionate health care while stressing that lack of compassionate leadership results in a negative impact on organizational outcomes and quality. However, the study does not offer any definition of compassionate leadership.

Shuck et al. (2019) come very close to defining compassionate leadership when they conceptualize compassionate leader behavior as a new leadership construct embodying six behaviors- integrity, empathy, accountability, authenticity, presence, and dignity. Their study finds that these six behaviors are more likely to influence individual and organizational outcomes but they stop short of finding how much the impact would be on productivity, workplace culture, and firm performance. Tzortzaki (2019) propose that the core element of being a compassionate leader lies in them being self-compassionate. They assert that one cannot be an effective manager

without being first and foremost effective at self-management. In other words, one cannot be compassionate towards others if one does not have the ability to be self-compassionate. Willis and Anstey (2019), drawing on a case of patient care, find support for four key elements proposed by West et al. (2017), which comprise of attending; understanding; being empathetic, and helping. By reviewing studies related to compassionate leadership in healthcare, de Zulueta (2016) stresses that the qualities of servant leadership, such as altruism; integrity; humility, and wisdom, combined with the qualities of appreciation and empowerment as required characteristics of compassionate leadership. Wei et al. (2016) emphasize the importance of self-cultivation as an important initiator of compassionate behaviors, enabling organizational and team development. In their view, self-cultivation and compassion are closely intertwined and prerequisites for organizational growth, even though the relationship may not be straightforward. Karakas and Sarigollu (2013) espouse the role of benevolent leadership in fostering a compassionate organization through the four elements of: spiritual depth, ethical sensitivity, positive engagement, and community responsiveness. Table 6 presented below reflects the definitional views of the different authors.

A review of the selected literature establishes the point that the definition of compassionate leadership is ambiguous, fragmented, blurs and resonates with other leadership constructs and approaches, such as servant leadership, resonant leadership, benevolent leadership, transformational leadership or ethical leadership. Shuck et al. (2019) acknowledge the connection compassionate leader behaviours have to other leadership typologies, yet at the same time dismiss the notion that these typologies are the same. This is reminiscent of the many dimensions into which leadership' itself has been cast with many over-lapping meanings adding to the confusion. Nevertheless, there are sufficient pointers to permit a rough sketch of a classification of the construct compassionate leadership.

Based on the literature and definition synthesis, we propose “compassionate leadership can be conceived as a personality encompassing the traits and behaviours of compassionate love, care, selflessness, wisdom, integrity, empathy, accountability, authenticity, presence, dignity, self-compassion and self-cultivation as a matter of inducing, motivating, influencing, persuading people to achieve their personal and organizations growth”. However, we concede that this is a broad and general definition which required further development.

4.2 Existing measures for compassionate leadership (RQ2)

A review of the articles reveals that the construct of compassionate leadership is still in an embryonic stage. Robust measures to capture compassionate leadership are essential for the establishment of a common conceptual base, especially when the existing body of knowledge on compassionate leadership is limited and scattered across the literature. Unfortunately, we have only come across one study which has attempted to develop the measures of compassionate leadership. Shuck et al. (2019) concede the lack of previously developed items and produce their own items on six different themes derived from the literature: Empathy; Presence; Integrity;

Table 6 Definitional views of different authors

S.No	Author	How compassionate leadership is defined
1	Banker and Bhal (2018)	Associates compassionate leadership to a mindset
2	Vogus et al. (2020)	Associates compassionate leadership to servant leadership
3	Hewison et al. (2019)	Associates compassionate leadership to servant and resonant leadership
4	Oruh et al. (2021)	Associates compassionate managerial leadership to an act of love, care and selflessness
5	Hougaard et al. (2020)	Associates wisdom combined with compassion to wise compassionate leadership
6	Shuek et al. (2019)	Associates integrity, empathy, accountability, authenticity and helping to compassionate leadership
7	Willis and Anstey (2019)	Associates qualities of attending; understanding; empathetic and helping to compassionate leadership
8	de Zulueta (2016)	Associates compassionate leadership to servant leadership
9	Karakas and Sarigollu (2013)	Associates compassionate leadership to benevolent leadership

Authenticity; Dignity and Accountability. More work is required to test the generalizability and transferability of the six themes of compassionate leadership in different contexts. Other studies such as Balasubramanian and Fernandes (2022) have used compassion as sub-construct to measure crisis leadership. The four key measures for this construct include 'active listener to employee concerns', empathy, employee needs are central to decision making, and encourage employee to openly and honestly express their concerns. This four-item construct had strong convergent and discriminant validity and had a reliability of 0.92 (Cronbach's alpha).

Still, there is a great scope for development of a robust measure imbibing other dimensions of leadership as discussed in the previous sections to measure compassionate leadership behaviour. Lack of reliable quantitative measures had stalled researchers' efforts in evaluating compassionate leadership.

Not only should compassionate leadership be measured from the 'givers' (leaders) perspective but also from the 'receivers' side (follower perspective). Due to lack of studies involving the measures, one is unable to contrast and compare the different measures employed by different studies. However, as the field of study develops further, we expect that more studies would emerge with robust measures.

4.3 Proposed dimensions of compassionate leadership (RQ3)

It was evident from our review, compassionate leadership is a complex and multifaceted phenomenon, encompassing several dimensions. The six key dimensions of compassionate leadership derived from the literature are as follows:

4.3.1 Empathy

Empathy is defined as one's ability and propensity to sense the feelings of people in emotional distress and to re-experience these feelings oneself (Salovey et al. 2003). This includes cognitive, emotional, and behavioural tendencies to be attentive to others' feelings and to understand the world from their point of view. Further, empathy at the workplace includes the need to listen attentively, relate to and understand others, as well as clarify others' perspectives. For example, feeling the pain of someone for a particular issue and taking action to alleviate that pain (Vogus et al. 2020). The concept of empathy in the leadership context is understanding employees' perspectives, thoughts and/or feelings and taking action (Shuck et al. 2019). Empathy toward employees is considered a critical component of compassionate leadership. Empathetic leaders show feelings of warmth and concern for employees in distress. Several studies highlight empathy as the foundation for building compassionate leadership. According to Banker and Bhal (2018), leaders should empathize with people's issues and look forward to building a compassionate organization in order to yield positive organizational benefits. Empathetic concern towards employees can successfully build compassionate culture by ingraining ethical/moral virtues in people, creating a conducive workplace, and building trust in people for the organization. For instance, when helping an employee through a challenging task, a leader

may notice the struggle, have empathy toward the employee and ask how they can help.

4.3.2 Openness and communication

Creating a culture of openness is important for promoting compassion at workplace. Hence, compassionate leaders promote openness at workplace. Communications that are honest and transparent, being factual, frequent, iterative, clear and direct are critical aspect of compassionate leadership. Employees respond so much better to the known (even if the news isn't great) than the unknown (which tends to fuel more anxiety) or, even worse, misleading half-truths or irresponsible optimism (Balasubramanian and Fernandes 2022). Constant and open communications from leaders was found to helped alleviate the negative feelings developed at workplace. The importance of open and transparent communication was evident during the COVID-19 pandemic (Balasubramanian and Fernandes 2022).

4.3.3 Physical, mental health and well-being

Compassionate leaders are expected to take actions to protect, maintain, or restore wellbeing. physical, mental health and wellbeing of employees especially for stressful occupational conditions. This include balancing employee workload, increase safety precautions at workplace, promote mental health among others. Leaders that advance and improve working conditions in terms of physical, mental and social wellbeing, are more likely to have employees perceiving their leaders' management style as positive (i.e., manages who are supportive, consider their concerns, empower them, and listen, including co-operating with them and providing counseling) (Mayer and Oosthuizen 2020). This include providing psychological support and coping mechanisms. These employees demonstrate high levels of psychological connection, engagement and performance.

4.3.4 Inclusiveness

Leader inclusiveness or "words and deeds exhibited by leaders that invite and appreciate others' contributions" is an important component of compassionate leadership (Nembhard and Edmondson 2006). Inclusiveness involves looking after employees at all levels, and functions including outsourced employees. Compassionate leaders promote inclusive work culture, involve and engage in inclusive decision-making wherein the leader will take the employees in confidence and seek their feedback/ advice irrespective of their designation. Previous studies have shown that inclusiveness towards employees are associated with higher level of psychological safety, and diminishes the inhibiting effects of status differences and was associated with greater engagement in quality improvement work. Inclusiveness increases feelings of equality via reduced status distance, and therefore foster compassion among employees and between employees and customers (Vogus et al. 2020).

4.3.5 Integrity

The theme of integrity revolves around a sense of professional transparency, ethical behavior, fairness, trust, credibility and a personal and professional alignment with what a leader would say and do. Integrity is a core component of compassionate leadership. It helps build a level of employee credibility and trust on their leaders (Shuck et al. 2019). Similarly, compassionate leaders are expected to be fair with employees. Such leaders keep their word or promises, even when they were being pulled in different directions with competing priorities.

4.3.6 Respect and dignity

Compassion underpins respectful relationships. Dignity involves acknowledging the value and contribution of each person. For a compassionate leader, every employee (even if they are struggling) is of value to the organization so they treat them with interest and respect. By treating people with respect, valuing employees' contributions, and honoring them, employees will develop a great sense of dignity at work (Shuck et al. 2019).

4.4 Leader, follower and organizational benefits of compassionate leadership (RQ4)

It was evident from the review that compassionate leaders have stronger and more-engaged followers. Compassionate leadership helps leaders to focus on the positive, look beyond cultural differences and see the good in others. It helps leaders to be appreciative and open-minded and minimizes cultural and religious stereotypes. The compassionate leader is well placed to recognize and nurture every member of the team's strengths and talents and develop their skills and confidence (Willis and Anstey 2019).

Frost (2003) examines the actions of leaders and organizations in creating emotional pain and points out how the emotional pain, if unacknowledged and unaddressed, leads to toxicity in the workplace affecting performance. The study argues that leaders must recognize this situation and take steps to alleviate the suffering if their organization has to remain productive. He asserts that emotional pain can be turned from an obstacle to a positive force for change if it is acknowledged and appropriately managed. In achieving this, compassionate leadership can ensure that the value of staff wellbeing is recognized and, more importantly, that staff should feel that they are being cared for and not 'just treated' (Willis and Anstey 2019). Foster (2021) opines that a leader must understand the extraordinary pressure and the circumstances employees work under and encourage kindness, find time to listen to people's frustrations, show empathy, and be aware. Karakas and Sarigollu (2013) echo a similar opinion when they assert that benevolent leaders, i.e., who create observable benefits, actions, or results for the common good, thus contributing to the creation of compassionate organizations. Oruh et al. (2021) reported that compassionate leadership can help employees respond to their concerns of "fear of job

(in)security”, “healthcare risks” “work overload, underpayment, and delayed payment” being the main causes of stress for employees during COVID-19.

From an organizational perspective, compassionate leadership yields many favorable benefits to the organization; for example, compassionate behavior with employees during turbulent times leads to increased employee commitment and reduced absenteeism (Dutton et al. 2006). Firms with more-compassionate leaders have better collaboration, lower employee turnover, and followers who are more trusting, more connected, and more committed to the organization (Hougaard et al. 2018). Compassionate leadership creates the necessary conditions for innovation among individuals, teams, and organizational levels (Hewison et al. 2019). Shuck et al. (2019) found compassionate leadership to have a negative influence on employee turnover and a positive correlation between compassionate leadership, employee engagement, and employee psychological wellbeing. Compassionate leadership positively impacts employees, encouraging creativity in problem-solving and a high level of engagement (Mayer and Oosthuizen 2020).

4.5 The future of compassionate leadership studies (RQ5)

Future research directions are drawn from the limitations of existing studies. One of the major limitations of this study is the paucity of studies focused on compassionate leadership in the field of management. This paucity while posing a limitation also provides a good scope for further research avenues. In this section, we offer our views on future course of studies on compassionate leadership.

Firstly, the concept of compassionate leadership has been widely discussed in industry publications and sparingly in the academic journals. While there appears to be general understanding of what compassionate leadership means, there is by no means any agreement on what exactly is compassionate leadership, its boundaries or its conceptualization. The systematic literature review reveals that studies never specifically define what they mean by compassionate leadership and simply use the term and assume the reader understands the concept. While we have attempted to provide a broad and general definition in line with Bass (1990, p.19), this requires further development. The concept of compassion transcends both time and discipline and has been viewed by different scholars through different lenses depending upon their theoretical tradition and empirical conversation from where they approach the topic (Frost et al. 2006) and so is the concept of leadership. With both these concepts now intertwined and dimensions of both compassion and leadership transcending several disciplines, it requires a rigorous examination for an acceptable definition to be proffered. As pointed out by Bass (1990) a definition should do more than identify leaders and indicate the means by which they acquire or dispense their positions and should account for the maintenance and continuation. Defining compassionate leadership can be a long-drawn-out but a meaningful and worthy discussion for scholars to turn their attention upon.

Secondly, while compassionate leadership is being mooted as a panacea for troubled times and as an effective leadership approach, studies should also focus on the down-side or disadvantages to the approach, particularly in light of the fact that

capitalism as an economic model can bring about tension and contradictions in the work environment and therefore leave little or no room for compassion. More particularly when practicing compassion, it may be construed as being 'soft' causing the receiver to take advantage of the giver (Poorkavoos 2016).

Thirdly, the concept of compassion is often rarely expected and experienced in organization climates; this is particularly very visible in the public sector. How then can a leadership approach of this nature be applicable and prove to be valuable in the private sector? For example, one may expect this quality to be a most valuable asset for policy makers in the public sector when interacting with the local citizenry and their constituents, but will it serve in the long run as an approach to general leadership in the private sector?

Fourthly, there is a great scope for development of robust measures imbibing other dimensions of leadership to measure compassionate leadership behavior. Previous literature has largely failed to empirically examine compassionate leadership as a multi-dimensional construct. Future studies could focus on developing a measurement model incorporating the various sub-dimensions of compassionate leadership such as empathy, care, integrity etc.

Fifthly, not only should compassionate leadership be measured from the leaders' perspective but also from the followers' perspective. Measuring compassionate leadership from both leader and follower perspective is critical given that discrepancies are often found between leaders' self-perception and followers' perception of leadership (Sehgal et al. 2021). A greater discrepancy in the leader–follower perception could lead to surprise, consternation, disbelief, or emotional distress among employees, which could lead to a poor organizational culture and employee productivity. Such understanding is critical for narrowing the leader–follower perception gap and achieving congruence.

Sixthly, it is clear from the review that hardly any studies have examined compassionate leadership in the context of the Fourth Industrial Revolution (Industry 4.0). Industry 4.0 is synonymous with an environment where technology and human interaction are hand-in-glove and enmeshed. The resultant outcome is expected to produce desired results and successful outcomes of strategic organizational initiatives. Smart systems demand high levels of innovation and creativity, digitalization, and artificial intelligence, which may contribute to high levels of stress experienced at the workplace. Technology is employed for generating efficiency and benefits for the organization, but the same technology can also induce stress and emotions such as frustration, disorientation, sadness, insecurity, and ambiguity, among many other negative emotions among the employees. It is unclear how compassionate leadership could create and provide the appropriate guidance during the industry 4.0 to address the employee challenges that can negatively impact organizational goals.

Seventhly, most of the studies on compassion and compassionate leadership emanate from the medical and healthcare field (de Zulueta 2016; Hewison et al. 2018, 2019; Hofmeyer et al. 2020; Jones et al. 2021; Landers et al. 2020; Papadopoulos et al. 2021; Willis and Anstey 2019), while the field of management suffers from a deficit leaving the field wide open for a range of studies.

Finally, it is essential to look at compassionate leadership from a critical standpoint, given the realistic situation of most organizations. Given the increasingly

Table 7 Recommendations for future research. Research areas and questions

S.No	Topic	Research area/questions
1	Definitional ambiguities	While research has offered different views on compassionate leadership, the fundamental question, what is compassionate leadership, still remains. An acceptable common definition of compassionate leadership is needed
2	Disadvantages of compassionate leadership approach	While compassionate leadership is being mooted as a panacea for troubled times, studies should also focus on the down-side or disadvantages for a balanced view
3	Compassionate leadership in the private sector domain	How can compassionate leadership serve in the long run as an approach to general leadership in the private sector?
4	Robust operationalisation	A robust operationalization of compassionate leadership in organizations will help ensure the concept is understood and measured consistently in different fields. Studies could focus on developing a robust measurement model incorporating the various sub-dimensions of compassionate leadership such as empathy, integrity, openness and communication, respect and dignity, physical, mental health and well-being, inclusiveness
5	Views and measures from both leader and follower perspectives	How is compassionate leadership viewed through a combined lens of both leader and follower? What is the gap in the perception of both leader and follower and how the gap could be narrowed for achieving congruence. An empirical study would be useful
6	Compassionate leadership in the context of Fourth Industrial Revolution (Industry 4.0)	Technology is a double-edged sword. While it generates efficiency and benefits, it also induces negative tendencies among users. How can compassionate leadership create and provide appropriate guidance in the context of Fourth Industrial Revolution to address employee challenges that can negatively impact organizational goals?
7	Deficit of studies in the field of management	Compassion and compassionate leadership studies prevail mostly in the medical and healthcare field. The field of management is a fertile ground wide open for a range of empirical studies
8	A 'soft' or a 'weak' approach	How can leaders adopt a 'compassionate' approach without being perceived as being soft or weak?

competitive landscape, it is very likely that the compassionate leader is seen as someone who is "weak" or "being soft" or trying to please people by giving them what they want; rather than giving people what they need, such as tough feedback.

We summarize the eight recommendations for future research in Table 7 below.

4.6 Study limitations

Although this study was rigorously done, we acknowledge the limitations, especially those concerning the literature sampling criteria and analysis. The final list of studies considered may not be exhaustive because of the limitations in the keywords searched and the databases used. Regarding the findings, it is important to note that the proposed six dimensions of compassionate leadership are not intended to be the final word on the subject. Rather, they represent an initial exploration into the dimensions of compassionate leadership. There is a need for further research to refine, validate and extend these dimensions and develop measurement items to fully capture each aspect. Additionally, it's essential to consider that compassionate leadership does not exist in isolation, but is rather interwoven with other leadership styles, such as hybrid leadership, benevolent leadership and servant leadership. It would be interesting to explore the similarities and differences between compassionate leadership and other leadership styles in future studies. Ultimately, our study represents a first step in understanding the complexities of compassionate leadership, but there is still much more to uncover and explore in this area.

However, despite these limitations, the contributions of this study are novel and of significant relevance for both practitioners in advancing our understanding of compassionate leadership. For researchers, this study provides a solid theoretical foundation that may greatly facilitate further empirical work in this domain.

5 Implications and conclusions

This study explored more than two decades of studies on compassionate leadership. This study advances knowledge and points out the gaps in the previous literature on compassionate leadership. For instance, this study has identified several trends, consensus, conflicts, approaches, and methods to better understand and improve the concept of compassionate leadership and guide future research. The implications of this study are manifold, as discussed below:

5.1 Practical implications

The review of the articles indicates that compassionate leadership has the potential to have positive effects on both the leadership and the workforce. Training programs can be developed around the different dimensions of compassionate leadership by developing a deeper understanding of what it means to be a compassionate leader. The key practical implications of the review articles are summarized in Table 8.

Table 8 Key practical implications of the review articles

S.No	Author/s	Title	Journal	Practical implications
1	Foster (2021)	Finding the right leadership style	British Journal of Nursing	Compassionate leadership activities have many positive outcomes, at all levels of the health sector, from individuals and teams. Compassionate leadership is a powerful facilitator at each stage of the problem-solving process Showing empathy and understanding is crucial when staff need to know more than ever that their leaders care about them
2	Papadopoulos et al. (2021)	The Importance of Being a Compassionate Leader: The Views of Nursing and Midwifery Managers from Around the World	Journal of Transcultural Nursing	Transcultural models and practices of ethical leadership should be developed to establish nurturing health care working environments from which all stakeholders can benefit An effort to “institutionalize compassion” and cultural competence should be adopted throughout the organization with collective holistic learning strategies and high levels of staff support and engagement Providing training in coping and self-compassion strategies is imperative that will encourage nursing and midwifery managers to show compassion and to nurture the values that underpin professional codes of practice

Table 8 (continued)

S.No	Author/s	Title	Journal	Practical implications
3	Jones et al. (2021)	Social work leadership in a medical school: A coordinated, compassionate COVID-19 response, <i>Social Work in Health Care</i>	<i>Social Work in Health Care</i>	Medical schools should consider including social work leadership in their structures as social workers can quickly adapt and organize efforts to integrate psycho-social and health care with a focus on equity and justice
4	Oruh et al. (2021)	Exploring compassionate managerial leadership style in reducing employee stress level during COVID-19 crisis: the case of Nigeria	<i>Employee Relations</i>	During extreme situations such as a pandemic, drastic and managerialist-driven work measures could trigger high stress levels, low productivity and absenteeism among employees. Organizations can benefit by implementing compassion-driven policies which are inclusive and responsive to the stressors facing employees
5	Vogus et al. (2020)	Creating a compassion system to achieve efficiency and quality in health care delivery	<i>Journal of Service Management</i>	Proposes a model of compassion system which fosters a compassion climate focusing on how to efficiently reduce suffering and provide high quality care and care experiences in health care organizations
6	König et al. (2020)	A blessing and a curse: How CEOs' trait empathy affects their management of organizational crises	<i>Academy of Management Review</i>	Presents a conceptual model on how and why empathy is crucial for CEOs to succeed at their job, while also explaining the potential downsides of higher levels of CEO empathy. Both high and low levels of empathy are likely to harm companies' abilities to resolve organizational crises

Table 8 (continued)

S.No	Author/s	Title	Journal	Practical implications
7	Hofmeyer et al. (2020)	Fostering compassion and reducing burnout: How can health system leaders respond in the Covid-19 pandemic and beyond?	Nurse Education Today	Implement relevant organizational interventions to reduce caregiver burnout and promote engagement and compassionate practice during times of pandemic and beyond
8	Mayer and Oosthuizen (2020)	Sense of coherence, compassionate love and coping in international leaders during the transition into the fourth industrial revolution	International Journal of Environmental Research and Public Health	Sense of coherence (SOC) interventions in organizations need to be implemented which would foster positive feelings, thereby promoting affection and interest in others, increasing emotive encounters and meaning. Compassionate Love (CL) needs to be actively implemented into leadership, is connected with SOC and is a social and intra-personal coping mechanism for leaders transitioning into the fourth industrial revolution
9	Hougaard et al. (2020)	Compassion leadership is necessary-but not sufficient	Harvard Business Review	Proposes to develop more self-compassion; putting oneself in others shoes; adopt a daily compassion practice; practice candid transparency; be candid in delivering guidance even if it's difficult to hear

Table 8 (continued)

S.No	Author/s	Title	Journal	Practical implications
10	Landers et al. (2020)	Nurses' and midwives' views of the "Leaders for Compassionate Care Program": A qualitative analysis	Collegian	<p>Initiatives to sustain and clarify the meaning of the concept of compassion should be an ongoing aspect of professional education for qualified nurses and midwives</p> <p>Embedding and maintaining compassionate care requires careful planning and resources to equip practitioners to be leaders in the delivery of compassionate care</p>
11	Hewison et al. (2019)	Compassionate leadership in palliative and end-of-life care: a focus group study	Leadership in Health Services	<p>Leadership development needs to be deeply embedded in and informed by the context and the challenges that leaders in the organization face collectively in the specific organization context and requires conversations and learning with people who share that context</p> <p>Context-specific action learning may be a means of further developing compassionate leadership capability in palliative and end-of-life care and more widely in healthcare settings</p>

Table 8 (continued)

S.No	Author/s	Title	Journal	Practical implications
12	Shuck et al. (2019)	Does Compassion Matter in Leadership? A Two-Stage Sequential Equal Status Mixed Method Exploratory Study of Compassionate Leader Behaviour and Connections to Performance in Human Resource Development	Human Resource Development Quarterly	Compassion offers a way forward for thinking about how work is getting done, not just how much (Frost 2003) Training programs can be developed that focus on how to listen with empathy and presence, how to be attuned to cues that signal employees are dealing with an emotional issue, how to reframe organizational messages that could cause resistance and trauma, as well as how to build social and political capital to protect teams from internal or external challenges Leaders must define the organizational conditions and implement processes that support professionals' innate compassion and contribute to their well-being rather than address burnout later through remedial strategies This study makes a strong argument for the instrumental role of self-compassion in sustaining a leader's compassionate, servant approach in the long-term and for the need of more compassionate leaders in today's materialistic cultures Self-leadership training courses can positively affect the ability of an individual to become a self-leader
13	Lown et al. (2019)	Can Organizational Leaders Sustain Compassionate, Patient-Centred Care and Mitigate Burnout?	Journal of Healthcare Management	
14	Tzortzaki (2019)	The Need for Teaching Compassionate Self-Leadership in a University Setting	12th Annual Conference of the EuroMed Academy of Business	

Table 8 (continued)

S.No	Author/s	Title	Journal	Practical implications
15	Willis and Anstey (2019)	Compassionate leadership in district nursing: A case study of a complex wound	British Journal of Community Nursing	The framework developed to illustrate compassionate leadership in action can be put into practice to meet the needs of team and nurses delivering person-centered care
16	Hewison et al. (2018)	Leading with compassion in health care organisations: The development of a compassion recognition scheme-evaluation and analysis	Journal of Health Organization and Management	The model of compassion can be used to demonstrate what compassion “looks like”, and what is expected of staff to work compassionately
17	Hougaard et al. (2018)	Assessment: Are You a Compassionate Leader	Harvard Business Review	Proposes an assessment to help understand how wisely compassionate one is along with tips on how to become a compassionate leader
18	Banker and Bhal (2018)	Understanding Compassion from Practicing Managers’ Perspective: Vicious and Virtuous Forces in Business Organizations	Global Business Review	Highlighted the role of empathetic leadership as a foundation to build compassionate organization. Competent empathetic leadership can successfully build compassionate culture by ingraining ethical/moral virtues in people, creating conducive work place and building trust in people for the organization Considering the myriad challenges faced by organizations, organizations may be addressed having, ‘an absence of compassion’ rather than being called as ‘non-compassion’

Table 8 (continued)

S.No	Author/s	Title	Journal	Practical implications
19	MacArthur et al. (2017)	Embedding compassionate care in local NHS practice: Developing a conceptual model through realistic evaluation	Journal of Research in Nursing	Embedding and sustaining compassionate care demands strategic vision and investment in a local infrastructure that supports relationship- centered care, practice development and effective leadership at all levels
20	Milner (2017)	Rekindling the flame of community through compassion – a call for leadership toward compassionate community	Aotearoa New Zealand Social Work	Not stated explicitly. However, the paper argues that Relational community development practice driven by compassion enhances social trust, fairness and justice. It is sustained by creativity and hope, and by workers who have a sense of spirituality's power to improve wellbeing

Table 8 (continued)

S.No	Author/s	Title	Journal	Practical implications
21	de Zulueta (2016)	Developing compassionate leadership in health care: an integrative review	Journal of Healthcare Leadership	<p>Education and training in leadership skills also needs to be collective, i.e., for all those working in health care organizations, including those who do not consider themselves as leaders, in order to create a collective leadership culture of compassion and collaboration</p> <p>Training in the form "multi-disciplinary "in-house", team coaching and training</p> <p>Managers will need to be trained in coaching skills to support staff</p> <p>Develop programs that promote shared, "post heroic", collaborative, distributed leadership, beginning with the issues patients face and learning in the context of application</p> <p>Need to nurture and cultivate facilitators, team builders, mentors, and coaches in large number who are creative, transformative, and adaptive</p> <p>Need for individualized senior leadership development, with a focus on servant and adaptive leadership attributes and practices</p> <p>Leadership needs to embody and model compassionate attitudes and behaviors and develop self-compassion and emotional resilience</p>

Table 8 (continued)

S.No	Author/s	Title	Journal	Practical implications
22	Wei et al. (2016)	Top executive leaders' compassionate actions: An integrative framework of compassion incorporating a Confucian perspective	Asia Pacific Journal of Management	Self-cultivation and compassion are closely intertwined. Therefore, leaders can gain by aligning self-cultivation and compassion. Leaders can also ascertain how to balance self- and other interests. This integration of Self-cultivation and compassion can be powerful in bringing people and organizations together Full text unavailable
23	Dewar and Cook (2014)	Developing compassion through a relationship centred appreciative leadership programme	Nurse Education Today	
24	Seco and Lopes (2014)	Between compassionateness and assertiveness: A trust matrix for leaders	Journal of Industrial Engineering and Management	Compassionate behaviors tempered or complemented with assertive behaviors could be effective for leadership in organizations

Table 8 (continued)

S.No	Author/s	Title	Journal	Practical implications
25	Karakas and Sarigollu (2013)	The Role of Leadership in Creating Virtuous and Compassionate Organizations: Narratives of Benevolent Leadership in an Anatolian Tiger	Journal of Business Ethics	<p>Using the benevolent framework, organizations can enable a positive community where employees feel authentic and connected with their inner selves, their co-workers, and their community</p> <p>Flatter organizations where leadership is distributed or shared can benefit with benevolent leadership</p> <p>Leadership programs which foster benevolent leadership perspective and best practices of benevolent leaders could be organized by organizations</p> <p>Organizations can support by encouraging, reinforcing, and rewarding benevolent leadership behaviors</p> <p>Organizations could recruit individuals who possess benevolent leadership characteristics to create a benevolence-oriented organizational culture</p> <p>The results of this study can be used by leaders to develop self-awareness through reflection</p> <p>Using benevolent leadership framework, leaders can create supportive team and work environments</p> <p>Benevolent leadership model has the potential to create virtuous and compassionate organizations</p>

Table 8 (continued)

S.No	Author/s	Title	Journal	Practical implications
26	McKimm and O'Sullivan (2013)	Personality, self-development and the compassionate leader	British Journal of Hospital Medicine	Clinical leadership and doctors' engagement in management is vital to ensuring the focus on providing compassionate care to all care receivers through behaviors expected by the patients and public Assessment of behaviors based on demonstration of personal qualities should be embedded in multisource feedback, appraisals and performance reviews as well as in routine workplace-based assessment for trainees and students Need to integrate compassionate care into the work culture without additional facilitation
27	Hornett (2012)	Compassionate leadership	British Journal of Nursing	
28	Rynes et al. (2012)	Care and Compassion Through an Organizational Lens: Opening Up New Possibilities	Academy of Management Review	The review discusses several practical implications derived from the articles published in the special topic forum
29	Dutton and Workman (2011)	Commentary on 'Why Compassion counts!': Compassion as a Generative Force	Journal of Management Inquiry	A focus on compassion in organizations lights up suffering that is often hidden and also reveals the healing -force of human-to-human compassion Adopting a compassion lens enables new ways to consider individuals, groups and collective capabilities to be acknowledged and valued
30	Martinek et al. (2007)	The development of compassionate and caring leadership among adolescents	Physical Education & Sport Pedagogy	Leadership skills can be fostered in adolescents by teaching sport and life skills

Table 8 (continued)

S.No	Author/s	Title	Journal	Practical implications
31	Boyatzis et al. (2006)	Developing Sustainable Leaders Through Coaching and Compassion	Academy of Management Learning & Education	<p>Leaders are more likely to be effective if they are physiologically and psychologically balanced</p> <p>Coaching with compassion may provide the platform for sustainable leadership effectiveness and an effective approach for developing leaders</p> <p>The integration of coaching, compassion, and leadership would result in a steady stream of capable leaders for the organization</p> <p>Coaching, beyond the traditional notion of advising, could become a crucial pedagogical method</p>
32	Dutton et al. (2006)	Explaining compassion organizing	Administrative Science Quarterly	<p>The Theory of Compassion Organizing suggests five core mechanisms central to explaining the pattern of compassion organizing. (1) Attention to pain triggers (2) Generation and spread of emotions (3) Trust and legitimacy are resources critical to compassion organizing (4) Knowledge, experience, emotional and practical intelligence could contribute to compassion organizing (5) Symbols could enrich organizational processes towards contributing compassion organizing</p>

Table 8 (continued)

S.No	Author/s	Title	Journal	Practical implications
33	Kanov et al. (2004)	Compassion in Organizational Life	American Behavioural Scientist	Important processes of propagation, legitimation and coordination could enable the transformation of compassion into a collective phenomenon
34	Frost (1999)	Why compassion counts!	Journal of Management Inquiry	Invokes the importance of compassion in organizational life
35	Brouns et al. (2020)	Leadership beyond narcissism: On the role of compassionate love as individual antecedent of servant leadership	Administrative Sciences	Individuals who display compassionate love have the potential to be good servant leaders who promote sustainability of the organizations Organizations should consider ways and means to make servant leadership ideas accessible to leaders
36	Paakkanen et al. (2021)	Awakening Compassion in Managers- a New Emotional Skills Intervention to Improve Managerial Compassion	Journal of Business and Psychology	Leaders and organizations to invest in building compassionate cultures through compassion training, decreasing the levels of obstacles to compassion or strengthening the sub-process of compassion process
37	Basran et al. (2019)	Styles of Leadership, Fears of Compassion, and Competing to Avoid Inferiority	Frontiers in Psychology	Leadership training for individuals who adopt prosocial and antisocial leadership styles will need different orientations in training

Table 8 (continued)

S.No	Author/s	Title	Journal	Practical implications
38	Zoghbi-Manrique-de-Lara and Viera-Armas (2019)	Does Ethical Leadership Motivate Followers to Participate in Delivering Compassion?	Journal of Business Ethics	<p>A preventive compassion-based strategy is advisable to cultivate or strengthen healthy employee peer–peer feelings to recognize instances of need or pain</p> <p>Managers must design actions that make leaders able to communicate value and support for staff’s efforts to bring peers from moral exclusion and physical isolation</p> <p>Develop education and training programs targeted at reducing stereotyping, increasing cultural sensitivity, and developing the skills needed to work in multicultural environments</p>
39	Eldor (2018)	Public Service Sector: The Compassionate Workplace-The Effect of Compassion and Stress on Employee Engagement, Burnout, and Performance	Journal of Public Administration Research & Theory	<p>Positioning compassion as a contributor to a high-quality, service oriented public system may increase civilian trust and public service agencies</p> <p>Receiving compassion may also positively contribute to public service employees to their stressful environment caused by demanding public service interactions and administrative workload conditions</p> <p>The receipt of compassion from supervisors has a strong positive impact upon the employee work performance behaviors</p> <p>The actions of public service managers should be driven by rationality, but executed with sensitivity</p>

Table 8 (continued)

S.No	Author/s	Title	Journal	Practical implications
40	Coffey et al. (2019)	The impact of compassionate care education on nurses: A mixed-method systematic review	Journal of Advanced Nursing	A strong need to establish novel education programs that not only promote compassionate care delivery at all levels of care, but also promote self-compassion in nursing
41	Lilius et al. (2008)	The contours and consequences of compassion at work	Journal of Organizational Behaviour	Those experiencing compassion in an organizational setting feel distinct positive emotions, such as pride, gratitude, inspiration, and ease. It is also a simple but powerful way of strengthening emotional well-being at work leading to a broadening of people's mindset, and building their intellectual, physical, social and psychological resources

The synthesis of practical implications in these studies reemphasizes the fact that empathy, understanding, and self-compassion are critical elements in creating a positive work environment and achieving better outcomes, success, and well-being of individuals, teams, and organizations across various sectors such as healthcare, public service, and business (Foster 2021; Hougaard et al. 2020; König et al. 2020). The positive outcomes include increased trust, collaboration, and engagement among team members. Incorporating compassion into leadership styles, training programs, and organizational cultures is emphasized to reduce burnout, promote engagement, and improve overall well-being (Hewison et al. 2019; Hofmeyer et al. 2020; Jones et al. 2021; Landers et al. 2020; Oruh et al. 2021; Papadopoulos et al. 2021; Shuck et al. 2019). Additionally, the role of benevolent leadership, coaching with compassion, and integrating coaching, compassion, and leadership is discussed as crucial for developing capable leaders (Boyatzis et al. 2006; de Zulueta 2016; Karakas and Sarigollu 2013).

The common thread across these implications is the recognition that leadership is not just about getting things done but also about how things are done (Shuck et al. 2019). Leaders who practice compassion can create supportive, collaborative, and inclusive work environments where people feel valued, connected, and engaged.

Moreover, the implications provided in these studies in Table 8 also highlight the need for education and training in leadership skills, particularly in compassionate leadership. This includes training in empathy, self-compassion, coaching, and emotional resilience (Banker and Bhal 2018; de Zulueta 2016; Hougaard et al. 2020; König et al. 2020; Shuck et al. 2019; Tzortzaki 2019). In addition, these studies emphasize the importance of creating a collective leadership culture of compassion and collaboration, where all those working in an organization, including those who do not consider themselves as leaders, are equipped with leadership skills and contribute to a culture of compassion (de Zulueta 2016).

The analysis also indicates that compassionate leadership is not limited to healthcare settings but is relevant in various organizational contexts. This includes public service agencies, business organizations, and educational institutions. These studies suggest that leaders must define the organizational conditions and implement processes that support professionals' innate compassion and contribute to their well-being rather than address burnout later through remedial strategies (Lown et al. 2019).

Overall, the commonalities in these implications underscore the importance of compassionate leadership and the need for education and training in leadership skills. The results emphasize that leaders must create supportive work environments that foster collaboration, inclusivity, and compassion and to that end, practical interventions can be tailored to different contexts. For instance, in the case of healthcare, specific interventions that can be implemented include providing psychological support for officers suffering from compassion fatigue or establishing assessment programs to identify and prevent burnout (Hewison et al. 2019). Other studies suggest that leadership training should be collective and that leadership development should be informed by the context and challenges faced by leaders in specific organizations. There are also suggestions for integrating compassion into the work culture without

additional facilitation and creating a supportive team and work environment through coaching with compassion (Hornett 2012).

The Fourth Industrial Revolution and its attributes have already been mentioned. Its effects on business organizations are profound and have caused many organizations to revamp their leadership direction in order that they continue and maintain their profit focus and maintain their competitive positions. Banker and Bhal (2018) remind us that organization *prima facie* is a profit-making entity than a social entity. Developing an organization as compassionate or non-compassionate requires the critical assessment of: (a) the intent with which it operates, (b) the kind of environment it operates within, and (c) the availability of monetary or non-monetary resources it has for different organizational and social activities. Banker and Bhal (2018) are of the opinion that in spite of having any of the three elements “missing” in an organization, the motivation for compassion can be infused by the empathetic leadership practices. Thus, it is up to the leadership to instil these practices as they are determined to have an impact on the profit-making motives of the organization. Organizations may thus continue to analyse their leadership approaches which may include the compassionate leadership from this angle.

We have long passed the era when it was believed that leaders were born into a heritage or succession line of leaders. Today, we are taught that we can all become leaders if inspired to do so and that the potential to be successful can be attained through education and training while developing the tools to motivate and convince others to accept and follow our beliefs. In addition, the experience will allow us to gain the fortitude to enhance our leadership skills, hinting that it is a continuous process as new and different challenges are confronted in the process. However, the basic traditional leadership qualities must exist in order to serve as a solid foundation from which one might build a career as a leader. These include, having and maintaining strong moral values; having a vision that provides fuel for striving to reach desired goals; and to be forward thinking, which the leader’s followers will expect of him/her.

What then has changed that would allow the compassionate leadership approach to be a viable and formidable approach when adopted by a leader to guarantee him/her success in achieving the vision? In the current contemporary business environment, a variety of factors have changed which may necessitate the adoption of the compassion leadership approach and prove to be beneficial for leaders to attain their objectives and goals. The following factors are contributing to major changes in the organizational environment that are challenging the leaders: Global work relationships; Developing transcultural environment with balanced relationships at the workplace; Technology and Digitalization—both are rapidly and constantly evolving; Economic downturn and finally, the global pandemic and its devastating impact.

A significant aspect of the global relationship factor is the migration of workers, which is a major contributively factor in organizations becoming the transcultural environments where it has become necessary for leadership and management to balance relationships to produce positive outcomes and attain strategic objectives. Woven into the fabric of the transcultural environment is the thread of technology

in the form of digitalization and/or artificial intelligence, which brings into play the complexities and dynamism of the drama that unfolds in contemporary business organizations. Interwoven in this scenario is the calamitous event of the epidemic, which has left a trail of devastation in its wake. Compassionate leadership may well be the most beneficial and appropriate approach that organizational leaders may adopt to ride the tidal wave of the current climate in which they find themselves in.

5.2 Theoretical and research implications

There is little doubt that the concept of compassionate leadership is growing in importance, as is evident with the gradually increasing attention of academia and business alike. Some of the key theoretical and research implications are as follows:

- A comprehensive literature review-based assessment of compassionate leadership has not been previously undertaken and constitutes the novelty of this work.
- The study highlights several research gaps in the literature to enhance our understanding of compassionate leadership.
- Six dimensions of compassionate leadership are proposed.
- A clear future research agenda is provided.
- This study has managed to bring some degree of consensus to the different definitions of compassionate leadership by providing a ‘new definition’ of compassionate leadership.

However, more research is required on compassionate leadership, especially in developing validated constructs and measures to appreciate the application of compassionate leadership in the organizational literature and also for it to take its rightful place as one of the accepted leadership styles.

Author contributions All authors contributed to the study conception and design. Material preparation, data collection and analysis were performed by SR, SB, and WFJ. The first draft of the manuscript was written by SR and all authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

Funding The authors declare that no funds, grants, or other support were received during the preparation of this manuscript.

Data availability The author confirms that all data generated or analysed during this study are included in this published article.

Declarations

Conflict of interest The authors have no relevant financial or non-financial interests to disclose.

Open Access This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative

Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>.

References

- Avramchuk AS, Manning MR, Carpino RA (2013) Compassion for a change: a review of research and theory. In: Shani AB, Pasmore WA, Woodman RW, Noumair DA (eds) *Research in organizational change and development*. Emerald Group Publishing Limited, pp 201–232. [https://doi.org/10.1108/S0897-3016\(2013\)0000021010](https://doi.org/10.1108/S0897-3016(2013)0000021010)
- Baarspul H, Wilderom C (2011) Do employees behave differently in public- VS private-sector organizations? A state-of-the-art review. *Pub Manag Rev* 13(7):967–1003. <https://doi.org/10.1080/14719037.2011.589614>
- Balasubramanian S, Fernandes C (2022) Confirmation of a crisis leadership model and its effectiveness: lessons from the COVID-19 pandemic. *Cogent Bus Manag*. <https://doi.org/10.1080/23311975.2021.2022824>
- Banker DV, Bhal KT (2018) Understanding compassion from practicing managers' perspective: vicious and virtuous forces in business organizations. *Glob Bus Rev* 20(6):1–17. <https://doi.org/10.1177/0972150917749279>
- Basran J, Pires C, Matos M, McEwan K, Gilbert P (2019) Styles of leadership, fears of compassion, and competing to avoid inferiority. *Front Psychol*. <https://doi.org/10.3389/fpsyg.2018.02460>
- Bass BM (1990) *Bass & Stogdill's Handbook of leadership theory, research and managerial applications: the free press*, 3rd edn. Free Press, New York
- Boyatzis RE, Smith ML, Blaize N (2006) Developing sustainable leaders through coaching and compassion. *Acad Manag Learn Edu* 5(1):8–24
- Brouns T, Externbrink K, Blesa Aledo PS (2020) Leadership beyond Narcissism: On the Role of Compassionate Love as Individual Antecedent of Servant Leadership. *Admin Sci* 10(2):20. <https://doi.org/10.3390/admsci10020020>
- Bush T, Glover D (2016) School leadership and management in South Africa: findings from a systematic literature review. *Int J Educ Manag* 30(2):211–231
- Coffey A, Saab MM, Landers M, Cornally N, Hegarty J, Drennan J, Savage E (2019) The impact of compassionate care education on nurses: a mixed-method systematic review. *J Adv Nurs* 75(11):2340–2351. <https://doi.org/10.1111/jan.14088>
- de Zulueta PC (2016) Developing compassionate leadership in health care: an integrative review. *J Healthcare Leadership* 8:1–10. <https://doi.org/10.2147/JHL.S93724>
- Denyer D, Tranfield D (2009) Producing a systematic review. In: D Buchanan, A Bryman (eds) *The Sage handbook of organizational research methods*
- Dewar B, Cook F (2014) Developing compassion through a relationship centred appreciative leadership programme. *Nurse Educ Today* 34(9):1258–1264
- Dutton JE, Workman KM (2011) Commentary on “Why Compassion counts!” Compassion as a generative force. *J Manag Inq* 20(4):402–406. <https://doi.org/10.1177/1056492611421077>
- Dutton JE, Lilius JM, Kanov JM (2005) The transformative potential of compassion at work. Working Paper Series. Positive Organizational Scholarship
- Dutton JE, Worline MC, Frost PJ, Lilius JM (2006) Explaining compassion organizing. *Adm Sci Q* 51(1):59–96
- Dutton JE, Workman KM, Hardin AE (2014) Compassion at work. *Annu Rev Organ Psych Organ Behav* 1:277–304
- Eldor L (2018) Public service sector: the compassionate workplace—the effect of compassion and stress on employee engagement, burnout, and performance. *J Pub Admin Res Theory* 28(1):86–103
- Eva N, Robin M, Sendjaya S, van Dierendonck D, Liden RC (2019) Servant Leadership: a systematic review and call for future research. *Leadersh Quart* 30(1):111–132

- Fisch C, Block J (2018) Six tips for your (systematic) literature review in business and management research. *Manag Rev Q* 68(2):103–106. <https://doi.org/10.1007/s11301-018-0142-x>
- Foster S (2021) Finding the right leadership style. *Br J Nurs* 30(1):83
- Frost PJ (1999) Why compassion counts! *J Manag Inq* 8(2):127–133
- Frost PJ (2003) Toxic emotions at work: how compassionate managers handle pain and conflict. Harvard Business School Press
- Frost PJ, Dutton JE, Maitlis S, Lilius JM, Kanov JM, Worline MC (2004) The theory and practice of compassion in work organizations. In: *Handbook of Organizational Studies*, 2nd edn, pp 843–866
- Frost PJ, Dutton JE, Maitlis S, Lilius JM, Kanov JM, Worline MC (2006) Seeing organizations differently: three lenses on compassion. *SAGE Handbook Org Stud* 2:843–866
- Gallo A (2020). What your coworkers need right now is compassion. *Harvard Business Review*
- Gersick CJG, Bartunek JM, Dutton JE (2000) Learning from academia: the importance of relationships in professional life. *Acad Manag J* 43(5):1026–1044
- Greige Frangieh C, Khayr Yaacoub H (2017) A systematic literature review of responsible leadership. *J Glob Responsib* 8(2):281–299
- Guinot J, Miralles S, Rodríguez-Sánchez A, Chiva R (2020) Do compassionate firms outperform? The role of organizational learning. *Empl Relat* 42(3):717–734
- Haque A, Fernando M, Caputi P (2021) Responsible leadership and employee outcomes: a systematic literature review, integration and propositions. *Asia-Pac J Bus Admin* 13(3):383–408
- Hewison A, Sawbridge Y, Cragg R, Rogers L, Lehmann S, Rook J (2018) Leading with compassion in health care organisations: the development of a compassion recognition scheme-evaluation and analysis. *J Health Organ Manag* 32(2):338–354. <https://doi.org/10.1108/JHOM-10-2017-0266>
- Hewison A, Sawbridge Y, Tooley L (2019) Compassionate leadership in palliative and end-of-life care: a focus group study. *Leadersh Health Serv* 32(2):264–279
- Hofmeyer A, Taylor R, Kennedy K (2020) Fostering compassion and reducing burnout: How can health system leaders respond in the Covid-19 pandemic and beyond? *Nurse Ed Today*, 94, N.PAG-N.PAG
- Hogg MA (2001) A social identity theory of leadership. *Pers Soc Psychol Rev* 5(3):184–200. https://doi.org/10.1207/S15327957PSPRO503_1
- Hornett M (2012) Compassionate leadership. *Br J Nurs* 21(13):831
- Hougaard R, Carter J, Beck J (2018) Assessment: are you a compassionate leader. *Harvard Business Review*, (May 15)
- Hougaard R, Carter J, Hobson N (2020) Compassionate leadership is necessary: but not sufficient. *Harvard Business Review Digital Articles*, 1–8
- Jones BL, Phillips F, Shanor D, VanDiest H, Chen Q, Currin-McCulloch J, Ortega J (2021) Social work leadership in a medical school: a coordinated, compassionate COVID-19 response, *Social Work in Health Care*. *Social Work Health Care* 60(1):49–61
- Kanov JM, Maitlis S, Worline MC, Dutton JE, Frost PJ, Lilius JM (2004) Compassion in organizational life. *Am Behav Sci* 46(6):808–827
- Karakas F, Sarigollu E (2013) The role of leadership in creating virtuous and compassionate organizations: narratives of benevolent leadership in an anatolian tiger. *J Bus Ethics* 113(4):663–678
- Khandker V (2022) Two decades of the bottom of the pyramid research: identifying the influencers, structure, and the evolution of the concept. *Manag Rev Q* 1:1–28. <https://doi.org/10.1007/s11301-022-00271-y>
- King AS (1990) Evolution of leadership theory. *Vikalpa* 15(2):43–54
- König A, Graf-Vlachy L, Bundy J, Little LM (2020) A blessing and a curse: how CEOs' trait empathy affects their management of organizational crises. *Acad Manag Rev* 45(1):130–153. <https://doi.org/10.5465/amr.2017.0387>
- Kuckertz A, Block J (2021) Reviewing systematic literature reviews ten key questions and criteria for reviewers. *Manag Rev Q* 71:519–524
- Landers M, Hegarty J, Saab MM, Savage E, Cornally N, Drennan J, Coffey A (2020) Nurses' and midwives' views of the "Leaders for Compassionate Care Program": a qualitative analysis. *Collegian* 27(1):2–10
- Lilius JM, Worline MC, Dutton JE, Kanov JM, Frost PJ, Maitlis S (2003) What good is compassion at work? Unpublished Manuscript, University of Michigan., 1–16
- Lilius JM, Worline MC, Maitlis S, Kanov JM, Dutton JE, Frost PJ (2008) The contours and consequences of compassion at work. *J Organ Behav* 29:193–218
- Lilius JM, Worline MC, Dutton JE, Kanov JM, Maitlis S (2011) Understanding compassion capability. *Hum Relat* 64(7):873–899

- Lilius JM, Kanov JM, Dutton JE, Worline MC, Maitlis S (2013) Compassion revealed. Center for Positive Organizational Scholarship
- Lown BA, Shin A, Jones RN (2019) Can organizational leaders sustain compassionate, patient-centered care and mitigate burnout? *J Healthc Manag* 64(6):398–412. <https://doi.org/10.1097/JHM-D-18-00023>
- MacArthur J, Wilkinson H, Gray MA, Matthews-Smith G (2017) Embedding compassionate care in local NHS practice: Developing a conceptual model through realistic evaluation. *J Res Nurs* 22(1–2):130–147
- Martinek T, Schilling T, Hellison D (2007) The development of compassionate and caring leadership among adolescents. *Phys Educ Sport Pedagog* 11(2):141–157. <https://doi.org/10.1080/1740898060708346>
- Mayer CH, Oosthuizen RM (2020) Sense of coherence, compassionate love and coping in international leaders during the transition into the fourth industrial revolution. *Int J Environ Res Public Health* 17(8):2829
- McKimm J, O’Sullivan H (2013) Personality, self development and the compassionate leader. *Br J Hosp Med* 74(6):336–339. <https://doi.org/10.12968/hmed.2013.74.6.336>
- Milner V (2017) Rekindling the flame of community through compassion: a call for leadership toward compassionate community. *Aotearoa New Zealand Social Work* 20(3):3–13. <https://doi.org/10.11157/anzswj-vol20iss3id336>
- Moss J (2021) Beyond burned out. *Harvard Business Review*, 1–17
- Nembhard IM, Edmondson AC (2006) Making it safe: The effects of leader inclusiveness and professional status on psychological safety and improvement efforts in health care teams. *J Organ Behav* 27(7):941–966. <https://doi.org/10.1002/job.413>
- Oruh ES, Mordi C, Dibia CH, Ajonbadi HA (2021) Exploring compassionate managerial leadership style in reducing employee stress level during COVID-19 crisis: the case of Nigeria. *Empl Relat* 43(6):1362–1381. <https://doi.org/10.1108/ER-06-2020-0302>
- Paakkanen M, Martela F, Hakanen J, Uusitalo L, Pessi A (2021) Awakening compassion in managers: a new emotional skills intervention to improve managerial compassion. *J Bus Psychol* 36:1095–1108
- Papadopoulos I, Lazzarino R, Koulouglioti C, Aagard M, Akman Ö, Alpers LM, Zorba A (2021) The importance of being a compassionate leader: the views of nursing and midwifery managers from around the world. *J Transcul Nurs*. <https://doi.org/10.1177/10436596211008214>
- Papazoglou K, Koskelainen M, Stuewe N (2019) Examining the relationship between personality traits, compassion satisfaction, and compassion fatigue among police officers. *SAGE Open*. <https://doi.org/10.1177/2158244018825190>
- Pearson-Goff M, Herrington V (2014) Police leadership: a systematic review of the literature. *Policing* 8(1):14–26
- Pizzolitto E, Verna I, Venditti M (2022) Authoritarian leadership styles and performance: a systematic literature review and research agenda. *Manag Rev Q*. <https://doi.org/10.1007/s11301-022-00263-y>
- Poorkavooms M (2016) Compassionate leadership: What is it and why do organisations need more of it? Roffey Park Institute. 1–16
- Rao H, Sutton R (2020) From a room called fear to a room called hope: a leadership agenda for troubled times. *McKinsey Q*
- Rudolph CW, Murphy LD, Zacher H (2020) A systematic review and critique of research on “healthy leadership.” *Leadership Q*. <https://doi.org/10.1016/j.leaqua.2019.101335>
- Rynes SL, Bartunek JM, Dutton JE, Margolis JD (2012) Care and compassion through an organizational lens: opening up new possibilities. *Acad Manag Rev* 37(4):503–523. <https://doi.org/10.5465/ami.2012.0124>
- Salovey P, Woolery A, Mayer JD (2003) Emotional intelligence: conceptualization and measurement. In: Fletcher GJO, Clark MS (eds) *Blackwell handbook of social psychology: interpersonal processes*. Blackwell Publishers Ltd, pp 281–307. <https://doi.org/10.7560/719118-013>
- Seco VMM, Lopes MP (2014) Between compassionateness and assertiveness: a trust matrix for leaders. *J Ind Eng Manag* 7(3):622–644
- Sehgal R, Balasubramanian S, Sreejith S, Chanchaichujit J (2021) Transformational leadership and employee innovation: examining the congruence of leader and follower perceptions. *J Gen Manag* 47(1):18–30. <https://doi.org/10.1177/03063070211013337>
- Shuck B, Alagaraja M, Immekus J, Cumberland D, Honeycutt-Elliott M (2019) Does compassion matter in leadership? A two-stage sequential equal status mixed method exploratory study of

- compassionate leader behavior and connections to performance in human resource development. *Hum Resour Dev Q* 30(4):537–564
- Torgerson C (2003) The stages of a systematic review. In: Andrews R (ed) *Systematic reviews*. Bloomsbury Publishing Plc, pp 24–51
- Tranfield D, Denyer D, Smart P (2003) Towards a methodology for developing evidence-informed management knowledge by means of systematic review. *Br J Manag* 14:207–222. <https://doi.org/10.1016/j.intman.2013.03.011>
- Trapp R (2019) Why compassion at work can be good for business. *Forbes*, 66–68
- Tzortzaki AM (2019) The need for teaching compassionate self-leadership in a university setting. In: 12th annual conference of the euromed academy of business. pp. 1355–1366
- Van Bavel JJ, Baicker K, Boggio PS, Capraro V, Cichocka A, Cikara M, Willer R (2020) Using social and behavioural science to support COVID-19 pandemic response. *Nat Hum Behav* 4(5):460–471. <https://doi.org/10.1038/s41562-020-0884-z>
- Vogus TJ, McClelland LE, Lee YSH, McFadden KL, Hu X (2020) Creating a compassion system to achieve efficiency and quality in health care delivery. *J Serv Manag* 32(4):560–580. <https://doi.org/10.1108/JOSM-05-2019-0132>
- Webster J, Watson RT (2002) Analyzing the past to prepare for the future: writing a literature review. *MIS Q* 26(2):xiii–xxiii
- Wei H, Zhu Y, Li S (2016) Top executive leaders' compassionate actions: an integrative framework of compassion incorporating a confucian perspective. *Asia Pac J Manag* 33(3):767–787
- West M, Eckert R, Collins B, Chowla R (2017) *Caring to change - How compassionate leadership can stimulate innovation in healthcare*. The Kings Fund (May)
- Williams RJ, Raffo DM, Clark WR, Clark LA (2022) A systematic review of leader credibility: its murky framework needs clarity. *Manag Q Rev*. <https://doi.org/10.1007/s11301-022-00285-6>
- Willis S, Anstey S (2019) Compassionate leadership in district nursing: a case study of a complex wound. *Br J Community Nurs* 24(2):50–57. <https://doi.org/10.12968/bjcn.2019.24.2.50>
- Wolfswinkel JF, Furtmueller E, Widerom CP (2011) Using grounded theory as a method for rigorously reviewing literature. *Eur J Inf Syst* 22:45
- Zoghbi-Manrique-de-Lara P, Viera-Armas M (2019) Does ethical leadership motivate followers to participate in delivering compassion? *J Bus Ethics* 154(1):195–210. <https://doi.org/10.1007/s10551-017-3454-1>

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

About UMT Faculty SDI

Selective Dissemination of Information (SDI) service is a current-awareness service offered by the PSNZ for UMT Faculty Members. The contents selection criteria include current publications (last 5 years), highly cited and most viewed/downloaded documents. The contents with pdf full text from subscribed databases are organized and compiled according to a monthly theme which is determined based on the topics of specified interest.

For more information or further assistance, kindly contact us at 09-6684185/4298 or email to psnz@umt.edu.my/sh_akmal@umt.edu.my

Thank you.

**Perpustakaan Sultanah Nur Zahirah
Universiti Malaysia Terengganu
21030 Kuala Nerus, Terengganu.**

Tel. : 09-6684185 (Main Counter)

Fax : 09-6684179

Email : psnz@umt.edu.my

26th October 2023